



Contents lists available at ScienceDirect

Journal of Science and Medicine in Sport

journal homepage: www.elsevier.com/locate/jsams



Original research

The provision of medical care in English professional football: An update

Dominic Malcolm^{a,*}, Andrea Scott-Bell^b, Ivan Waddington^c

^a School of Sport, Exercise and Health Sciences, Loughborough University, UK

^b Sport, Exercise and Rehabilitation, Northumbria University, UK

^c Department of Cultural and Social Studies, Norwegian School of Sport Sciences, Norway

ARTICLE INFO

Article history:

Received 9 September 2016

Received in revised form 20 April 2017

Accepted 15 May 2017

Available online xxx

Keywords:

Football

Club doctors

Physiotherapists

Qualifications

Appointments

ABSTRACT

Objectives: To compare the current methods of appointment, qualifications and occupational experience of club doctors and physiotherapists in English professional football with (i) those outlined in a study published in 1999, and (ii) Football Association (FA) medical regulations.

Design: Qualitative.

Methods: Postal questionnaire survey of (head) doctors and physiotherapists at each of the clubs in the English Premiership, Championship and Football Leagues 1 and 2. Response rates of 35.8% and 45.6% respectively were obtained.

Results: The majority of football club doctors are GPs who have sports medicine qualifications and relevant occupational experience. Time commitments vary from full time to a few hours per week. Most are appointed through personal contacts rather than job advertisements and/or interview. Almost all football clubs have a chartered physiotherapist, many of whom have a postgraduate qualification. They work full time and long hours. Most are appointed through personal contacts rather than job advertisements. They are frequently interviewed but not always by someone qualified to judge their professional expertise.

Conclusions: Football club medical provision has become more extensive and increasingly professional over the last 10–20 years, with better qualified, more career-oriented and more formally contracted staff. It is likely that clinical autonomy has subsequently increased. However recruitment procedures still need to be improved, especially in relation to advertising vacancies, interviewing candidates, and including medical personnel on interview panels. In two aspects clubs appear not to be compliant with current FA medical regulations.

© 2017 Sports Medicine Australia. Published by Elsevier Ltd. All rights reserved.

1. Introduction

In 1998/1999 the Professional Footballers Association (PFA) sponsored Waddington et al. to report on the provision of medical care in professional football in England.¹ To our knowledge this was the first survey of its kind to be undertaken anywhere in the world and subsequently similar studies have only been undertaken in relation to English elite rugby union and British Olympic sports.^{2–4} Based on a questionnaire survey of football club doctors and interviews with doctors, physiotherapists and players, the authors argued that selection and appointment procedures represented a ‘catalogue of poor employment practice’.⁵ The study also indicated that club doctors rarely had relevant occupational experi-

ence or specialist sport and exercise medicine (SEM) qualifications, and that they accepted what were generally poorly remunerated posts with no formal contracts simply because, in many cases, they were fans of the team. The report also revealed that a half of all ‘physiotherapists’ were not chartered and many held only the FA Diploma in the Treatment of Injuries. Many had no other medical occupational experience and were directly dependent on their personal relationship with the football club manager for their appointment. Under these conditions it was difficult for them to resist threats to their clinical autonomy and/or maintain ethical standards,^{6,7} which compromised players’ trust in club medical teams.⁸

The report, which attracted considerable media (e.g. Daily Telegraph, 18/11/1999; Daily Star, 18/11/1999; Independent, 18/11/1999; Daily Mail, 19/11/1999; Guardian, 21/11/1999) and professional comment,^{9,10} made ten recommendations related to the education, training and appointment of club medical personnel.

* Corresponding author.

E-mail address: d.e.malcolm@lboro.ac.uk (D. Malcolm).

Among them were that all vacancies should be publicly advertised; candidates should be formally interviewed; interview panels should include at least one independent medical practitioner; appointees should have written job descriptions; specialist sports medicine qualifications should be identified as desirable in club doctor person specifications, and clubs should assist employees to obtain them; clubs should develop a more professional medical service and move towards paying club doctors at recognised professional rates; all new physiotherapy appointees should be chartered while non-chartered 'physiotherapists' should only work under the supervision of a chartered physiotherapist; and club doctors should be fully involved in physiotherapy appointments.¹

In the UK chartered physiotherapists are required to complete a degree in physiotherapy (approved by the Health Professions Council), while medical doctors require a degree in medicine (recognised by the General Medical Council), a two-year foundation programme, plus a period of specialist training, e.g. in general practice. 'Sport and exercise medicine' is a relatively new medical speciality in the UK, established in 2005,¹¹ the specialist training component of which lasts a minimum of six years. A number of postgraduate courses in SEM now exist and are desirable but not necessary for SEM speciality status.

