The Association for Physical Education’s response to recommendations within the 2009 Annual Report of the Chief Medical Officer

This item was submitted to Loughborough University's Institutional Repository by the/an author.

Citation: HARRIS, J. and CALE, L., 2010. The Association for Physical Education’s response to recommendations within the 2009 Annual Report of the Chief Medical Officer. Physical Education Matters, 5 (2), pp. 10 - 11.

Additional Information:

- This article was published in the journal, Physical Education Matters [© Association for Physical Education].

Metadata Record: https://dspace.lboro.ac.uk/2134/11385

Version: Accepted for publication

Publisher: © Association for Physical Education

Please cite the published version.
This item was submitted to Loughborough’s Institutional Repository (https://dspace.lboro.ac.uk/) by the author and is made available under the following Creative Commons Licence conditions.

For the full text of this licence, please go to:
http://creativecommons.org/licenses/by-nc-nd/2.5/
The Association for Physical Education’s Response to Recommendations within the 2009 Annual Report of the Chief Medical Officer

Dr Jo Harris and Dr Lorraine Cale, Loughborough University

on behalf of the

Association for Physical Education

The Association for Physical Education welcomes the following aspects of the report:

- Recognition of the importance of regular physical activity and the intention to promote a culture of activity throughout life
- Acknowledgement of the health benefits of physical activity and its description as a potential ‘wonder drug’ or ‘miracle cure’
- Awareness of the prevalence of inactivity amongst adults and the consequent negative health consequences of inactivity
- Acknowledgement of the key role of schools in promoting physical activity and the fact that increasing physical activity within the curriculum can improve educational outcomes
- The recognition that educating parents/carers is central to promoting activity amongst children and young people
- Reference to programmes used in California and Texas which are comprehensive educational health-related fitness and activity assessment programmes incorporating criterion-referenced standards and providing individualised feedback on activity and health-related fitness measures
- The recommendation to establish minimum physical activity recommendations for all age groups across the UK
- The recommendation to incorporate physical activity recommendations from young to old into public health programmes
- The recommendation for further research into effective interventions to increase physical activity within specific age groups.

However, it is concerned about:

- The recommendations for comprehensive physical fitness testing to be piloted in secondary schools and for this to include both standard tests of cardiorespiratory fitness and multi-stage fitness assessments.

The Association for Physical Education’s concerns relate to the following issues:

- The ‘aim’ of the recommendation is to increase activity levels amongst young people but the proposed ‘solution’ of fitness testing secondary school children is unlikely to achieve this by itself; thus, there could be a mismatch between the intention and the outcome.
Fitness tests (especially those used in school settings with large groups) do not provide accurate or reliable measures of fitness or activity; children’s fitness scores tend to reflect genetically-endowed characteristics (e.g. the efficiency of inherited body systems), stage of maturation (which can vary by up to 4 years amongst children of the same chronological age) and motivation to do well. Many other factors also influence young people’s performance on fitness tests and their fitness test scores (e.g. the environment, test procedures, physical skill in taking the tests). This means that fitness test scores are very much influenced by factors beyond the control of young people. A high fitness test score does not necessarily mean that the individual is sufficiently active and conversely a low fitness test score does not mean that he or she is inactive.

Fitness tests are not reliable indicators of activity levels amongst children. A more direct and meaningful way of measuring activity levels would be to employ activity monitoring methods (such as activity diaries, pedometers).

The implications of children’s fitness test results for health are not well established or understood. For example, we do not know whether children who perform well or better on standard fitness tests are likely to be more healthy or healthier in the future.

Fitness testing by itself has not proved to be an effective means of promoting physical activity. Other countries (such as the United States) implemented national fitness testing of young people for many decades but this had minimal influence on the activity levels of the population. More recently, there has been a shift towards monitoring both activity and health-related aspects of fitness (as in the Cooper Institute’s Fitnessgram/Activitygram in the USA) in an attempt to have a greater impact on promoting healthy, active lifestyles.

Fitness testing can be an unpleasant and embarrassing experience for young people (especially those about whom there is most concern such as the least active or overweight/obese), and one which some children have tried to avoid. This type of experience is unlikely to promote long-term involvement in voluntary physical activity. Attempts to attain short-term fitness gains at the expense of long-term physical activity habits could be viewed as short-sighted.

Some fitness tests (e.g. the ‘beep’ test or the Multi-Stage Fitness test, which is presumably being alluded to within the second recommendation) were designed for use with elite adult populations and are not considered suitable for implementation with all young people (such as obese individuals or those with joint problems); indeed, the beep test is a maximal test requiring participants to run to exhaustion; exertion of this kind can exacerbate known and undiagnosed health problems and therefore it can only be implemented safely with rigorous health screening and close monitoring of participants during and immediately following the test.
In order to achieve the aim proposed by the Chief Medical Officer (i.e. an increase in physical activity levels), the Association for Physical Education recommends the following:

- Schools should teach all children about the benefits of physical activity to their health, the physical activity recommendation for young people (‘one hour a day’ of at least moderate intensity physical activity), and develop pupils’ understanding, skills, confidence and attitudes necessary for them to be active in their own time.
- Schools should regularly monitor children’s physical activity levels to determine which pupils are (and are not) meeting the physical activity recommendation; this can be done instead of, or alongside monitoring of health-related fitness components, as is the case in educational assessment programmes such as Fitnessgram/Activitygram which incorporate criterion-referenced standards and provide individualised feedback on activity and health-related fitness measures.
- Any form of monitoring carried out with young people should be positive, meaningful, relevant, developmentally appropriate, and educational, and be part of a planned and progressive programme of study which is concerned with promoting healthy, active lifestyles.
- Schools and their local communities should provide a broad range of appealing physical activity opportunities to help all young people meet (and exceed) the physical activity recommendation.
- Schools should work with parents/families to provide additional support and guidance to pupils identified as not meeting the physical activity recommendation.
- PE departments in schools should be centrally involved in whole school approaches to promoting health (e.g. Healthy Schools) and PE teachers should have the knowledge, understanding and skills required to be effective promoters of physical activity.

References


