LETTERS TO THE EDITOR

Club doctors and physiotherapists

Editor,—Waddington et al are to be congratulated on highlighting the need to provide the best available care to professional footballers. Their paper is, however, inherently biased, and the central point of his letter is to “sound a note of caution” before a specialist qualification is an essential prerequisite for club doctors. In this regard, Dr Mackay’s “caution”, as he makes clear, is aimed more at Michael Cullen’s commentary on our paper than on the paper itself. In our own paper, we argued that possession of a specialist qualification (or the willingness to study for one) “should be specified as a desirable (although not, in the short term, essential) attribute of candidates for the post of club doctor”.

However, it is fair to say that, in the longer term, we would like to move towards a situation in which such a specialist qualification is regarded as essential. Our thinking in this regard is based on a view that it is, we think, fairly generally accepted: when seeking any service, whether from a doctor, lawyer, or motor mechanic, it is better—other things being equal—to have that service provided by someone who is more, rather than less, well qualified.

We should emphasise that we do not disagree with Rob Mackay’s suggestion that a background in general practice is appropriate for the club doctor; what we would contend is that it would be advantageous if the GP acting as club doctor also had an appropriate specialist qualification in sports medicine in much the same way that the crowd doctor in football is required to hold the Diploma in Intermediate Medical Care.

Rob Mackay does raise an important issue when he suggests that the club doctor who dealt with the limited range of injuries and illnesses in a single club would be likely to find this insufficiently challenging intellectually. We agree. However, there are two rather different issues involved here. The first is whether a doctor has a specialist qualification; the second issue is whether his (occasionally her) appointment is full time. A full time appointment would indeed present a limited range of clinical problems and may well result in professional dissatisfaction, but we do not argue for full time appointments; rather we argue that those who are appointed (whether full time or part time) should be appropriately qualified. This is a rather different issue.

Claire Hay’s letter is much more critical of our research, suggesting that our paper is “inherently biased”. Before we respond to this general criticism, we would like to respond to the major part of her letter which points out that we make no comparisons of the methods used by chartered and non-chartered physiotherapists and their outcomes, nor do we compare the performance of club doctors who have, and those who do not have, specialist qualifications. She is of course correct, although this is hardly a criticism of our paper, because we made no claim to making such direct comparisons of quality of care. The objects of our research, set out in the title—to examine the qualifications and methods of appointment of club doctors and physiotherapists and to raise some problems and issues relating thereto. This we did. Claire Hay’s claim that unchartered physiotherapists in English professional football: some problems and issues in providing professional care. The objects of our paper were clearly described in the title—to examine the qualifications and methods of appointment of club doctors and physiotherapists in English professional football: some problems and issues. Br J Sports Med 2001;35:48–53.

Authors’ reply

We are pleased that our paper on the above subject has generated a lively discussion and in this context we welcome the letters from Rob Mackay and Claire Hay. Both letters raise issues to which we would like to respond.

Dr Mackay appears to accept most of our findings, and the central point of his letter is to “sound a note of caution” before a specialist qualification is an essential prerequisite for club doctors. In this regard, Dr Mackay’s “caution”, as he makes clear, is aimed more at Michael Cullen’s commentary on our paper than on the paper itself. In our own paper, we argued that possession of a specialist qualification (or the willingness to study for one) “should be specified as a desirable (although not, in the short term, essential) attribute of candidates for the post of club doctor”.

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indirectly and is based on the point made earlier, namely that other things being equal (and we are aware they often are not equal) it is better to have care provided by practitioners who are more qualified, rather than by those who are less qualified. We do not imagine that Claire Hay would disagree with this principle; after all, it is precisely the fact that medical practitioners hold a formal qualification in medicine that differentiates them from lay members of the public.

Claire Hay claims more generally that our paper is “biased” and she goes on to suggest that “published quotations from the semi-structured interviews are of an emotive nature” and that “quoted questions posed by the interviewer are clearly of a leading nature”. We are at a loss to understand these criticisms. Which quotations does she have in mind? She really needs to be more specific; for our part we have read and reread our article and simply cannot identify any quotations that might properly be considered “emotive”.

The quotations that we used from our interviewees were used not with a view to sensationalising our report, but because they reflected a pattern of making appointments that we found repeated again and again in the clubs in which we interviewed.

We are similarly surprised by Claire Hay’s claim that our questions were “clearly of a leading nature”. Which questions does she consider leading? Most of our questions were either open ended, such as “Could you tell me how you got the job as club doctor?”, or were straightforward questions such as “Were you interviewed for the post?” or “Do you have a specialist qualification in sports medicine?” Does she regard these as “leading questions”? It should also be remembered that “published quotations from the semi-structured interviews are of an emotive nature” and that “quoted questions posed by the interviewer are clearly of a leading nature”. We are at a loss to understand these criticisms. Which quotations does she have in mind? She really needs to be more specific; for our part we have read and reread our article and simply cannot identify any quotations that might properly be considered “emotive”.

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Finally, Claire Hay asserts that the “bias” that she claims to detect in our paper arises from the fact that our study was funded by an interested party, namely the Professional Footballers Association (PFA). She has no evidence for this claim. In fact, all aspects of the research were carried out wholly by us, from the PFA. The PFA did not even see the research. The PFA did not even see the interviews in medicine that di...
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Claire Hay

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