



# SCOPE OF PRACTICE

**Fellowship in Reproductive Endocrinology and Infertility**  
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**University of South Florida**

This document pertains to Fellow rotations under the auspices of the Fellowship Program in Reproductive Endocrinology and Infertility at Shady Grove Fertility clinics, Tampa General Hospital, University of South Florida clinics and Advanced Urology Institute. All Accreditation Council of Graduate Medical Education (ACGME), Joint Commission (JC), Agency for Health Care Administration (AHCA), and CMS guidelines pertaining to graduate medical education apply to this scope of practice.

The purpose of this policy is to ensure that fellows are provided adequate and appropriate levels of supervision during the course of the educational training experience and to ensure that patient care continues to be delivered in a safe manner. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow is assigned by the program director and faculty members to ensure effective oversight of fellow supervision.

Each fellow and faculty must inform each patient of their respective roles in patient care. Fellows must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. Fellows must communicate with the supervising faculty under every circumstance where patient safety is at stake such as excessive bleeding, diagnosis of non-viable pregnancy, inability to identify or access an ovary, difficulty completing an intrauterine insemination, hysterosalpingogram, saline sonogram or anytime the fellow has any concern. Supervision may be provided by more senior fellows in addition to attendings. However, all patient care must be provided under a credentialed and privileged attending physician. The attending physician is ultimately responsible for management of the individual patients and the supervision of the residents involved in the care of the patient. Supervision must be documented in the medical record in accordance with the Fellowship Program in Reproductive Endocrinology and Infertility at the University of South Florida compliance guidelines.

Fellows and faculty can report concerns regarding inadequate supervision on the GME website or the hospital reporting system. Any reports will be protected from reprisal. This document is available on the GME website for all fellows, faculty, other team members, and patients.

The program follows the ACGME classification of supervision as noted below. The supervising physician can refer to a faculty, fellow, or resident that who has been given supervisory privilege. These supervisory levels are used throughout the Scope of Practice document.

## Direct Supervision

- 1) The supervising physician is physically present with the Fellow during the key portions of the patient interaction.
- 2) The supervising physician and/or patient is not physically present with the Fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

Indirect Supervision

The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Fellow for guidance and is available to provide appropriate direct supervision.

Oversight

The supervising physician is available to provide review of procedures/encounters with feedback after care is delivered.

The fellowship program has a curriculum for providing knowledge and performance competence that includes procedure training, simulation, number of procedures that need to be completed before obtaining indirect supervision. Annual decisions about competence are made by the program's clinical competency committee to ensure a successful transition and preparation for the next PGY level. All fellows need to maintain current ACLS training.

	Supervising Physician present (Direct)	Supervising Physician is not providing physical or concurrent visual or audio supervision but is immediately available (Indirect)	Supervising physician is available to provide a review of procedures/encounters with feedback after care is delivered (Oversight)			
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training		
<b>CORE PROCEDURES</b>				<b>PGY-5</b>	<b>PGY-6</b>	<b>PGY-7</b>
Perform patient care and procedures in outpatient setting				2	2	2
Admit patients and complete inpatient H&P for general ward service				2	3	3
Admit patients to Gynecologic Surgery and complete H&P for the required gynecologic surgery				1	2	2
Treat and manage common medical conditions				2	3	3
Make referrals and request consultations				2	3	3
Provide consultations within the scope of his/her privileges				1	3	3
<b>Office based / Outpatient Procedures</b>				<b>PGY-5</b>	<b>PGY-6</b>	<b>PGY-7</b>
Transvaginal Gynecologic Ultrasound				1	2	3
Transabdominal Gynecologic ultrasound				1	2	3
Transvaginal first trimester Obstetric ultrasound				1	2	3

	Supervising Physician present (Direct)	Supervising Physician is not providing physical or concurrent visual or audio supervision but is immediately available (Indirect)	Supervising physician is available to provide a review of procedures/encounters with feedback after care is delivered (Oversight)			
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training		
Transabdominal first trimester Obstetric ultrasound				1	2	3
Endometrial Biopsy using Pipelle catheter				1	2	3
Intrauterine Device (IUD) Insertion				1	2	3
Intrauterine Device (IUD) removal				1	2	3
Diagnostic office hysteroscopy				1	2	3
Hysteroscopic polypectomy				1	1	2
Hysteroscopic resection of uterine septum				1	1	2
Hysteroscopic resection of intrauterine adhesions				1	1	2
Karman Biopsy using Manual Vacuum Aspirator				1	2	2
Transvaginal ovarian cyst aspiration				1	1	2
Intrauterine insemination (IUI)				1	3	3
Transvaginal guided oocyte retrieval				1	1	2
Embryo transfer				1	1	1
Mock embryo transfer				1	3	3
<b>Operative Procedures</b>				<b>PGY-5</b>	<b>PGY-6</b>	<b>PGY-7</b>
Laparoscopic supracervical hysterectomy				1	1	2
Laparoscopic total hysterectomy				1	1	2
Laparoscopic excision of endometriosis				1	1	2
Laparoscopic ovarian cystectomy				1	1	2
Laparoscopic lysis of adhesions				1	1	2

	Supervising Physician present (Direct)	Supervising Physician is not providing physical or concurrent visual or audio supervision but is immediately available (Indirect)	Supervising physician is available to provide a review of procedures/encounters with feedback after care is delivered (Oversight)			
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training		
Laparoscopic oophorectomy				1	1	2
Laparoscopic ureterolysis				1	1	1
Laparoscopic myomectomy				1	1	1
Laparoscopic presacral neurectomy				1	1	1
Laparoscopic uterine suspension				1	1	1
Laparoscopic tubal reanastomosis				1	1	1
Laparoscopic repair of uterine anomaly				1	1	1
Single incision laparoscopic surgery				1	1	1
Robot assisted laparoscopic surgery				1	1	2
Open myomectomy				1	1	2
Open hysterectomy				1	1	2
Open ovarian cystectomy				1	1	2
Excision of extraperitoneal endometriosis				1	1	1
Repair of vaginal septum				1	1	2
Hysteroscopic polypectomy				1	1	2
Hysteroscopic myomectomy using resectoscope				1	1	2
Hysteroscopic morcellation				1	1	2
Hysteroscopic Essure placement				1	1	2
Hysteroscopic removal of foreign body				1	1	2
Hysteroscopic metroplasty				1	1	2



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Anthony N. Imudia, MD  
Program Director  
Fellowship in Reproductive Endocrinology and Infertility

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Date