

Structural Recommendations

1. **Create an athletics healthcare administrator** – NCAA legislation mandates the designation of an Athletics Health Care Administrator at all member schools, and Cal has adhered to the policy since its inception. At Cal, the head team physician fulfills this role with assistance from other fulltime sports medicine staff and is the person responsible for ensuring that all NCAA requirements are completed (see: http://www.ncaa.org/sites/default/files/PDF%203_AHCA%20Handbook_20170720.pdf). The report recommends creating a new position designed to fulfill the responsibilities of the AHCA as outlined by the NCAA legislation as well as additional duties suggested by the report's authors. Once the new Director of Athletics begins his tenure he, in partnership with the Chancellor's office and University Health Services will evaluate the need for the creation of a separate position to enact those duties.
2. **Specialized appeal panel for employees** – The campus agrees that all employees need a confidential process for reporting for reporting improper activity. UC Berkeley has a whistleblower policy in place that gives employees an appropriate avenue to report for this recommendation.
3. **Require AD to report to medical director** – The Chancellor's office in conjunction with UHS, Human Resources and the AD will further analyze this recommendation and the Chancellor will make a final decision. The Director of Athletics currently reports to the Chancellor, a reporting line that is consistent with peer institutions and best practices.
4. **Sr. Associate AD for Performance, Health & Welfare to report to head team physician** – The head team physician currently has a significant degree of supervisory ability in that he or she is responsible for yearly performance reviews on the senior associate athletic director. However, the Chancellor's office in conjunction with UHS, the AD and Human Resources will analyze this recommendation with input to be provided by the head team physician, medical director of University Health Services, and the new Director of Athletics.
5. **Associate head athletic trainer and football head athletic trainer report to head team physician** – The head team physician currently provides feedback in the annual evaluation process for these positions. University Health Services, Human Resources and the athletic department need to perform an analysis on this recommendation. The head team physician, medical director of University Health Services and the new Director of Athletics will all have input on a final decision.
6. **Head Strength & Conditioning Coach for football to report to football coach and head athletic trainer for football** – The head football strength & conditioning coach reports to the head strength & conditioning coach, whose direct oversight is provided by the senior associate AD for Performance, Health & Welfare. Both the head football coach and head football athletic trainer provide feedback in the annual evaluation process for this position. Human Resources and the AD will perform an analysis on the direct reporting lines of the head football strength & conditioning coach, and together with the UHS medical director, will determine whether adoption of this recommendation will represent a beneficial change from the status quo.
7. **Assure Associate Team Physician is a full FTE employee** – Campus is already working to fund additional physician time for Cal Athletics. Currently, the associate team physician works for University Health Services and divides time between working in UHS and with Cal Athletics. This recommendation would add additional headcount that could potentially mirror the existing associate team physician with time divided between UHS and Athletics.
8. **Hire a licensed clinical psychologist** – Mental health and other related issues affect students across the University, and the campus is exploring ways to better address this issue. Counseling and Psychological Services at University Health Services already provides support to all students on campus, including two licensed clinical psychologists who primarily work with student-athletes (see: <https://uhs.berkeley.edu/counseling>). Any new position would certainly provide additional support in this area and give more options in selecting a counselor.

