

The role of supervision in assessment of physician competency

Issue:

Appropriate supervision not only facilitates the formation and continued maturation of physician competency while protecting patients, supervision is also an important means of assessing competency. Appropriate supervision in education is clearly defined by educational standards as well as institutional and program requirements. Standards are less clear when it comes to supervising clinicians in non-educational settings. As states debate what licenses physicians with different levels of training should be granted, establishing appropriate supervision requirements is critical to patient safety.

Background:

The supervision of allopathic and osteopathic medical students as well as the achievement of competency in required fields are core tenants of the standards of the [Liaison Committee on Medical Education](#) (LCME) and [Commission on Osteopathic College Accreditation](#) (COCA). The same is true for residents per the Common Program Requirements of the [Accreditation Council for Graduate Medical Education](#) (ACGME), wherein residency devotes significant time to oversight by faculty and program directors who must meet standards described in the accreditation requirements. These requirements include an unrestricted license to practice from a state licensing board and board certification by the appropriate American Board of Medical Specialties board. AMA Policy [H-310.912](#) “Residents and Fellows’ Bill of Rights” states that “residents and fellows have a right to appropriate supervision by qualified physician faculty with progressive resident responsibility toward independent practice.” However, there are no consistent standards for clinical supervision of physicians in non-educational settings.

According to leading medical education researcher Olle ten Cate, PhD, “Adequate supervision is necessary (in teaching hospitals) to solve a constant paradox. The paradox is (i) patients deserve the best available care; (ii) the best available care is provided by experienced clinicians; (iii) but experience must emerge in trainees who start without experience; and (iv) experience requires the active care of patients.” Given inadequacies in past definitions of supervision, he defines it as “The provision of guidance and support in learning and working effectively in health care by observing and directing the execution of tasks or activities and making certain that everything is done correctly and safely, from a position of being in charge.” Such supervision seeks to improve competency and therefore increase patient safety.

Appropriate supervision both assesses and improves competency. Unlike some other forms of assessment such as an examination, supervision is a longitudinal assessment of not only competency at a point in time but the learner’s ability to increase competency over time in response to feedback and experience. Longitudinal supervision with progressive responsibility is essential to determine when a physician is prepared for independent practice.

Medical schools are moving toward competency-based learning to adapt to a changing health care system. Competency-based medical education, addressed in a previous [issue brief](#), acknowledges various strengths that individuals bring to the profession, enhancing inclusion, and supports a growth mindset which differs from traditional supervision and assessment.

Launched in 2013, the AMA [ChangeMedEd](#)® initiative and its [Reimaging Residency](#) program work with and support medical schools and residency programs to redesign medical education and physician training across

the educational spectrum. These efforts seek to create a system to better meet the needs of patients as well as to be more prepared for future changes. In doing so, it seeks to foster new considerations for supervision, improve competency in the educational space, lay the foundation for enhanced self-governance of practicing physicians, and encourage continued learning in the professional continuum.

An educational [module](#) on the AMA EdHub™ states that “competence is developmental and evolves over the professional life cycle.” As described by the AMA Council on Ethical and Judicial Affairs (CEJA) in their 2019 [report](#), “the ethical responsibility of competence requires that physicians at all stages of their professional lives be able to recognize when they are and when they are not able to provide appropriate care for the patient in front of them or the patients in their practice as a whole.” The ultimate goal of supervision is to effectuate self-governance and a dedication to lifelong learning. In 2021, the AMA Council on Medical Education published its [report](#) on “Guiding Principles and Appropriate Criteria for Assessing the Competency of Physicians Across the Professional Continuum” to provide direction for screening and assessing practicing physicians. Efforts such as these, as well those conducted as by many others, aim to improve supervision as well as competency.

As trainees advance through medical education toward independent practice, appropriate supervision has a critical role in improving and assessing competency as well as assuring patient safety in clinical settings where education takes place. Accreditation requirements set standards for supervision in educational settings. Thus, it is also critical that there be appropriate supervision of trainees and physicians providing clinical care in non-educational settings until competency is established to protect patients.

Potential Strategies:

- Recognize the role of longitudinal supervision in assessing physician competency and readiness for independent practice.
- Support piloting new approaches that better balance the relationship between autonomy and supervision of physicians.
- Encourage the study of clinical supervision of trainees and practicing physicians in improving patient outcomes and safety.
- Continue initiatives supported by ChangeMedEd® to foster new considerations for supervision.
- Promote AMA’s guiding principles for assessing the competency of physicians.

Moving Forward:

The AMA has several policies related to supervision and competency including:

- [Recommendations for Future Directions for Medical Education H-295.995](#)
- [Competency-Based Portfolio Assessment of Medical Students D-295.318](#)
- [Principles for Graduate Medical Education H-310.929](#)
- [Residents and Fellows' Bill of Rights H-310.912](#)
- [Mechanisms to Measure Physician Competency H-275.936](#)
- [Guiding Principles and Appropriate Criteria for Assessing the Competency of Physicians Across the Professional Continuum H-275.916](#)

AMA Resources:

- [ChangeMedEd](#)
- [Council on Medical Education](#)
- [Health Care Advocacy](#)
- [AMA EdHub™](#)
- [Policy Finder](#)
- [Council Report Finder](#)