Specialty-Specific Program Requirements: Direct Supervision Using Telecommunication Technology

Effective as of July 1, 2024

Common Program Requirements are in bold

The Common Program Requirements allow Review Committees the option of permitting direct supervision through the use of telecommunication technology, as defined below in VI.A.2.b).(1).(b):

VI.A.2.b).(1) **Direct Supervision:**

VI.A.2.b).(1).(a) **the supervising physician is physically present with the resident during the key portions of the patient interaction; or, (Core)**

[The Review Committee may further specify]

VI.A.2.b).(1).(a).(i) **PGY-1 residents must initially be supervised directly, only as described in VI.A.2.c).(1).(a). (Core)**

[The Review Committee may describe the conditions under which PGY-1 residents progress to be supervised indirectly]

VI.A.2.b).(1).(b) **the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. (Core)**

[The Review Committee may further specify if VI.A.2.c).(1).(b) is permitted]

[The Review Committee will choose to require either VI.A.2.c).(1).(a), or both VI.A.2.c).(1).(a) and VI.A.2.c).(1).(b)]

Additionally, as stated in the Common Program Requirements, Review Committees may further define expectations related to direct supervision, as defined in VI.A.2.b).(1).(b).

The table below lists whether each specialty/subspecialty will permit direct supervision through telecommunications technology as of July 1, 2024 and, where applicable, additional specialty specific program requirements.

Specialty/Subspecialty Name	VI.A.2.b).(1).(b) Permitted	Specialty/Subspecialty-Specific Language
Allergy and Immunology	Yes	VI.A.2.b).(1).(b).(i) When residents are supervised directly through telecommunication technology, the supervising physician and the resident must interact directly to solicit the key points of allergy and immunology elements of the visit and agree upon a management plan. (Detail)

Specialty/Subspecialty Name	VI.A.2.b).(1).(b) Permitted	Specialty/Subspecialty-Specific Language
Anesthesiology	Yes	VI.A.2.b).(1).(b).(i) The use of telecommunication technology for direct supervision must not be used with invasive procedures, including the conduct of anesthesia; and (Core) VI.A.2.b).(1).(b).(ii) the supervising physician and the resident must interact with each other, and the patient, to solicit the key elements of the clinic visit and agree upon a management plan; and (Core) VI.A.2.b).(1).(b).(iii) must be limited to history-taking and patient examination, assessment, and counseling. (Core)
Adult Cardiothoracic Anesthesiology Anesthesiology Critical Care Medicine Obstetric Anesthesiology Pediatric Anesthesiology Regional Anesthesiology and Acute Pain Medicine	No	

Specialty/Subspecialty Name	VI.A.2.b).(1).(b) Permitted	Specialty/Subspecialty-Specific Language
Pediatric Cardiac Anesthesiology	Yes	VI.A.2.b).(1).(b).(i) The use of telecommunication technology for direct supervision must not be used with invasive procedures, including the conduct of anesthesia. (Core) VI.A.2.b).(1).(b).(i) (a) The supervising physician and the resident must interact with each other, and the patient, to solicit the key elements of the clinic visit and agree upon a management plan. (Core) VI.A.2.b).(1).(b).(i) (b) The use of telecommunication technology for direct supervision must be limited to history-taking and patient examination, assessment, and counseling. (Core)
Colon and Rectal Surgery	Yes	n/a
Dermatology	No	
Micrographic Surgery and Dermatologic Oncology Pediatric Dermatology	No	
Diagnostic Radiology	Yes	VI.A.2.b).(1).(b).(i) The program must have clear guidelines that delineate which competencies must be demonstrated to determine when a resident can progress to indirect supervision. (Core) VI.A.2.b).(1).(b).(ii) The program director must ensure that clear expectations exist and are communicated to the residents, and that these expectations outline specific situations in which a resident would still require direct supervision. (Core)

