



Australasian College of Sports Physicians
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31 May 2013

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 ACSP submission to the Senate Inquiry into the practice of sports science in Australia

Preamble

ACSP is the principal specialist medical college involved in the provision of medical care for athletes through our member Sport and Exercise Physicians. ACSP thanks the honourable Senators for their time and interest in this important matter and for the opportunity to submit to this committee.

ACSP acknowledges that sports scientists have made an enormous contribution to Australian sport. Sport and Exercise Physicians have worked closely with sports scientists for over twenty years, with benefits both to sport and the respective professions. Sport and Exercise Physicians have played an integral part in the development of ethical standards in sport at Olympic and national level.

ACSP holds the view that the significant majority of sports scientists working in high-performance sport do so in a highly professional and ethical manner.

ACSP considers that the Australian Government (and by extension State Governments) through its extensive funding of sport in Australia, both as an insurer for patient care and provider of funds for sport programs, and the monitoring of thereof, has a legitimate role in the regulation of the practice and principles of sports science.

ACSP believes that the safety and care of patients is paramount on any delivered or proposed outcome of this inquiry. In this case the patients are sports participants, made up of professional (high performance) and non-professional (recreational) athletes.

With respect to the terms of reference outlined by the Senate committee, ACSP makes the following comments:

(a) the current scope of practice, accreditation and regulation arrangements for the profession;

The term 'sports scientist' is generic, to include a variety of professions. Sport science may encompass: sport physiology / biochemistry, sports biomechanics, skill acquisition, performance analysis, strength & conditioning, sports dieticians/nutritionists and sport psychologists. Therefore, a medical scientist, allied health practitioners and medical practitioners themselves, can also be considered as sports scientists or at the very least acting in part as sports scientists.

Definition of Sports Scientist and Scope of Practice

ACSP identifies a need to establish an accepted definition of a 'sports scientist'. This definition will relate to the academic qualifications, research history, working environment and nature of the practical application for the person working in the sport. It should reflect the existing multidisciplinary Australian sport science practitioner system currently operating.

At an even more fundamental level, it would also be reasonable to determine *which* practitioners can practice in the Australian sporting environment when interacting with the athlete, in respect to their ongoing health and well-being.

Accreditation

Whilst medical doctors are registered and regulated, there currently exists no formal accreditation process for most practitioners who practice in the area of sports science. There should be support for a structured and formal system of accreditation which would encompass some of the following

- minimum standards of professional qualifications;
- a system of peer review;
- protocols for ethical research;
- a Code of Conduct; and
- a process for dealing with breaches of the Code of Conduct, including the possibility of rescinding accreditation.

It is a matter of debate as to how the above points would be constructed and implemented. ACSP does not have a strong position on whether it is a federally funded body, sporting code/s, sports institute/s or sports scientists overseeing these changes (and the future monitoring of these reforms). ACSP does believe however that there needs to be broad consultation with the sports science community regarding potential accreditation models.

(b) the role of boards and management in the oversight of sports scientists inside sporting organisations;

ACSP believes as a principle, that the Boards and management of sporting organisations must be obliged to inform themselves of sports science practices, definition and regulations relevant to their organisation.

All sporting organisations must have a clear policy framework which provides parameters for sport science activities within the organisation. ACSP recommends the adoption of Sports Science Sports Medicine Best Practice Principles (SSSM Best Practice Principles) recently released by the Australian Institute of Sport (AIS) (Appendix 1). Where organisations feel they do not have the capacity or resources to adopt such principles, the organisations should seek guidance and assistance from organisations such as the AIS and ACSP.

ACSP believes that there should be a structured and cyclical reporting process whereby Boards are informed of various matters including, but not limited to the following:

- new staff employed in the sports science department
- appropriate induction processes and background checks on new employees
- any change to sports science and sports medicine protocols over the reporting period
- any breaches of Code of Conduct during the reporting period

(c) the duty of care of sports scientists to athletes, and the ethical obligations of sports scientists in relation to protecting and promoting the spirit of sport;

All sports scientists involved in the health and well-being of athletes have a duty of care to those athletes. This includes but is not limited to, ensuring that:

- any research using athletes conforms with accepted standards of scientific and ethical rigour;
- not using athletes as experimental models for untested practices or substances;
- avoiding any methods or substances which expose the athlete to the possibility of an anti-doping rule violation; and
- ensuring that any dietary or nutritional supplements provided or prescribed are safe and efficacious.

