



IMAGE OF THE GAME

PROFESSIONAL COACHES, MEDICS AND PHYSIOTHERAPISTS
SURVEY REPORT
29 SEPTEMBER 2009



RUGBY FOOTBALL UNION

IMAGE OF THE GAME PROFESSIONAL COACHES, MEDICS AND PHYSIOTHERAPISTS SURVEY

INTRODUCTION

This document presents the interim findings of the Rugby Football Union's opinion survey to professional coaches, medics and physiotherapists.

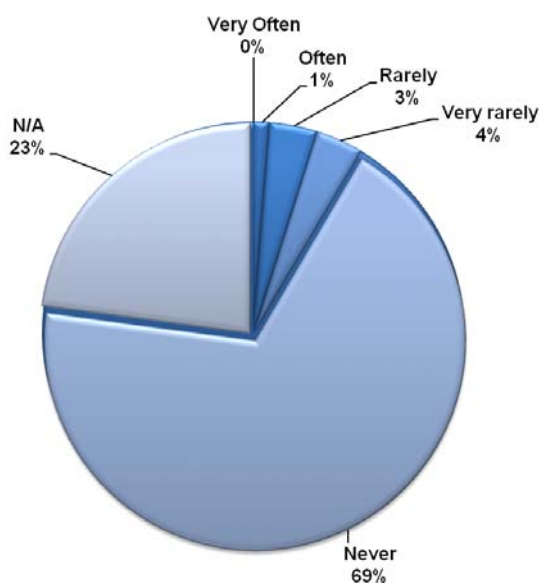
This report includes 83 responses.

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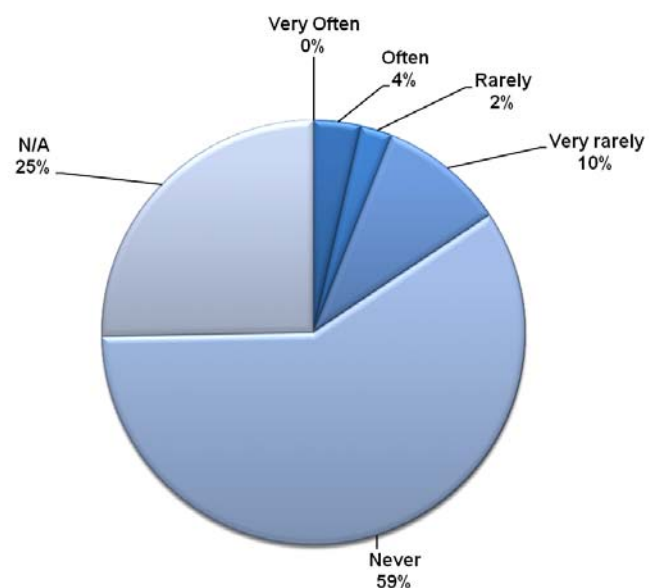
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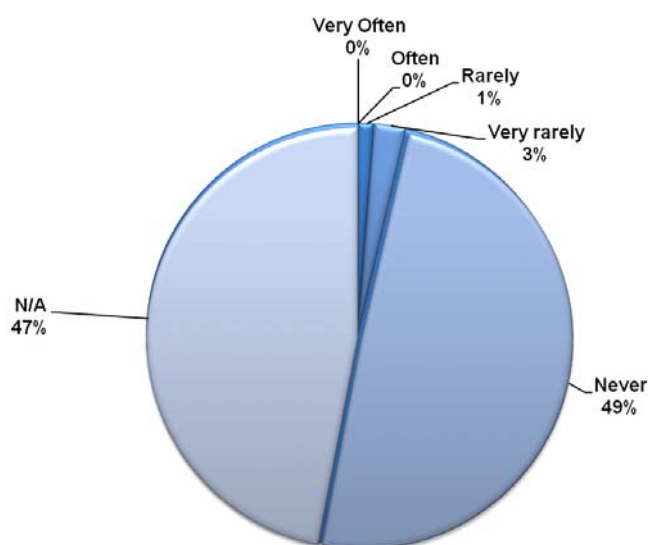
INTERNATIONAL MATCHES IN ENGLAND OR OVERSEAS



PREMIERSHIP & EUROPEAN CUP MATCHES



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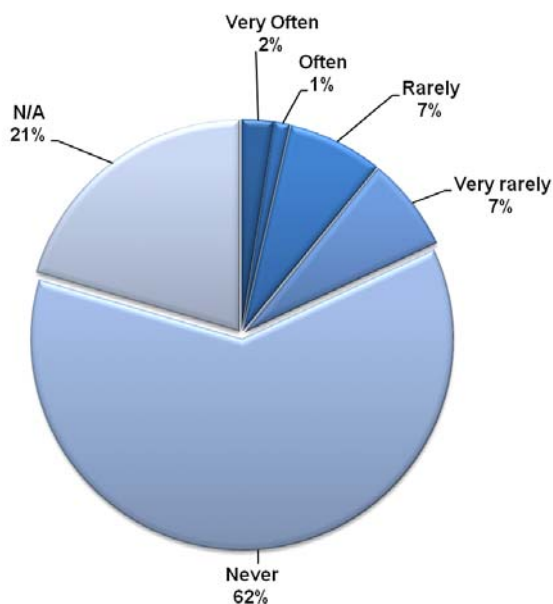


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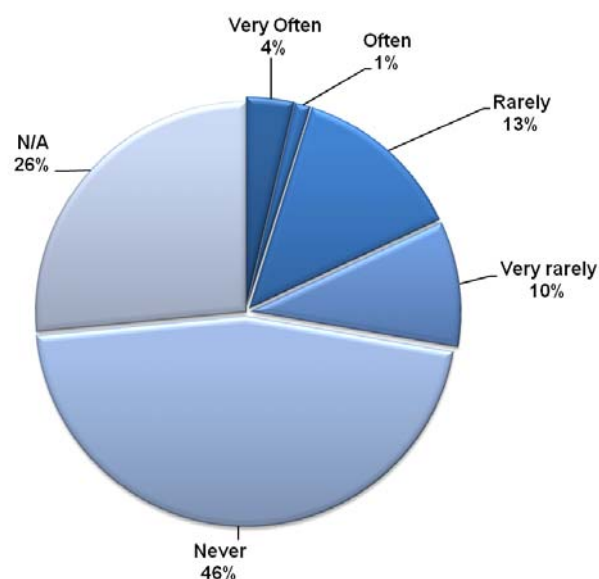
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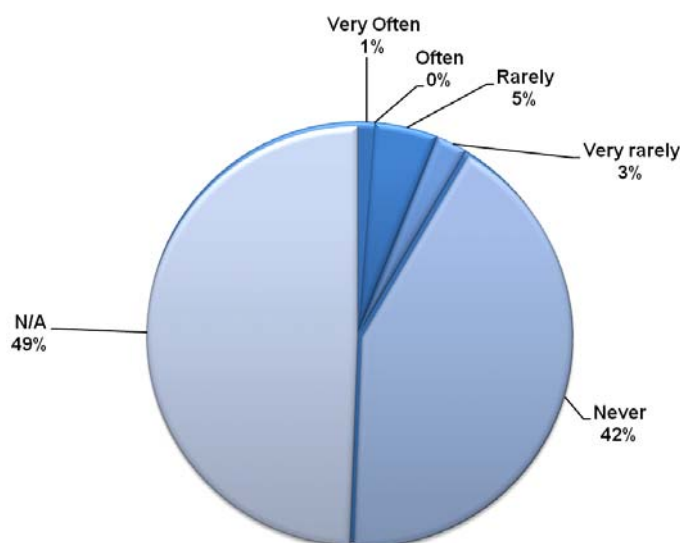
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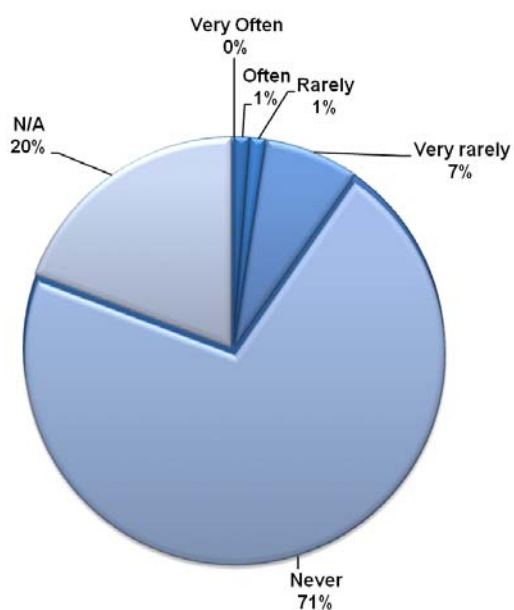


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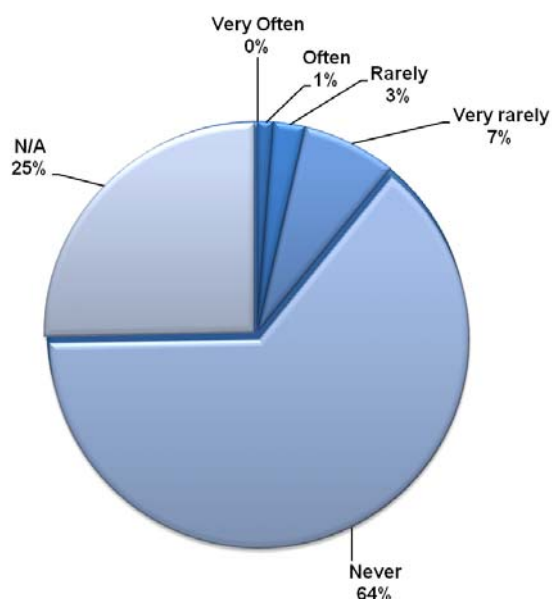
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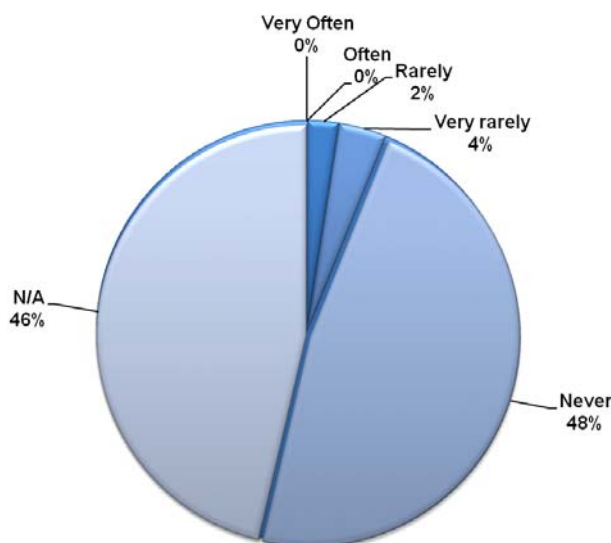
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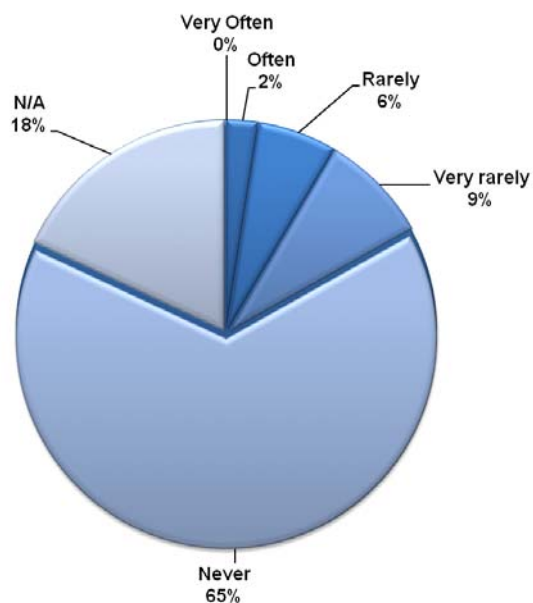


