

## REPORT OF THE FIE MEDICAL COMMISSION MEETING

Date: 4–5 July 2025

Location: Istanbul, Türkiye

Members present:

**Dr. Tamas** (representative of the Comex)

**Dr. Fiore** (President), **Dr. Miceta**, **Dr. El-Sherbiny**, **Dr. Huzel**, **Dr. Maksimova**, **Dr. Halaimia**, **Dr. Kamuti**

Absents: **Dr. Ferjani**, **Dr. Shafaat**, **Dr. Carpio Quintana**

### Day 1 – 4 July 2025

The Medical Commission began its work by examining the items on the agenda, starting with proposed amendments to the Statutes and Rules for the 2025 Congress.

During the day, a meeting was held with the Legal Commission regarding clarifications on proposal 6 presented by the Rules Commission.

Below is a summary of the proposals and topics examined.

#### **1. Proposal 11 for the 2025 Congress-Modifications of the Statutes: Article 9.3 (Presented by British Fencing Federation)**

**The Medical Commission is in favor unanimously.**

FIE's decision on this issue must align with the IOC's guidelines. The current Framework allows each International Federation to decide on transgender participation, but Section 5.2 creates a presumption that transgender athletes don't have an unfair advantage. This shifts the burden of proof to federations that want to restrict trans participation.

Under section 6 of the Framework, to restrict participation, federations must provide robust, peer-reviewed research demonstrating:

1. A consistent, disproportionate competitive advantage or unpreventable risk to safety.
2. Data from a relevant demographic group.
3. Evidence specific to the sport, discipline, and event.

#### **2. Proposals for the 2025 Congress – Modifications of the Organisation Rules**

##### **A) PROPOSAL 6 (Presented by Rules Commission) - Article o.4.10 (Anti-Doping):**

**The Medical Commission isn't in favor and recommends finding another agency if NADO is unavailable.**

**B) PROPOSAL 40** (Presented by French Fencing Federation) - Article o.110 (**Proposal for a Points Freeze System Due to Maternity**)

**The Medical Commission agrees to the inclusion of this new article, subject to the following provisions:**

- **Notification of Pregnancy**

The athlete (fencer) shall be responsible for notifying the FIE Bureau of her pregnancy. In line with the International Olympic Committee's (IOC) guidance, to safeguard the health, safety and well-being of both the athlete and the unborn child, the Medical Commission recommends abstaining from competitions during the last three months of pregnancy.

- **Consent for Disclosure**

The IOC Athletes' Rights and Responsibilities Declaration affirms the right to medical privacy, including in matters of pregnancy, while promoting a responsible and athlete-centred approach to training and competition before, during, and after childbirth.

The fencer must provide explicit, written consent for the disclosure of their pregnancy status to relevant FIE personnel, ensuring the confidentiality of medical information in accordance with applicable privacy standards.

- **Competition Restrictions**

Upon activation of the point-freezing provision due to pregnancy, the fencer shall not be permitted to continue competing while pregnant.

- **Point Freeze**

Three (3) months after delivery or termination

**C) PROPOSAL 42** (Presented by Rules Commission) – Article o.119 (**Veterans team competitions**)

**The Medical Commission is in favor.**

**D) PROPOSAL 43** (Presented by Great Britain Fencing Federation) – Articles t.20.2 – m.25

**The Medical Commission is in favor.**

**E) PROPOSAL 62** (Presented by Rules Commission) – Article t.116

**The Medical Commission is in favor.**

**3. Proposal of the Medical Commission for a modification of Article t.45 of the Technical Rules**  
**(Presented by Dr. El-Sherbiny and Dr. Miceta)**

The proposal, attached, introduces the concept of a "minor injury," meaning injury that requires a few seconds to a maximum of a minute of downtime and can be managed without any special treatment or with simple interventions (e.g., ice spray, disinfection) by the athlete's staff (or the local organization) – most importantly without waiting for Medical Delegates decision.

This would allow the referee to manage the situation quickly, without having to call the medical delegate to decide whether the athlete should receive treatment and take a medical timeout.

In fact, it can often happen that several minutes pass between the referee's call and the medical delegate's arrival on the strip, and this is time wasted.

Of course, if a fencer believes their injury is more serious and requires medical intervention, they can still ask the referee to call the medical delegate to decide whether Medical Time-Out is needed or not, making the current Rule for inflicting a penalty for an unlawful request for Medical Time-Out enforceable.

The proposal includes a definition of the most common "minor injuries" to provide referees with precise guidance on how to evaluate these situations during competition, and at the same time, leaves an opportunity for the Referee to call the Medical Delegate **at any moment** if in any doubt about injury or medical condition.

The proposal limits the number of Medical Time-Outs to one (1) per bout for a fencer, while still preserving the rule that a fencer can have multiple Time-Outs for different reasons during competition.