Code of Ethical Practice

Sports scientists have ethical obligations to maintain the integrity of sport. This involves maintaining standards of ethical and professional behaviour to ensure there is no danger of sport being brought into disrepute. These matters will be greatly

assisted by the adoption of a series of sports science and sports medicine best practice principles.

As a minimum, ACSP recommends that for all sports scientists a code of ethical practice is developed along the lines of the current ethics for medical practice.

The practice of sports science often involves the provision of rehabilitation and intervention advice in conjunction with a medical team.

It would be reasonable to suggest that any code of ethical practice for sports science in Australia be developed in conjunction with a specialist medical college such as ACSP. In a similar manner a worthy template for developing this code of ethical practice in sports science is the recently released AIS SSSM Best Practice Principles (Appendix 1).

(d) avenues for reform or enhanced regulation of the profession

As stated above, ACSP does not have a strong position on who the overseeing and reforming body may be, but reiterates the need.

This body should demonstrate a rigour to regulate the profession in a manner that compels a transparent and robust process towards definition, regulation and standards of a sports scientist.

A potential avenue for the enhanced regulation of the profession could be a registration scheme within the existing framework of the Australian Health Practitioner Regulation Agency (AHPRA) This would have many advantages such as provide 'protection of title' and a national registration system. (The disadvantages are, this would require the agreement of all State and Territory health ministers and require amendments to legislation in some states as the Commonwealth has no constitutional power to regulate professions.)

Enhanced Regulation

ACSP would like minimum standards to be introduced for the practice of sports science in the context of contributing to athlete performance, health and wellbeing, when the athlete is being recommended dietary and nutritional supplements and substances.

Appropriate use of dietary and nutritional supplements should ensure that there is no threat to human safety, the use is scientifically evidence-based, that individuals taking the supplements are not at risk of an inadvertent anti-doping rule violation and the integrity of sport is protected.

AIS has developed a comprehensive classification of nutritional and dietary supplements (<http://www.ausport.gov.au/ais/nutrition/supplements>) that characterizes all dietary and nutritional supplements according to the above outlined principles.

A national approach to appropriate use of nutritional and dietary supplements utilising the AIS classification system should be developed through collaboration between relevant bodies including ACSP, NSOs and National and State Institutes/Academies.

With respect to the use of dietary and nutritional supplements, in many cases these substances could actually be considered to be drugs (definition: a substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease OR a substance other than food intended to affect the structure or function of the body). In the practice of sports science ACSP believes the following:

- i. There is no role for injections as part of a supplementation program. Injections should only be performed for the treatment of illness or injury.
- ii. Injections should only be performed by a medical practitioner.
- iii. Dietary and nutritional supplements used cannot contravene the WADA (World Anti-Doping Authority) Code.
- iv. Untested or experimental substances cannot be used as part of a supplementation program.
- v. Substances that are not approved for human use cannot be used as part of a supplementation program.

ACSP believes that in the practice of sports science there is no need to develop a list of banned substances. Such substances fall under the remit of WADA.

ACSP believes that in the best interests of athlete care and safety, where there are substances, practices or supplements not listed as being unacceptable by WADA or not listed as accepted on the dietary and nutritional substance list, the default position in the practice of sports science be, that this substance is NOT acceptable, irrespective of the route of administration (oral, submucousa, subcutaneously, intradermally or injected).

(e) any other related matter

A final recommendation is for all athletes entering professional and/or high-performance sports programs that they undertake a mandatory educational course. The athletes would be provided with comprehensive education on matters related to integrity in sport, including but not limited to: doping, nutrition, use of supplements, illicit drugs and involvement in sports research.