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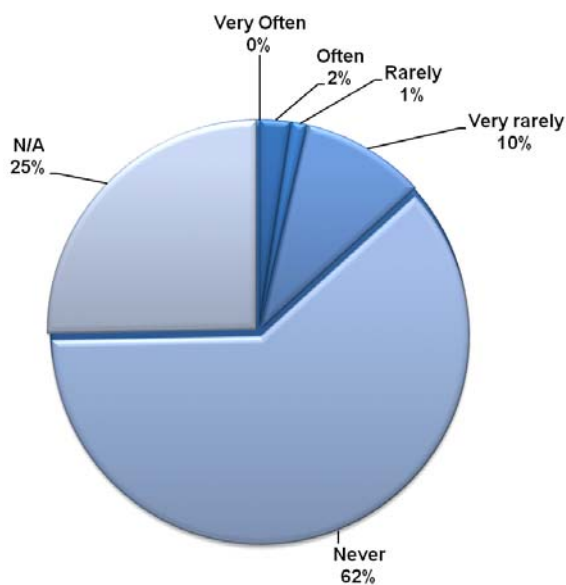
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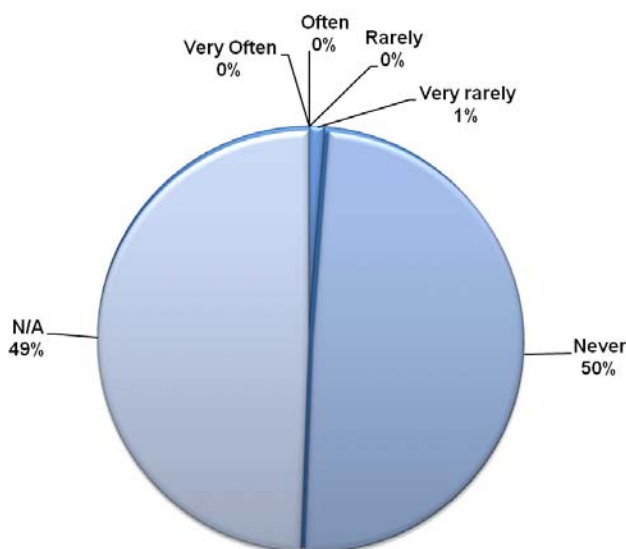
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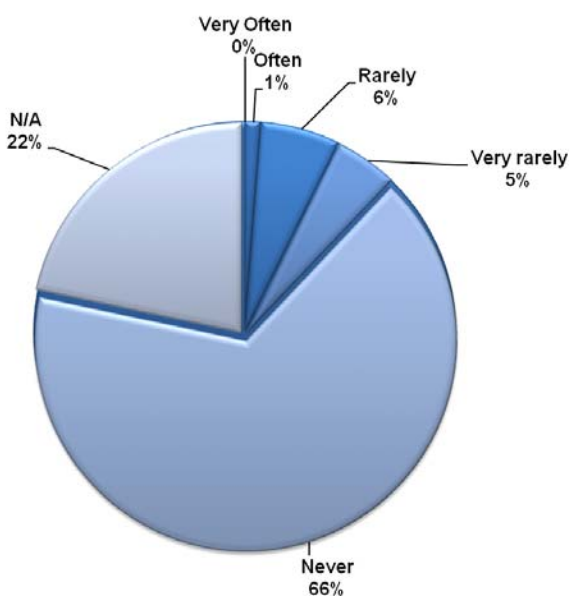


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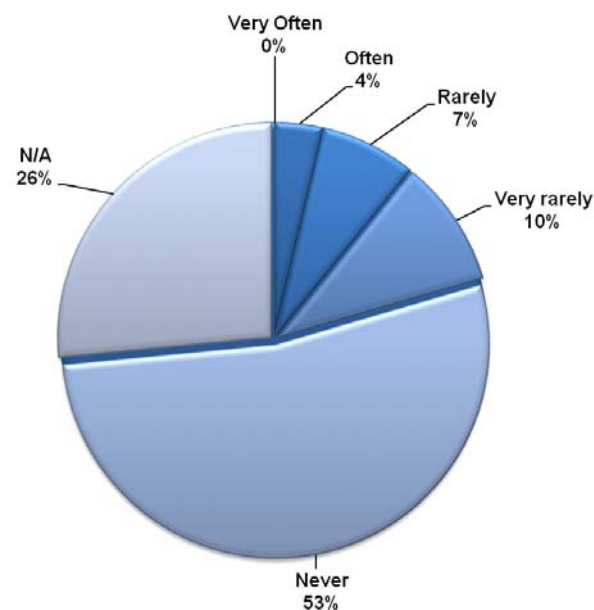
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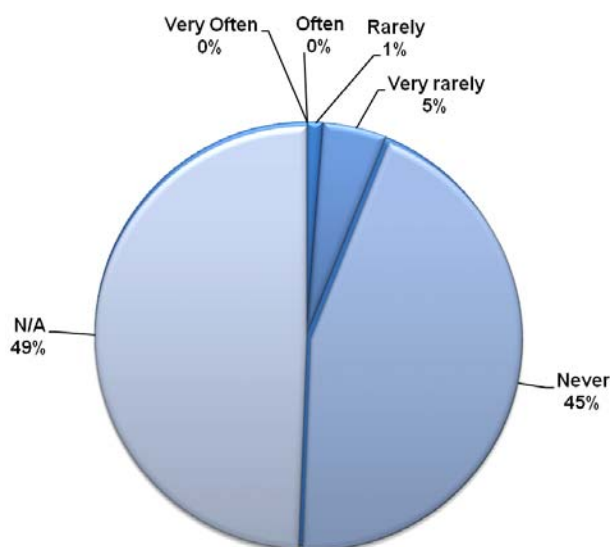
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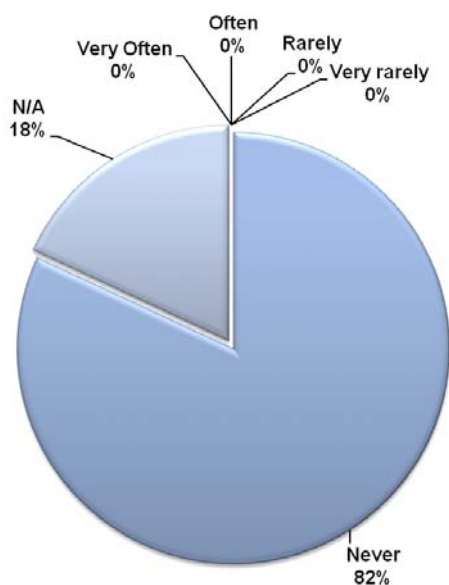


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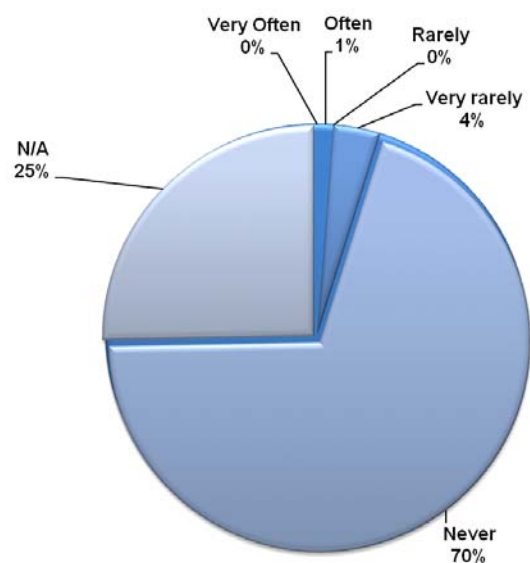
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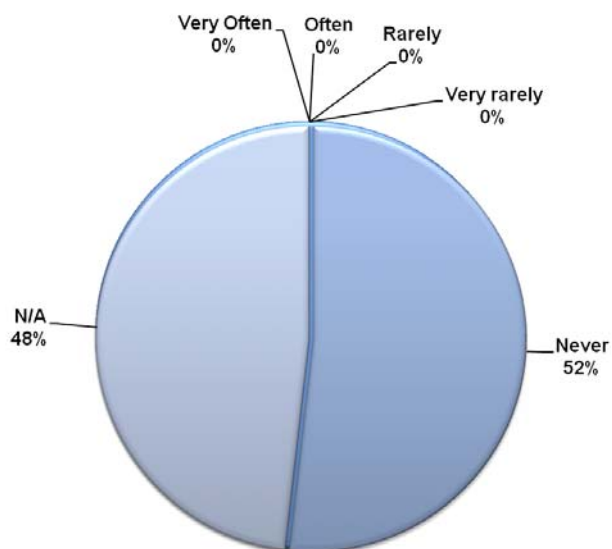
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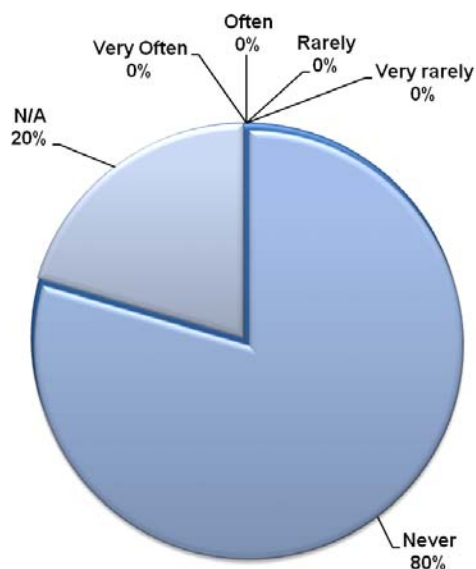


