

1 **ACGME Program Requirements for Graduate Medical Education**
2 **in Sports Medicine**

3
4 **One-year Common Program Requirements are in BOLD**

5
6 Effective: July 1, 2011

7
8 Introduction

9
10 ~~Int.A. The practice of sports medicine is the application of the physician's knowledge,~~
11 ~~skills, and attitudes to those engaged in sports and exercise.~~

12
13 ~~It shall be~~ The educational program in sports medicine must be 12 months in length.
14 ~~duration.~~

15
16 ~~The program should emphasize physiology and biomechanics; principles of nutrition;~~
17 ~~pathology and pathophysiology of illness and injury; pharmacology; effects of~~
18 ~~therapeutic, performance-enhancing, and mood-altering drugs; psychological aspects of~~
19 ~~exercise, performance, and competition; ethical principles; and medical-legal aspects of~~
20 ~~exercise and sports.~~

21
22 **I. Institutions**

23
24 **I.A. Sponsoring Institution**

25
26 **One sponsoring institution must assume ultimate responsibility for the**
27 **program, as described in the Institutional Requirements, and this**
28 **responsibility extends to fellow assignments at all participating sites.**

29
30 **The sponsoring institution and the program must ensure that the program**
31 **director has sufficient protected time and financial support for his or her**
32 **educational and administrative responsibilities to the program.**

33
34 I.A.1. The sponsoring institution must also sponsor an Accreditation Council for
35 Graduate Medical Education (ACGME)-accredited residency program in
36 emergency medicine, family medicine, pediatrics, or physical medicine
37 and rehabilitation.

38
39 I.A.1.a) The sports medicine program must function as an integral part of
40 an ACGME-accredited residency program in emergency medicine,
41 family medicine, pediatrics, or physical medicine and
42 rehabilitation.

43
44 **I.B. Participating Sites**

45
46 **I.B.1. There must be a program letter of agreement (PLA) between the**
47 **program and each participating site providing a required**
48 **assignment. The PLA must be renewed at least every five years.**

49
50 **The PLA should:**

51
52

- 53 I.B.1.a) identify the faculty who will assume both educational and
54 supervisory responsibilities for fellows;
55
- 56 I.B.1.b) specify their responsibilities for teaching, supervision, and
57 formal evaluation of fellows, as specified later in this
58 document;
59
- 60 I.B.1.c) specify the duration and content of the educational
61 experience; and
62
- 63 I.B.1.d) state the policies and procedures that will govern fellow
64 education during the assignment.
65
- 66 I.B.2. The program director must submit any additions or deletions of
67 participating sites routinely providing an educational experience,
68 required for all fellows, of one month full time equivalent (FTE) or
69 more through the Accreditation Council for Graduate Medical
70 Education (ACGME) Accreditation Data System (ADS).
71
- 72 II. Program Personnel and Resources
73
- 74 II.A. Program Director
75
- 76 There must be a single program director with authority and accountability
77 for the operation of the program. The sponsoring institution's GMEC must
78 approve a change in program director. After approval, the program director
79 must submit this change to the ACGME via the ADS.
80
- 81 II.A.1. Qualifications of the program director must include:
82
- 83 II.A.1.a) requisite specialty expertise and documented educational
84 and administrative experience acceptable to the Review
85 Committee;
86
- 87 II.A.1.b) current certification in the subspecialty by the American
88 Board of Emergency Medicine, Family Medicine, Internal
89 Medicine, Pediatrics, or Physical Medicine and Rehabilitation or
90 subspecialty qualifications that are acceptable to the Review
91 Committee; and
92
- 93 II.A.1.c) current medical licensure and appropriate medical staff
94 appointment.
95
- 96 II.A.2. The program director must administer and maintain an educational
97 environment conducive to educating the fellows in each of the
98 ACGME competency areas. The program director must:
99
- 100 II.A.2.a) prepare and submit all information required and requested by
101 the ACGME;
102
103