Specialty/Subspecialty Name	VI.A.2.b).(1).(b) Permitted	Specialty/Subspecialty-Specific Language
Interventional Radiology	Yes	VI.A.2.b).(1).(b).(i) The program must have clear guidelines that delineate which competencies must be demonstrated to determine when a resident can progress to indirect supervision. (Core) VI.A.2.b).(1).(b).(ii) The program director must ensure that clear expectations exist and are communicated to the residents, and that these expectations outline specific situations in which a resident would still require direct supervision. (Core)
Abdominal Radiology Musculoskeletal Radiology Neuroradiology Nuclear Radiology Pediatric Radiology	Yes	VI.A.2.b).(1).(b).(i) The program must have clear guidelines that delineate which competencies must be met to determine when a fellow can progress to indirect supervision. (Core) VI.A.2.b).(1).(b).(ii) The program director must ensure that clear expectations exist and are communicated to the fellows, and that these expectations outline specific situations in which a fellow would still require direct supervision. (Core)
Emergency Medicine	Yes	n/a
Emergency Medical Services	Yes	VI.A.2.b).(1).(b).(i) The program must have clear guidelines that delineate which Competencies must be met to determine when a fellow can progress to be supervised indirectly. (Core) Specialty-Specific Background and Intent: When delineating the Competencies necessary for fellow progression to be supervised indirectly, the Review Committee suggests the Competencies include Milestones or other program-derived assessments. VI.A.2.b).(1).(b).(ii) The program director must ensure that clear expectations exist and are communicated to the fellows, and that these expectations outline specific situations in which a fellow would still require direct supervision. (Core)
Family Medicine	Yes	n/a
Internal Medicine	Yes	n/a

Specialty/Subspecialty Name	VI.A.2.b).(1).(b) Permitted	Specialty/Subspecialty-Specific Language
Adult Congenital Heart Disease Advanced heart Failure and Transplant Cardiology Cardiovascular Disease Clinical Cardiac Electrophysiology Critical Care Medicine Endocrinology, Diabetes and Metabolism Gastroenterology Hematology Hematology and Medical Oncology Infectious Disease Interventional Cardiology Medical Oncology Nephrology Pulmonary Disease Pulmonary Critical Care Medicine Rheumatology Transplant Hepatology	Yes	n/a
Medical Genetics and Genomics	Yes	VI.A.2.b).(1).(b).(i) Direct supervision through appropriate telecommunication technology must be limited to history-taking and patient examination, assessment, and counseling. (Core)

Specialty/Subspecialty Name	VI.A.2.b).(1).(b) Permitted	Specialty/Subspecialty-Specific Language
Clinical Biochemical Genetics Laboratory Genetics and Genomics	Yes	VI.A.2.b).(1).(b).(i) Direct supervision through appropriate telecommunication technology must be limited to: VI.A.2.b).(1).(b).(i).(a) discussions with faculty members, staff members, and other health care professionals regarding report interpretations; (Core) VI.A.2.b).(1).(b).(i).(b) clinic appointments held via telehealth methods; and, (Core) VI.A.2.b).(1).(b).(i).(c) remotely viewing laboratory data in the course of interpreting results and issuing reports. (Core)
Medical Biochemical Genetics	Yes	VI.A.2.b).(1).(b).(i) Direct supervision through appropriate telecommunication technology must be limited to history-taking and patient examination, assessment, and counseling. (Core)
Neurological Surgery	No	
Neurology	Yes	VI.A.2.b).(1).(b).(i) When residents are supervised directly through telecommunication technology, the supervising physician and the resident must interact with each other, and the patient, to solicit the key elements of the clinic visit and agree upon a management plan. (Detail)
Child Neurology	Yes	n/a
Clinical Neurophysiology Epilepsy Neurodevelopmental Disabilities Vascular Neurology	Yes	n/a
Nuclear Medicine	Yes	VI.A.2.b).(1).(b).(i) The supervision policy must define when it is acceptable to monitor procedures via telecommunications technology and be consistent with Nuclear Regulatory Commission and/or state radiation safety regulations. (Core)