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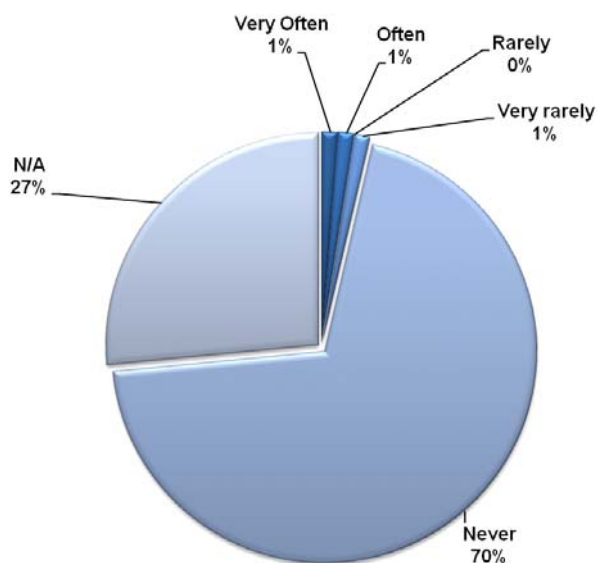
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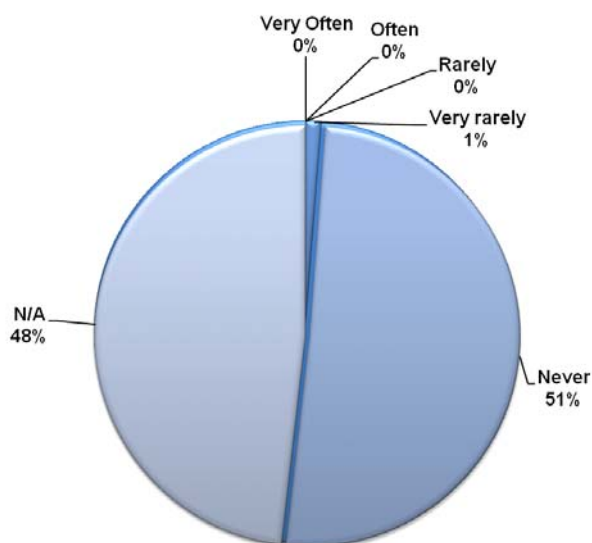
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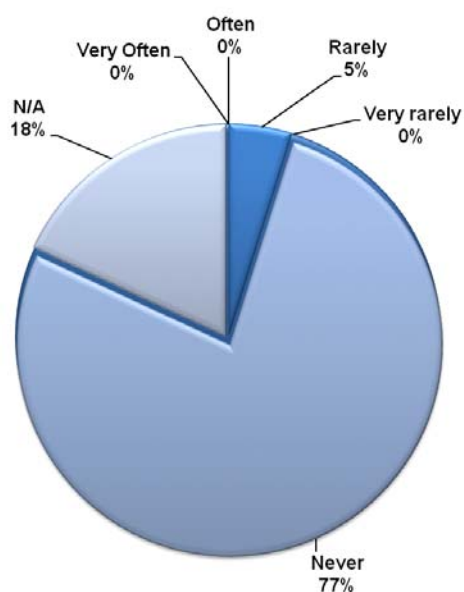


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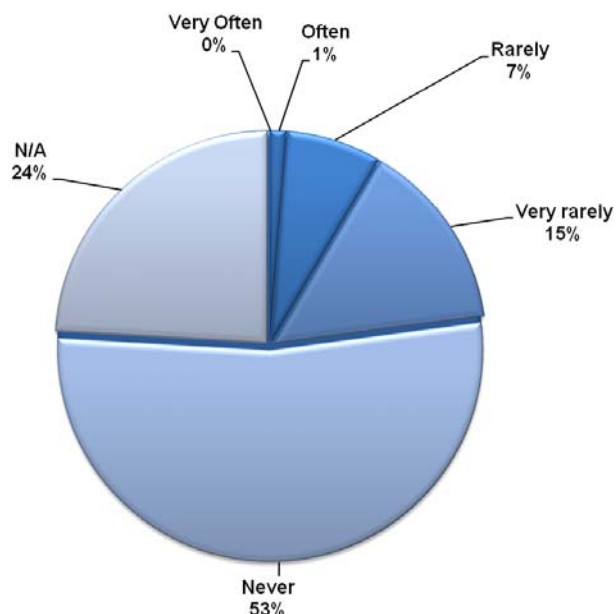
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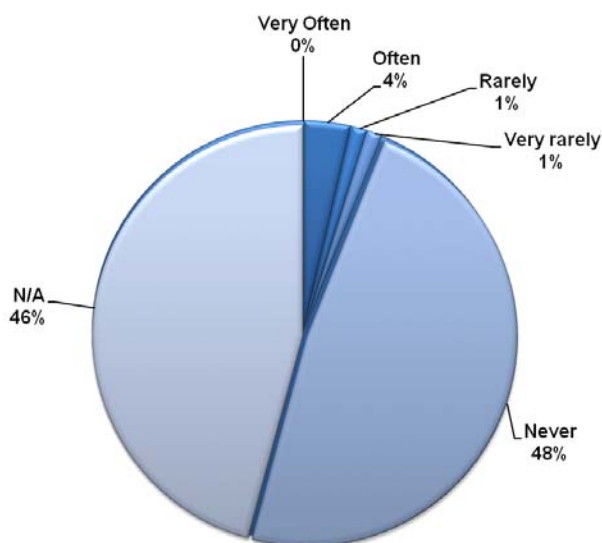
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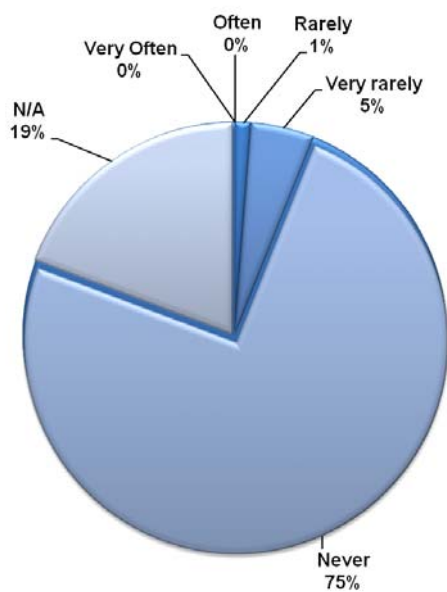


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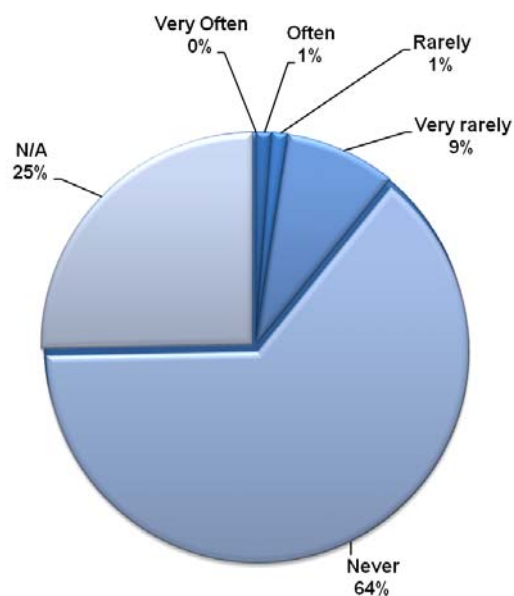
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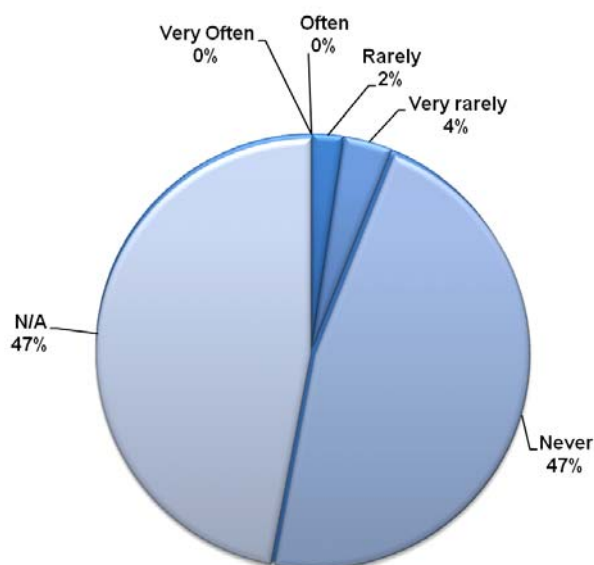
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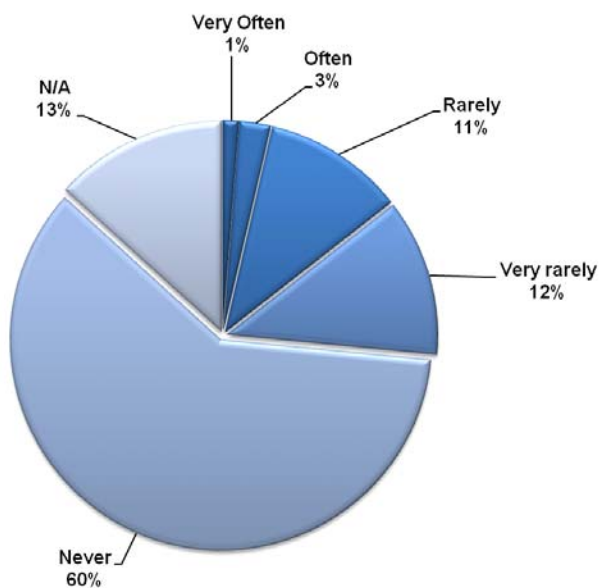


