



Evaluation of a medical after-care intervention among deselected elite male Academy football players: a pilot study

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ABSTRACT

Objective This pilot study aimed to evaluate the perception and satisfaction of deselected male Academy professional footballers towards a medical after-care intervention.

Methods A quasiexperimental study design, with deselected players (aged ≥18 years) at a single Premier League Academy during the 2022/2023 season, were invited to participate. The intervention included individualised health recommendations, key medical information and signposting to key support resources. Participants' perceptions and satisfaction were assessed through an electronic survey. Descriptive analyses (mean, SD, frequency and/or range) were performed for all variables.

Results Twelve out of 15 eligible participants (80% response rate) provided informed consent and completed the survey (mean age: 19.5 years). All (100%) of the participants were satisfied with receiving the medical information. Ten out of 12 (83.3%) participants agreed that all Academy players should receive this medical intervention on deselection. Nine (75%) players felt more prepared for the next steps in their careers due to the medical information shared with them.

Conclusion Deselected male Academy footballers expressed high satisfaction with an individualised medical intervention which shared key health information and signposted them to important resources (eg, mental health). Future studies across multiple clubs should explore the broader impact of this intervention among deselected male and female Academy footballers. Football clubs should consider integrating a medical after-care process for deselected players as part of routine care.

INTRODUCTION

Elite adolescent footballers experience clinical psychological distress following deselection from professional academies.^{1,2} The impact of such distress may be compounded by a history of injury, which may increase the risk of deselection and hinder future sporting aspirations.³ There is an emerging emphasis on promoting the health and welfare support that professional footballers receive during

WHAT IS ALREADY KNOWN ON THIS TOPIC

- ⇒ Deselection from Academies is psychologically distressing for adolescent professional footballers.
- ⇒ There are no formal guidelines for team medical staff on how to support the deselected Academy footballer proactively.
- ⇒ A formal medical after-care programme has the potential to reduce psychological distress for released players and may make the transition to other clubs or professional pursuits easier.

WHAT THIS STUDY ADDS

- ⇒ Deselected male Academy footballers expressed high satisfaction with an individualised medical intervention which shared key health information and signposted them to important resources (eg, mental health).

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

- ⇒ The intervention described here has the potential to become part of standard clinical care for Academy footballers.

their time in academies and throughout their career and retirement years.⁴⁻⁷ This relates to the fact that professional footballers may be at risk of mental health symptoms; this could be due to a loss of identity at the time of retirement, a culture that stigmatises help-seeking, lack of understanding of the spectrum of mental health, or limited resources offered by clubs and other stakeholders.^{8,9} Additionally, there is emerging evidence that retired professional footballers may be at increased risk of early-onset osteoarthritis and neurocognitive concerns.¹⁰⁻¹²

An estimated 12500 football players are attached to England's male professional football Academy system.¹³ Although most of these individuals will not play football professionally, with many released due to injury (directly or indirectly), there is limited understanding of how to support the deselected



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Academy footballer from a medical perspective proactively. It is not unreasonable to suspect that deselected Academy footballers may also be at risk of various health conditions, although there is limited research available to confirm this. Additionally, there may be pragmatic medical considerations for Academy footballers, such as the need for continued surveillance monitoring based on previous cardiac screening findings.¹⁴

To the best of our knowledge, there are no formal guidelines for team medical staff on proactively supporting the deselected Academy footballer. A formal medical after-care programme has the potential to reduce psychological distress for released players through the provision and signposting of resources. It can potentially improve the experience for the deselected player by sharing key medical information, which may make the transition to other clubs or professional pursuits easier.¹⁵ This pilot study aimed to evaluate the perception and satisfaction of deselected male Academy professional footballers towards a medical after-care intervention.

METHODS

Study design

This was a quasiexperimental study design, using the Transparent Reporting of Evaluations with Non-randomised Designs (TREND) guidelines to ensure a high quality of reporting.¹⁶ The study was conducted following the principles set out in the Declaration of Helsinki (2013).¹⁷

Participants

The inclusion criteria for the participants of the study were as follows: (1) a deselected player at a single Category One Premier League Academy during the 2022/2023 season; (2) aged ≥ 18 years; and (3) able to read and comprehend text in English. Participants were excluded if they were injured or no longer communicating with the club. As this was a pilot study, a sample size calculation was not performed, and we strived to enrol a convenient sample.

Medical after-care intervention

At the time of deselection, participants were provided with medical information, which included the following:

- ▶ Relevant previous clinic letters, investigation results, and (if appropriate) operation notes
- ▶ Previous cardiac screening information
- ▶ Medical contacts and professional resources within the club (eg, Player Care and Medical)
- ▶ External resources (eg, Professional Footballers' Association, National Health Service, professional career advice)
- ▶ Individualised recommendations based on their previous medical history (including cardiac screening), positional demands and career aspirations

An example of the information shared is provided in appendix 2.

Survey

The authors (SC, JR and VG) developed 14 questions or statements. These questions related to player demographics, ascertaining whether they had received the medical after-care intervention, while the statements related to their perception and satisfaction with respect to the medical after-care intervention (eg, 'I feel more prepared for my next career steps considering the information that has been shared with me', 'I would recommend that all Academy players receive a medical after-care intervention on leaving their club'), and a final question explored their input into future iterations of the intervention ('Do you have any recommendations for how this medical after-care intervention can be improved?'). Questions were answered on different response scales (eg, 'yes, no' or free-text), while statements were scored on a 5-point Likert scale from 'strongly disagree' to 'strongly agree'.

