

# PART 13 MEDICAL RULES

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# PART 13 MEDICAL RULES

## Chapter I OLYMPIC MOVEMENT MEDICAL CODE

- 13.1.001** In 2009 the International Olympic Committee has adopted the Olympic Movement Medical Code that is reproduced below.

The Olympic Movement Medical Code is not a formal part of the UCI Cycling Regulations. It is not a set of UCI rules or binding obligations. It is the expression of a series of principles, goals and objectives that should guide all those that are involved in athlete health care and any activity covered by this Code, in particular: riders, their personal and team doctors, national federations, national team doctors, paramedical assistants, team managers, cycling event organizers and any medical staff involved in or present at cycling events. It is to that purpose that the Olympic Movement Medical Code is reproduced below.

- 13.1.002** All shall be reminded that in the event of a conflict with the Olympic Movement Medical Code, UCI rules, in particular chapters 2 to 4 below, and also any local legislation shall apply.

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### Olympic Movement Medical Code

In force as from 1 October 2009

#### PREAMBLE

- Chapter I: Relationships between Athletes and Health Care Providers
1. General Principles
  2. Information
  3. Consent
  4. Confidentiality and Privacy
  5. Care and Treatment
  6. Health Care Providers
- Chapter II: Protection and Promotion of the Athlete's Health during Training and Competition
7. General Principles
  8. Fitness to Practise a Sport
  9. Medical Support
- Chapter III: Adoption, Compliance and Monitoring
10. Adoption
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  12. Monitoring
- Chapter IV: Scope, Entry into Force and Amendments
13. Scope
  14. Entry into Force
  15. Amendments

### PREAMBLE

#### *“Fundamental Principles of Olympism*

- 1 *Olympism is a philosophy of life, exalting and combining in a balanced whole the qualities of body, will and mind. Blending sport with culture and education, Olympism seeks to create a way of life based on the joy of effort, the educational value of good example and respect for universal fundamental ethical principles.*
- 2 *The goal of Olympism is to place sport at the service of the harmonious development of man, with a view to promoting a peaceful society concerned with the preservation of human dignity.”*

#### **Olympic Charter, July 2007**

1. The Olympic Movement, in accomplishing its mission, should encourage all stakeholders to take measures to ensure that sport is practised without danger to the health of the athletes and with respect for fair play and sports ethics. To that end, it encourages those measures necessary to protect the health of participants and to minimise the risks of physical injury and psychological harm. It also encourages measures that will protect athletes in their relationships with physicians and other health care providers.
2. This objective can be achieved mainly through an ongoing education based on the ethical values of sport and on each individual’s responsibility in protecting his or her health and the health of others.
3. The present Code supports the basic rules regarding best medical practices in the domain of sport and the safeguarding of the rights and health of the athletes. It supports and encourages the adoption of specific measures to achieve those objectives. It complements and reinforces the World Anti-Doping Code as well as the general principles recognised in international codes of medical ethics.
4. The Olympic Movement Medical Code is directed toward the Olympic Games, championships of the International Federations and competitions to which the International Olympic Committee (IOC) grants its patronage or support, and to all sport practised within the context of the Olympic Movement, both during training and competition.

### **Chapter I: Relationships between Athletes and Health Care Providers**

#### **1. General Principles**

- 1.1. Athletes should enjoy the same fundamental rights as all patients in their relationships with physicians and health care providers, in particular, respect for:
  - a. their human dignity;
  - b. their physical and mental integrity
  - c. the protection of their health and safety;
  - d. their self-determination; and
  - e. their privacy and confidentiality.

- 1.2. The relationship between athletes, their personal physician, the team physician and other health care providers should be protected and be subject to mutual respect. The health and the welfare of athletes prevail over the sole interest of competition and other economic, legal or political considerations.

### **2. Information**

Athletes should be fully informed, in a clear and appropriate way, about their health status and their diagnosis; preventive measures; proposed medical interventions, together with the risks and benefits of each intervention; alternatives to proposed interventions, including the consequences of non-treatment for their health and for their return to sports practice; and the prognosis and progress of treatment and rehabilitation measures.

### **3. Consent**

- 3.1. The voluntary and informed consent of the athletes should be required for any medical intervention.
- 3.2. Particular care should be taken to avoid pressures from the entourage (e.g., coach, management, family, etc.) and other athletes, so that athletes can make fully informed decisions, taking into account the risks associated with practising a sport with a diagnosed injury or disease.
- 3.3. Athletes may refuse or interrupt a medical intervention. The consequences of such a decision should be carefully explained to them.
- 3.4. Athletes are encouraged to designate a person who can act on their behalf in the event of incapacity. They may also define in writing the way they wish to be treated and give any other instruction they deem necessary.
- 3.5. With the exception of emergency situations, when athletes are unable to consent personally to a medical intervention, the authorisation of their legal representative or of the person designated by the athletes for this purpose should be required, after they have received the necessary information.

When the legal representative has to give authorisation, athletes, whether minors or adults, should nevertheless assent to the medical intervention to the fullest extent of their capacity.

- 3.6. Consent of the athletes is required for the collection, preservation, analysis and use of any biological sample.

### **4. Confidentiality and Privacy**

- 4.1. All information about an athlete's health status, diagnosis, prognosis, treatment, rehabilitation measures and all other personal information should be kept confidential, even after the death of the athlete and all applicable legislation should be respected.
- 4.2. Confidential information should be disclosed only if the athlete gives explicit consent thereto, or if the law expressly provides for this. Consent may be presumed when, to the extent necessary for the athlete's treatment, information is disclosed to other health care providers directly involved in his or her health care.
- 4.3. All identifiable medical data on athletes should be protected. The protection of the data will normally be appropriate to the manner of their storage. Likewise, biological samples from which identifiable data can be derived should be protected from improper disclosure.
- 4.4. Athletes should have the right of access to, and a copy of, their complete medical record. Such access should normally exclude data concerning or provided by third parties.

- 4.5. Athletes should have the right to demand the rectification of any erroneous medical data in their files.
- 4.6. Intrusion into the private life of an athlete should be permissible only if necessary for diagnosis, treatment and care, with the consent of the athlete, or if it is legally required. Such intrusion is also permissible pursuant to the provisions of the World Anti-Doping Code.
- 4.7. Any medical intervention should respect privacy and be carried out in the presence of only those persons necessary for the intervention, unless the athlete expressly consents or requests otherwise.

### **5. Care and Treatment**

- 5.1. Athletes should receive such health care as is appropriate to their needs, including preventive care, activities aimed at health promotion and rehabilitation measures. Services should be continuously available and accessible to all equitably, without discrimination and according to the financial, human and material resources available for such purpose.
- 5.2. Athletes should have a quality of care marked both by high technical standards and by the professional and respectful attitude of health care providers. This includes continuity of care, including cooperation between all health care providers and establishments involved in their diagnosis, treatment and care.
- 5.3. During training and competition abroad, athletes should receive the necessary health care, which if possible should be provided by their personal physician or the team physician. They should also receive appropriate emergency care prior to returning home.
- 5.4. Athletes should be able to choose and change their own physician, health care provider or health care establishment, provided that this is compatible with the functioning of the health care system. They should have the right to request a second medical opinion.
- 5.5. Athletes should be treated with dignity in relation to their diagnosis, treatment, care and rehabilitation, in accordance with their culture, tradition and values. They should enjoy support from family, relatives and friends during the course of care and treatment, and to receive spiritual support and guidance.
- 5.6. Athletes should enjoy relief of their suffering according to the latest recognised medical knowledge. Treatments with an analgesic effect, which allow an athlete to practise a sport with an injury or illness, should be carried out only after careful consideration and consultation with the athlete and other health care providers. If there is a long-term risk to the athlete's health, such treatment should not be given. Procedures that are solely for the purpose of masking pain or other protective symptoms in order to enable the athlete to practise a sport with an injury or illness should not be administered if, in the absence of such procedures, his or her participation would be medically inadvisable or impossible.

### **6. Health Care Providers**

- 6.1. The same ethical principles that apply to the current practice of medicine should apply equally to sports medicine. The principal duties of physicians and other health care providers include:
  - a. making the health of the athletes a priority;
  - b. doing no harm.
- 6.2. Health care providers who care for athletes should have the necessary education, training and experience in sports medicine, and keep their knowledge up to date. They should understand the physical and emotional demands placed upon athletes during training and competition, as well as the commitment and necessary capacity to support the extraordinary physical and emotional endurance that sport requires.
- 6.3. Athletes' health care providers should act in accordance with the latest recognised medical knowledge and, when available, evidence-based medicine. They should refrain from performing any intervention

that is not medically indicated, even at the request of the athletes, their entourage or another health care provider. Health care providers must also refuse to provide a false medical certificate concerning the fitness of an athlete to participate in training or competition.

- 6.4. When the health of athletes is at risk, health care providers should strongly discourage them from continuing training or competition and inform them of the risks.

In the case of serious danger to the athlete, or when there is a risk to third parties (players of the same team, opponents, family, the public, etc.), health care providers may also inform the competent persons or authorities, even against the will of the athletes, about their unfitness to participate in training or competition, subject to applicable legislation.

- 6.5. Health care providers should oppose any sports or physical activity that is not appropriate to the stage of growth, development, general condition of health, and level of training of children. They should act in the best interest of the health of children or adolescents, without regard to any other interests or pressures from the entourage (e.g., coach, management, family, etc.) or other athletes.
- 6.6. Health care providers should disclose when they are acting on behalf of third parties (e.g., club, federation, organiser, NOC, etc.). They should personally explain to the athletes the reasons for the examination and its outcome, as well as the nature of the information provided to third parties. In principle, the athlete's physician should also be informed.
- 6.7. When acting on behalf of third parties, health care providers should limit the transfer of information to what is essential. In principle, they may indicate only the athlete's fitness or unfitness to participate in training or competition. With the athlete's consent, the health care providers may provide other information concerning the athlete's participation in sport in a manner compatible with his or her health status.
- 6.8. At sports venues, it is the responsibility of the team or competition physician to determine whether an injured athlete may continue in or return to the competition. This decision should not be delegated to other professionals or personnel. In the absence of the competent physician, such professionals or personnel should adhere strictly to the instructions that he or she has provided. At all times, the overriding priority should be to safeguard the health and safety of athletes. The outcome of the competition should never influence such decisions.
- 6.9. When necessary, the team or competition physician should ensure that injured athletes have access to specialised care, by organising medical follow-up by recognised specialists.

## **Chapter II: Protection and Promotion of the Athlete's Health during Training and Competition**

### **7. General Principles**

- 7.1. No practice constituting any form of physical injury or psychological harm to athletes should be acceptable. Members of the Olympic Movement should ensure that the athletes' conditions of safety, well-being and medical care are favourable to their physical and mental equilibrium. They should adopt the necessary measures to achieve this end and to minimise the risk of injuries and illness. The participation of sports physicians is desirable in the drafting of such measures.
- 7.2. In each sports discipline, minimal safety requirements should be defined and applied with a view to protecting the health of the participants and the public during training and competition. Depending on the sport and the level of competition, specific rules should be adopted regarding sports venues, safe environmental conditions, sports equipment authorised or prohibited, and the training and competition programmes. The specific needs of each athlete category should be identified and respected.

