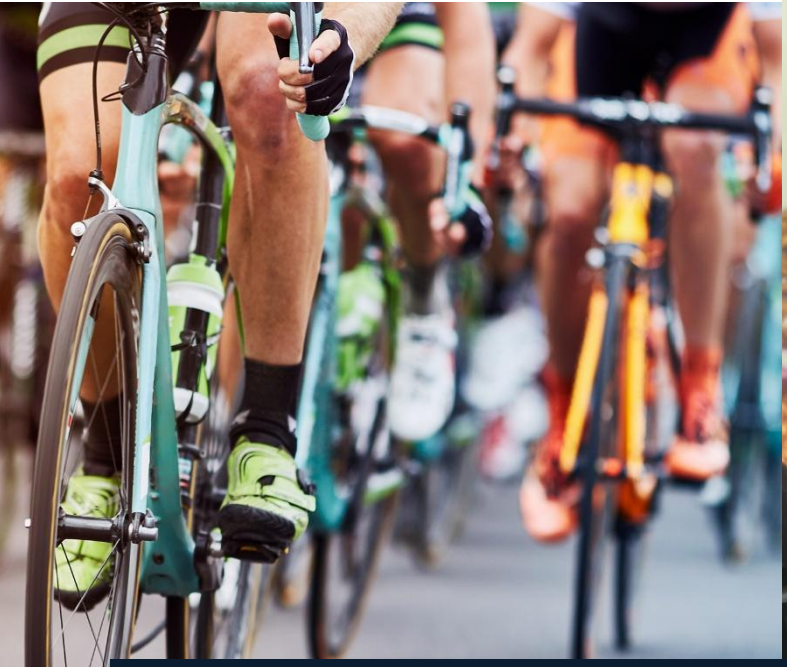

Sport and Culture Medical Workforce Surveys

Landscape and Potential Sequelae of CQC Regulation

One of the recommendations from the Manchester Inquiry reports, published between 29th November 2022 and 2nd March 2023, was that the Care Quality Commission (CQC) should incorporate event healthcare in England into its regulatory portfolio.

However, it is important to understand the current landscape of event healthcare in in England and the wider UK, ahead of developing additional regulation for this sector. Event Medicine, for both sport and the arts has developed substantially over recent decades. Particularly, the challenges of the SARS-CoV-2 pandemic have provided opportunities for sport and the arts to align good practice and engage policy stakeholders to facilitate standardized and innovative approaches to event healthcare across this diverse sector.

CQC regulation would be a significant change for this sector, and any new regulation must be sensitive to the landscape of sport and culture, which both include differently resourced environments, multiple professional bodies and varied settings including cross border events in the home nations and beyond. Stakeholders from the Sport and Culture Sector are keen to collaborate in initiatives to raise standards where needed through a balanced combination of both education and regulation.

This report describes the demographics of the workforce, drawing on views with respect to CQC regulation of: i) organisations commissioning, regulating and/or providing event healthcare, and ii) the practitioners delivering it. Through the survey responses, this report seeks to identify the ramifications of taking an approach which does not recognise the uniqueness of the sector and offers suggestions of how any unintended consequences might be mitigated.

Sport and Culture Medical Workforce

Landscape and Potential Sequelae of CQC Registration

Contents

Background Information

Currently Regulated Activity

The CQC currently regulates many sectors undertaking activities including personal care, accommodation for persons who require nursing or personal care, surgical procedures, private ambulance providers outside of events, and the treatment of disease, disorder and injury (TDDI).

Current Exemptions of TDDI

There is a current TDDI exemption for certain circumstances including:

- Treatment provided in a sports ground or gymnasium where it is provided for the sole benefit of people taking part in, or attending, sporting activities and events
- Treatment provided through temporary arrangements for sporting and cultural events (such as festivals, sporting or motor sport events)

Proposed Changes

The proposed change is for these last two classifications, treatment in a sports ground or gymnasium, and for sporting and cultural events, to become included in the scope of CQC regulation.

Cost

An impact assessment undertaken by the Care Quality Commission and the Department of Health and Social Care (DHSC) as part of the formal consultation process estimated that the registration fee per provider would be £1,200 per year, with an additional £1,900 in the first year for administration costs.

Challenges of CQC Regulation in this sector

Diverse Events

The sport and culture sectors include festivals, sporting events, Olympic Games, rural community sports such as point-to-point racing, agricultural and country shows and circus events. Any regulation must be sensitive to this diversity in activity.

Workforce

Staff providing healthcare at events have a broad range of working arrangements: employed, self-employed or volunteers. These arrangements may vary for the individual as they move between events. At any given event, a range of organisations and disciplines may come together to provide healthcare, requiring careful coordination and governance. The total size of the workforce is unknown

Remit of Staff

There are important differentiations between staff caring for athletes or performers, other event staff, and the public. Care is delivered at a range of clinical and non-clinical locations at an Event including the Field of Play. The care of the public at events may benefit more from increased regulation than that for athlete or performer care. The latter may already be required to follow standards set by sports regulators and can involve early adoption of newer evidence-based techniques and private care particularly in well-resourced settings.

Resource

The diversity in events in this setting means that the resource available across these contexts varies substantially. Some community events may run at a financial loss or marginal surplus, whereas larger events (rugby or football semi-finals, Commonwealth Games) can have significant implications for local and national economies.

Headline Findings

Medical Workforce

The numbers of medical staff offering care at sporting and cultural events can be counted in the thousands. Most are self-employed and cover multiple events.

Impact on Organisations

Half of all respondent organisations considered that CQC regulation would have a 'major or moderate effect' on their ability to source staff.

Approximately one-third of organisations anticipate cancelling events or moving them outside of England.

Impact on Doctors

Just under half of all doctors indicated that they may stop working in the sector with the introduction of CQC regulation.

Cost

Estimated costs of CQC registration to the sector will be in the millions of pounds.

Suggested Solutions

1. CQC to move as soon as possible to regulate all Private Ambulance Providers including those delivering healthcare within the footprint of an event

a. The intent of The Manchester Arena Inquiry was to improve the care of spectators at events.
b. Most spectator care is delivered by private ambulance providers using First Aiders (not a CQC-regulated role) and Paramedics. At bigger events, doctors and nurses may be used who - under the proposed changes - would either need to be employed by the ambulance provider or register with CQC as a sole provider.
c. CQC have existing experience of and expertise in regulating Ambulance Providers and therefore may require less resource to deliver this. The number of ambulance providers is very much lower than other medical staff, and many are already CQC registered.

2. DCMS/DHSC/CQC to work with the industry to develop an Occupational Health exemption for healthcare delivered to athletes/performers/officials.

a. Within the current CQC regulations, the healthcare offered by an employer to an employee is exempt from regulation.
b. Doctors treating competitors only would not need to register, which may help staff retention, and therefore event continuation.
c. Foreign Team Doctors would not need to register with CQC, removing a disincentive for international teams to come to events in England.
d. This would need careful definition, which is being worked on, to ensure for example that Olympic Athletes were included and casual participants in 'turn-up' events were not.

3. DCMS/DHSC/CQC to work with the industry to continue develop the Event Healthcare Standard (EHS)

a. The EHS will set standards for the commissioners and providers of healthcare at events to give clarity about the minimum standards required for care.
b. The EHS will cover 'business as usual,' as well as Major Incidents.
c. The EHS once completed and piloted will set standards for events and regulators, including CQC, to facilitate performance assessment.
d. The EHS will take a skills-based approach, aligning with the delivery of modern healthcare.
e. The EHS will reference elements of importance not within the remit of CQC, such as First Aid provision and legislation such as The Terrorism (Protection of Premises) Act 2025, (Martyn's Law). Martyn's Law Factsheet – Home Office in the media

Summary Findings from Surveys

Organisation Survey Summary

Responses were received from 257 organisations involved in the sport or events sectors. Over half of responses were from Medical Services (30%), or Sports Clubs (26%). Almost all respondents were covering some events in England (80%). Over half (52%) of organisations covered the Sport sector, and 44% both Sport and Culture events.

Football was the sport most commonly covered by organisations (49%). The most common Cultural Events were Festivals (42%), Music Festivals (39%), and Music Venues (39%).

The number of Healthcare Practitioners (HCPs) working across respondent organisations was estimated. This was achieved by asking each organisation their headcount of HCPs from a list of categories. This would not, however take into account HCPs working across multiple organisations. The total number of HCPs across all respondent organisations was 23,431, with a range from 11,871 to 34,991

Half of all organisations considered that CQC regulation would have a major or moderate effect on their ability to source staff of the correct skill mix for their events. For National Governing Bodies and Search & Rescue these figures were 81% and 90% respectively.

Overall, 27% of responding organisations indicated that they would potentially cancel or relocate events outside of England if CQC regulation were to come in. Organisations who expected to be least affected by the change were Sports Clubs (80%) with Search & Rescue (55%) and First Aid (53%) most affected. Organisations staffed by volunteers and self-employed HCPs were more likely to cancel or relocate whereas those with predominantly employed staff felt it was less likely.

Practitioner Survey Summary

Responses were received from 699 practitioners in the sport and culture sector. Almost half of practitioners (43%) were working across multiple regions of England. Responses were received from practitioners across 54 different sports, with a practitioner working on average across 3 sports (mean = 3.5). There were individuals from 31 different occupational disciplines responsible for providing care for sport and culture events.

In terms of specific event sub-type coverage, the highest proportion of respondents covered disability sporting events (14%), followed by the Commonwealth Games (9%), and Olympic Games (9%).

If CQC regulation were to be implemented, 267 practitioners (38%) stated that they may stop event medicine, 21% stated that they would be unaffected as they are employed by an Events Healthcare Provider Organisation, and 3% stated that they would be unaffected as they are already CQC registered.

Some sports may be disproportionately affected, with Formula 1, Motorsports, Horse Racing, Fencing and Wrestling particularly at-risk, with over a third of their workforce indicating that they may stop event medicine after any CQC regulation.

Methods

Surveys

Two surveys were developed, one for Organisations working in the Sports or Culture sectors, and another for Practitioners working in these sectors.

The surveys were advertised by the Faculty of Sport and Exercise Medicine (FSEM), to encourage their completion. Both surveys were also circulated to organisations including Faculty of Pre-Hospital Care, Sports and Recreation Alliance , Sports National Governing Bodies (NGBs), All Medical Royal Colleges including the Royal College of Nursing, College of Paramedics, Chartered Society of Physiotherapy, British Association for Immediate Care, British Association of Sport and Exercise Medicine, Sports Ground Safety Authority, National Event Medicine Observatory, National Events Medicine Advisory Group, Festival Medical, Department for Culture, Media and Sport, and a Personal communication cascade. This extensive communication strategy sought to receive generalisable data, and ensure all organisations, large and small, had equal opportunities to provide their feedback.

Data Extraction

Surveys were open for responses for 4 weeks in March 2025. After this time, the data was extracted in Microsoft Excel, and descriptive statistics undertaken to summarise the findings for each survey individually.

Survey Results

Organisation Survey

Type of Organisation

Nine groups were derived to classify the type of organisations responding to the survey. Organisations that included HCPs, e.g. Doctors and Paramedics were categorised as Medical Services. The First Aid category was assigned to organisations providing first aid with no HCPs. The full criterion for each category is provided in Appendix 1. Most responses were received from Sports Clubs, and Medical Services (Figure 1), together comprising half of all responses. Twenty-one NGBs responded. Most (n=16) governed one sport (1 sport: 16 NGBs; 2 sports: 3 NGBs, 24 sports: 1 NGB, 47 sports: 1 NGB).

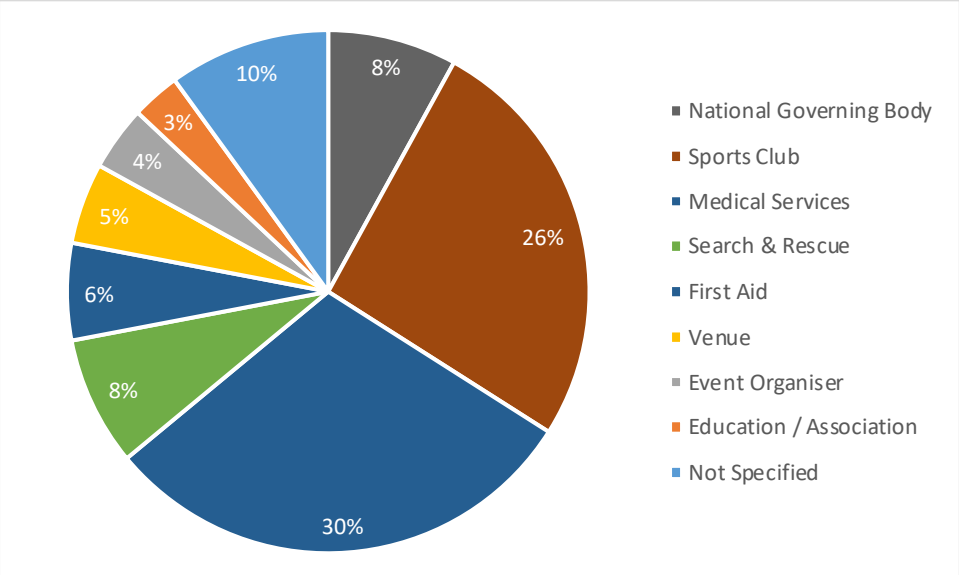

Figure 1. The proportion of total respondent organisations per category. Full table Appendix 1.

Geographical Coverage

Most respondents (n=173, 67%) were from organisations only involved in one of the geographical areas listed (England, United Kingdom, International), 20% (n=52) covered two domains and 12% (n=12) covered all three domains. Almost 80% of organisations covered events in England. However, the wording of this question may have led to misinterpretation regarding if 'England' was also included in UK and International events (Appendix 1).

Sector Representation

Over half of the organisations indicated that they worked in the Sports sector (n=133, 52%), 44% (n=133) worked in the both the Sport and Culture sectors, with the remaining 4% (n=11) working only in the Culture sector. National Governing Bodies (NGBs), Sports Clubs and Search & Rescue (S&R) were predominantly involved in the Sport sector only (Figure 2), whereas Medical Services, First Aid and Venue organisations often covered both sectors.

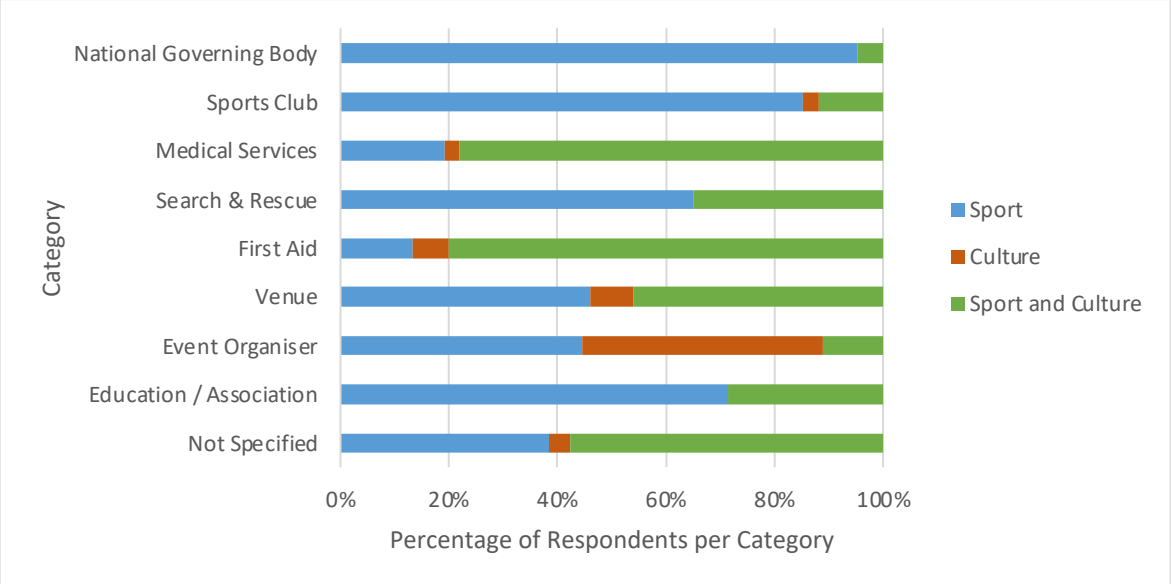

Figure 2. The proportion of total respondent organisations per category per sector. Full table Appendix 1.

