



Postgraduate Medical Council  
of Western Australia

# POSTGRADUATE MEDICAL COUNCIL OF WESTERN AUSTRALIA POLICY

## SUPERVISION OF PREVOCATIONAL DOCTORS

### SCOPE

This policy applies to all persons who supervise prevocational doctors. The level of contact is recommended to allow safe patient care and observation. It is also recommended to facilitate assessment and feedback opportunities to continually improve the training experience of prevocational doctors.

### POLICY STATEMENT

Supervisors support prevocational doctors to enable the development of skills, values and attitudes accordant with the principle of life-long learning and professional development. This policy is a guide to the required level of contact when supervising a prevocational doctor.

### DEFINITIONS

Consultant:	A medical practitioner, who holds the appropriate higher qualification of a university or college, recognised by the Australian Medical Council.
Prevocational Doctor:	A medical practitioner in their early postgraduate years of clinical practice (PGY1/2/3/4+) who has not yet entered a vocational training program.
PGY1 Doctor:	Medical practitioner employed in their first postgraduate year of training after medical school graduation, prior to full registration by the Medical Board of Australia (also known as Intern).
PGY2 Doctor:	Medical practitioner employed in their second postgraduate year, typically immediately following PGY1 year.
PGY3 Doctor:	Medical practitioner employed in their third postgraduate year, typically immediately following postgraduate year 2.
PGY4+ Doctor:	Medical practitioner employed in their fourth or subsequent postgraduate year.
Registrar:	A registered medical practitioner employed as a registrar.
Term:	A defined period of employment in an organisation/unit/department/practice.
Term Supervisor:	An appropriately trained medical practitioner who is responsible for the supervision and education of prevocational doctors allocated to the term.

## PRINCIPLES

1. Every prevocational doctor must be allocated a term supervisor each term.
2. If the allocated term supervisor is unavailable they must delegate their supervisory duties to another appropriately trained and experienced medical practitioner. The delegated practitioner must have adequate training in the specific area of clinical care and be aware of their responsibilities for patient safety.
3. A term supervisor should offer a level of supervision appropriate to the competencies and experience of the individual prevocational doctor.
4. Prevocational doctors will only assume responsibility for, or perform procedures in which they have sufficient experience and expertise.
5. Prevocational doctors will only perform procedures without direct supervision when the supervisor has assessed and deemed the prevocational doctor competent.
6. A term supervisor is responsible for the orientation of the prevocational doctor to the organisation/unit/department/practice. Term supervisors are also responsible for the development of mutually agreeable educational objectives with the prevocational doctor, based on the set of global outcomes statements detailed in the *Australian Curriculum Framework for Junior Doctors* at the beginning of each term. This may be delegated to an appropriate person.
7. A term supervisor should encourage and facilitate informal teaching when suitable opportunities arise (e.g. bedside, clinical skills & procedures).
8. Supervisors should plan regular periods, free from interruptions, to facilitate in depth reflection on clinical practice.
9. Term supervisors are responsible for conducting mid-term and end-of-term performance appraisal during each term, assessing the prevocational doctor against the AMC outcome standards and providing feedback to the prevocational doctor.
10. The required level of supervision of the prevocational doctor will depend on the workplace setting and skill of the prevocational doctor.
11. Prevocational doctors must in general be located at the accredited prevocational training site. However, up to 20% of standard time may be spent off site as part of a specific program or at a non-surveyed branch site. This must be done in the attendance of a nominated supervisor.
12. Prevocational doctors and all supervisors will be provided with the documented escalation policy prior to commencement of supervised clinical practice.

## RESPONSIBILITIES

### **Responsibilities of senior management (i.e. Director of Clinical Training, Director of Postgraduate Medical Education):**

- Ultimately responsible for ensuring that all prevocational doctors are appropriately supervised.

- Responsible for ensuring that all medical staff are aware of and are appropriately supported in their responsibilities in relation to clinical supervision.

**Responsibilities of senior medical staff (i.e. Term Supervisor, Head of Department, Consultant):**

- Responsible for the provision of safe and quality medical care within clinical units, including by prevocational doctors.
- Recognise their responsibilities in relation to supervision of prevocational doctors
- Ensure that prevocational doctors have sufficient clinical supervision at all times, to maintain good clinical care and a safe learning environment.
- Responsible for recognising a prevocational doctor in difficulty and provide additional support. It is the responsibility of senior medical staff to notify senior management (i.e. Director of Postgraduate Medical Education or Director of clinical Training) if the prevocational doctor requires additional support.
- Responsibility for making the delegation of supervisory responsibilities known to the delegated supervisor and the supervised prevocational doctor.
- Responsible for ensuring assessment against AMC learning outcomes is undertaken
- Responsible for ensuring the implementation of management plans for underperforming prevocational doctors and ensure that underperforming prevocational doctors are assessed against the plans.

