



## SCOPE OF PRACTICE

**Radiation Oncology Residency Program**  
**Director of Program: Jessica Frakes, MD**  
**USF Health Morsani College of Medicine**  
**University of South Florida**

This document pertains to resident rotations under the auspices of the Radiation Oncology Residency Program at Moffitt Cancer Center, James A Haley VA Hospital, Morton Plant Hospital, University of Florida Proton Center. 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 residents 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 resident is assigned by the program director and faculty members to ensure effective oversight of resident supervision.

Each resident and faculty must inform each patient of their respective roles in patient care. Residents must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. Residents must communicate with the supervising faculty in the following circumstances (all consultations and follow ups and any on call/symptom management issues they are not comfortable managing alone). Supervision may be provided by more senior residents 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 Radiation Oncology Residency at the University of South Florida compliance guidelines.

Residents 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 residents, 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 Resident during the key portions of the patient interaction.
- 2) 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.

### Indirect Supervision

The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Resident 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 residency 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 residents 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				
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training			
CORE PROCEDURES				PGY-2	PGY-3	PGY-4	PGY-5
• Complete inpatient H&P for radiation oncology consults (emergent and needs treatment)				2	2	2	2
• Complete inpatient H&P for radiation oncology consults (non-emergent and can have outpatient follow up)				2	2	2	2
• Complete routine radiation oncology consultations in outpatient setting				1	1	1	1
• Complete radiation oncology simulations				1	1	1	1
• Complete radiation oncology contouring				2	2	2	2
• Review and approve the treatment plan with dosimetry				2	2	2	2
• Review daily images and assist in new starts (cannot approve)				3	3	3	3
• Make referrals and request consultations				3	3	3	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				
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training			
<ul style="list-style-type: none"> <li>Sign out the service and inpatient patients when on call to appropriate team</li> </ul>				3	3	3	3
<ul style="list-style-type: none"> <li>Render any care in a life-threatening emergency</li> </ul>				3	3	3	3
<b>SEDATION</b>				<b>PGY-2</b>	<b>PGY-3</b>	<b>PGY-4</b>	<b>PGY-5</b>
<ul style="list-style-type: none"> <li>Local anesthesia</li> </ul>				1	1	1	1
<b>Floor Procedures</b>				<b>PGY-2</b>	<b>PGY-3</b>	<b>PGY-4</b>	<b>PGY-5</b>
N/A							
<b>Operative Procedures</b>				<b>PGY-2</b>	<b>PGY-3</b>	<b>PGY-4</b>	<b>PGY-5</b>
<ul style="list-style-type: none"> <li>Interstitial Brachytherapy</li> </ul>				1	1	1	1



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 Jessica Frakes, MD  
 Program Director, Radiation Oncology

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 8/25/2025  
 Effective Date