- 7.3. For the benefit of all concerned, measures to safeguard the health of the athletes and to minimise the risks of physical injury and psychological harm should be publicised for the benefit all concerned.
- 7.4. Measures for the protection and the promotion of the athletes' health should be based on the latest recognised medical knowledge.
- 7.5. Research in sports medicine and sports sciences is encouraged and should be conducted in accordance with the recognised principles of research ethics, in particular the Declaration of Helsinki adopted by the World Medical Association (last revised in Seoul, 2008), and the applicable law. It must never be conducted in a manner which could harm an athlete's health or jeopardise his or her performance. The voluntary and informed consent of the athletes to participate in such research is essential.
- 7.6. Advances in sports medicine and sports science should not be withheld, and should be published and widely disseminated.

### **8. Fitness to Practise a Sport**

- 8.1. Except when there are symptoms or a significant family medical history, the practice of sport for all does not require undergoing a fitness test. The recommendation for an athlete to undergo such a test is the responsibility of the personal physician.
- 8.2. For competitive sport, athletes may be required to present a medical certificate confirming that there are no apparent contraindications. The fitness test should be based on the latest recognised medical knowledge and performed by a specially trained physician.
- 8.3. A pre-participation medical test is recommended for high level athletes. It should be performed under the responsibility of a specially trained physician.
- 8.4. Any genetic test that attempts to gauge a particular capacity to practise a sport constitutes a medical evaluation to be performed under the responsibility of a specially trained physician.

### **9. Medical Support**

- 9.1. In each sports discipline, appropriate guidelines should be established regarding the necessary medical support, depending on the nature of the sports activities and the level of competition. These guidelines should address, but not be limited to, the following points:
  - medical coverage of training and competition venues and how this is organised;
  - necessary resources (supplies, premises, vehicles, etc.);
  - procedures in case of emergencies;
  - system of communication between the medical support services, the organisers and the competent health authorities.
- 9.2. In case of a serious incident occurring during training or competition, there should be procedures to provide the necessary support to those injured, by evacuating them to the competent medical services when needed. The athletes, coaches and persons associated with the sports activity should be informed of those procedures and receive the necessary training for their implementation.
- 9.3. To reinforce safety in the practice of sports, a mechanism should be established to allow for data collection with regard to injuries sustained during training or competition. When identifiable, such data should be collected with the consent of those concerned, and be treated confidentially in accordance with the recognised ethical principles of research.

## **Chapter III: Adoption, Compliance and Monitoring**

### **10. Adoption**

- 10.1. The Code is intended to guide all members of the Olympic Movement, in particular the IOC, the International Sports Federations and the National Olympic Committees (hereafter the Signatories). Each Signatory adopts the Code according to its own procedural rules.
- 10.2. The Code is first adopted by the IOC. It is not mandatory, but desirable, that all members of the Olympic Movement adopt it.
- 10.3. A list of all Signatories will be made public by the IOC.

### **11. Compliance**

- 11.1. The Signatories implement the applicable Code provisions through policies, statutes, rules or regulations according to their authority and within their respective spheres of responsibility. They undertake to make the principles and provisions of the Code widely known, by active and appropriate means. For that purpose, they collaborate closely with the relevant physicians' and health care providers' associations and the competent authorities.
- 11.2. The Signatories encourage the physicians and other health care providers caring for athletes within their spheres of responsibility to act in accordance with this Code.
- 11.3. Physicians and other health care providers remain bound to respect their own ethical and professional rules in addition to the applicable Code provisions. In the case of any discrepancy, the most favourable rule that protects the health, the rights and the interests of the athletes should prevail.

### **12. Monitoring**

- 12.1. The IOC Medical Commission oversees the implementation of the Code and receives feedback relating to it. It is also responsible for monitoring changes in the field of ethics and best medical practice and for proposing adaptations to the Code.
- 12.2. The IOC Medical Commission may issue recommendations and models of best practice with a view to facilitating the implementation of the Code.

## **Chapter IV: Scope, Entry into Force and Amendments**

### **13. Scope**

- 13.1. The Code applies to all participants in the sports activities governed by each Signatory, in competition as well as out of competition.
- 13.2. The Signatories are free to grant wider protection to their athletes.
- 13.3. The Code applies without prejudice to the national and international ethical, legal and regulatory requirements that are more favourable to the protection of the health, rights and interests of the athletes.

### **14. Entry into Force**

- 14.1. The Code enters into force for the IOC on 1 October 2009. It applies to all Olympic Games, beginning with the 2010 Vancouver Olympic Winter Games.



- 14.2. The Code may be adopted by the other members of the Olympic Movement after this date. Each Signatory determines when such adoption will take effect.
- 14.3. The Signatories may withdraw acceptance of the Code after providing the IOC with written notice of their intent to withdraw.

### **15. Amendments**

- 15.1. Athletes, Signatories and other members of the Olympic Movement are invited to participate in improving and modifying the Code. They may propose amendments.
- 15.2. Upon the recommendation of its Medical Commission, the IOC initiates proposed amendments to the Code and ensures a consultative process, both to receive and respond to recommendations, and to facilitate review and feedback from athletes, Signatories and members of the Olympic Movement on proposed amendments.
- 15.3. After appropriate consultation, amendments to the Code are approved by the IOC Executive Board. Unless provided otherwise, they become effective three months after such approval.
- 15.4. Each Signatory must adopt the amendments approved by the IOC Executive Board within one year after notification of such amendments. Failing this, a Signatory may no longer claim that it complies with the Olympic Movement Medical Code.

**Adopted by the IOC Executive Board in Lausanne on 16 June 2009**

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## Chapter II MEDICAL ACTORS IN CYCLING

### § 1 UCI Medical Commission

**13.2.001** The UCI Medical Commission is established by the Management Committee of the UCI.

The roles and responsibilities shall be as defined by the Management Committee of the UCI and by these Cycling regulations.

*Comment: the decision of the UCI Management Committee dated 18-19 June 2009 and defining the terms of reference of the UCI Medical Commission is reproduced as annex1 to this part 13.]*

### § 2 UCI Doctor

**13.2.002** The UCI Doctor is the medical doctor appointed by the UCI who coordinates the work of the UCI Medical Commission and is the Commission's contact person with the UCI.

### § 3 UCI Medical Delegate

**13.2.003** The Medical Commission shall appoint a UCI Medical Delegate for such UCI World Championships as selected by the Commission. The UCI Medical Delegate will sign a declaration of confidentiality form when accepting the designation.

**13.2.004** The duties of the UCI Medical Delegate shall be:

1. Where appropriate, to observe and advise on the application of the UCI health rules and the Olympic Movement Medical Code ;
2. To become acquainted with the UCI Medical Report Form submitted by the organizer and to check that the medical facilities at the World Championships comply with it and with the UCI rules;
3. To inspect the medical facilities with the Chief Medical Officer (CMO) of the Local Organising Committee (LOC) the day before the first official training session. Further checks will be made on a regular basis during the event to check that medical facilities are in accordance with the UCI rules and to report any shortcomings found to the organizer and, for his information, to the UCI Technical Delegate ;
4. To obtain from the Chief Medical Officer at the end of each day the ad hoc list form of riders who required medical care and of the riders who were evacuated to a medical care centre ;
5. To visit riders who have been evacuated to medical care centres ;
6. To be the contact person for team doctors ;
7. To receive information on riders listed on the starting list and who don't wish to compete for medical reasons.
8. To coordinate on site research projects initiated by the Medical Commission.
9. To make a final report to the Medical Commission on the medical services at the World Championships.

- 13.2.005** Checks carried out by the UCI Official Doctor are limited to checks of compliance with the UCI rules and do not shift responsibility for the medical services from the organizer to the UCI. Findings of non-compliance are notified to the organizer who shall take appropriate measures and remain exclusively responsible for the safety at the world championships under the UCI rules and the terms of the organization agreement.

#### **§ 4 National Medical Doctor**

- 13.2.006** Each National Federation shall appoint a medical doctor as national medical doctor. Whenever possible the National Federation shall appoint a doctor that is familiar with sports medicine.
- 13.2.007** The national medical doctor shall be aware of and coordinate all actions of the National Federation in the fields of health and medicine.
- 13.2.008** The national medical doctor must take a UCI license from the National Federation. The National Federation shall register his/her name to the UCI Medical Commission.
- 13.2.009** The national medical doctor shall establish a relationship and cooperate with the UCI Medical Commission.

#### **§ 5 Team Doctors**

- 13.2.010** Only doctors who hold a licence as a team doctor issued by their National Federation may be engaged or appointed by National Federations, Teams, sponsors, clubs, cycling associations, or any other cycling body to provide medical care to their respective riders.
- 13.2.011** Medical care in this context is understood to mean non-casual medical care, including that in the following fields: medical examination of riders, examination of fitness to compete, treatment of sporting injuries and illnesses, the prescription of medication to be taken during sporting activity and advice on nutrition and training.
- 13.2.012** The licence shall be issued by the National Federation of the country of residence of the doctor. The National Federation shall register his/her name to the UCI Medical Commission.
- 13.2.013** The conditions under which a sports doctor's licence may be obtained shall be set by the National Federation.
- In all cases the person concerned shall hold a recognised medical degree, in good standing, with an unrestricted license to practice medicine and preferably with a knowledge of sports medicine.
- 13.2.014** Any agreement or practice linking the pay of a team doctor to the performance of a rider or riders shall be forbidden.
- 13.2.015** The team shall ensure that all staff members and persons contracted for providing any assistance to the riders refer to the team doctor for all matters that may have an impact on the health of the rider.

**13.2.016** Regardless of his contractual obligations to the team the role and responsibilities of a team doctor shall include:

1. Have as primary concern to provide the best medical care for the riders of the team at all levels and under all circumstances and commit the necessary time and effort to that end
2. Continue medical training in sports medicine
3. Develop and maintain basic knowledge of medicolegal, disability and workers' compensation issues
4. Develop and maintain a profound knowledge of the athletic specificities of the cycling disciplines of the riders of the team
5. Coordinate pre-participation screening, examination, and evaluation;
6. Prevent and manage injuries and illnesses;
7. Coordinate rehabilitation and return to participation;
8. Provide for proper preparation for safe return to participation after an illness or injury;
9. Integrate medical expertise with other health care providers
10. Provide for appropriate education and counselling to the riders regarding nutrition, strength training and conditioning, ergogenic aids, substance abuse, prohibited substances and methods and other medical problems that could affect the riders;
11. Provide for proper documentation and medical record keeping;
12. Participate in health surveys and other efforts to improve the medical care in cycling;
13. Establish and define the roles and relationships of all parties within the team in relation to health issues;
14. Develop a chain of command within the team in relation to health issues;
15. Educate riders, parents (for minors), team managers, coaches, and other involved parties on concerns regarding the riders;
16. Plan and train for emergencies during competition and training;
17. Address medical equipment and supply issues;
18. Provide for proper event coverage in terms of medical care
19. Assess environmental concerns and cycling conditions

The responsibilities of the team doctor shall not exonerate or affect the responsibilities that other persons have under the UCI regulations.

**13.2.017** Any breach by a team doctor of the obligations imposed in this part 13 of the UCI regulations may be sanctioned by the UCI Disciplinary Commission by a suspension of between eight days and one year and/or a fine of between CHF 500.00 and CHF 5,000.00. In the case of a second offence within two years of the first, the team doctor will be suspended for a duration of at least six months or excluded permanently and subjected to a fine of between CHF 1,000.00 and CHF 10,000.00.

Where applicable a breach shall be qualified as a serious shortcoming of best medical practices.

Furthermore the matter may be passed over to the national medical disciplinary authorities.