Specialty/Subspecialty Name	VI.A.2.b).(1).(b) Permitted	Specialty/Subspecialty-Specific Language
Obstetrics and Gynecology	Yes	VI.A.2.b).(1).(b).(i) Telecommunication technology for direct supervision must not be used for the management of labor and delivery or with invasive procedures. (Core)
Complex Family Planning Gynecologic Oncology Maternal-Fetal Medicine Reproductive Endocrinology and Infertility	Yes	n/a
Ophthalmology	Yes	VI.A.2.b).(1).(b).(i) Telecommunication technology for direct supervision must be limited to ambulatory care and inpatient or emergency department consults, and must not be used for operative care. (Core)
Ophthalmic Plastic and Reconstructive Surgery	No	
Orthopaedic Surgery	No	
Adult Reconstructive Orthopaedic Surgery Foot and Ankle Orthopaedic Surgery Musculoskeletal Oncology Orthopaedic Sports Medicine Orthopaedic Surgery of the Spine Orthopaedic Trauma Pediatric Orthopaedic Surgery	No	

Specialty/Subspecialty Name	VI.A.2.b).(1).(b) Permitted	Specialty/Subspecialty-Specific Language
Osteopathic Neuromusculoskeletal Medicine	No	
Otolaryngology – Head and Neck Surgery	Yes	VI.A.2.b).(1).(a).(i) Supervision through telecommunication technology must be limited to residents at the PGY-2 level and above. (Core) Specialty-Specific Background and Intent: The Review Committee has opted to adopt Common Program Requirement VI.A.2.b).(1).(a) for residents at the PGY-2 level and above for clinical care conducted via telemedicine, as telemedicine patient appointments have become more commonplace. The Committee strongly feels that appropriate levels of supervision are required to preserve quality of care and patient safety while supporting the development of skills and graduated responsibility in clinical care conducted via telecommunication technology.
Neurotology	Yes	VI.A.2.b).(1).(b).(i). The program must ensure that decisions regarding the use of supervision through telecommunication technology are based on fellow experience, presence of an existing treatment plan, and case complexity/acuity. (Core) Subspecialty-Specific Background and Intent: The Review Committee has opted to adopt Common Program Requirement VI.A.2.b).(1).(b) for clinical care conducted via telemedicine, as telemedicine patient appointments have become more commonplace. The Committee strongly feels that appropriate levels of supervision are required to preserve quality of care and patient safety while supporting the development of skills and graduated responsibility in clinical care conducted via telecommunication technology.

Specialty/Subspecialty Name	VI.A.2.b).(1).(b) Permitted	Specialty/Subspecialty-Specific Language
Pediatric Otolaryngology	Yes	VI.A.2.b).(1).(b).(i) The program must ensure that decisions regarding the use of supervision through telecommunication technology are based on fellow experience, presence of an existing treatment plan, and case complexity/acuity. (Core) Subspecialty-Specific Background and Intent: The Review Committee has opted to adopt Common Program Requirement VI.A.2.b).(1).(b) for clinical care conducted via telemedicine, as telemedicine patient appointments have become more commonplace. The Committee strongly feels that appropriate levels of supervision are required to preserve quality of care and patient safety while supporting the development of skills and graduated responsibility in clinical care conducted via telecommunication technology.
Pathology	Yes	**n/a**
Blood Banking/Transfusion Medicine Chemical Pathology Cytopathology Forensic Pathology Hematopathology Medical Microbiology Neuropathology Pediatric Pathology Selective Pathology	Yes	**n/a**
Pediatrics	Yes	n/a

Specialty/Subspecialty Name	VI.A.2.b).(1).(b) Permitted	Specialty/Subspecialty-Specific Language
Adolescent Medicine Child Abuse Pediatrics Developmental-Behavioral Pediatrics Neonatal-Perinatal Medicine Pediatric Cardiology Pediatric Critical Care Medicine Pediatric Endocrinology Pediatric Gastroenterology Pediatric Hematology Oncology Pediatric Hospital Medicine Pediatric Infectious Diseases Pediatric Nephrology Pediatric Pulmonology Pediatric Rheumatology Pediatric Transplant Hepatology	Yes	n/a

