



ACGME International

**Advanced Specialty Program Requirements for
Graduate Medical Education in
Sports Cardiology
(Cardiology)**

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in Sports Cardiology (Cardiology)**

Int. Introduction

Background and Intent: Programs must achieve and maintain Foundational Accreditation according to the ACGME-I Foundational Requirements prior to receiving Advanced Specialty Accreditation. The Advanced Specialty Requirements noted below complement ACGME-I Foundational Requirements. For each section, the Advanced Specialty Requirements should be considered together with the Foundational Requirements.

Int. I. Definition and Scope of the Specialty

Sports cardiology is a subspecialty of cardiology focused on the prevention, diagnosis, risk stratification, and management of cardiovascular conditions in individuals participating in physical activity and competitive sports. Sports cardiologists apply core principles of cardiovascular medicine in conjunction with specialized knowledge of exercise physiology, cardiac adaptation to training, and sport-specific demands.

Sports cardiologists provide comprehensive, multidisciplinary, patient-centered care to competitive athletes and highly active individuals across the lifespan.

Int. II. Duration of Education

Int. II.A. The educational program in sports cardiology must be 12 or 24 months in length.

I. Institution

I.A. Sponsoring Institution

I.A.1. An institution that sponsors a sports cardiology fellowship must have access to robust clinical and educational expertise in general cardiology, including a comprehensive range of cardiovascular services, subspecialty consultation, and qualified faculty members.

I.A.2. If the program permits fellows to engage in independent practice in general cardiology during the educational program, time spent in general practice must not exceed 20 percent of the fellows' time per week, or 10 weeks a year.

I.A.2.a) Time spent in independent practice during fellowship must count toward all clinical and education work hour limits.

I.B. Participating Sites

See International Foundational Requirements, Section I.B.

II. Program Personnel and Resources

II.A. Program Director

See International Foundational Requirements, Section II.A.

II.B. Faculty

II.B.1. Qualified faculty members in the following specialties must be available to teach and provide consultation to the fellows:

II.B.1.a) cardiovascular imaging;

II.B.1.b) general cardiology;

II.B.1.c) interventional cardiology;

II.B.1.d) orthopaedic surgery;

II.B.1.e) pediatric cardiology; and,

II.B.1.f) sports and exercise medicine.

II.B.2. A faculty member in cardiac electrophysiology should be available to teach and provide consultation to the fellows.

II.B.3. Faculty members should encourage and support fellows in scholarly activity.

II.C. Other Program Personnel

II.C.1. Programs must have access to personnel with expertise in sports physiotherapy or athletic training, consistent with local practice models and resources.

II.C.2. Programs should have access to qualified staff members in disciplines such as behavioral science, exercise physiology, nutrition, and physical therapy.

II.C.3. When caring for athletes in team-based sports, a team physician or equivalent sports and exercise medicine physician should be available to consult with fellows.

II.D. Resources

II.D.1. There must be a patient population that includes individuals across the lifespan, with a broad range of physical activity levels and athletic participation; and that reflects diversity in age, sex, and ethnicity; and is sufficient in number and clinical variety to ensure fellows achieve competence in the evaluation and management of cardiovascular conditions in both competitive athletes and highly active individuals.

- II.D.2. There must be an identifiable sports cardiology clinic that offers consultation and continuing care to patients regarding sports- or exercise-related cardiovascular health problems, and that has:
- II.D.2.a) advanced diagnostic imaging, including transthoracic echocardiography, rest and exercise echocardiography, and nuclear myocardial perfusion imaging;
 - II.D.2.b) ambulatory rhythm monitoring;
 - II.D.2.c) cardiopulmonary exercise testing, including treadmill or bicycle exercise stress testing; and,
 - II.D.2.d) Holter ambulatory blood pressure monitoring.
- II.D.3. There must be cardiac magnetic resonance imaging (MRI) and computed tomography (CT) available at the primary clinical site or at a participating site offering a required rotation.
- II.D.4. Consultation in medical and surgical specialties and subspecialties must be readily available.
- II.D.5. The program must have access to sporting events, including local or international events, individual or team sports, and professional and elite or mass-participation events.
- II.D.6. There must be an acute care facility that provides access to the full range of services typically found in an acute care general hospital.
- II.D.7. The program should have access to functional rehabilitation services, including cardiac rehabilitation and exercise prescription support.

III. Fellow Appointment

III.A. Eligibility Criteria

- III.A.1. Prior to appointment in the program, fellows must have completed an ACGME-I-accredited fellowship program in adult cardiology or a cardiology fellowship program acceptable to the Sponsoring Institution's Graduate Medical Education Committee.

