

TEAM SKY – POINTS OF CLARIFICATION ON UKAD INVESTIGATION AND EVOLUTION OF ANTI-DOPING AND MEDICAL PRACTICES

BACKGROUND

In September 2016, Team Sky was made aware of an allegation concerning a potential breach of anti-doping rules around the Critérium du Dauphiné race in June 2011. Specifically, it was alleged that a package containing triamcinolone was sent from the UK to Dr Richard Freeman, our race doctor, and that the triamcinolone was subsequently administered via an intra-muscular injection to Sir Bradley Wiggins following the final stage of the race.

Dr Freeman and Bradley Wiggins both denied categorically that this had happened. Nonetheless, it was a serious allegation and it is right that it should have been investigated thoroughly by UK Anti-doping (UKAD), the statutory anti-doping body.

Team Sky has co-operated fully with UKAD's investigation and looks forward to its conclusion. A number of current and former Team Sky staff and riders have been interviewed by UKAD, including all riders and senior staff present at the Dauphiné in 2011. We have also provided extensive documentation and contextual information, both proactively and in response to requests made by UKAD.

As part of their inquiry into combatting doping in sport, the UK Parliamentary Culture, Media and Sport Select Committee called the Chief Executive of UKAD to give evidence in a Parliamentary session on 1 March 2017 where she provided an update on the investigation.

It should be made clear that, as far as we understand, **UKAD's extensive investigation has, to date, found no evidence whatsoever to substantiate the allegation that was made.** We remain confident that the allegation is false and that there has been no wrongdoing by Team Sky or its employees.

However, as UKAD noted, some of the individuals questioned have been unable to supply all of the documentation and records requested for the short period of time that is relevant to the investigation. Clearly, this has caused difficulties for the investigation. It highlights an issue with historic record keeping where we accept that mistakes were made.

As is normal practice, UKAD asked all of those involved to refrain from making any public comment until the investigation is concluded. This is a position that Team Sky has thus far respected, with the exception of Parliamentary hearings after an email from UKAD allowing questioning on the subject of its ongoing investigation was provided to Sir David Brailsford at the outset of his evidence to the Select Committee. However, the evidence given to the Select Committee last week and the way it has been interpreted and reported has led to assumptions and assertions about the way Team Sky operates that are incorrect.

This document corrects a number of factual inaccuracies and provides our perspective on the relevant events of 2011. It also details 14 steps we have taken since then to strengthen our anti-doping and medical governance processes.

1. POINTS OF CLARIFICATION ON UKAD INVESTIGATION

a) Fluimucil

Dr Freeman requested a package be delivered to him after the final stage of the race containing medical supplies from his store in the Manchester Velodrome. The package was brought to France by Simon Cope and given to Dr Freeman at the end of the Dauphiné on 12 June.

Dr Freeman told UKAD that the package contained a decongestant called Fluimucil that was to be administered to Bradley Wiggins via nebulizer. According to the evidence given by UKAD, Bradley Wiggins has confirmed that this administration took place.

Fluimucil is the brand name for N-acetyl cysteine. Fluimucil is used to break down mucus/catarrh, and commonly used at road races where these issues can be problems for riders, particularly at high altitude and/or in damp conditions. **The use of Fluimucil in this way is - as noted by UKAD - fairly common within professional cycling and is completely in line with anti-doping rules.** For this purpose Fluimucil is most effectively administered using a 3ml dosage of 10% concentration that is sold in ampoule form and administered via nebulizer.

There has been considerable speculation as to why it was necessary to transport the Fluimucil all the way from Manchester when it has been claimed that it is widely available in pharmacies in France. This is a misunderstanding.

As the Select Committee was told by the Medicines and Healthcare Products Regulatory Agency, Fluimucil is not licensed for sale in the United Kingdom, in any of its forms. **It is our understanding that while Fluimucil is licensed for sale in France, the particular form used by the team (i.e. 3ml, 10% ampoule form for use in a nebulizer) is not available for sale in France,** nor to our knowledge was it available for sale in 2011.

In addition, since Fluimucil is a prescription medication, Dr Freeman would not have been able to purchase it in France, even if the required form had been available to purchase (which, to our knowledge, it was not), because - according to Dr Freeman - he does not have prescription rights in France.

As a result, Team Sky typically ordered Fluimucil from a pharmacy in Munich where Dr Freeman does have prescription rights and where the required form of Fluimucil (i.e. 3ml, 10% ampoule form for use in a nebulizer) is licensed for sale. Any surplus Fluimucil was then stored in Manchester.

