

A. INTRODUCTION

1. This summer has seen two high profile disciplinary cases involving English clubs, Bath and Harlequins, which generated significant and adverse media coverage for the game. Following the conclusion of the Harlequins disciplinary case, the Rugby Football Union (RFU) Management Board established an Image of the Game Task Group on 28 August 2009, comprising senior individuals in the game. The Terms of Reference of the Task Group and its membership are included at Appendix A.
2. The primary purpose of the Task Group was to review the impact of the above disciplinary cases on the standing, reputation and image of the game and to make recommendations for action to restore this image. The Task Group was also mandated to review inappropriate behaviours, more broadly all areas of alleged 'cheating' or 'gamesmanship' and make appropriate recommendations to the RFU, International Rugby Board (IRB) and fellow Unions.
3. The Task Group is not a disciplinary panel and was not charged with investigating any particular allegations. It was also recognised that many of the issues being considered could have a global dimension and, therefore, the involvement of the IRB and other Unions was essential to take matters forward. Whilst action could be taken by the RFU in England, this would have limited effect if it was not followed up and supported by the IRB and other Unions .
4. The RFU Disciplinary Officer announced on 28 August 2009 that anyone contributing information or evidence to the Task Group could do so under immunity from any disciplinary action and, importantly, could do so anonymously. This was to encourage as many individuals as possible to contribute to the Task Group's work and to be open and honest in providing information.
5. At the Task Group's invitation, Mike Miller (IRB CEO), Susan Aherne (IRB Head of Legal Affairs), Simon Kemp (RFU Head of Sports Medicine), Ed Morrison (Head of Elite Referee Development), and Martin Johnson (England Team Manager) attended one or more of the Task Group's meetings.
6. The Task Group would like record its thanks and appreciation for the support that the IRB has shown to and given to its work.

B. THE PRINCIPAL ISSUES

7. The initial focus for the Task Group's work was to assess whether inappropriate behaviours by players, coaches, medics and others to gain an unfair competitive advantage was widespread in the game. The particular areas of concern for the Task Group emanated from the outcome of the disciplinary cases and covered the following areas:

- a) The fabrication of blood injuries;
- b) Feigning injury to enable substitutions to be made;
- c) Any other “medical interventions” or areas of “medical practice” where existing regulations might be being breached such as the use of local anaesthetics on match days;
- d) Events of ‘cheating’ and ‘gamesmanship’;
- e) Unfair interference with the opposition team’s operations or preparation for match day;
- f) The use of illicit/recreational drugs;
- g) The use of performance enhancing drugs.

In addition, through the Group’s various interactions and interviews with all relevant parts of the game further issues were discussed and recommendations have been made accordingly.

C. APPROACH

8. The most important priority, particularly given media allegations, was to assess the extent of these inappropriate behaviours in the game, and to do so in a robust manner to ensure that the Group was making recommendations based on sound data. To achieve this objective the Task Group decided to assemble information from the game on a wide basis. Three on-line questionnaires were produced to enable individuals to supply information, views and evidence in a confidential and user friendly way.
9. The three on-line questionnaires produced covered the following areas:
 - Professional players and members of the Professional Rugby Players Association;
 - Coaches, medics, physios and administrators in professional clubs and those attached to the England teams;
 - All participants in the Community game

A copy of each of these questionnaires is included in the survey reports included in Appendices B, C and D. As the format shows ,this has enabled the gathering of both quantitative data and qualitative data (through the open text responses) to inform the Task Group’s recommendations.

10. In addition, and in response to allegations made by Harlequins in their internal report that fabricated blood injuries had been used at international level, the Task Group conducted a full review of all England blood substitutions at its matches at Twickenham over the period 2002 to 2009. All medical records have been reviewed together with the appropriate video footage. We have also reviewed IRB records and related video footage of England's World Cup matches in 2003 and 2007. The Task Group are entirely satisfied that there is no substance whatsoever in the speculation that the England team has fabricated blood injuries.
11. The Task Group gave an open invitation to any player, coach, medic or physio to ask to meet any two members of the Task Group if they preferred to supply information in a face to face manner. Dean Richards and his legal advisers sought and had a meeting with the RFU President and RFU Disciplinary Officer under this provision.
12. We also wrote to each of our key broadcast and commercial partners offering them the opportunity to contribute their views and concerns to the Task Group.
13. Overall the Task Group is confident that, in the time available, it has carried out a highly comprehensive and robust consultation with the game. It is certainly the only piece of research work undertaken on these issues in the game worldwide and it has enabled the Task Group to address effectively the speculation and unsubstantiated rumours that arose during the summer.

D. ANALYSIS OF THE RESPONSES

14. The three surveys carried out were carried out on a confidential and anonymous basis. For the professional game the player surveys were issued to each player personally by the PRA and the coaches and medics survey was sent to those affiliated to the PRL by its Chief Executive Mark McCafferty and to those affiliated to the RFU by Elite Rugby Director Rob Andrew. In all these cases each player received the web link for the survey and a unique identifier number randomly chosen to ensure that they could only complete it once. No copy of which individual received number was kept to ensure anonymity.
15. The data collected via the above on-line surveys has been independently reviewed and analysed by an external agency for the benefit of the Task Group. The full graphical analysis of the data from each of the questionnaires is presented at appendices B, C and D for the three interest groups. A summary of the principal findings for each interest group is set out in the following paragraphs.

Professional Players

16. For the Player survey a total of 129 responses were received representing some 23% of the total professional player community. More importantly 79% of respondents have played rugby at international level showing that the respondents are largely at the experienced and senior end of the game. This makes the survey the most comprehensive research into these issues in the professional English game to date. What the research shows is that the various allegations made in the summer that these issues are widespread and systemic are without foundation. Incidences of inappropriate behaviour in the professional game are extremely rare and the overwhelming majority of players have not seen, or been involved in, anything of this nature.
17. On the issue of faking a blood injury 95% of players at international level and 90% at Premiership level have never seen it take place. Any other references are 'rarely' or 'very rarely', apart from 2% saying 'often' which represents around 3 players.
18. Feigning injury to allow uncontested scrums or sharing of front row duties appears to have been more prevalent although again at international level 88% had never experienced this practice and only 2% said it happened 'often'. The practice was clearly more prevalent at Premiership level with 9% saying such activity happened 'often' but the issue has been clearly addressed now by the IRB as the Group highlights in paragraph 50.
19. The same balance of feedback comes through on the issues of other medical interventions, spying on the opposition and the use of recreational/illegal drugs. The vast majority have never seen such activity or been involved in it with just a very small minority saying it has happened often, most usually in the Premiership and European competitions where the majority of players play.
20. Where there is slightly greater cause for concern is the use of painkilling local anaesthetic injections to enable players to take the field. 3% of players said it happened 'often' and 10% 'rarely' at International level and 9% 'very often' or 'often' and 20% 'rarely' at Premiership and European level. This is an area that the Task Group has picked up and which is addressed in detail later in this paper.
21. Conversely on the issue of recreational/illicit drugs the findings are in line with general expectations for a game comprising so many in the 16-24 male demographic. However, the suggestion of widespread use of performance enhancing drugs can be totally dismissed according to the research.