III.B. Number of Fellows

See International Foundational Requirements, Section III.B.

IV. Specialty-Specific Educational Program

IV.A. ACGME-I Competencies

- IV.A.1. The program must integrate the following ACGME-I Competencies into

the curriculum.

IV.A.1.a) Professionalism

IV.A.1.a).(1) Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles.

IV.A.1.b) Patient Care and Procedural Skills

IV.A.1.b).(1) Fellows must provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

IV.A.1.b).(1).(a) Fellows must demonstrate competence in managing care of cardiac problems in competitive athletes and highly active people, to include:

IV.A.1.b).(1).(a).(i) performing a comprehensive personal and family medical history that includes detailed characterization of exercise and physical activity habits; prior athletic participation; evaluation of family history of premature cardiovascular disease, sudden cardiac death, and inherited cardiac conditions; and, assessment of the use of performance-enhancing substances, supplements, and other agents that may impact cardiovascular health;

IV.A.1.b).(1).(a).(ii) evaluating physical activity and exercise patterns, including frequency, type, duration, and intensity of training and competition, to determine patterns of underlying exercise induced cardiac remodeling;

IV.A.1.b).(1).(a).(iii) evaluating athletes and highly active individuals who present with chest pain during or unrelated to exercise;

IV.A.1.b).(1).(a).(iv) evaluating athletes and highly active people who present with syncope and/or presyncope during or unrelated to exercise, including selection of diagnostic imaging and ambulatory rhythm monitoring;

IV.A.1.b).(1).(a).(v) evaluating athletes and highly active people who present with palpitations during or unrelated to exercise, including selection of diagnostic imaging and ambulatory rhythm monitoring;

IV.A.1.b).(1).(a).(vi)	using a collaborative and multidisciplinary approach in assessing athletes and highly active people with impaired exercise capacity or decrements in exercise performance;
IV.A.1.b).(1).(a).(vii)	applying local, national, and/or international recommendations for sports eligibility, exercise participation, and return-to-play decision-making, using shared decision-making and individualized risk assessment for competitive and recreational athletes following diagnosis of definitive or suspected cardiovascular disease;
IV.A.1.b).(1).(a).(viii)	prescribing exercise designed to optimize long-term health outcomes among athletes who are restricted from competitive sports participation or require modification of sports participation due to underlying genetic, structural, or electrical heart disease;
IV.A.1.b).(1).(a).(ix)	assessing risk of adverse cardiovascular events during sports and exercise participation and determining strategies to optimize safety of competitive and recreational sports participation for those with cardiovascular conditions, including indication of medical therapy decisions on implantable cardiac devices and development of individually tailored emergency action plans;
IV.A.1.b).(1).(a).(x)	managing patients with atherosclerotic coronary artery disease, including making recommendations on selection and duration of medication, decision-making regarding revascularization, and application of cardiac rehabilitation following acute coronary syndrome, as well as return-to-sport decisions;
IV.A.1.b).(1).(a).(xi)	diagnosing hypertension at rest and during exercise in athletes and highly active people;
IV.A.1.b).(1).(a).(xii)	determining lifestyle modifications and medical therapy for patients with hypertension that have minimal effects on

	exercise capacity and sport safety, avoiding when possible the use of substances included in the most updated World Antidoping Agency (WADA) list of prohibited substances in sports;
IV.A.1.b).(1).(a).(xiii)	diagnosing and managing, in collaboration with an electrophysiologist, paroxysmal atrial arrhythmias, including atrial fibrillation and atrial flutter, with comprehensive assessment of rhythm versus rate control strategies; selection, sequencing, and monitoring of pharmacologic and catheter-based interventions; and guideline-directed use of anticoagulation with careful consideration of implications for sport participation, exercise safety, and performance; and,
IV.A.1.b).(1).(a).(xiv)	conducting and/or overseeing all aspects of a pre-participation cardiac screening program, including:
IV.A.1.b).(1).(a).(xiv).(a)	conducting and documenting a focused medical history and physical examination and interpreting electrocardiogram (ECG) data using athlete criteria;
IV.A.1.b).(1).(a).(xiv).(b)	performing and interpreting echocardiography as required; and,
IV.A.1.b).(1).(a).(xiv).(c)	working in a team-based, collaborative manner during all aspects of the design, implementation, and refinement of a pre-participation cardiac screening program.
IV.A.1.b).(2)	Fellows must perform all medical, diagnostic, and surgical procedures considered essential for the practice of sports cardiology. Fellows must demonstrate competence in:
IV.A.1.b).(2).(a)	applying contemporary ECG interpretation criteria for athletes in varied clinical settings, ranging from traditional clinic to in-the-field preparticipation cardiac screening;
IV.A.1.b).(2).(b)	performing and interpreting transthoracic echocardiographic data with emphasis on recognition of imaging consistent with adaptive

