

THE CHIEF MEDICAL OFFICER IN INTERNATIONAL SPORTS FEDERATIONS

TECHNICIAN, FIREFIGHTER, RISK MANAGER, ADMINISTRATOR, COMMUNICATOR, POLITICIAN OR JACK-OF-ALL-TRADES?

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MEDICINE IN INTERNATIONAL SPORTS FEDERATIONS – A HISTORY OF GROWING INFLUENCE

Over the last 15 to 20 years, medicine in the larger, well-funded International Sports Federations (IFs) has developed from an under-resourced, neglected aspect of the organisation's work, run by idealistic volunteers, to an increasingly acknowledged, integrated and often professionalised part. Where appreciation had previously tended to be intermittently sparked by an imminent or actual emergency, the contribution of medicine to the achievements of an IF is nowadays

more readily accepted by administrators and honorary officials. Protecting the health of the athletes competing under their auspices has today become one of the declared objectives of the board of many IFs. While the progress is noticeable and encouraging, much is still left to be desired from a physician's point of view, particularly for the majority of the less well-resourced, smaller IFs.

In 2010 and 2012, the Fédération Internationale de Médecine Sportive (FIMS) Interfederal Commission conducted a survey among the chairpersons of the medical commissions of IFs, receiving

replies from 24 Olympic and 8 non-Olympic IFs (<http://www.fims.org/en/commissions/interfederal/results-of-the-ifc-survey/>). The chairs were first asked to rate the importance of medicine in their IF and then about different structural aspects of their medical bodies, as well as regulations and directives. They were further asked about specific challenges they met and any particular needs they had. The FIMS Interfederal Commission also assessed the websites of all SportAccord-listed IFs to gain an understanding of the activities and initiatives of the different medical commissions. Based on the survey results,



medicine. Certain countries recognise sports medicine as a fully registered speciality (Netherlands, United Kingdom, etc), whereas other countries have sports medicine only as a sub-speciality (Switzerland, Germany, France, etc). In our opinion, a medical doctor with an interest in sport or a medical doctor with a background as an athlete, but without specific qualifications, is insufficient at the level of the world governing body of a sport. There are sports, such as motorsports, powerboat racing etc. where, even though considerable physical and mental stress is placed on the athlete, a background in emergency medicine or trauma might be considered just as useful, for example, to competently design a concept of required medical services at events. Which specialisation is considered more important would need to be assessed on a case by case basis and the other competencies then brought in via the IF Medical Committee or consultancy as needed.

Furthermore, it would be very useful if the candidate has experience in the particular challenges and needs of the different levels of daily work in sports medicine, ideally hands-on at the field side, as a team physician and having worked for a regional, national or continental sports federation.

further analysis and the personal experience of the FIMS Interfederal Commission members, these reflections on the role of the Chief Medical Officer (CMO) of an IF have been brought forward for discussion. The purpose is to assist the boards and administrative bodies of IFs of different sizes and resources in the identification of their requirements and suitable candidates to meet those requirements.

The survey results and experience show that the nomination of a CMO who can fully commit to the task represents a major factor in forwarding the cause of prevention and health care in an IF. The impressive work of honorary chairpersons and commissions is fully acknowledged, yet the many other commitments of these colleagues naturally limit their capacity to address all medical issues of the IF in full.

Obviously, this theoretical description will require adapting and tailoring to the specifics of the sport and certain points as needed.

IS THERE AN IDEAL PROFILE OF THE IF CMO?

Any ideal candidate for the position of a CMO of an IF, regardless of its size, has first and foremost to be able to understand the vision, mission, values and objectives of an IF and where and how medicine is integrated into the organisation. An appreciation of the fact that medicine is but one of many departments expected to contribute to creating a setting which allows athletes to perform at their best, is essential. Any approach based on the overriding importance of health and medical matters, almost naturally assigned by our profession, will inevitably lead to disappointment in the best and failure in the worst case scenario.

