ACGME Common Program Requirements
Summary and Impact of Focused Requirement Revisions

Note that the changes described below apply to the following versions of the Common Program Requirements: Residency, Fellowship, and One-Year Fellowship.

The proposed effective date of this focused revision is July 1, 2020.

<table>
<thead>
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<th>Requirement #: Section II.B.4.</th>
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<tbody>
<tr>
<td>Requirement Revision (significant change only):</td>
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<tr>
<td>No specific requirement change is proposed. However, the Task Force proposes allowing Review Committees to further specify requirements regarding support for core faculty.</td>
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1. Describe the Review Committee’s rationale for this revision:
   Prior to the major revision of Sections I-V of the Common Program Requirements, Review Committees were permitted to add requirements specifying minimum levels of support for core faculty members, subject to review and approval by the ACGME Board. The revised Common Program Requirements limited the areas in which Review Committees may further specify, and support for core faculty members was not one of those areas. As a result, specialty-specific requirements for core faculty member support that existed prior to July 1, 2019 were removed upon incorporation of the new Common Program Requirements into each set of specialty and subspecialty requirements.

   In response to this change, the ACGME heard from many program directors and organizations in those specialties that previously had such requirements, expressing strong concern about the likely impact of this change on resident/fellow education and faculty member well-being.

   The Task Force considered this feedback and determined that it is important to preserve the ability of individual Review Committees to develop requirements regarding support for core faculty members based on the unique needs of the specialty. All requests from Review Committees to add requirements for core faculty member support will follow the established ACGME process for requirement revisions, including a public comment period and review and approval by the ACGME Board.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The change is intended to support quality resident/fellow education by allowing individual Review Committees to develop requirements needed to guarantee that the level of support for core faculty members ensures their participation in teaching and supervision.

3. How will the proposed requirement or revision impact continuity of patient care?
   No change is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

Permitting Review Committees to add requirements related to support for core faculty members creates the potential for specialty specific requirements that will necessitate additional resources. Some specialties that had such requirements prior to July 1, 2019 may seek to re-insert those. If approved, programs that lessened support for core faculty members based on the 2019 requirements will need to reallocate those resources when the changes are approved.

In addition, it is possible that Review Committees that did not previously define minimum requirements for support of core faculty members will develop such requirements in the future, which would require additional financial resources.

Regardless of whether or not specialty-specific requirements regarding core faculty member support existed prior to July 1, 2019, all Review Committees seeking to add such requirements will follow ACGME policies and procedures for revision of Program Requirements, including a public comment period, and review and approval by the ACGME Board. This process will not begin until the revised Common Program Requirements are reviewed and approved by the ACGME Board, which is expected to occur in February 2020.

5. How will the proposed revision impact other accredited programs?

Not applicable, as the proposed change in the Common Program Requirement applies to all programs.

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**Requirement #: VI.A.2.b).(2)**

**Requirement Revision (significant change only):**

The program must define when physical presence of a supervising physician is required. (Core)

1. Describe the Review Committee's rationale for this revision:

   As described below, in many specialties, advances in technology have resulted in increased use of telemedicine. While the Task Force believes that the Common Program Requirements should grant Review Committees the option of permitting direct supervision, as described in VI.A.2.c).(1).(b)., when it is safe and appropriate for patient care and resident/fellow education, it also believes that programs utilizing remote forms of supervision must carefully consider the circumstances in which this type of supervision is appropriate. Decisions regarding the appropriate level of supervision must be based on the educational needs of the individual resident/fellow, as well as patient complexity and acuity. It is the program’s responsibility to define the circumstances in which a supervising physician must be physically present with the resident/fellow to support the delivery of safe patient care and an appropriate educational experience for the resident/fellow.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

   This new requirement supports resident/fellow education and the delivery of safe patient care by ensuring the physical presence of a supervising physician when remote means of supervision are not sufficient.
3. How will the proposed requirement or revision impact continuity of patient care?  
**No change in continuity of patient care is anticipated.**

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
**It is not expected that this requirement will necessitate additional resources.**

5. How will the proposed revision impact other accredited programs?  
**Not applicable, as the proposed change in the Common Program Requirement applies to all programs.**

**Requirement #: VI.A.2.c).-VI.A.2.c).(2)**

**Requirement Revision (significant change only):**

**VI.A.2.c) Levels of Supervision**

To promote *appropriate oversight* of resident [fellow] supervision while providing for graded authority and responsibility, the program must use the following classification of supervision: *(Core)*

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

**VI.A.2.c).(1).(a)**  
the supervising physician is physically present with the resident [fellow] *and-during* patient interaction; *(Core)*

**VI.A.2.c).(1).(a).(i)**  
Initially, PGY-1 residents must *initially* be supervised either directly, or indirectly with *direct supervision immediately available only as described in VI.A.2.c).(1).(a). *(Core)* *

[The Review Committee may further specify]

[The Each Review Committee may describe the conditions and the achieved competencies under which PGY-1 residents progress to be supervised indirectly with direct supervision available]

[Moved from VI.A.2.e).(1).(a)]

**VI.A.2.c).(1).(b)**  
the supervising physician and/or patient is not physically present with the resident [fellow] and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. *(Core)*
VI.A.2.c).(2)  Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident [fellow] for guidance and is available to provide appropriate direct supervision. *(Core)*

**VI.A.2.c).(2).(a)** with Direct Supervision immediately available — the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision. *(Core)*

**VI.A.2.c).(2).(b)** with Direct Supervision available — the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision. *(Core)*

*Requirements referencing PGY-1 do not appear in the Fellowship and One-Year Fellowship versions*

1. **Describe the Review Committee’s rationale for this revision:**
   In many specialties, the use of telemedicine has expanded dramatically in recent years, and that expansion is expected to continue, likely at an even faster pace. These changes are being driven by:

   - Continuous innovations in technology
   - Continuous advancement in electronic health record (EHR) and clinical-decision systems
   - Projected shortages in the workforce, especially in rural and underserved urban populations
   - Reorganization of financing of medical care
   - Growth of consumerism in health care (convenience and access)

   The definitions of direct and indirect supervision have been modified to support the inclusion of remote means of supervising residents and fellows. Review Committees will now have the option of limiting the definition of direct supervision to VI.A.2.c).(1).(a), which permits only direct supervision in which the supervising physician is physically present with the resident or fellow, or also permitting direct supervision accomplished through remote monitoring accomplished through the use of telecommunications technology, as described in VI.C.2.c).(1).(b).
Review Committees that choose to accept VI.C.2.c).(1).(b) will have to develop specialty-specific requirements regarding these experiences, following the ACGME policies and procedures for development and approval of Program Requirements, including a public comment period.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   By providing Review Committees with the discretion to permit direct supervision through the use of telecommunication technology, the new requirements will allow programs to design resident/fellow clinical assignments that improve access to care for patients, and prepare residents/fellows to provide care in a broader variety of settings through the use of technology. How this is implemented will vary considerably by specialty and, as described above, Review Committees will provide additional requirements to ensure that supervision is appropriate for patient care and resident/fellow education in the specialty.

3. How will the proposed requirement or revision impact continuity of patient care?
   As described above, the new requirements will allow programs to utilize telemedicine as appropriate for the program and the specialty, which may result in improved access to care for patients.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   The requirements permit, but do not require, programs to use telemedicine. While there may be costs associated with the technology needed to support these activities, it is at the program's discretion and not mandated by the requirements.

5. How will the proposed revision impact other accredited programs?
   Not applicable, as the proposed change in the Common Program Requirement applies to all programs.