

# FSEM Professional Code

Faculty of Sport and Exercise  
**MEDICINE**

Professional Code



## INTRODUCTION

All Medical Practitioners should be familiar with the document 'Good Medical Practice', published by the General Medical Council (GMC), which provides guidance and describes what is expected of all Doctors registered with the GMC. [http://www.gmc-uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc-uk.org/guidance/good_medical_practice.asp)

This Professional Code is intended to supplement 'Good Medical Practice' by providing Members and Fellows of the Faculty of Sport and Exercise Medicine ("the Faculty") with additional guidance relating to the treatment and care of sportsmen, women and children and relating to the Medical Practitioners' relationship with sporting clubs, associations or bodies.

This Code is not a formal statutory code. The Code offers general guidance only to Members and Fellows of the Faculty.

The Faculty acknowledges the unique position its Members and Fellows hold in the athletic and sporting world and supports and encourages the adoption of specific measures to achieve developments within that field.

The Faculty recognises and supports the actions of World Anti-Doping Code and reflects the general principles recognised in the international codes of medical ethics. <http://www.wada-ama.org/en/World-Anti-Doping-Program/Sports-and-Anti-Doping-Organizations/The-Code/>

The Code is designed to help Members and Fellows of the Faculty make effective decisions but does not supplant the personal judgment of a Practitioner in dealing with individual cases. A Practitioner must decide on how to deal with patients in the light of this Code.

The Members and Fellows of the Faculty must not ignore this Code.

In this Code the term "Practitioner" has been used to mean a properly qualified and trained Medical Practitioner who is a Member or Fellow of the Faculty.

This Code of Practice is effective from 23 March, 2010.



## **Professional relationships between Patient and Practitioner**

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## 1. Governing principles

### 1.1. Maintaining trust in the profession (ref GMC) [http://www.gmc-uk.org/guidance/good\\_medical\\_practice/relationships\\_with\\_patients\\_maintaining\\_trust.asp](http://www.gmc-uk.org/guidance/good_medical_practice/relationships_with_patients_maintaining_trust.asp)

The fundamental professional obligations of a Practitioner practising within the specialty of Sport and Exercise Medicine (SEM) are the same professional obligations which any other physician or health care provider owes to their patients which, among other professional obligations, include the following:

- not to use their professional position to establish or pursue a sexual or improper emotional relationship with a patient or someone close to them;
- not to express to patients the Practitioner's personal beliefs, including political, religious or moral beliefs, in ways which exploit or are likely to exploit their vulnerability or that may be likely to cause them distress;
- to take out and maintain adequate insurance or professional indemnity cover for any part of the Practitioner's practice not covered by any Employer's indemnity scheme;
- to have access to the Practitioner's GMC reference number and to ensure that the Practitioner is properly and sufficiently identifiable to patients and colleagues; for example, by using the Practitioner's registered name when signing statutory documents, including prescriptions;
- to make the Practitioner's registered name and GMC reference number available to anyone who asks for these;
- to show respect for human life.

In dealing with patients a Practitioner must:

a. **Respect Patient Dignity**

- Treat patients politely and considerately as individuals and respect their dignity;
- Respect patients' right to confidentiality;
- Make the care of the patient the primary concern; and
- Protect and promote the health of patients and the public.

b. **Maintain a high level of professional competency and work within your limits of knowledge and experience**

- Provide a good standard of practice and care;
- Keep professional knowledge and skills up to date;
- Recognise and work within the limits of the competence of the Practitioner; and
- Work with colleagues in ways which serve best patients' interests.

c. **Involve patients in decision making**

- Listen to patients and respond to their concerns and preferences;
- Provide patients with such information they require or need in a way which they can understand, where possible, using illustration and documentation;
- Respect patients' right to reach decisions with the Practitioner about their treatment and care even when this may be against the firm and stated advice;
- Encourage patients and the public to take an interest in their health and to take action to improve and maintain it which may include advising patients on the effects of their life choices on their health and well-being and the possible likely outcomes of their treatments;

- Never discriminate against patients or colleagues; and
  - Place patients first when dealing with other colleagues.
- d. **Relationships between patients and Practitioners**
- The health and the welfare of a patient must prevail over the interests of any competition, economic or political considerations;
  - The primary contract remains that between the patient and the Practitioner taking into account any contractual obligations entered into by the patient with any sporting body;
  - A Practitioner, whether acting in an administrative or medical role must preserve the principles of GMC (1.1 above) and specifically preserve the confidentiality of any information unless the patient gives, or has given through contract or in writing, direct provision for its disclosure.

