

RACGP submission: The inquiry into concussions and repeated head trauma in contact sports

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1. About the RACGP

The Royal Australian College of General Practitioners (RACGP) is the voice of general practitioners (GPs) in our growing cities and throughout rural and remote Australia. For more than 60 years, we have supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

As a national peak body representing over 46,000 members working in or towards a career in general practice, our core commitment is to support GPs from across the entirety of general practice address the primary healthcare needs of the Australian population.

We cultivate a stronger profession by helping the GPs of today and tomorrow continue their professional development throughout their careers, from medical students and GPs in training to experienced GPs. We develop resources and guidelines to support GPs in providing their patients with world-class healthcare and help with the unique issues that affect their practices. We are a point of connection for GPs serving communities in every corner of the country.

Patient-centred care is at the heart of every Australian general practice, and at the heart of everything we do.

2. Introduction

As health professionals, we highlight the importance of physical activity and reducing sedentary behaviour to our patients. Physical activity, tailored to the patient's individual circumstances, with a reduction in sedentary behaviour, provides benefits for both physical and mental health¹. Australians should be encouraged to undertake regular physical activity, which may include contact sports. The safety of people who participate in sports, especially junior players, is of utmost importance. Widespread participation in sporting activities will only be achieved if the sports are made safe and also perceived to be safe. The RACGP recommends strong approaches are taken by sporting bodies to prevent concussion and repeated head trauma for everyone playing contact sports in Australia. This includes suitably adapting the rules of their sports where required, in order to significantly reduce the likelihood of concussion and repeated head injuries.

GPs are often one of the first points of contact for social, amateur and professional contact sport players who have suspected concussion. GPs may assess and manage acute concussion injuries of adults and children in a variety of settings:

- at the time of occurrence at sporting matches
- at the general practice, particularly if the injury has occurred at social sports, or at a school
- in community hospital emergency departments.

GPs coordinate the care and management of patients with concussion and repeated head trauma, including, but not limited to:

- using evidence-based screening tools to assess for suspected concussion
- treating acute concussion
- managing chronic conditions that result from a brain injury or injuries
- coordinating care to other medical specialists
- assisting patients with required WorkCover, Centrelink and National Disability Insurance Scheme (NDIS) paperwork
- producing medical certification for time off sport, work, and/or return to play.

It is important that standardised, evidence-based, and easy-to-access concussion and head trauma guidelines are available to GPs at the point-of-care.

The RACGP thanks the Senate Standing Committees on Community Affairs for the opportunity to provide a submission to the Inquiry. Our response addresses the Terms of Reference (ToR) as outlined as part of the public consultation process.

3. Key messages and recommendations

- Sport governing bodies need to adapt rules of contact sports, where relevant, to prioritise prevention of concussion in the first instance.
- Investment for longer general practice consultations for people with concussion, repeated head trauma and other complex care needs.
- Standardised, evidence-based clinical guidelines for concussion, repeated head trauma and sub-concussive episodes are prioritised for development.
- Specific and consistent requirements are developed, to ensure a uniform approach to returning to sport, and player safety across all sports.
- Significant funding is allocated for clinical research into long-term impacts, and for the development of an Australian concussion registry.
- First aid responders at sporting venues have increased training that focuses specifically on treating concussion and head injury.
- There is lack of consistency so the definition of concussion needs to be clarified and standardised.

4. RACGP response to the Inquiry terms of reference

4.1 ToR a: The guidelines and practices contact sports associations and clubs follow in cases of player concussions and repeated head trauma, including practices undermining recovery periods and potential risk disclosure.

The RACGP recommends that standardised, evidence-based clinical guidelines for concussion and repeated head trauma are developed. While an updated [International Consensus Statement](#) is expected to be published in 2023, recommendations are needed that provide context to the Australian health system and contact sports commonly played in Australia. The current lack of a consistent definition of concussion results in confusion and an inconsistent approach to its treatment and management. Additionally, concussion protocols vary between different contact sports, contributing further to confusion between coaches, managers, players, carers and medical professionals. Standardising concussion protocols across all sports should be a priority.

Where there is evidence, guidance should also include the management of prolonged concussion symptoms, such as post-concussion syndrome and suspected chronic traumatic encephalopathy (CTE).

Concussion and head injury recommendations should be fully incorporated within HealthPathways (a single website for clinicians to access clinical referral pathways and resources). This will ensure that concussion and head injury recommendations are easily accessible for GPs at point-of-care.

4.2 ToR b: The long-term impacts of concussions and repeated head trauma, including but not limited to mental, physical, social and professional impacts.