- 104 **II.A.2.b)** **be familiar with and oversee compliance with ACGME and**
105 **Review Committee policies and procedures as outlined in the**
106 **ACGME Manual of Policies and Procedures;**
107
- 108 **II.A.2.c)** **obtain review and approval of the sponsoring institution’s**
109 **GMEC/DIO before submitting to the ACGME information or**
110 **requests for the following:**
111
- 112 **II.A.2.c).(1)** **all applications for ACGME accreditation of new**
113 **programs;**
114
- 115 **II.A.2.c).(2)** **changes in fellow complement;**
116
- 117 **II.A.2.c).(3)** **major changes in program structure or length of**
118 **training;**
119
- 120 **II.A.2.c).(4)** **progress reports requested by the Review Committee;**
121
- 122 **II.A.2.c).(5)** **responses to all proposed adverse actions;**
123
- 124 **II.A.2.c).(6)** **requests for increases or any change to fellow duty**
125 **hours;**
126
- 127 **II.A.2.c).(7)** **voluntary withdrawals of ACGME-accredited**
128 **programs;**
129
- 130 **II.A.2.c).(8)** **requests for appeal of an adverse action;**
131
- 132 **II.A.2.c).(9)** **appeal presentations to a Board of Appeal or the**
133 **ACGME; and**
134
- 135 **II.A.2.d)** **obtain DIO review and co-signature on all program**
136 **information forms, as well as any correspondence or**
137 **document submitted to the ACGME that addresses:**
138
- 139 **II.A.2.d).(1)** **program citations; and/or**
140
- 141 **II.A.2.d).(2)** **request for changes in the program that would have**
142 **significant impact, including financial, on the program**
143 **or institution.**
144
- 145 **II.A.2.e)** **devote at least 10 hours per week, on average, of his or her**
146 **professional effort to administering the program, and teaching and**
147 **supervising the sports medicine fellows; and,**
148
- 149 **II.A.2.f)** **delineate fellow responsibilities for patient care and progressive**
150 **responsibility for patient management and supervision of fellows**
151 **during all clinical experiences. ~~accorded meaningful patient~~**
152 **responsibility with the supervision of a faculty member at all**
153 **facilities and sites.**
154

- 155 **II.B. Faculty**
156
- 157 **II.B.1. There must be a sufficient number of faculty with documented**
158 **qualifications to instruct and supervise all fellows.**
159
- 160 **II.B.2. The faculty must devote sufficient time to the educational program**
161 **to fulfill their supervisory and teaching responsibilities and**
162 **demonstrate a strong interest in the education of fellows.**
163
- 164 **II.B.3. The physician faculty must have current certification in the**
165 **subspecialty by the American Board of** Emergency Medicine, Family
166 **Medicine, Internal Medicine, Pediatrics, or Physical Medicine and**
167 **Rehabilitation, or possess qualifications acceptable to the Review**
168 **Committee.**
169
- 170 **II.B.4. The physician faculty must possess current medical licensure and**
171 **appropriate medical staff appointment.**
172
- 173 **II.B.5. The faculty must establish and maintain an environment of inquiry and**
174 **scholarship with an active research component.**
175
- 176 **II.B.5.a) The faculty must regularly participate in organized clinical**
177 **discussions, rounds, journal clubs, and conferences.**
178
- 179 **II.B.5.b) Some members of the faculty should also demonstrate**
180 **scholarship by one or more of the following:**
181
- 182 **II.B.5.b).(1) peer-reviewed funding;**
183
- 184 **II.B.5.b).(2) publication of original research or review articles in peer-**
185 **reviewed journals, or chapters in textbooks;**
186
- 187 **II.B.5.b).(3) publication or presentation of case reports or clinical series**
188 **at local, regional, or national professional and scientific**
189 **society meetings; or**
190
- 191 **II.B.5.b).(4) participation in national committees or educational**
192 **organizations.**
193
- 194 **II.B.5.c) Faculty should encourage and support fellows in scholarly**
195 **activities.**
196
- 197 **II.B.6. In addition to the sports medicine program director, ~~each program there~~**
198 **must ~~be have~~ at least one sports medicine faculty member with current**
199 **subspecialty certification in sports medicine by the American Board of**
200 **Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics, or**
201 **Physical Medicine and Rehabilitation who devotes at least 10 hours per**
202 **week, on average, of his or her professional time to teaching and**
203 **supervising the sports medicine fellows. ~~with similar qualifications who~~**
204 **devotes a substantial portion of professional time to the training program.**
205

206 II.B.7. ~~The teaching faculty staff~~ must include at least one Board-certified
207 orthopaedic surgeons who ~~are~~is engaged in the operative management
208 of sports injuries and other conditions and who ~~are~~is readily available to
209 teach and provide consultation to the fellows.
210

211 **II.C. Other Program Personnel**
212

213 **The institution and the program must jointly ensure the availability of all**
214 **necessary professional, technical, and clerical personnel for the effective**
215 **administration of the program.**
216

