

Summary and Impact of Major Program Requirement Revisions For Fellowship Education in Sports Medicine

Currently, the Review Committees for Family Medicine, Emergency Medicine, Pediatrics, and Physical Medicine and Rehabilitation accredit sports medicine fellowship programs. The proposed revision is being brought forth by the Review Committee for Family Medicine because it accredits the largest number of such programs. However, all content in the requirements document and this impact statement has been vetted and agreed upon by the aforementioned Committees.

Unlike past revisions, this revision includes common requirements and a number of general subspecialty requirements. Prior to this iteration of the requirements, sports medicine programs were required to comply with the sports medicine requirements, and a set of general subspecialty requirements the individual Review Committees had developed for their subspecialty programs. The general subspecialty requirements were not uniform. This revision has sought to correct this discrepancy and ensure that all sports medicine programs have the same set of minimum requirements, regardless of which Review Committee accredits the program. As such, although the overall requirements document may appear longer, that is primarily because it contains requirements that had appeared separately in the past. In fact, the proposed requirements have been significantly streamlined: they include only a small number of general subspecialty requirements and contain the reduced version of the common requirements for one-year subspecialties.

The Review Committees incorporated the following general subspecialty requirements (which appear in italics in the draft requirements for easy reference). The requirements were incorporated primarily to clarify expectations. They are not expected to affect how programs are structured or are currently functioning.

- Lines 35-42; Section I.A.1; The requirement makes explicit that sports medicine programs are dependent subspecialty programs.
- Lines 87-89; Section II.A.2.b; The requirement makes explicit that the program director must be current certification in sports medicine by the appropriate certifying Board.
- Lines 195-200; Section II.B.6; The requirement makes explicit that the second sports medicine faculty member must be current certification in sports medicine.
- Lines 280-289; Section III. A.1-2; The requirement clarifies who is eligible to enter the sports medicine program.
- Lines 544-545; Section IV.B; The requirement clarifies expectations regarding fellows' scholarly activities.
- Lines 668-669; Section VI.C.3.a; The requirement clarifies that the fellows 'must' have 10 hours between duty hour periods.
- Lines 684-685; Section VI.D.3.a; The requirement clarifies who is considered a 'new patient.'

Although the streamlined version of the common requirements was applied, the Review Committees elected to retain a small number of the common requirements that had been marked for deletion, seeing them as too important to remove. Below are the requirements along with an explanation as to why they are being retained.

- Lines 147-151; Section II.A.2.f; The requirement related to the program director needing to delineate fellow patient care responsibilities, progressive responsibility, and ensure supervision

in all clinical experiences was retained so there is clarity regarding expectations.

- Lines 171-193; Section II.B.5; The requirements related to faculty research and scholarly activity were retained so that it is clear that faculty are expected to continue to contribute and expand the knowledge base in the field of sports medicine.
- Lines 606-615; Section V.C.1.c; The Review Committees chose to retain the language related to using certification exam performance to evaluate the program and added some new language specifying a minimum take and pass rate.
- Lines 617-618; Section V.C.1.d; The requirement related to monitoring and tracking program quality was retained because the Review Committees felt that fellows and faculty must be involved in evaluating the program.
- Lines 637-638; Section VI.A.3; The requirement related to maintaining a learning environment where education takes precedence over service demands was retained because the Review Committee felt it was too important to remove.
- Lines 705-706; Section VI.E.1; The requirement related to moonlighting not interfering with the educational program was retained because it makes explicit that moonlighting must not interfere with education.

There were minor editorial changes made to the requirements as well. These changes are not expected to have any impact on programs and were done to enhance clarity. These edits have not been itemized.

Below are the major revisions to the sports medicine requirements and their impact on education.

Line Number(s): 143-145

The program director must devote at least 10 hours a week per year of his/her professional efforts teaching and supervising fellows in the sports medicine program.