## **2. Information**

A patient has the right to be informed in a clearly stated and appropriate way about their diagnosis, any proposed investigations to be undertaken, and treatment (if any).

The risks and benefits of any intervention should be clearly explained to the patient including but not limited to:

- the consequences of non-treatment;
- the specific known risks for the continuation of any exercise pattern;
- the prognosis and progress of treatment and rehabilitation measures; and
- where possible an evidence base should be given to the patient for any proposed method of intervention, treatment and rehabilitation.

### **3. Consent**

#### **3.1. Voluntary and informed consent**

The voluntary and informed consent of a patient is required for any medical intervention.

Material issues relating to consent be it any pharmaceutical or, surgical intervention or rehabilitation require to be explained clearly to a patient.

The Practitioner must be satisfied that the consent of the patient or their Guardian or where a child their parent or other valid authority is obtained in writing before a Practitioner undertakes any examination or investigation, provides treatment or involves the patient in teaching or research.

Practitioners must follow the GMC guidance in seeking patients' consent and have regard to all relevant ethical considerations.

Where it is a condition of employment of a patient who is a professional sports person that they are obliged contractually to agree to medical examination, in relation to their capacity to perform their sport (e.g. signing on for a sporting body, performing some non athletic activity, or with a view to retirement or establishing incapacity), then if the Practitioner is required to conduct such an examination, the Practitioner should satisfy him/herself that the patient in such circumstances understands the Practitioner's language and then explains clearly and fully the purpose of the examination to the patient, obtains consent for the examination, and obtains consent to consult the patient's GP (or Consultant) and consents to the relevant medical reports being given to management.

#### **3.2. Confidentiality**

Other than contractual consent to disclose information given by the patient who is a professional sports person and other than as required by law. you must treat all information about a patient as confidential.

If a Practitioner is requested to disclose confidential information without a patient's written consent, the Practitioner must follow the guidance in

GMC (*Confidentiality: Protecting and providing information*).  
[http://www.gmc-uk.org/guidance/ethical\\_guidance/consent\\_guidance/index.asp](http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance/index.asp)

Care must be undertaken at all times to safeguard the confidentiality of medical information in discussion with third parties.

Decisions on fitness of a patient who is a professional sportsperson to perform physical activity should be determined on clinical grounds exclusively and should never be influenced by third parties such as coaches, management, or family members of the patient.

### 3.3 Patients who lack the capacity to consent:

In dealing with patients who lack the capacity to consent due to age or mental state a Practitioner should ask for the consent of the parents or the teacher supervising the child's participation in sport or the guardian of an adult who lacks capacity.

The legal framework for the treatment of patients who lack the capacity to consent differs across the UK.

In England, Wales and Northern Ireland, parents or guardians can consent to investigations and treatment which are in the patients best interests.

In England and Wales, treatment can also be provided in the child's best interests without parental consent, although the views of parents may be important in assessing the patient's best interests.

In Northern Ireland, treatment can be provided in the young person's best interests even if a parent cannot be contacted; the Practitioner should seek legal advice or seek court approval for significant (other than emergency) interventions.

In Scotland, children who do not have the capacity to consent are treated as adults who lack capacity and treatment may be given to safeguard or promote their health.

### 3.4. Refusal of care or advice

Patients have the right to refuse or to interrupt a medical intervention or programme of rehabilitation. The consequences of such a decision must be explained fully to the parents of minor children and the guardian of patients without capacity.

### 3.5. Consent by third party

With the exception of an emergency, where patients are unable to consent personally to a medical intervention, then authorisation of their legal representative or of the person designated by the patients for this purpose is required;

The Practitioner must ensure that such third parties demonstrate to the Practitioner their authority to represent the interests of the patient;

The Practitioner must ensure that third parties such as parents or guardians are fully informed of the nature of the proposed intervention prior to giving consent. When a legal representative is required to give authorisation to a proposed intervention; patients, whether minors or adults, must consent to the medical intervention to the fullest extent of their capacity.

