

**JOINT ROYAL COLLEGES OF PHYSICIANS TRAINING BOARD  
(JRCPTB)**

**Annual Specialty Report for Sports & Exercise Medicine to  
The Postgraduate Medical Training Board (PMETB)  
for August 2007 to July 2008**

**1. Establishing Schools**

We had only three regions running training programmes during 2007/08 - London, North East and within the Ministry of Defence Medical Services. It is intended that a programme for SEM will be established in the London Deanery (although not to date), while within the North East, SEM will come under the umbrella of the PG School of Medicine

**2. Triggered Visits**

There have been no triggered visits for this specialty

**3. Effect of changes to the specialty**

Not applicable to this specialty

**4. Key concerns for the future of the specialty**

There are several challenges facing our specialty which could have a major impact on our future. To date there has been no commitment from the DH to promote or fund the establishment of substantive consultant posts in the specialty. Therefore our current and prospective trainees have no foreseeable opportunities for employment as consultants within the NHS. This concern is already affecting trainee recruitment and retention. The London deanery received only two applications from run-through trainees for the four ST3 positions available from August 2009 and we have had two current trainees resign their posts recently, citing the lack of job opportunities within the NHS as reason for doing so. If this issue is not addressed urgently, the longterm viability of the specialty will be seriously threatened.

Our second major concern is the current CESR process and the difficulties that doctors who have been working in SEM for many years have in providing the evidence required for a successful application. Many of these doctors have not completed traditional medical training, or such training took place many years ago, making it impossible to satisfy the current regulations on equivalence. These experienced SEM doctors are essential to our training programmes and it is a major threat to these programmes if these individuals cannot gain entry to the Specialist Register. PMETB is aware of these difficulties and we are hoping to schedule a meeting to progress the current log jam.

**5. RITAs/ARCPs.** The following includes the responses we have received from the Heads of Specialist Training for this specialty

We have received no reports of adverse RITA outcomes.

**6. European Working Time Directive (EWTD):** The following includes the responses we have received from the Heads of Specialist Training for this specialty

Not applicable to this specialty

**7. Training Programme Director Report information**

We have not received these reports for every Deanery for this reporting period but intend to include the themes in subsequent reports.

**8. Examinations**

We do not have examination data available for this reporting period.

**9. Assessments**

Workplace based assessments for the medical specialties including Direct Observation of Procedural Skills (DOPs), mini CEX, and Multisource Feedback (MSF) have been in place since 2005. Although there have been concerns within each specialty with regard to the time involved to complete these, their use has been widely encouraged so that PMETB standards are met. We continue to pilots further workplace based assessments.

**10. e-portfolio**

Pilots for the specialty e-portfolios have been completed and will be available from April 2009. In the meantime, trainees have been advised to complete paper records or to continue to use their CMT e-portfolio.