Describe how the revision:

- 1) impacts the quality and safety of patient care;
The proposed change should have no impact.
- 2) improves the quality of fellow education;
The proposed language specifies the minimum required hours the program director needs to devote to the program. Past versions of the requirements were not specific about the minimum number of hours the program director was required to devote to the program. The Review Committee for Family Medicine reviewed the data collected from a number of PIFs related to the number of hours program directors devote to the program and developed an FAQ that program directors should spend at least 10 hours a week to the program. Review Committees who accredit these programs felt that that minimum expectation should be specified in the requirements for complete transparency to program directors and sponsoring institutions. This proposed requirement is not expected to be onerous for program directors or sponsors. The proposed language clarifies and sets a "floor."
- 3) affects the way the fellow, the service, and the staff provide patients with continuing care;
The proposed change should have no impact.
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);
As was noted above the proposed language clarifies the minimum required number of hours that

need to be devoted. This number was empirically derived, with the vast majority of program directors contributing more than 10 hours a week to the program. As such, this proposed change is not expected to have a financial impact on programs or sponsoring institutions.

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and
The proposed change should have no impact.
- 6) impacts residency education in other specialties.
The proposed change should have no impact.

Line Number(s): 195-200

In addition to the sports medicine program director, each program there must be have at least one other sports medicine faculty member with current subspecialty certification in sports medicine who devotes at least 10 hours a week per year of his/her professional time teaching and supervising fellows in the program with similar qualifications who devotes a substantial portion of professional time to the training program.

Describe how the revision:

- 1) impacts the quality and safety of patient care;
The proposed change should have no impact.
- 2) improves the quality of fellow education;
As was noted above, past versions of the requirements were not specific about the minimum number of hours that the second sports medicine faculty member should contribute to the program. The number that appears in the proposed requirements was empirically derived (see explanation provided). The revision will ensure that there is clarity regarding the minimum number of hours the second sports medicine faculty member must provide to the program. This proposed requirement is not expected to be onerous for program directors or sponsoring institutions.
- 3) affects the way the fellow, the service, and the staff provide patients with continuing care;
The proposed change should have no impact.
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);
See response to bullet-point 2. Since most programs have a second sports medicine faculty member who contributes at least 10 hours to the program, this proposed change is not expected to have a financial impact on programs or sponsoring institutions.
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and
The proposed change should have no impact.
- 6) impacts residency education in other specialties.
The proposed change should have no impact.

Line Number(s): 213-222

The sports medicine team must include coaches and certified athletic trainers ~~should be included as members of the sports medicine team that with whom the fellows interacts with, from whom the fellows learns, from and who the fellows also teach at the same time teaches.~~

Qualified staff in the disciplines of nutrition, pharmacology, ~~pathology~~, exercise physiology, physical therapy, behavioral science, and clinical imaging ~~also should~~ must be available to assist with teaching and supervising fellows.

- 1) impacts the quality and safety of patient care;
The proposed change should have no impact.
- 2) improves the quality of fellow education;
The revised requirements now specify that most of the non-physician staff/personnel involved in teaching fellows have certification in the area they teach. Since it is presumed that most such individuals are certified/licensed in their respective fields, this proposed change simply makes explicit the expectation. The revised requirements have removed the need to have pathology faculty available to teach and supervise fellows. This was made at the request of the sports medicine program directors association when it was asked to provide input on the requirements. The requirements were changed from "should" to "must" because the Committees have long expected programs to have such individuals available for teaching and supervising fellows and have cited programs when these individuals were not found. As such, this proposed change should have no impact on how programs are currently configured or are functioning.
- 3) affects the way the fellow, the service, and the staff provide patients with continuing care;
The proposed change should have no impact.
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);
As noted above, since most non-physician staff/personnel are licensed/certified in the area they teach, this proposed change is not expected to have a financial impact on programs or sponsoring institutions. The removal of pathology faculty from the requirements should have little financial impact as well. The change from "should" to "must" should not have any financial impact. As was noted above, the Committees have long expected these individuals (e.g., coaches, certified athletic trainers, etc.) in programs. As such, the proposed change should have no financial impact on programs or sponsoring institution.
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and
The proposed change should have no impact.
- 6) impacts residency education in other specialties.
The proposed change should have no impact.