22. A small percentage of players, (3% 'often', 5% 'rarely' at International level and 5% 'very often' or 'often' and 14% 'rarely' at Premiership and European levels) reported that they were being made to play with injuries, against medical advice or their own wishes . This is in line with previous findings reported by the PRA and other professional sports and is an area that the Professional Game Board Medical Advisory Group is currently investigating. The Task Group felt that this area was outwith their terms of reference and did not discuss it further.
23. These first set of questions asked players what they personally had seen or been involved in while the second set looked at what they have heard around the game. What emerges is a clear picture of hearsay and rumour about issues which are largely unsubstantiated by the facts. In every case players said they had heard about more than they have actually seen or experienced. It would seem that the impression which the media gave of widespread cheating was based on these rumours even though , in fact, the findings on rumours of inappropriate behaviour do not suggest they are widespread either.
24. In terms of solutions from the players there was no clear consensus. All the suggested solutions were deemed to be important with tougher disciplinary sentences probably being rated as the most important factor marginally ahead of education. Nevertheless the free text responses from players on this subject almost universally pointed to the need for educating players and for players to understand their responsibilities as role models.
25. It is worth noting that responses were invited from players to cover experiences in Championship (formerly National League One) matches or below but the findings here were even more conclusive in proving these issues are not being practised at those levels.

Coaches, Medics, Physios & Administrators

26. Some 82 professional coaches, medics and administrators responded to the survey online which is some 23% of the total group. Given the turnaround time required for the survey it was not possible to segment either by function (coach vs medic vs administrator) nor by level (international vs Premiership) but the results comprise the only study of these issues in this audience group.
27. In almost all categories the percentage of this audience confirming issues were present in the game was a few percentage points higher than with the players survey but no more. Crucially however overwhelming responses remained that these issues were isolated and not systemic and there is very little difference in the responses between this audience and the players on what is happening in the game when you look at the balance of the findings.

28. One area where the findings were lower was on the taking of recreational drugs where the coaches were clearly less aware of this behaviour than the players themselves and on players being made to play with injuries where their view was that it was less prevalent than the players seem to believe.
29. Where there was a significant difference was that coaches, medics and administrators are far more likely to believe that other clubs were carrying out some of these inappropriate behaviours, but not their own. For example 26% of them believe that faking blood injuries was happening very often, often or rarely in the Premiership but only 6% say they have seen it or been involved in it. And on the issue of uncontested scrums they think other clubs are doing it 29% of times but were only 16% had personally done this.
30. The coaches felt that all the proposed solutions in the questionnaire had even higher influence than the players did and were more in favour of changes to rules and regulations with discipline and education behind that. Comparatively speaking this audience were far more likely to offer qualitative comment with over 31 free text responses. Principally they were much more focussed on rules changes and disciplinary actions with rolling substitutions mentioned frequently and possible changes to how coaches communicate with players on the field.

Community Game

31. The Community Game questionnaire received 4,524 responses from participants across in the Community game although principally from the over 35s and mainly from players, coaches and match officials. Mainly respondents were from the lower levels of the game but there were still 11%, some 490 people, from the National Leagues. What these findings prove again is that there are issues in the game that need to be addressed but that these could not be characterised as widespread.
32. On the issue of fabricated blood injuries 95% of all respondents said they had never seen it happen or been directly involved but again, as with the professional game, significantly more were willing to believe it was happening elsewhere with only 58% saying never and 31% saying rarely. In both cases though this shows that this issue is in no way a regular occurrence in the amateur game. What the findings do show is that where this has happened it was likely to have been higher up the game at National League level rather than at levels 6-12 or Merit table.
33. That pattern repeats itself across most of the findings with the National Leagues mostly likely to have experienced some inappropriate behaviour but even then on an isolated basis. On feigning injury 80% of the game said it rarely or never happened and where it was flagged to happen occasionally the free text responses suggest this was interpreted as people pretending to take a knock so they could have a rest.

34. In the area of gamesmanship it was suggested this was more prevalent in the amateur game. However, as we go on to discuss we believe the tools and processes are in place for match officials to manage this issue on the field but clearly it does suggest that the Core Values of the game are being eroded.
35. More than in the professional game there is evidence of recreational drug taking but that is possibly to be expected given the prevalence of these drugs in society, particularly at the 16-24 age group which forms the basis of many rugby clubs. The fact that it reflects society does not mean that we should not focus on it, but it does not give cause for undue concern.
36. Where the questionnaire sought to identify possible causes for these behaviours, desire to win was the key driver at 40% and a combination of player and peer pressure accounted for 22%. Instructions from coaches was only 19% and interestingly only 13% cited the influence of the elite game on their actions.
37. Digging beneath that, the free text responses fell broadly into 5 categories and the list of these responses is in Appendix D. The issue of substitutions, the importance of the Core Values, the win at all costs mentality and concerns over regulations broadly covered what the game thinks is driving these behaviours.
38. In terms of what would make these inappropriate practices less likely to happen views were divided with 'tougher disciplinary sentences' coming out at 30%, 'whistle blowing facility' at 24% and 'changes to rules and regulations' at 18%. The practical solutions identified in the free text responses revolved around rolling substitutions, codes of conduct for coaches, re-educating the game on the Core Values and addressing the win at all costs mentality. All of these have been comprehensively addressed through the Task Group's deliberations and the recommendations arising from that are laid out later in this document.
39. It is important the game gets this right and that the RFU and the clubs show leadership on it. The findings showed that there was some concern that these inappropriate behaviours would damage participation in the game. 19% thought that they would definitely or probably stop people playing the game. 21% felt that it would affect volunteers. 23% felt that it would affect people becoming supporters or fans whilst 11% felt that it could reduce existing involvement in the game. 23% thought it would definitely or probably affect parents allowing their children to be involved. We cannot allow this to happen and the following recommendations are designed to ensure it does not.

Commercial Partners

40. The RFU also wrote to all its Commercial Partners letting them know of the Task Group and its Terms of Reference. It also invited any who wished to respond to do so. Responses were received from four major sponsors who were all supportive of the Task Group's work but wished not to be named. They all shared our concern that the reputation of the game, in which they have so much vested, and the associated impact on their brands needed decisive and clear action. They were satisfied that the Task Group had the right people, approach and objectives and would come up with recommendations that would help restore the Image of the Game.

E. SUMMARY OF FINDINGS

In summary the surveys and the Group's wider discussions with other parties showed that:

- Allegations that cheating was widespread and systemic in the game either at International or Domestic level can not substantiated at all;
- Inappropriate behaviour remains extremely rare but still needed to be addressed. The evidence of the Harlequins situation demonstrates that single examples can still impact the sport adversely
- There are issues relating to blood substitutions, optimising the assessment of the potentially concussed player, feigning of injuries and local anaesthetics that need to be addressed. These may arise for a number of reasons, including gaining advantage, player welfare and concussion;
- The impacts of wider societal trends cannot be ignored and need to be incorporated into future strategy;
- In a global game there is a need for a consistent approach in all markets by relevant authorities.

