Virtual supervision of resident physicians should be here to stay

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The COVID-19 public health emergency (PHE) has ended, but one important PHE-era provision will remain in place for the rest of 2023.

The Centers for Medicare & Medicaid Services (CMS) has announced it will continue allowing teaching physicians to supervise resident physicians through the use of real-time audiovisual technology—in urban as well as rural areas.

CMS also said in May that it anticipates considering a permanent change to its “policy for services involving teaching physicians and resident further through” its rule-making process. Telesupervision of residents has already been made permanent for certain rural areas.

Earlier in May, the AMA sent CMS Administrator Chiquita Brooks-LaSure a letter urging the agency to permanently allow residents in teaching settings to be supervised through audio/visual real-time communications technology no matter where they live and work in alignment with standards from the Accreditation Council for Graduate Medical Education (ACGME).

“We have been hearing from multiple physician groups within our Federation of Medicine, as well as the Association of American Medical Colleges (AAMC), how important the virtual supervision of residents has become post COVID-19 and how vital it is to permanently continue this additional supervision option regardless of location,” wrote AMA Executive Vice President and CEO James L. Madara, MD.

Dr. Madara detailed why it is so important to let this form of supervision—which has been successfully used since the onset of the COVID-19 pandemic—continue nationwide as the country faces physician shortages. The AMA’s letter also explains how rules are already established to ensure that residents get appropriate supervision and frequent evaluations so that the quality of their training isn’t inferior to in-person supervision.
Supporting telehealth and digitally enabled care is an essential component of the AMA Recovery Plan for America’s Physicians.

Telehealth is critical to the future of health care, which is why the AMA continues to lead the charge to aggressively expand telehealth policy, research and resources to ensure physician practice sustainability and fair payment.

**Physician shortages abound**

Access to care is not just an issue in rural areas. Physician and health-professional shortages are affecting populations all across the country. The U.S. faces a projected shortage of between 37,800 and 124,000 physicians by 2034.

“These shortages have a real impact on access to care for patients,” Dr. Madara wrote, adding that proper use of virtual supervision can help begin to ease shortages, enabling “residents to provide additional services while still garnering the support needed from their teaching physicians.”

**Proven way to supervise**

The ACGME amended its rules so residents can be supervised with audiovisual technologies. Guardrails should be included “to ensure virtual supervision is delivered efficaciously and to mitigate risk,” Dr. Madara wrote.

The AMA recommends, among other things, that:

- Decisions about how resident supervision be implemented, reviewed and overseen at the program level, adhering to ACGME policy.
- Training programs establish, in advance, the audiovisual supervision requirements so there is consistent understanding between the resident and teaching physician.
- Residency programs encourage residency-review committees and the ACGME to increase monitoring of clinical and educational work-hour standards, in the context of the larger issue of patient safety, and acknowledge the impact of the changes of the supervision requirements on the residents and their optimal learning environment to ensure that appropriate education and supervision are maintained.

“The AMA believes that—if ACGME rules are adhered to, and the use of audiovisual real-time communication equipment is individualized to support the needs of residents, teaching physicians and their patients—this tool will be effective and will provide appropriate supervision, frequent evaluation
and open discussion,” Dr. Madara wrote.