**13.2.018** Any contravention of article 13.2.010, article 13.2.014 or article 13.2.015 may be sanctioned by the UCI Disciplinary Commission by a suspension of the body in question for between one month and one year and/or a fine of between CHF 1,000.00 and CHF 10,000.00. In the event of a second or subsequent offence within

five years of the first, the offence shall be penalised by a fine of between CHF 2,000.00 and CHF 20,000.00 and/or a suspension of at least six months or permanent exclusion.

- 13.2.019** If the case involves a rider who, during the year of the offence, has taken part in or is taking part in races on the international calendar, the National Federation shall inform the UCI before it starts disciplinary procedures. The UCI may require disciplinary proceedings to be held in accordance with the Anti-Doping regulations. If the UCI does not make use of this right within fifteen days of its being informed of the case by the National Federation, the latter may proceed with disciplinary proceedings in accordance with its own regulations.

## **§ 6 Paramedical Assistants**

### **Definition**

- 13.2.020** The term Paramedical Assistant shall be taken to mean any person who, regularly, at the request or on the direct or indirect initiative of a National Federation, a Team, a sponsor, a club, a cycling association, or any other cycling entity, administers to a rider any paramedical or physical care in connection with the preparation for or participation in cycling races, such as, for example, the administration - under the supervision of a team doctor - of medicines, treatment in case of injury and massage.

### **Licence**

- 13.2.021** With the exception of doctors holding a UCI licence as a team doctor, no-one may act as Paramedical Assistant without holding a Paramedical Assistant's licence.

- 13.2.022** The Paramedical Assistant's licence shall be issued by the respective National Federation.

- 13.2.023** The conditions for obtaining a licence as a Paramedical Assistant shall be set by National Federations. These conditions must ensure that such licences are issued only to those capable of offering quality assistance which respects the imperatives of health and, where applicable, the laws governing the practice of health professionals. It is desirable that a licence is granted only to persons that hold a diploma and have continued training in the field of the services that they are to extend to the riders, have a working knowledge of medical conditions affecting athletes and possess a basic knowledge of first aid at sporting events.

### **Rules of conduct**

- 13.2.024** The Paramedical Assistant shall provide the best care for the riders of the team at all levels and under all circumstances and commit the necessary time and effort to that end.

- 13.2.025** The Paramedical Assistant shall develop and maintain a profound knowledge of the athletic specificities of the cycling disciplines of the riders of the team and continue training in his fields of activity.

- 13.2.026** The Paramedical Assistant shall respect and ensure the respect of the health imperatives of the rider health, sporting ethics and the regulations of the UCI and National Federations. He shall be subject to professional and medical secrecy.

- 13.2.027** The behaviour of the Paramedical Assistant shall serve as an example for the rider.

- 13.2.028** The Paramedical Assistant shall place the health of the rider before any interests of his Team, club, sponsor or National Team, that might be harmful to him. He shall oppose training sessions or participation in races in cases where the health and security of the rider cannot be ensured. He shall play an active role in injury prevention and athlete education.
- 13.2.029** The Paramedical Assistant shall avoid and combat any situations and circumstances that might have a negative effect on the physical integrity and the psychic well-being of the rider.
- 13.2.030** The Paramedical Assistant shall confine his activity to such acts for which he has sufficient training and experience to guarantee their quality and safety.
- 13.2.031** Care shall be given according to the real needs of the rider and best professional practice. The Paramedical Assistant shall abstain from any treatment of an experimental nature.
- 13.2.032** The Paramedical Assistant shall refrain from doing anything he may not be authorised to do under the legislation of his own country or of the country where he is practicing his profession.
- 13.2.033** The Paramedical Assistant shall be required to follow the instructions of a doctor when treating a sick or injured rider.
- 13.2.034** In particular, the Paramedical Assistant shall abstain from and oppose any involvement in acts and methods prohibited under the UCI Anti-Doping regulations.
- Fundamental rights of the rider**
- 13.2.035** The Paramedical Assistant may not perform any act on the rider without the consent of the rider himself.
- 13.2.036** The Paramedical Assistant shall inform the rider of the nature and purposes of any treatment given and of its consequences.
- 13.2.037** The rider shall be entitled to learn about any information about his health or his psychic or physical state that the Paramedical Assistant has recorded or has had recorded.
- 13.2.038** The Paramedical Assistant shall respect the privacy of the rider and, in the interest of that privacy, be discreet about the care administered, notwithstanding his obligation to disclose information required by or under the regulations of the UCI and of National Federations or a legal provision.
- Penalties**
- 13.2.039** Any breach by a Paramedical Assistant of the obligations deriving from this part 13 of the UCI regulations may be sanctioned by the UCI Disciplinary Commission by a suspension of at least eight days up to a maximum of one year and/or a fine of minimum CHF 500.00 to maximum CHF 5,000.00. In the case of a second breach being committed within two years of a first breach, the Paramedical Assistant shall be suspended for a minimum duration of six months or will be debarred for life and subjected to a fine of minimum CHF 1,000.00 up to maximum CHF 10,000.00.
- Where applicable a breach shall be qualified as a serious shortcoming of best practices of the profession.

- 13.2.040** Any person, club, Team, Federation or other organisation calling on the services of a person not holding a Paramedical Assistant's or doctor's licence for the purpose of caring for a rider as defined in article 13.2.020 shall be suspended for a minimum of one month up to a maximum of one year and/or be subjected to a fine of minimum CHF 750.00 up to maximum CHF 10,000.00. Should there be a repeat of the offence within two years, the punishment shall be a minimum suspension of six months or final debarment and a fine of minimum CHF 1,500.00 up to maximum CHF 20,000.00.
- 13.2.041** The same penalties as referred to in article 13.2.040 shall be imposed on any licence-holders caring for riders as defined in article 13.2.020 without holding a Paramedical Assistant's or a doctor's licence or who are accessories to any breach committed by a Paramedical Assistant, in particular by inciting or forcing the Paramedical Assistant to commit acts counter to the present Regulations.
- 13.2.042** Should the facts relate to a rider who, during the year in which the breach was committed, participates or has participated in international calendar races, the National Federation shall inform the UCI before taking any disciplinary action. The UCI shall then be entitled, within fifteen days of the notification by the National Federation, to require that disciplinary proceedings be taken according to the Anti-Doping regulations. If the UCI does not avail itself of this right, the proceedings shall be conducted according to the regulations of the National Federation.

## Chapter III PROTECTION AND PROMOTION OF THE RIDER'S HEALTH

### § 1 General rules

**13.3.001** Each rider shall take care of his physical condition and be attentive to health and safety risks.

**13.3.002** Each Team taking part in cycling events shall constantly and systematically ensure that its members are in proper physical condition to engage in cycling.

It shall also ensure that their members practice the sport under safe conditions. It shall ensure in particular that the rider is in good health when returning to competition after a break.

**13.3.003** At cycling events, it is the responsibility of the team or race doctor, if any, to determine whether an injured rider may continue in or return to the competition. This decision may not be delegated to other professionals or personnel. At all times, the priority must be to safeguard the health and safety of rider. The potential outcome of the competition must never influence such decisions.

If the team doctor and the race doctor have a different opinion on whether the rider may continue or return to the competition the rider shall not continue or return to the competition.

**13.3.004** National Federations shall have freedom of action as regards health protection and medical monitoring for their license-holders in addition to the medical monitoring provided by these UCI regulations.

A pre-participation medical test is recommended for high level athletes. It should be performed under the responsibility of a specially trained physician.

**13.3.005** During races on the international calendar, no controls other than those imposed under the UCI regulations may be organized or accepted. This shall apply to the in-competition period for each race as defined in UCI's Anti-Doping Rules.

**13.3.006** Each UCI ProTeam and each Professional Continental Team shall appoint a medical doctor, ideally a sports medicine doctor, as its team doctor. Other UCI-registered teams shall endeavour to appoint a medical doctor as their team doctor, ideally a sports medicine doctor.

### § 2 Medical monitoring of UCI WorldTeams and UCI ProTeams

#### General

**13.3.007** This section shall apply to the UCI WorldTeams and UCI ProTeams.

**13.3.008** For the purposes stipulated in article 13.3.002, the Team shall set in place and implement a prevention and safety programme that includes at least the programme of required tests and the risk prevention set out below.

**13.3.009** The Team Manager shall be responsible for the organization and implementation of these programmes. The Team doctor shall be responsible for the medical aspects.



**13.3.010** The Team shall not oblige or allow any rider to participate in cycling events if he has been judged unfit by the Team doctor or if it learns in any other way that he is unfit.

**13.3.011** In the event that the Team doctor learns of any facts that in his view render the rider (even temporarily) unfit to participate in cycling events, he shall declare the rider unfit and shall inform the Team Manager. The duration of the period for which a rider shall be deemed unfit shall be determined by the Team doctor. This decision and the declaration of unfitness shall be made in writing and added to the rider's medical file.

**13.3.012** The Team and the Team doctor shall help the rider to seek medical assistance.

**13.3.013** For competitions lasting three days or more, it is mandatory for the team to have a medical doctor present for the full event.

**13.3.014** The Team doctor shall inform the UCI Medical Commission of the risks observed and of any information or suggestion that may be useful for the cycling community in terms of health, medicine and prevention.

**Tests**

**13.3.015** Riders must undergo the medical tests listed in the "Programme of obligatory tests for UCI medical monitoring" drawn up by the Medical Commission.

This programme will also set the procedures for the implementation of this section. The programme is obligatory for the parties concerned on the same basis as these regulations and is subject to the sanctions set out in the same.

The programme and its amendments shall come into force as from the moment that the Teams are notified.

**13.3.016** The programme of obligatory test must include a check-up when a rider first joins a Team. Subsequently, examinations are carried out every two years, every year and every quarter as shown in the table in the programme.

**13.3.017** Each examination shall include a physical examination by a medical doctor, preferably with experience in sports medicine, and the specific examinations stipulated in the programme.

**13.3.018** The examinations shall be carried out in such a way that their results are known and provide a basis for assessing the fitness to train or compete of the rider before the end of the period in which they must be carried out.

**13.3.019** The obligatory tests shall be carried out at the Teams' expense.

**Medical file**

**13.3.020** The Team doctor shall keep a medical file for each rider.

**13.3.021** The medical file shall include all the results of the examinations to be carried out on the rider under the terms of the present regulations and any other useful information concerning the rider's health that is added with his agreement.

**13.3.022** The medical file is the property of the rider but must be kept by the Team doctor.

**13.3.023** Without prejudice to the right to check of the UCI Medical Commission following article 13.3.028, only the rider and the Team doctor shall have access to the medical file.

**13.3.024** The Team doctor and if necessary, the UCI Medical Commission shall treat the test results as confidential, without prejudice to the obligation of the Team doctor to declare a rider unfit to train or to compete where necessary.

**13.3.025** The medical file shall be handed over to the rider when he leaves the Team. The rider shall hand it over to the Team doctor of his new Team.

**13.3.026** Any document dating back ten years or more shall be withdrawn from the medical file.

**Controls**

**13.3.027** After each test the Team doctor shall submit a declaration to the UCI Medical Commission in accordance with the model drawn up by the UCI Medical Commission noting the examinations undergone by each rider. This declaration must be received by the UCI Medical Commission by the 15th of the month following that in which the test was to take place.

**13.3.028** On request from the UCI Medical Commission and within the time limit and in accordance with the procedures set by it, the Team doctor shall provide the Commission with the proof of the obligatory tests following the present regulations and give the explanations and information required.

**13.3.029** The UCI Medical Commission shall ensure that no other member or person than member medical doctors or the UCI doctor shall have access to the medical information of the riders.