The proposal introduces the possibility for the Medical Delegate to review video, if present, solely for purposes of assessing the mechanism of injury (if necessary.)

The changes in t.45 proposed here should be simultaneously changed with rule o.99 as stated in point four (4) of this document to ensure consistency across all levels and to eliminate any potential contradictions.

The medical commission unanimously supported the introduction of this change, which could speed up competitions, and proposed subjecting it to a test.

#### **4. Proposal of the Medical Commission for a modification of Article o.99 of the Organisation Rules (Presented by Dr. Miceta)**

Proposed changes to Rule o.99 are regarding only sections from 5 to 7

##### **Rule o.99**

... ..

##### **(5)**

- a) In the course of a match, the captain of a team may ask to **substitute** for a fencer the reserve nominated before the start of the match. This substitution may only be made at the end of a bout. However, the fencer who has been replaced may fence one more time during that match, but only to replace the fencer who originally substituted him. This second replacement is not allowed if the first replacement has been made for the reasons listed in Article o.99.6. No further substitution for a fencer on the piste is allowed, even in the case of an accident or unavoidable circumstances. **The announcement** that a fencer is to be substituted must be made at the latest before the beginning of the bout preceding the next bout of the fencer who is to be replaced and must be reported by the Referee to the opposing team captain. At World Championships and Olympic Games, the referee must also report this immediately to the Directoire Technique.
- b) If an ~~accident occurs~~ injury or other medical condition occurs to the fencer who is subsequently deemed unable to continue by the Medical Authority in the bout which follows the request for a substitution, the team captain may annul that request.

- c) If the captain of the opposing team has also requested a substitution, this substitution may be implemented or cancelled.

**(6)**

- a) If a member of a team ~~is obliged to retire during a match as the result of an accident which has been duly recognised by a medical representative of the FIE,~~ sustains an injury or other medical condition and is subsequently deemed unable to continue by the Medical Authority, the captain of his team may ask to put in a reserve to continue the match at the point where the competitor who was obliged to retire withdrew, even during a bout in progress.
- b) However, **a competitor who is thus replaced** cannot again take his place in the team **during the same match**.

**(7)**

- a) If both a fencer and the reserve, if any, ~~are forced to withdraw~~ sustain an injury or other medical condition and are subsequently deemed unable to continue by the Medical Authority, and the team is therefore incomplete, it has lost the match and must withdraw from the competition. The team retains its place in the final ranking. (See Article t.45.3)
- b) If a fencer is excluded during a team match, his/her team has lost the match and the team is excluded from the competition without any final ranking. Cf. t.160.

... ..

This proposed **Rule o.99 points 5 to 7** change is directly linked to the proposed change in Rule t.45 and aims to enable harmonization and reduce inconsistencies and contradictions.

Current wording of both Rule t.45 and Rule o.99 contains slight discrepancies, as the wording used in points 5, 6, and 7 of Rule o.99 introduces potential ambiguity and lacks alignment with the terminology currently adopted in Rule t.45.

Therefore, this amendment is technical in nature, intended to improve clarity and consistency, without altering the substantive meaning or implications of the rule.

## **5. Medical Documentation Updates**

The Medical Commission has updated the following documents, attached, prepared by Dr. Miceta:

- Anti-Doping Operational Instructions
- FIE Medical Withdrawal Form
- FIE Medical Time-Out Report
- FIE Events - Medical Replacement and Clearance Form
- Supervisor Report: Medical and Anti-Doping Section
- Doping Control Officer Confirmation Form

## Day 2 – 5 July 2025

During the day, a meeting was held with the Veterans Council regarding an analysis of some critical issues that characterize this category.

The joint decision was to propose a third medical delegate for the upcoming Veterans World Championships, as explained in point 9.

In the afternoon, the Commission had a very fruitful and constructive meeting with Mrs Saidova. The General Secretary emphasized the importance of the FIE's strategic vision and asked the Medical Commission to formulate its own 2025–2028 strategic plan.

Below is a summary of the proposals and topics examined during this day.

### **6. Proposal of the Medical Commission for a modification of Article 4.4.2 of the Statutes – Eligibility for memberships in the Medical Commission (presented by Dr. Fiore, Dr. El-Sherbiny, Dr. Miceta)**

#### **Current Wording:**

Statutes 4.4.2 Second paragraph:

*"A candidate for the Medical Commission must have completed the educational requirements for being an MD, DO or DC and hold a valid and active license, or be qualified and be practising as a physiotherapist or have been a member of this Commission for at least two mandates."*

#### **Proposed New Wording:**

Statutes 4.4.2 Second paragraph:

*"A candidate for the Medical Commission must have completed the educational requirements for being an MD ~~DO or DC and hold a valid and active license, or be qualified and be practising as a physiotherapist or have been a member of this Commission for at least two mandates.~~ or hold an equivalent medical degree that confers eligibility for independent clinical medical practice and is recognised as such in their country of practice, with a valid and active medical license."*

#### **Rationale and Motivation for the Amendment**

The Medical Commission's core responsibility is to safeguard athletes' health and safety, particularly during competitions. This includes being available on-site at the competition to make immediate medical decisions, assess injuries and illnesses, determine fitness to compete, and, in many instances, make clinical judgments that are equivalent to issuing a medical diagnosis.