The exact qualifications and demands on a CMO will primarily be determined by the objective and aims of this function and the related department as defined by the IF. By definition, he or she needs to be a medical doctor. Because of the role they are expected to fulfill, it is also highly recommended that he or she has a specialisation in sports



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Finally, it is important that the candidate has sufficient language skills in order to be able to work efficiently in an international environment. Good knowledge of at least English and preferably another language such as Spanish or French, is critical to communicate effectively in a multilingual and multicultural organisation and with the associated sports and medical bodies and to establish sound working relationships in the various countries hosting events.

PROFESSIONAL WORKING RELATIONSHIPS ENABLE PROFESSIONAL CARE

To live up to the complex demands of being the CMO of an IF, including, among others, often extensive travelling obligations, the candidate must be able to allocate enough time to the task. This raises the question of the formal working relationship with the employer, the IF. Our experience shows that often the CMO is a passionate volunteer, sometimes originally involved through a personal relationship.

Mostly, reimbursement is for their incurred expenses (travel, accommodation, etc.) only, but not for their actual working time. One of the main objectives in future would appear to be an adequate formalisation of the working relationship, whether on a consultant, service provider or employment basis. It is important to have a written agreement on the tasks and responsibilities of both parties, including detailed coverage of any liability and insurance matters, to protect both parties and provide a framework for monitoring and evaluation.

Does the CMO have to be employed and paid full-time? This is surely in the first place dependent on the size, scope and resources of an IF. On the one hand, for a large IF with multiple member associations and several annual high-level events worldwide, the best arrangement appears to be working in formal full-time employment, if simply for the reason that the intellectual and physical time commitment could not be met otherwise. On the other hand, it is often

maintained that skills in medicine change rapidly and it is only in daily practice, dealing with real patients and athletes, that the physician remains up-to-date and aware of current challenges. If a CMO works full-time for an IF, he might lose this advantage even though it can be claimed that permanent involvement at events might at least partly make up for this. Furthermore, being part of the administration of the IF, he or she may find themselves in ethically challenging situations when the interests of the IF are in conflict with the health of the athletes (see IOC: Olympic Movement Medical Code http://www.olympic.org/PageFiles/61597/Olympic_Movement_Medical_Code_eng.pdf).

The best solution for both IF and CMO will need to be individually defined, duly considering the pros and cons of a particular arrangement for both parties. Often, financial constraints will principally rule out full-time employment, especially with smaller IFs. What is clear, however, is that



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This non-exhaustive description demonstrates that the task of the CMO of an IF is a fascinating challenge for the physician as much as for the manager – when practiced under good conditions



an adequate compensation has to be aimed at, based on the means of the IF, to ensure best practice care supporting athletes in achieving their performance and health goals. While one might claim that with an increasing professionalisation of sports, medical care cannot be managed in an amateur way, this does not apply to many small IFs, where more or less the whole organisation is based on volunteerism. Here, different models maybe considered, such as providing the services of a CMO or a Medical Committee through umbrella organisations or sports medicine associations.

STRUCTURE GENERATES INFLUENCE

Whether established for the first time or reorganised within a restructuring of the IF, one decision shown to be critical to the level of service delivery is whether to separate medical affairs from anti-doping. Often, a double function is practised, where the CMO leads both departments. However, anti-doping affairs are extremely time- and resource-consuming and strictly controlled by regulations, including the World Anti-Doping Code, which places the IF under immense pressure to comply with these regulations. This might be at the cost of other medical and health matters, that are at least as important, but not subject to official surveillance and therefore taking a back seat on the IF agenda. It should further be clear that the CMO and their medical structure cannot be under the authority of the anti-doping manager, as the scope of medical services goes much further.