	exercise-induced remodeling;
IV.A.1.b).(2).(c)	overseeing conventional assessment of exercise testing, to include the use of continuous ECG and standard forms of non-invasive imaging;
IV.A.1.b).(2).(d)	interpreting ambulatory rhythm monitoring in athletes and highly active people;
IV.A.1.b).(2).(e)	interpreting cardiopulmonary exercise testing; and,
IV.A.1.b).(2).(f)	integrating comprehensive findings from ECG, ambulatory rhythm monitoring, exercise testing, cardiopulmonary exercise testing, echocardiography, and cardiac CT and/or MRI to guide evidence-based return-to-play decisions, individualized exercise prescriptions, and risk stratification for competitive and recreational athletes.
IV.A.1.c)	Medical Knowledge
IV.A.1.c).(1)	Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows must demonstrate knowledge of:
IV.A.1.c).(1).(a)	the fundamental hemodynamic characteristics of dynamic and static exercise;
IV.A.1.c).(1).(b)	the basic structural and functional patterns of cardiovascular adaptation that accompany different forms of exercise;
IV.A.1.c).(1).(c)	factors that may contribute to variability of exercise-induced cardiac remodeling;
IV.A.1.c).(1).(d)	benign or adaptive ECG patterns and patterns not related to exercise training but potentially reflective of underlying disease;
IV.A.1.c).(1).(e)	variations in non-invasive imaging in competitive athletes and highly active people;
IV.A.1.c).(1).(f)	differential diagnosis for left and right ventricular chamber dilation and left ventricular wall thickening in competitive athletes and highly active people;
IV.A.1.c).(1).(g)	differential diagnosis, including cardiovascular and non-cardiovascular causes of chest pain, in

	competitive athletes and highly active people;
IV.A.1.c).(1).(h)	common atypical presentations of exertional ischemic chest pain in competitive athletes and highly active people;
IV.A.1.c).(1).(i)	how and when to customize exercise testing, including use of adjunct testing measures, in competitive athletes and highly active people;
IV.A.1.c).(1).(j)	common causes of collapse during exercise;
IV.A.1.c).(1).(k)	the physiology of post-exertional neurally mediated syncope;
IV.A.1.c).(1).(l)	common causes of palpitations in competitive athletes and highly active people;
IV.A.1.c).(1).(m)	rationale and suggested use of eligibility and disqualification recommendations for competitive athletes;
IV.A.1.c).(1).(n)	physical activity guidelines for the general population with an emphasis on differentiation of the role of exercise for health promotion versus athletic performance;
IV.A.1.c).(1).(o)	diagnosis, risk stratification, and management of common inherited, congenital, and acquired forms of heart disease associated with an increased risk of adverse cardiovascular events during exercise;
IV.A.1.c).(1).(p)	diagnosis, risk stratification, and management of common genetic and acquired forms of electrical heart disease associated with a risk of adverse cardiovascular events during exercise;
IV.A.1.c).(1).(q)	current indications for implantable cardiac devices in primary and secondary prevention settings and safety of competitive sports in competitive athletes and highly active people with such devices;
IV.A.1.c).(1).(r)	the effect on exercise physiology and exercise safety in patients with atherosclerotic coronary artery disease;
IV.A.1.c).(1).(s)	the effect of exercise physiology and exercise safety in athletes with common inherited and acquired forms of valve disease;
IV.A.1.c).(1).(t)	the impact of antihypertensive agents,

	antiarrhythmic drugs, and commonly prescribed medications for management of atherosclerotic coronary disease on exercise physiology;
IV.A.1.c).(1).(u)	the association between atrial arrhythmia and long-term exposure to endurance sports and treatment options for competitive athletes and highly active people with atria arrhythmia;
IV.A.1.c).(1).(v)	the cardiovascular effects of substance abuse and use of performance enhancing drugs;
IV.A.1.c).(1).(w)	current recommendations for preparticipation cardiovascular screening, including how to rapidly and effectively manage abnormal findings;
IV.A.1.c).(1).(x)	the role of the sports cardiologist in the design, implementation and revision of a preparticipation cardiovascular screening program;
IV.A.1.c).(1).(y)	the role of the sports cardiologist in the design, implementation, and revision of a cardiac rehabilitation program for recreational athletes after a cardiovascular event or when indicated before return to sport; and,
IV.A.1.c).(1).(z)	indications and process for the request of Therapeutic Use Exemption (TUE) of medication included in the WADA list of substances prohibited in sports when they are required in the management of competitive athletes with cardiovascular conditions.
IV.A.1.d)	Practice-Based Learning and Improvement
IV.A.1.d).(1)	Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.
IV.A.1.e)	Interpersonal and Communication Skills
IV.A.1.e).(1)	Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, patients' families, and health professionals. Fellows must demonstrate skill in:
IV.A.1.e).(1).(a)	communicating risk, uncertainty, and recommendations regarding sports eligibility,

