

International Doctors Conference Report

The first International Doctors Conference for Racing Doctors and Officials took place in Tokyo over two days on 23rd and 24th October. The conference which was run in conjunction with the 16th International Conference of Racing Analysts and Veterinarians (ICRAV) was attended by representatives from 11 of the major racing nations of the world. The main purpose of the conference was to discuss the many health, safety and welfare issues concerning jockeys on a worldwide basis and to see if the possibility existed to harmonise standards and procedures throughout the world. The staging of the conference for the first time alongside the 16th ICRAV conference is indicative of the way Racing Authorities now see the importance of health and welfare issues concerning jockeys. The conference was organised by both the Irish Turf Club and the Japan Racing Association (JRA) under the umbrella of the International Federation of Horseracing Authorities (IFHA).

On the day before the conference opened, all delegates from both conferences were taken to Tokyo racecourse for racing. The JRA are probably one of the most successful racing organisations in the world, though in recent years betting (which is tote only) has been falling. In 2006 they estimate that betting will be down 2% over the 2005 level. However, on Sunday last a whopping €285 million was bet at the three meetings which included the Japanese St. Leger. On the Japan Cup alone in 2005 €150 million was wagered. One of the things the JRA is good at is reinvesting in facilities. The visit to the racecourse medical centre for jockeys confirmed this. The centre has practically every form of medical care imaginable,

including an onsite x-ray machine and a radiographer. Thankfully the facilities did not need to be used on Sunday.

The mood at the conference itself was very positive. Every delegate who attended was passionate about what they did and really wanted to see the conference work. Day One of the conference focused on the more practical aspects of what each country had in place and how each structure worked while Day Two focused on the future and included detailed updates on both the Irish Turf Club's continuing work on Jockeys Body Weights and the National Jockey Health and Safety Review carried out in Australia as well as agreeing on the future direction of the group.

Session One of the conference started with an explanation of Article 27 of the International Agreement on Racing, Breeding and Wagering and a review of the work carried out by the European Medical Officers Group. The International Agreement is an Agreement between all the Racing Authorities of the world who are members of the IFHA which sets out a detailed list of ideal principals designed to help horseracing authorities define their own requirements. It consists of a number of articles dealing with racing issues. Article 27 deals with health protection of riders. In total 55 racing authorities have signed Article 27.

The European Medical Officers Group was set up 10 years ago and consists of the Chief Medical Officers of Ireland, Great Britain, France and Germany. It has been largely responsible for advising the European Racing Authorities on the harmonisation of safety standards in Europe particularly those relating to protective equipment.

Session One concluded with a presentation from Dr. Michael Turner, Chief Medical Officer of the Horseracing Regulatory Authority (HRA) in Great Britain which emphasised the importance of uniform licensing standards being applied throughout the world to avoid the possibility of jockeys who are granted a licence in one jurisdiction with less stringent medical standards turning up to ride on that licence in another jurisdiction which has different standards, which if applied initially to that rider would have seen his application refused on health and safety grounds.

Both the ICRAV and International Doctors Conferences then joined up for the official opening by both Takashi Arakawa from the Ministry of Agriculture Forestry and Fisheries in Japan and Dr. Kenji Tsuchikawa (Executive Vice President of the JRA). In their introductory speeches both spoke about their disappointment and embarrassment following the news of the positive drugs test on Deep Impact following his third in Prix de l'Arc de Triomphe. They were genuinely upset at what happened and went to great lengths to say how sorry they were for the problems it caused.

Session Two of the International Doctors Conference dealt with protective equipment used by jockeys. This was one of the key sessions of the two days and featured presentations from Japan, Ireland, Australia, USA and Singapore on the equipment which is allowed. It also reviewed the incidence of jockey fatalities which vary between one in every 170,000 rides in Japan to one in every 250,000 rides in the U.K., which are frightening statistics. The majority of fatalities are due to head injuries.

The Australian presentation was particularly interesting with Dr. John Saxon demonstrating a new stirrup which has been designed by Hayden Bostock. At present, when a jockey falls off a horse, his or her foot may be caught or hooked up in the standard stirrup, exposing the jockey to the potential danger of being either dragged or trampled by the horse. Inspired by dragging incidents of a couple of close friends, Hayden Bostock began working in 1989 on the initial concept of a stirrup with a locking system that would be reliable in release.

He has now produced what he believes is the worlds first two-piece equestrian stirrup with a bi-directional mechanism that will ensure the foot releases from any position in the event of a fall. The stirrup has been used in races by leading Australian rider, Darren Beadman and is expected to be introduced there once testing is completed.

The American presentation was made by Dr. Brian Rizen, a doctor based at Philadelphia Park who has been working there with jockeys since 1982. He told alarming stories in relation to the protective equipment being used by the jockeys. Dr. Rizen felt that the production of an approved list of safety equipment would really benefit the jockeys under his care.

Peter Chadwick, the Chief Stipendiary Steward from Singapore spoke passionately during this session about the need to ensure that equipment used meets the highest standard. He spoke of the emotions his family went through when his father – a jockey came home injured. His grandfather was also a jockey who died when his father was 11 – killed as a result of a fall from a horse.

The presentations were followed by a round table discussion by delegates from the other countries on what was allowed in each country. Early on in the discussion, it soon became apparent that there were issues which needed to be addressed as equipment which was banned in some countries as being unsafe was allowed in others. The session concluded with the delegates agreeing that the preparation of an approved list of equipment for use throughout the world was a top priority.