Team Sky has provided UKAD with the receipts for purchases of Fluimucil from that pharmacy from 2011. There is also an example in records provided to UKAD of Fluimucil being purchased in Switzerland earlier in 2011, where it is also licensed for sale (and Dr Freeman had prescription rights).

b) Medical records

UKAD has reported that it has been unable to find any medical records relating to the treatment of Bradley Wiggins for the eight-day period of the 2011 Dauphiné. As such there are no contemporaneous written notes to confirm the administration of Fluimucil on 12 June. According to Team Sky policy at the time, Dr Freeman (as the race doctor) should have uploaded these

records to a shared Dropbox folder. Had this happened, the relevant records could have been made available to UKAD (with the rider's permission).

While Dr Freeman appears to have failed to comply with team policy on this occasion, that does not mean that he kept no medical records at all. We understand that his preferred method of record keeping whilst on the road was to keep notes on his laptop (stored locally). Dr Freeman reported his laptop as stolen in 2014¹. As a result, UKAD has been unable to confirm what records relating to treatment given at the 2011 Dauphiné were in fact made.

While we accept that there are no medical records for this particular rider at this particular race, **it is wrong to draw the conclusion that Team Sky has no medical records or that our medical team as a whole have been deficient in their record keeping.** On the contrary, it is an area we take very seriously and have sought to strengthen and improve over time.

Since its inception, Team Sky has used the online storage system Dropbox for sharing information relating to the riders, as well as for other administration and management information. In 2011 there were nine part-time doctors working for the team. As a way of sharing notes, we encouraged doctors to record information using a folder (with restricted-access) in the Team Sky Dropbox account. This would ensure that any doctor on a race could see the full medical history of any rider. However, some doctors (including Dr Freeman) struggled with the new system and preferred to use their own hard copy and/or electronic notes, sharing information by telephone as appropriate. In 2011 the Team also held fortnightly conference calls between all doctors, led by Head of Medicine, Dr Steve Peters.

It is inevitable that some people will adopt new technology more easily and quickly than others. We did, however, take active steps to help all doctors to understand and use the system. This included creating a detailed document explaining: (a) step-by-step how to complete the Excel spreadsheets containing medical information per rider, (b) the information expected to be inputted, and (c) an explanation of how to ensure this was in turn uploaded to Dropbox. We also emailed and highlighted on several minuted calls the requirement for all doctors to use the system. In 2012 we appointed a medical student as an administrative assistant to Dr Freeman. We did not however ask the medical student to go back to update records prior to her starting date (including those relating to the 2011 Dauphiné).

Although Team Sky introduced the Dropbox system to improve the co-ordination of our medical practice, it was never intended to be a substitute for each doctor's own individual record keeping (which they are obliged to comply with under their medical licences, in the case of British-registered doctors those issued by the General Medical Council).

Some people have drawn an inference from the events around the 2011 Dauphiné that the team kept no medical notes. This is categorically untrue. It is correct that a small part of the notes for a few riders (including Bradley Wiggins) were not uploaded by Dr Freeman, but there are otherwise full records in Dropbox relating to those riders who were treated by other team doctors and physiotherapists.

Since 2011 Team Sky's medical notes system has developed significantly. Following a review we commissioned a new secure notes system to which the team's doctors, physios and medical

¹ Dr Freeman reported his laptop as stolen to Team Sky and British Cycling at the time it happened in 2014. Our records of this have been passed to UKAD. We understand that the laptop was encrypted and subsequently wiped remotely by British Cycling.

assistants are required to ensure that information from all sources regarding our riders is uploaded and stored centrally and securely.

So while the failure of Dr Freeman to upload his notes from the 2011 Dauphiné to the shared Dropbox system was a regrettable mistake, the team has since put in place comprehensive measures to ensure that such a situation should not occur again.

c) Triamcinolone

During UKAD's appearance before the Select Committee, the subject of the purchase, storage and use of triamcinolone was raised. Team Sky has provided contextual information to UKAD around the ordering of triamcinolone as part of its investigation.

Triamcinolone is a synthetic glucocorticosteroid that can be given by a number of different routes e.g. orally, through inhalation, topically as a cream or by injection. Injections can be given subcutaneously, intra-articular (into joints), intramuscular or around a tendon. It can be used to treat a number of different inflammatory or allergenic conditions and in the prevention of asthma.

It is important to note that there is no anti-doping rule violation involved in the purchase or use of triamcinolone. Triamcinolone is only prohibited for use in competition "when administered by oral, intravenous, intramuscular or rectal routes". Conversely, triamcinolone can be used within anti-doping rules: (1) at any time (i.e. in or out of competition) if it is not administered by one of those routes; and (2) by any route of administration if it is used out-of-competition.