**Penalties**

**13.3.030** The following penalties may be imposed by the UCI Disciplinary Commission in the event of infringements of the regulations set out in the present section:

to the Team: suspension from eight days to six months and/or a fine of CHF 1,000 to CHF 10,000; in the event of a contravention of article 13.3.027 the Team shall be penalised by a fine of CHF 500 per rider per week's delay;

to the rider: suspension from eight days to three months and/or a fine of CHF 100 to CHF 1,000;

to the Team doctor: in accordance with article 13.2.017;

to the Team Manager: a suspension of between eight days and ten years and/or a fine of between CHF 500 and CHF 10,000. In the event of an infringement committed in the two years following the first infringement, six month suspension minimum or final exclusion and a fine of CHF 1,000 to CHF 10,000.

**§ 3 Medical monitoring for women road, mountain bike (cross-country), track and BMX disciplines**

**13.3.031** This section shall apply to the following disciplines: women road, mountain-bike (cross-country), track and BMX.

Riders who have to submit to the medical monitoring programme are the following:

1. UCI's Women's Teams
2. Mountain-bike (cross-country): the first 100 men and the first 40 women in the UCI individual classifications, Olympic format, of the 31 December of the preceding year;
3. Track: the first 100 men and the first 40 women in the UCI individual classifications of the 31 December of the preceding year;
4. BMX: the first 50 men and the first 20 women of the UCI individual classifications of the 31 December of the preceding year.

**General**

**13.3.032** The National Federation of the rider shall set in place and implement a prevention and safety programme that includes at least the programme of required tests set out below.

**13.3.033** The National Federation shall be responsible for the organisation and implementation of these programmes. In case the team does not have a team doctor, the national medical doctor or the doctor appointed by the National Federation (responsible doctor) shall be responsible for the medical aspects. Such doctor shall have a license as a team doctor.

**13.3.034** The National Federation or the rider's team shall not oblige or allow any rider to participate in cycling events if he/she has been judged unfit by the medical consultant or if it learns in any other way that he/she is unfit.

**13.3.035** In the event that the responsible doctor learns of any facts that in his view render the rider (even temporarily) unfit to participate in cycling events, he shall declare the rider unfit and shall inform the rider's team or club. The period for which a rider shall be deemed unfit shall be determined by the responsible doctor. This decision and the declaration of unfitness shall be made in writing and added to the rider's medical file.

**13.3.036** The National Federation and the responsible doctor shall help the rider to seek medical assistance.

**Tests**

**13.3.037** Riders referred to by article 13.3.031 must undergo the medical tests listed in the «Programme of obligatory tests for UCI medical monitoring» for women road, mountain biking (cross-country), track and BMX, drawn up by the UCI Medical Commission.

This programme will also set the procedures for the implementation of this section. The programme is obligatory for the parties concerned on the same basis as these regulations and is subject to the sanctions set out in the same.

The programme and its amendments shall come into force as from the moment that of their communication to the national federation.

**13.3.038** The programme of obligatory test must include a check-up when request for the licence is submitted. Subsequently, examinations are carried out as shown in the table in the programme.

**13.3.039** Within the context of medical monitoring, each examination shall include a physical examination by a medical doctor, preferably with experience in sports medicine, and the specific examinations stipulated in the programme.

**13.3.040** The examinations shall be carried out in such a way that their results are known and provide a basis for assessing the fitness of the rider to train or to compete before the end of the period in which they must be carried out.

**13.3.041** The obligatory tests shall be carried out at the team's (for riders of registered teams) or national federation's expense.

**Medical file**

**13.3.042** The responsible doctor shall keep a medical file for each rider.

**13.3.043** The medical file shall include all the results of the examinations to be carried out on the rider under the terms of the present regulations and any other useful information concerning the rider's health that is added with his agreement.

**13.3.044** The medical file is the property of the rider but it must be kept by the responsible doctor.

**13.3.045** Without prejudice to the right to check of the UCI medical commission following article 13.3.049, only the rider and the responsible doctor shall have access to the medical file.

**13.3.046** The responsible doctor and, if needed the UCI Medical Commission shall treat the test results as confidential, without prejudice to the obligation of the responsible doctor to declare a rider unfit where necessary.

**13.3.047** The medical file shall be handed over to the rider when he is no longer a licence-holder of the national federation.

**13.3.048** Any document dating back ten years or more shall be withdrawn from the medical file.

**Controls**

**13.3.049** On request from the UCI Medical Commission and within the time limit and in accordance with the procedures set by the Commission, the responsible doctor shall provide the Commission with the result of the tests and give the explanations and information required.

**13.3.050** The Medical Commission shall ensure that no other member or person than member medical doctors or the UCI doctor shall have access to the medical information of the riders.

**Penalties**

**13.3.051**

The following penalties may be imposed by the UCI Disciplinary Commission in the event of violation of the regulations set out in the present section:

1. to the team or the national federation: a fine of CHF 1,000 to CHF 10,000 in the event of a violation of article 13.3.037, The national federation shall be penalised by a fine of CHF 500 per rider per week's delay;
2. to the rider: suspension from eight days to three months and/or a fine of CHF 100 to CHF 1,000;
3. to the responsible doctor: in accordance with article 13.2.017;
4. to the rider's team manager, depending on the case: a suspension of between eight days and ten years and/or a fine of between CHF 500 and CHF 10,000. In the event of an infringement committed in the two years following the first infringement, six month suspension minimum or final exclusion and a fine of CHF 1,000 to CHF 10,000.

**§ 4 Ban on injections**

*Comment: the aim of this paragraph is to prohibit the use of injections to administer drugs or substances without a clear and recognized medical indication (i.e vitamins, enzymes, cofactors, sugars, amino-acids, proteins, anti-oxydants, etc.). In particular, it refers to injections aimed at improving and speeding up recovery or decreasing fatigue*

**13.3.052**

The injection of any substance to any site of a rider's body is prohibited unless all of the following conditions are met:

1. The injection must be medically justified based on best practice. Justification includes physical examination by a certified medical doctor and an appropriately documented diagnosis, medication and route of administration;
2. There is no alternative treatment without injection available;
3. The injection must respect the manufacturer-approved indication of the medication;
4. The injection must be administered by a certified medical professional except where normal practice is that the patient with a disease requiring injections injects him/herself (for example diabetes);
5. The injection must be reported immediately and in writing not later than 24 hours afterwards to the UCI Doctor (via email [medical@uci.ch] or fax [+41 24 468 59 48]), except for riders
  - a. With a valid TUE;
  - b. Vaccination
  - c. When the injection is received during hospital treatment or clinical examination;
  - d. When normal practice is that the patient with a disease requiring injections injects him/herself.

The report must be made by the medical doctor having examined the rider and must include the confirmation that a physical examination took place, the diagnosis, medication and route of administration. Where applicable it shall also include the prescription referred to in article 13.1.065.

*Comment to par. 5: the report may be sent by the medical doctor or the rider. The rider is responsible for the report to be sent.*

**13.3.053** The prohibition under article 13.3.052 applies to any substance that is injected, whether endogenous or exogenous, whether prohibited under the UCI Anti-Doping Rules or not.

**13.3.054** The prohibition under article 13.3.052 applies to any type of injection: intravenous, intramuscular, intra-articular, peri-articular, peri-tendinous, epidural, intra-dermal, subcutaneous, etc.

**13.3.055** In case of a local injection of glucocorticosteroids, which is subject to the UCI Anti-Doping Rules and the Prohibited List, the rider must rest and is excluded from competition for 8 days.

The medical doctor having prescribed the injection shall prescribe this rest in writing to the rider and add to the documentation referred to in article 13.3.052.1 a copy of such prescription signed by him/herself and the rider.

The medical doctor having prescribed the injection or the Team doctor will control the blood cortisol just before the potential return to competition. The cortisol assay will be performed at the best by a mass spectrometry method.

The results of this assay as well as the decision of medical fitness to return to competition will be sent by the Team doctor to the UCI medical director under the same conditions as those specified in Article 13.3.052.5.

**13.3.056** In case of an injection of a prohibited substance, in addition to the requirements of articles 13.3.052 and 13.3.055, a Therapeutic Use Exemption remains required and the procedure foreseen in article 4 of the UCI Anti-Doping Rules has to be followed.

**13.3.057** The following penalties may be imposed by the UCI Disciplinary Commission in the event of an infringement of article 13.3.052: suspension from eight days to six months and/or a fine of CHF 1,000 to CHF 100,000; in the case of a second offence within two years of the first: a suspension of at least six months or lifetime suspension and a fine of CHF 10,000 to CHF 200,000.

The penalties shall apply to any licence-holder found to have committed the violation or to be an accomplice; application of article 1.1.086 is reserved;

**13.3.058** In addition to the sanctions stipulated in article 13.3.057 the following shall apply:

1. In case of infringement of article 13.3.055 all results obtained by the rider in the 48 hours period shall be disqualified.
2. In case a violation of article 13.3.052 occurs at a race the licence holder(s) concerned and, where appropriate, the whole team of the licence holder(s) at fault may be excluded from the race; in this respect the possession of objects used or fit for an injection shall be presumed to constitute evidence of a violation of article 13.3.052 having been committed except if the objects are in the possession of the medical doctor who has made the report referred to in article 13.3.052.5 and are covered by such report and except for those objects that may reasonably be in a medical doctor's possession. The exclusion may be decided by the president of the commissaires' panel after having given the persons concerned the opportunity to be heard or by the president of the UCI Disciplinary Commission upon report by the president of the commissaires' panel.

**13.3.059** At stage races expedited disciplinary proceedings may be conducted as determined by the president of the UCI Disciplinary Commission.

**13.3.060** The disposal of any material used for an injection shall conform to recognised safety standards.

## **§ 5 Diagnosis and return to competition after concussion**

**13.3.061** All doctors and paramedical assistants who are members of a team, or involved in the medical support of a cycling competition must be familiar with and able to implement the "Cycling-specific Sport Related Concussion", as well as the "Concussion Assessment Tool for Sport" (SCAT5), available on the UCI website.

**13.3.062** In accordance with the consensus "Cycling-specific Sport Related Concussion":

- the clinical assessment should follow the procedures outlined in the "Sport Concussion Assessment Tool for Assessment of Concussion in Sport" (SCAT5), in all cases where physicians have sufficient time to complete a standardized test (minimum 10 min); and
- in all other cases, and in particular during fast-paced cycling disciplines, a standardised initial screening assessment is needed, in accordance with the procedures outlined in the Consensus on Concussions in Cycling.

**13.3.063** All riders and non-healthcare professionals on the teams must be familiar with the "Pocket Guide" which outlines the main signs of suspected concussion. This guide is available on the UCI website.

When a non-healthcare professional detects signs of suspected concussion, he or she has an obligation to refer to a physician. The physician must conduct a clinical assessment as described in the consensus "Cycling-specific Sport Related Concussion".

When a physician confirms the suspicion of concussion, following a clinical assessment, the physician must immediately remove the rider from competition or training. The rider must then be urgently subjected to appropriate additional medical examinations.

In order to improve the sensitivity of the tests carried out during the emergency examination on road side or track side, especially when this is not interrupted, the UCI recommends carrying out a basic evaluation (pre-season) of the tests taken from the 5 version of the sports concussion assessment tool (SCAT5),

- assessment of balance in the feet together position, head back,
- immediate memory, 10 words recall,
- digits backwards.