F. ISSUES ARISING

41. From the conclusions above the following are the issues that the Task Group found and discussed with an outline of the issue and our recommendations. A summary of all recommendations is outlined at the end of the report.

Gamesmanship, Foul Play & Cheating

42. The issue

The Task Group considered at some length the issues of cheating and foul play and the dividing line between the two. IRB Law 10 defines 'foul play' as follows:

"Foul play is anything a person does within the playing enclosure that is against the letter and spirit of the Laws of the Game. It includes obstruction, unfair play, repeated infringements, dangerous play and misconduct which is prejudicial to the game."

The Task Group also considered the issue of 'gamesmanship' and were generally of the view that 'gamesmanship' related to acts on the field of play that were instinctive not premeditated. Where they were contrary to the Laws of the Game, the match officials should take action as they do in the case of foul play.

The Task Group were of the view that 'gamesmanship' had increased since the professional era but that the remedies were already available to the game in the Laws and through action taken by match officials. A clear disciplinary process is in place enabling all clubs, at all levels, to raise concerns about gamesmanship or cheating. These are currently handled by the Disciplinary Officer under Rule 5.12 for conduct prejudicial to the game or the Union.

43. Task Group Recommendation

The Task Group felt, however, that the game would benefit from a clear definition of cheating which should then be incorporated in the Rules of the RFU and as a specific regulation so that there could be no doubt as to what types of behaviour were unacceptable. The definition of cheating proposed by the Task Group is set out below:

"A premeditated act or omission involving an element of planning which unfairly seeks to gain an advantage or benefit by deception."

The Task Group recommends to all relevant authorities that a severe sanction should apply to acts of cheating because of the potential damage they inflict on the image of the game.

Fabricated Blood Injuries

44. The Issue

As we have noted, it is clear from the analysis of the questionnaires that the incidence of fabricated blood injuries was never widespread in the game. In analysing the specific circumstances surrounding the Harlequins fabricated blood issue, it is clear that the current Laws and Regulations regarding both the temporary replacement of a player with a blood injury and the permanent replacement of players with all other injuries had unintended consequences. In some cases this could offer the temptation to exploit the current law regarding temporary blood replacement and/or use of fabricated blood to advantage the team. This could either be through a previously substituted player taking the field of play again or to enable medical staff to more comprehensively examine a player who may have sustained a concussive or other injury prior to taking a decision as to whether the player needs to be permanently substituted.

45. Suffice to say there has been concern expressed by medical practitioners regarding the limited time and the inappropriateness of the environment when attempting to assess a player with a suspected head injury on the pitch. Removing the player to the sideline for further evaluation and playing on with 14 men is an option that is not favoured by many and any replacement (other than for a blood injury) is permanent. As a consequence, for cases where the extent of the potential head injury is not clear (either because the injury event was not witnessed or because the symptoms and signs appear mild) there is a temptation for the medical practitioner to leave the player on the field and monitor/evaluate him/her at subsequent breaks in the play.
46. The Task Group considered all these matters and what remedies, in addition to education, should be considered to remove the temptation to use fabricated blood injuries. These considerations covered the following issues;
- a) The Laws of the game in respect of substitutions allowed;
 - b) The processes used to identify and verify the existence of a blood injury;
 - c) The issues of professional ethics for the wide range of healthcare providers in rugby;
 - d) The needs from a player welfare point of view to create an appropriate environment (time and location) in which medical staff can more comprehensively assess players who may have sustained a concussive or other injury.

47. Task Group Recommendation

The Task Group believes that fabricated blood injuries will occur very rarely but is clearly of very high consequence if and when they emerge. The game needs therefore to remove any temptation and opportunity that exists within our current laws and regulations for players, coaches and medical staff to fabricate blood injuries.

The Task Group therefore recommends to the RFU and the IRB the following:

- a) That the IRB reviews the current law 3.9 (The referee's power to stop a player from continuing) and 3.10 (Temporary replacement) and specifically that clear guidance is given as to the extent of the bleeding or open wound that either the referee or medical staff may deem needs controlling or covering and as a consequence removal from the playing area. This would greatly facilitate consistency in the initial removal from the playing area of players with blood injuries;
- b) That the fourth official confirms the existence of a blood injury (bleeding or open wound) on the player to be replaced;
- c) That the doctor (or other medical staff if a doctor is not present) of the opposing team has the right, with the players consent, to inspect the player leaving the field for a blood injury (bleeding or open wound) both during and after the game and that if the right is exercised during the game the request be made to the match officials before any substitution is made;
- d) That processes for resolving any dispute during the match at all levels of the game are defined;
- e) All requests to assess a blood injury of an opposition player will be the subject of a report from the match officials to the RFU;
- f) That the match officials keep a record of all substitutions (including blood injuries) and that these be submitted to both teams, the Union and to the IRB;

48. On the issue of concussion that leads to the temptation to fabricate a blood injury in these circumstances, the Task Group considered this matter and favoured an amendment to the current regulations so that:

Any player who is suspected to have sustained a concussion (and is demonstrating one or more of the clinical domains as defined in section 2.1 of the Zurich Concussion Consensus statement), should be removed from the field of play so that a detailed assessment (as defined in Section 2.2 of the Zurich Concussion Consensus statement) can be undertaken. A temporary replacement would be allowed for 15 minutes. A player with confirmed concussion should not be allowed to return to play on the same day as the injury and must follow the IRB Return to Play Protocol

The Task Group recognises that this recommendation is a significant departure from existing practice and might be potentially open to abuse. However it believes that a comprehensive discussion at a global level is required to try to remove this issue.

Feigned Injuries

49. The Issue

A further area of concern to the Task Group was the feigning of injuries to enable substitutions or replacements to be made. As we outlined above in the analysis of the findings it is clear this has been a major issue in the professional game in recent years. In the Community game this is not a major issue with 80% of respondents saying that they had never or rarely witnessed feigned injuries and 62% saying that they believed this never or rarely happened.

50. Task Group's recommendations

The recent amendment to Law 3, pioneered in France but strongly advocated for the English game by PRL, allowing 8 substitutions is expected to address the worst of the feigned injury issues below international level although this exposure remains at international level.

The Task Group recommends that the RFU and IRB monitor the effects of the recent change to Law 3 in an attempt to reduce the number of uncontested scrums at European and Guinness Premiership level.

The Task Group also recommends that the IRB monitors the number of matches at International level that are forced to go to uncontested scrums as a result of injuries to front row forwards. The recent change to Law 3 has not been extended to international rugby, and there is still only a requirement to have 5 front row players in a matchday squad of 22. In the event that an increasing number of International matches go to uncontested scrums the IRB should consider extending the use of 8 substitutions at International level.

Medical Interventions and the use of Local Anaesthetics

51. The issue

A specific area of concern in the area of “inappropriate medical interventions” is the use of local anaesthetics (LA) on match day to enable a player to play. As the data from the surveys shows this practice may be currently used in parts of the professional game but is contrary to IRB Medical Regulation 10.2. We cover the wider issues around Local Anaesthetics in Appendix E.