217 II.C.1. The sports medicine team must include coaches and certified athletic
218 trainers ~~should be included as members of the sports medicine team that~~
219 ~~the sports medicine with whom the fellows interact. s with, learns, and at~~
220 ~~the same time teaches.~~
221

222 II.C.2. Qualified staff members in ~~the disciplines of~~ behavioral science, clinical
223 imaging, clinical pharmacology, exercise physiology, nutrition, ~~pathology,~~
224 and physical therapy ~~also should~~must be available to provide
225 consultations and to assist with teaching and supervising fellows.
226

227 **II.D. Resources**
228

229 **The institution and the program must jointly ensure the availability of**
230 **adequate resources for fellow education, as defined in the specialty**
231 **program requirements.**
232

233 ~~The program must include the following:~~
234

235 II.D.1. There must be a patient population that is unlimited by age or gender that
236 includes patients of all ages and physical abilities, as well as each or
237 gender, and abilities and is adequate in number and variety to meet the
238 needs of the educational program. ~~The program director must ensure that~~
239 ~~residents are accorded meaningful patient responsibility with the~~
240 ~~supervision of a faculty member at all facilities and sites.~~
241

242 II.D.2. There must be an identifiable sports medicine clinic that offers continuing
243 care to patients who seek consultation regarding sports-related or
244 exercise-related health problems.
245

246 II.D.2.a) ~~Adequate~~ The sports medicine clinic must have up-to-date
247 diagnostic imaging and functional rehabilitation services ~~which are~~
248 ~~readily available and accessible to clinic patients.~~
249

250 II.D.2.b) Consultation in medical and surgical subspecialties and
251 subspecialties physical therapy, nursing, nutrition, and pharmacy
252 must be readily available. ~~The opportunity to render continuing~~
253 ~~care and to organize recommendations from other specialties, and~~
254 ~~disciplines is mandatory and will require that medical records~~
255 ~~include information pertinent to the assessment and management~~
256 ~~of patients with health problems related to sports and exercise.~~

257		
258	II.D.3.	The program must have access to sporting events, team sports, and mass-participation events during which the fellow can have meaningful patient responsibility.
259		
260		
261		
262	II.D.4.	There must be an acute care <u>facility that provides access to the full range of services typically found in an acute care general hospital associated with and in proximity to the sponsoring residency.</u> This facility must be readily accessible to patients served by the program.
263		
264		
265		
266		
267	II.E.	Medical Information Access
268		
269		Fellows must have ready access to specialty-specific and other appropriate reference material in print or electronic format. Electronic medical literature databases with search capabilities should be available.
270		
271		
272		
273	III.	Fellow Appointments
274		
275	III.A.	Eligibility Criteria
276		
277		Each fellow must successfully complete an ACGME-accredited specialty program and/or meet other eligibility criteria as specified by the Review Committee. The program must document that each fellow has met the eligibility criteria.
278		
279		
280		
281		
282	III.A.1.	<u>Prior to appointment in the program,</u> fellows should have completed an ACGME-accredited residency in emergency medicine, family medicine, internal medicine, pediatrics, or physical medicine and rehabilitation.
283		
284		
285		
286	III.A.2.	<u>The program director must inform applicants from non-ACGME-accredited programs in emergency medicine, family medicine, internal medicine, pediatrics, or physical medicine and rehabilitation, prior to appointment and in writing, of the specialty board's policies and procedures that will affect their eligibility for certification.</u>
287		
288		
289		
290		
291		
292	III.B.	Number of Fellows
293		
294		The program director may not appoint more fellows than approved by the Review Committee, unless otherwise stated in the specialty-specific requirements. The program's educational resources must be adequate to support the number of fellows appointed to the program.
295		
296		
297		
298		
299	IV.	Educational Program
300		
301	IV.A.	The curriculum must contain the following educational components:
302		
303	IV.A.1.	Skills and competencies the fellow will be able to demonstrate at the conclusion of the program. The program must distribute these skills and competencies to fellows and faculty annually, in either written or electronic form. These skills and competencies should be reviewed by the fellow at the start of each rotation;
304		
305		
306		
307		