These tasks are strictly within the legal and professional scope of licensed physicians. Allowing non-physicians, such as physiotherapists or chiropractors, to serve in roles that involve making diagnostic or return-to-play decisions exposes the FIE to significant ethical, legal, and professional risks. It may also compromise the quality and authority of medical decisions made during critical moments in competition.

Moreover, international standards across most elite sports federations stipulate that only medical doctors are authorised to make such determinations, particularly regarding injury diagnosis, concussion protocols,

anti-doping medical exemptions, or emergency care. Aligning with these standards reinforces the credibility and professionalism of the Medical Commission.

Finally, this amendment ensures that the Commission consists of professionals who possess the full medical training necessary to make independent, defensible, and evidence-based decisions, ultimately better serving the athletes, the sport, and the organization.

#### **7. FIE Medical Handbook**

Update assigned to Dr. Miceta, Dr. El-Sherbiny, and Dr. Halaimia.

#### **8. Concussion Protocol**

FIE urgently needs this Concussion Protocol.

The preparation is assigned to Drs. Miceta, Halaimia, and Huzel

#### **9. Veterans Events**

The number of participants in these events is steadily increasing, and consequently, the workload of medical delegates has increased accordingly.

It should also be considered that veterans often have medical issues related to age, which makes the physician's job even more complex, both clinically and in terms of responsibility.

For this set of reasons, three medical delegates are recommended for the Bahrain Veteran Championships (to be held in 3 separate halls).

**The Medical Commission also proposes to maintain in the future three medical delegates for the Veteran events and recommends:**

- The presence of two (2) ambulances at the competition venue
- Medical Clearance for all participants. It is a formal evaluation and written approval issued by a licensed physician, confirming that the individual is medically fit to participate in the specific competition.
- Insurance coverage for athletes (responsibility of each National Federation).
- Include veterans in anti-doping, injury prevention, and research initiatives.

#### **10. Zonal Confederation Coordination**

The Medical Commission proposes to Comex:

- to plan meetings to improve medical and anti-doping procedures, and to collect data systems.
- Its participation in the zonal events

#### **11. Medical Commission Strategic Plan 2025-2028**

The Commission started its discussion on this topic, with a focus on visibility, education, and research. Dr. El-Sherbiny presented his draft strategic plan. While finding it very interesting, some Commission members stressed the need to define only developable and achievable objectives, to avoid making commitments that might be difficult, if not impossible, to fulfil.

During the discussion, it was reiterated that increasing the visibility of the Medical Commission is essential.

Several initiatives were proposed, including the development of training programmes, webinars, and publications to promote injury prevention, anti-doping awareness, and best practices in medical care for fencing. These educational tools should target not only medical professionals but also athletes, coaches, and broader support teams.

Throughout the meeting, we reiterated and unanimously agreed on the importance of collecting data to support research and enhance prevention strategies. This will be a key component of the Strategic Plan.

Dr. El-Sherbiny informed the Commission of his collaboration with several universities and academic institutions with which the FIE may formalize cooperation agreements in the future. These agreements could support joint research projects in sports medicine and science, with a particular focus on innovative areas such as biomechanics. The goal is to encourage scientific progress, improve evidence-based care for athletes, and contribute to global research through collaboration in data collection, analysis, and publication.

Dr. Tamas could also support this effort by involving Hungarian athletes and academic institutions.

A deadline (15 August) was set for members to send their individual proposals.

## **12. FIE Medical Education Programme**

Protocols will be created and presented before next season.

The draft of a document was prepared collegially.

Dr. Miceta and Dr. El-Sherbiny will collaborate on the document and will be jointly responsible for submitting the final version.

The program will focus on education for athletes, coaches, and medical/support teams.

A list of 24 topics was proposed, including education, injury prevention, anti-doping, and innovation.

Each member will communicate on a specific topic and is expected to produce both a PDF document and a slideshow presentation.

## **Final Notes**

2026 medical delegates

To confirm with absent members.

- Rio, JC World Championships: Dr. Halaimia, Dr. Fiore, Dr. Miceta
- Hong Kong, Senior World Championships: Dr. Fiore, Dr. Huzel, Dr. El-Sherbiny
- Veteran World Championship in Georgia: To confirm with absent members.

Given the absence of three members of the commission, Dr. Fiore expressed his willingness to be replaced by one of them in at least one of the two competitions in which he is scheduled to participate.

**Dr. Antonio Fiore, MD**

**President of the FIE Medical Commission**