Current Football Association (FA) medical regulations incorporate some of the recommendations of the PFA report.¹² They specify that club doctors who began working in professional football post-2003 must possess a Diploma in SEM (or equivalent), senior club physiotherapists should be chartered (although exceptionally clubs may employ a graduate sports therapist) and all non-chartered therapists should work under their supervision. While the FA issue regulations regarding CPD requirements these are unclear and/or inconsistent. Regulation 2.5 states that in the Premier League 'each therapist' (it is not clear whether 'therapist' includes doctors as well as physiotherapists) must undertake a minimum of 36 h CPD per year (18 h of which must consist of formally approved courses), while in the Football League there are no CPD requirements listed for physiotherapists but a stipulation that team doctors fulfil a CPD programme 'as determined by the profession' (regulation 3.4).

The research reported here examines the current methods of appointment, qualifications and occupational experience of club doctors and physiotherapists in English professional football. The analysis explores changes in English football since the earlier study, the degree to which current provision reflects the PFA report recommendations, and clubs' compliance with current FA medical regulations.

2. Methods

Using materials adapted from the original study, a questionnaire (21 questions) was sent in January 2014 to a named club doctor at each of the 92 clubs in the English Premier and Football Leagues. Names of individuals were identified via websites or by telephoning clubs. Questionnaires contained mainly closed questions which explored the demographics, career background, working practices, appointment procedures and contractual basis of club doctors' roles. Thirty-three questionnaires were returned (a response rates of 35.8%). Respondents were relatively evenly spread across the leagues. All were male and the majority of doctors were aged over 45. 27.3% of club doctors had been in post over 16 years (See Table 1).

In an enhancement to the previous study design, a comparable questionnaire (20 questions) was sent to a named physiotherapist at each of the 92 clubs. 42 questionnaires were returned (a response rate of 45.6%). All but one respondent was male. Respondents were again drawn from across the leagues though there was a notable difference between responses from League 1 (highest response rate)

Table 1
Research samples.

League	Doctors (1999 data)	Physiotherapists
Premiership	27.3% (22.8%)	21.4%
Championship	33.3% (22.8%)	26.2%
Football League 1	18.2% (26.3%)	38.1%
Football League 2	21.2% (28.1%)	14.3%
Age		
Under 35	0.0% (9.1%)	37.5%
35–44	21.2% (34.5%)	47.5%
45–54	39.4% (32.8%)	12.5%
55+	39.4% (10.9%)	2.5%
Years practice		
1–5	33.3% (40.4%)	69.0%
6–10	18.2% (21.0%)	14.3%
11–15	21.2% (7.0%)	11.9%
16+	27.3% (31.6%)	4.8%

and League 2 (the lowest). Physiotherapists were markedly younger than the doctors, with 85% under 45 years old (see Table 1), and physiotherapists working in lower leagues were the youngest of all (55% of physiotherapists in Leagues 1 and 2 were under 35). Overall, 83.3% had been in post for 10 or fewer years, but across the divisions the mean years of practice ranged from 8.0 in the Premiership to 3.3 in League 2.

Interviews were subsequently conducted with 8 doctors and 14 physiotherapists, although those data are not reported here. The study received full ethical approval from the appropriate university ethical advisory committee prior to data collection.

3. Results

The primary employment of most club doctors is in general practice (63.6%). Just 18.2% cited 'the football club' as their primary source of employment (four from the Premiership, two from the Championship) while three others (9.0%) split their work between the club and other sports medicine practice. Outside of the Premiership 87.5% of club doctors were GPs. However 63.6% of respondents (but 88.8% of Premiership doctors) held a specialist SEM qualification. Over half (54.5%) had previously worked for another football club or in another sport. 93.9% had attended a sports medicine conference/CPD event in the previous 12 months.

All respondents were financially remunerated for their work with 60.6% receiving a salary, 30.3% invoicing for specific work and 21.2% paid a match attendance fee (ranging from £150 to £500). Salaried work was most common in the higher leagues. Payment was, however, not generally identified as a 'main reason' for acting as club doctor (cited by 21.2%). Rather, the two most frequently cited motivations were a 'general interest in sport' (87.9%) and 'occupational experience' (27.3%). Over half of doctors in League 2 (57.1%) also cited 'previously supported the team'.

43.8% of club doctors have formal contracts. Only 9.7% had obtained their positions after responding to a public job advertisement (and these were mainly Premiership doctors), with 67.7% obtaining their appointments through personal contacts with either the previous club doctor (41.9%) or with a member of the coaching/committee staff (25.8%). 'Other' routes (22.6%) included being 'approached by the club's physiotherapist', 'FA recommendation', and being 'promoted' from crowd or academy doctor. 46.9% of football club doctors had been interviewed for their post. Surprisingly, League 1 doctors were most likely to have been interviewed (83.3%). Only five of the 11 who provided details had been interviewed by a panel which included a medically qualified person.

There is considerable variety in the work routines reported by club doctors. All but one doctor attended first team home matches, while 39.4% also attended reserve or youth team matches and 33.3%

Download English Version:

<https://daneshyari.com/en/article/8593112>

Download Persian Version:

<https://daneshyari.com/article/8593112>

[Daneshyari.com](https://daneshyari.com)