



Junior Medical Officer Supervision Guide

Canberra Region Medical Education Council (CRMEC)

The Supervision Guide has been developed by CRMEC to provide facilities with a guidance on supervision.

Facilities may wish to adapt this or use it as framework for developing their own Supervision policy.

Role

The Canberra Region Medical Education Council (CRMEC) was established to improve the quality of education, training and welfare of junior medical officers within the Territory and linked regional education networks and to make recommendations for the accreditation of junior medical officer positions in health services.

Policy Statement

The Canberra Region Medical Education Council (CRMEC) recognises that adequate and appropriate supervision is critical to the training and development of junior medical officers (JMOs) in accredited posts.

Scope

For this guideline, “**clinical supervision**” involves direct or indirect monitoring of JMOs by a more senior medical practitioner to:

- Ensure practices are performed safely for both patients and junior medical officers (*clinical oversight*);
- Provide JMOs with training, feedback and assessment of clinical procedures and patient care (*educational supervision*); and
- Ensure JMOs have access to appropriate supports for administrative, human resource, mentorship and counselling functions (*administrative and professional supervision*).

This Guide applies to all facilities and accredited terms where JMOs are employed.

Supervision Principles

A junior medical officer will:

- Only assume responsibility for practices and procedures in which they have sufficient experience and expertise. While supported by policy, supervisory, credentialing and educational structures, the primary responsibility for assessing this sits with the practitioner.

Requirements for appointment to Term Supervisor:

- Have obtained specialty registration in the relevant area of practice.
- Be aware of their responsibilities in providing clinical supervision.
- In hospitals, ensuring term supervisors meet these requirements is the responsibility of the General Clinical Training Committee (GCTC) and Director of Pre-vocational training (DPET) or equivalent.

Requirements for provision of direct clinical supervision:

In hospital practice, a term supervisor will have appointment as a Senior Medical Officer (Staff Specialist, VMO, or in some institutions CMO staff), however direct clinical supervision on a daily level may be provided by Mid-grade medical officers employed in Registrar or Senior Resident roles under the direction of the term supervisor.

Medical staff providing such clinical supervision will:

- Hold general registration
- Be at least 2 years senior to the staff they are supervising.

Term supervisors will:

- Make themselves known to the JMO and ensure that the JMO is aware contact details for the term supervisor at all times of service during the term. This will include appropriate handover of supervision when the term supervisor is absent.
- Ensure that the JMO is aware who will be providing direct clinical oversight at all times, particularly if the term supervisor will be delegating direct clinical oversight to registrar or SRMO staff.
- Offer a level of supervision appropriate to the competence and experience of the individual junior doctor. The level of supervision of the JMO will also depend on:
 - The hospital setting,
 - Type of term, and
 - Complexity of patient care.
- The term supervisor will be responsible for ensuring:
 - That the JMO receives an orientation to the unit/department, and developing mutually agreeable educational objectives based on the Australian Curriculum Framework for JMOs (ACF) at the beginning of each term (this may be delegated to an appropriate person);
 - The welfare of JMOs allocated to their team or unit;
 - Ensuring appropriate supervision for patient safety;
 - Enabling provision of training to meet the learning objectives of the term;
 - Monitoring JMO progress;
 - Assessing JMO performance using the prescribed workplace based assessment tools;
 - Facilitating, where necessary, access to appropriate human resources, administrative counselling, professional development and mentorship functions, either directly or by appropriate referral or delegation;
 - Recognising a JMO in difficulty, so as to provide additional support.

Supervisors will:

- Notify the Director of Prevocational Education & Training (DPET) if the JMO requires additional support.
- Support and facilitate informal teaching when appropriate opportunities arise (eg bedside, clinical skills and procedures)
- Ensure the unit provides appropriate support to facilitate JMO attendance for protected educational activities.

A facility will:

- Ensure every JMO has a Term Supervisor allocated for each term.
- Ensure there is continuity of supervision during periods of supervisory leave (i.e. if the supervisor is not present on site, supervision must be delegated to another suitably experienced medical practitioner on site).
- Monitor the workload of supervisors to ensure they can effectively fulfill their roles as clinical supervisors.
- Ensure position descriptions are provided for all staff responsible for supervising JMOs which clarify their roles and responsibilities for supervision.
- Ensure the adequacy and effectiveness of JMO supervision is evaluated.