### 3.6. Collection of biological material

The consent of patients is required at all times by the Practitioner for the collection, preservation, analysis and use of any biological sample.

In some specific sports and athletic pursuits the relevant Testing Authority will have normally intimated to the patient the specific requirements for Drug Testing. It is the duty of the Practitioner to ensure that consent has been obtained properly for such Drug Testing.

It is the responsibility of the Practitioner to act within the professional guidelines of the GMC to ensure that no testing can be undertaken without properly obtained consent.

The Practitioner should ensure familiarity with the requirements for Drug Testing in the sport in which he may have responsibility for patients who are sportspersons.

#### **4. Confidentiality and Privacy**

All information about a patient's health, diagnosis, prognosis, treatment, rehabilitation measures and all other personal information must be kept confidential at all times. (Data Protection Act 1998 in section 4.3).

##### **4.1. Disclosure of medical information**

Confidential information may be disclosed by the Practitioner only if a patient gives express consent, or if the law expressly provides for this (e.g. communicable disease).

Consent may be deemed when, to the extent necessary for the patient's treatment, information is disclosed to other health care providers directly involved in the patient's health care (e.g. transferring care to a medical colleague).

##### **4.2 Conflict of interest**

Where a Practitioner is employed by or contracted to a Sporting Organisation or Club and by contract the Practitioner is required to release information which might potentially put the patient who is a sportsperson at risk then in such circumstances, the Practitioner is entitled to withhold the relevant information.

Where a Sporting Organisation or Club which has the contractual right of access to health records or to the details of examination findings of the patient then, to avoid breach of the professional guidelines of the GMC. (1.1 [above](#)), the Practitioner must ensure that the [patient](#) has given consent to such access.

##### **4.3 Giving medical information to an Employing Agency/Sporting Organisation or Club**

All identifiable medical data on patients must be protected.

Under the Data Protection Act 1998 any individual who retains patient information should notify the Information Commissioners Office (ICO). The Registration forms are downloadable on the following link:

<https://forms.informationcommissioner.gov.uk/cgi-bin/dprproc?page=7.html>

At all times the storage of patient data must be sufficiently secure to ensure protection.

Biological samples from which identifiable data can be derived must be sufficiently secure to ensure protection. A patient has the right to prevent a Practitioner from disclosing confidential information except for legal purposes in the court.

Except if required by law any statements or disclosures made to a Practitioner in the course of the ordinary doctor/patient or health care provider/patient relationship are confidential even if the request for medical examination for an individual to consult the Practitioner is by third-party e.g. sports manager, coach, club or governing body.

*A conflict of interest could arise where the a Practitioner may be both the primary GP to a member of an organisation/club/sporting body while also acting as a contracted medical official of the same organisation/ club/sporting body in a role akin to that of an occupational health doctor i.e. ensuring fitness to pursue their role (normally fitness to train or play).*

*These two roles must be clearly distinguished information about a patient obtained in the capacity of a GP must not be used to formulate advice to an employer without the patient's informed consent.*

***The Faculty is unable to provide specific advice to an individual Practitioner who is under a contract with a club or sporting body and is also acting as the primary care GP for individuals in that club or body. The GMC and individual professional indemnity organisations will provide advice which will be determined by the specific roles which are to be undertaken.***

#### 4.4 Intra-professional relationships

Except in an emergency a Practitioner should treat a patient who is a sportsperson only with the agreement of their GP. (including paramedical staff, such as physiotherapists, which the sporting body or employing agent may employ);

Except in an emergency before advising a patient's Primary GP of any findings or treatment, a Practitioner should obtain the patient's consent;

Except in an emergency a Practitioner should not refer an employee directly to a hospital or to any other Doctor without the agreement of the patient's Primary GP;

A Practitioner should encourage a patient to consult their Primary GP following any medical treatment which has occurred or is ongoing;

A Practitioner should not influence a patient as to their choice of medical care because of any personal friendships or association of the Practitioner; and

Except when legally required to do so a Practitioner should not express opinions as to liability in accidents in the course of their involvement without the consent of the parties concerned. A Practitioner should be aware of the legal implications of any statement made to third parties relating to causation of injury.

#### 4.5 Conflicts of interest

Many of the conflicts of interest in sports and exercise medicine are similar to those occurring in other specialties where the Practitioner is employed or is under instruction from a third party.