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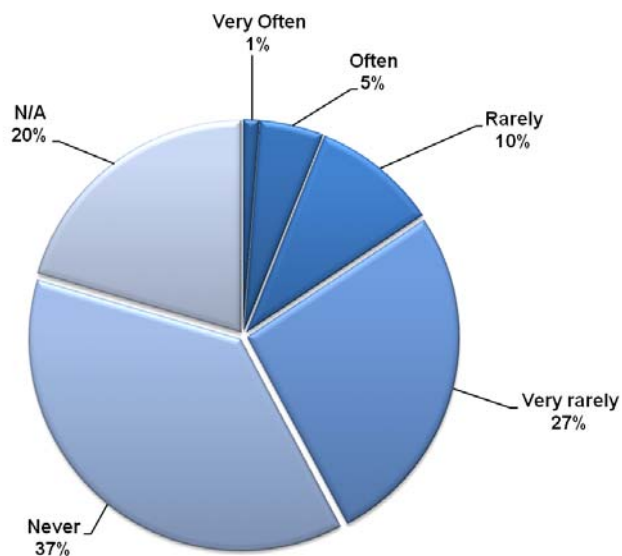
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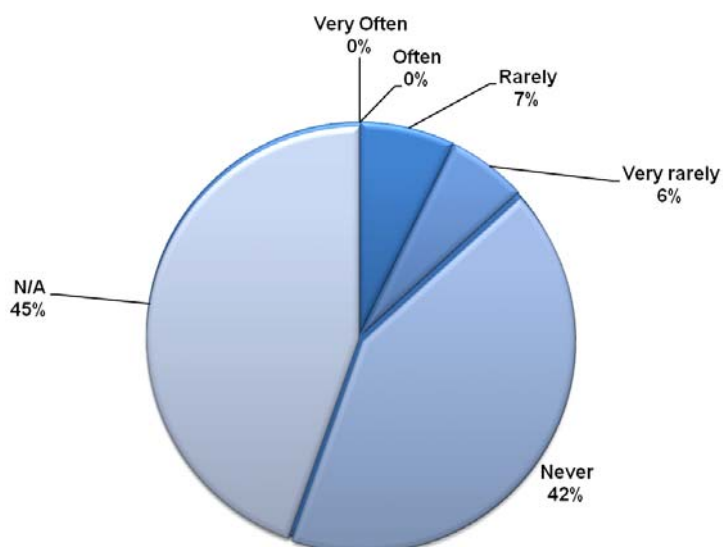
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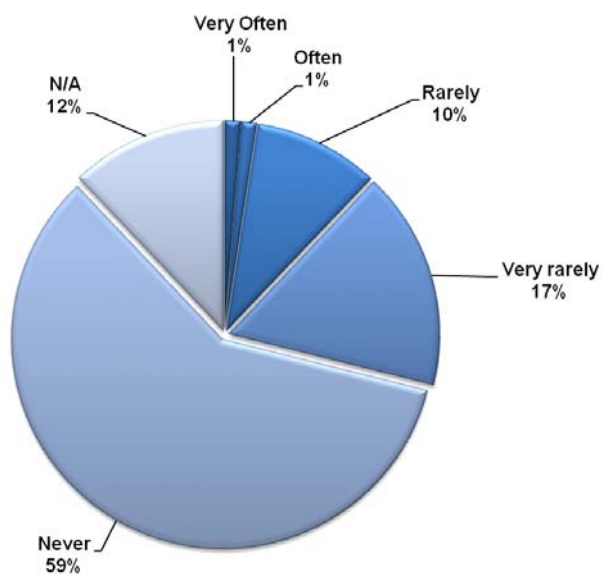


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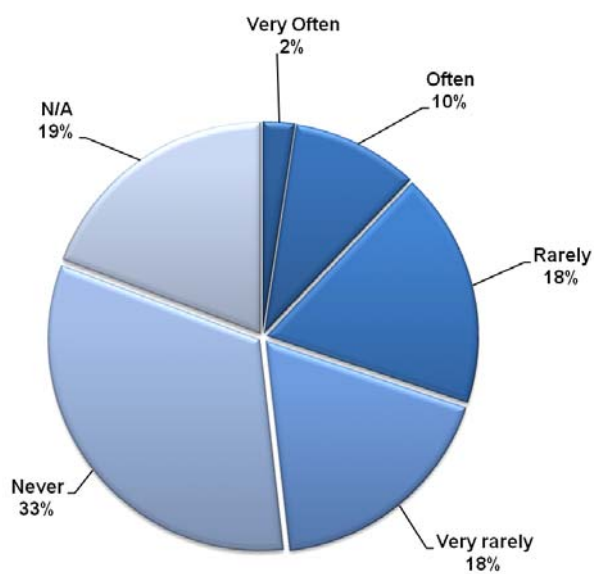
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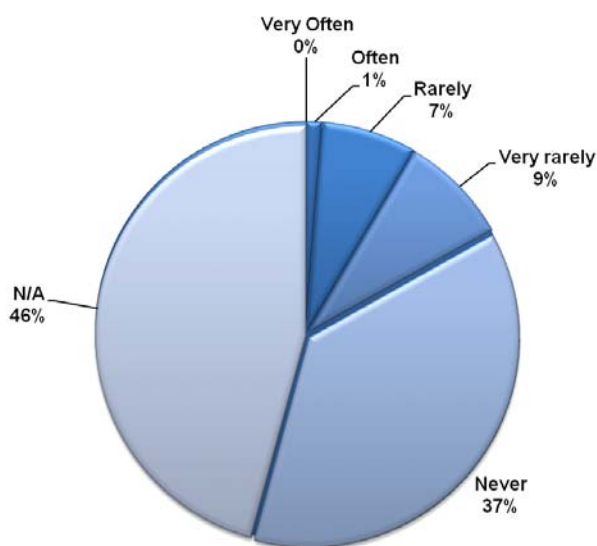
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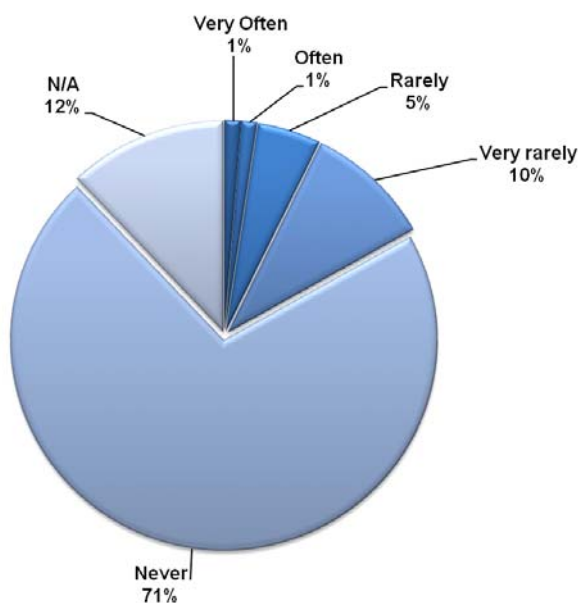


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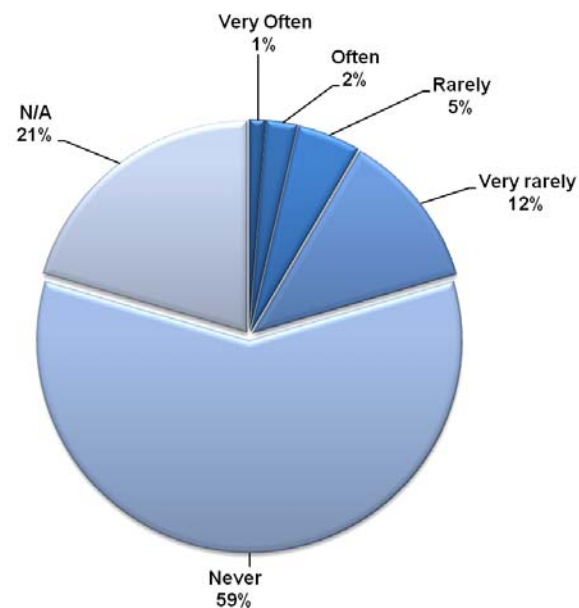
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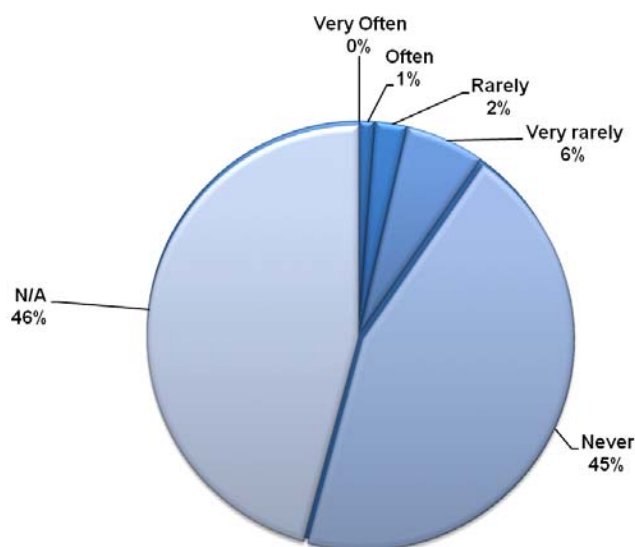
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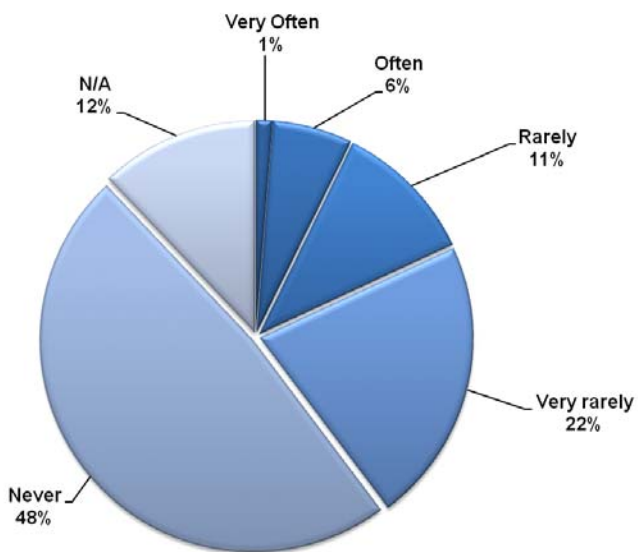


