

**ACGME Program Requirements for Graduate Medical Education  
in Neurology and Pediatric Otolaryngology  
Summary and Impact of Interim Requirement Revisions**

Requirement #: VI.A.2.b).(1).(b).(i)

Requirement Revision (significant change only):

**VI.A.2.b).(1).(b) [Direct Supervision:] 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. <sup>(Core)</sup>**

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. <sup>(Core)</sup>

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.

1. Describe the Review Committee's rationale for this revision:  
**The Review Committee has opted to adopt Common Program Requirement VI.A.2.b).(1).(a). The usual accountability and supervision structure should be maintained when clinical care is conducted by telemedicine. Appropriate levels of supervision should be employed to preserve quality of care and patient safety while supporting the development of skills and graduated responsibility in clinical care conducted via telecommunication technology. These efforts should take the following into consideration:**
  - **Decision making regarding appropriateness of telehealth as the medium for delivery of care, and determination of appropriate follow up to mitigate intrinsic limitations of this modality (e.g., for physical examination and testing);**
  - **Extent of involvement (direct versus indirect) of supervising physician in data collection, decision making and/or treatment planning, and follow up; and,**
  - **Documentation of encounter, decision making, and nature/extent of supervision.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**This will improve fellow education and training.**
3. How will the proposed requirement or revision impact continuity of patient care?  
**No impact is expected.**

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?

**Because supervision via telecommunication technology will be permitted by the Review Committee but not required, no impact is expected.**

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

**No impact is expected.**