The patient should be reminded of the Practitioner's role as the agent of a third party. In particular, the Practitioner should advise the patient that statutory and other periodic medical examinations (including drug testing) may affect continued employment e.g. the provision of a new sporting contract.

#### 4.6. Access to medical records

Patients have the right of access to, and a copy of, their medical records. By law every person has the right to apply for access to their health records.

The application of the Data Protection Act 1998 applies equally to medical records held by the National Health Service and in the work-place/sporting organisation and the private health sector.

A medical record may be recorded in a computerised form or in a manual form or a mixture of both. Health records may include such things as: hand-written clinical notes, letters to and from other health professionals, laboratory reports, radiographs and other imaging records e.g. X-rays and X-ray reports, printouts from monitoring equipment, photographs, videos and tape-recordings of telephone conversations.

The patient has the right to know whether data and information is held about them.

Patients who wish to access their records should be allowed to do so.

#### 4.7. Rectifying incorrect information or records

Patients have the right to request that any information which is factually incorrect is modified. Verification of the facts must be undertaken before any medical records are changed.

#### 4.8. Non health related intervention and Privacy

An intrusion into the private life of a patient who is a sportsperson is permissible only in specific instances such as when it is necessary for diagnosis, treatment and care, and patient consent is given either directly or as part of a contractual obligation e.g. random drug testing where, such intrusion is required under the provisions of the World Anti-Doping Code or if it is otherwise legally required.

#### 4.9. Personal privacy

Any medical intervention must respect privacy. Under most circumstances an intervention may be carried out in the presence of only those persons who are necessary for the intervention, unless the patient expressly consents or requests otherwise.

In the case of a patient who lacks capacity care should be taken to ensure that intervention is performed only after consent of their legal representative and with the appropriate safeguards.

### 5. Care and Treatment

#### 5.1 Providing good clinical care.

A patient has the right to a high quality of care from a Practitioner. It is the responsibility of a Practitioner to act within his/her professional training and specialty and to refer onwards to other medical and health care Practitioners when appropriate.

A patient has a right to continuity of care, including cooperation among all health care providers and establishments which are involved in their care.

Patients have the right to receive specific management of their medical condition appropriate to their needs, including preventive care investigation, and any pharmaceutical or referral for any surgical intervention.

In providing care a Practitioner must:

- adequately assess the patient's conditions, taking account of the history (including the symptoms, and psychological and social factors), the patient's views, and where necessary examining the patient;
- provide or arrange advice, investigations or treatment where necessary;

- refer a patient to another Practitioner, when this is in the patient's best interests;
- recognise and work within the limits of your competence and expertise;
- prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health, and you are satisfied that the drugs or treatment serve the patient's needs. Under most circumstances prescriptions should only be made after consultation with the patient's GP;
- provide evidence based effective treatments;
- respect the patient's right to seek a second opinion;
- maintain clear, accurate and legible records of the relevant clinical findings and any decisions made. Any information given to patients, and any drugs prescribed or other investigation or treatment should be recorded;
- all records should be contemporaneous or made as soon as reasonably possible;
- ensure you are contactable in situations where you have agreed to provide emergency cover and provide alternative medical contact if you are away;
- consult and take advice from colleagues, where appropriate.

Practitioners should have an annual appraisal by a suitably qualified appraiser. Where this is not offered by an employer than an annual appraisal through FSEM should be sought.

## 5.2. Care while outside the UK

During training and competition abroad, a patient has the right to continued health care, which if possible should be by their GP or the team physician;

A patient has the right to receive emergency care prior to returning home. It is the duty of a Practitioner to whom responsibility is given while travelling to liaise with any emergency services while away and to record and facilitate management and transmission;

It is the duty of a Practitioner to ensure that they have obtained permission of their medical indemnity organisation to act for the patient/sporting body while abroad;

It is a Practitioner's responsibility to identify and minimise any risk to their patient while abroad. Knowledge of the country and local medical facilities should be obtained prior to travel and prior to contact with local health care providers; and

Any pharmaceutical or dietary agents should be either carried or a local source identified in the destination country. Prior to travel it is the duty of the Practitioner to be aware of the restriction of medical practice in the country to be visited.

