

A BEST PRACTICE MODEL FOR THE MANAGEMENT OF SPORT-RELATED CONCUSSION IN UK HIGHER EDUCATION

BUCS Concussion Working Group - May 2026

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List of Abbreviations

A&E	Accident and Emergency Department
BPM	Best Practice Model
BUCS	British Universities and Colleges Sport
HE	Higher Education
LOC	loss of consciousness
TBI	Traumatic Brain Injury
NGB	National Governing Body
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
RTL	Return to Learn
RTP	Return to Play
SRC	Sport-related Concussion

Executive Summary

This document reports the outcomes of the British Universities and Colleges Concussion Working Group, which met from October 2025-May 2026. The work was stimulated by and builds on The Concussion Guidelines for Non-Elite (Grassroots) Sport (UK Government, 2023) and empirical research in the HE sector. In recognition of the lack of specific guidance for HE institutions, it considers how sport-related concussion could or should be managed within the UK Higher Education context. A Best Practice Model consisting of 15 recommendations is presented, and further guidance and resources are identified to enable existing provision.

Aims and Principles

This Best Practice Model (BPM) is the outcome of a BUCS Concussion Working Group formed to consider how sport-related concussion (SRC) could or should be managed within the UK Higher Educational context. The three headline **aims** were:

- To support an SRC conscious, safe and supported environment for all participants in higher education sport and active participation.
- To create recommendations which are practically applicable across the membership and breadth of the BUCS programme.
- To create recommendations for BUCS to implement itself, in addition to encouraging member action.

The Working Group recognises that a range of UK Government, medical (NHS and NICE), and national governing body (NGB) guidance and regulations already exist (see Resources). These are valuable resources but lack detail relevant to the UK HE context. Specifically, HE institutions are large and complex organisations with an enhanced duty to care for students (see sections on SRC and Higher Education), noting their age range and relative vulnerability compared with the general child and adult population. Additionally, as places of learning, HE institutions have the added complexity of aligning the Return to Learn (RTL) process with Return to Play (RTP).

The BPM was informed by the following **principles**:

- Institutions are advised to comply with the letter and the spirit of UK Government Guidelines for grassroots sport.
- The most recent UK Government Guidelines should be seen as a minimum standard and NGB guidance should be followed where higher levels of precaution are established (e.g. longer RTP processes).
- Healthcare for SRC should be available across all sports and activities irrespective of performance levels.
- The recommendations should be implementable in all environments – from those supported by medical practitioners, where provision/support to athletes is coach-led, or in peer-led setting.
- This guidance is intended as the first stage of an ongoing project to embed and refine SRC good practice across the sector.
- Future development should be based on collaboration, co-creation, and sharing of best practice and innovation.

This document contains general medical information only. It does not constitute medical advice and should not be relied upon as such. It should not be regarded as an alternative to seeking medical advice from a qualified medical practitioner or healthcare provider.

The Resources section provides details of accessible sources of medical information. Anyone with questions or concerns about a specific medical matter should access support via the NHS by calling 111 or attending an Accident and Emergency (A&E) Department.

The Role of BUCS

Aligning with principles evident in the Safeguarding Scope of Liability (BUCS, 2025), the direct duty of care for students falls upon their affiliated institution(s). The role of BUCS in SRC management is therefore to provide guidance rather than regulate, and to support through the identification and development of tools and systems that enable good practice in institutions across the four nations.

Noting the implications in any health and safety investigation and the position of the national governing body as expert witness, BUCS must remain aligned to its broad principle of following NGB rules. BUCS could consider regulation regarding the implementation of RTP restrictions, requiring centralised administration, but this is not envisaged at this time.

Notwithstanding the above, BUCS can take steps to protect students and support members through data collection. This might take the form of:

- Introducing a central reporting system, and the production of an annual observatory/report on SRC in the BUCS programme/in HE sport;
- Developing available systems (such as BUCS Play), and utilising the reported data to indicate the status of student-athletes within RTL and RTP timelines.