308		
309	IV.A.2.	ACGME Competencies
310		
311		The program must integrate the following ACGME competencies
312		into the curriculum:
313		
314	IV.A.2.a)	Patient Care
315		
316		Fellows must be able to provide patient care that is
317		compassionate, appropriate, and effective for the treatment of
318		health problems and the promotion of health. Fellows:
319		
320	IV.A.2.a).(1)	<u>must demonstrate competence</u> provide training in the
321		<u>development of competencies needed to</u> in the diagnosis
322		<u>and non-operative management of medical illnesses and</u>
323		<u>injuries related to sports and exercise, including</u>
324		<u>hematomas, non-surgical sprains and strains, stress</u>
325		<u>fractures, and traumatic fractures and dislocations; and,</u>
326		
327	IV.A.2.a).(2)	<u>must demonstrate competence in the diagnosis, and timely</u>
328		<u>referral for operative treatment of sports-related injuries,</u>
329		<u>including hematomas, stress fractures, surgical sprains</u>
330		<u>and strains, and traumatic fractures and dislocations.</u>
331		
332	IV.A.2.b)	Medical Knowledge
333		
334		Fellows must demonstrate knowledge of established and
335		evolving biomedical, clinical, epidemiological and social-
336		behavioral sciences, as well as the application of this
337		knowledge to patient care. Fellows:
338		
339	IV.A.2.b).(1)	<u>must demonstrate a level of expertise in the knowledge of</u>
340		<u>those areas appropriate for a subspecialist in sports</u>
341		<u>medicine, specifically:</u> provide educational experiences
342		that enable residents to develop clinical competence in the
343		overall field of sports medicine. The curriculum must
344		include but not be limited to the following content and skill
345		areas:
346		
347	IV.A.2.b).(1).(a)	anatomy, physiology, and biomechanics of
348		exercise;
349		
350	IV.A.2.b).(1).(b)	basic nutritional principles and their application to
351		exercise;
352		
353	IV.A.2.b).(1).(c)	psychological aspects of exercise, performance,
354		and competition;
355		
356	IV.A.2.b).(1).(d)	guidelines for <u>appropriate history-taking and</u>
357		<u>physical</u> evaluation prior to participation in exercise
358		and sport;

359		
360	IV.A.2.b).(1).(e)	physical conditioning requirements for various <u>exercise related activities and sports</u> ;
361		
362		
363	IV.A.2.b).(1).(f)	special considerations related to age, gender, and disability;
364		
365		
366	IV.A.2.b).(1).(g)	pathology and pathophysiology of illness and injury as they relate to exercise;
367		
368		
369	IV.A.2.b).(1).(h)	effects of disease on exercise and the use of exercise in the care of medical and <u>musculoskeletal</u> problems;
370		
371		
372		
373	IV.A.2.b).(1).(i)	prevention, evaluation, management, and rehabilitation of injuries <u>and sports-related illnesses</u> ;
374		
375		
376		
377	IV.A.2.b).(1).(j)	understanding clinical <u>pharmacology relevant to sports medicine and the</u> effects of therapeutic, performance-enhancing, and mood-altering drugs;
378		
379		
380		
381	IV.A.2.b).(1).(k)	promotion of physical fitness and healthy lifestyles;
382		
383	IV.A.2.b).(1).(l)	understanding function as a team physician;
384		
385	IV.A.2.b).(1).(m)	ethical principles as applied to exercise and sports;
386		
387	IV.A.2.b).(1).(n)	medicolegal aspects of exercise and sports;
388		
389	IV.A.2.b).(1).(o)	environmental effects on exercise;
390		
391	IV.A.2.b).(1).(p)	growth and development related to exercise;
392		
393	IV.A.2.b).(1).(q)	the importance of the role of exercise in maintaining the health and function of the elderly; and,
394		
395		
396	IV.A.2.b).(1).(r)	the importance of exercise programs in school-age children.
397		
398		
399	IV.A.2.c)	Practice-based Learning and Improvement
400		
401		
402		Fellows are expected to develop skills and habits to be able to meet the following goals:
403		
404	IV.A.2.c).(1)	systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
405		
406		
407		
408	IV.A.2.c).(2)	locate, appraise, and assimilate evidence from scientific studies related to their patients' health
409		