There is currently insufficient evidence to fully understand and determine the long-term impacts of concussion and repeated head trauma. Good quality evidence on the long-term impacts of concussion and repeated head trauma will help determine the most appropriate treatment and management strategies. The RACGP recommends significant funding is allocated for clinical research into the long-term impacts of concussion and repeated head trauma in contact sports.

In addition, the development of an Australian-wide concussion registry will provide a valuable source of data to determine the long-term impacts of concussion and repeated head trauma.

4.3 ToR c: The long and short-term support available to players affected by concussion and repeated head trauma.

It is crucial that players are supported and appropriately protected from injury to prevent concussion and repeated head trauma in contact sports, wherever possible. As discussed in section 4.2, there is not enough evidence to determine the long-term impacts of concussion and repeated head trauma. Therefore, it is important that contact sport is made as safe as possible so those who currently participate are protected from potential known and unknown harms by preventing concussion and repeated head trauma.

4.3.1 Short-term support

The RACGP recommends first aiders at sporting venues have access to specific training about head injury and concussion. Initial first aid for players with suspected concussion can be inconsistent and limited to the training and education of the available personnel. This is particularly the case in amateur and social leagues, where a qualified medical professional is less likely to be present, and training on concussion for club staff may be limited. Short-term support and treatment can be further complicated by the delayed nature of some concussion symptoms. In many cases, patients will have an initial check-up and if focal neurologic deficits are excluded, they are provided a handout and advised to contact their GP. However, this may not consistently occur.

GPs and emergency departments in regional, rural and remote areas are often under-resourced, and may have difficulty in providing timely short-term care for people with concussion. Patients in these areas may need to travel long distances and have long wait time to see a specialist. To ensure efficient transfer of care, it is important that hospital emergency department discharge protocols are consistent and discharge letters are provided in a timely manner to the patient's GP.

4.3.1.1 Providing clearance to return to play

GPs are often required to assess and provide clearance for patients to return to play following a concussion. A fully holistic assessment will include:

- Use of the Sport Concussion Assessment Tool 5th edition (SCAT5) tool
- Vestibular Oculomotor Motor Screening (VOMS) Assessment
- balance, memory and cognitive testing
- exclusion of signs of dysautonomia
- exclusion of focal neurology
- ensuring the patient does not experience recurring symptoms when exercising,
- completion of required paperwork for the patient.

Consistency is needed for specific requirements for providing 'clearance to return to training or contact play.' A complete assessment requires significant consultation time, which is not achievable within a standard GP appointment. For example, the SCAT5 tool, an assessment tool commonly used by GPs, clearly states that the assessment cannot be performed correctly in less than 10 minutes. This does not include the time to read the instructions, take a thorough patient history, discuss findings and proposed treatment with the patient, answer questions and complete any necessary paperwork (such as a 'return to play' or 'sick leave' notice).

4.3.1.2 Longer consultations

Longer consultations provide an opportunity for GPs to adequately assess and address any issues and is an effective way to build the required support into the system. As stated in our [RACGP Advocacy Priorities](#), support can be provided to patients with complex care needs who need more time with their GP by funding longer consultations:

- applying a 10% increase to Medicare rebates for [Level C](#) (20-40 minutes) and [Level D](#) (40 minute plus) GP consultations
- introducing a Level E (60 minute plus) GP consultation.

4.3.1.3 Access issues

Rapid access to a GP for concussion assessment may not always be possible, particularly in rural, regional and remote areas of Australia. Similarly, people in lower socioeconomic groups may also be disadvantaged if they do not have access to bulk billed appointments and affordable specialist care. Addressing the nationwide shortage of GPs is more broadly will help resolve issues of patient inequity.

4.3.2 Long-term support

GPs play a major role in providing ongoing coordination and support for recovery for the long-term effects of concussion and repeated head injuries. This includes regular review, referral to other specialists, and provision of Chronic Disease Care Plans and Team Care Arrangements.

Patients may require specialist care, some with long wait times and high out-of-pocket costs. This is particularly the case for cognitive assessments, as the required assessments are complex and are expensive. These barriers can be prohibitive for many players, particularly if they are not covered under WorkCover. We need to ensure people who have been affected by concussion and repeated head trauma have long-term support in place.

4.4 ToR d: The liability of contact sports associations and clubs for long-term impacts of player concussions and repeated head trauma

Sports clubs, medical professionals and first aid volunteers may all potentially be at risk of liability. Fear of litigation may discourage people from volunteering as important supports for sporting clubs. It would be helpful if the interpretation of guidelines and protocols were clarified by medical defence organisations, as where exactly liability lies is currently unclear.