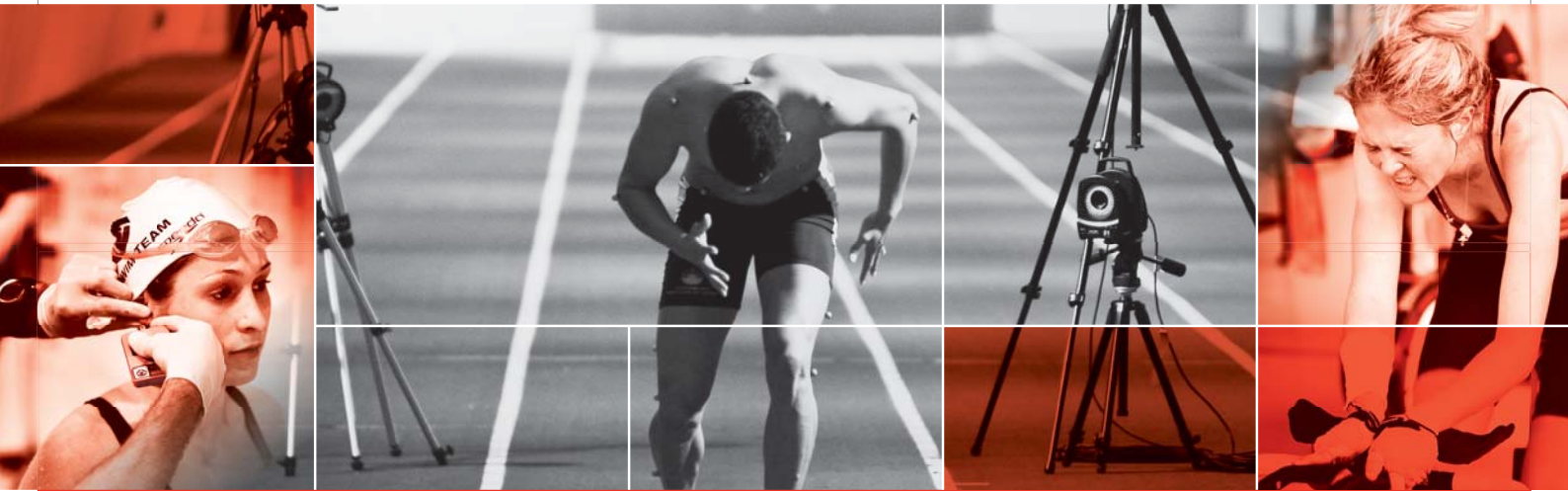
Yours faithfully

Dr Michael Jamieson
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President
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Australian Government
Australian Sports Commission

AIS Sports Science/Sports Medicine *Best Practice Principles*



AUSTRALIAN
INSTITUTE OF SPORT

Introduction

For the Australian Sports Commission (**ASC**) and Australian Institute of Sport (**AIS**), integrity in sport is paramount. Accordingly, the ASC has included in its High Performance Investment Principles that ASC investment is dependent on *sports, athletes, coaches and support personnel demonstrating the highest possible standards of integrity in sport, including anti-doping, that will enhance the reputation of Australia internationally and provide a positive example to all Australians.*

In this regard, it is important for each national sporting organisation to have in place a strong anti-doping framework. The components of such a framework may, and in some cases must, include the following measures:

- 1 An anti-doping policy that conforms with the World Anti-Doping Code.
- 2 An anti-doping education strategy and program developed in consultation with the Australian Sports Anti-Doping Agency (**ASADA**).
- 3 Processes for reporting required information to ASADA to facilitate athlete testing.
- 4 A clear and confidential process for reporting suspected doping violations.
- 5 A requirement for board members, staff, athletes and coaches to provide anti-doping declarations.
- 6 A program allowing searches of athlete accommodation provided by the organisation.
- 7 An illicit drugs policy.

Many of the above measures are mandated by ASADA and required under ASC funding agreements.

Sporting organisations should also have a code of conduct which binds all athletes, coaches, staff and board members and, at a minimum, requires awareness of and compliance with the organisation's:

- > values and goals
- > anti-doping policy
- > sports science/sports medicine (**SSSM**) policies.

The code of conduct should be regularly promoted within an organisation by its CEO and Director of High Performance. It should be highly visible and any breaches of the code should be enforced.

A further measure to reduce a sporting organisation's risk of an anti-doping violation and to protect athlete wellbeing is the implementation and enforcement of clear processes and policies in relation to SSSM practices within the organisation.

Overview of SSSM Best Practice Principles

Monitoring and oversight of a sporting organisation's SSSM activities are essential elements of the respective roles of the organisation's board and senior management. In performing this function, **risk management processes are critical**. Oversight of SSSM practices must form part of the organisation's risk management process, specifically, understanding risks to the organisation and to the health of athletes and developing appropriate integrity safeguards to mitigate these risks.

These SSSM Best Practice Principles have been developed by the AIS as a practical guide to assist boards and senior management of sporting organisations in performing their oversight function in relation to SSSM practices.