**13.3.064** Any medically confirmed concussion must be officially reported within 24 hours to the UCI medical director (by email [medical@uci.ch]), using the declaration form (document available on the UCI website).

**13.3.065** In adult riders, the recovery period (absence of competition and training) following a confirmed concussion should be a minimum of 7 days. No return to competition before this 7-day period can be considered.  
For junior riders, the recovery period is a minimum of 2 weeks.

## §6 In-Competition Prohibition of tramadol

### 13.3.066 Introduction

Tramadol is sold under different brand names, including, without limitation, Nobligan, Tiparol, Topalgic, Tradolan, Contramal, Tramal, Ultram, Ixprim. For the purposes of this Chapter tramadol is defined as the molecule 2-(diméthylamino)méthyl-1-(3-méthoxyphényl) cyclohexanol hydrochloride according to the IUPAC<sup>1</sup> nomenclature.

Tramadol is a synthetic opioid analgesic (painkiller) prescribed for the treatment of moderate to moderately severe pain. It is a centrally acting analgesic that affects the way the brain and nervous system respond to pain. In addition to the risk of dependence and addiction, commonly reported adverse side effects of tramadol are dizziness, drowsiness and loss of attention, which are incompatible with competitive cycling and endanger other competitors.

In light of the foregoing, in order to protect each rider's health and physical integrity and to ensure the safety of the competitions, Tramadol is prohibited in-competition.

For the purpose of this provision, "in-competition" is the period starting 12 hours before the beginning of the event the rider is scheduled to participate through the end of such event and through the end of the Tramadol Sample collection process related to such event.

By requesting a license, any rider agrees to abide and be bound by these Rules and explicitly agrees and acknowledges that Tramadol is prohibited in-competition. In this respect, any rider agrees to submit to in-competition tramadol control as provided under this Chapter.

The following provisions are intended to apply autonomously and without connection with the World Anti-Doping Code and/or the UCI Anti-Doping Rules. For the sake of clarity, offences against these provisions are not anti-doping rules violation within the meaning of the World Anti-Doping Code and/or the UCI Anti-Doping Rules.

When reviewing the facts and the law of a given case, courts, arbitral hearing panels and other adjudicating bodies should be aware of and respect the purpose of these Rules as defined in this article.

The In-Competition Prohibition of Tramadol and the rules under this Chapter entered in full as of 1 March 2019.

### 13.3.067 Tramadol Control

Any rider participating in an event registered on an international or national calendar may be subject to Tramadol Control.

The rider shall be notified of his/her selection for a Tramadol Control either in person, through his/her support personnel or by any other means.

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<sup>1</sup> International Union of Pure and Applied Chemistry (IUPAC) / Union Internationale de Chimie Pure et Appliquée (UICPA)



The rider shall report immediately to the dedicated area for the collection of samples under these Rules (Tramadol Control Station), unless compelling justification exists (e.g. obtaining necessary medical treatment, participation in official protocols, fulfilment of media commitment, doping control or bike checks).

A sample collected from a rider under these Rules (Tramadol Sample) is owned by the UCI.

Tramadol Sample collection process, transportation and analysis of the Tramadol Sample are governed by the UCI Technical Rules on Tramadol in their version in force at the time of the sample collection.

### **13.3.068 Infringements of the In-Competition Prohibition of Tramadol**

The following constitute an infringement relating to the In-Competition Prohibition of Tramadol:

- a) Presence of Tramadol in a rider's sample collected in-competition.

Presence within the meaning of this provision is defined as the analytical identification of Tramadol and its metabolites in biological material collected for the purposes of Tramadol Control.

The mere presence of Tramadol and its metabolites in a rider's in-competition sample is sufficient to establish an infringement of the In-Competition Prohibition of Tramadol, without consideration of the rider's intent, fault or negligence.

- b) Proven use of Tramadol in Competition  
Use can be established by any reliable means
- c) Evading a Tramadol Sample Collection.
- d) Refusing or failing to submit to Tramadol Sample Collection without compelling justification.
- e) Tampering or attempting to tamper with any part of the Tramadol Sample Collection. This includes, without limitation, any conduct which subverts the Tramadol Sample collection process.

[Comment: Infringements of Article 13.3.068 let. b, c, d and e can be established by any reliable means, including without limitation, report from the Tramadol Control Officer]

### **13.3.069 Sanctions on Riders**

#### **1. First Infringement**

A first infringement of the In-Competition Prohibition of Tramadol is sanctioned with the following disciplinary measures:

- a) disqualification of the event in connection with the infringement, with all resulting consequences, including forfeiture of any medals, points and prizes;

- b) a fine of 5'000 CHF if the rider is a member of a UCI WorldTour Team or UCI ProTeam, at the time of the infringement. Otherwise, the fine shall be 1000 CHF;
- c) Reimbursement of the costs incurred for the Tramadol Control.

## **2. Multiple Violations**

Any further infringement shall be sanctioned with the following disciplinary measures:

- a) disqualification of the event in connection with the infringement, with all resulting consequences, including forfeiture of any medals, points and prizes.
- b) suspension of 5 months for a second infringement and 9 months for any further infringement.

Unless fairness requires otherwise, the suspension starts from the notification of the sanction.

- c) Reimbursement of the costs incurred for the Tramadol Control.

### **13.3.070 Proceedings**

- a) Use of Tramadol or Presence of Tramadol in a rider's sample.

In accordance with Article 12.5.004 of the UCI Regulations, the UCI Medical Director is competent to decide and sanction all cases of Use of Tramadol or Presence of Tramadol for a first infringement.

In case of Use, before making the decision, the UCI Medical Director may invite the rider to provide his/her position on the reported infringement.

Sanctions for further infringement of Use or Presence shall be imposed by the UCI Disciplinary Commission.

The UCI Disciplinary Commission will apply the rules of procedure as contained in Part XII of the UCI Regulations.

- b) Evading a Tramadol Sample collection, tampering or attempting to tamper with the Tramadol Sample collection process, refusing or failing to submit to Tramadol Sample collection without compelling justification.

Such infringement shall be reported to the UCI Medical Director by any person subject to the UCI Regulation, including the Tramadol Control Officer.

The UCI Medical Director will decide whether there is a prima facie infringement and if so, refer the case to the UCI Disciplinary Commission.

Before making the decision the UCI Medical Director may invite the rider to provide his/her position on the reported infringement.

The UCI Disciplinary Commission will apply the rules of procedure as contained in Part XII of the UCI Regulations.

c) Decision

The decisions of the UCI Medical Director and of the UCI Disciplinary Commission shall be notified by email to the rider, with a copy to the rider's national federation and the rider's team. They will be published on the UCI website until the end of the year the infringement was committed.

The decisions of the UCI Medical Director and of the UCI Disciplinary Commission are enforceable as soon as it is communicated.

d) Appeal

The decisions of the UCI Medical Director and of the UCI Disciplinary Commission are subject to an appeal to the Court of Arbitration for Sport. The time limit to appeal is 10 days upon receipt of the decision by the rider.

**13.3.071 Sanctions on Teams**

a) Fine

If two riders contracted to a Team registered with the UCI commit, while competing for the Team, within a twelve-month period, an infringement of the In-Competition Prohibition of Tramadol under Article 13.3.068, the Team shall pay a fine of 10'000 CHF to the UCI. The fine is due when the second rider's sanction becomes final.

[Comment: The imposition of the fine against the Team is based on strict liability.]

b) Suspension

In the event of any further infringement within the same twelve-month period, the Team shall, unless circumstances of exceptional nature require otherwise, be suspended from participation in any International Event for a period determined by the UCI Disciplinary Commission (through its President or a member designated to act in his stead).

The suspension shall not be less than 1 month and not more than 12 months.

The Team shall be invited by the UCI Disciplinary Commission to provide its position.

The proceedings shall be conducted in an expedited manner and, unless the UCI Disciplinary Commission orders otherwise, by written submissions only.

The UCI Disciplinary Commission will take its decision taking into account all the circumstances of the case.

[Comment: Factors to be considered by the UCI Disciplinary Commission in deciding the duration of the suspension include, but are not limited to:

- the nature of the infringement and the circumstances giving rise to it;
- the level of due diligence applied by the Team;
- whether there is any prima facie indication that the Team (through its Team members or staff) was involved in one or some of the infringement;
- whether some other facts or circumstances exist that, in the UCI Disciplinary Commission's opinion, make it clearly unfair to impose a suspension;

- the Team's race calendar.]

The UCI Disciplinary Commission may decide not to suspend the Team, if the Team clearly can establish that it took all measures that could reasonably be expected in order to avoid the commission of the infringement.

The start date and period of suspension shall be determined so that the suspension be effective.

[Comment: Its application may be suspended at the end of the season and the rest of the suspension time may be served at the beginning of the next season. Subject to the discretion of the UCI Disciplinary Commission, the suspension may take effect during an ongoing event or on the first day of the next event on the Team's race calendar.]

## Chapter IV MEDICAL SERVICE AT EVENTS

### § 1 General rules

- 13.4.001** The health and safety of all involved in a cycling event shall be a primary concern of the organiser of the event.
- 13.4.002** The organizer of a cycling event shall be responsible for setting up and operating appropriate medical services at the event in order to provide treatment for riders, officials, team and organisation staff, press and all other accredited persons who suffer injury or illness at the event.
- 13.4.003** The organizer shall ensure that the medical assistance to be provided in his cycling event is of the highest possible standards and efficiency in all respects, taking into account that any delay, error or indecision may have serious consequences.
- 13.4.004** Medical care shall be available immediately after an accident or the appearance of symptoms (first intervention time). The major objective shall be to provide the best care possible in order to stabilise a person's condition and, if necessary, to transfer the person to an appropriate hospital facility without delay.
- 13.4.005** The organiser shall at least appoint one or more doctors to provide medical care on site, and provide one or more ambulances. For the rest the medical service shall be consistent with all relevant factors including but not limited to:
1. The discipline, the size and the level of the event,
  2. The estimated number of competitors, support staff and spectators,
  3. The geographical, topographical and environmental conditions, and
  4. The local law and professional practices.
- 13.4.006** The organiser shall ensure that the providers of medical services have the required professional licenses and permits including for the vehicles they drive.
- 13.4.007** On-site medical services shall be operational continuously from at least one hour before the start of each competition or official training session until at least one hour after the last rider has finished.
- 13.4.008** Outside the timeframes referred to in article 13.4.007 a round-the-clock service shall be organized consisting of at least one paramedic who may be called upon at all times to assist in finding adequate medical help and who is fluent in English or French.
- 13.4.009** Prior to the start of the event, the organiser must make available to participating teams and to all medical and organizational staff a document with a plan of the on-site medical stations, the names and telephone numbers of the on-site medical staff and of the hospitals to be contacted to receive injured persons.
- 13.4.010** The organiser shall also provide a separate medical service for the public in accordance with local legislation and reflecting the size of crowd expected.
- 13.4.011** The organizer shall be responsible for the medical services to the exclusion of the UCI.

Checks that may be carried out by or on behalf of the UCI are limited to checks of compliance with the UCI rules and do not shift responsibility for the medical services from the organizer to the UCI. The organizer remains exclusively responsible for the safety at his event.

**§ 2 UCI World Championships, UCI World Cup events and UCI World Tour events**

**13.4.012** The rules of this §2 apply to UCI World Championships, UCI World Cup events and to the races of the UCI World Tour.

**13.4.013** The Local Organizing Committee (LOC) shall put in place at the minimum the resources specified below. Additional resources may be required by local law and/or by the specific circumstances of the event.

