



International Advanced Specialty Program Requirements Summary of Revisions and Rationale ACGME-I

Advanced Specialty Requirements for: **Sports and Exercise Medicine Residency and Fellowship**

Proposed Effective Date of revised requirements: **15 September 2026**

Comments are currently being solicited on revisions to the International Advanced Specialty Program Requirements for the specialty/subspecialty listed above. To aid those providing comment, the following table summarizes and provides a rationale for these revisions.

The Review Committee-International will use the comments provided to determine the final Program Requirements that will be posted on the ACGME-I website.

SECTIONS WITH MAJOR REVISIONS

Requirement	Line Number	Rationale
Int.II.A. The educational program in sports <u>and exercise</u> medicine residency must be 36 or 48 months in length.	32-33	The requirements outline two options: an integrated residency option and a fellowship option. The residency option allows learners who have completed medical school and met eligibility prerequisites, as outlined in the ACGME-I Institutional Requirements, to complete training in fundamental clinical skills during the initial portion of the program and in sports and exercise medicine during the latter portion of the program. The fellowship option allows physicians who have completed a residency in emergency medicine, family medicine, internal medicine, pediatrics, or physical medicine and rehabilitation to receive subspecialty education in sports and exercise medicine. Faculty members, including the program director, may be involved in the education and administration of both program formats.
Int.II.B. The educational program in sports <u>and exercise</u> medicine fellowship must be 12 or 24 months in length.	35-36	

SECTIONS ADDED

Requirement	Line Number	Rationale
<p><u>I.B.1. The residency program in sports and exercise medicine must ensure the availability of faculty members who are general internists with teaching experience at the primary clinical site and at each participating site providing required general internal medicine rotations.</u></p>	49-52	<p>For the residency option, the first two years of the program include education and training in general internal medicine. Faculty members with expertise in internal medicine education are needed to teach this content.</p>
<p><u>IV.A.1.a).(1) Residents/fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. Residents/fellows must demonstrate: a) compassion, integrity, and respect for others; b) responsiveness to patient needs that supersedes self-interest; c) cultural awareness; d) respect for patient privacy and autonomy; e) accountability to patients, society, and the profession; f) respect and responsiveness to heterogeneous patient populations, including but not limited to gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation; g) ability to recognize and develop a plan for one's own personal and professional well-being; and; h) appropriately disclosing and addressing conflict or duality of interest.</u></p>	152-178	<p>Competencies in the Professionalism domain are required for residency education and have thus been added as required outcomes.</p>
<p><u>IV.A.1.b).(2) Residents in the integrated (residency) program must demonstrate competence in fundamental clinical skills, including: a) obtaining a comprehensive medical history; b) performing a comprehensive physical examination; c) assessing a patient's medical condition; d) making appropriate use of diagnostic studies and tests; e) integrating information to develop a differential diagnosis; and, f) developing, implementing, and evaluating a treatment plan.</u></p>	186-202	<p>Competence in fundamental clinical skills is gained during the first 24 months of education in general internal medicine and refined for sports and exercise medicine during the final years of the integrated residency.</p>

<p>IV.A.1.c).(1). Residents/fellows must demonstrate knowledge of: <u>(f)effects of sports and/or exercise on aging; (i) exercise programs in adults, including older adults</u></p>	<p>310-322</p>	<p>Sports and exercise medicine physicians care for a wide range of patients, including adults who use sports and/or exercise to promote and maintain overall health.</p>
<p>IV.A.1.d) Residents/ fellows must demonstrate competence in a) <u>identifying strengths, deficiencies, and limits in one’s knowledge and expertise; b)setting learning and improvement goals; c) identifying and performing appropriate learning activities; d) systematically analyzing practice using quality improvement methods, including activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement; e) incorporating feedback and formative evaluation into daily practice; and f) locating, appraising, and assimilating evidence from scientific studies related to their patients’ health problems.</u></p>	<p>371-392</p>	<p>Competencies in the Practice-Based Learning and Improvement domain are required for residency education and have thus been added as required outcomes.</p>
<p>IV.A.1.e) Residents/fellows must develop competence in: a) <u>communicating effectively with patients, patients’ families, as appropriate, across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities, learning to engage interpretive services as required to provide appropriate care to each patient; b) communicating effectively with physicians, other health professionals, and health-related agencies; c) working effectively as a member or leader of a health care team or other professional group; d) educating patients, patients’ families, students, other residents, and other health care professionals; e) acting in a consultative role to other physicians and health professionals; f) maintaining comprehensive, timely, and legible medical records; and, g) communicating with patients and patients’ families to partner with</u></p>	<p>399-427</p>	<p>Competencies in the Interpersonal and Communication Skills domain are required for residency education and have thus been added as required outcomes.</p>

<p><u>them to assess their care goals including , when appropriate, end-of-life-goals.</u></p>		
<p>IV.A.1.f) Residents/fellows must demonstrate competence in a) <u>working effectively in various health care delivery settings and systems relevant to their clinical specialty;</u> b) <u>coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty;</u> c) <u>advocating for quality patient care and optimal patient care systems;</u> d) <u>incorporating considerations of value, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population- based care as appropriate;</u> e) <u>understanding health care finances and its impact on individual patients' health decisions;</u> f) <u>using tools and techniques that promote patient safety and disclosure of patient safety events (real or simulated);</u> and, g) <u>advocating for patients within the health care system to achieve the patients' and patient's family's care goals, including, when appropriate, end-of-life goals.</u></p>	<p>435-464</p>	<p>Competencies in the Systems-Based Practice domain are required for residency education and have thus been added as required outcomes.</p>
<p>IV.C.2. <u>During the first years of the residency program, the curriculum must include 24 months of foundational educational experiences in the following: emergency medicine, family medicine, internal medicine, cardiology, rheumatology, pediatrics, physical medicine and rehabilitation; and, orthopaedic surgery.</u> a) <u>The curriculum must include elective experiences designed to meet residents' individual educational needs.</u> b) <u>With appropriate supervision, residents must have first-contact responsibility for providing direct patient care in all settings, including evaluation and management of all types and acuity levels of patients and writing orders, progress notes, and</u></p>	<p>491-503</p>	<p>The first years of the residency format include education in fundamental clinical skills. These experiences can occur in a wide range of specialties that focus on primary care, as well as in other areas with major impact on the practice of sports and exercise medicine.</p>

<u>relevant records.</u>		
<u>IV.C.3. Clinical activities in sports and exercise medicine must be planned for the final years of the residency program.</u>	505-506	The final years of the educational program in a residency in sports and exercise medicine build on the fundamental education provided during the first years of the program.
<u>IV.C.4. During clinical sports and exercise medicine activities, residents/fellows must allocate no less than 60 percent of their time to providing sports and exercise medicine focused care</u>	508-510	