Best Practice Model: Recommendations by Stakeholder

HE Leadership Teams

1. Give students clear, accessible information on SRC and track their engagement
2. Offer training to student-facing staff, appropriate to their role, to support recognition of SRC and adherence to RTL and RTP guidance
3. Actively build SRC awareness into events, sport and relevant teaching

Academic Departments

4. Have simple, consistent processes for academic adjustments following SRC
5. Apply RTL guidance and adjust academic demands where possible

Welfare, Health and Safety

6. Record SRC incidents and, where possible, their impact on student wellbeing, academic progress and sport participation
7. Follow national guidance for managing red-flag symptoms and emergency response

Student Accommodation

8. Develop incident reporting systems relevant to SRC
9. Align welfare checks with UK Government Guidelines

Sport Providers

10. Train coaches, students and match officials in Basic Life Support and SRC awareness.
11. Support a structured approach to return to activity which actively prioritises RTL in all cases
12. Apply clear RTP processes across all sports and levels
13. Review SRC data regularly and share good practice

Players and Clubs

14. Establish clear post-SRC support, including communication, buddying and guidance on rest, alcohol and driving
15. Create inclusive team cultures that support students returning from SRC

Background Information

Sport-Related Concussion

Concussion is a form of mild traumatic brain injury (TBI) caused by a direct blow or jolt to the head or body. Concussion may or may not involve loss of consciousness (LOC) and can result in symptoms immediately or which evolve over time (Patricios et al. 2023). Concussion can affect people physically (e.g. headache, nausea, sensitivity to environment), cognitively (affecting concentration and/or memory), and may disturb mood and sleep (UK Government, 2023).

While sport-related concussion (SRC) is relatively common, accurately estimating its prevalence is difficult since individuals may not seek or have access to medical attention. Kerr et al. (2014) estimate that 35-85% of all SRCs go unreported. However reported rates of concussion are generally rising as media coverage and awareness becomes more widespread (Headway, 2026).

Surveillance studies provide the most accurate assessment of incidence. The BUCS Super Rugby Injury Surveillance Report (Kemp et al., 2026) shows that university teams experience 1.4 SRCs per match, with an average of 33 days of sport missed per injury. SRCs currently constitute 20% of all injuries in BUCS Super Rugby. However, surveillance studies are currently limited to a small number of elite sport competitions, and do not capture the breadth of injuries across the BUCS membership.

In the only available survey of UK university student-athletes, over quarter of respondents (27.0%, n=59) reported a concussion in the last 12 months, with more than half (56.7%, n=123) reporting a history of concussion (Malcolm et al., 2023). Notably, this reported incidence is higher than in previous UK studies (Hutchinson et al., 2019; Travis et al., 2024) and studies of university students (Kroshus et al., 2015; Chin and Porter, 2016). Concussions were most common in collision sports with almost three-quarters (72.0%, n=72) reporting previously having sustained a concussion. However, they were also relatively frequent in non-contact sports (34.0%, n=22).

It should be noted that SRCs are just the most visible and publicised form of concussions. In the UK, TBIs account for 900,000 A&E attendances each year, and every 90 seconds a patient is admitted into hospital with an acquired brain injury. The estimated annual cost of traumatic brain injury is £15billion. Approximately 11% (n=100,000) of TBIs presented at A&E are sport-related (Hutchinson, 2025).

UK Government Guidelines

SRC is a uniquely regulated sports injury. *The Concussion Guidelines for Non-Elite (Grassroots) Sport* (UK Government, 2023) provide the first consolidated public health advice across sports in the UK. The guidelines stipulate that those suspected of concussion should: be immediately withdrawn from activity; not drive/cycle, consume alcohol or be left alone during the following 24 hours; and be assessed by an appropriate on-site healthcare professional or via the NHS helpline. Certain 'red flag' signs (e.g. LOC, amnesia, unusual behaviour change) require urgent medical assessment. The Guidelines provide information on concussion recovery and, in line with international consensus statements (Patricios et al., 2023), prescribe a graduated return to activity covering education/learning or work (RTL) and graduated return to play or sport programme (RTP).

The Guidelines further outline a range of responsibilities in the event of a suspected SRC. The stipulated responsibilities include:

For Players: immediately recognising symptoms and withdrawing from play; being honest and open in disclosing symptoms; encouraging similar behaviours in teammates; and raising concerns about other, potentially symptomatic, players with coaches, match officials, etc.

For Coaches/teachers/volunteers: remove concussed individuals from play; monitor injured players; contact a parent/guardian (for under 18s); and arrange for the player to return home safely and be supervised by a responsible adult.

For parents/carers: obtain full incident details; not leave the child alone; closely monitor for worsening symptoms (for 24 hours); encourage rest; limit smartphone use; and inform relevant parties (school, work, and other sports clubs).

Players, coaches, carers etc. are all deemed to have responsibility for ensuring compliance with the RTL and RTP protocols.