Line Number(s): 260-263

There must be an acute-care facility that provides access to the full range of services typically found in an acute care general hospital. ~~hospital associated with and in proximity to the sponsoring residency. This facility must be readily accessible to patients served by the program~~

Describe how the revision:

- 1) impacts the quality and safety of patient care;
The proposed change should have no impact.
- 2) improves the quality of resident education;
The proposed change should have no impact.
- 3) affects the way the fellow, the service, and the staff provide patients with continuing care;
The proposed change should have no impact.
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);
The revised requirement provides programs flexibility and is expected to be positively received by program directors and sponsoring institutions. An "acute care facility" can be a hospital, but it does not necessarily have to be a hospital. The sports medicine program directors association made a similar recommendation when it was asked to provide input on the current requirements.
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and
The proposed change should have no impact.
- 6) impacts residency education in other specialties.
The proposed change should have no impact.

Line Number(s): 323-333

~~(2) must demonstrate competence provide training in the development of competencies needed to in the diagnosis and non-operative management of medical illnesses and injuries related to sports and exercise, including non-surgical first degree sprains and strains, contusions, including appropriate referrals of, for example, hematomas, stress fractures, traumatic fractures and dislocations, and third degree sprains;~~

~~(3) must demonstrate competence in the diagnosis of, and timely referrals for operative treatment of sports related injuries, including surgical sprains and strains, hematomas, stress fractures, traumatic fractures and dislocations.~~

Describe how the revision:

- 1) impacts the quality and safety of patient care;
The proposed requirement clarifies that residents must develop competence in (a) managing the care of non-operative sports related injuries as well as (b) diagnosing injuries that require operative treatment and making timely referrals. The current requirement did not clearly specify this expectation. The sports medicine program directors association is expected to endorse this change since it made a similar recommendation when it was asked to provide input on the current requirements.
- 2) improves the quality of fellow education;
The proposed revision aims to do two things: (1) shift the focus to expected outcomes (instead of requiring that programs 'provide training in...'), and (2) clarify expectations with regards to operative and non-operative treatments of sports injuries. The sports medicine program

directors association is expected to endorse both of these changes.

- 3) affects the way the fellow, the service, and the staff provide patients with continuing care;
The proposed change should have no impact.
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);
The proposed change should have no impact.
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and
The proposed change should have no impact.
- 6) impacts residency education in other specialties.
The proposed change state that fellows should become competent in diagnosing and appropriately referring patients with non-primary care sports medicine related illnesses/injuries. As such, this proposed change is not expected to have any impact on other specialties.

Line Number(s): 342-377348

Fellows must demonstrate a level of expertise in the knowledge of those areas appropriate for a subspecialist in sports medicine, specifically: ~~provide educational experiences that enable residents to develop clinical competence in the overall field of sports medicine. The curriculum must include but not be limited to the following content and skill areas.~~

Describe how the revision:

- 1) impacts the quality and safety of patient care;
The proposed change should have no impact.
- 2) improves the quality of resident education;
The requirements in this area have been rewritten so that the focus is on the expected outcomes (expertise in areas appropriate for a subspecialist in sports medicine) as opposed to specifying the content areas that need to be covered in the program curriculum. The revised requirement provides programs flexibility in terms of how the program director can structure the sports medicine educational experience.
- 3) affects the way the fellow, the service, and the staff provide patients with continuing care;
The proposed change should have no impact.
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);
The proposed change should have no impact.
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and
The proposed change should have no impact.
- 6) impacts residency education in other specialties.
The proposed change should have no impact.

Line Number(s): 452-453

The clinical activities in sports medicine must represent a minimum of 60 ~~50~~% of the time in the fellowship program.

Describe how the revision:

- 1) impacts the quality and safety of patient care;
The proposed requirements will require that fellows' educational experience be primarily clinical, which should have a positive impact on the quality of patient care.
- 2) improves the quality of fellow education;
The proposed change should have no impact.
- 3) affects the way the fellow, the service, and the staff provide patients with continuing care;
The proposed requirements recommend an increase to fellows' overall clinical experiences. This should provide fellows greater opportunity for continuity of care experiences. The sports medicine program directors association is expected to endorse this change since it too recommended an increase to 60%.
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);
The proposed change should have no impact.
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and
The proposed change should have no impact.
- 6) impacts residency education in other specialties.
The proposed change should have no impact.

Line Number(s): 469-481

b) Fellows must have experience with procedures relevant to the practice of primary care sports medicine. participation in the following must be required of all sports medicine residents:

(1) Fellows must assist with, observe, and perform outpatient non-operative interventional procedures clinically relevant to the practice of primary care sports medicine.

