

Frequently Asked Questions: Sports Medicine
Review Committees for Emergency Medicine, Family Medicine, Pediatrics, and Physical Medicine & Rehabilitation
ACGME

Question	Answer
Scope and Duration of Program/Distance	
<p>What if the fellowship program is more than one year?</p> <p><i>[Program Requirement Intro.]</i></p>	<p>Review Committees accredit only 12 months of education in sports medicine. All accreditation requirements must be met within this 12-month period. If fellows complete more than 12 months of education in a sports medicine program, that time is considered unaccredited. If a program offers more than 12 months of education in total, those experiences will not be reviewed by the Review Committee and should not be described in the program information form (PIF).</p>
<p>Can fellows complete their education part-time, that is, take two years to complete the fellowship instead of one?</p> <p><i>[Program Requirement Intro.]</i></p>	<p>The fellowship program must be structured as a full-time undertaking. Individual applicants who wish to complete the sports medicine fellowship over the course of two years (as part-time fellows) will need discuss and receive approval from the relevant certifying Board.</p>
<p>Must the 12 months of fellowship education be completed consecutively?</p> <p><i>[Program Requirement Intro.]</i></p>	<p>Yes. It is expected that the fellowship take place within 12 consecutive months.</p>
Sponsoring Institution	
<p>If the applying program's sponsoring institution does not have an accredited program in one of the four specialties (emergency medicine, family medicine, pediatrics, or physical medicine and rehabilitation), what are its options?</p> <p><i>[Program Requirement I.A.1.]</i></p>	<p>A sports medicine fellowship application will not be considered for accreditation unless the sponsor also sponsors an ACGME-accredited core program in one of the four areas identified in the program requirements.</p>
<p>What relationship does the sports medicine program need to have with its ACGME-accredited residency program?</p> <p><i>[Program Requirement I.A.1.]</i></p>	<p>The sports medicine program must demonstrate for the Review Committee that it exists in conjunction with, and is an integral part of, one core ACGME-accredited residency program (emergency medicine, family medicine, pediatrics or physical medicine and rehabilitation). This can be done a number of ways: (1) faculty members of the core program are involved in teaching sports medicine fellows (e.g., by lecturing or supervising a rotation); (2) faculty members of the sports</p>

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	medicine program are involved in teaching residents from the core program; or (3) fellows are involved in teaching and providing education to core residents.
Program Director and Faculty Qualifications	
<p>How can sports medicine faculty members demonstrate "an environment of inquiry and scholarship with an active research component?"</p> <p><i>[Program Requirement II.B.5.a-b]</i></p>	<p>Scholarship can be demonstrated via having some (more than one) faculty members participating in one or more of the following: (1) peer-reviewed funding and research; (2) publication of case reports or clinical series at local, regional, or national professional and scientific society meetings; (3) participation in national committees or educational organizations; (4) participation in national committees or educational organizations. Participation in national committees or educational organizations, without any documentation of other forms of scholarship, will not be considered evidence of compliance with this requirement.</p>
<p>How many faculty members must participate in scholarly activity?</p> <p><i>[Program Requirement II.B.5.a]</i></p>	<p>At least one sports medicine faculty member must participate in each of the following: organized clinical discussions, rounds, journal clubs, and conferences.</p>
<p>Over what time frame is the 10 hours per week averaged for the other dedicated sports medicine faculty member (besides the program director)?</p> <p><i>[Program Requirement II.B.6.]</i></p>	<p>The Review Committee expects that the time dedicated by at least one other Board-certified member of the sports medicine faculty, besides the program director will equal 10 hours per week, averaged over a four-week/one-month period for every block/month of a year.</p>
Other Program Personnel	
<p>How does the Committee define "qualified" for staff members from other identified disciplines who must be available to provide consultations and assist with teaching fellows?</p> <p><i>[Program Requirement II.C.2.]</i></p>	<p>Examples of acceptable qualifications for each staff members include the following:</p> <ul style="list-style-type: none"> • Nutrition: is a registered dietician, or holds a bachelor's degree in nutrition • Exercise Physiology: holds a bachelor's degree in exercise physiology, or certified by American Society of Exercise Physiology to practice exercise physiology, or has a doctorate with an academic degree or emphasis in exercise physiology from an accredited college or university • Physical Therapy: is a licensed and practicing physical therapist • Behavioral Science: is an American Board of Medical Specialties (ABMS)-certified psychiatrist, is a licensed clinical, counseling, or educational psychologist, or is a licensed clinical social worker • Clinical Imaging: is an ABMS-certified radiologist