Sport-Related Concussion and Higher Education

The UK Concussion Guidelines contain no recommendations specific to students in HE, with the implicit inference that they be treated as adults. However, the previously published Concussion Guidelines for the Education Sector (Sport and Recreation Alliance, 2015) explicitly noted that the recommendations '*can also be applied to over 18s (in education) in the absence of other advice*'. This BPM is a first step in creating guidance specific to the HE context.

While HE institutions do not share the *in loco parentis* status of schools, they have a distinct, if imprecisely defined, duty of care. For instance, sector regulators expect that universities and colleges 'act reasonably to protect the health, safety and welfare of [their] students' (AMOSSHE, 2015). Moreover, these institutions' duty of

care has clearly expanded in recent years with most now providing student support and well-being services, and proactively policing various forms of anti-social behaviour. Campaigns for the implementation of a statutory duty of care for the sector are ongoing (Abraham, 2022). The lack of clarity over the duty of care impacts on the management of SRC in HE (Malcolm and Hardwicke, 2025).

Around half of all HE institutions in the UK are members of the UK's Healthy Universities Network (n=76) and thus align with the World Health Organization's Health Promoting Universities strategy (Tsouros et al., 1998). As signatories to the Okanagan Charter (2015) members of the network subscribe to two Calls for Action:

- 1) Embed health into all aspects of campus culture, across the administration, operations and academic mandates;
- 2) Lead health promotion action and collaboration locally and globally.

Addressing SRC aligns with the above commitments within the Healthy University Network, and the context of a developing duty of care. It promises also to harness the visibility and popularity of sport to raise awareness of concussion more generally.

Terminology

The limitations of the terms concussion and sport-related concussion (SRC) are acknowledged relevant to their relative imprecision, variable acceptance among healthcare professionals, and potential downplaying of injury severity. However, the Working Group deemed that 'concussion' is the most appropriate 'public facing' term and noted that it aligns with UK Government Guidelines. Where appropriate we have sought to demonstrate the applicability of this BPM to other, non-sporting, forms of mild TBI or concussion.

Method and Process

After an initial approach, Will Roberts invited Dominic Malcolm to Chair the Concussion Working Group. The Working Group consisted of academics who had conducted research on athlete's experiences of SRC, healthcare practitioners with experience of diagnosing and treating SRC, and University sports leadership and BUCS officers providing guidance on the practical applicability of the BPM within UK Higher Education: The Working Group consisted of:

Chair: Dominic Malcolm (Professor, Sociology of Sport, Loughborough University)

Mike Barry (Assistant Head of Sport, Bournemouth University)

Chris Campbell (Director of Sport, Nottingham Trent University)

Naomi Deakin (Clinical Research Associate, Cambridge University Hospitals NHS Trust)

Kerry Glendon (Physiotherapist, Loughborough University)

Jack Hardwicke (Senior Lecturer in Sociology of Sport, Nottingham Trent University)

Mary O'Hanlon (Associate Clinical Professor, Birmingham Medical School & Assistant Professor in Sport and Exercise Medicine, Nottingham University)

Keith Parry (Head of Department, Sports and Events Management, Bournemouth University)

Mike Peacock (Head of Performance Services, Cardiff Metropolitan University)

Dan Roberts (BUCS National Performance Manager)

Will Roberts (BUCS Chief Executive Officer)

Juan Rosales (BUCS Chief Medical Officer)

An online meeting was held on 9 October 2025 to scope a set of working practices and timeframe for the Working Group.

A draft proposal aligning with the practical implications of some prior research (Malcolm et al. 2023; Malcolm and Hardwicke, 2025) was circulated for feedback and discussed at a meeting held on 20 November 2025.

At a third meeting (in person, at Loughborough University, 29 January 2026) the report format was agreed, individual recommendations considered, and a plan for launch, dissemination, development and evaluation established. A revised draft was circulated.






A fourth meeting took place on 14 April 2026. Changes to the draft document were considered to provide clarity, accessibility and ensure content was comprehensive. A revised draft was circulated.

A fifth and final meeting took place on 8 May 2026. Further changes to the draft document were considered, specific wording was clarified, and the content of the Resources section was discussed.



A revised draft was circulated, and the document finalised on 21 May 2026.