Organisation Representation by Sport and Level of Play

Sporting organisations were predominantly from football (n=127, 49%), followed by cycling (n=71, 28%), and athletics (n=62, 24%). The 20 sports with the highest number of responses are shown below (Figure 3), and in tabulated format in Appendix 1.

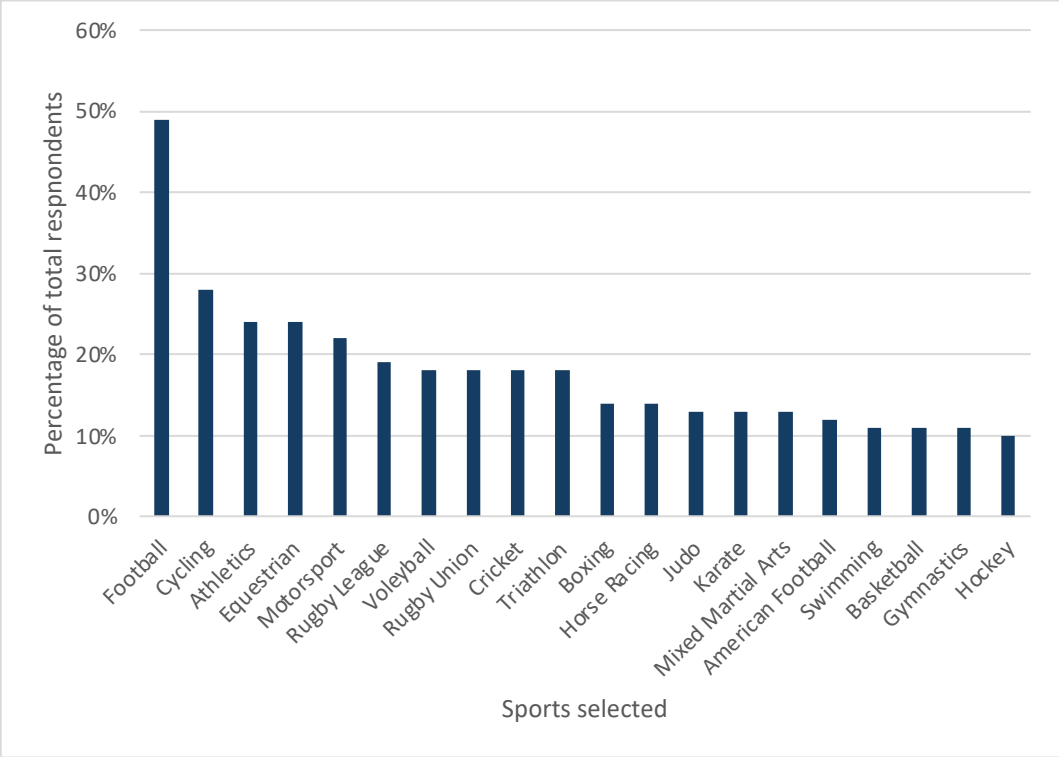

Figure 3. The proportion of total respondents per 20 highest respondent sporting activities. Full table Appendix 1.

The elite level of English sporting leagues was well represented for football, cricket and rugby league (Table 1).

Table 1. The representation of Tier 1 English sports leagues

SPORT	LEAGUE	NUMBER OF RESPONDENTS (% OF LEAGUE REPRESENTATION)
FOOTBALL	Men's Premier League	9 (45%)
	Men's Championship	11 (46%)
	Men's League One	9 (38%)
	Men's League Two	8 (33%)
	Women's Super League	1 (8%)
	Women's Championship	3 (27%)
	Men's Scottish Premiership	1 (8%)
CRICKET	Men's 1st Class County Club	11 (61%)
	Grassroots	1 (n/a)
RUGBY LEAGUE	Men's Super League	5 (42%)
	Men's Championship	3 (23%)
	Men's League One	2 (20%)
RUGBY UNION	Men's Premiership	1 (10%)

Organisation Representation by Cultural Event

The highest number of responses for cultural events organisations were received from Festivals (n=109, 42%), Music Festivals (n=100, 39%) and Music Venues (n=99, 39%), followed by Agricultural and Country Shows (n=80, 31%), (Figure 4).

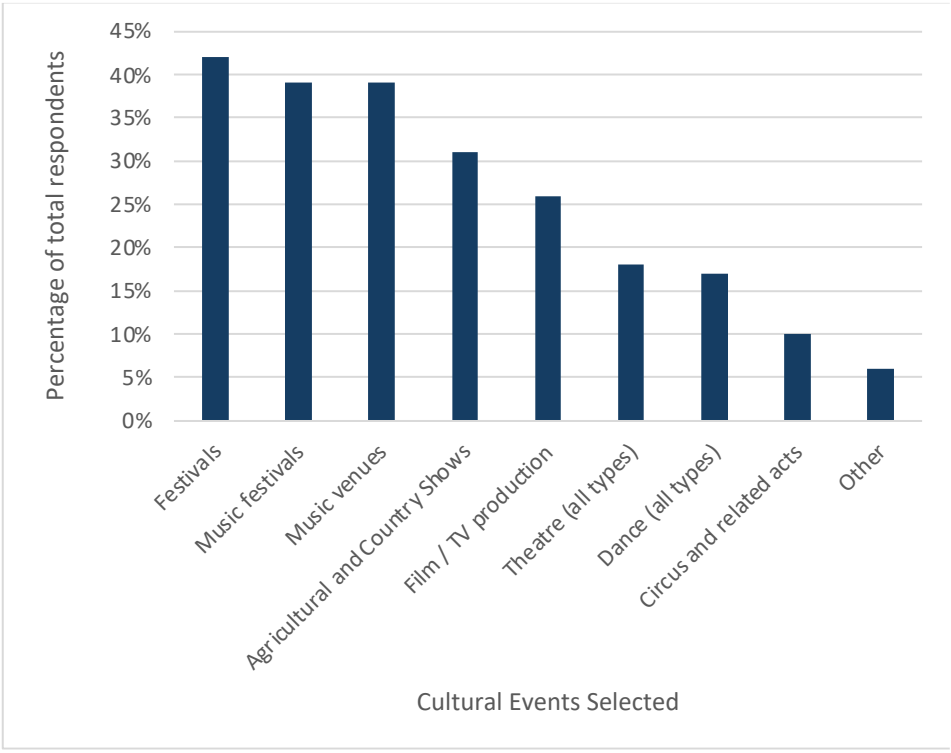

Figure 4. The proportion of total respondent organisations per cultural event covered. Full table Appendix 1.

Workforce Implications

Organisations were asked to estimate the size of their HCP workforce, and what effects there could be on their ability to source staff of the correct skill mix, if CQC regulations were to commence.

The total number of HCPs working for the responding organisations based on their estimations was 23,431 (range 11,871 to 34,991) (see Appendix 1).

Half of the organisations thought the introduction of CQC regulation would have a major (n=74, 29%) or moderate (n=55, 21%) effect on their ability to source the correct staff for their events. The remainder thought it would have a minor effect (n=42, 16%) or no significant effect (n=84, 33%) or did not answer that question (n=2, 1%).

90% of S&R organisations and 81% of NGBs selected “major or moderate effect”, suggesting that these organisations are the most vulnerable to the effects of CQC regulation. This was

followed by Education / Association (57%), Event Organiser (55%), First Aid (53%), Sports Clubs (42%), Venue (38%), Medical Services (35%) (Figure 5).

Search and Rescue organisations covered a broad range of sports events included cycling, mountain biking, motorsport, triathlon, running (including trail and fell running), walking, sports climbing, triathlon and equestrian. Just over half (n=11, 55%) also covered cultural events including festivals, music festival, agricultural and country shows and village fairs = 2.

65% of Medical Services Organisations (MSOs) thought any change would have a minor (n=8) or no significant effect (n=43), although it is important to note that approximately half of MSOs are already registered with CQC.

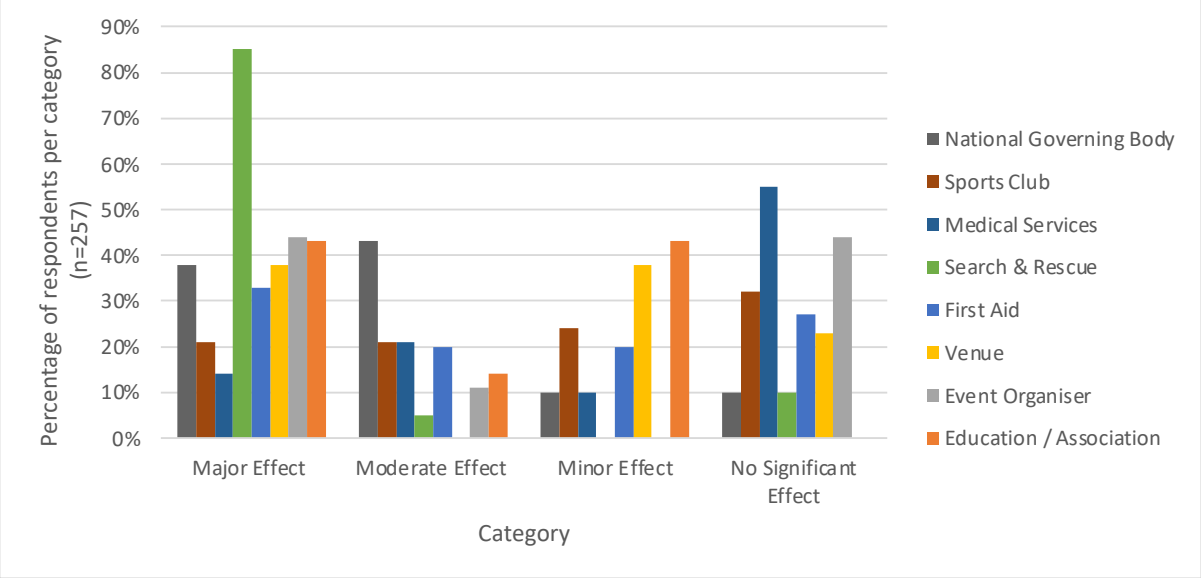

Figure 5. The proportion of respondents per category and level of effect on the ability to source staff of the correct skill mix for events if CQC regulation commences. Full table Appendix 1.

Event Implications

Organisations were asked if they anticipate any changes to their events following the introduction of CQC regulation, such as changes in the size, frequency or location of events.

Almost half (n=128, 49%) felt that CQC regulation would result in major or moderate changes to the size, frequency or location of their events. Seventeen percent thought there would be minor changes and the remainder (n=43, 33%) thought there would be no change to their events (n=86, 33%). The most vulnerable categories were Search & Rescue (n=18, 90%), National Governing Bodies (n=16, 77%) and First aid (n=9, 60%) of respondents per category selecting major or moderate changes and. This was followed by Education / Association, Venue (n=2, 58%), Medical Services (n=35, 45%), Event Organiser (n=4, 44%), Sports Clubs (n=20, 29%), (Table 2).

Table 2. The proportion of respondents per category and level of change anticipated to the size, frequency or location of events following the introduction of CQC regulations. Number of respondents (Percentage of respondents per category). Number of respondents (Percentage of respondents per category)

	LEVEL OF CHANGE ANTICIPATED - NUMBER OF RESPONDENTS (PERCENTAGE OF TOTAL RESPONDENTS PER CATEGORY)				
CATEGORY	**MAJOR CHANGES**	**MODERATE CHANGES**	**MINOR CHANGES**	**NO CHANGES**	**TOTAL**
NATIONAL GOVERNING BODY	6 (29%)	10 (48%)	3 (14%)	2 (10%)	**21 (100%)**
SPORTS CLUB	9 (13%)	11 16%)	17 (25%)	31 (46%)	**68 (100%)**
MEDICAL SERVICES	19 (24%)	16 (21%)	14 (18%)	29 (37%)	**78 (100%)**
SEARCH & RESCUE	14 (70%)	4 (20%)	1 (5%)	1 (5%)	**20 (100%)**
FIRST AID	4 (27%)	5 (33%)	4 (27%)	2 (13%)	**15 (100%)**
VENUE	3 (23%)	1 (8%)	2 (15%)	7 (54%)	**13 (100%)**
EVENT ORGANISER	2 (22%)	2 (22%)	0 (0%)	5 (56%)	**9 (100%)**
EDUCATION / ASSOCIATION	2 (29%)	2 (29%)	1 (14%)	2 (29%)	**7 (100%)**
NOT SPECIFIED	9 (35%)	9 (35%)	1 (4%)	7 (27%)	**26 (100%)**
TOTAL	**68 (26%)**	**60 (23%)**	**43 (17%)**	**86 (33%)**	**257 (100%)**

Event Cancellation or Relocation

Organisations were asked if they anticipate the cancellation or relocation of events outside of England, if CQC regulation were to be introduced. Almost 1 in 3 organisations (n=69, 27%) indicated that cancellations or relocations were very likely or likely.

The most vulnerable categories were Search and Rescue and First Aid, with 55% (n=11) and 53% (n=8) respectively selecting very likely or likely. This was followed by Event Organiser (n=3, 33%), Education / Association (n=2, 28%) and National Governing Bodies (n=5,24%), (Figure 6). It should be noted that some events or clubs operate exclusively in England (eg English football league clubs) and therefore may be unable to cancel or relocate elsewhere.

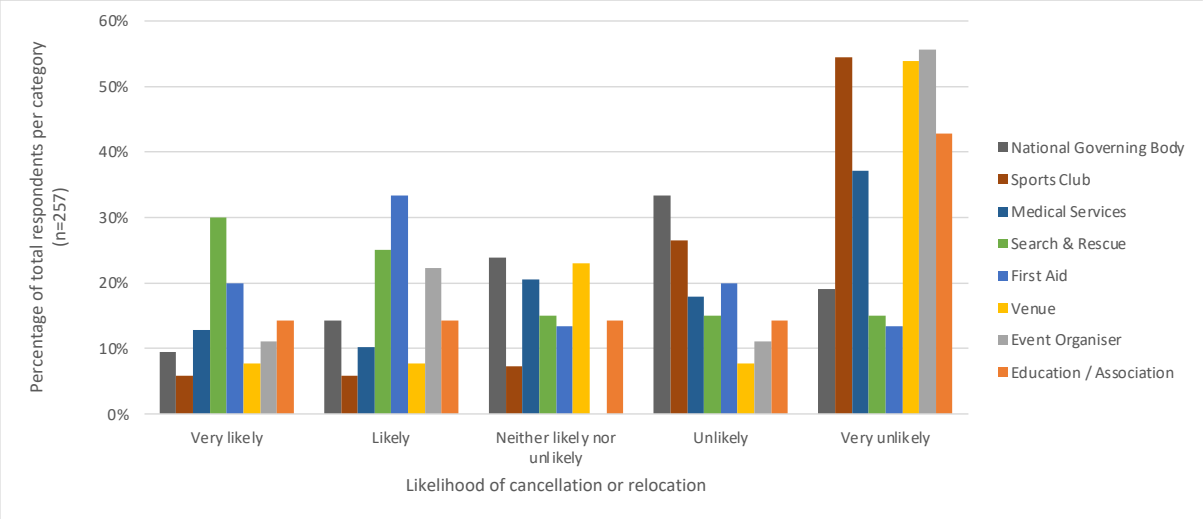

Figure 6. The proportion of respondents per category and likelihood of cancellation or relocation of events to outside of England following the introduction of CQC regulations. Full table in Appendix 1.

