



## Clinical Supervision of Junior Doctors Policy

### 1. Background

The WA Country Health Service (WACHS) has a range of junior doctors working at its sites. While locations and service types will vary, WACHS recognises that adequate and appropriate supervision is critical to the training and development of junior doctors, as well as to the safe care of patients.

### 2. Policy Statement

For this policy, 'clinical supervision' involves direct or indirect monitoring of junior doctors by a more senior medical practitioner in:

- clinical oversight – ensure practices are performed safely for both patients and junior doctors.
- educational supervision – provide junior doctors with training, feedback and assessment of clinical procedures and patient care.
- administrative and professional supervision – ensure junior doctors have access to appropriate supports for administrative, human resource, mentorship and counselling functions.

This Policy applies to junior doctors employed by WACHS, junior doctors employed by other health services who are on rotation to a WACHS site, and junior doctors working in General Practice who have visiting rights to a WACHS site.

### 3. Definitions

<b>Term Supervisor</b>	A senior doctor who has overall responsibility for the supervision and education of Junior Doctors allocated to their unit for the term.
<b>Director of Clinical Training (DCT)</b>	<p>A senior doctor appointed to direct the education and training of prevocational doctors at that site.</p> <p>The DCT is a clinician who provides support to prevocational trainees that is independent from the line management, and helps solve the problems that can arise during the training (e.g. underperformance, junior doctor distress and communication issues between the junior doctor and team).</p> <p>The DCT is an advocate for the welfare of junior doctors within the hospital. The DCT is responsible for providing a structured education and training program for junior doctors and evaluating its effectiveness.</p>

<b>Medical Administration Unit</b>	Is responsible for the administrative aspects of employment (e.g. rosters, leave accommodation).
<b>Medical Education Unit (MEU)</b>	Undertakes the administration of the formal education and training program for junior doctors, and oversees their welfare. MEUs help ensure training occurs in accordance with the requirements of regulatory bodies such as the Postgraduate Medical Council of WA (PMCWA) and medical Colleges. Regional MEUs are led by a DCT and supported by the Central MEU. The Central MEU is led by the Director of Medical Education (DMEU) who has primary responsibility for the Interns employed by WACHS
<b>Postgraduate Education and Training Committee (PETC)</b>	The WACHS PETC is responsible for the identification, evaluation and monitoring of education and training programs for pre-vocational medical officers and other non-vocational doctors, with a focus on ensuring equality in training opportunities across regions via teleconferencing and other resources. The Committee includes junior doctor representatives.
<b>Consultant</b>	A medical practitioner who holds the appropriate higher qualification of a university or college, recognised by the Australian Medical Council.
<b>Junior Doctor</b>	A “junior doctor” is a doctor who works under the supervision of a senior doctor. Junior doctors include Interns, Resident Medical Officers (RMOs) and Registrars.
<b>Prevocational Doctor</b>	Refers to a medical practitioner in their early postgraduate years of clinical practice (PGY1/2/3/4+) who have not yet entered a vocational training program. This includes Interns and RMOs.
<b>PGY1 Doctor (Intern)</b>	(Intern) Medical practitioner employed in their first year of postgraduate training after medical school graduation, prior to full registration by the Medical Board of Australia.
<b>PGY2 Doctor</b>	Medical practitioner employed in their second postgraduate year immediately following PGY1 year.
<b>PGY3 Doctor</b>	Medical practitioner employed in their third postgraduate year immediately following PGY2 year.
<b>PGY4+ Doctor</b>	Medical practitioner employed in their fourth or subsequent postgraduate year.
<b>Registrar</b>	A Registered medical practitioner working as a Registrar. They have a higher level of clinical responsibility than RMOs. If Registrars are in a vocational (specialist) training program then they are called “vocational trainees”, Registrars not in a training program are referred to as “non-vocational trainees” (service registrars). Registrars may assist with the supervision of Interns and RMOs, but cannot be “Term Supervisors”.

<b>Resident Medical Officer (RMO)</b>	A Medical Practitioner who is employed as an RMO. They are usually PGY2 and PGY3.
<b>Senior doctors</b>	Senior doctors are medical practitioners who are credentialed for independent practice with WACHS. They may include Consultants, Senior Medical Practitioners, District Medical Officers and General Practitioners. A senior doctor is responsible for the care of each patient treated at a WACHS site.
<b>Term</b>	A defined period of employment in an organisation / unit / department / practice.
<b>Supervisor</b>	A supervisor is a senior doctor who is responsible for the supervision of a Junior Doctor.

