

ACGME Program Requirements for Graduate Medical Education in Sports Medicine

Summary and Impact of Major Requirement Revisions

Requirement #: II.A.2.a)

Requirement Revision (significant change only):

At a minimum, the program director must be provided with the salary support equal to a dedicated minimum of ~~required to devote~~ 20 percent FTE of non-clinical time to the administration of the program. ^(Core)

1. Describe the Review Committee's rationale for this revision:
The proposed change is in alignment with the ACGME's new guidance related to dedicated administrative time.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
As reflected in the Background and Intent for Common Program Requirement II.A.2., the ultimate outcome of graduate medical education is excellence in resident/fellow education and patient care. The Common and specialty-specific Program Requirements related to administrative time and support are intended to ensure that the program director and, as applicable, the program leadership team, are able to devote a sufficient portion of their professional effort to oversight and management of the program to ensure an effective and high-quality educational program.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
The requirements define the required minimum dedicated time for administration of the program based on program size. For some programs, the new requirements represent a decrease in the minimum administrative time and support required for program leadership, while for others they represent an increase and may require additional financial support.
Programs for which the required minimum has decreased are encouraged to consider whether additional time and support should be provided based on factors such as program complexity and level of experience among the members of the program leadership team. It is anticipated that some programs may choose to decrease administrative time and support to the level specified in the new requirements if that is sufficient to meet the administrative requirements of the program. Other programs may determine that the time and support currently provided is optimal and elect not to make a change.

Programs for which the requirements for administrative time and support have increased will need, in partnership with their Sponsoring Institution, to provide additional support for administrative time as specified in the requirements.

Both provision of support for the time required for the leadership effort and flexibility regarding how this support is provided are important. Programs, in partnership with their Sponsoring Institution, may provide support for this time in a variety of ways. Examples include, but are not limited to, salary support, supplemental compensation, educational value units, or relief of time from other professional duties. Program directors and, as applicable, members of the program leadership team, who are new to the role may need to devote additional time to program oversight and management initially as they learn and become proficient in administering the program. It is suggested that during this initial period, the support described above be increased as needed.

5. How will the proposed revision impact other accredited programs?
Not applicable

Requirement #: II.B.4.d)

Requirement Revision (significant change only):

At a minimum, each required core faculty member, excluding program leadership, must be provided with support equal to a dedicated minimum of 10 percent FTE for educational and administrative responsibilities that do not involve direct patient care. ^(Core)

1. Describe the Review Committee's rationale for this revision:
The proposed change is in alignment with the ACGME's new guidance related to dedicated administrative time.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
As reflected in the Background and Intent for Common Program Requirement II.A.2., the ultimate outcome of graduate medical education is excellence in resident/fellow education and patient care. The Common and specialty-specific Program Requirements related to administrative time and support are intended to ensure that the program director and, as applicable, the program leadership team, are able to devote a sufficient portion of their professional effort to oversight and management of the program to ensure an effective and high-quality educational program.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
The requirements define the required minimum dedicated time for administration of the program based on program size. For some programs, the new requirements

represent a decrease in the minimum administrative time and support required for program leadership, while for others they represent an increase.

Programs for which the required minimum has decreased are encouraged to consider whether additional time and support should be provided based on factors such as program complexity and level of experience among the members of the program leadership team. It is anticipated that some programs may choose to decrease administrative time and support to the level specified in the new requirements if that is sufficient to meet the administrative requirements of the program. Other programs may determine that the time and support currently provided is optimal and elect not to make a change.

Programs for which the requirements for administrative time and support have increased will need, in partnership with their Sponsoring Institution, to provide additional support for administrative time as specified in the requirements.

Both provision of support for the time required for the leadership effort and flexibility regarding how this support is provided are important. Programs, in partnership with their Sponsoring Institution, may provide support for this time in a variety of ways. Examples of support may include, but are not limited to, salary support, supplemental compensation, educational value units, or relief of time from other professional duties. Program directors and, as applicable, members of the program leadership team, who are new to the role may need to devote additional time to program oversight and management initially as they learn and become proficient in administering the program. It is suggested that during this initial period, the support described above be increased as needed.

