Methods of appointment and qualifications of club doctors and physiotherapists in English professional football: a study in human resource management

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Introduction

Within human resource management (HRM) there is growing recognition of the ways in which the effective management of recruitment and selection can contribute to the achievement of strategic organisational goals. Associated with this, a growing body of literature has sought to identify good practice in this area. Among the features of what is now generally recognised as good practice in the strategic management of recruitment are the use of job analysis, person specifications and written job descriptions. Other aspects of good practice in the recruitment process include the public advertisement of vacant posts, written job applications and formal selection interviews, all of which are designed to attract the best applicants from the widest possible field, as well as meeting the requirements of equal opportunities policies.

Professional football is a dangerous occupation. One recent study in England found that the risk of industrial accident or injury is 1000 times higher than in other occupations normally considered high risk, such as mining, construction and fishing (Hawkins and Fuller, 1999). In this context, the role of club medical staff is of considerable strategic importance.

This paper reports a study of the methods of appointment, qualifications and experience of club doctors and physiotherapists in English professional football clubs. It raises two key issues in relation to human resource management:

- Are the processes involved in the appointment of club doctors and physiotherapists consistent with what has increasingly come to be regarded as good practice in HRM?
- What are the implications of the manner in which club doctors and physiotherapists are appointed for the management of players' injuries? It is in this regard that the process of appointing club doctors and physiotherapists takes on major strategic significance for, given the nature of the 'product' which the club produces – that is, the team performance on the field of play – it is clear that the players are the club's major resource and, in many clubs their collective value exceeds the value of all other club assets, including even the club's ground.

Research Methods

Tape-recorded interviews with 12 club doctors, 10 club physiotherapists and 27 current and former players. In addition, a questionnaire was sent to 90 club doctors; 58 questionnaires were returned. Of the 12 doctors interviewed, 7 were at Premier League Clubs, 2 were with clubs in the First Division of the Nationwide League, 2 with Second Division clubs and 1 with a Third Division club. Of the physiotherapists interviewed, 3 worked in Premier League clubs, 2 in First Division clubs, 2 in Second Division clubs and 2 in Third Division clubs; in addition 1 physiotherapist had worked in 2 football clubs but at the time of the interview worked in another sport. Replies to the questionnaire were received from doctors at 13 Premier League clubs, 13 First Division clubs, 15 Second Division clubs and 16 Third Division clubs; 1 doctor did not indicate the division in which his club played.

Findings

- Of the 55 club doctor posts on which we have data from the questionnaire (there were 3 non-replies to this question) only 4 were publicly advertised and only 1 was advertised in a medical journal.
- A large majority of club doctors obtained their appointments through personal contacts. Most doctors (35 out of 55) obtained their positions as a result of personal contact with the previous club doctor. Most commonly, club doctors inherited the post from their senior partner in the general practice in which they worked; when the senior partner retired, the post was passed on to a junior partner. Several club doctors inherited the post from a family member, or obtained the post as a result of a personal friendship with the club chairman or a club director.
- Arrangements under which doctors are appointed are usually very informal and may not even involve a written application for the post.
- Only a half of club doctors were interviewed for the post and only 3 were interviewed by a panel which included a medically qualified person. There can be few other situations in which an applicant for a medical post would be interviewed by a panel which did not include a medically qualified person and this cannot be regarded as good practice.
- The role of the club doctor varies considerably from one club to another; there is no attempt to identify and disseminate the elements of a 'good practice' model.
- Few clubs offer rates of pay commensurate with those which doctors would normally expect to receive for their professional services.
- Of the 58 doctors who completed the questionnaire, only 8 had ever worked in a sport other than football and only 2 had ever worked at another football club. Typically therefore the club doctor has a very limited experience of sports medicine; he (almost all club doctors are male) is a one sport, one club doctor.
- Only 9 out of the 58 club doctors currently have a specialist qualification in sports medicine.
- Only 6 out of 58 club doctors have a written job description.
- The position of club physiotherapist, like that of club doctor, is rarely advertised and many appointments are secured on the basis of personal contacts. Some physiotherapists were appointed without a formal job application and without interview.
- 50% of all club physiotherapists hold only a relatively low level qualification which does not entitle them to the status of chartered physiotherapists and they are therefore not qualified to work in the National Health Service.

Conclusion.

Almost all aspects of the processes of appointing and remunerating club doctors and physiotherapists need careful re-examination; at the moment, these processes constitute what has been called ‘a catalogue of poor employment practice’ (Waddington, 2002). The limited qualifications and experience of many club doctors are also matters of concern. Paying a very modest fee to a local general practitioner who is a fan of the club and who is recruited on the basis of personal or family contact may be a cheap and easy way of filling a vacancy for club doctor but it has little else to commend it and it is unlikely to be in the best long-term interest of the club or the players.

The methods of appointment of club physiotherapists are also indicative of a lack of good employment practice, while the limited qualification held by many physiotherapists is a matter of serious concern.

It is hoped that this research might provide a model for comparative studies to establish the degree to which these findings are specific to professional football in England, or are characteristic of professional football (and indeed other professional team and individual sports) internationally.

References

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