52. The use of local anaesthetic injections in Rugby Union can counter the performance-reducing impact of injury and lower the rate of players missing matches through injury. Until January 2004 LA use on match day for reasons other than suturing and dental treatment was prohibited within the IRB anti-doping regulations. Formal notification of the use of LA when suturing or for dental treatment was required and crucially breaches of the regulation could be policed as LAs were specifically tested for as part of the match day anti-doping testing programme.
53. From January 2004 LA use was no longer prohibited as part of the World Anti Doping Agency (WADA) anti-doping code and therefore the presence of LA was no longer tested for as part of the match day anti-doping testing programme. However, the use of LA continues to be prohibited within IRB Medical Regulation 10.2.
54. There is now widespread perception amongst many sports medicine practitioners that the risks for injecting selected injuries with LA are less than the potential benefits for selected injuries in certain circumstances. These circumstances are almost exclusively within the elite sports domain where benefit and risk are evaluated on a highly individualised basis and are invariably weighted quite differently from those within the community game. A list of such injuries is in Appendix E.
55. Task Group Recommendation

The Task Group considered these all issues and concluded that IRB Medical Regulation 10.2 was in need of urgent review by the IRB as it could not now be effectively policed and is now considered to be inappropriate. The Task Group recommends to the RFU that a formal proposal to change this regulation be proposed to the IRB by the RFU via Bye-law 9.10 and that the IRB should consider the matter at its next Medical Advisory Group meeting in November 2009.

The Task Group recommends this change would be to permit the use of local anaesthetics but with compulsory notification, relevant guidelines and monitoring of complications. This approach should enable the governing body to shape best practice/ policy with its guidelines, monitor the incidence and complications of LA use and help develop/ refine the supporting guidelines.

In the interim, the Task Group agreed that the current regulation must be adhered to by all medical practitioners, coaches and players in the English game and requests that the IRB ensures all Unions adhere to IRB Medical Regulation 10.2.

Protecting health care workers in professional rugby

56. The issue

Healthcare in elite rugby is provided by a broad range of practitioners from a number of different professional groups. Medical care in its purest sense is care provided by a medical practitioner. Our deliberations focussed on the groups of practitioners typically providing health care in an elite team setting but recognises that there are other professional groups for example dental surgeons who typically provide care in a non team setting.

For this former group, it is clear from the Harlequins situation that in the heat of the match the issue of ethics can become blurred and subsumed by the desire to win. Both coaches and healthcare professionals need to be reassured that the appropriate checks and balances are in place to mitigate against contravening their professional code of ethics.

A more detailed review of this area is included in Appendix F.

57. Task Group Recommendation

The Task Group make the following recommendations for consideration by the RFU and IRB: and

- i) For professional groups with mature and developing professional bodies having clear codes of ethics and/or conduct for the whole profession these codes must take precedence over any employer-employee contract or other service agreement;
- ii) Other professional groups should be encouraged to introduce full codes of ethics and/or conduct and, when developed and approved, these codes must also take precedence over any employer-employee contract or other service agreement.

Rolling Substitutions

58. The issue

The Task Group considered whether the abuses of the current laws and regulations required a more drastic move to 'rolling substitutions'. Whilst this change would certainly eliminate most if not all the areas of abuse it could also fundamentally change the nature of the game. Individual Unions have the right under Law 3.14 to use rolling substitutions in competitions within their jurisdiction.

59. Task Group Recommendation

The Task Group recommends that the RFU convene a specialist representative group to consider all the issues involved and, if thought appropriate, trial rolling substitutions in one of its competitions and monitor the results and effect on the game and submit a report on its findings to the IRB for further consideration.

Use Of Illicit Drugs In Rugby

60. The Issue

Recent high profile cases involving the illicit drugs and the damage caused to the image of the game have highlighted the need for the RFU to develop a policy to deal with the problem. The existing WADA code only covers testing for illicit drugs on the day of a match and does not cover tests during the week, pre-season or off-season.

In April 2009, recognising the need to educate players about the serious health issues caused by illicit drugs and to protect the reputation of the game, the RFU decided to canvas the views of key stakeholders such as PRL, PRA, Clubs, players and experts within the drug and alcohol field to develop some initial proposals. On the 15 July 2009 an Illicit Drugs Forum was held which was very well attended by the game's constituencies and there was overwhelming support from the delegates for a policy to be drawn up and implemented embracing education, testing, rehabilitation and sanctions.

Following the Forum the RFU Management Board set up an Illicit Drugs Working Group (IDWG) comprising representatives from RFU, PRA and PRL to review the key findings of the Forum and to draft an illicit drugs policy and programme for implementation as soon as possible. The Group has been charged to produce this document for sign-off by the RFU Council at its meeting in November 2009.

In the meantime, in consultation with the IDWG and PRA, PRL are embarking upon a series of presentations for the Premiership clubs and their players highlighting the consequences of both illicit drug taking and irresponsible drinking. These presentations will dovetail with a formal education programme to be produced by the IDWG. The overriding aims of the illicit drugs policy should be to protect the health and welfare of players and the image and reputation of the game.

61. Task Group Recommendations

The recent incidences of use of illicit drugs by former players at Bath Rugby and the associated publicity were damaging to the image of the game and were of great concern to the Task Group.

The Task Group were impressed by the work being undertaken since the Forum held in July 2009 and recognise the need to create clear rules and guidelines to deal with the issue.

The Task Group recommends:

a) that the RFU urgently works with the clubs and players to develop a policy and programme designed to :-

- i) educate players about the serious health and performance consequences of using illicit drugs.
- ii) deter illicit drug use through out-of-competition testing
- iii) assist in the rehabilitation of players who use illicit drugs
- iv) sanction players where necessary

b) that the standard form of player contract includes an obligation on the part of the player to comply with the requirements of such policy and programme including year round testing for illicit drug use.

c) that details of the RFU policy and programme are provided to the IRB with a request to ensure that any IRB regulations or guidelines produced by the IRB do not conflict with such policy or programme.

Use of performance enhancing drugs In Rugby

62. The Issue

It is clear from the research we have completed that in the professional game both players and the wider professional staff believe that the use of performance enhancing substances is not prevalent. Nevertheless, the issue of doping in sport must continue to be viewed as a serious threat and so the Task Group felt bound to consider it and how the risk of doping is best mitigated.

63. Task Group Recommendation

It was felt that overall the RFU's Anti-Doping Programme is well placed to mitigate this risk. The RFU adopted the World Anti-Doping Agency (WADA) Code in 2004, continues to be the only IRB Member Union with a full-time anti-doping officer and

will continue to invest heavily in this area to ensure it achieves its Strategic Plan aim of becoming a world leader in the fight against doping. With the anti-doping landscape continually changing it is important that all parties continue to monitor and address issues as they arise.

Core Values

64. The Issue

Much of the behaviour and attitudes that have defined rugby are highly regarded both within and outside the sport. During the 2006/07 Season, the RFU became concerned about undesirable trends that were emerging at all levels. It was felt that these trends should be curbed and that the sport's fundamental values must be retained for the future. As more people were encouraged to participate it was vital that what is and what is not acceptable be clearly defined.

