



Sports Doctors Australia, President's Report, 5 November 2010

Sports Doctors Australia and Sports Medicine within Australia have gone through a very exciting and challenging time over the last twelve months, although these times are far from over. Within SDrA we have looked very closely at who we are as a group, where we are heading and what we want for ourselves, for our profession, for the discipline of sports medicine and ultimately for our patients.

I started off my presidency with two major objectives and one ultimate aim. The first is to highlight and expand the SDrA reputation as a provider of high quality sports medicine education to our peers and colleagues, medical and allied health students, those undertaking post graduate training in medicine and allied health and of course to the general community. The second is to strengthen existing professional relations we have with other likeminded professional organisations as well as establish links with those we are not yet involved. The ultimate aim is that through the progressive attainment of these objectives we, together, will strengthen the profile of sports medicine within Australia and ultimately provide to our patients the best quality sports medicine care and advice possible.

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I believe we are well on the way to achieving these objectives and therefore securing my ultimate aim. Over these last twelve months SDRA Fellows and Members have been actively involved in teaching and educating people in Best Practice Sports Medicine. The focus of our group with our educational principles is to provide the Evidence for Best Practice where it exists and to include the Art of Medicine, the clinical acumen to all aspects of our practice. This philosophy has been clearly demonstrated at educational meetings, conferences both national and international, journals, text books, universities, Divisions of General Practice and hospitals to name just some. The impact of this effort that many of you Members and Fellows have demonstrated is substantial. The fact that SDRA Fellows and Members are contributing to five educational sessions at this year's National SMA Conference is testimony to our passion. This is a substantial contribution given the small numbers within our organisation. Our involvement with SMA educational events and conferences is substantial, I consider us as the discipline which analyses and synthesises the evidence behind practice and delivers the clinical application. In part our presence is to remind SMA and their members that as a collection of health professionals from different disciplines that we are essentially clinicians and as a group our prime focus must always be on the clinical application of the research to maintain and improve patient care. To all of you who have strived to achieve our educational objective, I thank you. I know and believe you have made a difference. You have made a difference to the people you have shared your skills and knowledge with and you have therefore made a difference to how

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people with musculoskeletal and sports related conditions are managed. Again, I thank you, your passion, dedication and enthusiasm is very much appreciated at many levels.

This year we saw The Australasian College of Sports Physicians achieve specialist status. I applaud this achievement. Let us not forget that this group of professionals is a group of doctors just like us, with very similar aims, objectives, desires and philosophies. I want to make it clear that they are not the opposition; they are colleagues striving for not dissimilar outcomes to us. I commend them for what they have achieved, I commend their drive and resilience to obtain what is best for their Members and Fellows and ultimately what is best for their patients and for sports medicine within this country. I freely admit that the way our two groups have interacted at times over the years has been less than ideal and in retrospect both groups should have identified and realised our similarities and pooled our skill sets and incorporated our differences for ultimate advantage to all concerned. Unfortunately this did not occur and I truly believe that this is to the detriment of both our groups and also to the detriment of our combined aims and objectives. Although it is never too late for both groups to realise our mistakes and learn from them. As a group we must support and accept the status achieved by the sports physicians as this newly acquired status reaffirms what we have always realised, that sports medicine does have a special body of knowledge with a special set of skills that are in addition to what general

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medicine possesses. It would indeed be hypocritical to denigrate what they have achieved as it helps us attain our goals and what they have achieved can only have benefits to us.

Although with this recognition comes the realisation that sports medicine is indeed not solely for the elite, it is indeed for the vast majority of others. The role it plays in illness and injury prevention for the general population is substantial and cannot be measured in only monetary terms. Not one member of the Australian population would not directly benefit from appropriate physical activity and they are only able to participate in physical activity if educated appropriately, guided and directed with the right exercise prescription and their injuries and illnesses either prevented or managed appropriately. We have the skills and ability to do this, we are indeed privileged to possess these extended skills, these skills and this knowledge which ultimately has the potential to make a huge difference to individuals and societies.

I must remind all of us that we need to recognise and embrace those groups who are battling-for-the-same-team, because it is only by pooling our skills and resources that we attain power, influence and change.

To this end, we have also recognised and embraced our origins. Most of our membership started off as primary care physicians. Our roots are in seeing people in the community and at the coal face. Our broad generalist skills and background only augments what we offer in our sports medicine practices. Sports medicine embraces all that is primary care and we must never forget

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this. The corner stone of primary care is holistic medicine, seeing the person from a bio-psycho-social perspective, being able to manage the person by factoring in all these complex variables, our patients and our practice of medicine truly benefits from this generalist knowledge something that many other practitioners do not possess. The recognition of our origins has lead us to pursue ties with the Royal Australian College of General Practitioners, recognising that we are generalists but generalists with specific skills and knowledge. Our future venture with RACGP has the potential to benefit both groups. From our perspective there is power in numbers. The RACGP is a very large and powerful group both within politics and medicine; this can only be an advantage to us. RACGP will benefit with the addition of member numbers although the ultimate benefit is us sharing our knowledge base and skills set with our generalist colleagues, which will achieve the flow on effect of better patient care, consistent with my objectives and aims.

This report would not be complete without me acknowledging and thanking Sports Medicine Australia. They are the umbrella group of all health professionals involved in the care and management of physically active people. Their philosophy is akin with our own, their purpose is consistent with ours, and they provide support and a multidisciplinary family which we would not be able to share in any other organisation or in any other field of medicine. SDRA must

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always be a part of and remain loyal to SMA. I must personally thank Nello Marino, CEO of SMA National who has been one of our strongest allies and supporters.

I must thank my committee for the hard work, the passion, the dedication and the mateship they have demonstrated throughout these last twelve months. It is unfair to single out individual members as each has contributed in their own way and within their own limitations. Each has supported our endeavours although there are several members who have gone above and beyond what is expected, these members know who they are and so does the membership. These members are not there for the accolades but there for the benefit of the group, sports medicine and our patients, so I will not embarrass them by naming them individually, only to say thank you on behalf of our membership, I have the greatest respect for you and believe we will only benefit by your ongoing presence and involvement. Although I must mention one committee member who retires from the SDrA committee after being involved from the very beginning. Bill Straughan has been an SDrA stalwart; he was there in our formative years and throughout our evolution, he has provided us with direction, thought and challenges throughout this time. Bill, on behalf of the entire SDrA membership, I thank you for your tireless efforts which have helped develop SDrA to what it is today.

Finally, I turn to all Members and Fellows now for you to ask yourself if your personal and professional aims, objectives and philosophies are in line with those I have allocated for SDrA for

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my two year term. If so, I ask you to consider very seriously becoming more involved, either by joining our committee or contacting us via our website to express your support.

I look forward to the next twelve months in being able to pursue and consolidate what we have only just started.

Shane

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