CONFLICT OF INTEREST INHERENT IN SPORTS MEDICINE MANAGEMENT

ATPC

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TOUGH BALANCING ACT

- Sports medicine providers are selected/employed/retained by the athletic department or team-deriving their position from the administration
- Many athletic trainers are hired/evaluated/fired based upon opinion of non-medical personnel
- State practice acts require supervision of ATC
- The patient-athlete centered model places the highest priority upon proper medical care of the athlete
- Need for constant attention focused on diminishing any appearance of conflict of interest
An inherent conflict of interest exists when an athletic trainer’s role delineation and employment status are primarily determined by coaches or athletic program administrators, which should be avoided through a formal administrative role for a physician who provides medical direction.

An athletic trainer’s professional qualifications and performance evaluations must not be primarily judged by administrative personnel who lack health care expertise, particularly in the context of hiring, promotion, and termination decisions.

Universities, colleges, and secondary schools should adopt an administrative structure for delivery of integrated sports medicine and athletic training services to minimize the potential for any conflicts of interest that could adversely affect the health and well-being of athletes.
THE NEED FOR ACCOUNTABILITY AND TRANSPARENCY IN INTERCOLLEGiate ATHLETIC MEDICINE

- Journal of Athletic Training 2014;49(1):5-6

- One alternative is set forth- “creation of an athletic medicine review board that would function in a manner similar to an institutional review board for protection of research participants or a citizen review board for oversight of a law enforcement agency.”

- “A publicly accessible annual report to the university’s board of trustees should present evidence of compliance with consensus best practices and document any specific areas of concern.”
ATHLETIC MEDICINE OUTSIDE OF ATHLETIC DEPARTMENT

• Some universities have set up Sports Medicine programs outside of the athletic departments where physicians and ATCs are selected and evaluated based on their medical performance by those capable of judging.

• Medical Directors are appointed by presidents and boards with similar status as athletic directors (MD and AD working together as equals as opposed to the MD “reporting” to AD).

• Medical providers are better able to maintain “unchallengeable authority” (as termed by the NCAA) regarding medical issues and return to play decisions.
SOURCES

- The Need for Accountability and Transparency in Intercollegiate Athletic Medicine, Journal of Athletic Training 2014;49(1):5–6