Specialty/Subspecialty Name	VI.A.2.b).(1).(b) Permitted	Specialty/Subspecialty-Specific Language
Physical Medicine and Rehabilitation	Yes	VI.A.2.b).(1).(b).(i) Prior to allowing supervision through telecommunication, residents must have demonstrated the ability to perform the procedure while the supervising physician was physically present. (Core) VI.A.2.b).(1).(b).(i).(a) If the supervising physician is monitoring the procedure through telecommunication technology, but is not physically present on-site, a back-up supervising physician must be physically present to immediately assume care, if needed. (Core) Specialty-specific Background and Intent: The types of procedures that are appropriate to perform utilizing telesupervision depend on several factors including patient complexity and risk, in addition to the resident's level of training and previous experience performing the procedure. Routine peripheral joint and soft tissue injections are examples of procedures that could readily be considered for telesupervision if the resident has had sufficient experience and demonstrated the ability to competently perform the procedure. Procedures such as axial spine injections are riskier procedures that are more appropriately performed under direct supervision.
Pediatric Rehabilitation Medicine Spinal Cord Injury Medicine	Yes	n/a
Plastic Surgery	Yes	n/a
Craniofacial Plastic Surgery	Yes	n/a

Specialty/Subspecialty Name	VI.A.2.b).(1).(b) Permitted	Specialty/Subspecialty-Specific Language
Aerospace Medicine **Occupational and Environmental Medicine** **Public Health and General Preventive Medicine**	Yes	n/a
Psychiatry	Yes	VI.A.2.b).(1).(b).(i) When a resident requiring direct supervision provides remote care, the supervising physician must be physically present with the resident. (Core)
Addiction Psychiatry Child and Adolescent Psychiatry Consultation-Liaison Psychiatry Forensic Psychiatry Geriatric Psychiatry	Yes	n/a
Radiation Oncology	Yes	VI.A.2.b).(1).(b).(i) When residents are supervised directly through telecommunication technology, the supervising physician and the resident must interact with each other, and with the patient, when applicable, to solicit the key elements related to the encounter, and agree upon the significant findings and plan of action, including components of radiation treatment planning. (Core)
Surgery	No	
Complex General Surgical Oncology Pediatric Surgery Surgical Critical Care	No	

Specialty/Subspecialty Name	VI.A.2.b).(1).(b) Permitted	Specialty/Subspecialty-Specific Language
Vascular Surgery (Integrated)	No	
Vascular Surgery (Independent)	No	
Thoracic Surgery - Integrated	No	
Thoracic Surgery - Independent	No	
Congenital Cardiac Surgery	No	
Transitional Year	No	
Urology	Yes	VI.A.2.b).(1).(b).(i) The use of telecommunication technology for direct supervision must be limited to non-procedural patient evaluations and examinations, in either the ambulatory or acute care setting. (Core)
Pediatric Urology	Yes	VI.A.2.b).(1).(b).(i) The use of telecommunication technology for direct supervision must be limited to non-procedural patient evaluations and examinations, either in the ambulatory or acute care settings. (Core)
Multidisciplinary Specialties/Subspecialties		
Addiction Medicine (subspecialty of Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Preventive Medicine, or Psychiatry)	No	

Specialty/Subspecialty Name	VI.A.2.b).(1).(b) Permitted	Specialty/Subspecialty-Specific Language
Brain Injury Medicine (Subspecialty of Child Neurology, Neurology, Physical Medicine and Rehabilitation, and Psychiatry)	Yes	n/a
Clinical Informatics (Subspecialty of Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Medical Genetics and Genomics, Pathology, Pediatrics, Preventive Medicine, or Radiology)	Yes	n/a
Dermatopathology (Subspecialty of Dermatology and Pathology)	No	
Urogynecology and Reconstructive Pelvic Surgery (subspecialty of Obstetrics and Gynecology or Urology)	Yes	VI.A.2.b).(1).(b).(i) The use of telecommunication technology for direct supervision must be limited to ambulatory and consultative services. (Core)

Specialty/Subspecialty Name	VI.A.2.b).(1).(b) Permitted	Specialty/Subspecialty-Specific Language
Geriatric Medicine (Subspecialty of Family Medicine or Internal Medicine)	Yes	n/a
Hand Surgery (Subspecialty of Orthopaedic Surgery, Plastic Surgery, and Surgery)	No	
Hospice and Palliative Medicine (Subspecialty of Anesthesiology, Family Medicine, Internal Medicine, Pediatrics, Psychiatry, or Radiation Oncology)	Yes	n/a
Internal Medicine-Pediatrics (Combined program for Internal Medicine and Pediatrics)	Yes	n/a