Against that background, the Rugby Core Values Task Group was appointed by the Management Board in February 2007 to conduct a comprehensive review of the sport's 'Ethos & Culture', the first of its kind anywhere. After many months of consultation, within and outside the sport and involving meetings, interviews, conferences, focus groups and an on-line questionnaire, the Core Values Task Group identified the Core Values at the heart of Rugby Union as follows:

Teamwork	Discipline	Respect	Sportsmanship	Enjoyment
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These were incorporated by the Core Values Task Group into the following single theme:

"Rugby Union is an inclusive game, for all shapes and sizes, in which teamwork, discipline, respect and sportsmanship provide a healthy, physical sport, which develops life skills and lifelong friendships, whilst providing fun and enjoyment for all its participants"

The Core Values Task Group's Phase One Report was approved by the Management Board in July 2008 and the Final 'Core Values' Report was approved in May 2009. Copies of both reports are available through links on the RFU website, rfu.com.

The Core Values have now been launched nationally under the theme of 'This is Rugby' and the Core Values validation statements are attached at appendix H. For next season the RFU's Rules will include reference to the Core Values. All Codes of Conduct issued under the auspices of the RFU will lead with a headline reminder that the Core Values have been accepted and acted upon.

65. Task Group Recommendation

The Task Group was briefed on the RFU's Core Values programme and fully supports this timely initiative. Whilst the work was commenced in response to different issues, it will now play an important role in restoring the image of the game following the summer disciplinary cases.

The Task Group recommends to the RFU that it allocate a more substantial budget over the next 12 months to ensure the most effective marketing and communications programme is put in place to ensure widespread understanding and support for the Core Values. In the Task Group's view this also has a major player education element aimed at all professional players, working closely with PRL and the PRA, players in National and Regional Academies and players in schools and HE/FE establishments.

Codes of Conduct

66. The Issue

The RFU has not been short of Codes of Conduct. It has developed codes of conduct for a whole range of purposes over the years with some examples given below:

- a) The Good Match Officials Code;
- b) The Good Coaches Code;
- c) The Good Players Code;
- d) The Good Parents Code;
- e) The Good Spectators Code;
- f) The England Rugby Code of Conduct;
- g) The Elite Player Code of Conduct;
- h) The Coaches Code of Conduct;

In addition other affiliated organisations such as PRL and the PRA have their own codes of conduct, as do individual clubs.

67. Task Group Recommendation

The Task Group, having reviewed this excess of codes, decided that now was the time to tidy them up and put the Core Values at the centre of them. The Task Group proposes that there be an overarching headline CODE OF RUGBY that stands above the Codes of Conduct issued for different levels, sections or parts of the RFU and PRL and its clubs. Any more detailed codes of conduct or practice should accept the primacy of the Code of Rugby.

This Code of Rugby is proposed as follows:

CODE OF RUGBY

In addition to the requirements, directions and advice contained in the code of conduct, everyone has a duty to uphold the sport's Core Values:

Teamwork – Discipline – Respect – Sportsmanship – Enjoyment
--

- √ Play to win – but not at all costs.
- √ Win with dignity, lose with grace.
- √ Observe the Laws and regulations of the game.
- √ Respect opponents, referees and all participants.
- √ Reject cheating, racism, violence and drugs.
- √ Value volunteers and paid officials alike.
- √ Enjoy the game.

There will then follow the specific Code of Conduct or Code of Practice for each level, section and part of the RFU, PRL or club but these will be subordinate to the Code of Rugby. It is further recommended that the RFU establish a 'clearing house' process to facilitate sign off of subsidiary codes of conduct and to ensure the primacy of the Code of Rugby is accepted and adopted

Whistle Blowing

68. The Issue

One of the themes which has emerged from the Image Task Force's discussions is that players and medical staff can be put under enormous pressure to act inappropriately.

Pressure can occur on match day, in the heat of battle, when people may not be thinking clearly. It can also exist more generally as part of the culture of the organisation. If one person has complete control over players and support staff – to the extent that selection and future employment depends on compliance to his wishes – then there is potential that the subordinates may feel obliged or coerced into acting inappropriately. Challenging or failing to comply with the directions would, in these circumstances, need significant strength of character and may risk alienating peers and ultimately loss of employment.

In that environment the need for employees of any level to discuss their concerns either with their direct line management or with an empowered third person is crucial in ensuring issues do not escalate out of control.

69. Task Group Recommendation

After discussions with all parties the Task Group felt that to a large extent these mechanisms were in place in the clubs and that therefore a central whistle blowing function was not required. The data from the surveys seemed to support that assumption. However, the Task Group proposes that the RFU request the Governance Standing Committee of the RFU to work up proposals either for a limited 'whistle blowing' system for professional players and support staff or as part of its consideration of the wider issue of regulations' compliance.

Technical Area Issues

70. The Issue

There are currently different Technical Zone protocols depending on the competition allowing for differing numbers of personnel (and their roles) to be admitted into the Technical Zone. For example IRB regulations allow 4 people, ERC allow 6 people and PRL allow 5 people.

In addition, concern has been expressed that the management of the Technical Zone at elite level rugby has not been strict enough or consistent enough across the game at domestic, cross-border and International levels. This can sometimes lead to confusion and difficulties when coaches and players are being asked to make substitutions or temporary replacements in the course of a highly charged, high pressure professional match.

71. Task Group Recommendation

The Task Group therefore makes the following recommendations to the RFU & IRB:

- i) A consistent approach should be applied across all elite levels of the game, which should be strictly maintained by the appropriate personnel, namely the match commissioner, match director, fourth official or equivalent;
- ii) That the 4th Official (or equivalent) should be given additional power to control the Technical Zone protocols, including the ability to remove personnel from the Zone in the event of a breach of the protocol;
- iii) That the following personnel should be allowed in the Technical Area:
 - a) A doctor to deal with time-critical, life-threatening airway issues;
 - b) Two other medically-trained persons (certified doctors or physiotherapists only), one of these medically-trained personnel may be positioned on the far side of the playing area on the touchline opposite the technical zone;
 - c) Two other personnel (who may act as water carriers and be coaching personnel) are also permitted to operate from the technical zone.

Club and Union Governance

72. The Issue

The Task Group considered whether it was right for the doctors, physios and other practitioners to line report into the director of rugby, head coach or similar position in clubs or Unions bearing in mind the dangers of possible conflicts between medical ethics and the urge to win. Because of the different dynamics between individuals and management styles within clubs and Unions, the Task Group felt that it would be unwise to legislate on a standard, 'one size fits all' management reporting structure.

73. Task Group Recommendation

The Task Group recommends that a set of guiding principles be established by the RFU, in consultation with Premiership clubs, to deliver necessary safeguards in the following areas:

- a) Boards of directors to receive regular reports from their director of rugby (or equivalent) which would include the work of doctors, physios and other practitioners;

b) Doctors, physios and other practitioners to have a functional reporting line to the club or Union CEO and/or Chairman and, when necessary, to report on any concerns regarding ethical issues;

c) The Club and Union Boards of Directors to review at least once a year that the primacy of the code of ethics is accepted and operating in the club or Union;

d) A statement to be included in the annual report of the club or Union that the Board has reviewed the policies, practices and procedures used in team management and player welfare and to report on any issues arising in the year and the corrective action taken.