The Principles can be categorised under five key areas:

- 1 Staff integrity and capability
- 2 SSSM policy framework
- 3 Education
- 4 Detection and enforcement
- 5 Oversight and reporting.

These SSSM Best Practice Principles are intended to operate in conjunction with, and without limitation of, the other components of an organisations's anti-doping framework.



1

Staff integrity and capability

Principle 1: Sporting organisations should ensure that all SSSM staff members are appropriately qualified, supervised and subject to the organisation's SSSM policies, anti-doping policy and code of conduct.



Commentary and guidance

Employment of SSSM staff should be by an open and competitive process with high selection standards. There should be adequate checks to exclude individuals with current or past anti-doping rule violations or a history of inappropriate conduct in relation to supplements and/or medications.

All SSSM staff should be bound to comply with the organisation's SSSM policies, anti-doping policy and code of conduct.

Any independent contractors engaged to provide SSSM services should be obliged under a service agreement to comply with the organisation's SSSM policies, anti-doping policy and code of conduct.

SSSM staff should:

- > attain minimum standards for professional qualifications and, if applicable, professional accreditation, that will be discipline specific
- > undergo constant peer-review including annual peer-review of new and existing practices and procedures
- > work to written and approved protocols in relation to ethical research
- > adhere to industry quality assurance standards and actively engage in continual professional development, thereby reducing:
 - isolation of practitioners working in the field
 - potential conflicts of interest for practitioners embedded entirely within a sport.

There is currently no accreditation body for sports scientists, although some disciplines of SSSM do have accreditation (for example, sports medicine). The National Integrity of Sport Unit (NISU) will lead any work to establish accreditation or other regulation systems for sports scientists agreed by the Australian Government following the current Senate inquiry on sports science.

Principle 2: Sporting organisations should implement, periodically review and enforce a robust SSSM policy framework, including the following SSSM policies:

- 1 Supplementation policy (including a Supplementation Panel and Supplementation Provision Protocol)
- 2 Medication policy
- 3 Injection policy.



Commentary and guidance

The SSSM policies should require any new SSSM procedures and practices to be subject to peer review utilising a panel of experts and/or an ethics panel.

Supplementation Policy

Athletes are vulnerable to inadvertent anti-doping rule violations if they obtain supplements from their own sources.

Sporting organisations should have a written Supplementation Policy, incorporating a Supplementation Provision Protocol approved by the organisation's Supplementation Panel, which governs the use of supplements by athletes. The AIS has in place best practice protocols for each supplement which, combined with the publicly available AIS Supplementation Group Classification System, delivers world's best practice for the use of sports supplements. Sports may wish to utilise these publicly available AIS resources when developing their own approach.

Sporting organisations, within the parameters of the Supplement Provision Protocol approved by their Supplementation Panel, should wherever possible provide appropriate supplements to their athletes to remove any requirement for athletes to obtain supplements from other sources.

Athletes should not be permitted to obtain supplements from sources external to their sporting organisation, without first receiving written permission to do so from their Supplementation Panel.

The Supplementation Provision Protocol should be overseen by a Supplementation Panel of at least three appropriately qualified stakeholders, including medical staff, sports nutrition staff, sports science staff, coaching and conditioning staff. The organisation's Supplementation Panel should have at least one independent member, and seek guidance where appropriate from the AIS Supplementation Panel.

The Supplementation Provision Protocol should:

- > utilise the AIS Supplement Group Classification System
- > permit the use of all supplements in Group A and Group B of the AIS Supplement Group Classification System
- > permit limited use of supplements in Group C of the AIS Supplement Group Classification System where there is specific approval from the organisation's Supplementation Panel
- > prohibit the use of all supplements in Group D of the AIS Supplement Group Classification System
- > be based on the core principles of:
 - athlete safety
 - evidence-based science
 - compliance with the World Anti-Doping Agency (WADA) Prohibited List
- > be agreed upon after careful consideration by the organisation's Supplementation Panel
- > not be altered except by agreement with the organisation's Supplementation Panel
- > draw on external supplementation or anti-doping expertise, where there is any doubt about the capacity of the organisation to deliver such a protocol
- > be applied consistently, regardless of personnel changes within the coaching, nutrition, science, medical or strength and conditioning staff.

Medication Policy

Athletes frequently require medication for the treatment of illness or injury. Such medications may include prescription medication or over-the-counter medication.