5. How will the proposed revision impact other accredited programs?

Not applicable

Requirement #: II.C.1.b)

Requirement Revision (significant change only):

The program coordinator must be provided with support equal to a dedicated minimum of 20 percent FTE for administration of the program. ^(Core)

1. Describe the Review Committee's rationale for this revision:
The proposed change is in alignment with the ACGME's new guidance related to dedicated administrative time.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The program coordinator plays a key role in developing and maintaining a high-quality educational program, and the Common and specialty-specific Program Requirements are intended to ensure that the FTE support for the coordinator is sufficient to meet the administrative needs of the program.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
The requirements define the required minimum dedicated time for administration of the program based on program size. For some programs, the new requirements represent a decrease in the required FTE support for the coordinator, while for others they represent an increase. It is important to note that the FTE support defined in the requirements must be devoted exclusively to responsibilities related to the accredited program. Time spent by a coordinator related to other duties, such as providing support for unaccredited fellowships or other departmental responsibilities, must not be counted toward the required FTE. Coordinators may support more than one accredited program only if the total FTE required across programs does not exceed 1.0 FTE.
- Programs for which the required minimum has decreased are encouraged to consider whether additional time and support should be provided based on factors such as program complexity, the administrative responsibilities delegated to the coordinator, and the coordinator's level of experience. It is anticipated that some programs may choose to decrease administrative time and support to the level specified in the new requirements if that is sufficient to meet the administrative requirements of the program. Other programs may determine that the time and support currently provided is optimal and elect not to make a change.**
- Programs for which the requirements for administrative time and support have increased will need, in partnership with their Sponsoring Institution, to provide additional support for administrative time as specified in the requirements.**
5. How will the proposed revision impact other accredited programs?
Not applicable

Requirement #: II.D.2.

Requirement Revision (significant change only):

Programs should have access to qualified staff members in disciplines such as: behavioral science; neuropsychology or neuromechanics; clinical imaging; ~~clinical pharmacology~~; exercise physiology; nutrition; and physical therapy. ~~must be available to provide consultations and to assist with teaching fellows.~~ ^(Detail)

1. Describe the Review Committee's rationale for this revision:
Sports medicine fellows should have access to neuropsychologists or neuromechanists to assist with patient care for concussion management. Vestibular Ocular Motor Screening (VOMS) and various neuropsychological test batteries have become a critical part of the evaluation and management of concussion patients and access for patient care and fellow education in this area is critical.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Access to a neuropsychologist or a neuromechanist will improve patient safety, the quality of patient care, and fellow education by providing access to specialists with

expertise to assist in patient care for concussion patients with persistent symptoms or atypical concussion presentations.

3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
It would not be expected that access to neuropsychologists or neuromechanists would increase the need for institutional resources beyond ensuring that patients have access to these specialists when the clinical need arises (either in person or virtually). These specialists are available in most communities or to most practices for consultation (either in-person or virtually).
5. How will the proposed revision impact other accredited programs?
Not applicable

Requirement #: IV.B.1.b).(2).(b)

Requirement Revision (significant change only):

Fellows must learn to evaluate and utilize splinting, bracing, and casting for musculoskeletal injuries. (Core)

1. Describe the Review Committee's rationale for this revision:
Splinting, bracing, and casting have always been a critical part of sports medicine education and training, but were left out of the previous Requirements despite being a routine part of the care of sports medicine injuries. Many musculoskeletal sprains, strains, contusions, and fractures need to be immobilized to allow proper healing.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Splinting, bracing, and casting access is needed for routine quality of patient care, patient safety, and fellow education. These are common techniques that are used almost daily in most sports medicine clinics.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
It would not be expected that access to splinting, bracing, and casting would increase the need for institutional resources beyond ensuring that patients (and thereby the fellows in their education) have access to these materials, durable goods, and techniques when the clinical need arises as part of routine medical care. The core sports medicine faculty members should be well educated in these techniques.
5. How will the proposed revision impact other accredited programs?

Not applicable

Requirement #: IV.B.1.b).(2).(c)

Requirement Revision (significant change only):

Fellows should learn to interpret results from useful tests and procedures, including Nerve Conduction Velocity/Electromyogram (NCV/EMG), Exercise Tolerance Test (ETT), Cardiopulmonary Exercise Test (CPET), neuropsychology evaluation, and gait analysis. (Detail)

1. Describe the Review Committee's rationale for this revision:
Evaluation by specialists with expertise in areas that may not be available in every fellowship program is often necessary, in the course of routine clinical care of sports medicine patients. All programs should have access to specialists that can perform such testing procedures within their communities and to ensure that fellows have the opportunity to interpret and apply the results of such testing in the routine management of the care of their sports medicine patients.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Access to specialists that can provide the tests necessary for the routine care of sports medicine patients will improve patient safety, the quality of patient care, and fellow education. Interpreting test results that may be performed by other providers is a critical skill for all sports medicine providers.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
The proposed requirement would not necessitate additional institutional resources as specialists who can perform these tests are not required to be faculty members for the fellowship programs, and there is no cost associated with the education necessary to interpret the tests. The core sports medicine faculty members should be well educated in interpreting these test results (if not able to perform these tests themselves within the fellowship program).
5. How will the proposed revision impact other accredited programs?
Not applicable