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	If a program does not have individuals with these qualifications, the program will need to describe the comparable qualifications of staff in these areas.
Patient Population/ Resources	
<p>How are programs expected to demonstrate they have access to a broad patient population of adequate size and variety, including all ages and physical abilities and both genders?</p> <p><i>[Program Requirement II.D.1.]</i></p>	<p>Programs will describe their patient population in the PIF. At a minimum, at least 10% of the patient population in the sports medicine clinic should be pediatric (18 years of age or younger) and, in addition, at least another 10% should be adults aged 51 years or older. An adequate number of patients would be as many as is necessary to allow fellows to acquire knowledge and/or competence in the evaluation or management of a particular disease/condition or to perform a procedure. Whether a program has a patient population that is “adequate in number and variety” will be assessed by interviews with faculty and fellows at the time of a site visit.</p>
<p>What are the expectations for compliance with availability to imaging and rehabilitation services?</p> <p><i>[Program Requirement II.D.2.–II.D.2.a)]</i></p>	<p>Providers must be able to obtain MRI, CT and plain imaging (digital or silver film) tests for patients seen in the sports medicine clinic. Functional rehabilitation, including the services of physical and occupational therapists, athletic trainers, and coaches should be available to patients as appropriate to their needs.</p>
<p>What is meant by “readily available” for sports medicine clinic patients? Which medical and surgical specialties and subspecialties must be available?</p> <p><i>[Program Requirement II.D.2.b)]</i></p>	<p>Medical and surgical specialties and subspecialties must be readily available to sports medicine clinic patients for serious sports medicine injuries. At minimum, these should include the following specialties and subspecialties:</p> <ul style="list-style-type: none"> • Cardiology • Dental • Emergency Medicine • General Surgery • Neurology • Ophthalmology • Orthopedic Surgery • Otolaryngology • Urology
<p>How is compliance determined with regards to the requirement that there be an acute care facility?</p>	<p>The expectation is that the program has a licensed acute care hospital with an average occupancy of at least 135 beds, or an acute care facility with comparable characteristics. Comparable characteristics include access to a broad range of medical and surgical conditions that require an inpatient intensity of service, as well</p>

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<i>[Program Requirement II.D.4.]</i>	as an active medical staff that includes surgical and non-surgical physicians. The hospital or facility should be within 30 miles of the primary sports medicine center where the fellows learn sports medicine. The active medical staff of the acute care hospital or facility should include specialists in the core discipline sponsoring the dependent sports medicine fellowship.
Medical Knowledge	
What diseases or conditions affecting exercise must a fellow know and understand in order to provide appropriate and safe patient care? <i>[Program Requirement IV.A.2.b.(1).h)]</i>	Fellows must be able to demonstrate expertise in knowledge of diseases or conditions which impact exercise. For example, fellows must demonstrate that they are familiar with such diseases and conditions as diabetes, cardiac conditions and arthritis, and how these will impact their patients' care.
What are examples of exercise programs in school-age children? <i>[Program Requirement IV.A.2.b.(1).q)]</i>	Examples of exercise programs for school-age children considered acceptable by the Review Committee include in-school physical education programs, t-ball, and pee-wee soccer.
Curriculum Organization	
What are expectations for conferences and workshops in which sports medicine fellows must participate? <i>[Program Requirement IV.A.3.a)]</i>	Conferences, seminars and workshops must be specifically designed to augment the clinical experiences of sports medicine fellows. Attending a sports medicine lecture given by a core program is not adequate in that it is geared toward resident education and not for the education of sports medicine fellows specifically.
What are the expectations for maintaining skills in primary specialties? <i>[Program Requirement IV.A.3.c)]</i>	A sports medicine fellow must spend at least one half-day per week practicing his or her primary specialty in order to actively maintain skills.
Which outpatient non-operative interventional procedures are considered clinically relevant to the practice of sports medicine, and fulfill the requirement for experiences with which fellows must assist or which they must observe? <i>[Program Requirement IV.A.4.b).(1)–(2)]</i>	Fellows must have experience with non-operative procedures, including reduction of dislocation, splinting, casting, soft tissue and joint injection, arthrocentesis, management of simple uncomplicated fractures, and cervical spine immobilization.
What are the expectations regarding the extent to which fellows must assist with and/or observe inpatient and outpatient operative	The intent of the requirement is that fellows must have active involvement with operative procedures, though the requirement is written with flexibility (“must assist and/or observe”). Programs will be cited if it is not evident that fellows have the

