

Executive Summary to Response to the UK CMOs Physical Activity Expert Group (PAEG)

This executive summary sets out the main points covered in the response of Professor Allyson Pollock and Professor Eric Anderson, on behalf of the Sport Collision Injury Collective, to the undated response of the UK Physical Activity Expert Group to the Collective's open letter of 1st March 2016.

The main points covered are:

1. Rugby union and rugby league are the most commonly played collision sports offered in school as part of the physical education curriculum in England. (1) Experts agree that rugby has high risks of injury compared with other team sports. (2-6) Rugby has a higher rate of concussion than any other youth team sport. (6) The risk of injury in youth rugby increases with age, although not linearly, and is high across all age ranges within youth rugby. (7-9)
2. Injuries in rugby, including serious injuries which can occur at any body site, are most likely to occur during collision, especially during the tackle. (7, 9-14)
3. There needs to be a clear distinction drawn between the benefits arising from participation in physical activity to those specifically from sport, including rugby. This distinction should be maintained as corporate sporting bodies which make the rules which most schools adopt are subject to commercial pressures. (15, 16)
4. An absence of "complete person-hours measures of exposure in children that includes, school, recreational, training, game and play based rugby" as cited by the Chief Medical Officers' Physical Activity Expert Group (PAEG) should not be used as grounds for failing to take a cautionary approach by removing the tackle from school rugby union and rugby league.
5. Evidence suggests that many schools make rugby a compulsory sport. (17, 18) There is also evidence that teacher training in the skills of rugby are lacking as is concussion awareness training. (19, 20)
6. There are currently no injury surveillance initiatives in the youth game either in schools or clubs which publish data available to the public or researchers.
7. Recent research has highlighted: the high force of head impacts endured by 11 year-olds in rugby league (21); that rugby related injury emergency department attendances in the US are on the rise in particular head and face injuries (22); that girls take longer to recover from concussion than boys (23); that a history of concussion negatively impacts on a person's life chances across a range of social and educational measures (24); that concussion is predictive of violent behaviour and violent injury in adolescents (25); that head injury is associated with an increased risk of dementia and Alzheimer's disease (26); and that there is strong evidence from youth ice-hockey that rule changes disallowing collision have a dramatic effect in lowering concussion risk (27).
8. Within the adult community game there is still likely to be an underreporting of concussion due to a lack of player awareness and unwillingness among players to report symptoms. (28)

- There is little evidence available to support the effectiveness of concussion education and prevention programmes in existence across various country Rugby Unions. (29)
9. Injuries from rugby result in significant time off school away from education. (30). The numbers playing rugby drop dramatically at 18 years. (31) Around a fifth of the reasons given for giving up rugby by young people concern injury or disillusionment with the game. (32)
 10. The United Nations Convention on the Rights of the Child (Article 19) states that governments have a duty to protect children from risks of injury. (33) This is an international legal obligation of the United Kingdom. Children must be allowed to play and be active and responsible authorities have a duty to prevent them from unnecessary harm while doing so.
 11. There is a need to involve children in the planning, designing and monitoring of play policies and activities relevant to play and leisure, at the community, local and national levels.
 12. The conclusion of this response to the PAEG is to repeat the request to the individual country's chief medical officers (CMOs) to advise in accordance with the evidence and to the responsible state ministers to remove the tackle and other forms of harmful contact such as the scrum, ruck and maul from school rugby on the basis of the evidence available.

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