Based on all questions, an electronic anonymous survey (available in English) was compiled (Google Forms). Information about the study was sent to potential participants. If interested in the study, participants gave their electronic informed consent and completed the survey. Data were collected between September and October 2023. Players participated voluntarily in the study and did not receive any financial remuneration.

Statistical analyses

Descriptive analyses (mean, SD, frequency and/or range) were performed for all variables.

RESULTS

Demographics

Fifteen players met the eligibility criteria and were invited to participate in the study. Twelve out of 15 (80% response rate) gave informed consent and completed the survey. The average age of the participants was 19.5 years (range 18–23). All 12 (100%) participants confirmed the receipt of the medical after-care intervention. Participant characteristics and perception/satisfaction of the intervention are presented in [table 1](#).

Perception and satisfaction

Eleven out of 12 (91.7%) participants were satisfied with the medical information received, with one participant (8.3%) very satisfied. Seven (58.3%) participants agreed that all Academy players should receive medical after-care information on de-selection, with three (25%) strongly agreeing this should be the case. Nine (75%) players felt more prepared for the next steps in their careers due to the medical information shared with them. The majority (n=11, 91.7%) felt the information shared would be useful in anticipation of signing or trialling with other clubs.

Eleven (91.7%) participants reported knowing who they could contact within their former club should they have any medical or welfare queries once deselected. Nine (75%) expressed knowledge of external

Table 1 Participant characteristics and perception/satisfaction of the intervention

Participant characteristics	
Age (in years; range)	19.5 years (18–23)
Gender (male; %)	100
Position (N)	
Goalkeeper	0
Defender	7
Midfielder	3
Striker	2
Perception and satisfaction with intervention (%)	
Received the medical information	100
Felt satisfied/very satisfied with receiving the medical information	100
Felt more prepared for next stage of career	75
Felt information would be useful to have for future football opportunities	91.7
Knowledge of club medical/ player care points of contact	91.7
Knowledge of how to seek mental health support	75
Knowledge of how to pursue alternative professional opportunities	7
Felt individual medical recommendations were useful to their health/well-being	91.7
Knowledge of next cardiac screen date	58.3
Recommend all deselected Academy players receive after-care as per study	83.3

support resources should they experience mental health concerns. For circumstances where players wished to pursue a career unrelated to football, a majority (75%) reported awareness of where to seek further information due to the medical information shared with them.

Eleven players (91.7%) felt that the individualised medical recommendations they received were useful and relevant to their health and well-being. Nearly half (n=5, 41.7%) of participants were unaware of when their next cardiac screening should occur.

Participant feedback

Two participants commented on the intervention and amendments that could be made to improve future iterations. One participant commented positively on including the player's previous injury issues. Another participant

suggested including details such as the specific mechanism for injuries and the time to return to play following an injury.

DISCUSSION

This pilot study explored the impact of medical intervention for supporting deselected Academy footballers at a single club and found high patient satisfaction rates. Larger studies across multiple clubs are needed to assess the broader impact of this intervention and its potential integration as routine care for Academy footballers.

Developing medical after-care for deselected academy footballers

One of the findings of this study was that nearly half of the participants were unaware of when their next cardiac screening was due to occur. Up to 1 in 250 male Academy footballers have been found to have a cardiac disorder associated with sudden cardiac death. In contrast, as many as 1 in 50 have congenital or valvular abnormalities, which may require ongoing monitoring.¹⁴ To prevent any associated morbidity or mortality, cardiac considerations (including future screening dates) are clearly outlined during any medical after-care intervention for professional footballers.

There have been highly publicised incidences of non-recent abuse in football academies in the UK.¹⁸ A more recent study has highlighted as many as 79% of athletes recall witnessing or experiencing at least one form of harassment/abuse during their sporting career.¹⁹ This pilot study did not assess whether participants had experienced or witnessed harassment/abuse during their time in the Academy, nor did it provide participants with information about how to report or seek help related to harassment/abuse. Future iterations should signpost players to resources where they can report or seek help for safeguarding concerns (eg, harassment/abuse).

Future research directions

This study included the 'athlete voice' by inviting participants to provide feedback on how this intervention can be further developed. This has the potential to improve the intervention through leaning on the athlete's 'lived experience'.²⁰ Further studies could include mixed-methods designs with semistructured interviews to assess players' experience of this intervention qualitatively. The inclusion of other key information (eg, performance data, Player Care, Education, etc) should be assessed for its suitability to form part of this overall process.

Limitations

A limitation of this pilot study is that it only included male participants. There are gendered environmental disparities in care that female athletes receive in comparison to male athletes,²¹ and this may amplify negative outcomes experienced by the Academy footballer following deselection. With the standards of medical, performance and support provision growing for the female footballer,²²

consideration should be given to the female Academy footballer and how to improve outcomes on de-selection.

CONCLUSION

Deselected male Academy footballers expressed high satisfaction with an individualised medical intervention which shared key health information and signposted them to important resources (eg, mental health). Future studies across multiple clubs should explore the broader impact of this intervention among deselected male and female Academy footballers. Football clubs should consider integrating a medical after-care process for de-selected players as part of routine care.

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Contributors SC and JR developed the medical after-care intervention mentioned in the study. SC, JR and VG created the survey for evaluation of the after-care intervention. SC drafted the initial manuscript, with JR, ZI, GK, AM and VG contributing to subsequent iterations.

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