The Graduate Medical Education Committee (GMEC) voted to fully endorse and adopt the ACGME Requirements for Supervision contained in the 2011 Common Program Requirements section VI.D.

1. In the clinical learning environment, each patient must have an identifiable, appropriately credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient’s care.
   a) This information should be available to residents, faculty members, and patients.
   b) Residents and faculty members should inform patients of their respective roles in each patient’s care.

2. The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients. Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of resident delivered care with feedback as to the appropriateness of that care.

3. To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:
   a) Direct Supervision – the supervising physician is physically present with the resident and patient.
   b) Indirect Supervision:
      (1) 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.
      (2) 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.
   c) Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

4. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.
a) The program director must evaluate each resident’s abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.

b) Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the residents.

c) Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

5. Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

   a) Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

      (1) In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available.

      (2) Each Review Committee will describe the achieved competencies under which PGY-1 residents progress to be supervised indirectly, with direct supervision available.

6. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.

In addition to the ACGME Common Program Requirements for Supervision, the GMEC endorses the following specific institutional requirements for its clinical sites:

In ambulatory, urgent care, and emergency room sites the following requirements must be met:

1. All housestaff will be able to identify an available supervising attending at all times during patient care.

2. An attending faculty shall be present and available to housestaff during the entire duration of any ambulatory clinic session or outpatient procedure.

3. An attending faculty or licensed housestaff physician will review all patients under the care of an unlicensed housestaff physician.

4. Academic units will comply with applicable HCFA, Medicaid, and health plan regulations regarding the supervision of housestaff and the care of patients.

5. Academic units will comply with the ACGME Common Program Requirements for Supervision as described in this policy.

6. Each academic unit will assign a specific attending faculty to be responsible for supervision in that unit’s ambulatory sites. This individual, along with the residency program director, will be responsible for ensuring compliance with this policy.
In inpatient sites the following requirements must be met:

1. All housestaff will be able to identify an available supervising attending at all times during patient care. Attendings must be immediately available to housestaff and must be able to provide direct consultation regarding patient care when necessary.
2. Each day and more often as medically appropriate, an attending faculty (or his or her attending faculty back-up) will personally see and supervise the care of all hospitalized patients assigned to his/her service.
3. An attending physician will personally see and supervise inpatient consultations referred to his/her service and ensure appropriate documentation.
4. Each patient’s attending physicians shall coordinate in supervising evaluations, treatment, and procedures provided or performed by house officers in training.
5. No medical staff shall leave patients in the charge of residents in training without appropriate supervision and attending coverage.
6. Academic units will comply with applicable HCFA, Medicaid, and health plan regulations regarding the supervision of housestaff and the care of inpatients.
7. Academic units will comply with the ACGME Common Program Requirements for Supervision as described in this policy.
8. Each academic unit will assign a specific attending faculty to be responsible for supervision in that unit’s inpatient sites. This individual, along with the residency program director, will be responsible for ensuring compliance with this policy.