Sporting organisations should have a written Medication Policy, approved by the organisation's advising medical practitioner, which governs the use of prescription and over-the-counter medication by athletes.

The Medication Policy should:

- > require athletes to only use medication as directed by the organisation's medical practitioner
- > require athletes to report to the organisation's medical practitioner when they have obtained or used medication from sources other than the organisation's medical practitioner
- > include appropriate protocols for the use of anti-inflammatory, pain relieving and sleep inducing medications
- > include appropriate protocols for handling or provision of medication by personnel other than the medical practitioner (physiotherapist, sports scientist, strength and conditioning coach etc), in the absence of the medical practitioner.

Injection Policy

There is no role for injection of substances as a routine part of any supplementation program.

Sporting organisations should have a written Injection Policy which prohibits athletes self injecting and prohibits individuals other than a medical practitioner administering injections to an athlete. Such a policy should specifically prohibit any unauthorised individual from being in possession of hypodermic needles.

No substances should be injected into athletes except where the treatment of a documented medical condition requires such injection.

No injectable substances should be administered to an athlete by any individual other than a qualified medical practitioner. An exception to this rule may be made where the athlete has a well-documented medical condition (for example, diabetes, anaphylaxis-risk), in which case the medical practitioner may provide written permission for the athlete to self inject within specific parameters.

A register should be kept of any athletes in the organisation who have permission to self inject for medical purposes.

Athletes may be provided with written permission to possess needles for medical reasons, as outlined above.

The Injection Policy forbidding possession of needles would not include acupuncture needles. Acupuncture needles are solid needles used for treatment of soft tissue injuries. They are not used for injection of substances.

3

Education

Principle 3: Sporting organisations should educate athletes, coaches and staff in relation to the organisation’s SSSM policies, specifically in relation to the appropriate use of prescription medications and supplements.



Commentary and guidance

The most valuable integrity safeguard is to prevent incidents from occurring in the first place. This is best achieved through effective education programs to underpin strong and current SSSM policies containing highly visible consequences for their breach.

Such education should be included in induction policies for all new athletes, coaches, SSSM staff and other relevant staff.

Sporting organisations should maintain an accurate register of all athletes, coaches and relevant staff that have/have not been provided with appropriate education, and an appropriate induction process, including familiarisation with relevant policies.

In consultation with the NISU, the AIS will develop a suite of practical education support tools to assist sports and athletes in understanding the role of SSSM and how to avoid inappropriate practice.

4

Detection and enforcement

Principle 4: Sporting organisations should ensure that SSSM policies are enforced, including appropriate sanctions for breaches, and that confidential processes are available to allow reporting of suspected breaches.



Commentary and guidance

Sporting organisations should ensure that they have in place robust processes for dealing with any alleged or suspected breaches of any of their SSSM policies. The organisation should have formal investigation and disciplinary processes applicable to SSSM policy breaches by employees and athletes (for example, under the organisation's code of conduct). Breaches by contractors should be addressed via the provisions of their contract.

Appropriate sanctions should be available to the organisation where an individual is found to have breached a policy. Sanctions should reflect the seriousness of the breach.

Sporting organisations should implement and promote a confidential process to allow the reporting of a suspected breach of a SSSM policy (or anti-doping policy) or alleged unethical or inappropriate SSSM practices (for example, under a whistleblower procedure). Such process might include direct reporting to the CEO of the organisation to ensure confidentiality and that any suspected breaches of policy are raised at the most senior level within the organisation.

Investigations of alleged anti-doping violations will be covered under the organisation's anti-doping policy. Where applicable, the organisation must refer a matter directly to ASADA or relevant law enforcement agency as appropriate.

5

Oversight and reporting

Principle 5: Sporting organisations should implement a reporting framework to assist their board and senior management to discharge their obligations to be informed about and to oversee the organisation's SSSM practices.



Commentary and guidance

The board and senior management of a sporting organisation both have a positive obligation to inform themselves as to SSSM practices of the organisation, to ensure they are best practice, promote a culture of integrity and to comply with legislative and regulatory requirements. *'Don't ask, don't tell'* is not an acceptable position to adopt. Accordingly, boards should ensure that appropriate reporting processes are in place.

Responsibilities of the Board

Sporting organisations must establish a periodic reporting system whereby the board (possibly through its audit and risk committee) is provided with information detailing the use of supplements and prescription medications by athletes over the reporting period, and any variances over the preceding 12 months. The reporting period may vary based on the size and risk profile of the organisation, but should be quarterly for larger and/or high risk organisations and at least annually for smaller and/or low-risk organisations.