**Human resources**

**13.4.014** LOC shall appoint as Chief Medical Officer (CMO) a doctor with knowledge in sports medicine and if possible with experience in the discipline of the event. The CMO shall be the general coordinator of the medical services at the event.

**13.4.015** LOC shall also provide in support of the CMO:

1. One assistant doctor and for road races two assistant doctors, preferably trained in sports, emergency medicine or traumatology or specialists in anaesthesiology, and holders of an ATLS diploma (Advanced Traumatic Life Support)
2. A medical team consisting of one doctor, one paramedic and one volunteer located in each first responder unit.
3. One paramedic qualified to the highest national level in their profession in ALS (Advanced Life Support) and one paramedic assistant located in each ambulance.
4. A driver for each ambulance holding the highest national qualification in ambulance transport.
5. A driver for the doctor's car at road races who shall be experienced in driving during cycle races.

**13.4.016** Medical personnel shall wear recognizable clothing. Doctors shall wear distinctive jackets bearing the word "Doctor".

**13.4.017** All doctors and to the extent possible all other medical personnel shall be fluent in English or French.

**Equipment**

*A. Vehicles*

**13.4.018** The LOC shall provide

1. On road races, a car, preferably a convertible, for the doctor who shall act as first responder during an accident and provide acute medical care;
2. Two or more ambulances to provide immediate aid to accident victims and equipped to give emergency cardio-pulmonary resuscitation and advanced life support; at least one ambulance must be available at all times when the other ambulance(s) is/are in use.
3. Depending on the nature of the event, the proximity of hospitals and the suitability of evacuation routes, the following vehicles shall be provided in addition:
  - a) Vehicles capable of carrying a stretcher with an injured person in reasonable conditions on difficult routes.

- b) A motorcycle, designed to ensure prompt medical assistance when access to the patient by car is problematic (narrow roads, crowds on the road, etc.)
- c) Whenever the evacuation with the ambulance shall take more than 30' (thirty minutes), a medical helicopter shall be available as nearly as possible for transport of patients on stretchers in order to minimise the second intervention time, plus a helicopter landing area close to the venue.
- d) Additional means of rescue and transport depending on the topography of the competition site: alpine rescuers, quads, etc....

*B. Medical equipment*

**13.4.019** The LOC shall provide all medical equipment for the event and put it under the responsibility of the CMO, which shall include at the minimum the equipment described in Annex 2.

*C. Communication*

**13.4.020** All vehicles, posts and units of the medical service must be interconnected by a professional radio system through a special channel that is available to medical services only. The radio system must be set to the channel of the commissaires and of the organizer as well.

**13.4.021** All medical staff must be equipped with radio transmitters/receivers as well as with mobile phones to be used in case of technical malfunction of the radio transmitters/receivers

**13.4.022** All medical staff must be in possession of a list of emergency medical centres and hospitals to which victims can be evacuated if necessary as well as the telephone numbers of the relevant emergency services.

At least the CMO must be able to directly contact the management of these emergency services.

**Disposition on the field**

*A. Road races*

**13.4.023** In normal conditions, the medical services are distributed in the race convoy as described below:

1. The car with the CMO or assistant doctor and a paramedic on board takes up a position behind the president of the commissaires' panel;
2. The first ambulance remains behind the team managers' cars, with the main peloton; a second ambulance stays at the back of the race, near the broom wagon; one of the assistant doctors must be located in one of the ambulances.
3. If a motorbike is available, it shall have the second assistant doctor on board and stay with any breaks during flat stages, but be available anywhere on the course during mountain stages.

**13.4.024** Where the course of the race has technically difficult sections that are prone to see riders crash the organiser shall provide all medical staff with a course map with detailed identification of such sections and ambulance accesses and evacuation routes.

A first responder unit shall be deployed in vicinity of each of these sections to provide rapid intervention in case of emergencies.

**13.4.025** If the course forms a circuit a central medical post shall also be set up at the start/finish line.

*B. Other disciplines*

**13.4.026** The organiser shall provide a central medical post that can be a permanent or temporary structure with adequate space for medical personnel and equipment to treat ill or injured persons for major and minor injuries or medical problems.

The central medical post shall be located at the start-finish area at mountain bike and cyclo-cross events, adjacent to the venue for BMX, trial and indoor events and in the velodrome at track events.

The location shall be such as to provide good access and evacuation possibilities.

**13.4.027** Where the course of a mountain bike or cyclo-cross race has technically difficult sections that are prone to see riders crash the organiser shall provide all medical staff with a course map with detailed identification of such sections and ambulance accesses and evacuation routes.

A first responder unit shall be deployed in vicinity of each of these sections to provide rapid intervention in case of emergencies.

At least one doctor should also be rapidly available to move among the different sections.

**13.4.028** At track events a first responder unit shall be deployed in the track centre to provide rapid intervention in case of emergencies.

**13.4.029** At BMX events medical staff shall be posted next to the course where crashes are most likely to occur.

*C. Specific rule for UCI World Championships*

**13.4.030** The LOC for the World Championships shall submit the plan of the medical service for prior approval by the UCI Medical Commission through the UCI Medical Report Form.

The organiser shall send the UCI Medical Report Form to the UCI via email [medical@uci.ch] or fax [+41 24 468 59 48] at least 3 months prior to the beginning of the event.

**13.4.031** The UCI Medical Delegate appointed for the World Championships concerned shall inspect the medical facilities with the Chief Medical Officer as laid down in article 13.2.004.



## Chapter V ELIGIBILITY REGULATIONS FOR TRANSGENDER ATHLETES

### § 1 Introduction

**13.5.001** The term '**Transgender**' is used in these Regulations to refer to individuals whose gender identity (i.e. how they identify) is different from the sex designated to them at birth, whether they are pre- or post-puberty, and whether or not they have undergone any form of medical intervention.

**13.5.002** The Union Cycliste Internationale (UCI), as the international federation responsible for the worldwide governance and regulation of Cycling, has adopted these Regulations in order to facilitate the participation of Transgender athletes at the international level of the sport in the category of competition that is consistent with their gender identity, in accordance with the following imperatives:

1. UCI needs to establish conditions for participation in the sport of Cycling, including eligibility categories that (a) protect the health and safety of participants; and (b) guarantee fair and meaningful competition that displays and rewards the fundamental values and meaning of the sport. In this respect:
  - a. UCI wants its athletes to be incentivised to make the huge commitments required to excel in the sport, and so to inspire new generations to join the sport and aspire to the same excellence. It does not want to risk discouraging those aspirations by permitting competition that is not fair and meaningful.
  - b. Most relevantly for present purposes, because of the significant advantages in size, strength and power enjoyed (on average) by men over women from puberty onwards, due in large part to much higher levels of androgenic hormones, and the impact that such advantages can have on sporting performance, it is necessary to have separate competition categories for males and females in order to preserve the safety, fairness and integrity of the sport, for the benefit of all of its participants and stakeholders.
2. UCI wishes to be as inclusive as possible, to impose only necessary and proportionate restrictions on eligibility, and to provide a clear path to participation in the sport for all:
  - a. UCI recognises that Transgender athletes may wish to compete in Cycling in accordance with their gender identity. UCI wishes to encourage and facilitate such participation, on conditions that go only so far as is necessary to protect the safety of all participants and to deliver on the promise of fair and meaningful competition offered by the division of the sport into male and female categories of competition.
  - b. The eligibility conditions established in these Regulations are based on objective scientific research, from all available sources including those outside sport bodies and anti-doping organisations, and driven solely by the desire to guarantee fairness and safety within the sport. In no way are they intended as any kind of judgment on or questioning of the gender identity or the dignity of any Transgender athlete.

3. The need to respect and preserve the dignity and privacy of Transgender athletes, and to avoid improper discrimination and stigmatisation on grounds of gender identity, is paramount. All cases arising under these Regulations must be handled and resolved in a fair, consistent and confidential manner, recognising the sensitive nature of such matters.

**13.5.003** These Regulations reflect a broad medical, scientific and legal consensus as to the approach required to achieve the imperatives identified above. They are based on discussions and exchanges between medical experts, sports physicians, legal counsel, human rights experts, and transgender representatives.

**13.5.004** These Regulations are binding on and must be complied with by UCI officials, athletes, National Federations, athlete representatives, member federation officials, and all other applicable persons, such as, but not limited to, persons and entities hosting an International Event, persons and entities who are participating in International Events, etc. These Regulations will be subject to periodic review to take account of any relevant scientific or medical developments and may be amended from time to time by UCI, with such amendments to take effect from the date specified by UCI when it issues the amendments.

**13.5.005** Since the Regulations are intended to operate globally, regulating the conditions for participation in international-level events, they are to be interpreted and applied not by reference to national or local laws, but rather as an independent and autonomous text, and in a manner that protects and advances the imperatives identified above.

**13.5.006** In the event an issue arises that is not foreseen in these Regulations, it will be addressed by UCI in a manner that protects and promotes the imperatives identified above.

**13.5.007** The words and phrases used in these Regulations that are defined terms (denoted by initial capital letters) shall have the following meanings:

**Expert Panel** means a panel with appropriate knowledge and expertise, appointed by UCI to perform the functions set out in these Regulations.

**International Event** means a competition organised by or on the behalf of UCI, or otherwise recognised by UCI as an international event, including any event for which UCI points are awarded.

**Medical Manager** means a person who is appointed by UCI to act on its behalf in matters arising under these Regulations. The medical manager cannot be part of the Exert Panel.

**Regulations** means these Transgender Regulations, as amended from time to time.

**Transgender** has the meaning given to that term in article 13.5.001.

**Transgender Female Eligibility Conditions** has the meaning given to that term in article 13.5.015.

## § 2 Application

**13.5.008** These Regulations establish the conditions enabling Transgender athletes to compete in International Events, or to be eligible to set a world record in a competition that is not an International Event, in the competition category that is consistent with their gender

identity. Further guidance on certain medical aspects can be found in Appendix.

**13.5.009** A Transgender athlete who wishes to participate in an International Event, or to be eligible to set a world record in a competition that is not an International Event, agrees, as a condition to such participation:

1. to comply in full with these Regulations and any other applicable regulations enacted by the UCI;
2. to cooperate promptly and in good faith with the Medical Manager and the Expert Panel in the discharge of their respective responsibilities under these Regulations, including providing them with all of the information and evidence they request to assess his/her compliance and/or monitor his/her continuing compliance with the eligibility conditions referred to in these Regulations;
3. (to the fullest extent permitted and required by data protection laws) to the collection, processing, disclosure and use of information (including his/her sensitive personal information) as required to implement and apply these Regulations effectively and efficiently;
4. to follow exclusively the procedures set out in articles 13.5.040 to 13.5.043 to challenge these Regulations and/or to appeal decisions made under these Regulations, and not to bring any proceedings in any court or other forum that are inconsistent with that article; and
5. to provide written confirmation of his/her agreement with articles 13.5.009/1 to 13.5.009/4 upon request by UCI.

**13.5.010** An athlete may revoke at any time, with or without giving reasons, the consent that he/she has granted in accordance with article 13.5.009. In that event, the athlete will be deemed to have withdrawn any claim to satisfy the eligibility conditions for Transgender athletes set out in § 3.

**13.5.011** Every person and entity under the jurisdiction of UCI (including any person who brings him/herself within the jurisdiction of UCI by providing information to UCI pursuant to article 13.5.033 of these Regulations):

1. is bound by and must comply in full with these Regulations, including in particular only providing accurate and complete information, and not providing any information in bad faith or for any improper purpose; and
2. must cooperate promptly and in good faith with the Medical Manager and the Expert Panel in the discharge of their respective responsibilities under these Regulations.