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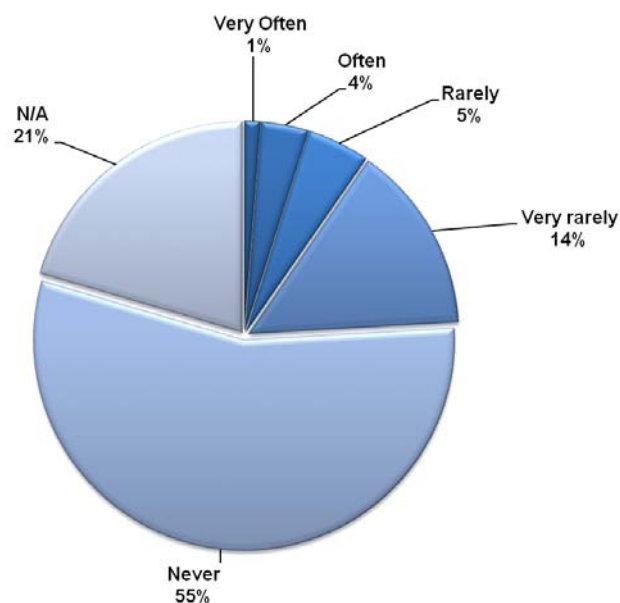
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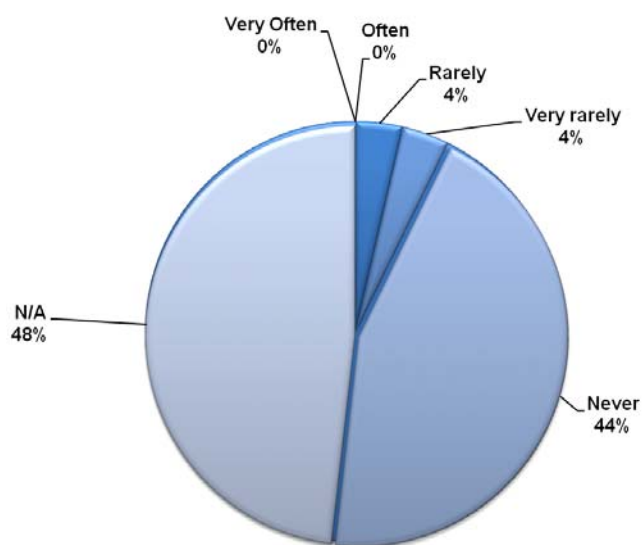
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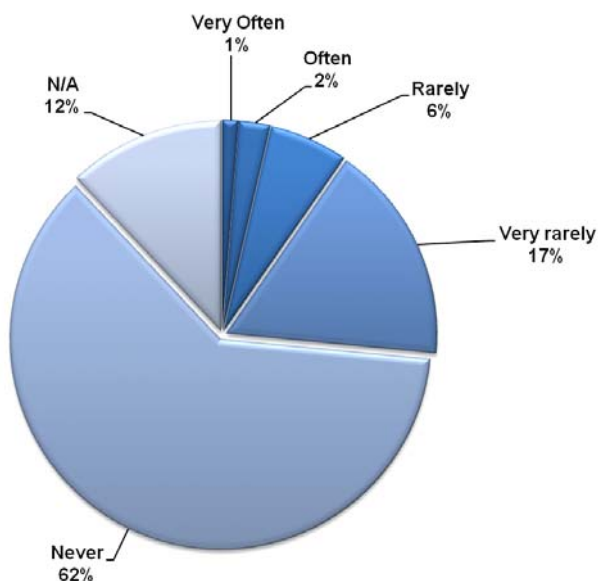


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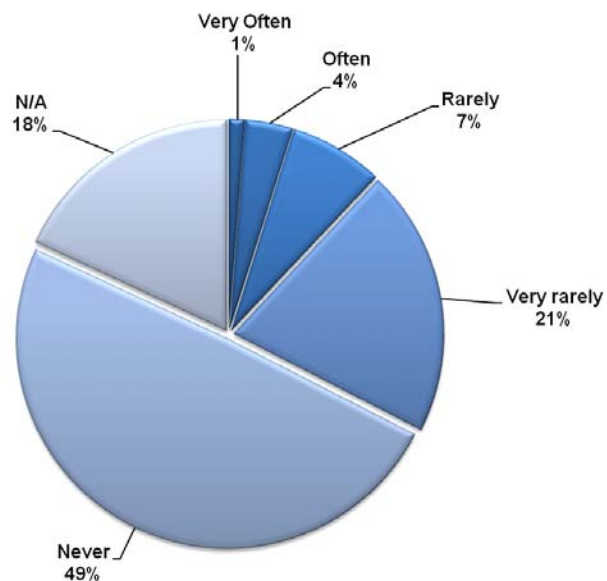
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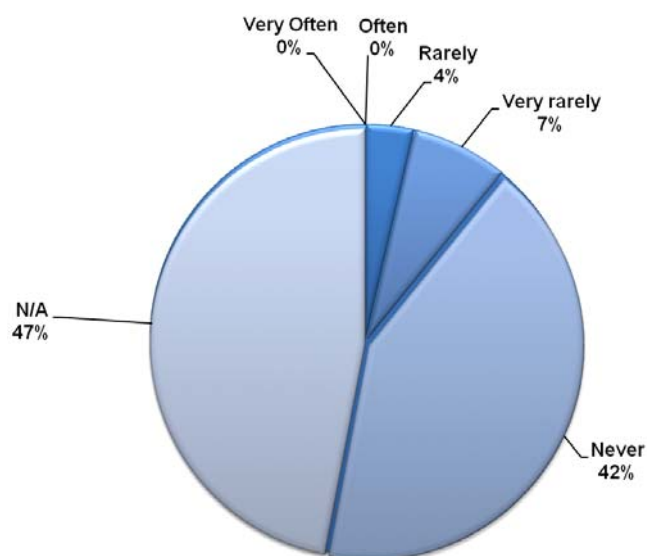
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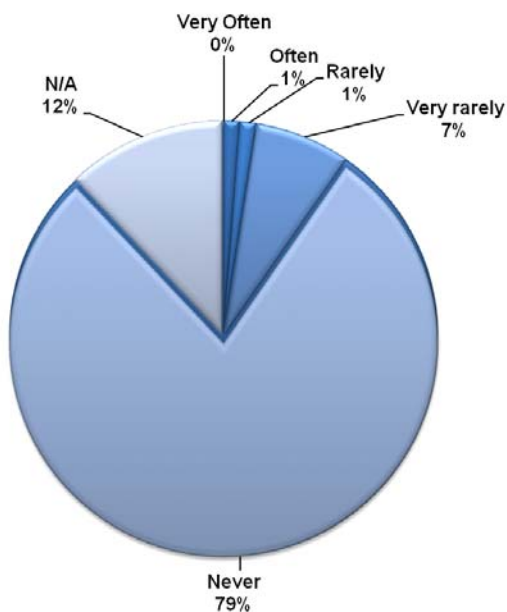


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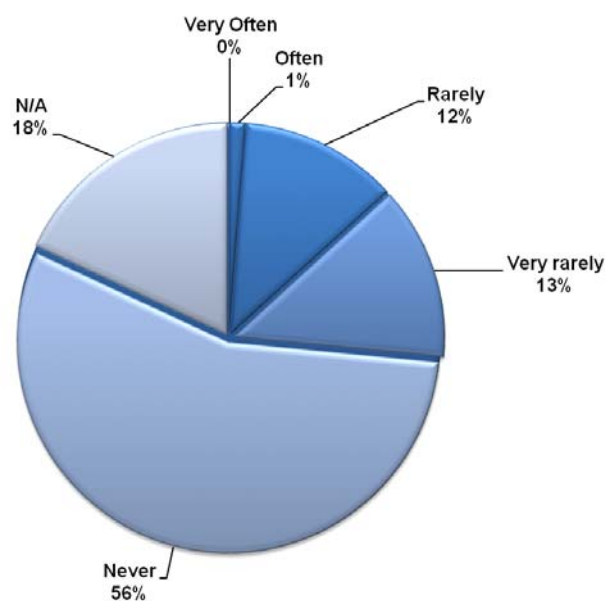
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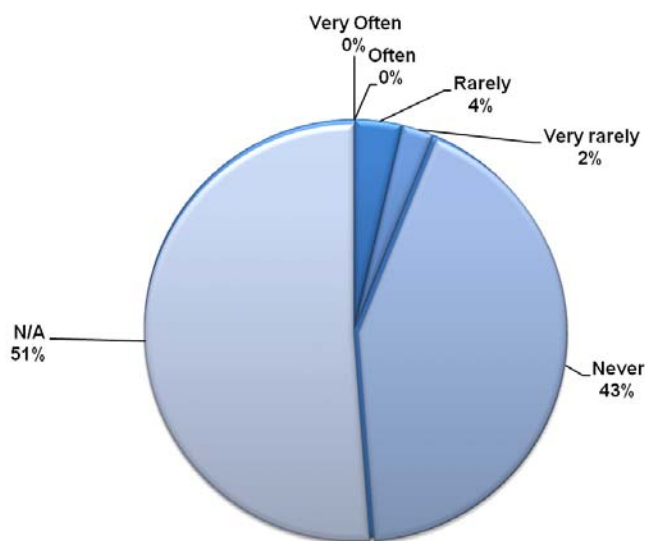
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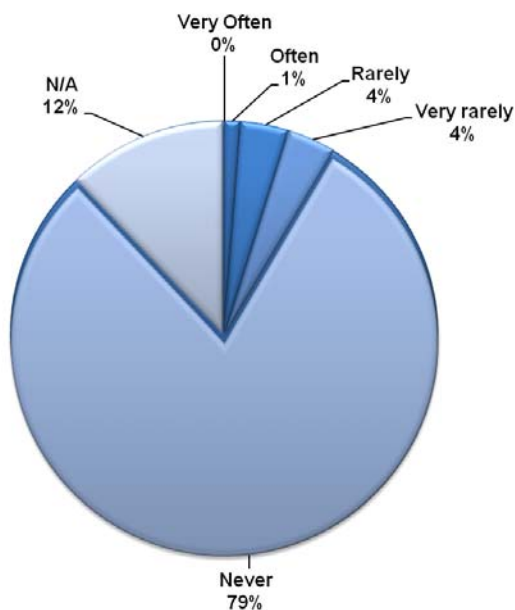


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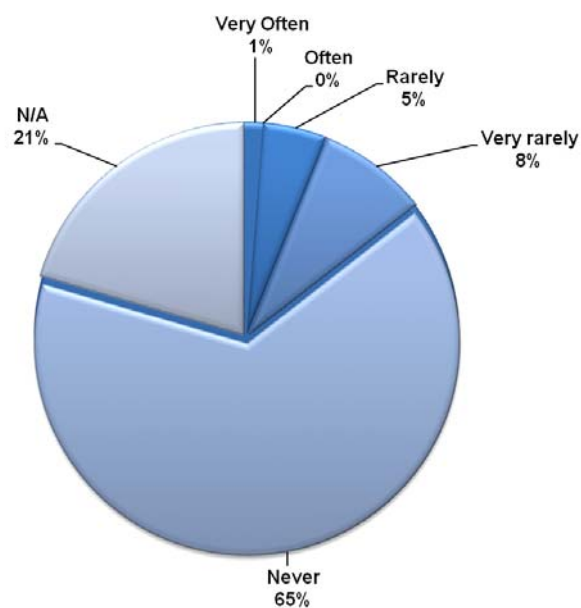
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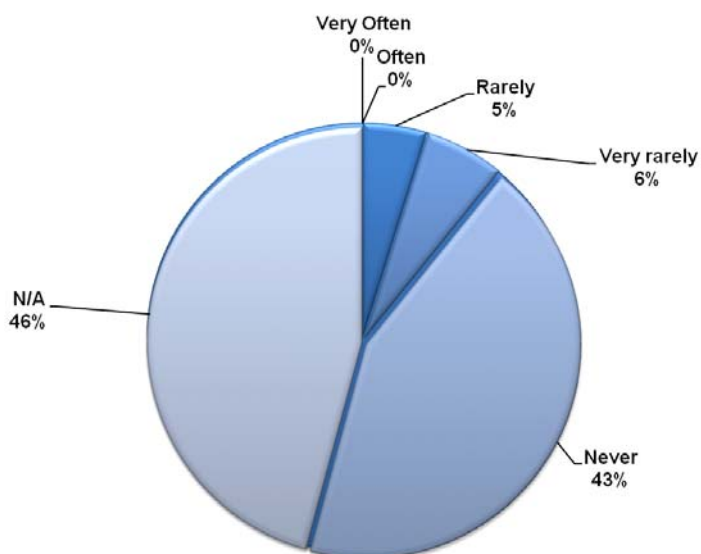
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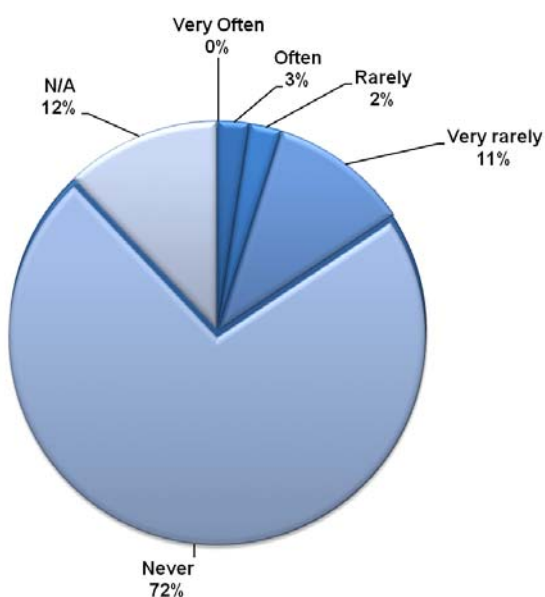