## 4. Supervision Principles

A senior doctor is responsible for the care of each patient treated at a WACHS site. Junior doctors may assist senior doctors. Every junior doctor is to be allocated a supervisor for each term – the “Term Supervisor”.

### 4.1 A Junior Doctor is:

- only to assume responsibility for or perform practices and procedures in which they have sufficient experience and expertise, and have been deemed competent
- to meet at least three times per term with their Term Supervisor for orientation, appraisal, assessment and discussion of progress
- to seek support from their DCT, should they experience issues with their Term Supervisor
- to seek advice from their Term Supervisor regarding appropriate learning opportunities and workshops that will complement their training needs
- to seek learning opportunities and workshops that will complement their training needs
- to take responsibility to provide clinical practice within level of knowledge, recognise limits of professional competence and seek guidance and assistance from supervisors
- inform their Supervisor as soon as possible about any patients of concern, including any patients who have a significant clinical deterioration.

### 4.2 A Term Supervisor is to:

- make themselves known to the junior doctor at the commencement of term and ensure that the junior doctor is aware of the name and contact details of their Supervisors, DCT and Mentor at all times of services during the term
- ensure they delegate their supervisory duties to another senior doctor, if they are unavailable. The delegated practitioner must have adequate training in the specific area of clinical care and be aware of their responsibilities for patient safety

- be responsible for:
  - o the orientation of the junior doctor to the unit/department and developing mutually agreeable educational objectives based on the Australian Curriculum Framework for junior doctors at the beginning of each term (or delegate same to an appropriate person)
  - o the welfare of junior doctors allocated to their team or unit
  - o ensuring appropriate supervision for patient safety
  - o providing clear information on how to escalate the care of patients of concern
  - o enabling provision of training to meet the learning objectives of the term
  - o monitoring progress
  - o 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
  - o facilitating, where necessary, access to appropriate human resource, administrative, counselling, professional development and mentorship functions, either directly or by appropriate referral or delegation
  - o recognising a junior doctor in difficulty, so as to provide additional support.
  - o notifying the DCT if the junior doctor requires additional support, or if there are any concerns regarding their performance/welfare
  - o participating in the development of an Improving Performance Action Plan (IPAP), in conjunction with the DCT or DMEU, for any junior doctor who requires development.

#### **4.3 Senior doctors supervising junior staff (term supervisors, heads of department, consultants) are to:**

- be aware of their responsibilities in providing clinical supervision
- have demonstrated competencies to provide clinical supervision
- keep adequate written records related to the provision of clinical supervision to each junior doctor
- offer a level of supervision appropriate to the competence and experience of the individual junior doctor (including supervision during procedures). The level of supervision of the junior doctor will also depend on:
  - i. the hospital setting
  - ii. type of term
  - iii. complexity of patient care.
- personally review any patients of concern in a timely manner (or will arrange for another senior doctor to do so if they cannot)
- support and facilitate informal teaching when appropriate opportunities arise (e.g. bedside, clinical skills and procedures)
- be aware of and encourage junior doctors to access educational opportunities via e-learning, video-conferencing, or offsite workshops to complement education and training needs
- facilitate reflection on clinical practice.

### 4.4 Responsibilities of Registrars to prevocational doctors are to:

- provide supervision of prevocational doctors at the required level, as delegated by senior doctors
- regularly communicate with senior doctors regarding the performance of prevocational doctors.

### 4.5 The facility is to:

- ensure every junior doctor has a Term Supervisor allocated for each term
- ensure there is continuity of supervision during periods of supervisory leave (e.g. if the supervisor is not present on site, supervision must be delegated to another suitably experienced medical practitioner on site)
- ensure prevocational doctors are located at the accredited prevocational training site. Up to 20% of standard time may be spent off site as part of a specific program or at a non-surveyed branch site, however this must be done in the attendance of a nominated supervisor
- monitor the workload of supervisors to ensure that they can effectively fulfil their roles as clinical supervisors
- ensure position descriptions are provided for all staff responsible for supervising junior doctors which clarify their roles and responsibilities for supervision
- ensure the adequacy and effectiveness of junior doctor supervision is evaluated
- make education and training resources available to junior doctors to facilitate access to e-learning, video-conferencing and offsite workshops
- ensure junior and senior doctors are aware of the site's clinical escalation policy and procedures.