Requirement #: IV.B.1.c).(1)

Requirement Revision (significant change only):

Fellows must demonstrate a level of expertise in the knowledge of those areas appropriate for a subspecialist in sports medicine, specifically they should understand key aspects of sports cardiology, concussion and neurologic conditions in sport, sports dermatology, sports endocrinology, sports immunology and sports-related infectious disease, sports rheumatology,

sports pulmonary issues, and those medical conditions that may complicate and require special care for individuals in exercise or sports participation. ^(Core)

1. Describe the Review Committee's rationale for this revision:
These are routine yet important curricular areas of sports medicine that have been included within the tested knowledge on the Certificate of Added Qualification (CAQ) exam but that were not specifically spelled out in the prior Requirements. Specifying these areas of knowledge emphasizes the importance of educating the fellows in these necessary curricular subjects.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Patient care in these areas should emphasize evidence-based standards of care and patient safety, and by emphasizing fellows' knowledge in these curricular subjects, fellows should be more prepared for the CAQ exam.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
The knowledge areas listed are common in routine patient care in the practice of sports medicine and would be emphasized by supervising faculty members during clinical care. Additional resources may be necessary if faculty members need to maintain continuing medical education in these specific areas of knowledge or if community faculty members need to be recruited to teach fellows in these areas.
5. How will the proposed revision impact other accredited programs?
Not applicable

Requirement #: IV.B.1.c).(2).(r)

Requirement Revision (significant change only):

[Fellows must demonstrate competence in:] emerging science of orthobiologics care in sports medicine; ^(Core)

1. Describe the Review Committee's rationale for this revision:
The science of orthobiologics has become a common point of interest for most sports medicine patients recovering from injury. While it is not an evidence-based treatment option for all injuries, it is a necessary part of most treatment option discussions and is an emerging part of sports medicine science and practice.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
It will improve fellow education resulting in better treatment option discussions and patient care when indicated. Knowing the best evidence-based practice options and treatment methods will improve clinical outcomes as well as patient safety.
3. How will the proposed requirement or revision impact continuity of patient care?

No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

The proposed requirement will necessitate that sports medicine faculty members become well-educated in orthobiologic treatment options and best practice methods through literature review and continuing medical education. Additional resources may be necessary if core or community faculty members need to be recruited to teach fellows in this area.

5. How will the proposed revision impact other accredited programs?

Not applicable

Requirement #: IV.B.1.c).(2).(s)

Requirement Revision (significant change only):

[Fellows must demonstrate competence in:] musculoskeletal radiology; and, ^(Core)

1. Describe the Review Committee's rationale for this revision:
Musculoskeletal radiology has been a critical part of sports medicine education and training but was left out of the previous Requirements despite being a routine part of the care of sports medicine injuries.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Patient care should emphasize evidence-based standards in diagnostic decision-making and the skills necessary for independent sports medicine practice. These skills will improve patient safety. By emphasizing knowledge in musculoskeletal radiology, fellows should be more prepared for the CAQ exam and better able to provide routine sports medicine care.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
Access to radiological services is standard for any sports medicine practice as radiological imaging is necessary for the routine care of most musculoskeletal injuries. Interpretation of x-ray and sports ultrasound at the point of care is critical. Advanced imaging (magnetic resonance imaging, computed tomography, and nuclear imaging such as bone scan) interpretation may involve sports medicine faculty members as well as community radiologist resources that should be available in communities with a sports medicine program.
5. How will the proposed revision impact other accredited programs?
Not applicable

Requirement #: IV.B.1.c).(2).(t)

Requirement Revision (significant change only):

[Fellows must demonstrate competence in:] orthopaedic injuries that occur in sports common to their patient populations. ^(Core)