The FIMS survey and previous achievements of the medical departments in different IFs show a major advantage

if there is a representative on the Board of Directors to support and explain proposals and initiatives to the non-medical executives. This position requires as much an understanding of medical matters as diplomatic and political skills and might be best held by the Chairman of the Medical Committee. An employed CMO cannot be affiliated with the Board, in order to maintain separation of powers corresponding to the classical structure of associations and federations with staff on the one side and honorary members on the other.

IDEAL OR WISHFUL THINKING?

The detailed job description included as part of this article (available at www.aspetar.com/journal), contains a list of both essential and possible tasks of an IF CMO, that is by no means conclusive and has to be adapted to the specifics of the individual sport. This non-exhaustive description demonstrates that the task of the CMO of an IF is a fascinating challenge for the physician as much as for the manager – when practiced under good conditions. Several colleagues from IFs felt that it might be difficult to find candidates complying with this ideal profile, even more so as the majority of smaller IFs will be insufficiently funded to afford such ideal candidates. At the same time, a sport's world governing body holds considerable responsibility regarding the health of their athletes and we should apply our minds to how we can best meet this responsibility. Service provision offered by sports medicine organisations to IFs could be one approach deserving more reflection and discussion.

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THE CHIEF MEDICAL OFFICER – JOB DESCRIPTION

JOB DESCRIPTION - IF MEDICAL OFFICER

It is recommended that an IF Medical Officer be appointed for a fixed term of office, with a published job description and service agreement. Listed below is an outline protocol to assist IFs wishing to appoint an IF Medical Officer.

Preamble

Every International Sports Federation endorses the IOC Medical Code <http://www.olympic.org/medical-commission?tab=medical-code> and is a signatory to the WADA Code <http://www.wada-ama.org/en/World-Anti-Doping-Program/Sports-and-Anti-Doping-Organizations/The-Code/>. Every IF also has an absolute commitment to 'making the health of the athletes a priority' (The Olympic Movement Medical Code). In order to achieve this goal, IFs continuously strive to improve their organisational setup and to provide optimal conditions at events (to enable athletes to perform at their very best). This entails the provision of state-of-the-art medical support for the prevention and treatment of injury and illness. The health, welfare and safety of the competitor is the foremost consideration for an IF.

Position description

To provide the most up to date, evidence-based medical information to the IF in all matters relating to the health, welfare and safety of athletes. This will include information and advice about anti-doping, lifestyle, medical support at events as well as injury prevention and treatment strategies.

Major areas of responsibility

- Advise on and implement preventive and interventional measures aimed at protecting the health, welfare and safety of

athletes. This will include pre-participation medical assessment, surveillance and monitoring of injury and illness etc.

- Ensure that a set of standards for the medical support required at international and national events is published by the IF and is adhered to on every occasion. These will include guidelines for sideline medical care, venue medical room equipment and staffing (doctors, ambulances, paramedics, nurses etc.), the development of an emergency response plan, undertaking venue inspection visits, collaboration with the local organising committee, supervision at the event etc.
- Identify the legal requirements for team physicians to practice in any foreign country (where an International event is scheduled to take place e.g. World Championships, World Cup, Youth Games). Liaise with the local organising committee and licensing authorities to resolve any issues regarding:
 - access to and import of prescribed medication
 - ability of team physicians to practice medicine in that country
- Ensure that this information is communicated to all National Governing Bodies taking part in the event.
- Provide medical input to the IF anti-doping strategy and results management.
- Develop and implement a process whereby any athlete who is participating in an IF event may request a Therapeutic Use Exemption for a documented medical condition requiring the use of a prohibited substance or a prohibited method in compliance with the World Anti-Doping Code.
- Anticipate and provide a risk assessment of exceptional/ extreme environmental conditions to be expected at event locations (heat, cold, altitude, pollution, specific venue risks – sea, event scheduling).