Personnel Affected

Organisations were asked to estimate the size of their HCP workforce from a choice of categories (0-100, 101-200, 201-300, 301-400, 401-500, 501-600, 601-700, 801-900, 901-1000, over 1000). The total number of HCPs across all respondent organisations was calculated as an average, lower and upper estimate based on the category selected. For the option 0-100 HCPs, the assumption was made that there was at least on HCP working for that organisation recognising that this might lead to an underestimate.

The total headcount of HCPs working for organisations that indicated that the introduction of CQC regulation would lead to a major or moderate change in the size, frequency or location of their events was on average 12,813 HCPs (Table 3). Some HCPs might work for more than one organisation or sport, which could not be accounted for in the organisations survey. However, this was addressed in the practitioner survey, with practitioners working on average for 3.5 sports. Taking this into account it might be reasonable to apply a correction to the average number of HCPs affected reducing it to a minimum of 3661.

Table 3. The level of change and estimated total number of Healthcare Practitionerworking for respondent organisations.

	ESTIMATED TOTAL NUMBER OF HEALTHCARE PRACTITIONERWORKING FOR RESPONDENT ORGANISATIONS		
LEVEL OF CHANGE	**LOWER ESTIMATE**	**UPPER ESTIMATE**	**AVERAGE**
MAJOR / MODERATE CHANGES	6625	19000	12813
MINOR / NO CHANGES	5226	17700	11463

The likelihood of cancellation or relocation (Very likely or Likely) following the introduction of CQC regulation would affect a total headcount of 4,685 HCPs working for respondent

organisations (Table 4). Taking into account HCPs working for 3.5 sports on average, 1,339 HCPs would be affected.

Table 4. The likelihood of cancellation or relocation and estimated total number of Healthcare Practitionerworking for respondent organisations.

	ESTIMATED TOTAL NUMBER OF HCP'S WORKING FOR RESPONDENT ORGANISATIONS		
LIKELIHOOD OF CANCELLATION OR RELOCATION	**LOWER ESTIMATE**	**UPPER ESTIMATE**	**AVERAGE**
VERY LIKELY / LIKELY	1269	8100	4685
NEITHER LIKELY NOR UNLIKELY	3436	7000	5218
UNLIKELY / VERY UNLIKELY	7145	21500	14323

HCPs who are self-employed (3,777 HCPs) or volunteers (2,836 HCPs) will be more affected, closely followed by those employed (2,734 HCPs), (Figure 7).

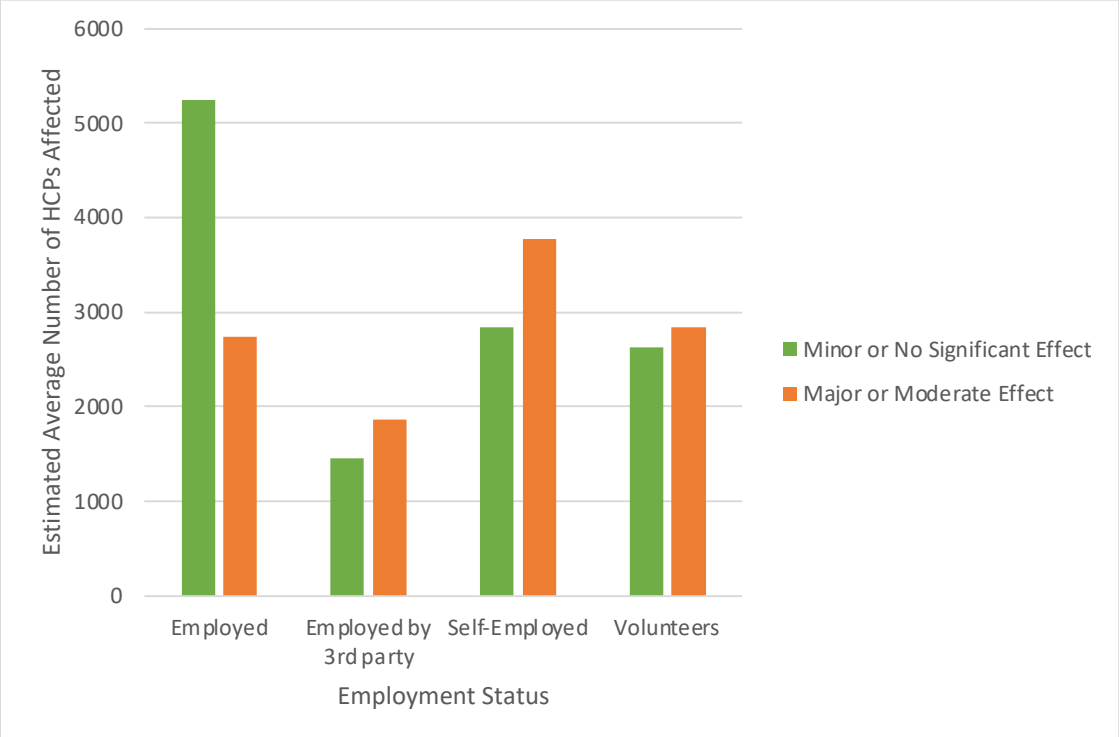

Figure 7. The employment status and estimated number of Healthcare Practitioner affected. Full table Appendix 1.

Estimated cost to Healthcare Practitioner of CQC regulation

The estimated registration costs if all HCP's working for respondent organisations indicating that they would face a major or moderate effect on their ability to source staff with the correct skill set for their events was calculated. It was based on the DHSC Changes to regulations relating to the Care Quality Commission: regulatory impact assessment estimated cost of £3,100 per HCP to register with CQC as sole providers in the first year (£1200 registration plus £1900 administration cost) and an ongoing cost of £1,200 per year.

- **Estimated cost for year 1:**
    a. Lower estimate (5,084 HCP's x £3,100) = £15,760,400
    b. Upper estimate (17,340 HCP's x £3,100) = £53,754,000
    c. Average estimate (11,212 HCP's x £3,100) = £34,757,200

- **Estimated cost for subsequent years (annually):**
    a. Lower estimate (5,084 HCP's x £1,200) = £6,100,800
    b. Upper estimate (17,340 HCP's x £1,200) = £20,808,000
    c. Average estimate (11,212 HCP's x £1,200) = £13,454,400

Selection of Organisation Survey Comments (Anonymised)

"The [sport-men's] host events in 34 different countries. This is always in close collaboration with the local and national multi-agencies, with medical planning and provision and appropriate contracting of suitably qualified professionals. Many of these people are general practitioners and accident and emergency doctors or sports doctors who are well trained but simply put are less likely to support our events if there is an increasing burden of increased regulation. We have seen this in the likes of South Korea where more regulation has led to worse levels of medical cover and more persons experiencing poorer care and also increased pressures on the local public health system. Anything that increases costs, or decreases safety at our events (through making it harder to have suitably qualified medical staff) makes it more likely that where it is a balanced decision- we will play in for example Scotland or Spain rather than England".

"We are already CQC registered for transport and TDDI, so no significant change to what we provide, expect a bit more activity in scope".

"Many arts organisations will employ sole traders and freelance medical support that would be greatly impacted by CQC changes".

"Would probably result in cancellation of event as we would not be able to comply".

"Likely to destroy the volunteer arena which is vital to support the more grassroots level of this sport - a shocking unintended consequence".

"Regulation is a good thing and we welcome it!"

"I think the introduction of CQC regulations to small and medium scale events to be too onerous. You are likely to see smaller events cancelled or restructured if they cannot meet CQC requirements. There needs to be more definition on the scale and scope of events that are proposed to be covered by CQC".

"CQC needs to implement this, but not for full on registration, most event medical providers carry medical malpractice insurance and DBS checks".

"We are a CQC registered provider and have been asking for event medical provision to be brought under the regulated activities banner for some time, pre-COVID in some instances. The delivery of health care is universal, and therefore wherever healthcare provision is being delivered that organisation should be regulated under the CQC".

"Are CQC ready for more Companies? They are struggling now with the number of Companies to Inspect. Some Companies have been waiting for their First Inspection for more than three years since Registration. Is CQC the right way forward? Would the local NHS Ambulance Services be better aligned to Inspecting and Regulating Event Medical Services (and Independent / Private Ambulance Services) [just a thought]?".

"Look forward to this happening, to get rid of the organisations not working to any form of rule".

"It is most likely that to reduce costs, organisers will downgrade the services requested to first aid delivered by non-HCPs instead of doctor/paramedic led medical teams".

Practitioner Survey

Type of Provider

The highest proportion of respondents were Medical Practitioners (n=352, 50%), followed by Paramedics (n=168, 24%), and Physiotherapists (n=88, 13%). In total, there were 31 staff groups providing medical care identified, and 'multiple' was selected where an individual had multiple credentials (i.e., Medical Practitioner and Physiotherapist). Full tabulated data are available in Appendix 2.

Geographical Coverage

Half of respondents covered events only in England (n=360, 52%), with 124 practitioners (18%) covering events throughout the UK, and an additional 10% in both England and the UK. Some practitioners (n=81, 12%) covered events across England, the UK and Internationally (Appendix 2).

Practitioners were asked which regions of England they provided event cover for. Almost half of practitioners covered multiple regions (n=279, 43%), with the North West (10%), and South East (10%) frequently reported (Figure 8).

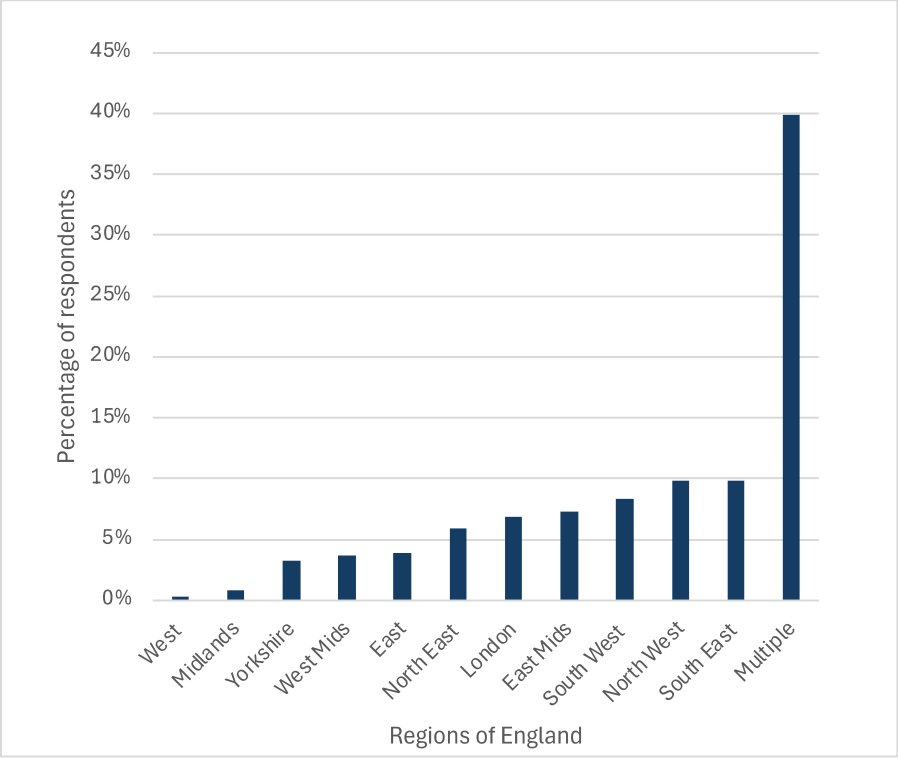

Figure 8. Proportion of respondents providing event cover in England per region.

Type of Event

Practitioners were asked whether they provided cover for any of the following: disability sport, cultural events for disabled performers, Olympic Games or Commonwealth Games. The highest proportion of respondents were covering disability sports events (n=101, 14%) followed by Commonwealth Games (n=64, 9%), and Olympic Games events (Table 5).

Table 5. The number and proportion of respondent practitioners providing specific event coverage for major events and disability events

TYPE OF EVENT COVERAGE	NUMBER OF RESPONSES (PERCENTAGE OF TOTAL RESPONDENTS)
DISABILITY SPORT	101 (14%)
CULTURAL EVENTS FOR DISABLED PERFORMERS	29 (4%)
OLYMPIC GAMES	60 (9%)
COMMONWEALTH GAMES	64 (9%)

Sporting Events

Practitioners were asked which sports they cover, and responses were provided from 54 different sports (Highest 25 responses below, Figure 9). On average, each practitioner covers events across 3 sports (mean: 3.52). Most practitioners worked in football (n=255 practitioners, motorsport (n=244, 35%), or horseracing (n=170, 24%).

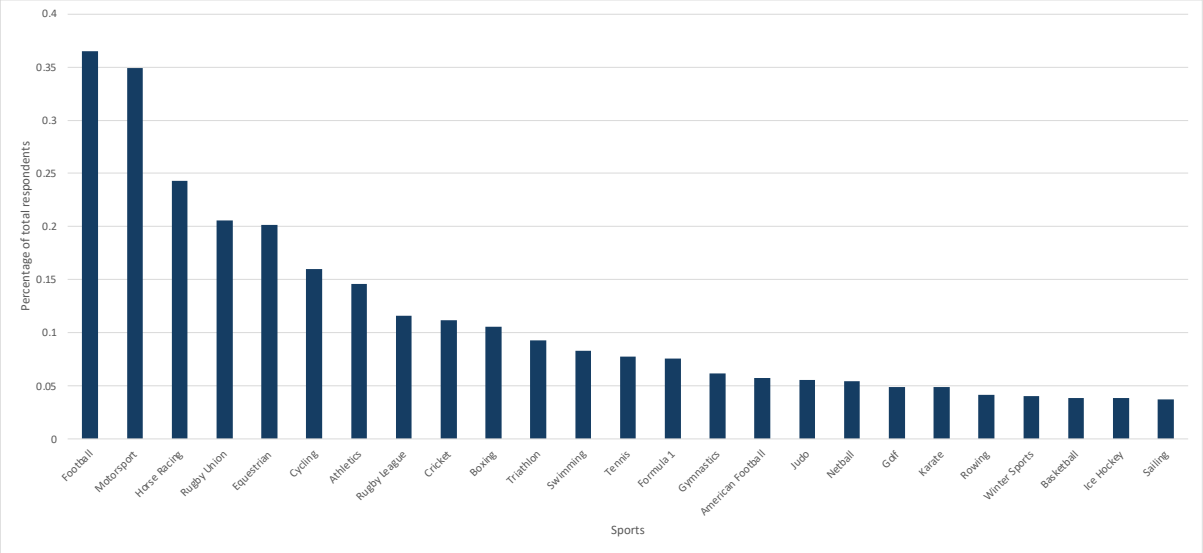

Figure 9. The number of Practitioner respondents by sport. Results are displayed for the 25 most frequently reported sports.