The RACGP recommends sporting bodies adapt the rules of their sports where required, to significantly reduce the likelihood of concussion and repeated head injuries. Without rule changes, it is likely that insurance costs for sporting clubs will increase, and it may no longer be financially viable for some clubs to compete. Given the health benefits of exercise, it is important that participation in sport remains readily accessible to the Australian population.

4.5 ToR e: The role of sports associations and clubs in the debate around concussion and repeated head trauma, including in financing research

Sporting associations and clubs have a responsibility to protect their players from short or long-term injury. They should ensure adequate concussion training for staff, players and carers, and protect volunteers and staff from litigation. Players and coaches should be encouraged and empowered to speak up and follow best practice guidance and protocols, irrespective of the perceived implications to their sporting career, the game and the team.

The level of involvement and awareness of sports associations and clubs around concussion and repeated head trauma varies. All sporting codes should be encouraged to actively include education programs for their players and families.

It is important for sporting clubs to build relationships with concussion researchers so data can be collected, analysed and potentially submitted to a concussion registry. This data could be utilised to look at trends and outcomes, subsequently guiding more effective protocols and policies.

4.6 ToR f: The lack of a consistent definition of what constitutes 'concussion'

The definition of concussion needs to be clarified and standardised. The current lack of consistency in the definition creates inconsistencies in the treatment and management of the injury.

4.7 ToR g: The prevalence, monitoring and reporting of concussion and long-term impacts of concussion and repeated head trauma, including in First Nations communities

There is very little evidence and research on concussion and repeated head trauma for Aboriginal and Torres Strait Islander people, especially for long-term outcomes. Significant increases in funding for research into this area, with longitudinal cohort studies, is required. It is important that Aboriginal and Torres Strait Islander communities are actively included at each stage of the research process.

4.8 ToR h: Workers, or other, compensation mechanisms for players affected by long-term impacts of concussions and repeated head trauma

The RACGP has no comment to provide on this Term of Reference.

4.9 ToR i: Alternative approaches to concussions and repeated head trauma in contact sport, and awareness raising about its risks

4.9.1 Provide guidance to manage repeated sub-concussive episodes

Any alternative approaches to concussions and repeated head trauma in contact sport should include the management of repeated sub-concussive episodes (such as a bump or jolt to the head that does not cause any symptoms²). Repeated sub-concussive episodes may have a cumulative effect and cause debilitating issues later in life.

4.9.2 Changing the rules of contact sports

It is important that safe versions of contact sports are encouraged and normalised. Some sporting codes may require particular assistance and support to modify their rules to ensure the head is protected as much as possible.

4.9.3 Providing education and reassurance to the patient

Patients with pre-existing anxiety have been seen to have an increased risk of prolonged or persistent symptoms^{3,4,5}. Patients appear to do better if they are reassured that they will most likely make a full recovery. It is important to ensure that health professionals and club staff and volunteers are trained on how best to manage the patient.

4.10 ToR j: International experiences in modifying sports for children

The RACGP is unable to provide specific comment on the international experiences of modifying sports for children. However, we strongly recommend evidence-based guidelines to prevent concussion and long-term symptoms, including the modification of sport, be developed. Modification of sports to prevent concussions should be implemented for everyone playing contact sport, from children to professional sportspeople.

4.11 ToR k: Any other related matters

4.11.1 Concussion in non-contact sports

While the Terms of Reference for this Inquiry relates to concussion and repeated head trauma as a result of contact sports, it is important to note that players may also experience concussion in non-contact sports. This includes equestrian, skateboarding, cycling, gymnastics and snow sports. While these sports are not contact in nature, competitors may experience more than one head injury over the course of their careers.

4.11.2 Concussion at school sports

Outside of sporting organisations, it is important to note a range of sport activities, both within the curriculum (such as physical activity class) and after-school sport are undertaken in schools. Children should be educated early about concussion, with school staff provided with sport concussion protocols that are easy to understand, easy to access, and consistent with requirements for sporting associations.

4.11.3 All cause concussion

Future inquiries should consider all-cause concussion, particularly the impact of repeated concussions and head trauma related to intimate partner and family violence.

5. Conclusion

The RACGP looks forward to strong approaches being undertaken to prevent concussion and repeated head trauma for everyone playing contact sports in Australia. We hope that Australians will continue to enjoy the physical fitness and camaraderie that contact sports brings, but with changes made to ensure the short-term and long-term safety for generations to come.

The RACGP again thanks the Senate Standing Committees on Community Affairs for the opportunity to provide this submission. For any enquiries regarding this letter, please contact Stephan Groombridge, National Manager, Practice Management, Standards & Quality Care on 03 8699 0544 or stephan.groombridge@racgp.org.au.

6. References

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