

Subspecialty-Specific Program Requirements: Independent Practice

Effective as of July 1, 2025

Common Program Requirements are in bold

The Common Program Requirements (Fellowship and One-Year Fellowship) allow Review Committees the option of permitting independent practice as referenced in Common Program Requirement 4.16.

Independent Practice

Fellowship programs may assign fellows to engage in the independent practice of their core specialty during their fellowship program.

4.16. If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year. ^(Core)

[This section will be deleted for those Review Committees that choose not to permit the independent practice option. For those that choose to permit this option, the Review Committee may further specify.]

Background and Intent: Fellows who have previously completed residency programs have demonstrated sufficient competence to enter autonomous practice within their core specialty. This option is designed to enhance fellows' maturation and competence in their core specialty. This enables fellows to occupy a dual role in the health system: as learners in their subspecialty, and as credentialed practitioners in their core specialty. Hours worked in independent practice during fellowship still fall under the clinical and educational work hour limits. See Program Director Guide for more details.

Additionally, as stated in the Common Program Requirements, Review Committees may further define expectations related to independent practice. The table below lists the subspecialties that permit independent practice as of July 1, 2025 and, where applicable, additional specialty-specific program requirements and background and intent.

Subspecialty Name	Additional Subspecialty-Specific Requirements Referencing “Independent Practice”
Review Committee for Dermatology	
Pediatric Dermatology	-
Review Committee for Emergency Medicine	

Subspecialty Name	Additional Subspecialty-Specific Requirements Referencing “Independent Practice”
Emergency Medical Services	<p>4.16.a. Fellows should maintain their primary Board skills during their fellowships. ^(Core)</p> <div> <p>Specialty-Specific Background and Intent: The Review Committee for Emergency Medicine considers the requirements above to be exclusive of moonlighting. Additional time spent by the fellows in the engagement of independent practice of their core specialty beyond the maximum stated in the Requirements will be considered moonlighting, and will be counted toward the 80-hour maximum clinical time per week.</p> </div>
Review Committee for Obstetrics and Gynecology	
Complex Family Planning	4.16.a. No more than four hours per week of independent practice, averaged over a four-week period, may occur on weekdays during regular office hours. ^(Core)
Gynecologic Oncology	4.16.a. Independent practice must be limited to four hours per week, averaged over a four-week period. ^(Core)
Maternal-Fetal Medicine	4.16.a. No more than four hours per week of independent practice, averaged over a four-week period, may occur on a weekday during regular office hours. ^(Core)
Reproductive Endocrinology and Infertility	4.16.a. No more than four hours per week of independent practice, averaged over a four-week period, may occur on a weekday during regular office hours. ^(Core)
Review Committee for Orthopaedic Surgery	
Adult Reconstructive Orthopaedic Surgery	-
Foot and Ankle Orthopaedic Surgery	-
Musculoskeletal Oncology	-
Orthopaedic Sports Medicine	-
Orthopaedic Trauma	-

Subspecialty Name	Additional Subspecialty-Specific Requirements Referencing “Independent Practice”
Pediatric Orthopaedic Surgery	-
Surgery of the Spine	-
Review Committee for Otolaryngology – Head and Neck Surgery	
Neurotology	-
Pediatric Otolaryngology	-
Review Committee for Plastic Surgery	
Craniofacial Plastic Surgery	-
Review Committee for Urology	
Pediatric Urology	<p>4.16.a. While pediatric urology programs are permitted to utilize independent practice in general urology, this must not exceed 10 percent of fellows’ time per week, averaged over four weeks, up to a maximum of 24 hours per month. ^(Core)</p> <div> <p>Specialty-Specific Background and Intent: Fellows must limit independent practice to general urology. General urologic surgical care of pediatric patients includes circumcision/revisions, cystoscopy/ureteroscopy in adolescents, meatoplasty, simple orchidopexy, and testicular torsion treatment.</p> </div>
Multidisciplinary Subspecialties	
Addiction Medicine (subspecialty of Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Preventive Medicine, or Psychiatry)	-
Clinical Informatics (subspecialty of	-

Subspecialty Name	Additional Subspecialty-Specific Requirements Referencing “Independent Practice”
Anesthesiology, Radiology, Emergency Medicine, Family Medicine, Internal Medicine, Medical Genetics, Pathology, Pediatrics, or Preventive Medicine)	
Urogynecology and Reconstructive Pelvic Surgery (subspecialty of Obstetrics and Gynecology or Urology)	<p>4.16.a. Urogynecology and reconstructive pelvic surgery programs are permitted to assign fellows to independent practice in their primary specialty, but such practice must not exceed 10 percent of a fellow’s time per week, averaged over four weeks. ^(Core)</p> <p>4.16.a.1. Independent practice during regular office hours must be limited to four hours per week, averaged over four weeks. ^(Core)</p> <p>4.16.a.2. The total amount of independent practice, both during and outside of regular office hours, must not exceed 24 hours a month. ^(Core)</p>
Hand Surgery (subspecialty of Orthopaedic Surgery, Plastic Surgery, or Surgery)	-
Medical Toxicology (subspecialty of Emergency Medicine or Preventive Medicine)	<p>4.16.a. Fellows should maintain their primary specialty Board skills during the fellowship. ^(Core)</p> <div data-bbox="604 1182 1929 1360" style="border: 1px solid black; padding: 5px;"> <p>Specialty-Specific Background and Intent: The Review Committee for Emergency Medicine considers the requirements above to be exclusive of moonlighting. Additional time spent by the fellows in the engagement of independent practice of their core specialty beyond the maximum stated in the requirements will be considered moonlighting, and will be counted toward the 80-hour maximum clinical time per week.</p> </div>

Subspecialty Name	Additional Subspecialty-Specific Requirements Referencing “Independent Practice”
Neurocritical Care (Subspecialty of Neurology and Neurological Surgery)	-
Sports Medicine (subspecialty of Emergency Medicine, Family Medicine, Pediatrics, or Physical Medicine and Rehabilitation)	-
Undersea and Hyperbaric Medicine (subspecialty of Emergency Medicine or Preventive Medicine)	<p>4.16.a. Fellows should maintain their primary Board skills during their fellowship. ^(Core)</p> <div data-bbox="604 667 1921 833"> <p>Specialty-Specific Background and Intent: The Review Committee for Emergency Medicine considers the requirements above to be exclusive of moonlighting. Additional time spent by the fellows in the engagement of independent practice of their core specialty beyond the maximum stated in the requirements will be considered moonlighting, and will be counted toward the 80-hour maximum clinical time per week.</p> </div>
Sponsoring Institution-Based Fellowships	
Health Care Administration, Leadership, and Management	<p>4.16.a. If Sponsoring Institution-based fellowship programs permit their fellows to utilize the independent practice option, it must not exceed 50 percent of their time for fellows completing the fellowship in the 24-month format. ^(Core)</p> <p>4.16.b. Fellows completing the fellowship in the 12-month format may not exceed 25 percent of their time utilizing the independent practice option. ^(Core)</p> <div data-bbox="604 1122 1921 1352"> <p>Sponsoring Institution-Based Fellowship-Specific Background and Intent: Fellows in health care administration, leadership, and management programs should have opportunities to pursue ongoing clinical practice in their individual specialty and/or subspecialty area while completing the program. While responsibilities for direct patient care are outside the scope of the fellowship, fellows’ optional engagement in medical practice may facilitate their continued professional development as physician leaders. The Sponsoring Institution and program should provide oversight of ongoing clinical practice to ensure that fellows have adequate time to complete their fellowship responsibilities.</p> </div>