Cultural Events

Most practitioners in Culture were covering festivals (n=196, 28%), followed by music festivals (26%), music venues (21%) and Agricultural/Country shows (Figure 10).

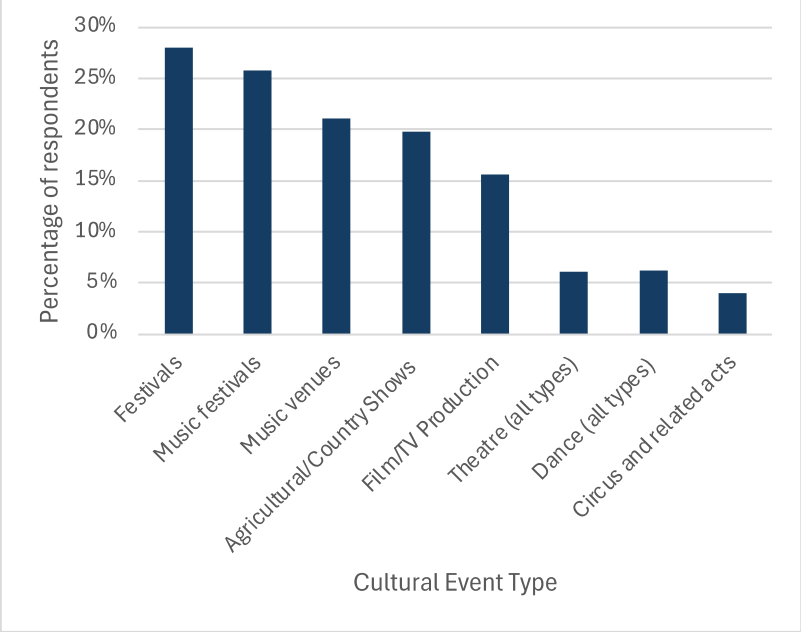

Figure 10. The most frequently reported cultural events where practitioners are providing event coverage.

Responsibilities

The majority of Practitioners principally provided health services for Athletes, Performers and Officials (n=641, 92%), with just over half providing services for spectators (57%), and venue staff (52%). Only 13 practitioners (2%) worked with spectators alone.

Employment Status

Almost half of respondents were self-employed (n=340, 49%), with just under one third employed directly (n=211, 30%), and 97 working as volunteers (14%).

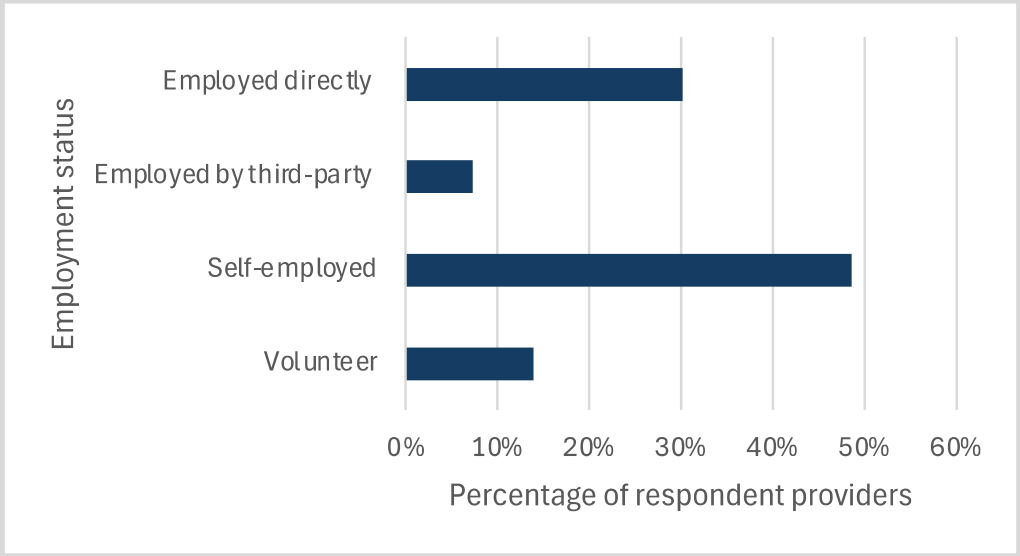

Figure 11. The proportion of respondent practitioners and employment status

Potential Implications of CQC Regulation

Practitioners were asked how they would proceed if CQC regulation is introduced (Figure 12). Most respondents (267 practitioners, 38%) considered that they may stop working in this sector. One in five participants (n=156, 22%) said they would look to be employed by an Events Healthcare Provider (EHP), followed by 1 in 5 who would experience no change as they are already employed by an EHP (21%). There were 38 responses to 'other' (5% of responses). These were reviewed individually, and an 'unsure' category defined to reflect the 13 individuals (2%) who were unsure how they would respond to CQC regulation. This emphasises potential uncertainty in the sector, and the need for clear and widely circulated information to support practitioners to review regulation against their own personal circumstances, and event circumstances.

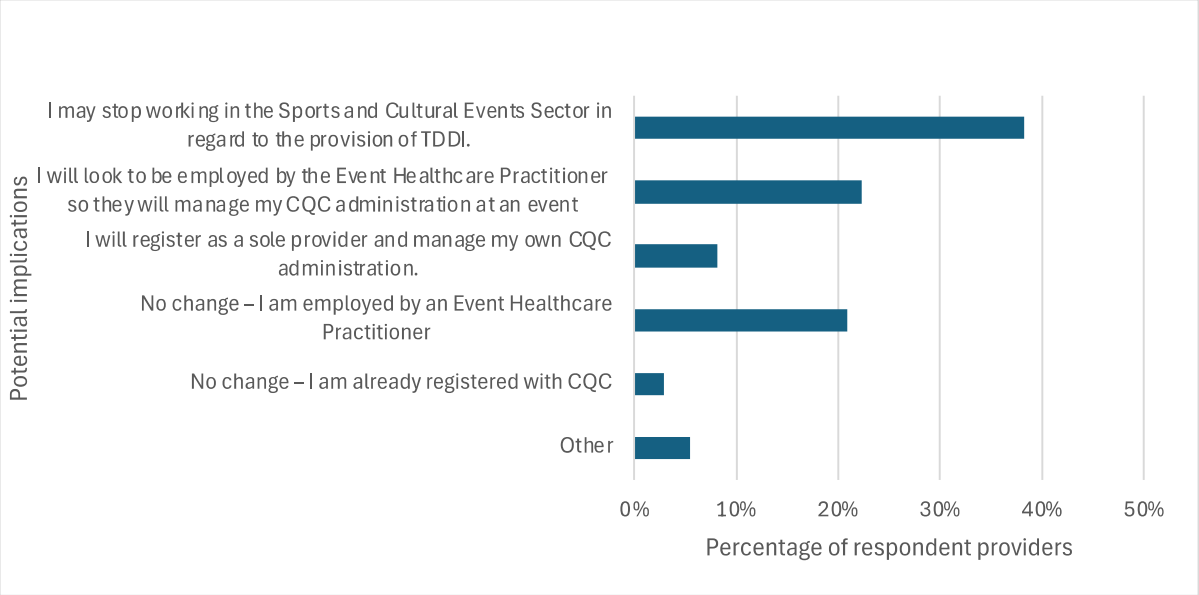

Figure 12 - The potential implications of CQC regulation. Proportion of respondent providers.

In total, 69% of Practitioners would experience some change (either ceasing work, looking to be employed by an EHP, or registering as a sole provider).

Implications by Employment Status

The potential impact of CQC regulation was assessed by employment status, to identify any areas that may be particularly at risk in terms of workforce reduction or event medical coverage. A high proportion of the volunteer (61%) and self-employed (46%) workforces particularly described an intention to cease working in the sector. Those that were employed directly or already registered with CQC were less affected (Figure 13).

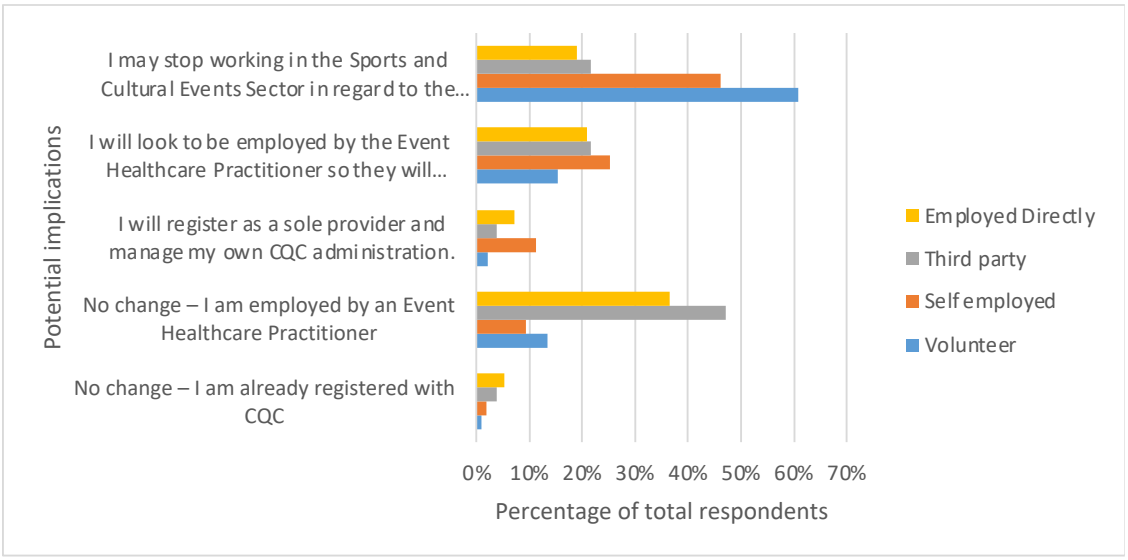

Figure 13 - The potential implications of CQC regulation, assessed as the proportion of respondent practitioners describing their intention to cease work, register, seek employment from a provider or register as a sole provider, if CQC regulation was introduced.

Implications by Sport

The potential impact of CQC Regulation was considered by sport, with full results provided in Appendix 2. The sports with over 25% (n=13) of their workforce indicating they could leave ('I may stop working in the Sports and Cultural Event Sector in regard to the provision of TDDI') were identified (Table 6).

Table 6. The potential implications of CQC regulation by sport, for the 13 sports with over 25% of their workforce suggesting they may cease work in this sector.

	NUMBER OF RESPONDENTS (% OF RESPONDENTS PER SPORT)						
	NO CHANGE		CHANGE				
SPORT	EMPLOYED EHP	CQC REGISTERED	WILL REGISTER AS SOLE PROVIDER	WILL LOOK TO BE EMPLOYED BY EHP	MAY STOP WORKING IN SECTOR	UNSURE	TOTAL
FORMULA 1	15 (29%)	0 (0%)	4 (8%)	10 (19%)	23 (44%)	0 (0%)	**52 (100%)**
MOTOR-SPORT	54 (22%)	5 (2%)	23 (10%)	55 (23%)	103 (42%)	0 (0%)	**243 (100%)**
HORSE RACING	42 (25%)	7 (4%)	15 (9%)	33 (20%)	61 (36%)	3 (0%)	**169 (100%)**
FENCING	4 (27%)	0 (0%)	1 (7%)	4 (27%)	5 (33%)	1 (7%)	**15 (100%)**
WRESTLING	4 (27%)	0 (0%)	2 (13%)	1 (7%)	5 (33%)	1 (7%)	**15 (100%)**
RUGBY UNION	35 (25%)	6 (4%)	15 (11%)	35 (25%)	43 (30%)	2 (1%)	**143 (100%)**
EQUESTRIAN	46 (33%)	9 (6%)	12 (9%)	26 (19%)	41 (29%)	2 (1%)	**140 (100%)**
SAILING	8 (32%)	0 (0%)	1 (4%)	8 (32%)	7 (28%)	0 (0%)	**25 (100%)**
ROWING	9 (31%)	2 (7%)	1 (4%)	6 (21%)	8 (28%)	0 (0%)	**29 (100%)**
NETBALL	9 (24%)	1 (3%)	3 (8%)	11 (30%)	10 (27%)	1 (3%)	**37 (100%)**
FOOTBALL	73 (29%)	13 (5%)	22 (9%)	156 (61%)	67 (26%)	5 (2%)	**254 (100%)**
CYCLING	34 (31%)	6 (5%)	8 (7%)	26 (23%)	29 (26%)	2 (2%)	**111 (100%)**
SHOOTING	3 (19%)	3 (19%)	1 (6%)	3 (19%)	4 (25%)	1 (6%)	**16 (100%)**

Conversely, there were no sports with over 25% of their workforce already CQC-registered. The sports with the highest proportion of CQC-registered practitioners were Shooting (19%), baseball (13%), and bowls (11%). All of these sports had less than 5 registered staff.

Implications by Profession and Employment Status

The implications were also considered by profession, for those with more than 5 responses. This analysis was undertaken by employment status. The majority of Medical Practitioners and Paramedics were self-employed. Almost half (45%) of Medical Practitioners (n= 158) were at-risk ('May stop'), followed by 43% of Sports Therapists (n=3), 39% of Nurses (n=16), and 36% of Paramedics (n=60). This indicates a high likelihood of workforce impact across all professions involved in the events sector.