### 5.3. Choice of healthcare provider

Patients have the right to choose and, if necessary, change their Practitioner or, in the private sector, both the health care provider and the area in which they are treated in the private sector.

All patients have the right to request a second medical opinion.

### 5.4. Cultural and religious tolerance

A patient has the right to be treated with dignity in relation to their diagnosis, treatment, care and rehabilitation, in accordance with their own culture, tradition and values.

If carrying out a particular procedure or giving advice about it conflicts with a Practitioner's religious or moral beliefs and this conflict might affect the treatment or advice you provide, the Practitioner must explain this to the patient that they have the right to see another Practitioner. A patient must receive sufficient information to enable them to exercise that right. If it is not practicable for a patient to arrange to see another

doctor, the Practitioner must ensure that arrangements are made for another suitably qualified colleague to take over the care of the patient.

## **6. Good clinical Practice**

### **6.1 Avoid treating relatives or friends**

Wherever possible, a Practitioner should avoid providing medical care to anyone with whom the Practitioner has a close personal relationship.

### **6.2 Raising concerns about patient safety**

If Practitioner's consider that patient safety is compromised by the facilities, equipment, access to clinical care or organisational provision which could impact upon the patients' health and well being then the Practitioner should discuss these concerns with the managing body. If satisfactory action is not undertaken then independent advice should be undertaken on how to take the matter further. A Practitioner must record his/her concerns and the steps they have taken to try to resolve them.

## **7. Rights and Duties of Health Care Providers**

The same ethical principles which apply to the current practice of medicine apply to sports and exercise medicine. The principal duty of all health care providers is to provide the highest standard of care within their field of expertise and recognise the limitations of that expertise when necessary;

The duty of the Practitioner is to manage the patient to the highest standard and to seek expertise within other fields or other experts expeditiously when required. A Practitioner will by training have the necessary education, training and experience in sports medicine, but is required to keep their medical knowledge up to date;

The Faculty has a requirement for CPD and it is the responsibility of the Practitioner to maintain a record of their practice/education;

A Practitioner has a duty to understand the physical and emotional demands placed upon a patient which is especially the case with

patients who are sportspersons during training and competition where there is a requirement to support the extraordinary physical and emotional endurance that elite sport requires;

The investigations or treatment a Practitioner provides or arranges must be based on the assessment made of a patient's needs, and on clinical judgment about the likely effectiveness of the treatment options, with all information and decisions being made with the full agreement of the patient;

A Practitioner must treat a patient with respect whatever their life choices and beliefs or physical activity even where you consider the medical condition to have a self contributory factor e.g. overweight, smoking or alcohol/drug consumption;

A Practitioner must not discriminate against a patient by allowing any personal views to affect adversely his professional relationship with the patient or the treatment a Practitioner provides or arranges; (*Ref: 5.5 Patient Information above*)

All patients are entitled to care and treatment contingent upon their clinical needs; and

A Practitioner must not refuse to treat a patient because their medical condition may put the Practitioner at risk e.g. dealing with patients with transmissible disease such as Hepatitis or HIV. If a patient poses a risk to your health or safety, a Practitioner should ensure adequate precautions are taken to minimise the risk before providing treatment or making suitable alternative arrangements for treatment.

## **8. Protection and Promotion of the Athlete's Health**

The fundamental principle of the Practitioner is to protect the health of patients.

Patients' health care providers must act in accordance with the latest recognised medical knowledge and, when available, evidence-based medicine.

No intervention should be undertaken which is not medically indicated, even at the request of the patient or other individual such as coach or manager.

A Practitioner should discourage the use of therapies with unproven or potentially harmful consequences including dietary regimens or vitamin injections which do not have a sound evidence base.

The use of nutritional supplements must be carefully considered when advising an individual because of both the potential adverse effects of the supplement and the risk that the supplement might contain banned substances.

### 8.1. Discouraging activity on health grounds

When the health of a patient is at risk, a Practitioner must strongly discourage the patient from continuing training or competition and inform them of the risks of continuation.

Where it is evident that serious danger to a patient exists, or when there is a risk to third parties (players of the same team, opponents, family, the public, etc.), a Practitioner must inform any competent persons or authorities, even against the will of the patient, about their unfitness to participate in training or competition.