(2) ~~In addition, the program should arrange for~~ Fellows must assist with and/or observe representative inpatient and outpatient operative orthopaedic musculoskeletal procedures clinically relevant to the practice of primary care sports medicine.

Describe how the revision:

- 1) impacts the quality and safety of patient care;
The proposed change should have no impact.
- 2) improves the quality of fellow education;
The proposed requirements specify what the expectations are for the primary care sports medicine fellow with regards to non-operative and operative procedures "relevant to practice of primary care sports medicine." This is not clearly stated in the current requirements. The

proposed requirements state that fellows are required to assist with, observe, and perform outpatient non-operative procedures. However, for inpatient/outpatient operative procedures are as fellows can either assist with or observe such procedures. This revision is consistent with recommendations provided by the sports medicine program directors' community.

- 3) affects the way the fellow, the service, and the staff provide patients with continuing care;
The proposed change should have no impact.
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);
The proposed change should have no impact.
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and
The proposed change should have no impact.
- 6) impacts residency education in other specialties.
The proposed requirements clarify that fellows can assist with or observe operative procedures clinically relevant to the practice of primary care sports medicine. As such, there is flexibility in terms of how a program can be in compliance with this proposed requirement.

Line Number(s): 495-498

Although multiple sports medicine clinics can be used for fellowship, each fellow ~~must~~ shall spend at least one day per week for 10 months in a single sports medicine clinic providing care to patients. ~~training period in this activity;~~

Describe how the revision:

- 1) impacts the quality and safety of patient care;
The proposed change should have no impact.
- 2) improves the quality of fellow education;
The proposed change should have no impact.
- 3) affects the way the fellow, the service, and the staff provide patients with continuing care;
In order to reinforce the importance of maintaining and facilitating the continuity relationship, this requirement was rewritten so that it is clear that fellows need to spend one day per week for 10 months in a single sports medicine clinic. This proposed change should have no impact on how programs are structured or are currently functioning.
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);
The proposed change should have no impact.
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and
The proposed change should have no impact.
- 6) impacts residency education in other specialties.

The proposed change should have no impact.

Line Number (s): 500-507

If a fellow's sports medicine clinic patients are hospitalized, the fellow ~~must should~~ either follow them during their inpatient stay and resume outpatient care following the hospitalization, or maintain active communication with the inpatient care team regarding management and treatment decisions and resume outpatient care following the hospitalization. ~~Consultation with other physicians and professionals in other disciplines should be encouraged.~~

Describe how the revision:

- 1) impacts the quality and safety of patient care;
The proposed change should have no impact.
- 2) improves the quality of fellow education;
The proposed change should have no impact.
- 3) affects the way the fellow, the service, and the staff provide patients with continuing care;
The proposed requirement is a "must" but indicates that compliance can be demonstrated in one of two ways. Fellows can either follow their patients who become hospitalized, or, they can maintain active involvement with these patients via communication with the inpatient care team. This proposed change is consistent with what the sports medicine program directors' community recommended regarding this issue.
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);
The proposed change should have no impact.
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and
The proposed change should have no impact.
- 6) impacts residency education in other specialties.
The proposed change should have no impact.

Line Number (s): 606-615

performance of program graduates on the certification examination.

(1) At least 75% of fellows who completed the program in the preceding five years, and were eligible, must have taken the certifying examination.

(2) 75% of a program's graduates from the preceding five years who took the certifying examination for sports medicine for the first time must have passed.

Describe how the revision:

- 1) impacts the quality and safety of patient care;
The proposed requirement will allow programs to use certification information to make adjustments to the curriculum. Changes to the program made as a result of these data can have a positive impact on patient care.
- 2) improves the quality of fellow education;
The proposed requirement will allow programs to use outcomes data (certification information) to make adjustments to improve the curriculum. Changes made to the program as result of these data can impact fellows' educational experience.
- 3) affects the way the resident, the service, and the staff provide patients with continuing care;
The proposed change should have no impact.
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);
The proposed change should have no impact.
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and
The proposed change should have no impact.
- 6) impacts residency education in other specialties.
The proposed change should have no impact.