Best Practice Model Recommendations: Further Guidance

Through the process the Working Group identified 6 primary stakeholder groups and 5 cross-cutting themes:



Icon	Theme	Icon	Theme
	education (red)		return to learn (blue)
	response (orange)		return to sport (purple).
	reporting (green)		

HE Leadership Teams



1		<p>Give students clear, accessible information on SRC and track their engagement</p> <p>A range of education and awareness programmes are currently available (see Resources). Many of these are free. Both generic and sport-specific options exist, but all contain information which is transferable across sporting and non-sporting contexts. A Leadership Team in HE should consider the institution's specific needs and identify the most suitable information source. Options for tracking engagement could include identifying the number of students accessing the information, assessing the impact on student knowledge and awareness, etc.</p>
2		<p>Offer training to student-facing staff, appropriate to their role, to recognise SRC and follow return-to-activity guidance</p> <p>Staff groups likely to benefit from SRC training include, teaching and professional service staff in academic departments, residential wardens/managers, security staff, student services, Student/ Athletic Union officials and referees, sport staff and duty managers. Training should align with national guidelines and include recognition of the signs</p>

		<p>and symptoms of concussion, the respective responsibilities of players/participants, coaches/teachers/volunteers, parents/carers, in returning an athlete to learning and sport. Leadership Teams might capitalise on an institution's existing expertise or utilise external support (see Resources).</p>
3		<p>Actively build SRC awareness into events, sport and relevant teaching</p> <p>Research has consistently demonstrated that education and training alone is unlikely to change attitudes and behaviours towards SRC (Hussain et al., 2024). A culture of SRC awareness and responsible behaviours can be promoted through condition-specific awareness events, during freshers' fairs, or at sports events. Institutions are directed to campaign groups in this sector (see Resources). Awareness initiatives may also include the incorporation of SRC content in relevant taught modules and/or degrees (such as coaching, sports management, sports medicine, sports therapy, strength and conditioning, and teacher training courses).</p>


Academic Departments


4		<p>Have simple, consistent processes for academic adjustments following SRC</p> <p>RTL following SRC requires distinct considerations relevant to diagnosis, symptomology, and reporting. Specifically, many SRCs will not be formally diagnosed at the point of injury. Furthermore, duration of SRC symptoms is highly individualistic, difficult to predict and variable in character and duration. The onset of SRC symptoms may be immediate or deferred and the duration may range from hours to months. Additionally, individuals experiencing SRC may not have capacity to report their injury in a timely manner, especially since current guidance advises minimisation of screen use, precluding timely reporting via electronic systems. There is considerable scope for the academic departments and sports providers within an institution to work collaboratively in the design of systems for injury reporting and academic adjustments, to ensure appropriate and consistent student support.</p>
5		<p>Apply Return to Learn guidance and adjust academic demands as needed</p> <p>The UK Government Guidelines mirrors the international consensus statement in support of a graduated rehabilitation process. This will include minimising screen time, supporting part-time return to study and/or limiting blocks of study, and prioritising classroom attendance before moving to homework and independent learning.</p>

Welfare, Health and Safety Services



6		<p>Record SRC incidents and, where possible, their impact on wellbeing, study and sport</p> <p>SRC should be recognised as having distinct consequences for the individual. Where reporting tools for injury and accident already exist, these might be modified to specifically capture SRC. Quantifying the incidence of SRC is necessary to promote healthier participation in sporting activity and embed health into campus activities.</p>
7		<p>Follow national guidance for managing red-flag symptoms and emergency response</p> <p>UK Government Guidelines identify a number of red flag symptoms requiring urgent medical assessment. This can be provided by an appropriately qualified on-site healthcare professional or in a hospital A&E Department.</p> <p>Individuals exhibiting red flag symptoms will require transportation, and supervision when attending A&E to ensure the nature of the incident is reported as accurately as possible, receive medical guidance upon discharge, and be able to faithfully convey this to the injured athlete later. Many people presenting to A&E with SRC will require supervision for 24 hours post-discharge. This level of supervision and support could be provided by either HE staff or by students through a peer-support system. However, it does require the formalisation of processes to identify responsible and appropriately knowledgeable individuals.</p>



Student Accommodation

8		<p>Develop incident reporting to best capture brain injury and SRC</p> <p>In line with the points made for recommendation 6 (above), SRC should be recognised as having distinct consequences for the individual, institution and those charged with caring responsibilities. Quantifying the incidence of SRC is necessary to promote healthier participation in sporting activity and embedding health into campus activities. An accurate record of the incidence of SRC within the student accommodation population is a pre-requisite to 9 (below).</p>
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		Where accommodation services already have reporting tools for injury and accident, these might be modified to specifically capture SRC.
9		<p>Align welfare checks with UK Government Guidelines</p> <p>Accommodation providers should consider how parallel support can be provided to students with suspected concussion, focussing on capture and formal record of incident details, observation in the first 24 hours post-injury, and support to access appropriate healthcare.</p>