Improving the disciplinary process

74. The Issue

The Task Group were very concerned at the length of time the disciplinary process in the Harlequins case took and the increased media speculation this occasioned. The delay in bringing the case at first instance and producing the written judgment followed by a protracted appeal process and a drip feeding of the various judgments all combined to help that media speculation. The image of the game would have suffered less had the process been expedited and the judgments produced promptly.

75. Task Group Recommendation

The Task Group recommends to the RFU, ERC and IRB that all competition regulations for professional rugby (including international competitions and matches) include a timetable specifying strict time limits for dealing with allegations of misconduct, and requiring written judgments to be published within four days of a hearing. Personnel who are selected to serve on disciplinary panels must be able to guarantee sufficient time to enable them to produce judgments expeditiously.

Consistency of global sanctions

76. Although not part of the Task Group's remit, it is important to report a significant level of concern expressed by the game at the apparent inconsistency in the level of sanctions in what appear to be similar disciplinary cases. This has the potential to undermine the confidence of the game in the disciplinary process if it believes that unfairness exists in the level of sanctions being applied. The Task Group passes on this observation to the IRB and RFU disciplinary functions to take forward through their normal review processes.

G. SUMMARY OF TASK GROUP'S RECOMMENDATIONS

77. The extensive negative publicity generated by the Harlequins disciplinary case and the Bath case have clearly caused reputational damage to the sport. The aspiration of the Task Group was to eliminate cheating in all its forms across the game. This is vital if we are to rebuild the image of the game. The support and involvement of the IRB and our fellow Unions is also important if we are to ensure all the issues are addressed on a global basis.

78. The Task Group's recommendations require the approval first of the RFU Management Board and Council prior to submission, where appropriate, to the IRB. We have committed to specific responsibilities for each recommendation and a timeline in which to achieve progress.

79. The recommendations are outlined below with references to the paragraphs where the longer assessment of the issue and the lengthier recommendations are located.

Gamesmanship, Foul Play and Cheating – Include a definition of cheating in the Rules of the RFU and create a specific regulation covering this issue with severe sanctions associated. [Paragraph 43](#)

Fabricated Blood injuries – IRB to establish guidelines on extent of blood required to necessitate substitution occurring and the role of the 4th official in confirming them. Continue and extend PRL voluntary code whereby opposition doctors have a right to examine alleged blood injuries. Increased recording and registering of blood substitutions at Union and IRB level. [Paragraph 47](#)

Concussion – Recommend the IRB amend current regulations as defined in Zurich consensus to allow temporary removal of players with possible concussion from the playing area and enable replacement for 15 mins. This requires further analysis and consultation. [Paragraph 48](#)

Feigned injuries - Monitor the impact of changes to Law 3 and uncontested scrums on the Guinness Premiership and European games. Recommend the IRB monitors the prevalence of uncontested scrums at the international level. [Paragraph 50](#)

Medical intervention and local anaesthetics – RFU to recommend to IRB that they change regulation 10.2 to allow the use of local anaesthetics on match day for specific injuries and subject to compulsory notification. Until that time all English clubs and teams to adhere to the current regulation. [Paragraph 55](#)

Protecting health care workers in professional rugby – Recommend to RFU and IRB that professional codes of ethics take precedence of any employer/employee contracts or other service agreement. [Paragraph 57](#)

Rolling substitutions – Recommend that the RFU convene a specialist group to consider the issues involved and, if appropriate, trial rolling substitutions in a domestic competition. A report to be submitted to the IRB on the success or otherwise of such a trial. Paragraph 59

Use of Illicit Drugs – Recommend that the RFU works urgently with the clubs and players associations to develop an illicit drugs policy to cover out of competition testing. Players contracts to include an obligation to comply with the requirements of such a policy. The IRB to be provided with a copy of the final policy to ensure alignment with global policies. Paragraph 61

Use of Performance Enhancing Drugs – Recommend the RFU maintains its leadership position in monitoring developments in this area and establishing policies and processes to address the issue. Paragraph 63

Core Values – Support the roll out of the ‘THIS IS RUGBY’ programme and suggest RFU investment be increased in this important area. In particular focus on education programmes for all levels to ensure the Values are fully understood. Paragraph 65

Codes of Conduct – Ensure the newly agreed Code of Rugby has primacy over all Codes of Conduct in the RFU and in PRL and PRA. Recommend the RFU rationalises and updates its various Codes of Conduct to make them relevant and current. Create a clearing house for Codes of Conduct in the professional game to better align them around the Core Values. Paragraph 68

Whistle Blowing – Recommend that professional clubs review their current HR policies to enable staff and contractors to raise issues outside the line management function. RFU to ask Governance Standing Committee to consider as part of its Compliance Review. Paragraph 70

Technical Area issues – Recommend to IRB and other governing bodies that a consistent approach to the Technical Zone be applied across the whole professional game including at International level. Broaden the authority of the 4th Official to govern the technical zone and better define and limit which personnel be allowed in the zone. Paragraph 72

Club and Union Governance – Recommends the RFU and PRL establish some guiding principles to ensure the appropriate safeguards are in place in Clubs and the Union. Various areas for consideration identified. Paragraph 74

Improving the disciplinary process – Recommend to IRB, RFU, ERC and other competition bodies that all regulations for professional rugby at all levels include a clear timetable for dealing with allegations and for the publishing of judgments to happen within four days of a hearing. Paragraph 76

Consistency of global sanctions – An observation made to the IRB that inconsistency in sanctions for similar cases has the potential to impact confidence in the game. IRB and RFU to take forward through their normal review processes. Paragraph 77

H. REPORT APPROVAL AND IMPLEMENTATION TIMESCALES

The role of the Task Group is to make recommendations to the RFU Management Board and Council. It has no decision making powers itself. The Report will be submitted initially to the RFU Management Board who will be responsible for steering it through the proper processes within the RFU and the IRB.

The Chairman of the RFU Management Board has made it clear that, prior to the Management Board considering the Report's recommendations; a period of consultation will take place with Premier Rugby, the PRA, the Championship and the Professional Game Board (PGB).

A copy of the Report will also be submitted to the IRB and the RFU's two IRB Representatives will discuss with the IRB the appropriate consideration process within the IRB and fellow Unions. The expected timescales within England are set out below:

Submission of Report to RFU Management Board, RFU Council, IRB, PRL, PRA & Championship	30/09/09
Consultation with PRL, PRA, Championship & PGB	30/9 to 27/10/09
Consultation with the IRB	30/09 to 27/10/09
Governance Standing Committee consideration of Report	15/10/09
RFU Management Board consideration of Report and Consultation feedback	28/10/09
PGB consideration of Report	19/11/09
RFU Council consideration of Report and initial advice of the Management Board and Governance	20/11/09
RFU Management Board meetings to discuss and agree as appropriate	16/12/09 & 27/01/10
Governance Standing Committee to consider regulation changes	21/01/10
RFU Council decisions on policy issues and regulations changes	26/02/10
IRB Council decisions on regulatory changes	01/12/09 and 12/05/10

In terms of implementation of any agreed regulatory changes, those under the RFU's control could be introduced as early as February 2010. Those that require IRB regulatory changes can only be implemented after completion of the normal IRB consultation process with their member Unions.