It has been subsequently reported in the media that as many as 70 ampoules of triamcinolone were ordered by Team Sky in *2011 alone*. This is incorrect. Our records indicate that 55 ampoules of triamcinolone were ordered by Team Sky over a *4-year period* between 2010 and 2013.

Only a small proportion of this was administered to Team Sky riders. According to Dr Freeman, the majority was used in his private practice and to treat Team Sky and British Cycling staff. It is common in professional cycling for team doctors to provide medical services to staff who require advice or treatment, and this is part of the formal job description for all of our doctors.

As well as a general practice, Dr Freeman's offered non-riders a specialist musculoskeletal practice (having previously been Head of the East Lancashire Musculoskeletal Medical Service for five years). We understand that triamcinolone is used commonly in that area of medicine in relation to conditions such as inflammation, arthritic joints and tennis elbow, and is administered via an intra-articular injection.

While it is not possible for Team Sky to confirm why and when triamcinolone was administered to non-riders (as we would, rightly, not have access to those private medical records), with regard to riders **we would only ever allow triamcinolone to be provided as a legitimate and justified medical treatment in accordance with the applicable anti-doping rules.**

2. THE EVOLUTION OF TEAM SKY'S ANTI-DOPING AND MEDICAL PRACTICES

Our commitment to anti-doping has been a fundamental principle of Team Sky since its inception. Our mission is to race and win clean. Based on the extensive experience of our current doctors we believe that the anti-doping processes and procedures we have in place are comprehensive and robust, and compare favorably with best practice in any sport.

As in all areas of the team's operation, we have sought to refine and strengthen what we do over time. To illustrate this point, we set out below 14 key areas of development in Team Sky's medical and anti-doping practices since the team's formation.

1. Medical oversight and governance

The Team Sky medical team consists of doctors, physiotherapists and nutritionists. In the team's first season (2010) it comprised 6 people in total; by 2016 that had grown to 10. Some members of the team worked for Team Sky full time; others (typically doctors) were part time, contracted for a set number of days per season.

Dr Steve Peters was Head of Medical between 2010 and 2012. Dr Peters established a system of oversight and governance. This included a Standard Operating Policy, doctors' bi-weekly conference calls, daily race email updates, multi-disciplinary meetings, Continuous Professional Development (CPD) and shared medical notes via Dropbox (from 2011).

The composition, structure and governance of the medical team has evolved over time as challenges were encountered and the demands of Team Sky changed. The key changes are set out below.

2. Standardised medical ordering and software

Originally, ordering was done centrally across both British Cycling and Team Sky. As the number of doctors increased and the needs of the organisation became more complex, it was decided that stricter policies and monitoring were required. From 2014 all medication orders by individual doctors have been screened by one senior doctor and our financial controller. The standardised medication list is reviewed annually and certain medications (such as pain medication) have clear usage guidelines that all doctors are expected to adhere to.

In 2017 the team will shortly begin using a new electronic medicine management system, which provides greater accountability and an audit trail from order to dispensing.

3. Creation and annual review of medical policies

Each year the medical team reviews its policies, updating and adding to them as required. Those policies include:

- Rider consent to internal sharing of medical information (signed annually);
- Doctor Standard Operating Policy, including adherence to working with "GMC Good Practice" guidelines (signed annually);
- Physiotherapy Standard Operating Policy (signed annually);
- Carers Standard Operating Policy (signed annually);
- Antibiotics Policy;
- Iron Supplementation Policy;

- Heat and Cold Policy;
- Analgesic Prescribing Policy;
- TUE Policy;
- Annual Medication Standardised List.

4. Standardising of rider medical information collation and sharing

Procedures have been put in place to ensure that all data and information regarding rider health is seen by the medical team and safely stored. This includes:

- Twice monthly Rider Conference Calls, with all medical staff invited, and selected performance staff which are minuted and acted on;
- Rider/Doctor/Coach groups, which are predetermined at the beginning of the season and give a strong axis for medical, health and performance discussions.
- Each doctor being allocated an appropriate amount of non-race time each month to update notes, speak to riders and staff and provide safe and effective care off race;
- Weekly medical update sheet sent to the coaches for weekly performance calls;
- Daily race medical and performance notes made and shared with all relevant staff and updated in medical notes as appropriate;
- All external consultations and investigations are seen, acted on and filed;
- Significant events are recorded and discussed with peers and learnings are shared;
- Monthly medical updates are sent out to senior management team and all medical staff concerning rider summaries and any issues or policy changes are noted;
- Annual rider comprehensive screening camps are organised and documented;
- Bi-annual medical update meetings are organised for all medical staff, including CPD.