**13.5.012** Each National Federation must cooperate with and support UCI in the application and enforcement of these Regulations, and to observe strictly the confidentiality obligations set out below.

**13.5.013** Based on these Regulations, it is recommended that each National Federation adopts its own regulations to determine the eligibility of Transgender athletes to compete in events which are not International Events. For such events, less stringent eligibility requirements may be imposed, where appropriate. For the avoidance of doubt, however, anything that the National Federation does, or does not do, at national level will not affect the eligibility of Transgender athletes to compete in International Events. That will instead be determined exclusively by reference to these Regulations.

**§ 3 Eligibility conditions for transgender athletes**

**Eligibility conditions for Transgender male (i.e. female-to-male) athletes**

**13.5.014** To be eligible to participate in the male category of competition at an International Event, or to set a world record in the male category of competition in any competition that is not an International Event, a Transgender male athlete must provide a written and signed declaration, in a form satisfactory to the Medical Manager, that his gender identity is male. As soon as reasonably practicable following receipt of such declaration, the Medical Manager will issue a written certification of that athlete's eligibility to compete in the male category of competition in International Event and to set a world record in the male category in a competition that is not an International Event.

1. To ensure that certification is received in good time, the athlete should provide the declaration to the Medical Manager at least six weeks in advance of the first International Event in which he wishes to participate in the male category of competition.
2. For the avoidance of doubt, a Transgender male athlete who decides to undergo hormone treatment will not be eligible to participate in the female category of competition at an International Event after that treatment has commenced, unless and until article 13.5.018 applies.

**Eligibility conditions for Transgender female (i.e. male-to-female) athletes**

**13.5.015** To be eligible to participate in the female category of competition at an International Event, or to set a world record in the female category of competition in any competition that is not an International Event, a Transgender female athlete must meet the following requirements (together, the **Transgender Female Eligibility Conditions**) to the satisfaction of an Expert Panel, in accordance with articles 13.5.020 to 13.5.029:

1. she must provide a written and signed declaration, in a form satisfactory to the Medical Manager, that her gender identity is female;
2. she must demonstrate to the satisfaction of the Expert Panel (on the balance of probabilities), in accordance with articles 13.5.020 to 13.5.029, that the concentration of testosterone in her serum has been less than 2.5 nmol/L<sup>2</sup> continuously for a period of at least 24 months;
3. she must keep her serum testosterone concentration below 2.5 nmol/L for so long as she wishes to maintain her eligibility to compete in the female category of competition.
4. for purposes of these Regulations, all measurements of serum testosterone must be conducted by means of liquid chromatography coupled with mass spectrometry, as provided under Appendix.

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<sup>2</sup> The maximum serum testosterone value is defined as 2.5 nmol/L based on data published by Handelsman et al (Circulating Testosterone as the Hormonal Basis of Sex Differences in Athletic Performance, Endocrine Reviews 2018 Oct 1;39(5):803-829). In this study, the 95% confidence interval for serum testosterone is 0.6 - 1.68 nmol/L. For a 99.99% confidence interval (no more than 1 in 10,000 values outside the confidence interval), the highest value of serum is 2.44 nmol/L.

**Provisions applicable to all Transgender athletes**

- 13.5.016** For the avoidance of doubt, no athlete will be forced to undergo any medical assessment and/or treatment. It is the athlete's responsibility, in close consultation with his/her medical team, to decide on the advisability of proceeding with any assessment and/or treatment.
- 13.5.017** For the further avoidance of doubt, the following are not required in order for a Transgender athlete to compete at an International Event, or to be eligible to set a world record in a competition that is not an International Event, in the category of competition that is consistent with his/her gender identity (because such requirements are not relevant to the imperatives identified above):
1. legal recognition of the athlete's gender identity as the athlete's sex; or
  2. surgical anatomical changes
- 13.5.018** Once a Transgender athlete has satisfied the relevant eligibility requirements and has started participating in International Event in the category of competition consistent with his/her gender identity, he/she may not then switch back to participating in the other gender category in International Event unless and until (a) at least four years have passed since the first International Event in which he/she participated as a Transgender athlete; and (b) he/she satisfies all of the conditions for eligibility to compete in the other gender category.
- 13.5.019** For the avoidance of doubt, the eligibility conditions for Transgender athletes set out in articles 13.5.014 to 13.5.019 operate without prejudice to the other eligibility requirements that are applicable to all athletes (Transgender or otherwise) under the rules of UCI, which must also be satisfied at all relevant times. In particular, nothing in these Regulations is intended to undermine or affect in any way any of the requirements of the World Anti-Doping Code, of the WADA International Standards (including the International Standard for Therapeutic Use Exemptions), or of the UCI Anti-Doping Rules. Nothing in these Regulations permits, excuses or justifies non-compliance with any of those requirements, including any requirement for an athlete to obtain a Therapeutic Use Exemption for the use of substances on the WADA Prohibited List, such as testosterone, spironolactone, or GnRH agonists.<sup>3</sup>

**§ 4 Assessment by the Expert Panel**

- 13.5.020** A Transgender female (i.e. male-to-female) athlete who wishes to compete in the female category of competition at an International Event (or to be eligible to set a world record in the female category in a competition that is not an International Event) must file the appropriate declaration with the Medical Manager, along with a comprehensive medical history and such other evidence as is required to demonstrate her satisfaction of the Transgender Female Eligibility Conditions, including evidence addressing any of the factors set out at article 13.5.025 that are applicable to her case. The athlete is responsible for ensuring that the information provided is accurate and complete, and that nothing relevant to the Expert Panel's assessment of the case is withheld. The athlete must also provide the appropriate consents and waivers (in a form satisfactory to the Medical Manager) to enable her physician(s) to disclose to the Medical Manager and the Expert Panel any information that the Expert Panel deems necessary to its assessment.

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<sup>3</sup> See, further the WADA Transgender Athletes TUE Physician Guidelines, available at [www.wada-ama.org](http://www.wada-ama.org).

- 13.5.021** Subject always to article 13.5.027 of these Regulations, to ensure that certification is received in good time, the athlete should (assuming that the 24-month period has already been complied with) provide the declaration to the Medical Manager at least 6 weeks in advance of the first International Event in which she wishes to participate in the female category of competition.
- 13.5.022.** The Medical Manager will review the submission and, after communicating with the athlete and/or the athlete's physician to remedy any obvious deficiencies, will refer the file (in anonymised form) to the Expert Panel for assessment in accordance with the following provisions of articles 13.5.020 to 13.5.029.
- 13.5.023.** Members of the Expert Panel are independent of the UCI and will be appointed by the UCI Management Committee on the recommendation of the Medical Manager. The term of appointment shall be decided by the UCI Management Committee but will usually be four years. These experts are UCI officials bound by the UCI Code of Ethics and must comply with the UCI Rules and these Regulations.
- 13.5.024.** The Expert Panel will assess cases referred to it by the Medical Manager to determine whether the Transgender Female Eligibility Conditions have been met (or, if not, then what else the athlete must do to satisfy those conditions). It may make such enquiries or investigations as it considers necessary to carry out the required assessment effectively, including requesting further information from the athlete or the athlete's physician and/or obtaining additional expert opinion(s).
- 13.5.025.** In making its assessment, which will be based on the guidance set out in Appendix to these Regulations, the Expert Panel will take into account all relevant and reliable evidence, including
1. any reassignment surgeries the athlete has undertaken, including the date(s) of any such procedures and whether they took place before or after puberty;
  2. any other relevant treatment the athlete has received (including any pre- or post-reassignment treatment), including the dosage and frequency of such treatment;
  3. the levels of testosterone in the athlete's serum during the relevant 24-month period, as well as the current level of testosterone in the athlete's serum; and
  4. the results of any pre- or post-reassignment monitoring.
- 13.5.026.** If the Expert Panel has any concerns about the adequacy of the evidence provided by the athlete on any particular point, it must give the athlete a fair opportunity to try to address those concerns before it comes to its final decision.
- 13.5.027.** The Expert Panel will complete its assessment as soon as is reasonably practicable in all of the circumstances of the case. However, in no circumstance will UCI or any member of the Expert Panel be liable for any detriment allegedly suffered by the athlete or anyone else as a result of the length of time taken by the Expert Panel to complete its assessment.
- 13.5.028.** Once it has completed its assessment, the Expert Panel will send its decision in writing to the Medical Manager.
1. If the Expert Panel decides that the Transgender Female Eligibility Conditions have not (yet) been met, it must explain in writing the reasons for its decision.

Where applicable, it should also specify what else the athlete may do in order to satisfy those conditions (including, for example, maintaining the concentration of testosterone in her serum at less than 2.5 nmol/L for a longer period; monitoring; reporting; and further reviews).

2. If the Expert Panel decides that the Transgender Female Eligibility Conditions have been met, the Medical Manager will issue a written certification of that athlete's eligibility to compete in the female category of competition in International Events (and to set a world record in the female category in a competition that is not an International Event). That eligibility will be subject in every case to the athlete's continuing satisfaction of the Transgender Female Eligibility Conditions, including continuously maintaining her serum testosterone at a concentration of less than 2.5 nmol/L. The Expert Panel may specify particular means of demonstrating such continuing compliance. In any event, the athlete must produce, on request, evidence satisfactory to the Medical Manager of such continuing compliance.

**13.5.029.** The Expert Panel's decision will be final and binding on all parties. It may only be challenged by way of appeal in accordance with articles 13.5.040 to 13.5.043.

#### **§ 5 Monitoring / Investigating compliance**

**13.5.030.** The Medical Manager may monitor an athlete's compliance with the Transgender Female Eligibility Conditions at any time, with or without notice, whether by random or targeted testing of the athlete's serum testosterone levels (and the athlete agrees to provide whereabouts information and blood samples for this purpose, and also agrees that any samples or whereabouts information that she provides for anti-doping purposes and/or any anti-doping data relating to her may also be used for this purpose) or by any other appropriate means.

**13.5.031.** In addition to the general power to monitor continuing compliance with the Transgender Female Eligibility Conditions, the Medical Manager may investigate, at any time:

1. whether an athlete who has not filed a declaration under these Regulations is a Transgender athlete who needs to establish his/her eligibility to compete in a particular competition category in accordance with these Regulations;
2. whether (because of a subsequent change in circumstances, subsequent learning or experience, or otherwise) it is necessary to require a Transgender athlete who has previously been determined to satisfy the Transgender Female Eligibility Conditions to undergo further assessment by the Expert Panel to determine whether she still satisfies those conditions; and/or
3. any circumstances that indicate potential non-compliance with these Regulations;

and in such cases the athlete in question must cooperate fully and in good faith with that investigation, including by providing blood samples upon request. Where necessary to safeguard the fairness and/or integrity of competition and/or the safety of the competitors, the Medical Manager (acting on behalf of UCI) may provisionally suspend the athlete from competing in International Events (and from being eligible to set a world record in the female category in any competition that is not an International Event) pending resolution of the matter, provided that in such cases all reasonable endeavours should be used to complete the investigation as expeditiously as possible. Any such provisional suspension may be appealed before the UCI Disciplinary

Commission within 10 days following receipt of the notification of provisional suspension. The provisional suspension shall be lifted by the UCI Disciplinary Commission if the athlete established that the decision of the Medical Manager is manifestly arbitrary and does not respect the principles set out in these Regulations. The proceedings shall be conducted in an expedited manner and based on written submission only. The decision of the Disciplinary Commission may be appealed to CAS in accordance with article 13.5.041. The decision of the UCI Disciplinary Commission remains in effect while under appeal.