Table 7 - Implications of CQC regulation by profession and employment status. Number of respondents (% per profession)

	SELF-EMPLOYED	EMPLOYED	EMPLOYED BY THIRD PARTY	VOLUNTEERS	NUMBER OF RESPONDENTS (% PER PROFESSION)
MEDICAL PRACTITIONER	169 (48%)	106 (30%)	25 (7%)	52 (15%)	**352 (100%)**
MAY STOP WORKING IN SECTOR	91 (54%)	27 (26%)	9 (36%)	31 (60%)	158 (45%)
WILL LOOK TO BE EMPLOYED BY EHP	37 (22%)	28 (26%)	4 (16%)	10 (19%)	79 (22%)
WILL REGISTER AS SOLE PROVIDER	20 (12%)	6 (6%)	0 (0%)	1 (2%)	27 (8%)
CQC REGISTERED	3 (2%)	7 (7%)	1 (4%)	0 (0%)	11 (3%)
EMPLOYED EHP	7 (4%)	26 (25%)	10 (40%)	7 (14%)	50 (14%)
PARAMEDIC	94 (56%)	36 (21%)	16 (10%)	22 (13%)	**168 (100%)**
MAY STOP WORKING IN SECTOR	39 (42%)	4 (11%)	1 (6%)	16 (73%)	60 (36%)
WILL LOOK TO BE EMPLOYED BY EHP	26 (28%)	1 (3%)	4 25%)	1 (5%)	32 (19%)
WILL REGISTER AS SOLE PROVIDER	9 (10%)	5 (14%)	1 (6%)	1 (5%)	16 (10%)
CQC REGISTERED	2 (2%)	3 (8%)	1 (6%)	0 (0%)	6 (4%)
EMPLOYED EHP	15 (16%)	22 (61%)	9 (56%)	3 (14%)	49 (29%)
PHYSIOTHERAPIST	34 (39%)	44 (50%)	4 (5%)	6 (7%)	**88 (100%)**
MAY STOP WORKING IN SECTOR	9 (27%)	4 (9%)	1 (25%)	3 (50%)	17 (19%)
WILL LOOK TO BE EMPLOYED BY EHP	13 (38%)	10 (23%)	1 (25%)	1 (17%)	25 (28%)
WILL REGISTER AS SOLE PROVIDER	6 (18%)	2 (5%)	1 (25%)	0 (0%)	9 (10%)
CQC REGISTERED	1 (3%)	1 (2%)	0 (0%)	0 (0%)	2 (2%)
EMPLOYED EHP	3 (9%)	18 (41%)	1 (25%)	0 (0%)	22 (25%)
UNSURE	0 (0%)	0 (0%)	0 (0%)	1 (17%)	1 (1%)
OTHER	0 (0%)	0 (0%)	0 (0%)	1 (17%)	1 (1%)
NURSE	17 (41%)	13 (32%)	5 (12%)	6 (15%)	**41 (100%)**
MAY STOP WORKING IN SECTOR	10 (59%)	3 (23%)	0 (0%)	3 (50%)	16 (39%)
WILL LOOK TO BE EMPLOYED BY EHP	6 (35%)	3 (23%)	2 (40%)	1 (17%)	12 (29%)
WILL REGISTER AS SOLE PROVIDER	0 (0%)	1 (8%)	0 (0%)	0 (0%)	1 (2%)
CQC REGISTERED	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
EMPLOYED EHP	0 (0%)	6 (46%)	3 (60%)	2 (33%)	11 (27%)

UNSURE	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
OTHER	1 (6%)	0 (0%)	0 (0%)	0 (0%)	1 (2%)
SPORTS THERAPIST	5 (71%)	2 (29%)	0 (0%)	0 (0%)	**7 (100%)**
MAY STOP WORKING IN SECTOR	2 (40%)	1 50%)	0 (0%)	0 (0%)	3 (43%)
WILL LOOK TO BE EMPLOYED BY EHP	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
WILL REGISTER AS SOLE PROVIDER	1 (20%)	0 (0%)	0 (0%)	0 (0%)	1 (14%)
CQC REGISTERED	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
EMPLOYED EHP	2 (40%)	1 (50%)	0 (0%)	0 (0%)	3 (43%)

Selection of Practitioner Survey Comments (Anonymised)

"I think this will actually have the opposite effect of what it thinks it is going to achieve and will actually reduce participant and public safety".

"The industry is sorely in need of regulation and the proposed registration scheme is a welcome addition".

"For a small part of my work at the races- for example one race a month on average the work of registering for CQC would be too onerous".

"Many of the sporting events I cover as pre-hospital emergency care doctor are run on very small financial margins. If there are significant costs in registering as a sole provider, and managing CQC administration, then these costs would need to be passed on to the organiser of the event. This would result in the event being uneconomic to run and a devastating loss of amateur sporting events in the UK".

"The CQC are recorded as not being fit for purpose. They have enough issues with the NHS and independent sector and I have no confidence they would do a good job in this space. I recognise the need for standards, but this is overkill in my opinion".

"I feel the sector I work in is already well regulated principally by the [Sport Regulator]".

"As a doctor who undergoes annual appraisal and revalidation, to add another CQC level of assessment and monitoring is absurd".

"It's been a long time coming to stop the FREC3 being accepted as the norm for events. Recently there have been cases of [sport] which have been highlighted of FREC3 coverage which is unacceptable. There must be pain relief and diagnostic capability, ie paramedic level. [Sport] must have an 'across the board' level. The same course that is affiliated one week which is unaffiliated next week drops its level of cover for the same risk. If there is money to enter a ['bet'], then part of that investment in the medical services to keep the [athletes] safe".

"Unsure how to proceed - will need more information".

"It should be CQC regulated. All ambulance workers should be registered too!".

"We will lose experienced valuable staff if you make self employed register with CQC".

"A disastrous intervention into the volunteer segment that support grass roots sport in the main and will likely disappear thereby hamstringing that sector".

"I think that the CQC will need to be proportionate in their expectations of sporting events. However, I would welcome their involvement to set minimum standards including qualifications of those providing care at sporting events".

"I believe that CQC regulation of Sporting events would 'raise the floor' in terms of governance and quality of SEM delivery, as anecdotally there are numerous examples of poor practice. However, the cost should not be transferred to individual practitioners who are already stretched and often have to pay their own indemnity to cover sporting events".

Discussion

The data presented in this report were collected in response to a need to understand the landscape and potential ramifications of any CQC regulation intervention in the sporting and cultural events sector.

A high number of responses were submitted from both organisations and practitioners, and many contradictory perspectives were received. Data were received from 67 different sports, 21 National Governing Bodies and 31 different staff groups. This demonstrates the complexity of these setting, and different personnel working to provide care across the sport and culture sectors.

Almost half (49%) of organisations, thought that CQC regulation would result in major or moderate changes to the size, frequency or location of their events. This included most (77%) of the responding National Governing Bodies. The subsequent effect to their estimated 12,813 Healthcare Professional workforce could include reduced remuneration and/or staff numbers per event. Additionally, it may be increasingly challenging to source suitably qualified personnel, which could threaten the standard of care available at events, and leave athletes, performers, spectators, officials and venue staff at risk. Almost one third of organisations anticipated cancelling or relocating their events to outside of England. This could limit work opportunities for an estimated 4,685 HCPs and furthermore jeopardise the economic and social benefits of these events to the public and local economies where they are currently held.

From the organisations survey, the most vulnerable organisation was Search & Rescue with 90% (n=18) concerned that they would have to make major or moderate changes to their events and 55% (n=11) indicating that cancellation or relocation were likely. Organisations in this category covered a broad range of sports including trail/fell running, motorsport, cycling and equestrian events. These events are often located in remote locations and require specialist medical personnel with advanced training, due to the complexities of terrain, access, and their rural settings. Moving these events from their existing locations could result in poorer treatment outcomes by introducing staff without the necessary training and experience for this type of event and using receiving units less familiar with the case mix. Search & Rescue relies on voluntary staff, and the impact of CQC regulation could threaten these organisations' ability to provide suitable cover within limited budgets, particularly if these qualified and experience voluntary staff did not wish to travel to new locations.

The Practitioner survey highlighted that a large proportion could be 'at-risk' of leaving their current roles, exposing many sports to a reduced or less experienced workforce. There were 13 sports with over 25% of their workforce suggesting they may leave, and additionally almost half of Medical Practitioners, 39% of nurses and 35% of paramedics indicated this as their likely response to CQC regulation. This could have a severe effect on both recreational and elite settings and would undoubtedly affect event continuation and cause event cancellations at a local level in addition to those cancellations at an organisational level. The consequences of this would be significant and would affect the hospitality and tourism industry in England,

and venues' ability to offer competitive tenders for events. This may also extend to the national ability to adequately coordinate and host 'blue ribbon' events, such as Wimbledon tennis and Cheltenham racing, but also major sporting and cultural events such as European Championships, Formula 1 Grand Prix, Commonwealth Games, Glastonbury Festival and Eurovision Music competition.

Medical Services were the least affected group with 65% (n=51) indicating that CQC regulation would have a minor or no significant effect on their events, however it is notable that approximately half of this category (49%) are already CQC registered. All of these were ambulance services.

Accurately assessing the size of the workforce that might be impacted by the proposed changes is difficult, however it is apparent that the estimated 36 providers (range 25-100) from the UKGov Impact Assessment is a significant underestimate compared to what has been reported by these organisations. The number of HCPs reported by organisations, was 23,431 (range 11,871 - 34,991). Based on the representation of top tier sports alone, the survey captured between 10-60% of the elite sport medical workforce. It is more difficult to estimate the proportion of the workforce covering grassroot sport or cultural events who responded. However, the high response rate from the elite sport workforce suggests that the actual workforce may be higher than current estimates for both these surveys and the UKGov Impact Assessment.

Medical provision for sport and cultural events is often provided by multi-disciplinary teams, (MDT), including one or more HCPs that are included in the CQC HCP definition, and would be subject to CQC regulation. There are distinct benefits to having multiple expertise available at an event, not least the ability to provide immediate on-site care and direct patients to the appropriate follow-on care as required. It also enables the team to triage patients and manage issues promptly on-site, improving outcomes e.g. in cardiac arrests and ensuring only clinically appropriate case are transferred to NHS services. This is particularly important in rural settings, where local healthcare infrastructure might not have the capacity or expertise to manage incidents from events with large numbers of attendees. Another invaluable benefit of working in an MDT is the opportunity to expand practitioners' knowledge base and learn from more experienced team members. It also offers opportunities for practitioners to reflect on their own practice and contribute to the team to improve the provision of medical care more widely. These indirect benefits, particularly in individuals working in a voluntary capacity for events but having a more routine paid profession elsewhere, could limit their professional development opportunities, but also their readiness for larger-scale or complex events (i.e., Olympic Games, Glastonbury Festival).

Under current CQC rules a doctor registered with the General Medical Council may be exempt from registration as detailed here if they deliver care entirely from a consulting room or surgery and are already employed by/have practising privileges with a CQC registered body. For Event Medicine it is very unusual for a doctor to work in isolation exclusively from such a facility as mobile responses are usually required. Separate enquiries with several private hospital groups and NHS Trusts reveal that these organisations would be unwilling for their staff to effectively 'transfer' CQC registration and associated governance to a working

environment where the principal employer had little or no input to the activities being undertaken. As such this exemption would have limited application.

One of the key concerns of organisations and practitioners was the potential financial and administrative burden that CQC regulation would impose on an already regulated sector. The highest estimate of the cost for all newly regulated providers to register from the Government Department of Health & Social Care CQC impact statement was £117,000 per year (which was based on 100 providers paying approximately £1,200 per year), and an additional administration cost of £74,300 in the first year. The estimated costs based on the sample who responded to the organisation survey is substantially higher than this estimate, with costs of an estimated £34,757,200 in the first year and an ongoing cost of £13,454,400 per year (based on 11,212 newly registered providers). This would be a significant burden to this sector.

There would also be resource requirements for the CQC to process applications and inspect facilities and services in a timely manner, to maintain the standard of care intended by the proposed regulations, despite the existing calendar of regular small and large events in this sector.

An unintended consequence of CQC regulation is that sourcing staff with the appropriate skills to work as part of an event multi-disciplinary team (MDT) would be more difficult, because of the additional direct or indirect costs imposed, and any loss to the workforce incurred. HCPs such as Physiotherapists who are not on the list of CQC regulated disciplines may be drawn into the regulatory framework if they are working as part of an MDT which includes a staff member such as a doctor who is regulated. To continue to work in a multi-disciplinary team in the sport and culture sector, such practitioners would either need to seek to be employed or accept the cost of CQC registration themselves. For those not wanting to become employed, unable to secure employment, or unable to register, the only option would be to work as a sole provider and not in an MDT. This would limit their ability to work at sports and cultural events, because most will require MDTs. It could also potentially lower the standard of care organisers are able to provide at events, additionally increasing the burden on NHS services. It is important to note that sole providers working in isolation may have a higher likelihood of patient mismanagement compared to MDTs who have had collective briefings, and that the immediate mismanagement of injury in particular has a high likelihood of worsening the patient's outcome post-injury. There is a drive from HCPs' regulatory bodies towards reflective, and peer-reviewed practice, with many requiring practitioners to evidence this on renewal of their registration. If practitioners move to working as sole providers, their ability to meet these requirements may be compromised. If they were to leave these volunteer roles, they may also have less genuine learning opportunities to evidence at their renewal.

Responses to the question in the Practitioners' Survey asking how respondents would proceed if CQC regulation was implemented included a number of free-text 'other' responses describing their uncertainty as to whether CQC would affect them, their sport, their profession, league or employment status as a volunteer. This indicates a need for detailed information to support any transition to incoming increased regulation. Many events, particularly music and sporting events at an elite level are ticketed months to years in

advance, and disruption to this sector in the form of cancellations or relocations could be reputationally damaging for the organisations responsible for these events.

Free-text comments in the Practitioners' survey also described strong discontent over the proposal, and particularly as to whether CQC was the appropriate body to provide regulation. The existence of sports governing bodies and their minimum standards was discussed, and it was acknowledged that their knowledge of the intricacies of sport and cultural events may make them best placed to actively regulate these settings, where generic regulation may be challenging to apply.

Limitations

It is important to note the limitations to this survey approach, which include its response rate and generalizability, as we cannot be certain of the number of individuals this survey was accessible to, and therefore how representative the responses are of the broader workforce within this sector, the sports and culture fields considered, and within each profession individually.

A further potential limitation to this survey is regarding the wording of the questionnaire. The questionnaire described potential sequalae to CQC regulation, such as leaving their setting, changing their employment or having existing CQC registration. This approach may have encouraged individuals to select a category that could have differed from a potential free text response if offered, however the analysis of free-text for surveys of this size with almost 700 participants would be challenging.

A wealth of evidence was generated in these surveys, particularly with a very high proportion of detailed free-text answers at the end of the surveys. These comments demonstrate strong and sometimes polarized opinions of professionals and organizations working in these settings. These individuals, however, have responded with their thoughts and the intention to engage in the process and be heard. This is a positive indicator of a high willingness to engage with regulations that may be introduced, and also a strong willingness to prioritize the care of their patients and ensure best practice across a challenging and diverse event and workforce setting.

Conclusion

In conclusion, the surveys suggest that the proposed regulation extension will likely have significant consequences on both sporting and cultural organisations, and the practicing workforce in these settings. Such increased regulation appears likely to reduce the workforce, and risks losing a high volume of experienced qualified staff who are volunteering in this sector or working in a sessional manner for their own enjoyment and societal contribution. A loss of appropriate skills and event experience may lower standards of medical provision and increase the burden on the NHS. The risk of event cancellation or relocation appears high, and the intention to relocate outside of England was identified. This would reduce the financial and economic benefit of sports and culture in England and may have unintended sequelae for communities that have traditionally benefited from this annual or seasonal income. It could also affect grassroots and community participation opportunities in these activities at amateur levels with implications for activity levels in the wider population.

Author Group Commentary

Following the analysis undertaken for this report, the authors propose the following points be considered before regulatory processes and guidance are imposed on these varied and at-risk settings:

1. There is a need to increase regulation of some aspects of medical provision at sport and cultural events. This was echoed with several responses to the surveys which were positive on increased regulation and/or standard of care.
2. Resource differs vastly across these settings. There is the potential for elite (better resourced) organisations and/or events to be considered as separate to those in recreational/amateur settings.
3. CQC regulation may be more appropriate for certain groups such as Event Ambulance Services because medical (doctor, physiotherapist, nurses and other, clinicians) roles have existing active regulation processes, including annual appraisals, National and International Governing Body requirements to comply with. This may affect their willingness to undertake additional administration for their work in sport.
4. Athletes and sports teams particularly have sports specific evidence-based practices and protocols for injury, and return from injury, often with insurance implications and private care. This may mean that application of current CQC-regulatory frameworks to elite teams and athletes care is less applicable and may not align to current CQC workflows.