Some sporting bodies have regulations regarding permission to return to competitive sport after injury either on a temporary or permanent basis e.g. The International Boxing Board require assessment of a boxers MRI scan. Practitioners should be familiar with any relevant regulations.

### 8.2 Fitness to Participate

At sports venues, it is the responsibility of the team or competition Practitioner to determine whether an injured athlete may continue in or return to the competition. This decision may not be delegated to other professionals or personnel and should not be influenced by the patients, or teams wish to continue. At all times, the priority must be to

safeguard the health and safety of the patient. The outcome of the competition must never influence such decisions.

In some sports the referee or umpire has the authority to halt participation of an athlete if he or she considers it important for the safety or wellbeing of the competitor.

### 8.3. Adequate medical provision at sporting venues

When necessary, the team or competition Practitioner must ensure that an injured patient has access to specialised care, by organising medical follow-up with recognised specialists (e.g. Neurosurgeons in boxing). In any sports discipline, minimal safety requirements must be defined fully and applied with a view to protecting the health of the participants and the public during training and competition. Any Practitioner acting within the framework of a sporting body should ensure safe environmental conditions and if necessary advise against the activity taking place.

Any Practitioner who agrees to provide medical cover for a sporting event implies that a professional duty of care is being provided which carries legal responsibility.

Any cover provided by medical officers at sporting events, whether undertaken voluntarily or for payment and who have agreed to act in such a capacity in advance of the event may be considered as private Practitioners. This is a contractual obligation and it is important that the provision of professional indemnity is discussed with the relevant organisation prior to the event.

A Practitioner attending a sporting event as a spectator (or in some non-professional capacity) may be requested to provide treatment to a patient in an unplanned or emergency situation. In such an instance the Practitioner should follow the guidance of the GMC i.e. in an emergency the Practitioner must offer anyone at risk the treatment which a Practitioner could reasonably be expected to provide.

#### 8.4. Local Anaesthetic Injections

The use of local anaesthetic injection or other treatments producing an analgesic effect, which allow a patient who is a sports person to practise a sport with an injury or illness, should be carried out only after careful consideration and consultation with the athlete and other health care providers. If there is a long-term risk to the health of a patient who is a sports person, such treatment should not be given.

Procedures such as the use of local anaesthetic injections that are used solely for the purpose of masking pain or other protective symptoms in order to enable the athlete to participate in a sport with an injury or illness should only be administered with great caution and never if there is a risk of short or long term damage.

In certain sports the use of a 'pain masking' local anaesthetic is prohibited. It is important before undertaking an injection of any local anaesthetic or vasoconstrictor agent such as adrenaline to ensure that it is permitted. If not, a TUE (Therapeutic Use Exemption) notification should be obtained.

The use of Non Steroidal Anti-inflammatory Drugs (NSAD) and analgesics during training or prior to an event is generally regarded as permissible; however, the Practitioner should always consider the risks of the medication especially the known gastrointestinal/cardiac complications associated with NSAD usage.

### 9. Fitness to Practise a Sport

Except when there are symptoms or a significant family medical history, the practise of sport for all should not require a fitness test to be undertaken.

For competitive sport, patients may be required to present a medical certificate confirming that there are no apparent contra-indications. Any Practitioner involved in the performance of a fitness test should be aware of the current knowledge base and methodology on which the test is based.

Some sporting bodies may request a genetic, gender or other specific medical test in order to gauge an individual's capacity to practise that sport. Such tests may only be performed with the written permission of the individual concerned and he/she should be advised of the consequences of any specific outcome.

In most situations, fitness testing will cover overall fitness. However, some tests are required to assess an individual's ability to participate in a specific sport.

Practitioners should be aware that they may not be competent to assess fitness across all sports.

## **10. Ensuring Medical Support for Sporting Bodies**

In each sport's discipline, guidelines must be established regarding the extent of necessary medical support depending on the nature of the sports activities and the level of competition.

It is the duty of any Practitioner who acts at a sporting body to consider:

- the necessary resources and facilities including medical equipment;
- the procedures in case of emergencies;
- the system of communication between the medical support services, the organisers and the competent health authorities.

## **11. Maintaining good medical practice**

### **11.1 Keeping up to date**

The Faculty recommends a minimum requirement for CPD. It is the responsibility of the Practitioner to maintain a record of their personal practice/education.)