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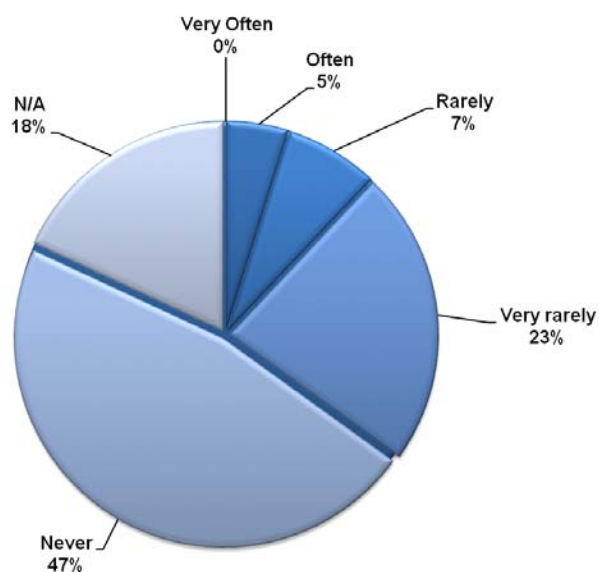
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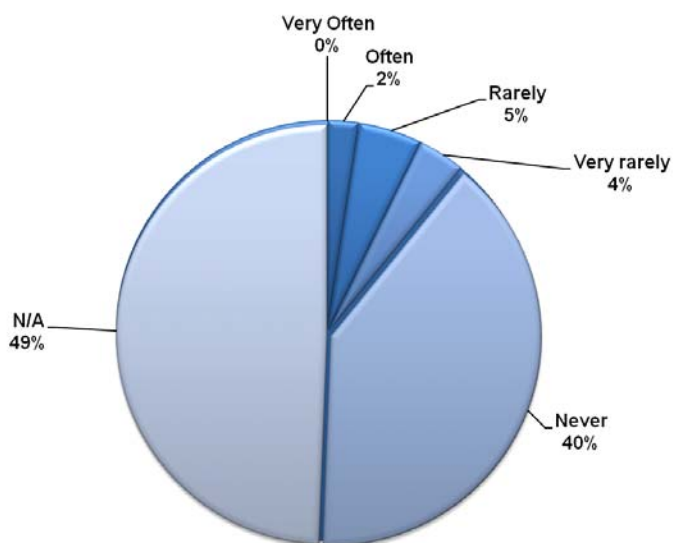
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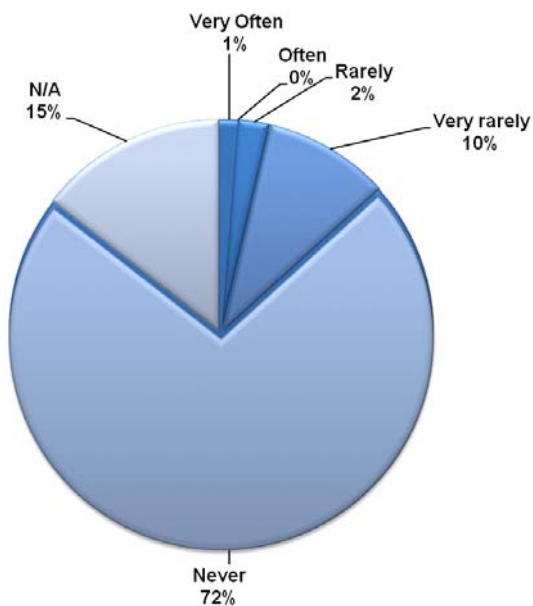


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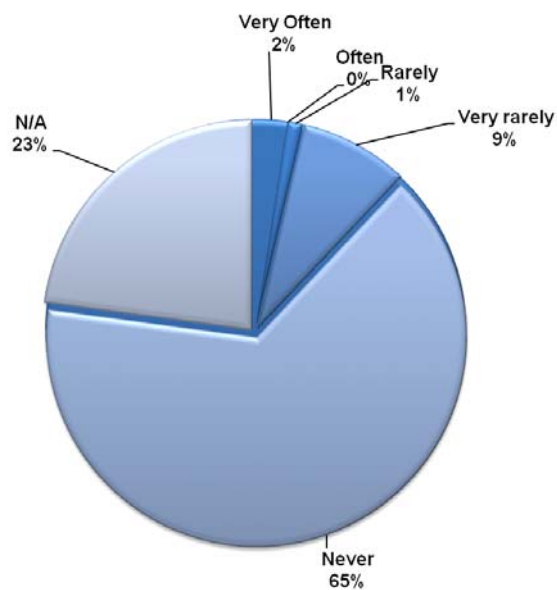
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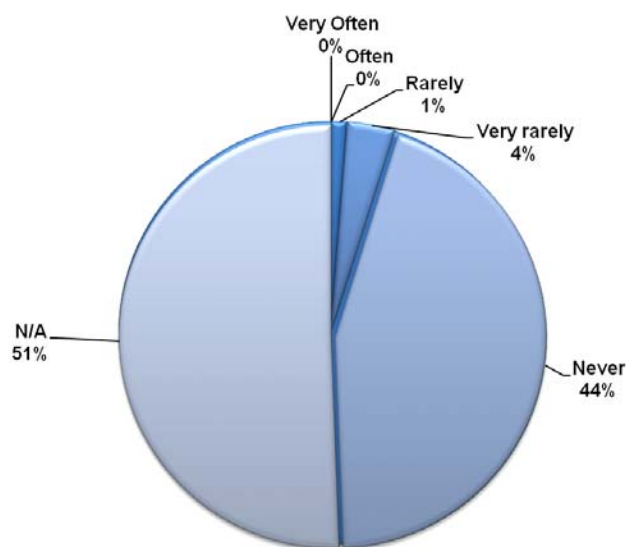
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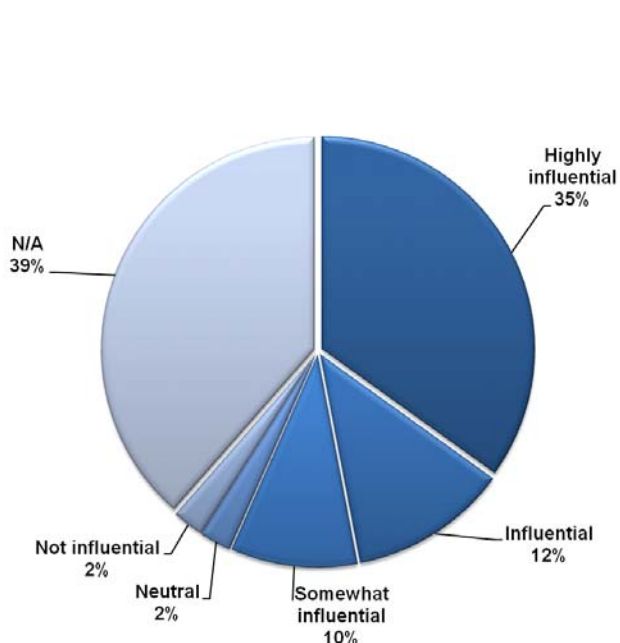
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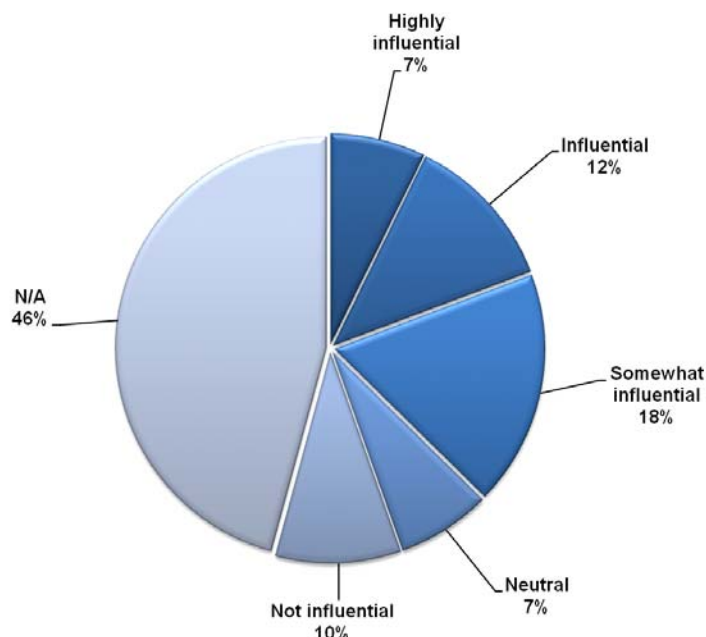
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If you answered yes to any of the above questions, what was it, in your view, that led players to becoming involved in Inappropriate Practices and/or Behaviours?