5. The regulation of medical practitioners responsible for spectator care and not that of participants/athletes/teams may be a more straightforward intervention that responds to the Manchester Inquiry concerns but does not risk contradicting existing NGB-coordinated practice, that may be best-practice for a specific setting.
6. The work currently being undertaken by NHSE on behalf of the DHSC developing the Event Healthcare Standard will provide providers of healthcare at events a clear framework to work to. It is strongly recommended this is completed and piloted in advance of any possible CQC involvement in the sector.
7. Changes will need advance warning, due to the ticketed nature of events and planning which is undertaken months to years in advance. It is important to provide these events and practitioners with sufficient time to digest and action any changes required ahead of implementation.
8. This advanced warning should also have a high degree of clarity and engagement with the sector. There should be accessible infrastructure (FAQ, Open Forum, detailed guidance) to help organisations and practitioners navigate what they would need to achieve, and ideally in a way that reassures this workforce, to minimise an immediate loss of workforce that cannot be readily recruited again.
9. Attempts should be made to minimise any potential financial/time burden on individual practitioners, sports clubs, cultural event organisers whilst maintaining standards developed through the EHS.
10. Given the multiple concerns raised by practitioners on whether CQC is the correct body for this, and whether it has the necessary capacity to support this potential severe additional workload, consideration should be given to whether other avenues could support improving care in the events sector
11. The potential impact of these changes should not be underestimated. The loss of volunteer workforce could change the culture and financial viability of these events and in turn their associated organisations. Any regulation needs to be sensitive to the potential loss of workforce, income, and acknowledge that it may risk the survival of some of these particularly vulnerable amateur but historic cultural events.

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Appendix 1: Organisation Survey Complete Dataset Tables and Figures

Table 8 - Percentage of total respondent organisations per category. Number of respondents (Percentage of total respondents)

CATEGORIES	CRITERIA	NUMBER OF RESPONSES
NATIONAL GOVERNING BODY	National governance of single or multiple sports	21 (8%)
SPORTS CLUB	Single sport club	68 (26%)
MEDICAL SERVICES	Includes HCPs (eg: Doctor, Paramedic)	78 (30%)
SEARCH & RESCUE	Involves specialist skills (eg: mountain, cave, water rescue)	15 (8%)
FIRST AID	No HCPs	20 (6%)
VENUE	Sport or culture venue	13 (5%)
EVENT ORGANISER	Event companies not associated with a specific venue	9 (4%)
EDUCATION / ASSOCIATION	Practitioner training or associations	7 (3%)
NOT SPECIFIED	Not specified	26 (10%)
TOTAL		**257 (100%)**

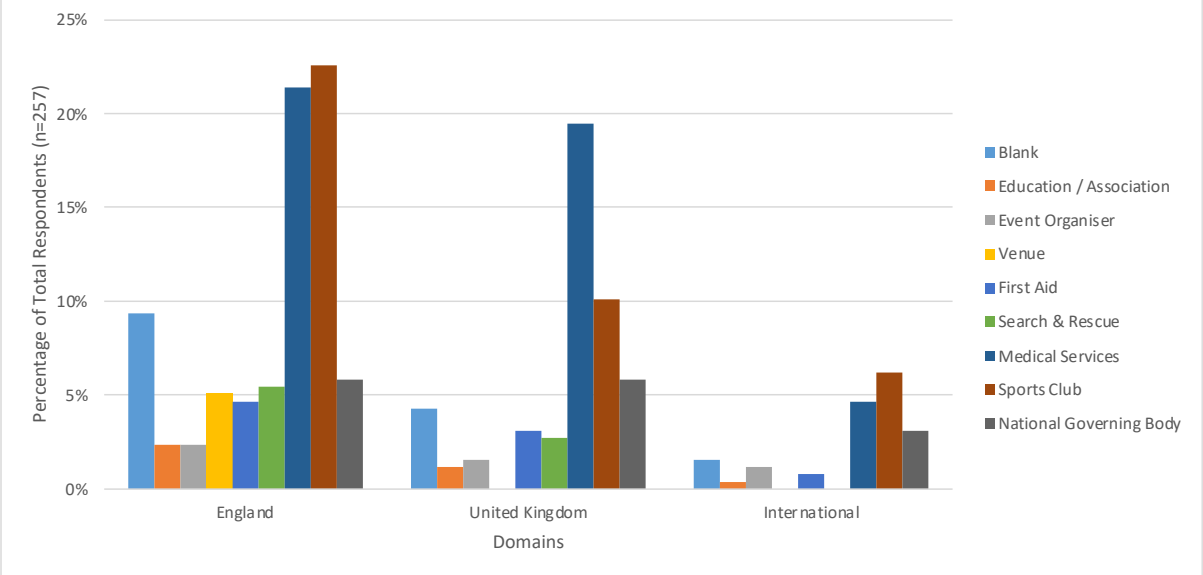

Figure 14. Percentage of total respondent organisations per area covered.

Table 9. The proportion of total respondent organisations per domain covered. Number of respondents (Percentage of total respondents)

	DOMAIN NUMBER OF RESPONDENTS (% OF TOTAL RESPONDENTS)		
CATEGORIES	**ENGLAND**	**UNITED KINGDOM**	**INTERNATIONAL**
NATIONAL GOVERNING BODY	15 (6%)	15 (6%)	8 (3%)
SPORTS CLUB	58 (23%)	26 (10%)	16 (6%)
MEDICAL SERVICES	55 (21%)	50 (19%)	12 (5%)
SEARCH & RESCUE	14 (5%)	7 (3%)	0 (0%)
FIRST AID	12 (5%)	8 (3%)	2 (1%)
VENUE	13 (5%)	0 (0%)	0 (0%)
EVENT ORGANISER	6 (2%)	4 (2%)	3 (1%)
EDUCATION / ASSOCIATION	6 (2%)	3 (1%)	1 (0%)
NOT SPECIFIED	24 (9%)	11 (4%)	4 (2%)
TOTAL	**203 (79%)**	**124 (48%)**	**46 (18%)**

Table 10 Percentage of total respondent organisations per category per sector. Number of respondents (Percentage of respondents per category)

	SECTOR			
CATEGORY	**SPORT**	**CULTURE**	**SPORT AND CULTURE**	**TOTAL**
NATIONAL GOVERNING BODY	20 (95%)	0 (0%)	1 (5%)	**21 (100%)**
SPORTS CLUB	58 (85%)	2 (3%)	8 (12%)	**68 (100%)**
MEDICAL SERVICES	15 (19%)	2 (3%)	61 (78%)	**78 (100%)**
SEARCH & RESCUE	13 (65%)	0 (0%)	7 (35%)	**20 (100%)**
FIRST AID	2 (13%)	1 (7%)	12 (80%)	**15 (100%)**
VENUE	6 (46%)	1 (8%)	6 (46%)	**13 (100%)**
EVENT ORGANISER	4 (44%)	4 (44%)	1 (11%)	**9 (100%)**
EDUCATION / ASSOCIATION	5 (71%)	0 (0%)	2 (29%)	**7 (100%)**
NOT SPECIFIED	10 (38%)	1 (4%)	15 (58%)	**26 (100%)**
TOTAL	**133 (52%)**	**11 (4%)**	**113 (44%)**	**257 (100%)**

Table 11 - Percentage of total respondents per sport represented. Number of respondents (Percentage of total respondents)

SPORTS	PERCENTAGE OF TOTAL RESPONDENTS
FOOTBALL	127 (49%)
CYCLING	71 (28%)
ATHLETICS	62 (24%)
EQUESTRIAN	61 (24%)
MOTORSPORT	57 (22%)
RUGBY LEAGUE	48 (19%)
VOLEYBALL	18 (18%)
RUGBY UNION	46 (18%)
CRICKET	45 (18%)
TRIATHLON	45 (18%)
BOXING	37 (14%)
HORSE RACING	36 (14%)
JUDO	34 (13%)
KARATE	34 (13%)
MIXED MARTIAL ARTS	33 (13%)
AMERICAN FOOTBALL	32 (12%)
SWIMMING	29 (11%)
BASKETBALL	27 (11%)
GYMNASTICS	27 (11%)
HOCKEY	25 (10%)
TAEKWONDO	25 (10%)
NETBALL	24 (9%)
TENNIS	24 (9%)
WINTER SPORTS	22 9%)
BADMNTON	19 (7%)
CANOEING	18 (7%)
SAILING	18 (7%)
SKATEBOARDING	17 (7%)
FENCING	16 (6%)
ROWING	16 (6%)
SPORT CLIMBING	16 (6%)
WRESTLING	16 (6%)
DIVING	15 (6%)
ICE HOCKEY	15 (6%)
TABLE TENNIS	15 (6%)
ARCHERY	14 (5%)
GOLF	14 (5%)
MODERN PENTATHLON	14 (5%)
WEIGHTLIFTING	14 (5%)
HANDBALL	13 (5%)
OTHER - TRAIL/FELL RUNNING	13 (5%)
SHOOTING	12 (5%)

SQUASH	12 (5%)
SURFING	12 (5%)
BOWLS	11 (4%)
DARTS	11 (4%)
SOFTBALL	11 (4%)
CURLING	10 (4%)
FORMULA 1	10 (4%)
SNOOKER	10 (4%)
OTHER - RUNNING	10 (4%)
ARTISTIC SWIMMING	9 (4%)
WATERPOLO	9 (4%)
SHINTY	7 (3%)
OTHER - MOUNTAIN BIKING	5 (3%)
OTHER - WALKING	3 (1%)
OTHER - MULTI-SPORT	2 (1%)
OTHER - SCOUTING	2 (0%)
OTHER - ADVENTURE RACES	1 (0%)
OTHER - BALLET	1 (0%)
OTHER - BOCIA	1 (0%)
OTHER - CHEERLEADING	1 (0%)
OTHER - DANCE	1 (0%)
OTHER - KARTING	1 (0%)
OTHER - LACROSSE	1 (0%)
OTHER - OUTDOOR ACITVITIES	1 (0%)
OTHER - POLO	1 (0%)

Table 12 - Percentage of total respondent organisations per cultural event covered. Number of respondents (Percentage of total respondents)

CULTURAL EVENTS	PERCENTAGE OF TOTAL RESPONDENTS
FESTIVALS	109 (42%)
MUSIC FESTIVALS	100 (39%)
MUSIC VENUES	99 (39%)
AGRICULTURAL AND COUNTRY SHOWS	80 (31%)
FILM / TV PRODUCTION	66 (26%)
THEATRE (ALL TYPES)	45 (18%)
DANCE (ALL TYPES)	44 (17%)
CIRCUS AND RELATED ACTS	26 (10%)
OTHER	15 (6%)

Table 13. Estimated number of Healthcare Practitioner (HCPs) working for organisations and employment status.

EMPLOYMENT STATUS	LOWER ESTIMATE	UPPER ESTIMATE	AVERAGE
EMPLOYED	5281	10749	8015
EMPLOYED BY THIRD PARTY	1114	5527	3320
SELF-EMPLOYED	2214	11036	5471
VOLUNTEERS	3262	7680	6625
TOTAL	11871	34991	23431

Table 14 - Estimated number of Healthcare Practitioner (HCP's) covering sport and cultural events per category

	ESTIMATED NUMBER OF HCP'S AVERAGE (LOWER ESTIMATE-UPPER ESTIMATE)		
CATEGORY	**PER SPORT**	**PER CULTURAL EVENT TYPE**	**TOTAL**
NATIONAL GOVERNING BODY	45 (34-55)	830 (628-1031)	**4150 (3142-5157)**
SPORTS CLUB	40 (3-76)	82 (6-158)	**3362 (263-6462)**
MEDICAL SERVICES	13 (9-17)	35 (24-45)	**11079 (7615-14544)**
SEARCH & RESCUE	23 (0-47)	67 (1-133)	**1010 (20-2000)**
FIRST AID	6 (0-13)	10 (0-20)	**688 (14-1362)**
VENUE	24 (9-40)	58 (21-95)	**868 (311-1424)**
EVENT ORGANISER	142 (56-228)	51 (20-81)	**709 (279-1140)**
EDUCATION / ASSOCIATION	16 (5-28)	37 (11-64)	**372 (105-638)**
NOT SPECIFIED	5 (1-10)	13 (1-24)	**1193 (122-2264)**
TOTAL	**16 (8-24)**	**40 (20-60)**	**23431 (11871-34991)**

Table 15 - Employment status and estimated number of Healthcare Practitioner affected. Number of HCPs (Lower estimate- Upper Estimate)

	NUMBER OF HCPS (LOWER LIMIT - UPPER LIMIT)			
EFFECT ON SOURCING STAFF	**EMPLOYED**	**EMPLOYED BY THIRD PARTY**	**SELF-EMPLOLED**	**VOLUNTEERS**
MAJOR OR MODERATE EFFECT	2734 (1483-3984)	1866 (957-2775)	3777 (1448-6105)	2836 (2066-3187)
MINOR OR NO SIGNIFICANT EFFECT	5243 (3797-6689)	1449 (156-1185)	2844 (766-4923)	2627 (2066-3187)
NOT SPECIFIED	38 (1-76)	5 (0-9)	4 (0-8)	8 (0-17)

Table 16 - Percentage of respondents per category and level of effect on the ability to source staff of the correct skill mix for events if CQC commences. Number of respondents (Percentage of respondents per category)

	EFFECT SOURCING STAFF OF THE CORRECT SKILL MIX FOR YOUR EVENTS? NUMBER OF RESPONDENTS (PERCENTAGE OF TOTAL RESPONDENTS PER CATEGORY)					
CATEGORY	**MAJOR EFFECT**	**MODERATE EFFECT**	**MINOR EFFECT**	**NO SIGNIFICANT EFFECT**	**BLANK**	**TOTAL**
NATIONAL GOVERNING BODY	8 (38%)	9 (43%)	2 (10%)	2 (10%)	0 (0%)	**21 (100%)**
SPORTS CLUB	14 (21%)	14 (21%)	16 (24%)	22 (32%)	2 (3%)	**68 (100%)**
MEDICAL SERVICES	11 (14%)	16 (21%)	8 (10%)	43 (55%)	0 (0%)	**78 (100%)**
SEARCH & RESCUE	17 (85%)	1 (5%)	0 (0%)	2 (10%)	0 (0%)	**20 (100%)**
FIRST AID	5 (33%)	3 (20%)	3 (20%)	4(27%)	0 (0%)	**15 (100%)**
VENUE	5 (38%)	0 (0%)	5 (38%)	3 (23%)	0 (0%)	**13 (100%)**
EVENT ORGANISER	4 (44%)	1 (11%)	0 (0%)	4 (44%)	0 (0%)	**9 (100%)**
EDUCATION / ASSOCIATION	3 (43%)	1 (14%)	3 (43%)	0 (0%)	0 (0%)	**7 (100%)**
NOT SPECIFIED	7 (27%)	10 (38%)	5 (19%)	4 (15%)	0 (0%)	**26 (100%)**
TOTAL	**74 (29%)**	**55 (21%)**	**42 (16%)**	**84 (33%)**	**2 (1%)**	**257 (100%)**

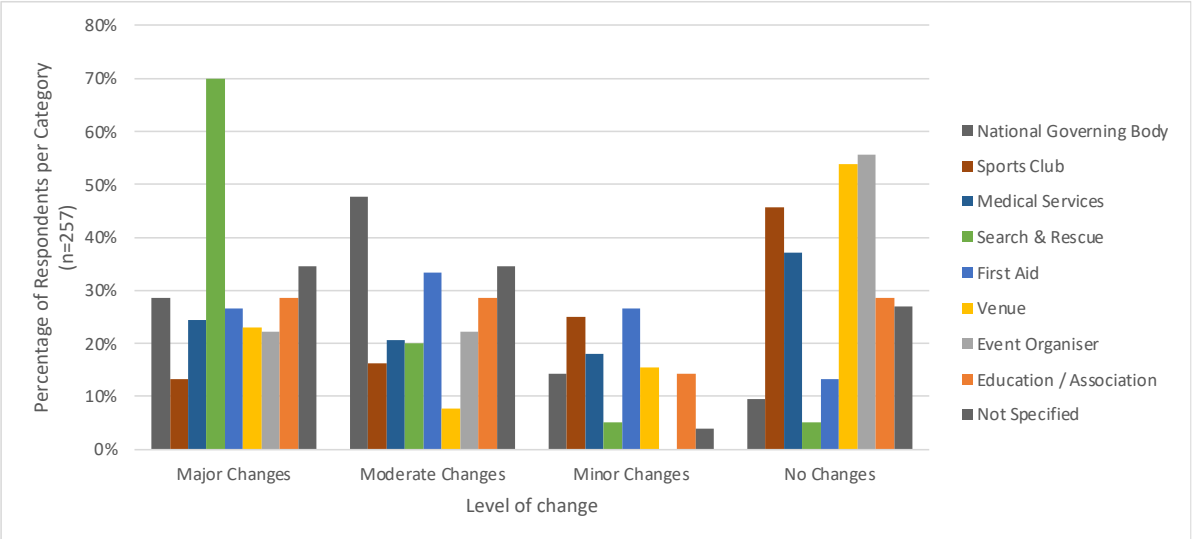

Figure 15. Percentage of respondents per category and level of effect on the change in events following the introduction of CQC regulations.