Specialty/Subspecialty Name	VI.A.2.b).(1).(b) Permitted	Specialty/Subspecialty-Specific Language
Medical Toxicology (subspecialty of Emergency Medicine or Preventive Medicine)	Yes	VI.A.2.b).(1).(b).(i) The program must have clear guidelines that delineate which Competencies must be met to determine when a fellow can progress to be supervised indirectly. (Core) Specialty-Specific Background and Intent: When delineating the Competencies necessary for fellow progression to be supervised indirectly, the Review Committee suggests the Competencies include Milestones or other program-derived assessments. VI.A.2.b).(1).(b).(ii) The program director must ensure that clear expectations exist and are communicated to the fellows, and that these expectations outline specific situations in which a fellow would still require direct supervision. (Core)
Molecular Genetic Pathology (subspecialty of Medical Genetics and Genomics or Pathology)	No	
Neurocritical Care (Subspecialty of Neurology and Neurological Surgery	Yes	VI.A.2.b).(1).(b).(i) When fellows are supervised directly through telecommunication technology, the supervising physician and the fellow should interact with each other, and with the patient, to solicit the key elements related to the encounter, and agree upon a management plan. (Detail)

Specialty/Subspecialty Name	VI.A.2.b).(1).(b) Permitted	Specialty/Subspecialty-Specific Language
Neuroendovascular Intervention (Subspecialty of Child Neurology, Diagnostic Radiology, Neurological Surgery, or Neurology)	Yes	VI.A.2.b).(1).(b).(i) The program must have clear guidelines that delineate which competencies must be demonstrated to determine when a fellow can progress to indirect supervision. (Core) VI.A.2.b).(1).(b).(i).(a) These guidelines should stipulate that indirect supervision using telecommunication technology should be limited to patient evaluation for treatment and/or patient follow-up visits and should not be used in the performance of neuroendovascular intervention procedures. (Core) VI.A.2.b).(1).(b).(ii) The program director must ensure that clear expectations exist and are communicated to the fellows, and that these expectations outline specific situations in which a fellow still requires direct supervision. (Core)
Neuromuscular Medicine (subspecialty of Child Neurology, Neurology, and Physical Medicine and Rehabilitation)	Yes	n/a
Pain Medicine (Subspecialty of Anesthesiology, Child Neurology, Neurology, or Physical Medicine and Rehabilitation)	Yes	n/a
Pediatric Emergency Medicine (subspecialty of Pediatrics and Emergency Medicine)	Yes	n/a

Specialty/Subspecialty Name	VI.A.2.b).(1).(b) Permitted	Specialty/Subspecialty-Specific Language
Sleep Medicine (Subspecialty of Child Neurology, Internal Medicine, Neurology, Pediatrics, or Psychiatry)	Yes	n/a
Sports Medicine (Subspecialty of Emergency Medicine, Family Medicine, Pediatrics, or Physical Medicine and Rehabilitation)	No	
Undersea and Hyperbaric Medicine (subspecialty of Emergency Medicine or Preventive Medicine)	Yes	VI.A.2.b).(1).(b).(i) The program must have clear guidelines that delineate which Competencies must be met to determine when a fellow can progress to be supervised indirectly. (Core) Specialty-Specific Background and Intent: When delineating the Competencies necessary for fellow progression to be supervised indirectly, the Review Committee suggests the Competencies include Milestones or other program-derived assessments. VI.A.2.b).(1).(b).(ii) The program director must ensure that clear expectations exist and are communicated to the fellows, and that these expectations outline specific situations in which a fellow would still require direct supervision. (Core)

Sponsoring Institution-Based Fellowships		
Fellowship Name	**VI.A.2.c).(1).(b) Permitted**	**Specialty/Subspecialty-Specific Language**
Health Care Administration, Leadership, and Management	Yes	n/a