A Practitioner must keep their knowledge and skills up to date throughout their working life and maintain familiarity with relevant guidelines and developments which affect their work.

A Practitioner should regularly take part in educational activities that maintain and further develop competence and performance.

## **12. Teaching and training, appraising and assessing**

Teaching, training, appraising and assessing doctors and students are important for the care of patients. Now and in the future and a Practitioner should be willing to contribute to these activities.

If a Practitioner is involved in teaching the Practitioner must develop the skills, attitudes and practices of a competent teacher.

In particular the Practitioner:

- must make sure that all staff, for whom the Practitioner is responsible, including locums, students, medical and paramedical staff, are properly supervised and work within the area of their competence;
- must be honest and objective when appraising or assessing the performance of colleagues both medical and non medical;
- a Practitioner must provide only honest, justifiable and accurate comments when giving references for, or writing reports about, colleagues. When providing references a Practitioner must do so promptly and include all information which is relevant to your colleague's competence, performance or conduct.

## **13. Relationships with patients**

### 13.1 Guiding Principles:

**Ref: Good Medical Practice (2006) [http://www.gmc-uk.org/guidance/ethical\\_guidance/consent\\_guidance/part1\\_principles.asp](http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance/part1_principles.asp)**

In the doctor-patient partnership a Practitioner must:

- be polite, considerate and honest;
- treat patients with dignity;

- treat each patient as an individual;
- respect patients' privacy and right to confidentiality;
- support patients in caring for themselves to improve and maintain their health; and
- encourage patients who have knowledge about their condition to use this when they are making decisions about their care.

## 13.2 Communication

To communicate effectively a Practitioner must:

- listen to patients, ask for and respect their views about their health, and respond to their concerns and preferences;
- share with patients, in a way they can understand, the information they want or need to know about their condition, its likely progression, and the treatment options available to them, including associated risks and uncertainties;
- respond to patients' questions and keep them informed about the progress of their care;
- make sure that patients are informed about how information is shared within teams and among those who will be providing their care;
- make sure, wherever practical, that arrangements are made to meet a patient's language and communication needs. This is especially important when dealing with individuals where language and culture are different.

## 13.3 Being open and honest with patients if things go wrong

If a patient under care of the Practitioner has suffered harm or distress, the Practitioner where possible must act immediately to put matters right. A Practitioner should offer an apology and explain fully and promptly to the patient what has happened, and the likely short-term and long-term effects.

A patient who complains about the care or treatment received has a right to expect a prompt, open, constructive and honest response including an explanation and, if appropriate, an apology. A Practitioner must not allow a patient's complaint to affect adversely the care or treatment you provide or arrange.

#### 13.4 Ending your professional relationship with a patient

In rare circumstances, the trust between a Practitioner and a patient may break down, and it may be necessary to end the professional relationship. For example, this may occur if a patient has been violent to the Practitioner or a colleague, or has stolen from the premises, or has persistently acted inconsiderately or unreasonably.

A Practitioner should not end a relationship with a patient solely because of a complaint the patient has made about the Practitioner or the Practitioner's Team, or because of the resource implications of the patient's care or treatment.

If a Practitioner charges fees, the Practitioner may refuse further treatment if patients are unable or unwilling to pay for services they have already provided. However, the Practitioner must take steps to ensure that arrangements are made promptly for the continuing care of the patient, and the Practitioner must pass on the patient's records without delay.

Before a Practitioner ends a professional relationship with a patient, the Practitioner must be satisfied that his/her decision is fair and must be prepared to justify the decision.

The Practitioner should inform the patient of his/her decision and the reasons for ending the professional relationship, wherever practical in writing, and the Practitioner must take steps to ensure that arrangements are made promptly for the continuing care of the patient, and the Practitioner must pass on the patient's records without delay.