- 13.5.032.** Only the Medical Manager may initiate an investigation under article 13.5.031, and he/she should only do so in good faith and on reasonable grounds based on information derived from reliable sources, such as (for example) the affected athlete him/herself, the National Federation to which the affected athlete is affiliated, results from a routine pre-participation health examination, or data as to serum testosterone levels and/or other data obtained from analysis of samples collected for anti-doping purposes.
- 13.5.033.** The dignity of every individual must be respected. All forms of abuse and/or harassment are prohibited. In particular (but without limitation):
1. Any person or entity (including, without limitation, any other athlete, official or National Federation) that provides information to the Medical Manager for consideration under these Regulations is under a strict obligation:
    - a. to ensure that the information is accurate and complete; and
    - b. not to provide any information in bad faith, to harass, stigmatise or otherwise injure an athlete, or for any other improper purpose.
  2. No stigmatisation or improper discrimination on grounds of gender identity will be tolerated. In particular (but without limitation), persecution or campaigns against athletes simply on the basis that their appearance does not conform to gender stereotypes are unacceptable. Any such conduct will be considered a serious breach of these Regulations.
- 13.5.034.** Where the Medical Manager or the Expert Panel determines that a Transgender female athlete who has previously been declared eligible to compete in the female category of competition in International Events has failed to maintain her serum testosterone level at a concentration of less than 2.5 nmol/L, she may not compete in the female category of competition in International Events (and will not be eligible to set a world record in the female category in a competition that is not an International Event) until such time as she demonstrates to the satisfaction of the Expert Panel that she has maintained her serum testosterone below 2.5 nmol/L for a new continuous period of at least 12 months.
- 13.5.035.** If it is determined at any time that a Transgender female athlete has competed in the female category of competition at an International Event (or that she set a world record in the female category at a competition that is not an International Event) while having serum testosterone levels of 2.5 nmol/L or more, then (without prejudice to any other action that may be taken, but subject to article 13.5.036) the UCI may in its absolute discretion disqualify the individual results obtained by the athlete at that competition, with all resulting consequences, including forfeiture of any medals, ranking points, prize money, or other rewards awarded to the athlete based on those results.
- 13.5.036.** In cases arising under articles 13.5.034 or 13.5.035, the athlete will be given an



opportunity to provide any explanations or comments she sees fit before any action is taken. If the Medical Manager (following consultation with the chair of the Expert Panel, if necessary) is satisfied that the athlete's failure to maintain her circulating levels of blood testosterone below 2.5 nmol/L was temporary and inadvertent, he/she will not recommend to UCI to impose any period of ineligibility pursuant to article 13.5.034 or disqualify any results pursuant to article 13.5.035.

**§ 6 Disciplinary proceedings**

**13.5.037.** Where:

1. an athlete competes in an International Event in a category of competition for which he/she has not satisfied the eligibility conditions set out in these Regulations;
2. a Transgender athlete who has been determined to be eligible to compete in the female category of competition in an International Competition, and has not renounced that eligibility, fails to cooperate fully and in good faith with the efforts of the Medical Manager to determine her continuing compliance with the Transgender Female Eligibility Conditions;
3. a coach, trainer, agent or other person or entity has been complicit in a breach of or non-compliance with these Regulations by an athlete;
4. a person or entity breaches article 13.5.033; and/or
5. there has been any other breach of or non-compliance with these Regulations;

UCI may take disciplinary action against such person/entity in accordance with its specific regulations (Part XII: Discipline and Procedures).

**13.5.038.** In such disciplinary proceedings, an athlete may not challenge the validity of these Regulations or of any decision made under these Regulations. Instead such challenge may only be brought by way of challenge or appeal in accordance with articles 13.5.040 to 13.5.043.

**13.5.039.** In such disciplinary proceedings, the sanctions that may be imposed, depending on all of the circumstances of the case, may include (without limitation):

1. a caution, reprimand and/or warning as to future conduct;
2. the disqualification of individual results obtained by the athlete at International Event, with all resulting consequences, including forfeiture of any medals, ranking points, prize money, or other rewards awarded to the athlete based on those results;
3. a specified period of ineligibility to participate in International Events;
4. a fine; and/or
5. if the breach involves more than two members of a national representative team of a National Federation, or if there are multiple breaches involving such a team, appropriate sanctions on the team and/or the National Federation (e.g., disqualification of team results; imposition of a period of future ineligibility to participate in International Event; a fine).

**§ 7 Dispute Resolution**

- 13.5.040.** The validity of these Regulations may only be challenged by way of ordinary proceedings filed before the CAS and/or as part of an appeal to the CAS made pursuant to article 13.5.041.
- 13.5.041.** The following decisions (and only the following decisions) made under these Regulations may be appealed to the CAS, in accordance with articles 13.5.040 to 13.5.043:
1. a decision by the Disciplinary Commission to maintain a provisional suspension imposed by the Medical Manager may be appealed by the athlete, in which case UCI will be the respondent to the appeal;
  2. a decision by the Medical Manager or the Expert Panel that an athlete may not compete in International Events in the category that is consistent with his/her gender identity may be appealed by the athlete ; in which case, UCI will be the respondent to the appeal; and
  3. a decision by the Expert Panel that the athlete may compete in the category of competition in International Events that is consistent with his/her gender identity may be appealed by UCI, in which case the athlete will be the respondent to the appeal.
- 13.5.042.** Any such challenge or appeal will be conducted in one of the official languages and will be governed by UCI Constitution and regulations (in particular these Regulations), with the laws of Switzerland applying subsidiarily, and in the case of any conflict between any of the above instruments and the CAS Code of Sports-Related Arbitration currently in force, the above instruments will take precedence. The CAS will hear and determine the challenge/appeal definitively in accordance with the CAS Code of Sports-Related Arbitration provided that in any appeal the athlete will have fifteen days from the filing of the Statement of Appeal to file his/her Appeal Brief, and UCI will have thirty days from its receipt of the Appeal Brief to file its Answer. Pending that determination, the Regulations under challenge and/or the decision under appeal (as applicable) will remain in full force and effect unless the CAS orders otherwise.
- 13.5.043.** The decision of the CAS will be final and binding on all parties, and no right of appeal or other challenge will lie from that decision on any ground, except as set out in Chapter 12 of the Swiss Federal Code on Private International Law.

**§ 8 Confidentiality**

- 13.5.044.** All cases arising under these Regulations, and in particular all athlete information provided to UCI under these Regulations, and all results of examinations and assessments conducted under these Regulations, will be dealt with in strict confidence at all times. All medical information and data relating to an athlete will be treated as sensitive personal information and the Medical Manager will ensure at all times that it is processed as such in accordance with applicable data protection and privacy laws. Such information will not be used for any purpose not contemplated in these Regulations and will not be disclosed to any third party save (a) as is strictly necessary for the effective application and enforcement of these Regulations; or (b) as is required by law.
- 13.5.045.** No party involved in a matter under these regulations will comment publicly on the specific facts of a pending case (as opposed to general descriptions of the process and science involved).

- 13.5.046.** Each member of the Expert Panel must sign an appropriate conflict of interest declaration and confidentiality undertaking in relation to his/her work as a member of the panel.

**§ 9 Costs**

- 13.5.047.** The costs of any medical assessment, examination, treatment, monitoring, reporting, and any other costs involved in complying with these Regulations will be borne by the relevant athlete. The standing costs of the Expert Panel will be borne by UCI.

**§ 10 Mutual recognition**

- 13.5.048.** Where a Transgender athlete from another sport wishes to participate in cycling, UCI may elect to recognise and give effect to the eligibility decision of the international federation of the other sport with respect to that athlete, provided that it is consistent with the principles set out in these Regulations, and subject to on-going compliance by the athlete with the requirements of these Regulations.

**§ 11 Limitation of liability**

- 13.5.049.** In no circumstances will UCI, any member of the Expert Panel, or any of UCI's employees, officers, agents, representatives and other persons involved in the administration of these Regulations be liable in any way in relation to acts done or omitted to be done in good faith in connection with the administration of these Regulations.

**§ 12 Transitional measures**

- 13.5.050** The present Chapter V to the UCI Medical Rules was adopted by the UCI Management Committee on 31 January 2020 and entered into force on 1 March 2020. Modifications were adopted on 14 June 2022 and entered into force on 1 July 2022.

Any decisions in application of the present Chapter shall be made in accordance with the rules in force at the time of the decision. Unless determined otherwise by the UCI Management Committee, a modification to these rules shall not affect the validity of decisions made prior to their entry into force.

Procedural rules enacted in this Chapter shall come into force immediately upon their adoption or modification.

## Appendix 1

### **Decision by the UCI Management Committee at its Lausanne meeting on 18-19 June 2009 defining the terms of reference of the UCI Medical Commission**

#### **1. Mandate**

- Act as an advisor to the UCI Management Committee on all medical aspects related to cycling and provide recommendations
- Co-operate with the other UCI Commissions in all matters of medical nature
- Formulate and publish guidelines for medical services at cycling events
- Monitor the implementation of the UCI Regulations on sporting safety and conditions
- Monitor medical services at World Championships
- Assist in the medical education of coaches and doctors
- Assist athletes, coaches, team managers and teams doctors in the prevention of doping especially in relation to the health consequences

Within the framework of its mandate and its budget, the Commission can:

- Co-operate with other sporting federations and medical governing bodies in all aspects that are related to health issues in cycling
- Assist the interchange of information of medical nature that relates to cycling
- Investigate and promote the prevention of sports injuries and diseases
- Study, monitor and publicize biological aspects of training
- Sponsor, endorse or organize medical meetings that are of a beneficial nature to the safety of cycling
- Provide information by way of published material
- Document literature related to exercise physiology, sports medicine and biomechanics

#### **2. Supporting regulation**

- Art. 69 of the UCI Constitution
- Part 13 of the Cycling Regulations

## Appendix 2

### Minimum required medical equipment (cf. art. 13.4.019)

The equipment shall include at the minimum the following:

#### 1. Central medical post

- Stretchers for transport with spinal stabilisator option, (scoop stretcher, vacuum mattress),
- Portable oxygenator,
- Ventilation equipment,
- Aspiration equipment
- Intubation equipment,
- ECG monitor and defibrillator,
- Pulse oxymeter,
- Neck collars (braces),
- Blood-pressure apparatus and stethoscope,
- Resuscitation medicines and analgesics/IV drip liquids,
- First aid equipment and medicines.

#### 2. First responder units (including motor cycle where appropriate):

- ALS case containing intubation equipment, infusion solutions, administration materials,
- Oxygen mechanical ventilators and pulse oximetry,
- Blood Pressure equipment,
- Glucose meter,
- Intravenous medication,
- Defibrillator,
- ATLS suitcase containing sutures, bandages.

#### 3. Ambulances

- Stretchers for transport with spinal stabilisator option (scoop stretcher, vacuum mattress),
- Portable oxygenators,
- Ventilation equipment,
- Intubation equipment,
- Aspiration equipment,
- ECG monitor and defibrillator,
- Pulse oxymeter,
- Intravenous drip apparatus,
- Blood pressure apparatus and stethoscope,
- Splints and immobilisation equipment for limbs and spine (including neck collars and braces),
- Tracheotomy equipment,
- First aid equipment and medicines.

#### 4. Medical helicopter: Equipped according to the local national standards.