Sport Providers

10		<p>Train coaches, students and match officials in Basic Life Support and SRC awareness</p> <p>UK Government Guidelines state that recognising the visible signs of SRC is a responsibility borne by everyone. Due to the diversity of environments in which HE sports take place, SRCs will more frequently be identified by student athletes and match officials than by coaches or medical staff.</p> <p>Various educational packages are currently available to provide essential knowledge for non-medical staff, This can range from an awareness of UK Government Guidelines (entry level), undertaking either a pan-sport or sport-specific training programme, or to the more advanced deployment of the Concussion Recognition Tool (see Resources).</p> <p>The wider the dissemination of information, the more robust the offered support will be. Potentially all sports teams/clubs could have a designated number of student athletes with SRC responsibilities/leadership roles (e.g. the appointment of 'Concussion Champions').</p>
11		<p>Prioritise Graduated Return to Learning guidance in all cases</p> <p>The prioritisation of learning over sports participation is a simple principle which is clearly stated in UK Government Guidelines. Sport providers can clarify whether students previously affected by SRC have fully returned to learning before they can be considered for team selection. Athletes, including student-athletes, will often prioritise sporting participation when navigating SRC recovery. Independent verification by academic departments coupled with</p>

		attendance monitoring systems would provide a more robust system of athlete surveillance.
12		<p>Apply clear Return to Play processes across all sports and levels</p> <p>UK Government Guidelines advise a consistent approach to SRC management across sports and for all grassroots or non-elite levels. Indeed, part of the rationale for producing the guidelines was to provide greater consistency across the sport sector and thus minimise conflicting advice. UK Government Guidelines should be seen as a minimum standard, with higher levels of precaution advised in line with sport-specific guidance. As a general principle, in no circumstances should a grassroots sports participant return to competition before 21 days from injury occurrence.</p>
13		<p>Review concussion data regularly and share good practice</p> <p>An SRC conscious, safe and supported participation environment will be enhanced by the periodic assessment of SRC incidence and outcomes. Data is a necessary but not sufficient condition of building SRC awareness across an institution. Fluctuations in SRC incidence should be interpreted in their appropriate context (including, but not limited to, sporting season, annual variation, academic terms). There is considerable scope for institutions to learn from each other and share good practice. Partnerships across HE institutions are encouraged.</p>

Players/Clubs

14		<p>Put clear post-SRC support in place, including communication, buddying and guidance on rest, alcohol and driving</p> <p>Fundamental to UK Government Guidelines is the importance of adherence to proscribed rehabilitation processes (both RTL and RTP). Consequently, it would be desirable for institutions to develop a post-SRC pathway that can be triggered after diagnosis. The pathway could include a named lead able to coordinate support, inform stakeholders, and signpost to relevant support and guidelines. Particular attention should be drawn to the stipulation that those with a diagnosed or suspected SRC should not drive/cycle, consume alcohol or</p>
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		<p>be left alone during the following 24 hours. A buddying system could be implemented to ensure that students are not left alone in this important period. The potential cognitive impact of SRC means that it cannot be assumed that the affected student-athlete can action the rehabilitation process themselves and/or alone.</p> <p>Institutions can also mobilise existing resources, knowledge and networks. Most on-going cases of SRC will be referred to the student's GP. Some institutions will have in-house physiotherapists that are concussion trained and available to students, some will be able to recommend the use of a local private physiotherapist or treatment providers, and some will have arrangements to refer cases directly to neurotrauma specialists within the NHS.</p>
15		<p>Create inclusive team cultures that support students returning from SRC</p> <p>UK Government Guidelines specify that players, coaches, carers etc. all have a responsibility of ensuring athletes adhere to RTL and RTP processes. Research further indicates that one of the primary reasons why athletes do not follow the prescribed processes is because they do not want to be taken out of the sports team environment (e.g. Torres Colón et al., 2017). Consequently, the promotion of inclusive team cultures that are respectful of healthy practices are fundamental to mitigating the potential harms of SRC (Malcolm and Hardwicke, 2025).</p> <p>For instance, coaches and student leaders can promote cultures of precaution and respect that normalise non-alcohol participation in team cultures and encourage teammates to prioritise wellbeing. Reference should be made to the education themed recommendations (especially 1, 2 & 10 above). It is important to recognise that engagement with sport cultures is important during RTL and RTP periods for the holistic wellbeing of the student, as engagement with sport cultures is often central to the identity of student athletes experience.</p>

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