410 **problems;**
411
412 IV.A.2.c).(3) ~~develop and demonstrate competence in patient education~~
413 ~~in educate patients, members of patients' families, medical~~
414 ~~students, coaches, athletes, other professionals, and other~~
415 ~~health care professionals (including nurses and allied~~
416 ~~health personnel) medical students, residents, coaches,~~
417 ~~athletes, and other professionals, and members of~~
418 ~~patients' families regarding issues related to sports and~~
419 ~~exercise; and,~~
420
421 IV.A.2.c).(4) function as a team physician.
422
423 **IV.A.2.d) Interpersonal and Communication Skills**
424
425 **Fellows must demonstrate interpersonal and communication**
426 **skills that result in the effective exchange of information and**
427 **collaboration with patients, their families, and health**
428 **professionals.**
429
430 **IV.A.2.e) Professionalism**
431
432 **Fellows must demonstrate a commitment to carrying out**
433 **professional responsibilities and an adherence to ethical**
434 **principles.**
435
436 **IV.A.2.f) Systems-based Practice**
437
438 **Fellows must demonstrate an awareness of and**
439 **responsiveness to the larger context and system of health**
440 **care, as well as the ability to call effectively on other**
441 **resources in the system to provide optimal health care.**
442
443 IV.A.3. Curriculum Organization
444
445 IV.A.3.a) There must be conferences, seminars, and/or workshops in sports
446 ~~medicine that are should be~~ specifically designed for the residents
447 ~~to augment the fellows' clinical experiences.~~
448 ~~The curriculum must provide the educational experiences~~
449 ~~necessary for the residents to achieve cognitive knowledge,~~
450 ~~psychomotor skills, interpersonal skills, professional attitudes, and~~
451 ~~practice experience required of physicians in the care of patients~~
452 ~~with health problems related to sports medicine.~~
453
454 IV.A.3.b) Clinical activities in sports medicine must represent a minimum of
455 ~~60-50%~~ of fellows' time in the program. The remainder of the time
456 ~~should be spent in didactic teaching, and scholarly and/or~~
457 ~~research activities, and in the practice of family medicine,~~
458 ~~emergency medicine, internal medicine, pediatrics, or physical~~
459 ~~medicine and rehabilitation, depending on the fellow's primary~~
460 ~~specialty, care or emergency medicine ambulatory facility.~~

- 461
462 IV.A.3.c) Fellows must spend at least one half-~~1~~/₂ day per week maintaining
463 their skills in their primary specialty areas.
464
- 465 IV.A.4. Fellow Experiences
466
- 467 IV.A.4.a) ~~The program must ensure that all sports medicine fellows~~ Fellows
468 must participate in ~~developing and~~ conducting pre-participation
469 physical evaluations ~~examinations~~ of athletes.
470
- 471 IV.A.4.b) Fellows must have experience with procedures relevant to the
472 practice of sports medicine. ~~Participation in the following must be~~
473 ~~required of all sports medicine residents:~~ Fellows must:
474
- 475 IV.A.4.b).(1) assist with, observe, and perform outpatient non-operative
476 interventional procedures clinically relevant to the practice
477 of sports medicine; and,
478
- 479 IV.A.4.b).(2) ~~assist with, and/or should arrange for fellows to observe,~~
480 ~~representative inpatient and outpatient operative~~
481 orthopaedic musculoskeletal procedures clinically relevant
482 to the practice of sports medicine.
483 ~~The resident must have appropriate authority and~~
484 ~~responsibility to participate meaningfully in the medical~~
485 ~~care that is provided to acute care patients (see Scope~~
486 ~~and Duration of Training, above).~~
487
- 488 IV.A.4.c) Fellows must have a sports medicine clinic experience.
489
- 490 IV.A.4.c).(1) Fellows must provide sports medicine clinic patients attend
491 patients in a with continuing, comprehensive care manner,
492 and providing consultation for health problems related to
493 sports and exercise.
494
- 495 IV.A.4.c).(2) ~~Although multiple sports medicine clinics can be used for~~
496 ~~fellowship, each~~ Each fellow must shall spend at least one
497 day per week for 10 months in a single sports medicine
498 clinic providing care to patients. ~~training period in this~~
499 ~~activity;~~
500
- 501 IV.A.4.c).(3) If a fellow's sports medicine clinic patients are hospitalized,
502 the fellow must should either follow them during their
503 inpatient stay and resume outpatient care following the
504 hospitalization, or remain in active communication with the
505 inpatient care team regarding management and treatment
506 decisions and resume outpatient care following the
507 hospitalization. ~~Consultation with other physicians and~~
508 ~~professionals in other disciplines should be encouraged.~~
509
- 510 IV.A.4.d) Fellows must have experience providing on-site sports care.
511