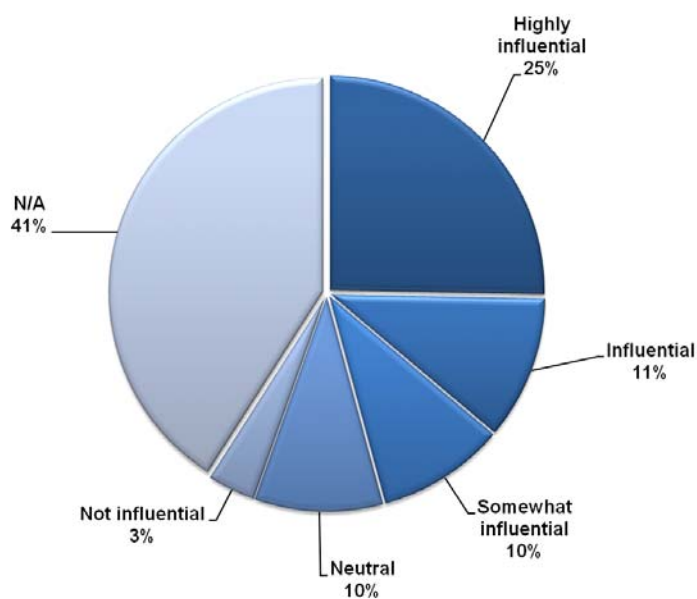
DESIRE TO WIN



PEER PRESSURE



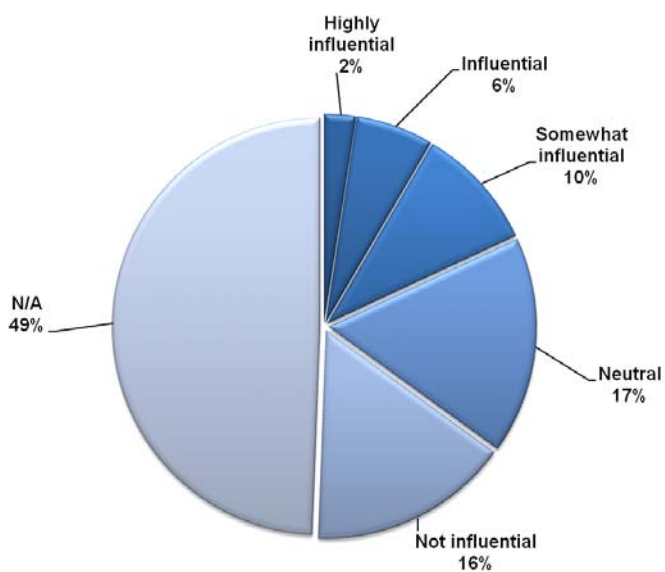
INSTRUCTIONS FROM THE CLUB MANAGEMENT
 OR OTHER SENIOR FIGURES IN THE CLUB



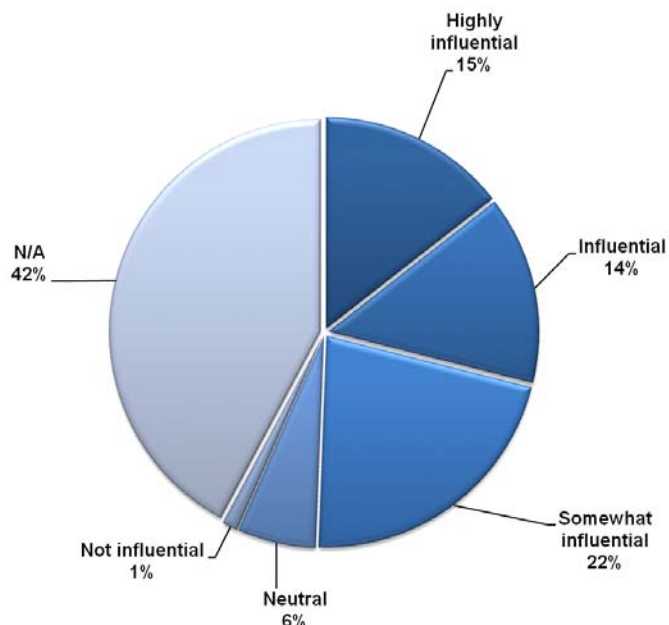
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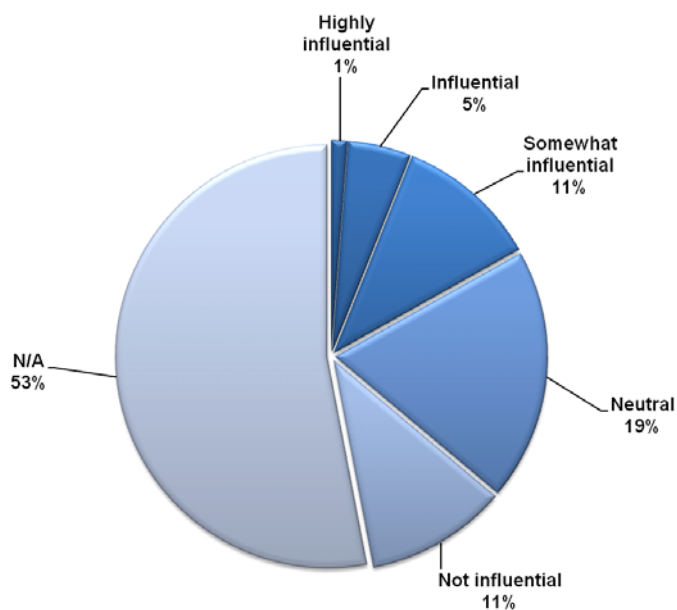
INSTRUCTIONS FROM THE MEDICAL STAFF OR PHYSIOS



COMMITMENT TO THE CLUB OR TEAM



IT WAS THE 'RIGHT THING TO DO'



QUESTION 3: OTHER (Open responses)

If you answered yes to any of the above questions, what was it, in your view, that led players to becoming involved in Inappropriate Practices and/or Behaviours?

Two open responses in total

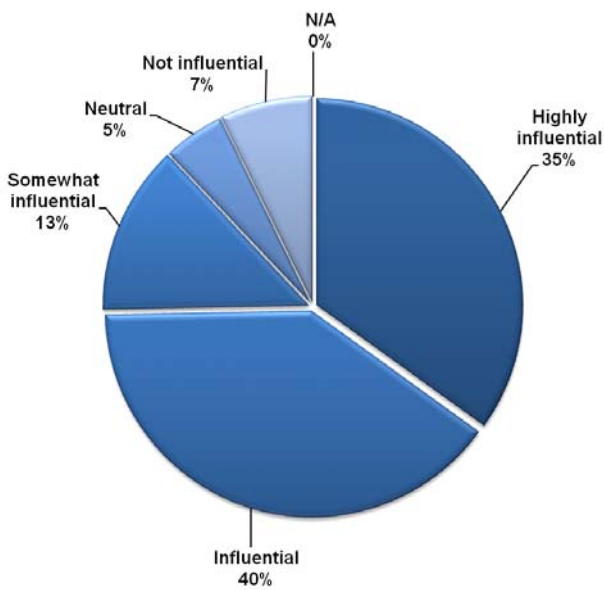
1 Only rumour re use of recreational drug and steroid use in premiership (player talk)

2 I feel speaking with club medics there is always pressure from Head Coaches to have the best players available for the next match. Sometimes the clubs with very small squads find it hard as they just don't have the players available to cover postions.

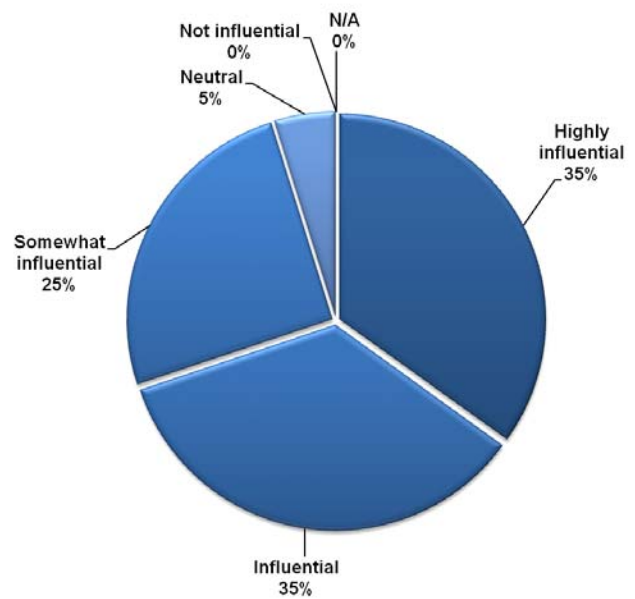
QUESTION 4:

In your opinion what would help ensure that the activities outlined above are less likely to happen again?