## **14. Relationships with colleagues**

Conduct and performance of colleagues:

- A Practitioner must, if necessary, protect a patient from risk of harm posed by another colleague's conduct, performance or health. The safety of a patient must come first at all times. If a Practitioner has concerns that a colleague may not be fit to practice, a Practitioner must take appropriate steps without delay, to have the concerns investigated so that a patient is protected fully where necessary. This means a Practitioner must give an honest explanation of concerns to an appropriate person from his/her employing or contracting body, and follow their procedures.
- If there are no appropriate local procedures, or if local systems are unable to resolve the problem and the Practitioner is still concerned about the safety of the patient, the Practitioner should inform the relevant regulatory body. If the Practitioner is not sure what to do, then the Practitioner should discuss these concerns with an impartial colleague or contact his/her defence body, a professional organisation, or the GMC for advice.
- If a Practitioner has management responsibilities he/she should make sure that systems are in place through which colleagues can raise concerns about risks to a patient. The Practitioner must follow the guidance in *Management for doctors*.

## **15. Probity**

### **15.1 Providing and publishing information about medical services**

If a Practitioner publishes information about medical services, the Practitioner must make sure the information is factual and verifiable.

A Practitioner must not make unjustifiable claims about the quality or outcomes of your services in any information you provide to patients. It must not offer guarantees of cures, nor exploit patients' vulnerability or lack of medical knowledge; and

A Practitioner must not put pressure on people to use a service, for example by arousing ill-founded fears for their future.

## 15.2 Research

Research involving people directly or indirectly is vital in improving care and reducing uncertainty for patients now and in the future, and improving the health of the population as a whole.

If a Practitioner is involved in designing, organising or carrying out research, the Practitioner must:

- put the protection of the participants' interests first;
- act with honesty and integrity;
- follow the appropriate national research governance guidelines and the guidance in *Research: The role and responsibilities of doctors*.

## 15.3 Financial and commercial dealings

The Practitioner must be honest and open in any financial arrangements; especially with patients

Wherever possible the Practitioner must inform patients about fees and charges, before asking for their consent to treatment.

A Practitioner must not:

- exploit patients' vulnerability or lack of medical knowledge when making charges for treatment or services;
- encourage patients to give, lend or bequeath money or gifts that will directly or indirectly benefit the Practitioner;
- put pressure on patients or their families to make donations to other people or organisations;
- put pressure on patients to accept private treatment;

- if a Practitioner charges fees, the Practitioner must tell patients if any part of the fee goes to another healthcare professional.

A Practitioner must be honest in financial and commercial dealings with employers, insurers and other organisations or individuals. In particular: before taking part in discussions about buying or selling goods or services, a Practitioner must declare any relevant financial or commercial interest which he/she or his/her family might have in the transaction.

If a Practitioner manages finances, he/she must make sure the funds are used for the purpose for which they were intended and are kept in a separate account from the Practitioner's personal finances.

A Practitioner must act in a patient's best interests when making referrals and when providing or arranging treatment or care.

A Practitioner must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect the way a Practitioner prescribes for, treats or refers patients.

A Practitioner must not offer such inducements to colleagues.

If a Practitioner has financial or commercial interests in organisations providing healthcare or in pharmaceutical or other biomedical companies, these interests must not affect the way the Practitioner prescribes for, treats or refers patients.

If a Practitioner has a financial or commercial interest in an organisation to which the Practitioner plans to refer a patient for treatment or investigation, the Practitioner must tell the patient about his/her interest. When treating NHS patients the Practitioner must also tell the healthcare purchaser.

## **16. Dealing with Children**

A Practitioner must oppose any sports or physical activity that is not appropriate to the stage of growth, development, general condition of health, and level of training of children or adolescents or other persons

of any age with physical disability. A Practitioner must at all times act in the best interests of the health of the children or adolescents without regard to any other interests or pressures from any coach, management, family, or other individuals

A Practitioner should be aware fully of the needs and welfare of children, adolescents and vulnerable adults when the Practitioner sees patients who are parents or carers, as well as any patients who may represent a danger to children or young people.

A Practitioner should:

- offer assistance to children, young people and vulnerable adults if there is reason to think that their rights have been abused or denied;
- be alert to the signs and symptoms that may suggest a child, young person or vulnerable adult is in need of safeguarding;
- be aware of the obligations to ensure a safe environment especially when supervising a child or young person or vulnerable adult who is travelling away from home without parental supervision.

It is the duty of the Practitioner to be conversant with signs of abuse and seek suitable help where appropriate.

When communicating with a child or young person or vulnerable adult a Practitioner must:

- treat them with respect and listen to their views;
- answer their questions to the best of his/her ability;
- provide information in a way they can understand;