- 512 IV.A.4.d).(1) Fellows must plan and implement all aspects of medical
513 care at various sporting events.
- 514
- 515 IV.A.4.d).(2) Fellows must participate in providing comprehensive and
516 continuing care to a single sports team where medical care
517 can be provided across seasons, or, preferably the
518 experience should include to several sports teams across
519 seasons, throughout the training period;
- 520
- 521 IV.A.4.d).(3) Fellows must have clinical experiences that provide
522 exposure to, and facilitate skill development in, the
523 appropriate recognition, on-field management, and medical
524 transportation of sports medicine urgencies and
525 emergencies.
- 526
- 527 IV.A.4.e) Fellows must participate in mass-participation events.
- 528
- 529 IV.A.4.e).(1) Fellows must plan and implement all aspects of medical
530 care for at least one mass-participation sports events.
- 531
- 532 IV.A.4.e).(2) ~~Fellows The program must ensure that its~~ have experience
533 ~~that includes~~ providing medical consultation, direct patient
534 ~~care-planning,~~ event planning, protection of participants,
535 and coordination with local EMS systems, ~~and other~~
536 ~~medical aspects of these events.~~
- 537
- 538 IV.A.4.f) ~~Fellows There must also be~~ have experience working in a
539 community sports medicine network involving parents, coaches,
540 ~~certified~~ athletic trainers, allied health ~~medical~~ personnel,
541 residents, and physicians.
- 542
- 543 **IV.B. Fellows' Scholarly Activities**
- 544
- 545 IV.B.1. Each fellow should complete a scholarly or quality improvement project
546 during the program.
- 547
- 548 IV.B.1.a) Evidence of scholarly activity should include at least one of the
549 following:
- 550
- 551 IV.B.1.a).(1) peer-reviewed funding and research;
- 552
- 553 IV.B.1.a).(2) publication of original research or review articles; or,
- 554
- 555 IV.B.1.a).(3) presentations at local, regional, or national professional
556 and scientific society meetings.
- 557
- 558 **V. Evaluation**
- 559
- 560 **V.A. Fellow Evaluation**
- 561
- 562 **V.A.1. Formative Evaluation**

- 563
564 **V.A.1.a)** **The faculty must evaluate fellow performance in a timely**
565 **manner.**
566
- 567 **V.A.1.b)** **The program must:**
568
- 569 **V.A.1.b).(1)** **provide objective assessments of competence in**
570 **patient care, medical knowledge, practice-based**
571 **learning and improvement, interpersonal and**
572 **communication skills, professionalism, and systems-**
573 **based practice;**
574
- 575 **V.A.1.b).(2)** **use multiple evaluators (e.g., faculty, peers, patients,**
576 **self, and other professional staff); and**
577
- 578 **V.A.1.b).(3)** **provide each fellow with documented semiannual**
579 **evaluation of performance with feedback.**
580
- 581 **V.A.1.c)** **The evaluations of fellow performance must be accessible for**
582 **review by the fellow, in accordance with institutional policy.**
583
- 584 **V.A.2.** **Summative Evaluation**
585
- 586 **The program director must provide a summative evaluation for each**
587 **fellow upon completion of the program. This evaluation must**
588 **become part of the fellow’s permanent record maintained by the**
589 **institution, and must be accessible for review by the fellow in**
590 **accordance with institutional policy. This evaluation must:**
591
- 592 **V.A.2.a)** **document the fellow’s performance during their education,**
593 **and**
594
- 595 **V.A.2.b)** **verify that the fellow has demonstrated sufficient competence**
596 **to enter practice without direct supervision.**
597
- 598 **V.B.** **Faculty Evaluation**
599
- 600 **V.B.1.** **At least annually, the program must evaluate faculty performance as**
601 **it relates to the educational program.**
602
- 603 **V.B.2.** **These evaluations should include a review of the faculty’s clinical**
604 **teaching abilities, commitment to the educational program, clinical**
605 **knowledge, professionalism, and scholarly activities.**
606
- 607 **V.C.** **Program Evaluation and Improvement**
608
- 609 **V.C.1.** **The program must document formal, systematic evaluation of the**
610 **curriculum at least annually. The program must monitor and track**
611 **each of the following areas:**
612
- 613 **V.C.1.a)** **fellow performance;**