**Responsibilities of more senior doctors-in-training (i.e. Registrar, Senior Registrar):**

- To provide supervision of prevocational doctors at the required level, especially if they are delegated supervision responsibilities by senior medical staff
- Regularly communicate with senior medical staff regarding the performance of prevocational doctors

**Responsibilities of the prevocational doctor:**

- Takes responsibility to provide clinical practice within level of knowledge, recognise limits of professional competence and seek guidance and assistance from supervisors

**RECOMMENDED GUIDELINES FOR LEVELS OF SUPERVISION FOR PREVOCATIONAL DOCTORS**

A term supervisor should provide supervision to prevocational doctors at the level appropriate to their year of training. Requirements of supervision will also vary depending on the acuity and complexity of the patients.

**Level of supervision required for a prevocational doctor**

- All supervision should be assigned and performed in accordance with the stated principles and responsibilities
- When the term supervisor is not available, supervision responsibility must be delegated to an appropriate medical practitioner, who has adequate training in the area of clinical care and is aware of their responsibilities for patient safety. This delegation must be made know to the delegated supervisor/s and the prevocational doctor.
- Guidelines applying to clinical supervision within normal operating hours also apply after hours.

### PGY1 Doctor

- The term supervisor takes direct responsibility for individual patients.
- The term supervisor must be physically present at the workplace at all times where the supervisee is providing clinical care, or be available on site within 10 minutes.
- The supervisee must consult their term supervisor about the management of all patients.

### PGY2 Doctor

- The term supervisor shares limited responsibility for individual patients.
- The PGY2 doctor must consult the supervisor about the management of all patients at a frequency determined by the term supervisor and the PGY2 doctor.
- Supervision must be primarily on site. Where the term supervisor is not physically present, they must always be accessible by telephone at all times and able to attend within 10 minutes if needed.

### PGY3 Doctor

- The term supervisor shares responsibility for individual patients if the governance system of the facility allows for this.
- At a frequency determined by the term supervisor, the PGY3 doctor must inform the Supervisor about the management of all patients with serious medical problems.
- At a minimum, the term supervisor must be accessible by telephone at all times and able to attend if required.

### PGY4+ Doctor

- The PGY4+ doctor may take primary responsibility for individual patients if the governance system of the facility allows for this.
- At a minimum, the term supervisor must be accessible by telephone.
- The term supervisor must ensure there are mechanisms in place for monitoring whether the PGY4+ doctor is practising safely.

	<b>Term Supervisor Responsibilities</b>			
	<b>Patient Responsibility</b>	<b>Supervisory Access</b>	<b>Patient Management</b>	<b>Delegation</b>
<b>PGY1</b>	Direct and principal responsibility	Must be physically at workplace at all times or available on site within 10 minutes	Consulted for management of all patients	Supervisory responsibilities must be appropriately delegated when not physically present
<b>PGY2</b>	Supervisee shares limited Responsibility	Primarily on site, must be accessible by telephone at all times and able to attend if required	Informed of management of patients with serious medical problems	Supervisory responsibilities must be appropriately delegated when not available
<b>PGY3</b>	Shared Responsibility	Must be accessible by telephone at all times and able to attend if required	Informed of management of patients with serious medical problems at determined frequency	Must ensure that there are mechanisms in place for monitoring safe practice
<b>PGY4</b>	Supervisee takes primary responsibility	Must be accessible by telephone at all times and able to attend if required	Oversees patient management	Must ensure that there are mechanisms in place for monitoring safe practice

## SUPPORTING DOCUMENTS

Confederation of Postgraduate Medical Education Councils. (2012). [Australian Curriculum Framework for Junior Doctors](#).

Medical Board of Australia. (2012). [Guideline: Supervised Practice for Limited Registration](#).

Postgraduate Medical Council of Victoria. (2013). [Supervision Guideline for Health Services/General Practices for Prevocational Doctors in Victoria](#).

Postgraduate Medical Council of Western Australia. (2013). *Guide to Accreditation Standards*.

## VERSION CONTROL

Endorsed by:	PMCWA Accreditation & Standards Committee
Effective Date:	24/03/2014
Review Date:	24/03/2017
Link to policy page:	<a href="http://www.pmcwa.health.wa.gov.au/publications/index.cfm"><u>http://www.pmcwa.health.wa.gov.au/publications/index.cfm</u></a>
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