## 5. Recommended Guide for Levels of Supervision for Junior Doctors

The following guide outlines the minimum level of supervision required for junior doctors based on their postgraduate year. However, more intensive supervision may be required depending on the acuity and complexity of the patients, and the skills and experience of the junior doctor.

This guide applies to clinical supervision both within normal operating hours and after hours.

### 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 (or their delegate) is to be able to attend if needed
- D: off site, but accessible by telephone at all times.

### Minimum level of Supervision Required for a Junior Doctors:

#### **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 delegates limited 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.
- 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 delegates increased responsibility for individual patients. The Supervisor has ultimate responsibility for patient care.
- Supervision levels A, B or C 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. The Supervisor has ultimate responsibility for patient care.
- Supervision Levels A, B, C, or D must be provided.
- The term supervisor must ensure there are mechanisms in place for monitoring whether the PGY4+ doctor is practising safely.

Source: [PMCWA Policy - Supervision of Prevocational Doctors](#)

## 6. Credentialling requirements for GP Trainees (Registrars / RMOs / Interns)

- Junior doctors working in General Practice will already have a GP Supervisor who fulfils the role of Term Supervisor, who is appointed by the Regional Training Organisation (RTO) e.g. the Western Australian General Practice Education Training (WAGPET) or Regional Vocational Training Scheme (RVTS).
- In addition to the above Supervision requirements, these GP Trainees must also be credentialled in order to attend patients at a WACHS site. They must practice within the scope of their GP Supervisor's Medical Services Agreement as a registered sub-contractor.
- The GP Supervisor is to:
  - have overall clinical responsibility of patients who are managed by the GP Trainee
  - arrange an orientation to the WACHS facility prior to the commencement of work by the GP Trainee
  - provide clear information on how to escalate the care of patients of concern, and ensure availability of appropriate clinical supervision at all times
  - personally review any patients of concern in a timely manner (or will arrange for another senior doctor to do so if they cannot)
  - inform the Regional Medical Director of any significant clinical adverse event arising regarding a patient under the GP Trainee's care in a WACHS facility, as soon as possible.
- The GP Trainee is to:
  - discuss WACHS patients under their care with their supervisor on a regular basis
  - inform the GP Supervisor as soon as possible about any patients of concern, including any patients who have a significant clinical deterioration.
- The WACHS facility is to:
  - inform the GP Supervisor and Registrar of the site's clinical escalation policy and procedures.
- The [Supervision Agreement for GP Trainees at WACHS Facilities](#) must be completed and signed by the Trainee, GP Supervisor and Regional Medical Director (or their delegate), before credentialling may occur.
- WAGPET is responsible for obtaining the signatures of the Trainee and GP Supervisor on the Agreement
- The WACHS region is responsible for countersigning the Agreement and submitting the final document as part of the credentialling process. A copy of the signed Agreement will be uploaded into CREDWA.

### 7. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

### 8. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System.

[Records Management Policy](#)

### 9. Evaluation

Term surveys at the end of each term and individual feedback from junior doctors are to be evaluated regarding supervision.

This policy is to be reviewed every two (2) years.

### 10. Standards

[National Safety and Quality Health Care Standards](#)

- Standard 1 Governance for Safety and Quality in Health Service Organisations – 1.3.1, 1.3.2, 1.10.5
- Standard 6 Clinical Handover – 6.3.1, 6.4.1

[EQulPNational Standards](#)

- Standard 11 Service Delivery – 11.5.1
- Standard 12 Provision of Care – 12.3.1

### 11. References

Supervision of Prevocational Doctors (2014) PMCWA

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

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

Supervision Guideline – Junior Medical Officer (2011) SA IMET



## 12. Related Policy Documents

WACHS [Medical Practitioners Manual](#)

## 13. Related Documents

[Supervision Agreement for GP Trainees at WACHS Facilities](#)

**This document can be made available in alternative formats  
on request for a person with a disability**

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