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<p>musculoskeletal procedures?</p> <p><i>[Program Requirement IV.4.b).(1)–(2)]</i></p>	<p>opportunity to assist with or observe such operative procedures relevant to sports medicine.</p>
<p>What are the expectations for continuity in the sports medicine clinic?</p> <p><i>[Program Requirement IV.A.4.c).(2)]</i></p>	<p>In order to ensure a continuity relationship (i.e., one clinic/patient panel followed over a long period of time on a weekly basis), it is essential that fellows spend at least one day per week for 10 months in a single sports medicine clinic. If the same patients cannot be followed over a long period of time, this will not fulfill the requirement.</p>
<p>How does the Review Committee define the difference between “urgencies” and “emergencies,” and can you provide examples of both?</p> <p><i>[Program Requirement IV.A.4.d).(3)]</i></p>	<p>"Urgencies" require care within 24-48 hours. "Emergencies" uniformly require care in less than 24 hours.</p> <p>An urgency could be casting/splinting for follow-up with an orthopaedic surgeon on a Monday for an injury sustained on a Saturday night.</p> <p>An emergency would be a cervical collar and backboard for immediate transport to a spine center for a spine injury.</p>
Board Score Pass Rate	
<p>How will the required Board pass rate be measured for programs with a small number of fellows?</p> <p><i>[Program Requirement V.C.1.c).(1)–(2)]</i></p>	<p>Fellows who graduate from ACGME-accredited sports medicine programs are expected to take and pass the Board-certifying exam in sports medicine. Most sports medicine programs have only one or two fellows per year. As such, the requirements were written so that compliance will be determined using a five-year timeframe.</p>
Duty Hours	
<p>Are there situations when fellows may be supervised by licensed independent practitioners?</p> <p><i>[Program Requirement VI.D.1.]</i></p>	<p>While there is an expectation that the fellow and faculty have ultimate responsibility for the overall care of a patient, there may be circumstances where a licensed independent practitioner or physician extender may also be involved in a supervisory role for the resident. In such instances, the non-physician is expected to provide that supervision within the legal limits of his or her particular license.</p>
<p>What is an optimal clinical workload?</p> <p><i>[Program Requirement VI.E.]</i></p>	<p>The program director must ensure fellow patient loads are appropriate. The optimal case load will allow each fellow to see as many cases as possible, without being overwhelmed by patient care responsibilities, or without compromising a fellow's educational experience.</p>
<p>Are there any circumstances under which fellows may stay on duty to care for their patients or return to the hospital with fewer than</p>	<p>Fellows may stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty to maintain continuity of care, to provide counseling to patients and/or patients' families, to participate in care for patients</p>

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<p>eight hours free of duty?</p> <p><i>[Program Requirement VI.E.]</i></p>	<p>with rare diagnoses or conditions, or to care for a patient with an acute issue. This decision should be made with the timely approval of the program director.</p>
<p>Who should be included in the interprofessional teams?</p> <p><i>[Program Requirement VI.F.]</i></p>	<p>Physicians, advanced practice providers, case managers, certified athletic trainers, child-life specialists, coaches, emergency medical technicians, nurses, pain management specialists, paramedics, pastoral care specialists, pharmacists, physician assistants, psychiatrists, psychologists, rehabilitative therapists, respiratory therapists, and social workers are examples of professional personnel who may be part of interprofessional teams.</p>
<p>Other</p>	
<p>What is the difference between a "must" and a "should" in the Program Requirements?</p>	<p>Definitions for "must" and "should" are provided in the ACGME Glossary, which is on the ACGME website: www.acgme.org.</p> <p>In summary, "must" is a term used to identify a requirement which is mandatory and is expected to be done without fail. This term indicates an absolute requirement.</p> <p>"Should" is a term used to designate requirements so important that their absence must be justified. A program or institution may be cited for failing to comply with a requirement that includes the term <i>should</i>.</p>
<p>Does every sports medicine faculty member need to be identified in the PIF?</p>	<p>The sports medicine faculty member (in addition to the program director) who devotes at least 10 hours to the educational program to fulfill supervisory and teaching responsibilities, as required in Program Requirement II.B.6), must be listed in the PIF.</p>
<p>Does biographical information need to be provided on every faculty member?</p>	<p>No. Programs should provide a one-page curriculum vitae (CV) for each sports medicine physician faculty member, and the CVs of any other subspecialists who are not ABMS-certified.</p>

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