Non-Structural Recommendations

1. **Health and safety responsibility in contracts** – This is an important recommendation and the athletic department will work with the Office of Legal Affairs, which supports the department in executing all coaches contracts, to work to implement this recommendation.
2. **Emphasis in prevention and reporting in head team physician and UHS medical director contracts** – A goal of the athletic department is to foster a culture in which everyone feels empowered and the department has a responsibility to recognize and take action whenever there is a perceived violation of rules, ethics or values. While there are established campus whistleblower policies, campus human resources will work to implement this recommendation.
3. **Head team physician to delineate roles for athletic trainers** – We agree that there should be clear roles and responsibilities. Since 2016, Cal Athletics has had policies and protocols in place, developed by the head team physician in conjunction with guidelines from national bodies, that delineate the roles for athletic trainers.
4. **Head team physician to assess/evaluate associate head athletic trainer and football athletic trainer** – We agree that it is important for the head team physician to have input into the associate head athletic trainer and football athletic trainer evaluations. The head team physician currently provides feedback in the annual evaluation process for these positions. Moving forward, the head team physician will perform yearly reviews on the associate head athletic trainer and football athletic trainer.
5. **Require head team physician to approve strength & conditioning workouts twice per year** – In January 2017, the athletic department formalized a written policy - “Recommendations for the Safety of Student-Athletes” – stating that the head team physician and head athletic trainer review the strength & conditioning programs for at-risk sports twice yearly. Additionally, all non-traditional, off-site, non-sport specific and/or atypical workouts are reviewed by the head team physician, head strength & conditioning coach and head athletic trainer (or their designees). This policy, as noted in the news release, was presented at both the Pac-12 Student-Athlete Health Conference and the American Medical Society for Sports Medicine Conference within the past year as a model for other schools and the Pac-12 to consider adopting.
6. **Require head team physician to have observations of the strength & conditioning program** – The head team physician currently reviews football strength & conditioning plans at least twice yearly – at the beginning of each phase of training as well as when any changes are made outside of what has been reviewed. The athletic department and UHS will review current policy to ensure whether in-person physician observation of workouts, in addition to current program review policies, is necessary and define what protocols should be in place.
7. **Require head team physician to determine level of supervision in strength & conditioning workouts** – For the past 15 years, athletic trainers have attended all scheduled conditioning workouts. Athletic trainers are in close proximity during weight training sessions (the training room is adjacent to the weight room). We will continue to have the head team physician review this protocol.
8. **Require head team physician and UHS medical director to determine criteria for getting a second opinion** – We agree. In alignment with best practices, students are always encouraged to get a second opinion when they have questions or concerns about their care, and both athletic department and UC Berkeley SHIP insurance will cover it if requested.
9. **Audit program every five years** – Going forward, Cal sports medicine will be included in a review of University Health Services that will be conducted by the Accreditation Association for Ambulatory Health Care (AAAHC). This is a peer-based, nationally-recognized accreditation program for surgery centers, primary care practices, occupational health centers, health plans/managed care organizations, student health centers, and large medical and dental group practices. The review is conducted every three years.
10. **Provide annual mental health screening** – Cal Athletics began piloting annual mental health screenings at the beginning of the current school year in August 2017. We will be analyzing the impact of this pilot program to determine how best to proceed.
11. **Provide annual mental health education for coaches and athletic trainers** – Cal Athletics provides annual live education for coaches and athletic trainers on mental health and campus resources for mental health. Every new hire also received in-person education. The sessions are led by licensed psychologists and have been held for at least the past 10 years.

12. **Head team physician or designee to determine return-to-play for football after acute or long-term injury** – We agree. This is part of our standard practice and it will continue. As stated in the athletic department’s “Role of Cal Intercollegiate Athletics Coaches in Medical Care” policy:

Cal Athletics, together with University Health Services (UHS) of UC Berkeley, provide a structure of independent medical care via the collaborative Cal Sports Medicine Program. Cal Athletics hereby affirms the unchallengeable autonomous authority of primary athletics health care providers (team physicians and athletic trainers) to determine the medical management and return-to-play decisions related to student-athletes (pursuant to NCAA Bylaw 3.2.4.1.7, Independent Medical Care).

13. **Head team physician to determine annual healthcare training content for athletic trainers and football coaches** – We agree. Since 2010, our head team physician has led training on five of the strategic priorities as set by the NCAA Sports Science Institute. They include:

- Cardiac Health
- Concussions
- Sickle Cell Trait
- Mental Health
- Independent Medical Care

In addition, all physicians who work with the athletic programs and allied healthcare providers have mandatory continuing education requirements to maintain their board certification and licensure (if applicable).

