

**EXPLANATORY MEMORANDUM TO**  
**THE GENERAL AND SPECIALIST MEDICAL PRACTICE (EDUCATION,  
TRAINING AND QUALIFICATIONS) AMENDMENT ORDER 2005**

**2005 No. 2120**

1. This explanatory memorandum has been prepared by the Department of Health and is laid before Parliament by Command of Her Majesty.
2. **Description**
  - 2.1 This Order amends the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 (S.I. 2003/1250) (“the 2003 Order”), which, amongst other matters, implements European obligations contained principally in Council Directive 93/16/EEC (OJ No. L165, 7.7.93, p.1) (“the Directive”) relating to the training of specialist doctors and mutual recognition of their qualifications.
3. **Matters of special interest to the Joint Committee on Statutory Instruments**
  - 3.1 None
4. **Legislative Background**
  - 4.1 This Order adds the specialty of sport and exercise medicine to the list of specialties in which the Postgraduate Medical Education and Training Board (“the Board”) can award a Certificate of Completion of Training (the United Kingdom’s specialist medical qualification).
  - 4.2 The Order achieves this by adding the new specialty to Schedule 3 to the Order which contains a list of all the specialties in which the Board can award a Certificate of Completion of Training.
5. **Extent**
  - 5.1 This instrument applies to all of the United Kingdom.
6. **European Convention on Human Rights**
  - 6.1 No statement is required.
7. **Policy background**
  - 7.1 The addition of a new specialty follows a clear, positive response to the consultation of key medical, public health and sports stakeholders

between 6 August and 8 November 2004 by the Secretary of State for Health on the need for a new specialty of sport and exercise medicine.

- 7.2 The initial trigger for this came in March 2001 when the Commons Health Select Committee identified the need for the Department of Health and Department for Culture, Media and Sport to work together to assess the feasibility of recognising SEM as a medical discipline. Since then the important role regular activity can play in the prevention, treatment and management of many conditions has been underlined in the Chief Medical Officers Report, *At least five a week*, published in April 2004. The report collates the worldwide evidence on the impact of physical activity on health, making a powerful case to support co-ordinated action to promote more active lifestyles.
- 7.3 In addition the cross-Government Activity Co-ordination Team (ACT), formed in 2003 and jointly led by the Department of Health and the Department for Culture, Media and Sport is tasked with significantly increasing levels of physical activity and participation in sport across the population but also targeting specific priority groups including the young people and women. The Public Health White Paper *Choosing Health* also focused attention on the potential contribution increased activity could have on improving the nation's health.
- 7.4 Recognition of the specialty was also highlighted and taken forward as an important component of the health contribution to the 2012 Olympic bid.
- 7.5 In light of this action to increase activity levels and sports participation there is clear evidence of the need to ensure adequate provision of services to treat sport and exercise injuries. This will need to include both a broader awareness amongst health professionals of the positive health outcomes of a more active population and the need for specific specialist training. Sport and exercise specialists could be ideally placed to provide not only treatment but proactive advice on how to exercise more safely, reduce the risk of injury and provide advice on the benefits of a healthy diet and active living. We want to see the NHS as a *wellness* service rather than a *sickness* service.
- 7.6 The recognition of this new specialty may also promote and link hospital, public health and primary care services more effectively. It could improve the management of recreation and sports-related injuries and improve the quality of life through enhancing the management of conditions such as musculo-skeletal conditions and chronic disease. There is the potential to improve rehabilitation processes with additional societal benefits such as reduced absenteeism from work.

## 8. Impact

- 8.1 A Regulatory Impact Assessment has not been prepared for this instrument as it has no impact on business, charities or voluntary bodies.

## **9. Contact**

- 9.1 **Paul Loveland** at the Department of Health Tel: 0113 254 5856 or e-mail: paul.loveland@dh.gsi.gov.uk can answer any queries regarding the instrument.