



Monday, 5 September 2011

This will be my last report as President of SDrA. Following the AGM in Fremantle in October, I will hand over to Brendan de Morton. Many of you I'm sure know or know of Brendan, who has been a stalwart of not only SDrA but also of sports medicine in Australia. Brendan has been a great support to me and the SDrA committee and has been actively involved in many of the behind-the-scene activities in our attempts to improve the profile and options for our membership. I owe Brendan a debt of gratitude and know he will lead SDrA with a great strength and passion over the next two years.

I started my presidency wanting to broaden and strengthen our relations with other groups who have similar philosophies and aims to SDrA. The reasons behind this are to provide a stronger voice for sports medicine, to focus efforts and provide a broader skill mix, share resources and also to provide more options and greater variety for you, our members. I also saw SDrA as being an organisation which could provide sports medicine education to community and professional groups.

I am glad to say that, in part, we have and still are attaining these objectives. SDrA remains active in education; we continue to have a presence at conferences and meetings with presentations and workshops specifically geared towards the clinical application of sports medicine research and best practice.

Our relationship with RACGP is developing and sports medicine is now one of the groups which make up the Faculties of Specific Interest. Neville Blomeley took on the role of Chair of the Network about 12 months ago. A number of SDrA members have joined the network and will be working to develop and promote Sports medicine in General Practice throughout Australia. The network has been strong in providing workshops at the National Conference of RACGP with Gavan White in Perth 2009, Neville Blomeley and Gareth Thomas in Cairns in 2010 and I will be doing 2 workshops this year in Hobart. The first phone conference of the network occurred in mid August and there were a number of ways discussed to increase the activities of the network. SDrA was strongly represented and I am sure RACGP is now getting the message that they need to look no further than SDrA for sports medicine education within primary

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care. It will certainly benefit both groups and should help to increase SDrA membership in the future.

Unfortunately our discussions with the Australasian College of Sports Physicians (ACSP) has failed to progress. We have been in lengthy discussions with the ACSP president and CEO regarding ways our two groups may better work together, pool our resources and benefit from the diversity and similarities between the two groups. Essentially we are two medically trained groups, with extended levels of training in sports medicine. ACSP is recognised as the specialty college in sports medicine although the skills and qualifications of many of our Members and Fellows is of an extremely high standard and well recognised in the local, national and in some cases international arena. Initially, SDrA indeed appeared to have significant support from the president and CEO of ACSP in regard to a closer working relationship and recognition of our skills.

As a starting point, SDrA requested that ACSP recognise the additional skills, experience and standing in the field of sports medicine many of our membership have to offer. SDrA was extremely disappointed when the ACSP Council failed to recognise the benefits that a closer working relationship between our two groups may have offered and at this stage seem unwilling to negotiate further. Our proposition was that they introduce a class of membership within ACSP which may reflect these extended attributes beyond that of associate member of ACSP.

A more corroborative working relationship between two medical groups with similar passions, objectives and philosophies seems a logical progression. From SDrA's perspective it also seems in line with SMA philosophy in working towards and displaying a more, inclusive, unified and consistent front to sports medicine.

On a more positive note, we have had exceptional support from SMA over the last two years. In particular Nello Marino has been a staunch ally and supporter of SDrA. Tamara Christmas has been fantastic in assisting us with the administrative and governance side of SDrA. To both Nello and Tamara I must extend a deep gratitude of thanks.

As I'm sure you are all aware, the Australian Conference of Science and Medicine in Sport will be held in Fremantle Western Australia from the 19th-22nd October this year. I would encourage all of you to consider attending. Along with

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a great line-up of workshops and presentations, there will also be the SDrA and SMA dinner and of course the SDrA AGM. I must encourage you to have a look at what's on offer at <http://sma.org.au/conference/> . Unfortunately this will be the first conference and AGM in many years I will be unable to attend and I must apologise to my committee, the SDrA membership and SMA for my unavoidable absence.

Finally, I would like each one of you to consider making an active contribution to SDrA, your organisation. Essentially all of the networking, negotiations, teaching and external committee involvement has been undertaken by the SDrA committee. We are a small group and we need your support and ideas to help us develop and make change. I encourage each and every one of you to seriously consider nominating as a committee member of SDrA, a nomination form is attached. Without the support and strength of the committee, advances and benefits for sports doctors in Australia will never occur. Take the time to have a look at the SDrA website, <http://www.sportsdoctors.com.au/> , to see what is happening with your organisation and ways you may become involved.

In ending I must thank my committee for their drive to improve the conditions, standing and profile of Sports Doctors within Australia.

I wish Brendan and the committee for 2011-2013 the very best of luck and success.

Shane

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President, Sports Doctors Australia

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