1. Describe the Review Committee's rationale for this revision:
Many orthopaedic injuries occur in patients of all ages and from many types of sports. Different programs will care for different sports in their communities, but many common injuries overlap between sports exposures. Competence in orthopaedic injury diagnosis and management is necessary in all sports medicine programs.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Patient care should emphasize evidence-based standards of care and the appropriate diagnostic decision-making and therapeutic treatment skills necessary for independent sports medicine practice. These skills will improve patient safety. By emphasizing knowledge in orthopaedics, fellows should be more prepared for the CAQ exam and better able to provide routine sports medicine care.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
Additional resources would not be anticipated, since all fellowships are required to have core sports medicine and orthopaedic faculty members who should be well educated in these topics and able to provide the required orthopaedic knowledge.
5. How will the proposed revision impact other accredited programs?
Not applicable

Requirement #: IV.C.3.d)

Requirement Revision (significant change only):

Fellows should learn the principles of practice management as it relates to sports medicine and appropriate coding and billing practices. ^(Detail)

1. Describe the Review Committee's rationale for this revision:
The principles of practice management and billing and coding are critical to the education and training of sports medicine fellows in modern medical practices to ensure they become competent for sustainable independent medical care upon graduation.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

The requirement will improve the quality of fellows' education. The requirement does not have to do specifically with patient care (except for the accuracy of a patient's bill) or patient safety.

3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
The requirement should be met as part of the routine education that is provided by sports medicine core faculty members in the daily care of patients while supervising fellows. Billing specialists are also standard in modern medical practices and may assist the faculty members when needed both clinically and educationally. The requirement should not necessitate additional institutional resources.
5. How will the proposed revision impact other accredited programs?
Not applicable.

Requirement #: IV.D.2.a).(1).(a)

Requirement Revision (significant change only):

~~Some members of the~~ The program director and core faculty members must ~~should also~~ demonstrate scholarship annually, in at least one of ~~by one or more of~~ the following: (Detail) (Core)

1. Describe the Review Committee's rationale for this revision:
Emphasizing the importance of scholarly activity among faculty members will increase the likelihood of scholarship by the fellows. It is imperative that faculty members role model scholarship and develop scholarly projects for fellows to join.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Fellows will have more educational opportunities for presentations, posters, quality improvement (QI) projects, publications, and research if faculty members are role modeling these activities.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
The program director (.2 FTE) and the associate program director (.1 FTE) will have non-clinical time required to administer the program, provide appropriate didactics, and pursue scholarly activity. This time commitment could be enhanced further by grants and other funding sources.
5. How will the proposed revision impact other accredited programs?
Not applicable

Requirement #: IV.D.3.a)

Requirement Revision (significant change only):

Each fellow ~~should~~ **must** complete a scholarly or quality improvement project during the program. (Outcome)

1. Describe the Review Committee's rationale for this revision:
Emphasizing the importance of scholarly activity for the fellows will increase the likelihood of their education and scholarship in the form of presentations, posters, publications, QI projects, and research opportunities.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Fellows will have more educational opportunities for presentations, posters, QI projects, publications, and research if faculty members are role modeling these activities, and if the activities are required rather than recommended.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
Fellows have flexibility in the time requirements within the program for scholarly activity, and the program director and associate program director have time requirements for the administration of the program that can be used towards assisting fellows with scholarly activity. Additional time could be garnered by grant funding as needed.
5. How will the proposed revision impact other accredited programs?
Not applicable

Requirement #: IV.E.-IV.E.1.

Requirement Revision (significant change only):

IV.E. Fellowship programs may assign fellows to engage in the independent practice of their core specialty during their fellowship program.

IV.E.1. If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year.

(Core)

Background and Intent: Fellows who have previously completed residency programs have demonstrated sufficient competence to enter autonomous practice within their core specialty. This option is designed to enhance fellows' maturation and competence in their core specialty. This enables fellows to occupy a dual role in the health system: as learners in their subspecialty, and as credentialed practitioners in

their core specialty. Hours worked in independent practice during fellowship still fall under the clinical and educational work hour limits. See Program Director Guide for more details.

1. Describe the Review Committee's rationale for this revision:
It is felt that this requirement will ease the precepting burden that fellows may cause the primary sponsoring residency program. If this requirement is not in place then fellows need to be precepted the same as residents. This adds to the precepting burden when the fellows have already been deemed competent to practice independently in their core specialty.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
It will enhance the fellows' maturation and competence in their core specialty through independent learning and practice. The fellows have already been deemed competent for independent practice in their primary specialty, ensuring prior demonstration of proper patient care and patient safety knowledge.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No additional resources will be needed, and in fact, it will free up additional primary specialty faculty preceptors, saving both time and financial resources for the sponsoring program.
5. How will the proposed revision impact other accredited programs?
Not applicable