14. **Football coaches to complete seven hours of annual education training on protecting student-athlete health** – The athletic department and Cal sports medicine will review the available educational content on protecting student-athlete health and will incorporate new content into existing training programs that are provided to all football coaches.
15. **Head team physician to provide written annual reports to UHS medical director** – We agree. Beginning in 2017, the elements of athletic trainer and coach education have been annually provided to the UHS medical director. A steering committee, comprised of UHS medical staff and athletics and UHS administration, meets monthly to discuss relevant topics. The committee has been in existence for the past 15 years.
16. **Head team physician to complete at least 10 hours of continuing medical education** – The head team physician and all certified athletic trainers are already required to complete continuing education units on an annual basis. The head team physician is board certified and must get 150 hours of continuing medical education every three years (or an average of 50 hours per year).
17. **UHS medical director, head team physician and athletic director to provide annual education to alumni on recent sports medicine developments** – The athletic department will work with UHS to determine how best to implement this recommendation.
18. **Immediate reporting of all significant incidents** – This is an important and valuable recommendation that the athletic department, UHS and the Chancellor’s office will work to implement. Currently, all incidents are reported to University Health Services if medical care is involved. In addition, the NCAA has a catastrophic injury reporting protocol (see: <https://www.sportinjuryreport.org/NCAAREport>), and UHS uses a “Take Note” system for reporting all risk issues, with all entries going to the UHS medical director and an upper-level committee for review. As noted above, the Sports Medicine Steering Committee meets monthly to discuss relevant topics and includes the UHS medical and clinical services directors, the head team physician, senior associate director of athletics and the head athletic trainer. We agree that it is important to have open lines of communication between all parties associated with the athletic programs, including physicians, athletic trainers, strength & conditioning staff, coaches, student-athletes, and department and UHS administrators.
19. **Incentives and requirements to report perceived violations** – A goal of the athletic department is to foster a culture in which everyone feels empowered and the department has a responsibility to recognize and take action whenever there is a perceived violation of rules, ethics or values. While there are established campus whistleblower policies, campus human resources will work to implement this recommendation,.
20. **Require football student-athletes to complete a questionnaire on physical and mental health and safety** – We agree. Student-athletes already complete a yearly questionnaire and the athletic department is developing additional questions on physical and mental health and safety.