5. Appointment of a full-time Compliance Officer

In 2013 Team Sky appointed a Compliance Officer to ensure oversight of the team's policies and processes regarding anti-doping to enable them to be as robust as possible in areas such as rider recruitment. This position was, we believe, unique within professional cycling at the time.

The Compliance Officer plays a crucial development role working with riders, doctors and staff to implement the team's anti-doping policies and ensure best practice across the team. The Compliance Officer also provides regular reports to the Team Sky Board.

6. Appointment of a Medical Assistant

The team now employs a Medical Assistant (reporting to a senior doctor) whose role is to help facilitate, maintain and organise medical administration such as meetings, tests and results, minutes and action points, filing of data etc. The Medical Assistant also has responsibility for maintenance of the GMC-compliant medical notes system Cycling Squad and ensuring all medical data and notes are updated and filed correctly.

7. Doctor CPD and annual GMC compliance checks

All doctors have Diplomas in Sports Medicine or the Spanish equivalent and receive annual trauma training and appraisals performed outside the Team (e.g. by the NHS), which assesses the quality and content of their clinical and written work within the team. In addition, we provide an annual budget for doctors to seek external CPD in areas of interest of benefit to the team, such as ultrasound diagnostics or cardiopulmonary resus.

For each doctor, annual compliance with GMC registration, Medical Defence Insurance Cover and Hepatitis B status is checked annually by our Team Compliance Officer and Medical Assistant.

8. Advanced rider background checks

Staff and rider recruitment checks have been continually strengthened. As well as a review of historic Athlete Biological Passport (ABP) data for riders, we began performing extended background checks, including a standard check of CVs to identify gaps, the history of any teams that riders and staff had previously worked with, or association with any individuals with a history of doping.

In 2012 we also enshrined our zero-tolerance policy by requiring all riders and staff – both existing and new – to sign an “Anti-Doping Commitment Statement”, which sets out the team’s anti-doping policies in full and the agreed adherence to these. No rider or staff member can be a part of Team Sky without having signed this Commitment.

9. The Team Sky Anti-Doping Working Group

In 2014 we created the Team Sky Anti-Doping Working Group, comprising senior management, performance and medical staff. The group was established in order to review regularly all policies and processes relating to anti-doping activity and ensure best practice; share knowledge and perspectives on all practices with an impact on anti-doping policy; help riders minimise the chance of accidental violations relating to whereabouts and supplement use.

The Anti-Doping Working Group continues to be a central part of our ongoing commitment to anti-doping. With a growing remit, the Group meets regularly to review our existing policies and continuously looks at all areas where the way we work can be improved.

10. Rider education initiatives

Rider education is taken very seriously as part of our commitment to anti-doping. We host regular presentations for riders on compliance and best practice in these areas.

We provide riders with Out-of-Competition Guidelines in order to avoid whereabouts filing failures or missed tests. Riders are required to take their responsibilities towards filing details seriously and the team advises them on practical measures they can take to avoid potential issues with Out-of-Competition Whereabouts.

ABP “best practice” cards have been produced in various languages and circulated to riders, providing guidance on their responsibilities when providing blood samples for testing.

11. UKAD accreditation

Since 2015, all Anti-Doping Working Group members and team doctors have been encouraged to undertake UKAD’s Accredited Advisor course. This is to help ensure that our approach to informing riders and support staff about the values of clean sport and important anti-doping information is consistent with UKAD’s approach. Half of the group have already completed the course and the rest will do so this year.

12. Performance monitoring

Riders are expected to record and upload data after every ride or race as part of their schedule, which is then reviewed daily by the coaching team. This data – and metrics such as power output

and weight - are used to track performance and also analysed as part of our anti-doping monitoring programme.

13. Whistleblowing Policy

Given the history of doping in road cycling, we wanted to introduce an effective internal policy that would give staff and riders a safe environment within which to raise any concerns they had, including around suspicions of involvement in doping.

The Whistleblowing Policy, which we introduced in 2014, makes clear that Team Sky will not tolerate any harassment or victimisation of a whistle-blower and that any such behaviour would be treated as a serious disciplinary offence.

A key element underpinning the policy is that any concerns raised would be treated in a confidential and sensitive manner and that, providing it would not hinder or frustrate any investigation, the identity of the whistle-blower would be kept confidential.

14. Independent Medical Governance Officer

As part of our efforts to further strengthen our internal processes and systems and the overall quality of our medical care, we will be appointing a new Medical Governance Officer in the coming weeks. The Medical Governance Officer will work independently and report directly to the Team Sky Board, whilst also working with and advising Senior Management and the Medical Team.

The Medical Governance Officer will initially be tasked with leading a review of our existing policies with the current medical team to ensure that they follow best practice and to identify any areas which need further work.

Team Sky, March 2017