

POSTGRADUATE MEDICAL COUNCIL OF WESTERN AUSTRALIA POLICY

SUPERVISION OF PREVOCATIONAL DOCTORS

SCOPE:

This policy applies to all persons who supervise prevocational doctors. The policy is a guide to the level of contact when supervising a prevocational doctor. The level of contact is recommended to allow safe patient care and observation to allow adequate assessment and feedback to improve the training experience of the doctor

POLICY STATEMENT:

Supervisors support the prevocational doctor to enable them to develop the skills, values and attitudes as the principles of life long learning and professional development.

DEFINITIONS:

Consultant:	A medical practitioner, who holds the appropriate higher qualification of a University or College, recognised by the Australian Medical Council.
Prevocational Doctor:	Refers to medical practitioner in their early postgraduate years of clinical practice (PGY1/2/3/4+) who have 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 WA (also known as Intern).
PGY2 Doctor:	Medical practitioner employed in their second postgraduate year immediately following PGY1 year.
PGY3 Doctor:	Medical practitioner employed in their third postgraduate year immediately following second 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 on a unit/department/medical centre.
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 pre-vocational doctor must have a term supervisor allocated for each term.
2. If the term supervisor is unavailable they must delegate their supervisory duties to another doctor who is an appropriately trained medical practitioner. The delegated doctor must have adequate training in the 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 competence 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 the doctor and has deemed them competent.
6. A term supervisor is responsible for the orientation of the prevocational doctor to the unit/department/medical centre and to develop mutually agreeable educational objectives based on 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 providing appraisal of performance with feedback to the prevocational doctor at the middle and end of each term
10. The level of supervision of the prevocational doctor that is required will depend on the workplace setting and skill of the prevocational doctor.
11. Term supervisors are responsible for recognising a prevocational doctor in difficulty, so as to provide additional support. Supervisors will notify the Director of Clinical Training or the Director of Postgraduate Medical Education if the prevocational doctor requires additional support.

RECOMMENDED GUIDELINES FOR LEVELS OF SUPERVISION FOR PREVOCATIONAL DOCTORS:

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

Level of Supervision

The levels of supervision are:

- A:** On site supervision at all times
- B:** Off site, but available on site within ten minutes and regular review of all cases
- C:** Off site, but accessible promptly by telephone and the supervisor should be able to attend if needed.
- D:** Off site, but accessible by telephone at all times
- E:** Off site but accessible by telephone during usual business hours

Level of Supervision Required for a Pre-vocational Doctors Year of Training

PGY1 Doctor

- The term supervisor takes direct responsibility for individual patients
- The term supervisor must provide supervision levels A or B i.e. be on site or available on site within minutes.
- The PGY1 doctor must consult their term supervisor about the management of **all** patients.
- When the term supervisor is not available, supervision responsibility must be delegated to an appropriately trained 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 known to the delegated supervisor/s and the PGY1 Doctor.

PGY2 Doctor

- The Term Supervisor shares limited responsibility for individual patients.
- The Term Supervisor must provide supervision levels A, B or C i.e. be physically present at the workplace, or be in accessible contact at all times whilst the PGY2 Doctor is providing clinical care and able to attend if needed.
- 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. This delegation must be made known to the delegated supervisor/s and the PGY2 Doctor.
- 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.

PGY3 Doctor

- The Term Supervisor shares responsibility for individual patients if the governance system of the facility allows for this.

- A minimum of level C supervision must be provided.
- 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.
- When the Term Supervisor is not available, this role must be delegated to an appropriate medical practitioner.

PGY4+ Doctor

- The PGY4+ Doctor may take primary responsibility for individual patients if the governance system of the facility allows for this.
- Supervision Levels A, B, C, D or E must be provided.
- The Term Supervisor must ensure there are mechanisms in place for monitoring whether the PGY4+ Doctor is practising safely.

SUPPORTING DOCUMENTS

Australian Curriculum Framework for Junior Doctors. (2006) Confederation of Postgraduate Medical Education Councils.

Guide to Accreditation Standards (2006). Postgraduate Medical Council of WA

Guidelines for Supervisors of Prevocational Doctors in the PGPPP (2007). Australian College of Rural and Remote Medicine.

Supervision of Doctors in Training (2005). Severn and Wessex Deanery

Schedule 1 – Training Services Agreement (2004) Australian College of Rural and Remote Medicine (ACRRM)

Education and Supervision for Interns, 2006. Medical Council of New Zealand

VERSION CONTROL

This document has been developed by adopting WA Health's Human Resources Policy Development Framework.

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