21. **Add questions on health and safety to student-athlete surveys** – See response to #20 above.
22. **Prohibit physical punishment of any kind** - Cal Athletics has an existing policy around workouts that is reviewed with the coaches every year (see: Coaches and Staff: Recommendations for Safety of Student Athletes policy – attached separately). This policy includes prohibition of high-risk physical punishment drills of any kind. Strength & conditioning staff are also required to undergo continuing education to ensure that they, as well as coaches, remain current on the latest exercise research and its practical applications. As the policy states: "The primary purpose of continued education is to protect the health and safety of the student athlete and to provide appropriate and effective exercise prescription that will maximize athletic performance safely and effectively while decreasing the risk of injury."
23. **Prohibit psychological or verbal abuse** – We agree. This policy is included in the campus Student Policies and Procedures (<https://sa.berkeley.edu/sa/student-policies-and-procedures>) and here <https://policy.ucop.edu/doc/4010411/PPSM-62>. Athletics highlights the policy as part of orientation at the start of each year, as well as includes the information in written materials, such as in the Student-Athlete Handbook.
24. **Prohibit hazing or bullying** – We agree. This policy is included in the campus Student Policies and Procedures (<https://sa.berkeley.edu/sa/student-policies-and-procedures>) and here <https://policy.ucop.edu/doc/4010411/PPSM-62>. Athletics highlights the policy as part of orientation at the start of each year, as well as includes the information in written materials, such as in the Student-Athlete Handbook.
25. **Prohibit encouraging students to discipline one another** – We agree. This policy is included in the campus Student Policies and Procedures (<https://sa.berkeley.edu/sa/student-policies-and-procedures>). Athletics highlights the policy as part of orientation at the start of each year, as well as includes the information in written materials, such as in the Student-Athlete Handbook.
26. **Require a certified athletic trainer to be present at all football workouts** – We agree and our policies are in compliance with an NCAA requirement per Bylaw 17.1.16, which reads:
NCAA requires that an institutional staff member with current certification in first aid, CPR and AED use must be present any time a student athlete participates in a physical, countable athletically-related activity.
27. **Ensure physicians and athletic trainers have unchallengeable authority** – We agree. This practice was formally written into policy in July 2016 in both the "Role of Cal Intercollegiate Athletics Coaches in Medical Care" document and by the NCAA.
28. **Update the Coaches Role in Medical Care policy adopted in 2016** – A copy of the current policy is attached separately, and it includes many of the recommendations and protocols included in the report (such as medical autonomy in return-to-play decisions). The head team physician and senior associate athletic director regularly evaluate the document and update it with relevant policy as they deem changes necessary.
29. **Criteria for reporting student-athlete behavior** – Through university policy, all employees (including from the athletic department) have obligations to report specific incidents and violations of the student code of conduct, as well as federal and state law.
30. **Consider whether UHS counselors could be required to alert the head team physician when they believe a student-athlete's mental health has deteriorated or increases risk through participation** – As noted in the report, per professional standards and state/federal law, mental health care providers release such information/break confidentiality only if there is "serious, foreseeable and imminent harm to a client or other identifiable person." For over a decade, Cal has had a multidisciplinary team of healthcare providers, including mental health care providers, who meet to coordinate care and work on prevention, outreach and best practices for student and student-athlete well-being.
31. **Require annual medical chart audits** – We agree. This is a part of sports medicine's annual health history review.
32. **Coach and athletic trainer education on "stress indicators" and when to intervene** – We agree. This is part of annual coach and athletic trainer education and is included in the Coaches and Staff: Recommendations for Safety of Student Athletes policy (attached separately).
33. **Demand commitment to culture of learning in all contracts for football coaches, athletic trainers and physicians** – The athletic department, Human Resources and the Office of Legal Affairs will explore how to implement and phrase this recommendation.
34. **Coach and athletic trainer training on "culture of permissive equals" in performance reviews** – The athletic department and Human Resources will explore how to implement this recommendation

35. **Consider having the Faculty Athletics Representative elected for a five-year term by the Academic Senate or appointed by the president of the senate** – We believe the current system is far better when it comes to serving the needs of our student-athletes. It has been standard practice for the Chancellor to select the Faculty Athletics Representative. According to a study by the NCAA, “most FARs (nearly 80% in Divisions I and II) reported being appointed by their campus president/CEO without nomination by the faculty governing body.”
36. **Require the athletic director, head football coach and head team physician to meet with the FAR on health and safety issues** – Yes.
37. **Require the Chancellor and faculty athletics representative to meet once per semester to discuss health and safety** – Yes.

Additional Notes

- All recommendations that involve changes to contracts and/or supervision will be evaluated at the campus and Office of the President levels in coordination with University Health Services and the AD. There may be alternative ways to accomplish the same goals as outlined in the recommendations. What is important is that the people mentioned should have input, oversight and accountability in these areas, and we will use this as an opportunity to evaluate the best possible structure.
- All athletic trainers, team physicians and other healthcare providers have a reporting line to the head team physician and University Health Services medical director on all medical matters and are considered UHS or joint UHS/Cal Athletics employees for the provision of their medical care to student-athletes.
- The head team physician and associate team physician are employed by University Health Services and are supervised by the UHS medical director.
- Cal Sports Medicine has established a Student-Athlete Wellness Committee that focuses on student-athlete wellness needs and initiatives, physical and mental health, risk reduction, and athletic and academic performance. The committee includes representatives from Intercollegiate Athletics, University Health Services, student-athletes, faculty, campus risk management and the dean of students office.