Session Three featured a presentation from each of the delegates on the medical arrangements in each country. There was a high standard of basic care in each country which was to be expected as all the delegates came from the bigger jurisdictions.

In Session Four, I presented a paper on the compensation funds available in Ireland for jockeys in the event of they sustaining an injury and believe it or not our benefit structure was the envy of most delegates.

The day closed with a joint presentation on concussion by Dr. Masao Matsutani of JRA and Dr. Michael Turner. Dr. Matsutani referred to the judo rolling techniques which JRA apprentices are now being taught at the JRA Racing School to encourage them to roll away in the event of a fall. He said that there has never been a jockey fatally injured in Japan where the jockey has managed to roll.

Dr. Turner told delegates that there was in the region of 100 concussions each year in Great Britain and that HRA used a system of Baseline Neuro

Psychological Testing to determine when a jockey should be allowed return to race riding after a concussion. This test is a type of reaction/IQ test which must be completed by each rider prior to being issued a licence. If the jockey subsequently suffers a concussion the jockey undertakes the test again and the time he takes to complete the test is then compared to the time he originally took. The jockey is not allowed back riding until he equals or betters his original time which may necessitate the test being taken regularly over a number of days. He concluded by referring to the cost of administering the system which he said was very expensive.

Day Two started with both the ICRAV and International Doctors Conference joining up to hear a presentation from Dr. Walter Halley and myself on the role of the Racing Authority Medical Adviser. One of the interesting points to arise from our own conference is the number of jurisdictions that don't have a Chief Medical Officer.

The first individual session of the International Doctors Conference featured a presentation from Dr. Adrian McGoldrick on the Irish Body Weights Study and the plans for further research. The session concluded with a presentation from Dr. Matsutani on the results of a jockey study he had conducted and a discussion on the minimum weights issue.

Both Dr. McGoldrick and Dr. Matsutani referred to the effects of jockeys repeatedly losing weight as a result of dehydration and malnutrition and the implications it has for the development of osteoporosis in later life. Dr. Matsutani concluded by stating that compared to jockeys in Europe and the USA, 90 – 95% of JRA jockeys are in a healthy condition in terms of

nutrition and hydration. The main reason for this he said was due to the fact that the Japanese people were of lighter build and can keep smaller figures by eating a traditional Japanese diet of small fish whole (including bones) which provides additional calcium!!!

A round table discussion then followed on minimum weights and with the exception of Japan, Hong Kong and Singapore (where the local population is smaller in build than elsewhere), all delegates said that their jurisdictions were planning to raise the minimum weights in the next year.

Session 7 was presented by Dr. Yves Bonnaire and Dr. Benoit le Masson from France Galop and dealt with prohibited substance testing in France where over 400 samples are taken from jockeys annually. Interestingly Australia, Singapore and South Africa carry out drug testing on trackwork riders with Singapore actually testing stable staff.

Session 8 featured a presentation from Dr. Peter Wind on the work he carried out following his appointment as Chief Medical Officer in Germany.

Then we came to Session Nine which was a presentation from Dr. John Saxon on the work undertaken in Australia by the National Jockeys Safety Review Committee. Part of the review consisted of the analysis of a questionnaire which was sent out to jockeys. In total 229 responded and the findings mirror the findings from the Irish Jockeys Survey with regard to jockeys lifestyles, nutrition and weight loss practices.

The questionnaires also indicated that the average flat jockey in Australia loses 5 weeks per annum through injury and Dr. Saxon concluded by stating that the savings to the industry would be immense if it was possible to reduce the injuries by 20% through the use of better protective equipment.

The final session dealt with two issues. The first issue was an analysis of a questionnaire which was sent out to all members of the IFHA on medical and licensing issues and the second issue was a round table discussion on the future of the conference and the possibility of standards and procedures being harmonised throughout the world. The results of the survey were fascinating, some of the more interesting findings are set out below:-

- 75% of jockeys worldwide are professional.
- In four countries, Denmark (79%), Sweden (76%), Germany (59%) and Austria (51%), there are more women licensed than men.
- Ireland is the only country in the world where there is more jump racing (69%) than flat racing.
- Three countries do not provide a doctor on the racecourse.
- The wearing of body protectors is not mandatory in three countries.
- Research on jockeys is currently being carried out in three countries.

Each country was also asked to set out the biggest medical and welfare challenges facing racing in its jurisdiction and asked to rank items in importance from one to nine. The purpose of this was to enable the International Doctors Conference decide future strategy.

The results are as set out below:

1. Jockeys health and safety on the racecourse.
2. Use of prohibited substances.
3. Jockeys safety equipment.
4. Jockeys fitness to ride.
5. Jockeys weights.
6. Uniform medical standards in each jurisdiction.
7. Demands from jockeys.
8. Jockeys compensation funds.
9. Lack of suitably qualified medical personnel.

The respondents also mentioned some other items as areas to be addressed.

They were:-

- Jockeys training
- Racing surfaces
- Racecourse medical equipment
- Nutrition advice for jockey

The discussion on the future was positive. There was uniform agreement that a list of protective equipment, which is acceptable for use in each jurisdiction, should be produced and that every effort should be made to bring up the standards of medical care afforded to jockeys internationally to the highest level possible, notwithstanding that the resources available differ in each jurisdiction.

In relation to research, it was agreed that there would be international collaboration on projects to ensure that there is no duplication of work and where possible information will be shared.

For the first time ever, there is now an international group focused on the health, safety and welfare of riders throughout the world who really care. Everyone at the conference was passionate about their work and want to make things happen. Somehow I feel this time it will happen.