Table 17 - Percentage of respondents per category and likelihood of cancellation or relocation of events to outside England following the introduction of CQC regulations. Number of respondents (Percentage of respondents per category)

CATEGORY	CANCELLATION OR RELOCATION OF EVENTS TO OUTSIDE OF ENGLAND NUMBER OF RESPONDENTS (PERCENTAGE OF RESPONDENTS PER CATEGORY)						
	VERY LIKELY	LIKELY	NEITHER LIKELY NOR UNLIKELY	UNLIKELY	VERY UNLIKELY	BLANK	TOTAL
NATIONAL GOVERNING BODY	2 (10%)	3 (14%)	5 (24%)	7 (33%)	4 (19%)	0 (0%)	**21 (100%)**
SPORTS CLUB	4 (6%)	4 (6%)	5 (7%)	18 (26%)	37 (54%)	0 (0%)	**68 (100%)**
MEDICAL SERVICES	10 (13%)	8 (10%)	16 (21%)	14 (18%)	29 (37%)	1 (1%)	**78 (100%)**
SEARCH & RESCUE	6 (30%)	5 (25%)	3 (15%)	3 (15%)	3 (15%)	0 (0%)	**20 (100%)**
FIRST AID	3 (20%)	5 (33%)	2 (13%)	3 (20%)	2 (13%)	0 (0%)	**15 (100%)**
VENUE	1 (8%)	1 (8%)	3 (23%)	1 (8%)	7 (54%)	0 (0%)	**13 (100%)**
EVENT ORGANISER	1 (11%)	2 (22%)	0 (0%)	1 (11%)	5 (56%)	0 (0%)	**9 (100%)**
EDUCATION / ASSOCIATION	1 (14%)	1 (14%)	1 (14%)	1 (14%)	3 (43%)	0 (0%)	**7 (100%)**
NOT SPECIFIED	8 (31%)	4 (15%)	3 (12%)	6 (23%)	5 (19%)	0 (0%)	**26 (100%)**
TOTAL	**36 (14%)**	**33 (13%)**	**38 (15%)**	**54 (21%)**	**95 (37%)**	**1 (0%)**	**257 (100%)**

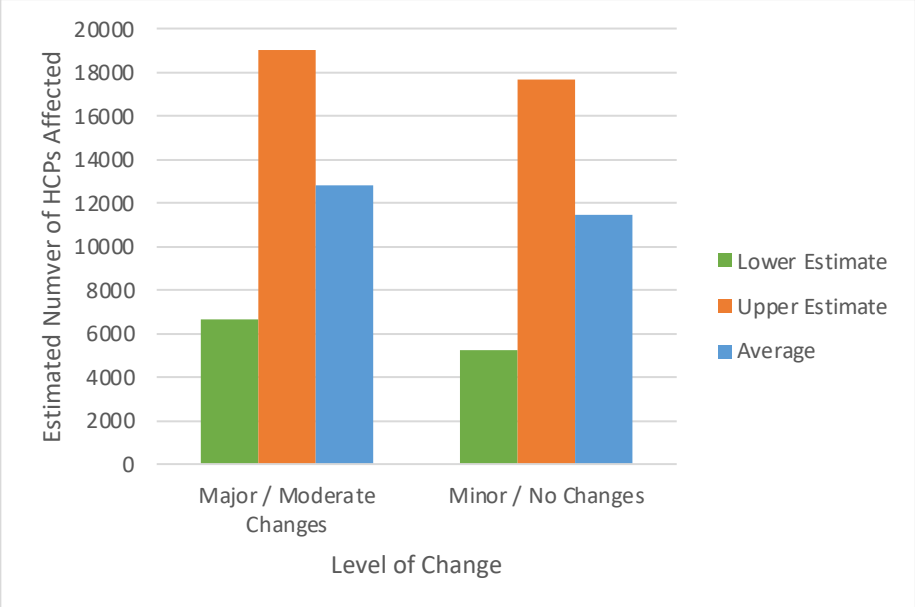

Figure 16. Level of change and estimated number of Healthcare Practitioners affected.

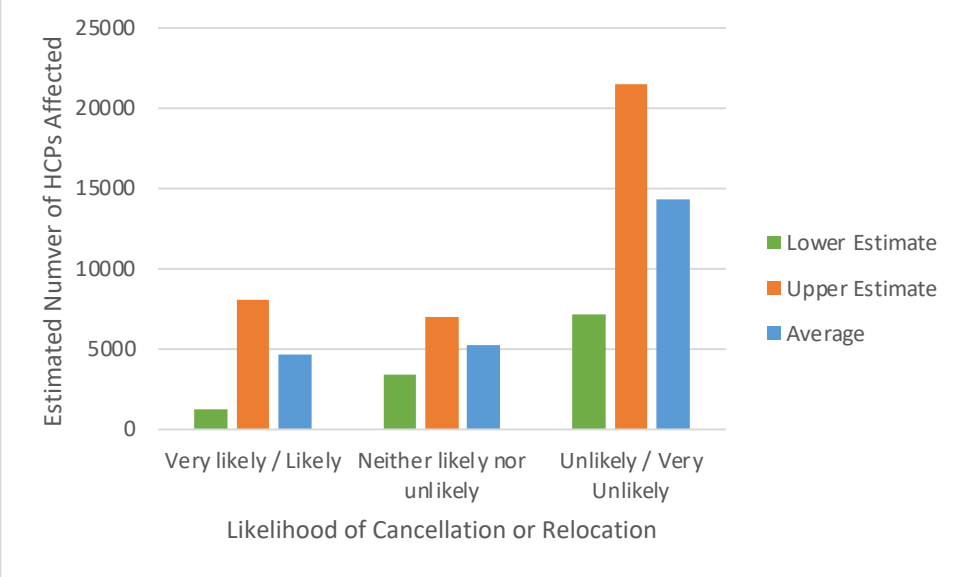

Figure 17. The likelihood of cancellation or relocation and estimated number of Healthcare Practitioners affected.

Appendix 2: Practitioner Survey Complete Dataset Tables and Figures

Table 18. Occupation of responders to Practitioners' Survey.

TYPE OF PROVIDER	NUMBER OF RESPONDENTS (% OF TOTAL RESPONDENTS)
MEDICAL PRACTITIONER	352 (50%)
PARAMEDICS	168 (24%)
PHYSIOTHERAPISTS	88 (13%)
NURSE	41 (5.9%)
SPORTS THERAPIST	7 (1.0%)
AMBULANCE	4 (0.6%)
EMERGENCY MEDICAL TECHNICIAN	4 (0.6%)
FIRST RESPONDER	4 (0.6%)
MULTIPLE	3 (0.4%)
OSTEOPATH	3 (0.4%)
EMERGENCY CARE ASSISTANT	2 (0.3%)
HEAD OF PERFORMANCE	2 (0.3%)
OPERATIONS MANAGER	2 (0.3%)
ASSISTANT PRACTITIONER	1 (0.1%)
CHAPLAIN	1 (0.1%)
DENTAL PRACTITIONER	1 (0.1%)
GROUND SAFETY OFFICER	1 (0.1%)
MEDICAL COMPANY	1 (0.1%)
MEDICAL STUDENT	1 (0.1%)
MEDICO-LEGAL	1 (0.1%)
MOUNTAIN RESCUE	1 (0.1%)
NURSE PRACTITIONER	1 (0.1%)
PHARMACY TECHNICIAN	1 (0.1%)
PHYSICIAN ASSOCIATE	1 (0.1%)
PRE-HOSPITAL PROVIDER	1 (0.1%)
RADIOGRAPHER	1 (0.1%)
RETIRED MEDICAL PRACTITIONER	1 (0.1%)
STUDENT PARAMEDIC	1 (0.1%)
TRAINEE TECHNICIAN	1 (0.1%)
VOLUNTEER FIRST AIDER	1 (0.1%)

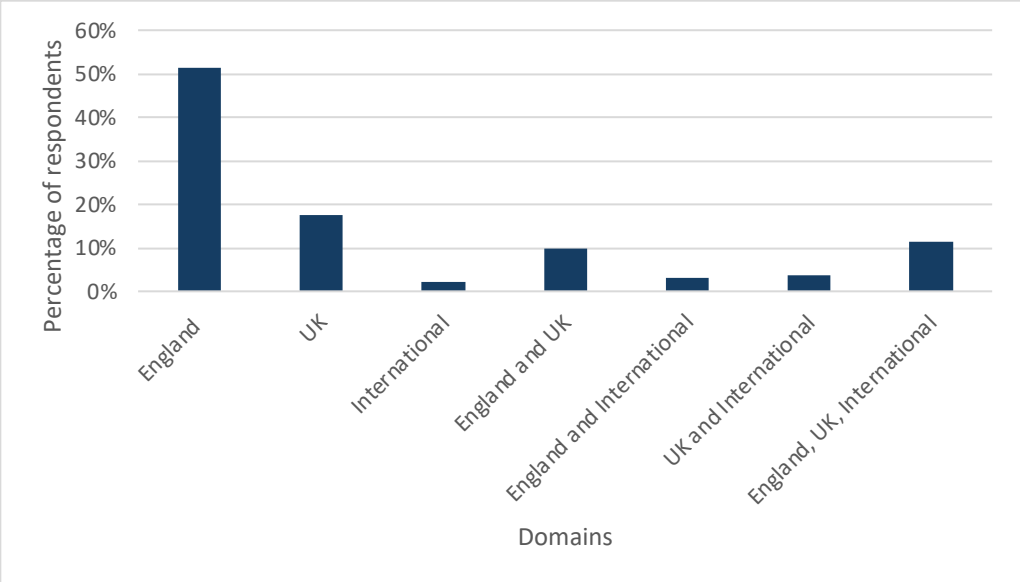

Figure 18. Proportion of respondents providing cover for events in England, the UK or Internationally, or any combination of these regions.

Table 19 - Likely course of action for practitioners if CQC regulation of TDDI at events comes into place. Number of respondents (% of respondents per sport)

	NUMBER OF RESPONDENTS (% OF RESPONDENTS PER SPORT)						
	NO CHANGE		CHANGE				
SPORT	EMPLOYED EHP	CQC REGISTERED	WILL REGISTER AS SOLE PROVIDER	WILL LOOK TO BE EMPLOYED BY EHP	MAY STOP WORKING IN SECTOR	UNSURE	TOTAL
FORMULA 1	15 (29%)	0 (0%)	4 (8%)	10 (19%)	23 (44%)	0 (0%)	**52 (100%)**
MOTORSPORT	54 (22%)	5 (2%)	23 (10%)	55 (23%)	103 (42%)	0 (0%)	**243 (100%)**
HORSE RACING	42 (25%)	7 (4%)	15 (9%)	33 (20%)	61 (36%)	3 (2%)	**169 (100%)**
FENCING	4 (27%)	0 (0%)	1 (7%)	4 (27%)	5 (33%)	1 (7%)	**15 (100%)**
WRESTLING	4 (27%)	0 (0%)	2 (13%)	1 (7%)	5 (33%)	1 (7%)	**15 (100%)**
RUGBY UNION	35 (25%)	6 (4%)	15 (11%)	35 (25%)	43 (30%)	2 (1%)	**143 (100%)**
EQUESTRIAN	46 (33%)	9 (6%)	12 (9%)	26 (19%)	41 (29%)	2 (1%)	**140 (100%)**
SAILING	8 (32%)	0 (0%)	1 (4%)	8 (32%)	7 (28%)	0 (0%)	**25 (100%)**
ROWING	9 (31%)	2 (7%)	1 (3%)	6 (21%)	8 (28%)	0 (0%)	**29 (100%)**
NETBALL	9 (24%)	1 (3%)	3 (8%)	11 (30%)	10 (27%)	1 (3%)	**37 (100%)**
FOOTBALL	73 (29%)	13 (5%)	22 (9%)	156 (61%)	67 (26%)	5 (2%)	**254 (100%)**
CYCLING	34 (31%)	6 (5%)	8 (7%)	26 (23%)	29 (26%)	2 (2%)	**111 (100%)**
SHOOTING	3 (19%)	3 (19%)	1 (6%)	3 (19%)	4 (25%)	1 (6%)	**16 (100%)**
RUGBY LEAGUE	22 (27%)	4 (5%)	8 (10%)	19 (24%)	20 (25%)	2 (3%)	**81 (100%)**
SWIMMING	19 (33%)	2 (4%)	1 (2%)	17 (30%)	14 (25%)	1 (2%)	**57 (100%)**
ATHLETICS	33 (32%)	3 (3%)	8 (8%)	23 (23%)	25 (25%)	3 (3%)	**102 (100%)**
BOXING	25 (34%)	3 (4%)	7 (10%)	19 (26%)	18 (24%)	0 (0%)	**74 (100%)**
GOLF	10 (30%)	1 (3%)	3 (9%)	9 (27%)	8 (24%)	1 (3%)	**33 (100%)**
CANOEING	9 (43%)	0 (0%)	1 (5%)	5 (24%)	5 (24%)	0 (0%)	**21 (100%)**
WINTER SPORTS	6 (22%)	1 (4%)	1 (4%)	9 (33%)	6 (22%)	2 (7%)	**27 (100%)**
KARATE	14 (42%)	1 (3%)	3 (9%)	4 (12%)	7 (21%)	1 (3%)	**33 (100%)**
TENNIS	18 (34%)	4 (8%)	5 (9%)	12 (23%)	11 (21%)	1 (2%)	**53 (100%)**
TRIATHLON	25 (39%)	3 (5%)	5 (8%)	17 (27%)	13 (20%)	1 (2%)	**64 (100%)**
CRICKET	30 (39%)	7 (9%)	8 (10%)	10 (13%)	15 (19%)	1 (1%)	**78 (100%)**

