

31 May 2013

Mr Stephen Palethorpe
Committee Secretary
Senate Rural and Regional Affairs and Transport
References Committee
PO Box 6100
Parliament House
Canberra ACT 2600
rrat.sen@aph.gov.au,

Dear Mr Palethorpe

Re: Submission to the Senate Rural and Regional Affairs
and Transport References Committee

I am a specialist sport and exercise physician who has been in practice since 1980. I am a former Olympic representative in the sport of track and field and have served as team doctor for a number of National teams including track and field, triathlon, cricket and lacrosse.

I am also past national president of Sports Medicine Australia and was the Inaugural chair of their National Drugs in Sport Advisory Committee established in 1994. I have also served on numerous administrative and

government advisory committees related to sports medicine over the past 25 years.

I am a Foundation Fellow of the Australasian College of Sports Physicians and have been a member of several of the College's subcommittees as well as serving as national Vice President and Board member for three terms.

I have extensive experience with elite sport in Australia and did appear before Senator John Black's Senate Enquiry into Drugs in Sport in 1989, representing the AMA.

I have always been a strong advocate for the role that a multidisciplinary sports medicine team plays in supporting sport at all levels in Australia. At the elite level it is commonplace for the sportsmedicine team to include a physiotherapist, exercise physiologist, massage therapist, dietitian, podiatrist, psychologist, sports trainers, other "sports science" personnel ("fitness staff") and an appropriately qualified medical doctor. Underpinning that multidisciplinary support is the crucial role the medical practitioner plays in overseeing the health of the athlete and ensuring that the welfare of the individual is paramount at all times. A medical practitioner is best placed to assess health issues and is the only individual able to legally prescribe medications and make clinical assessments when there is a health

problem arising, be it an injury, illness or mental health concern.

There is no doubt that in recent years the role of “sports science” has grown in elite sport. It is now not unusual for the appointment of full time personnel to the role of High Performance Director at many sporting clubs and that individual is rarely a doctor. The salary for those positions has also expanded at an exponential rate over the past five to ten years. Despite the obvious relevance of athlete health in achieving optimal performance, full time doctors are a rarity in elite sport. Our Olympic squads, AFL and NRL teams, national cricket, rugby and soccer teams for example do not have full time medical coverage.

Concerns have been raised in medical circles in recent years in relation to the influence that certain “sport science “ individuals have exerted on player preparation, injury rehabilitation and, in more recently publicised cases, medication and supplement administration. What has also become clearer is the lack of regulation within the sport science industry professions when the issue of accreditation, “appropriate “qualification and ethical guidelines are raised. This is not the case obviously with professions such as medicine or physiotherapy.

I am concerned that there are clear examples in Australian sport where the role of the medical practitioner has been undermined and even usurped by non medical individuals and that sporting codes and associations have allowed this to happen. I would stress that it is minority of individuals working as “performance enhancement scientists” who have sullied the reputation of the industry as a whole. There are many genuine, ethical and well qualified scientists, especially exercise physiologists, who have always, and continue, to work cooperatively and harmoniously with medical practitioners in providing optimum care and performance preparation for elite athletes. However, the doctor has ultimate responsibility for athlete health and welfare issues including the approval of administration of all substances that may influence an athlete’s metabolism and performance whether that substance be a “supplement” or medication. The concept of “injectable” agents should unequivocally be considered a medical issue. This model needs to be encouraged and implemented consistently across all sport codes at any level.

I would urge the Enquiry to review the role of Sport Science in athlete care and provide clear recommendations as to levels of accountability and responsibility to which individuals working in this field must adhere.

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