- 614
- 615 **V.C.1.b) faculty development;**
- 616
- 617 V.C.1.c) performance of program graduates on the certification
- 618 examination; and,
- 619
- 620 V.C.1.c).(1) At least 75% of fellows who completed the program in the
- 621 preceding five years, and were eligible, must have taken
- 622 the certifying examination.
- 623
- 624 V.C.1.c).(2) At least 75% of a program's graduates from the preceding
- 625 five years who took the certifying examination for sports
- 626 medicine for the first time must have passed.
- 627
- 628 V.C.1.d) program quality. Specifically:
- 629
- 630 V.C.1.d).(1) fellows and faculty must have the opportunity to evaluate
- 631 the program.
- 632
- 633 **V.C.2. If deficiencies are found, the program should prepare a written plan**
- 634 **of action to document initiatives to improve performance in the**
- 635 **areas listed in section V.C.1. The action plan should be reviewed**
- 636 **and approved by the teaching faculty and documented in meeting**
- 637 **minutes.**
- 638
- 639 **VI. Fellow Duty Hours in the Learning and Working Environment**
- 640
- 641 **VI.A. Principles**
- 642
- 643 **VI.A.1. The program must be committed to and be responsible for**
- 644 **promoting patient safety and fellow well-being and to providing a**
- 645 **supportive educational environment.**
- 646
- 647 **VI.A.2. Duty hour assignments must recognize that faculty and fellows**
- 648 **collectively have responsibility for the safety and welfare of patients.**
- 649
- 650 VI.A.3. The learning objectives of the program must not be compromised by
- 651 excessive reliance on fellows to fulfill service obligations.
- 652
- 653 **VI.B. Supervision of Fellows**
- 654
- 655 **The program must ensure that qualified faculty provide appropriate**
- 656 **supervision of fellows in patient care activities.**
- 657
- 658 **VI.C. Duty Hours (the terms in this section are defined in the ACGME Glossary**
- 659 **and apply to all programs)**
- 660
- 661 **Duty hours are defined as all clinical and academic activities related to the**
- 662 **program; i.e., patient care (both inpatient and outpatient), administrative**
- 663 **duties relative to patient care, the provision for transfer of patient care,**
- 664 **time spent in-house during call activities, and scheduled activities, such as**

- 665 conferences. Duty hours do *not* include reading and preparation time spent
666 away from the duty site.
667
- 668 VI.C.1. Duty hours must be limited to 80 hours per week, averaged over a
669 four-week period, inclusive of all in-house call activities.
670
- 671 VI.C.2. Fellows must be provided with one day in seven free from all
672 educational and clinical responsibilities, averaged over a four-week
673 period, inclusive of call.
674
- 675 VI.C.3. Adequate time for rest and personal activities must be provided.
676 This should consist of a 10-hour time period provided between all
677 daily duty periods and after in-house call.
678
- 679 VI.C.3.a) The Review Committee will not consider requests for a rest period
680 of fewer than 10 hours.
681
- 682 VI.D. On-call Activities
683
- 684 VI.D.1. In-house call must occur no more frequently than every third night,
685 averaged over a four-week period.
686
- 687 VI.D.2. Continuous on-site duty, including in-house call, must not exceed 24
688 consecutive hours. Fellows may remain on duty for up to six
689 additional hours to participate in didactic activities, transfer care of
690 patients, conduct outpatient clinics, and maintain continuity of
691 medical and surgical care.
692
- 693 VI.D.3. No new patients may be accepted after 24 hours of continuous duty.
694
- 695 VI.D.3.a) A new patient is defined as any patient for whom the fellow has
696 not previously provided care.
697
- 698 VI.D.4. At-home call (or pager call)
699
- 700 VI.D.4.a) The frequency of at-home call is not subject to the every third
701 night, or 24+6 limitation. However at-home call must not be
702 so frequent as to preclude rest and reasonable personal time
703 for each fellow.
704
- 705 VI.D.4.b) Fellows taking at-home call must be provided with one day in
706 seven completely free from all educational and clinical
707 responsibilities, averaged over a four-week period.
708
- 709 VI.D.4.c) When fellows are called into the hospital from home, the
710 hours fellows spend in-house are counted toward the 80-hour
711 limit.
712
713

714 VI.E. Moonlighting
715
716 Internal moonlighting must be considered part of the 80-hour weekly limit
717 on duty hours.
718
719 VI.E.1. Moonlighting must not interfere with a fellow's ability to achieve the goals
720 and objectives of the educational program.
721
722 ***
723
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