- Establish a local system of medical support for the IF delegation at international events.
- Develop medical educational material for athletes, parents, coaches, IF staff and National Governing Bodies.
- Establish a system to monitor injury and illness at all major events under the governance of the IF.
- Assess the contribution of the sport to a healthy lifestyle and establish a strategy to improve public health by encouraging participation.
- Keep up to date with all aspects of current medical practice, in particular as it pertains to elite sport and disseminate relevant information to the Board on a regular pre-arranged basis (concussion management, injury prevention etc.).
- IF Anti-Doping Department/Commission – provide expert opinion and current evidence on all medical matters relating to the anti-doping programme.
- IF Media Department – provide non-confidential information on request, provide regular updates on new medical initiatives, provide information in layman’s language.
- IF Legal Department – provide non-confidential information on request, provide regular updates on new medical initiatives, provide information in layman’s language, seek legal advice prior to planning or implementation of all projects, work closely together in all anti-doping matters should these fall under the responsibility of the IF Medical Officer.
- IF Finance Department – ensure that budgets are managed appropriately and that all payments are pre-authorised by the line manager or budget holder. Ensure that all invoices are submitted in a timely manner and that receipts are provided for all expenses claims.
- IF Competitions Department – ensure that all medical projects that impact on competition planning are notified to the department well in advance of the event, provide information in laymen language, adapt processes and services to conform with IF competition strategy, maintain close links during the planning and competition phases of all events.
- IF Medical Department – support and manage all medical staff employed by the IF and liaise with medical staff of other related organisations – IFs, IOC, NGBs, organising committee of international events etc.

Required knowledge, skills and abilities

The IF Medical Officer would normally be expected to comply with every condition listed below, however in certain situations and depending on the size and resources of the IF, it may be necessary or preferable to recruit someone who has lesser qualifications but more experience and sufficient time available to fulfill all the duties outlined:

- Current degree in medicine (with a license to practice medicine).
- Specialist recognition or a post-graduate qualification in sports medicine (Ph.D., M.Sc.).
- 5 to 10 years’ experience in sports medicine and at least 3 to 5 years actively working in a National Governing Body.
- Thorough understanding of the fabric of the sport and its non-negotiable characteristics.
- Detailed understanding of all issues related to doping and anti-doping measures –performance related factors, ergogenic aids, substance abuse in sports.
- Ability to perform as part of a multidisciplinary team, with well-developed inter-personal communication skills.
- Experience in teaching, research and publications relating to sports medicine.
- Well-grounded in medico-legal issues, disability participation and occupational medicine as it relates to the sport.
- Excellent administrative and logistical skills – to implement processes, projects and plans, co-ordinate with other departments and local organising committees, establish chain of command etc.
- Media skills training.

Professional relations

It is very important that the IF Medical Officer understands the importance of the non-medical relationships within the IF organisation.

- IF Medical Committee – ensure a close relationship and regular communication with committee members and Chair. Participate in meetings, prepare documents, reports and proposals, implement and execute decisions at the administrative and organizational level.
- IF Board – support and inform decisions, provide regular updates on all relevant issues, attend Board meetings as requested and provide written statements and recommendations.

Work environment

The IF Medical Officer will be working as part of a multidisciplinary team and some flexibility in the working pattern will be required. Sport is not a 9 to 5, Monday to Friday activity and the role will often involve week-long travel with adaptation to different cultures, climates and care systems.

Ethical considerations

The health, welfare and safety of the athlete prevails over all other considerations. The IF will take particular care to ensure that the IF Medical Officer is able to perform their duties in compliance with the IOC Medical Code and protect the IF Medical Officer from external pressures (parents, coaches, managers, agents etc.).

Continuous education

- The IF Medical Officer is expected to regularly participate in educational events that further their knowledge. This would normally be in the field of sports medicine, emergency medicine and anti-doping but may also involve other issues relevant to athlete care.
- Participation in all official IOC conferences and meetings is mandatory.
- At all times, the IF Medical Officer will be revalidated and remain in good standing with the General Medical Council in the country in which they are licensed to practice.