CONCLUSION

The game of rugby in England had a difficult summer. The high profile issues at Bath and Harlequins damaged the reputation of the game without any doubt. At times like this people involved in the game, at all levels, are looking for leadership and we believe this is what the Image of the Game Task Group has shown.

In a short space of time we have conducted a comprehensive review of the issues in the game. We have analysed and assessed what the game told us and the message was clear. Cheating in rugby union is extremely rare and allegations that the issues identified at Harlequins are widespread and systemic had no foundation.

However, at the same time, we did find a number of issues that we felt were worthy of examination and action. In those areas we have come up with a clear set of concrete recommendations that will now be followed through working with our partners in the IRB, PRL and PRA. It is vital that we continue to move each of these forward and demonstrate that the game is capable of responding quickly and decisively when faced with significant issues.

I would like to personally thank each and every one of the Task Group members, and all those who attended and supported the Group over the last month, for their outstanding efforts. All are busy people with day jobs but they cared enough about the game to spend significant time working out how we could repair the Image of the Game and that reflects great credit on them but also on the game of rugby that it evokes such passion.

This report is not the end of the process of rebuilding the Image of Rugby Union. It is a very positive first step, and when combined with the recently announced 'THIS IS RUGBY' programme to re-establish the Core Values of the game, it gives us all the foundation on which to build. We will be looking to the game to give its support as we go on that journey – and we know we will not be disappointed.

John Owen, RFU President and Chairman of the RFU Image of the Game Task Group

TASK GROUP SIGNATORIES

Rob Andrew MBE

Peter Baines

David Barnes

Francis Baron OBE

Jeff Blackett

Andrew Coppel CBE

Cecil Duckworth OBE

Lawrence Dallaglio OBE

Bob Rogers

Andrew Scoular

Martyn Thomas

Peter Thomas

LIST OF APPENDICES

A. Task Group terms of reference and membership

B. Professional Player Survey

C. Professional coaches, medics and administrator survey

D. Community Game survey

E. Local Anaesthetics

F. Professional codes of Ethics

G. Core Values Validation statements

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– TASK GROUP TERMS OF REFERENCE AND
MEMBERSHIP

APPENDIX B
– PROFESSIONAL PLAYER SURVEY

APPENDIX C
– PROFESSIONAL COACH, MEDIC, PHYSIO AND
ADMINISTRATOR SURVEY

APPENDIX D
– COMMUNITY GAME SURVEY

APPENDIX E – LOCAL ANAESTHETICS

The use of local anaesthetic (LA) injections in Rugby Union can counter the performance-reducing impact of injury and lower the rate of players missing matches through injury. Until January 2004 LA use on match day for reasons other than suturing and dental treatment was prohibited within the IRB anti-doping regulations. Formal notification of the use of LA when suturing or for dental treatment was required and crucially breaches of the regulation could be policed as LA's were specifically tested for as part of the match day testing programme.

From January 2004 LA use was no longer prohibited as part of the WADA anti-doping code and therefore the presence of LA was no longer tested for as part of the match day anti-doping testing programme. However from 2004 the use of LA has been covered within IRB Medical regulation 10 (on the recommendation of the iRB anti-doping advisory committee (iRB ADAC)) which reads.

10.2 Local Anaesthetic

10.2.1 A player may not receive local anaesthetic on Match day unless it is for the treatment of bleeding wounds or for dental treatment administered by an appropriately qualified medical or dental practitioner.

This position prohibiting the use of LA on match day is unique to Rugby Union and was supported by a gradually reducing majority of the iRB Medical Advisory Committee (iRB MAC) until a meeting in September 2005. At this meeting the committee again debated the subject and a significant majority felt that the regulation should be amended. The minute of the meeting reads:

Local anaesthetic use

The Committee again had under consideration the question of whether or not a player may receive local anaesthetic on a match day.

The current IRB Regulation 10.2 provides that a player may not receive local anaesthetic on a match day.

Following discussion the consensus view of the Committee was that the administering of local anaesthetic on a match day should be permitted subject to appropriate guidelines being established and applied.

To date no formal proposal to change the regulation has been received from a member union and as a consequence the regulation is still in place. Reasons to support a change in the regulations permitting use of LA (by injection and topical application) on match day with appropriate guidelines and notification:

There is no ability currently for the IRB to police this regulation now that WADA no longer test for LA. There have been no documented cases to date of rugby union players or their doctors having been sanctioned for committing offences with respect to local anaesthetic injections on match day.

There is now widespread perception amongst the majority of sports medicine practitioners that the risks for injecting selected injuries with LA are less than the potential benefits for selected injuries in certain circumstances. These circumstances are almost exclusively within the elite sports domain where benefit and risk are evaluated on a highly individualised basis and are invariably weighted quite differently from those within the community game.

Injuries where the benefits of LA use are typically felt to exceed the risks include:

- A-C joint injury
- Finger, toe and metacarpal injuries (2-5)
- Rib, rib cartilage and sternal (“breastbone”) injuries
- Bruised iliac crest/ “hip pointer”
- Plantar fasciitis

The IRB is the only major international sports governing body to adopt this position regarding LA use. LA use is allowed in American Football, most Soccer competitions, Australian Rules Football, Rugby League and the NCAA. In the Olympics, LA is permitted in soccer with compulsory notification. The majority of the iRB MAC believed that the use of LA could be effectively and safely regulated by the existing safeguards that protect and direct both the patient and doctor as part of the generic doctor patient relationship. Key to this process is that any use of Local Anaesthetic requires discussion between doctors and their patients and informed verbal consent of the patient given in an appropriate environment prior to the planned intervention.

Rugby Union players and doctors are currently faced with a difficult dilemma when faced with a situation where an apparently minor but painful injury (grade 1 A-C joint injury) may preclude a player from playing in an important game (RWC 2011 final). Do the player and doctor decide that it is appropriate to play using the illegal method, knowing that they have almost no chance of being caught or do they abide by the regulation, knowing that their opponents may be breaking them and getting away with it?

Assessment of the risks and benefits of LA use

Benefits

Administration of LA can reduce/abolish pain without affecting motor function and therefore enable a player to play or play at closer to full potential. The magnitude of this benefit is both subjective and dependent on the importance of performance in a given game to a particular player.

Risks

These are more difficult to quantify as there are very few published studies with long term follow up. As a consequence the risks are largely theoretical, comprising case-reports with the exception of a Rugby League series published by Dr John Orchard in the British Journal of Sports Medicine 2002;36: 209 -213. The principle difficulty for clinicians is assigning an estimate of the likelihood of a particular complication and is beyond the scope of this paper. The clinical issues are well defined in a paper by Dr Orchard in Sports Medicine 2004;34(4): 209 -219.