	NUMBER OF RESPONDENTS (% OF RESPONDENTS PER SPORT)						
	NO CHANGE		CHANGE				
SPORT	EMPLOYED EHP	CQC REGISTERED	WILL REGISTER AS SOLE PROVIDER	WILL LOOK TO BE EMPLOYED BY EHP	MAY STOP WORKING IN SECTOR	UNSURE	TOTAL
JUDO	16 (42%)	2 (5%)	3 (8%)	7 (18%)	7 (18%)	1 (3%)	**38 (100%)**
MMA	14 (42%)	1 (3%)	3 (9%)	6 (18%)	6 (18%)	1 (3%)	**33 (100%)**
SPORT CLIMBING	6 (27%)	2 (9%)	1 (5%)	6 (27%)	4 (18%)	1 (5%)	**22 (100%)**
WATERPOLO	4 (36%)	0 (0%)	1 (9%)	2 (18%)	2 (18%)	1 (9%)	**11 (100%)**
BADMINTON	6 (50%)	0 (0%)	1 (8%)	2 (17%)	2 (17%)	1 (8%)	**12 (100%)**
BASKETBALL	8 (44%)	1 (6%)	1 (6%)	2 (11%)	3 (17%)	1 (6%)	**18 (100%)**
GYMNASTICS	12 (29%)	2 (5%)	7 (17%)	11 (26%)	7 (17%)	2 (5%)	**42 (100%)**
HANDBALL	2 (33%)	0 (0%)	1 (17%)	1 (17%)	1 (17%)	1 (17%)	**6 (100%)**
SQUASH	5 (42%)	0 (0%)	3 (25%)	1 (8%)	2 (17%)	1 (8%)	**12 (100%)**
ICE HOCKEY	13 (50%)	0 (0%)	4 (15%)	5 (19%)	4 (15%)	0 (0%)	**26 (100%)**
WEIGHTLIFTING	2 (15%)	0 (0%)	1 (8%)	6 (46%)	2 (15%)	1 (8%)	**13 (100%)**
CURLING	2 (29%)	0 (0%)	2 (29%)	1 (14%)	1 (14%)	1 (14%)	**7 (100%)**
DARTS	3 (43%)	0 (0%)	2 (29%)	0 (0%)	1 (14%)	1 (14%)	**7 (100%)**
SNOOKER	3 (43%)	0 (0%)	1 (14%)	1 (14%)	1 (14%)	1 (14%)	**7 (100%)**
SOFTBALL	3 (43%)	0 (0%)	1 (14%)	1 (14%)	1 (14%)	1 (14%)	**7 (100%)**
SKATEBOARDING	6 (40%)	0 (0%)	2 (13%)	4 (27%)	2 (13%)	1 (7%)	**15 (100%)**
BASEBALL	3 (38%)	1 (13%)	2 (25%)	0 (0%)	1 (13%)	1 (13%)	**8 (100%)**
SURFING	3 (33%)	0 (0%)	1 (11%)	4 (44%)	1 (11%)	0 (0%)	**9 (100%)**
TABLE TENNIS	6 (55%)	0 (0%)	1 (9%)	2 (18%)	1 (9%)	1 (9%)	**11 (100%)**
ARCHERY	4 (33%)	0 (0%)	3 (25%)	2 (17%)	1 (8%)	1 (8%)	**12 (100%)**
MODERN PENTATHLON	4 (33%)	1 (8%)	1 (8%)	4 (33%)	1 (8%)	0 (0%)	**12 (100%)**
AMERICAN FOOTBALL	19 (48%)	2 (5%)	2 (5%)	9 (23%)	2 (5%)	2 (5%)	**40 (100%)**
DIVING	8 (40%)	1 (5%)	2 (10%)	4 (20%)	1 (5%)	3 (15%)	**20 (100%)**
ARTISTIC SWIMMING	3 (60%)	0 (0%)	1 (20%)	0 (0%)	0 (0%)	0 (0%)	**5 (100%)**
BOCCIA	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)	**1 (100%)**

	NUMBER OF RESPONDENTS (% OF RESPONDENTS PER SPORT)						
	NO CHANGE		CHANGE				
SPORT	EMPLOYED EHP	CQC REGISTERED	WILL REGISTER AS SOLE PROVIDER	WILL LOOK TO BE EMPLOYED BY EHP	MAY STOP WORKING IN SECTOR	UNSURE	TOTAL
BOWLS	4 (44%)	1 (11%)	2 (22%)	1 (11%)	0 (0%)	1 (11%)	**9 (100%)**
HOCKEY	8 (33%)	0 (0%)	2 (8%)	6 (25%)	0 (0%)	2 (8%)	**24 (100%)**
SHINTY	2 (50%)	0 (0%)	1 (25%)	0 (0%)	0 (0%)	1 (25%)	**4 (100%)**
VOLLEYBALL	5 (46%)	0 (0%)	1 (9%)	3 (27%)	0 (0%)	1 (9%)	**11 (100%)**
TAEKWANDO	0 (0%)	0 (N/A)	0 (N/A)	0 (N/A)	0 (N/A)	0 (N/A)	**0 (N/A)**

Appendix 3: Organisation Survey Questions

Organisation: Proposed CQC Regulation of Sport and Culture Medical Workforce Impact Survey

We are contacting you to ask for your assistance with a workforce survey with respect to the proposed expansion of the Care Quality Commission's (CQC) regulatory remit into healthcare provided at all sporting and cultural events in England. While we are conducting the survey independently, we maintain close working relationships with the Department for Culture, Media and Sport (DCMS) on this and related matters. This survey aims to:

- estimate the number of Medical Staff who are likely to be brought into the regulation of the CQC
- gauge the effect on those staff of CQC regulation at sporting and cultural events

There are two versions of the survey

1. Organisational version
2. Practitioner version

This is the **organisational** survey. Please complete one or both surveys, depending on your role(s). The link to the survey for This is the **organisational** survey. Please complete one or both surveys, depending on your role(s). The link to the survey for **practitioners** can be found here:

https://forms.office.com/e/GV0VMAsYPz

As far as we know the CQC will regulate the Sports and Culture Sector using the same requirements and processes currently applied to the wider healthcare sector already under CQC jurisdiction. There is some background information available through the link below:

https://www.fsem.ac.uk/wp-content/uploads/2025/03/DCMS-Survey-Background.pdf

* Required

Organisational Survey

1. What is the name of your organisation?

Enter your answer

2. Where do your events take place? [Choose all that apply]*
   - ☐ England
   - ☐ United Kingdom

- [ ] International

3. What sector does your organisation work in?*
   - ○ Sport
   - ○ Culture
   - ○ Sport and Culture

4. What sport(s) does your organisation work in?*
   - [ ] American Football
   - [ ] Archery
   - [ ] Artistic Swimming
   - [ ] Athletics
   - [ ] Badminton
   - [ ] Baseball
   - [ ] Basketball
   - [ ] Bowls
   - [ ] Boxing
   - [ ] Canoeing
   - [ ] Cricket
   - [ ] Curling
   - [ ] Cycling
   - [ ] Darts
   - [ ] Diving
   - [ ] Equestrian
   - [ ] Fencing
   - [ ] Football
   - [ ] Formula 1
   - [ ] Golf
   - [ ] Gymnastics
   - [ ] Handball
   - [ ] Hockey
   - [ ] Horse Racing
   - [ ] Ice Hockey
   - [ ] Judo
   - [ ] Karate
   - [ ] Mixed Martial Arts
   - [ ] Modern Pentathlon
   - [ ] Motorsport
   - [ ] Netball
   - [ ] Rowing
   - [ ] Rugby League
   - [ ] Rugby Union
   - [ ] Sailing
   - [ ] Shinty
   - [ ] Shooting
   - [ ] Skateboarding
   - [ ] Snooker
   - [ ] Softball
   - [ ] Sport Climbing
   - [ ] Squash
   - [ ] Surfing
   - [ ] Swimming
   - [ ] Table Tennis
   - [ ] Taekwondo
   - [ ] Tennis
   - [ ] Triathlon
   - [ ] Volleyball
   - [ ] Waterpolo
   - [ ] Weightlifting
   - [ ] Winter Sports
   - [ ] Wrestling
   - [ ] N/A - My organisations does not cover the sports sector
   - [ ] Other

5. Do your events include any of the following? [choose all that apply]
   - [ ] Commonwealth games
   - [ ] Olympic games
   - [ ] Disability sport
   - [ ] Cultural Events for Disabled Performers

6. What cultural event(s) does your organisation work in? [choose all that apply]
   - [ ] Music festivals
   - [ ] Music venues
   - [ ] Theatre (all types)
   - [ ] Film / TV production
   - [ ] Dance (all types)
   - [ ] Circus and related acts
   - [ ] Agricultural and Country Shows
   - [ ] Festivals

☐ N/A - My organisation does not cover the culture sector

☐ Other

7. Please estimate the total number of Healthcare Practitioners (HCPs) who provide services under your organisation's jurisdiction

- ○ 0-100
- ○ 101-200
- ○ 201-300
- ○ 301-400
- ○ 401-500
- ○ 501-600
- ○ 601-700
- ○ 701-800
- ○ 801-900
- ○ 901-1000
- ○ Over 1000

Organisational Survey - Workforce Employment Status

By category, please estimate the percentage of your HCPs that fall into the following categories: [total should be 100%]

8. Employed directly [%]

Enter your answer

9. Employed by a third-party supplier [%]

Enter your answer

10. Self-employed [%]

Enter your answer

11. Volunteers [%]

Enter your answer

Organisational Survey - Impact of CQC Regulation

12. If CQC regulation commences what effect will there be on your ability to source staff of the correct skill mix for your events?

- ○ No Significant Effect
- ○ Minor Effect
- ○ Moderate Effect
- ○ Major Effect

13. Do you anticipate any changes in your events following the introduction of CQC regulation such alterations in the size, frequency or location of events?

- ○ No Changes
- ○ Minor Changes
- ○ Moderate Changes
- ○ Major Changes

14. Do you anticipate the cancellation or relocation of any of your events to outside of England following the introduction of CQC regulation?

- ○ Very likely
- ○ Likely
- ○ Neither likely nor unlikely
- ○ Unlikely
- ○ Very unlikely

15. Do you have any other comments?

Enter your answer

16. If relevant please now complete the survey for **Practitioners** through this link
    - https://forms.office.com/e/GV0VMAsYPz and **click on submit below**

Submit

Appendix 4: Practitioner Survey Questions

Practitioner: Proposed CQC Regulation of Sport and Culture Medical Workforce Impact Survey

We are contacting you to ask for your assistance with a workforce survey with respect to the proposed expansion of the Care Quality Commission's (CQC) regulatory remit into healthcare provided at all sporting and cultural events in England. While we are conducting the survey independently, we maintain close working relationships with the Department for Culture, Media and Sport (DCMS) on this and related matters. This survey aims to:

- estimate the number of Medical Staff who are likely to be brought into the regulation of the CQC
- gauge the effect on those staff of CQC regulation at sporting and cultural events

There are two versions of the survey

1. Organisation version
2. Practitioner version

This is the practitioner survey. Please complete one or both surveys, depending on your role(s). The link to the survey for organisations can be found here:

https://forms.office.com/e/gGUBwu9gyy

As far as we know the CQC will regulate the Sports and Culture Sector using the same requirements and processes currently applied to the wider healthcare sector already under CQC jurisdiction. There is some background information available through the link below:

https://www.fsem.ac.uk/wp-content/uploads/2025/03/DCMS-Survey-Background.pdf

* Required

Practitioner Survey

1. Please indicate your discipline [choose all that apply]

☐ Medical practitioner
☐ Physiotherapist
☐ Nurse
☐ Paramedic
☐ Midwife
☐ Biomedical Scientist
☐ Clinical Scientist
☐ Operating Department Practitioner
☐ Radiographer
☐ Dental Practitioner
☐ Dental Hygienist
☐ Dental Therapist
☐ Dental Nurse
☐ Dental Technician
☐ Orthodontic Therapist

2. Where do your events take place? [Choose all that apply]*

- ☐ England
- ☐ United Kingdom
- ☐ International

3. Which region(s) of England do you provide event cover for?*

- ☐ East of England
- ☐ East Midlands
- ☐ London
- ☐ North East
- ☐ North West
- ☐ South East
- ☐ South West
- ☐ West Midlands
- ☐ Yorkshire and the Humber

4. Do any of the events you provide healthcare cover for delivering Treatment of Disease, Disorder or Injury (TDDI) include any of the following? [choose all that apply]*

- ☐ Commonwealth games
- ☐ Olympic games
- ☐ Disability sport
- ☐ Cultural Events for Disabled Performers

5. What sport(s) do you work in? [choose all that apply]*

- ☐ American Football
- ☐ Archery
- ☐ Artistic Swimming
- ☐ Athletics
- ☐ Badminton
- ☐ Baseball
- ☐ Basketball
- ☐ Bowls
- ☐ Boxing
- ☐ Canoeing
- ☐ Cricket
- ☐ Curling
- ☐ Cycling
- ☐ Darts
- ☐ Diving
- ☐ Equestrian
- ☐ Fencing
- ☐ Football
- ☐ Formula 1
- ☐ Golf
- ☐ Gymnastics
- ☐ Handball
- ☐ Hocket
- ☐ Horse Racing
- ☐ Ice Hockey
- ☐ Judo
- ☐ Karate
- ☐ Mixed Martial Arts
- ☐ Modern Pentathlon
- ☐ Motorsport
- ☐ Netball
- ☐ Rowing
- ☐ Rugby League
- ☐ Rugby Union
- ☐ Sailing
- ☐ Shinty
- ☐ Shooting
- ☐ Skateboarding
- ☐ Snooker
- ☐ Softball
- ☐ Sport Climbing
- ☐ Squash
- ☐ Surfing
- ☐ Swimming
- ☐ Table Tennis
- ☐ Taekwondo
- ☐ Tennis
- ☐ Triathlon
- ☐ Volleyball
- ☐ Waterpolo
- ☐ Weightlifting
- ☐ Winter Sports
- ☐ Wrestling
- ☐ N/A - My organisations does not cover the sports sector
- ☐ Other

6. What cultural event(s) do you cover? [choose all that apply]

- [ ] Music festivals
- [ ] Music venues
- [ ] Theatre (all types)
- [ ] Film / TV production
- [ ] Dance (all types)
- [ ] Circus and related acts
- [ ] Agricultural and Country Shows
- [ ] Festivals
- [ ] N/A - My organisation does not cover the culture sector
- [ ] Other

7. Which groups do you principally provide healthcare services delivering TDDI for? [choose all that apply]*

- [ ] Athletes / Performers / Officials
- [ ] Venue Staff
- [ ] Spectators

8. Are you principally:*

- ○ Employed directly
- ○ Employed by a third-party supplier
- ○ Self-employed
- ○ A volunteer

9. When you work at Sporting and Cultural Events are you a member of a team which includes a listed healthcare professional?*
   See definition for listed healthcare professional - https://www.cqc.org.uk/guidance-regulation/providers/registration/scope-registration/glossary-terms
   - ○ Yes
   - ○ No

10. If CQC regulation of TDDI at events comes into effect, how will you be likely to proceed? [choose one only]*
    - ○ No change – I am employed by an Event Healthcare Provider
    - ○ No change – I am already registered with CQC
    - ○ I will register as a sole provider and manage my own CQC administration.
    - ○ I will look to be employed by the Event Healthcare Provider so they will manage my
    - ○ CQC administration at an event
    - ○ I may stop working in the Sports and Cultural Events Sector in regard to the provision of TDDI.

11. Do you have any other comments?*
    Please note that whilst all comments will be reviewed, we will not be able to respond to comments individually.

Enter your answer

12. If relevant please now complete the survey for Organisations through this link - https://forms.office.com/e/gGUBwu9gyy and click on submit below

Enter your answer

Submit