At a minimum, the board should seek the following information from management:

- > How many new board members, employees, coaches and athletes have commenced with the organisation over the reporting period and of those, how many have undergone an induction process including familiarisation with the SSSM policies and anti-doping policy.
- > Any change in key personnel involved in the organisation's SSSM program.
- > If all SSSM staff, including consultants, have had full background checks before being hired.
- > If all SSSM staff are appropriately qualified and, if applicable, accredited by an industry accreditation body.
- > If all SSSM staff are employed on either employment agreements making them bound by the organisation's SSSM policies, or engaged under contracts requiring them to comply with the SSSM policies and including a right of termination in the event of breach.
- > If any external SSSM consultants have been engaged, and if so in what capacity.
- > Where a search program exists, how many searches have been conducted over the reporting period on athlete accommodation.
- > If any policy breaches have been detected in the reporting period.

- > Identification of any reports of suspected breaches and subsequent management action taken during the period.
- > If current information on the SSSM policies is up to date and available.
- > How many athletes are currently listed on the organisation's self-injection register.
- > If information on the Supplementation Protocol is accurate and up to date.
- > A listing of supplements/medication being overseen and distributed by the organisation during the reporting period, and identification of variances in year to year usage.
- > A summary of any Therapeutic Use Exemption (**TUE**) administered during the reporting period, including the circumstances of their use and sign-off by the administering doctor, and identification of variances in year to year TUE usage.
- > Financial analysis of organisational expenditure on supplements/medication.

In addition, the board should at least annually ask specific questions of management for independent assurance on SSSM integrity.

The report should detail any other matters of known or suspected issues in relation to the organisation's SSSM policies, anti-doping policy and/or reported misuse of prescription medication.

This report should be signed off as true and accurate by management on the same basis as financial reporting, with an assurance that all SSSM practices during the period have complied with the organisation's SSSM policies and anti-doping policy.

Responsibilities of management

To facilitate the board's oversight function, management should have an appropriate process in place to collect and provide relevant information to the board on a periodic reporting basis.

This process should be communicated to athletes and relevant staff as applicable, including:

- > a reminder of supplement/medication program principles and goals
- > expected practice (including a statement reminding all athletes and staff not to engage in the process of taking or acquiring supplements/medications from sources external to the organisation without consulting and receiving documented approval from the organisation)
- > key documents required from each tier of the organisation
- > personnel responsible for specific signoffs and authorisation at each tier of the organisation
- > a confidential reporting process that encourages a culture of openness and overall athlete wellbeing as a top priority of the organisation.

Appendix: AIS Supplement Group Classification System

In the Australian Institute of Sport (AIS) Sports Supplement Program, supplements are classified into four groups according to their effectiveness and safety.

Group A

Supplements are supported for use in specific situations in sport and provided to AIS athletes for evidence-based uses.

These sports foods and supplements:

- 1 provide a useful and timely source of energy or nutrients in the athlete's diet; or
- 2 have been shown in scientific trials to benefit performance, when used according to a specific protocol in a specific situation in sport.

Group B

Supplements are deserving of further research and considered for provision to AIS athletes only under a research protocol or clinical monitoring activity.

These sports foods and supplements:

- 1 have received some scientific attention, sometimes in populations other than athletes, or have preliminary data which suggest possible benefits to performance
- 2 are of particular interest to athletes and coaches.

Group C

Supplements have little proof of beneficial effects and are not provided to AIS athletes.

This category includes the majority of supplements and sports products promoted to athletes. These supplements, despite enjoying a cyclical pattern of popularity and widespread use, have not been proven to provide a worthwhile enhancement of sports performance. Although we can't categorically state that they don't 'work', current scientific evidence shows that either the likelihood of benefits is very small or that any benefits that occur are too small to be useful. In fact, in some cases these supplements have been shown to impair sports performance, with a clear mechanism to explain these results. We have named many of the products that belong in this category, but others that have not been named in our supplement system more than likely belong here.

Group D

Supplements should not be used by AIS athletes.

These supplements are banned or are at high risk of being contaminated with substances that could lead to a positive drug test.

Further information on the classification system is available at the ASC's website at ausport.gov.au/ais/nutrition/supplements.