What are the options for the IRB?

There appear to be three practical options for the IRB to consider and these are set out below:

- Continue with the present regulation. This is not now the view of the MAC and for the reasons given above, we believe it is unpoliceable and unworkable. We therefore would not recommend this option;
- De-regulate completely. With this approach the use of LA remains a private matter, there is little opportunity to research the short and long term complication of LA use. We would not recommend this option either;
- Permit with compulsory notification, useful guidelines and monitoring of complications. This approach enables the governing body to shape best practice/ policy with its guidelines, monitor the incidence and complications of LA use and help develop/ refine the supporting guidelines. The RFU would support this option.

The processes for notification of LA use, the monitoring of complications and the creation of appropriate guidelines has still to be defined. If the recommended option above was supported by the IRB then we would hope that these could be created by the RFU in conjunction with the iRB, led by Dr Mick Molloy (IRB Medical Officer).

APPENDIX F – PROFESSIONAL CODES OF ETHICS

Professional codes are guides to members about how they should behave in their professional capacity, and as with other codes they vary widely. Codes of ethics can be distinguished from codes of conduct and codes of practice, although these terms are often used in ways that overlap. Codes of ethics generally consist of a short set of ethical principles expressed as statements which refer to some quite general type of conduct and begin “Every member shall (not)...” Codes of conduct are frequently more detailed and likely to specify, for example, circumstances in which a general duty should be overridden. Codes of practice often contain ethical principles as well as rules governing how technical duties should be carried out in order to benefit both members of the profession as well as of the public.

The Hippocratic Oath, a code of conduct for doctors formulated in the fourth century BC, is one of the earliest of many such codes. But why do professional bodies need codes? The Law Society’s (1986) account of what distinguishes a profession from other occupational groups specifies that its members are:

“(a) identifiable by reference to some register or record; (b) recognised as having a special skill and learning in some field of activity in which the public needs protection against incompetence, the standards of skill and learning being prescribed by the profession itself; (c) holding themselves to standards of ethical conduct beyond those required of the ordinary citizen by law; (d) undertaking to accept personal responsibility to those whom they serve for their actions and to their profession for maintaining public confidence.” (The Law Society, 1986 p. xl)

The function of a body’s professional code is to set out the standards of knowledge, competence, skills and conduct expected of those professionals on its register and the responsibilities they have towards the people they serve and to the profession.

Other factors will influence the standards to which professionals practice, including other codes of conduct, employer’s expectation, values inculcated when training etc. and the extent to which a code can be relied on to promote good professional practice and to protect the public from sub-standard practice depends not only on the content but also on the extent to which members of the profession will abide by its requirements.

The difference between licensing and certifying bodies

The bodies that regulate and assess healthcare professionals may operate either through licensing or certifying systems. Licensing is typically restrictive i.e. a professional cannot practice without it. Licensing bodies ensure that only appropriately qualified professionals can practice and can remove any who cease to be fit to practice. Certifying bodies also work within a regulatory framework and typically identify the satisfactory completion of training and therefore ability to practice as a specialist in a specific field.

Mature v developing v fledgling professional groups

Having reviewed the extent to which each group of healthcare providers is licensed and regulated with specific reference to existing codes of conduct, we believe that the groups can be divided into mature, developing and fledgling groups. Doctors, Dentists and Physiotherapists have mature professional bodies and clear codes of conduct. Osteopaths and Chiropractors have been licensed more recently but do have codes of conduct. Sports Rehabilitators, Sports Therapists, Sports Masseurs and Strength and Conditioners do not yet have either a single whole profession licensing body or developed codes of conduct and for the purposes of this review have been classified as fledgling.

Summary of current regulatory bodies and professional codes for those providing health care within elite sport

Professional group	Whole profession regulatory /licensing body	Status of professional body	Whole Profession Regulatory Code	Certifying group for Sports and Exercise Medicine	Certifying group code
Doctors	General Medical Council (GMC)	Mature	Good Medical Practice (Nov 2006)	Faculty of Sports and Exercise Medicine (FSEM)	FSEM professional code (at final draft stage)
Dentists	General Dental Council (GDC)	Mature	Standards for dental professionals (2005)	N/A	N/A
Physios	Health Professions Council (HPC)	Mature	Standards of proficiency (Nov 2007) and Standards of conduct performance & ethics (July 2008)	Chartered Society of Physiotherapists	Rules of professional conduct (due for revision and much overlap with HPC standards)
Osteopaths	General Osteopathic Council	Developing	Code of practice (May 2005)	N/A	N/A
Chiropractors	General Chiropractic Council	Developing	Code of Practice and Standard of Proficiency	N/A	N/A

			(Revised version due 30 June 2010)		
Sports Rehabilitators	British Association of Sports Rehabilitators and Trainers (BASRaT)	Fledgling (statutory regulation is being discussed with the HPC)	BASRaT Code of Ethics	N/A	N/A
Sports Therapists	Society of Sports Therapists	Fledgling (statutory regulation is being discussed with the HPC)	Standards of Conduct, Performance and Ethics	N/A	
Sports Massage Therapists	Sports Massage Association (does not have statutory powers for licensing)	Fledgling (a number of different bodies exist)	Has published guidance on how to Establish and maintain the ethical, professional and educational standards for SMA members	N/A	N/A
Strength and conditioners	UK Strength and Conditioning Association	Fledgling	No codes of practice appear to have been published	N/A	N/A

APPENDIX G – CORE VALUES VALIDATION STATEMENTS

TEAMWORK: Teamwork is essential to our sport. We welcome all new team members and include all because working as a team enriches our lives. We play selflessly: working for the team, not for ourselves alone, both on and off the field. We take pride in our team, rely on one another and understand that each player has a part to play. We speak out if our team or sport is threatened by inappropriate words or actions.

RESPECT: Mutual respect forms the basis of our sport. We hold in high esteem our sport, its values and traditions and earn the respect of others in the way we behave. We respect our match officials and accept their decisions. We respect opposition players and supporters. We value our coaches and those who run our clubs and treat clubhouses with consideration.

ENJOYMENT: Enjoyment is the reason we play and support rugby union. We encourage players to enjoy training and playing. We use our sport to adopt a healthy lifestyle and build life skills. We safeguard our young players and help them have fun. We enjoy being part of a team and part of the rugby family.

DISCIPLINE: Strong discipline underpins our sport. We ensure that our sport is one of controlled physical endeavour and that we are honest and fair. We obey the laws of the game which ensure an inclusive and exciting global game. We support our disciplinary system, which protects our sport and upholds its values. We observe the sport's laws and regulations and report serious breaches.

SPORTSMANSHIP: Sportsmanship is the foundation upon which rugby union is built. We uphold the rugby tradition of camaraderie with teammates and opponents. We observe fair play both on and off the pitch and are generous in victory and dignified in defeat. We play to win but not at all costs and recognise both endeavour and achievement. We ensure that the wellbeing and development of individual players is central to all rugby activity.