

PRINCIPLES FOR
Selecting
Team
Medical
Coverage



—As adopted by AOSSM, 2005



The American Orthopaedic
Society for Sports Medicine

THE TEAM PHYSICIAN'S

principal responsibility is to provide for the well-being of individual athletes, enabling each to achieve his/her full potential with the physician's judgment governed only by medical considerations. This ethical standard is widely recognized and accepted within the medical community.^{1,2}

The business of sport, the visibility it affords and the potential for financial benefit have created an environment in which teams and medical organizations have developed relationships that have entwined non-medical considerations in the awarding of medical coverage. At best, such relationships can provide an appearance of conflict of interest. At worst, these relationships can undermine the physician's principal responsibility. Concern with such arrangements has reached a level that the Commissioners of the National Football League and of Major League Baseball has now prohibited hospital and physician sponsorships that involve a commitment to provide medical services.^{3,4}

The American Orthopaedic Society for Sports Medicine (AOSSM) recognizes that many physicians, medical organizations and teams are committed to maintaining the high standards long established by the medical profession. The Society also realizes that there are many complex factors that can influence a decision to pursue or award a medical contract for team coverage.

The following guidelines were developed so that physicians, teams and—most of all—athletes can use them to ensure they enjoy the highest standard of quality medical care possible.

1 *The selection of a team physician should be based fundamentally on the physician's credentials and ability to provide the highest level of care available.*

The Society recognizes that there likely will be multiple qualified groups in any given area that can provide the requisite level of care required, but that certain relevant considerations should be included when selecting medical coverage:

- The physician's experience with caring for teams, especially at the level of competition for which they are competing;
- The physician's formal training, including post graduate sports medicine fellowships;
- The physician's support network, including other specialists and ancillary personnel that can provide the required coverage; and
- The quality and depth of facilities at the physician's disposal in being able to tend to the team's needs.

2 The process of selecting the team physician should include input from multiple parties that have an interest in the well-being of the players.

AOSSM believes that opening the process (if not the decision) to a broader circle of individuals who will interact with the team physician(s), especially when commonly accepted criteria are established, the team is likely to make a stronger, more informed and less controversial decision about who will provide coverage.

3 The selection of team medical staff should not be based on financial incentives offered by the physician and/or his or her institution.

The Society feels that the practice of bidding for team contracts establishes an inappropriate criterion for selecting medical coverage and leaves the physician and team management susceptible to conflicts of interest under those circumstances. At the same time, AOSSM recognizes that there may be appropriate financial concessions that a physician or institution may give in arranging a contract and believes there needs to be latitude for negotiations.



4 *The team should fully disclose any sponsorship, advertising or financial arrangement that the medical staff (or their institution) have made with the team.*

The Society recognizes that there are instances where some level of sponsorship may be appropriate, and the leadership realizes the impracticality of attempting to parse every conceivable financial relationship. It is the Society's sentiment that disclosure will have the largest sentinel effect on any type of inappropriate incentive.

5 *The team and medical staff should ensure appropriate communication (within legal limitations) to players, other medical providers and management to provide for a more open understanding regarding the health care environment.*

1. Team Physician Consensus Statement, American Academy of Family Physicians, American Academy of Orthopaedic Surgeons, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, American Osteopathic Academy of Sports Medicine, 2001
2. Principles of Medical Ethics, E-3.06–Sports Medicine, American Medical Association, 1994
3. Memo on Hospital and Physician Sponsorships, National Football League, Commissioner Tagliabue, September 2004
4. Memo on Medical Service Provider Sponsorships, Major League Baseball, Commissioner Selig, November 2004



The American Orthopaedic Society for Sports Medicine

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