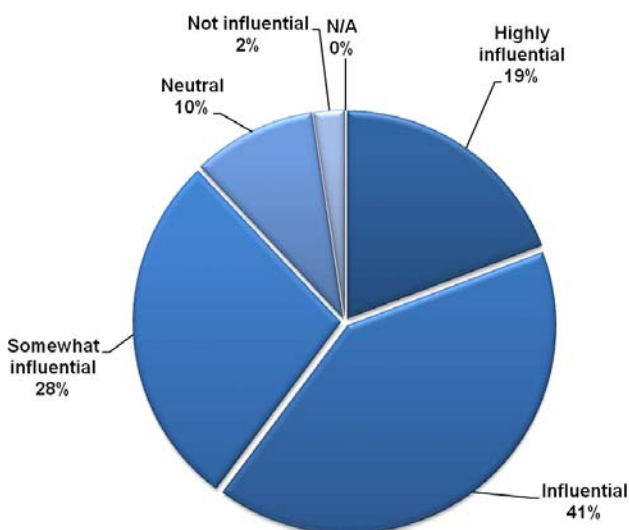
CHANGES TO THE RULES AND REGULATIONS OF THE GAME



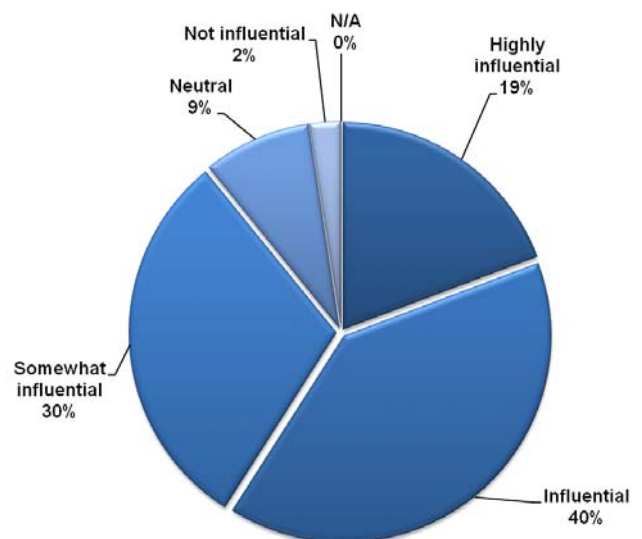
TOUGHER DISCIPLINARY SENTENCES



MORE EDUCATION ON THE DANGERS OF DRUGS AND ALCOHOL



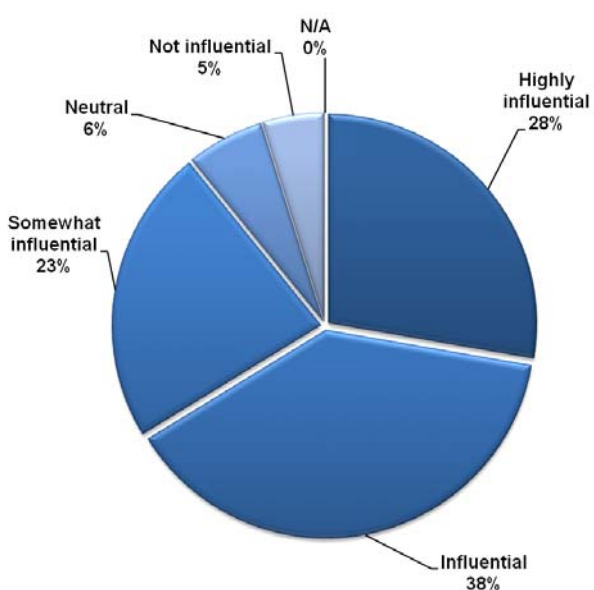
IMPROVED OPPORTUNITIES FOR CLUBS TO TEST FOR DRUGS AND ALCOHOL



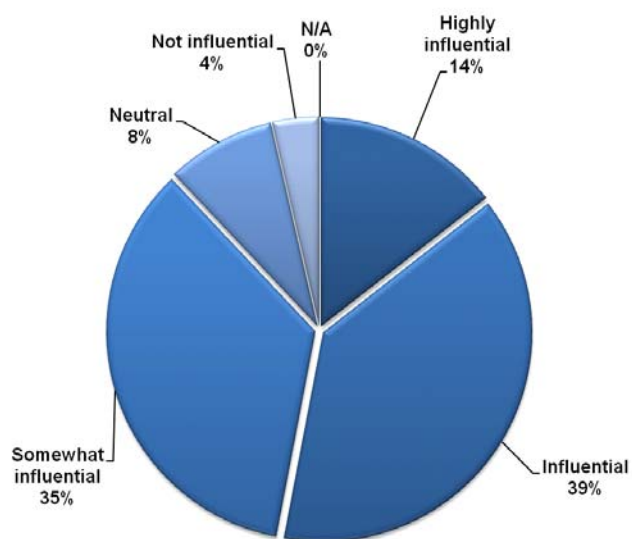
QUESTION 4:

In your opinion what would help ensure that the activities outlined above are less likely to happen again?

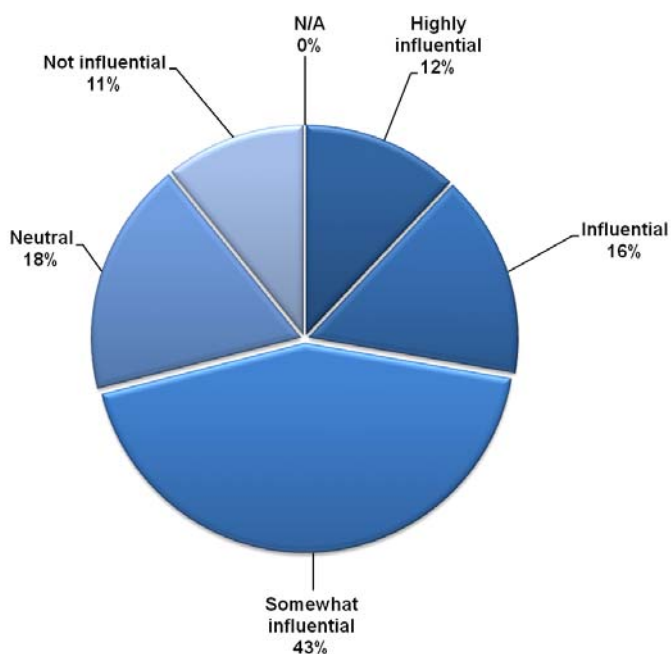
**MORE EDUCATION ON THE MEDICAL
IMPACT OF THESE ACTIONS**



**SENIOR PLAYER STRUCTURES IN CLUBS TO
PROVIDE MENTORING**



**WHISTLE BLOWING POLICIES TO GIVE PLAYERS THE
OPPORTUNITY TO EXPOSE ISSUES OF CONCERN**



QUESTION 4: OTHER (Open responses)

If you answered yes to any of the above questions, what was it, in your view, that led players to becoming involved in Inappropriate Practices and/or Behaviours?

Seven open responses in total.

-
- 1 Blood bin should count as substitute as in RL. Uncontested scrum should go down to 14 as in French League

 - 2 Coach education re role of the medical team and the maintenance of professional ethics.

 - 3 Senior players sometimes are the problem

 - 4 Coaches should not put their values on professionally qualified medical staff who have ethical decisions to make within a professional career framework.

 - 5 From a medical perspective the introduction of rolling substitutions. Often referees are always 'hurrying up' medics to make a call in a very short space of time regarding fitness to carry on playing. If there was a rolling substitution possible whereby a

 - 6 Outlaw use of radio communications on the field and keep the coaches off the field as water carriers

 - 7 Allow Rolling subs would negate the need for faking injury

QUESTION 5: (OPEN RESPONSES)

Are there any other actions, issues or solutions you think the Task Group should consider in its attempt to rebuild the Image of the Game?

31 open responses in total

- 1 Coaches attitudes are the most important to influence. Doctors and physios have a legal obligation to put the health and wellbeing of the players before any other consideration. NO responsibility to the tesm csn override this. Coaches, administrator
- 2 In my opinion, cheating is not widespread so don't over react! However I think you have adopted a very sensible approach in tackling the issues and I am sure we will have a better game at the end of it! Short term pain for long term gain!!
- 3 To tackle the issue of uncontested scrums bring in the same rules that the French have run with (the team unable to provide a front row going to 14 players).
- 4 no
- 5 Get rid of relegation in GP would take the pressure of the teams,players,coaches.It would also make it easier for refs,promote more open rugby-teams would have less fear of losing
- 6 Independent doctors Change to sub/replacement rules
- 7 IN THE MODERN ERA THE DEFINITION OF BLOOD HAS TO BE AT THE RULING OF A MEDICALLY TRAINED PERSON. THE REFEREE IS NOT SO TRAINED THEREFORE ANY DISPUTE HAS TO BE DECIDED BY A MEDIC IF THE VOLUNTARY CODE IS NOT USED.FOR EXAMPLE THE ACTUAL AMOUNT OF BLOOD THAT
- 8 Important to cement a better,more professional,relationship between RFU and PRL. There is far too much petty squabbling in the public domain which is detrimental to the image of the game.
- 9 I honestly do not think it is as widespread as many are led to believe. The issues that are more common are:
1)Feigning injury for uncontested scrums or sharing or front row duties. I have never instructed this myself but i have seen teams do it to sides
- 10 more proactive in education - start at Academy levels and make important part of curriculum Tougher penalties for offenders don't put all clubs in the same boat when 1 offends unless significant proof and actions (RFU Statement regarding Harlequins sugg
- 11 Growth hormone testing. Lawrence Dellaglio is part of a team helping to clean up the game ? wasn't he caught buying drugs?
- 12 Blood issues - been dealt with through recent high profile case and sanctions applied. Further help through rotational substitutions to assess injuries properly may help to prevent it happening again. Front-row injuries - dealt with via rule changes to e
- 13 Coaches should be educated about the ethical codes to which career medical staff must adhere in order to be able to be registered by the GMC or the HPC. Medical staff who lose registration cannot work in any area of thier chosen career if forced to act il
- 14 I would welcome the opportunity to discuss in person at some stage if that was appropriate.
- 15 Greater respect for referees. The standards are slipping and we're coming nearer and nearer to football every day!
- 16 I hold the opinion our game is played predominantly within the spirit and ethos of the game, however professionally rugby is driven by the MUST win at all costs attitude that unfortunaely manifests itself from time to time. The Spirit of the game as defi
- 17 I feel the use of 'rolling subs' would do away with the need for a blood bin, give medics more time to assess a player's injury and therefore make a clearer decision whether he can continue or not. In the event of a mild head injury, players would not ne
- 18 I THINK HE GAME IS BUILT ON SOLID FOUNDATIONS AND PROVIDED THE RUGBY IS GOOD THE GAME WILL START TO MOVE FORWARDS AGAIN

QUESTION 5: (OPEN RESPONSES)

Are there any other actions, issues or solutions you think the Task Group should consider in its attempt to rebuild the Image of the Game?

31 open responses in total

-
- 19 Definately consider recommending the use of rolling substitutions.This would take an enormous pressure of team medics to make quick calls on players .By having the ability to take a player off temporarily and assess him further will allow correct medical
-
- 20 If there is a dispute on injured players between manangement and medics then then and independant medical arbitrator should b involved - similar to the current england/club setup
-
- 21 I think generally, and I can only speak from the teams (Magners / Guinness Premiership / International)that I have been involved with, there has been very limited attempts to gain unfair advantage. I have never been involved with faking blood injuries o
-
- 22 No the survey has covered these. I would however offer a confidential hot line/counselling service to all players who may suffer from alcohol or drug related issues that they can use via the PRA. Laws and discipline or vital but so is some empathy and und
-
- 23 - Don't assume the image is tainted as much as the media would like us to think, the 44,000 that turned up at Wembley recently didn't seem to have a problem! - Don't assume that these incidents represent the tip of some kind of iceberg, they are isolated
-
- 24 AS stated previously , I believe the use of communication equipment on the field by support staff plays a part in practices that have been under scrutiny. In addition coaches are gaining access to the field as water carriers. When I started in rugby this
-
- 25 The whole whistle blower policy and the way it has been reported to the media suggests the problems are more prevalent then they are cuding damemge to the image of the game. How all the recent issues have been handled by the ERC, RFU and Bath have magnifi
-
- 26 The Quins bloodgate incident is not the tip of an iceberg - it is an isolated example of malpractice, driven by the Director of Rugby. It does not happen on a regular basis in the Premiership or at international level. Changing the regulations to allow o
-
- 27 Allow rolling subs Allow oposition medics full access to all injuries.
-
- 28 More equal punishment from iRB across unions - England seems to be more harshly penalised than most others. This breeds contempt.
-
- 29 Consider the feigning of injury used to create tactical rest breaks. eg Typical of front row: before key scrummages, to break up play, disrupt oposition momentum or allow other players to be treated. Consider the use of radio communications primarily to r
-
- 30 think the task group is doing a good job. It will be worth organizing set talks to the club eg. Drugs /alcohol Laws etc. people coming into the club to talk
-
- 31 Need to communicate also with 'new to rugby' audience - whose attention we have following bad PR in Summer - especially with Football continuing to score own goals (West Ham v Millwall etc.) We can turn this into a positive and build on momentum of early i
-