exercise participation, and return-to-play decisions to athletes and highly active individuals, families, coaches, teams, and other health professionals, as appropriate; and,

IV.A.1.e).(1).(b)

balancing confidentiality, autonomy, and shared decision-making in circumstances in which organizational, team, school, or competitive pressures may influence clinical decision-making.

IV.A.1.f)

Systems-Based Practice

IV.A.1.f).(1)

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources in the system to produce optimal care. Fellows must work effectively:

IV.A.1.f).(1).(a)

in various systems in which sports cardiology is practiced, to include schools, clubs, federations, team-based organizations, and event-based medical systems;

IV.A.1.f).(1).(b)

within systems of care at sporting venues and mass-participation events, to include implementing emergency preparedness protocols; and,

IV.A.1.f).(1).(c)

within multidisciplinary teams to optimize patient safety, quality of care, and coordination of care across outpatient, inpatient, and event-based settings.

IV.B. Regularly Scheduled Educational Activities

IV.B.1.

There must be regularly scheduled conferences, seminars, and/or workshops in sports cardiology specifically designed to augment fellows' clinical experiences.

IV.C. Clinical Experiences

IV.C.1.

Fellows must have at least 10 months of clinical experience in sports cardiology.

IV.C.2.

Fellows must participate in pre-participation physical evaluations of athletes that include:

IV.C.2.a)

conducting a sports cardiology-focused history and clinical examination;

IV.C.2.b)

interpreting 12-lead ECG;

- IV.C.2.c) performing and interpreting echocardiography as required; and,
- IV.C.2.d) determining further investigation/follow-up and return-to-play decisions.
- IV.C.3. Fellows must have experience conducting and/or interpreting studies and procedures relevant to the practice of sports cardiology, including:
 - IV.C.3.a) ambulatory blood pressure monitoring;
 - IV.C.3.b) analysis of rhythm recording (Holter, event recorders);
 - IV.C.3.c) cardiac MRI for structural and functional assessment;
 - IV.C.3.d) cardiopulmonary exercise testing;
 - IV.C.3.e) exercise testing;
 - IV.C.3.f) signal averaged ECG;
 - IV.C.3.g) transthoracic echocardiogram, both resting and during exercise; and,
 - IV.C.3.h) 12-lead ECG.
- IV.C.4. Fellows must have a sports cardiology clinic experience.
 - IV.C.4.a) Fellows must provide sports cardiology clinic patients with continuing, comprehensive care and provide consultation for cardiovascular problems related to sports and exercise.
 - IV.C.4.b) In a 12-month program, each fellow must spend at least one day per week for 10 months in a single sports cardiology clinic providing care to patients.
 - IV.C.4.c) In a 24-month program, each fellow must spend at least one day per week for 20 months in a single sports cardiology clinic providing care to patients.
 - IV.C.4.d) If a fellow's sports cardiology clinic patients are hospitalized, the fellow must either follow them during their inpatient stay and resume outpatient care following the hospitalization, or remain in active communication with the inpatient care team regarding management and treatment decisions and resume outpatient care following the hospitalization.

- IV.C.5. Fellows must participate in competitive sports events as a member of the medical team providing services at the event and/or medical services organizing committee.
- IV.C.6. Clinical experiences should be structured to facilitate learning in a manner that allows the fellows to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement.

IV.D. Scholarly Activity

- IV.D.1. Fellows' Scholarly Activity
 - IV.D.1.a) Each fellow must complete a scholarly or quality improvement project.
 - IV.D.1.b) Fellows must attend at least one national or international subspecialty meeting in sports cardiology.
- IV.D.2. Faculty Scholarly Activity
 - See International Foundational Requirements, Section IV.D.2.

V. Evaluation

See International Foundational Requirements, Section V.

VI. The Learning and Working Environment

See International Foundational Requirements, Section VI.