Levels of Supervision

The following are levels of supervision that are provided within the hospital and other clinical environments to doctors at different levels of experience:

Level 1 Supervision – the supervisor or nominee is onsite at all times.

Level 2 Supervision – the supervisor or nominee is off site, but available on site within 15 minutes and regularly reviews all cases.

Level 3 Supervision – the supervisor or nominee is off site, but accessible promptly by telephone and should be able to attend if needed.

Level 4 Supervision – the supervisor or nominee is off site, but accessible by telephone at all times.

Level 5 Supervision – the supervisor or nominee is off site, but accessible by telephone during usual business hours

Guide to JMO Supervision

A term supervisor should provide or ensure provision of, supervision to JMOs to the level appropriate to their registration and experience. In addition, requirements of supervision will vary depending on the type of term and complexity of patients.

Intern level staff

An 'intern' is a practitioner who has graduated from an AMC-accredited medical school within Australia, or has been certified by the AMC to have reached an equivalent standard, and been accordingly granted 'Provisional' registration by the Medical Board of Australia.

The majority of such staff will also be 'Post-Graduate-Year-1' or 'PGY-1' staff, however the crucial element is not the number of post-graduate years, but the type of registration the practitioner holds. for that reason, the term 'intern' is preferred.

Intern supervision:

- The Supervisor takes responsibility for individual patients
- The intern must be provided with supervision levels 1 or 2 (i.e. be onsite or available on site within minutes). This level of supervision must be provided to the PGY 1 doctor for all periods of duty (i.e. day, evening, night and weekend shifts).
- The PGY 1 doctor must consult with their Supervisor about the management of all patients.
- If the Supervisor is not available on site, supervision responsibility must be delegated to another suitably experienced medical practitioner on site. The delegation must be made known to the delegated supervisor/s and the intern. For example a registrar may be delegated to supervise the intern when the term supervisor is not around.

Resident Staff

After a minimum of 48 weeks full-time-equivalent supervised practice, a provisionally registered practitioner may apply to the Medical Board for general (unconditional) registration. If the Medical

Board is satisfied that the practitioner has been exposed to an appropriate variety of clinical experience, they will grant general registration.

For the purposes of this document, a practitioner in the first 12 months of their general registration is referred to as a 'Resident' Medical Officer (RMO). Practitioners who have held general registration for longer than 12 months are referred to as 'Senior Resident' or SRMO, until such time as they enter a vocational training program, when they are referred to as Registrars.

The CRMEC has formal responsibility for the oversight of the intern and resident level staff. While the CRMEC expects that facilities will provide SRMO and registrar staff with appropriate oversight and support, formal credentialing and audit of these functions for registrar staff is the responsibility of the specialty training colleges, with the SRMO staff under the broader banner of the Australian Council on Health-Care Standards.

Resident Supervision:

- The Resident shares limited responsibility for individual patients
- In general, the Supervisor must provide level 2 supervision (i.e. the supervisor or nominee may be off site, but contactable at all times, and available on site within 15 minutes. In hospital-based practice the supervisor or nominee will regularly reviews all cases.

After Hours

A great deal of the JMOs experience is drawn from periods of care provided "after hours". Supervision and training needs after hours are greater and require careful involvement of all senior clinicians at the point of care, at handovers and on the phone to ensure active supervision is provided.

After hours ward rounds can often be a source of unease for JMOs as both the patients and their conditions are unfamiliar. The supervisor must be aware of this unfamiliarity and provide a supportive environment for the JMO to explain the situation. The supervisor must employ responsive oversight and be alert to every signal that the JMO may need direct supervision. This is often the most inconvenient time for both the JMO and supervisor, yet the power of interpreting a clinical problem together can enhance the patient's safety and improve the JMO's ability to manage independently in the future.

Addressing perceived inadequacy of supervision

From time to time there may be differences of opinion between the supervisor and the JMO. Some of these differences can be used in a positive way to help each individual challenge their thinking and assumptions.

Even an experienced supervisor may not be aware of certain things that are important to a JMO in helping them develop their clinical skills. Therefore, it is important that supervisors participate in professional development aimed at improving their clinical teaching and supervision skills.

If either the supervisor or JMO feels that the supervision process is not working successfully, they need to know where to go for help (e.g. discuss with the DPET). It may sometimes be the case that either or both of them would develop a more helpful working relationship with a different person.

Key Stakeholders and their roles

Term Supervisors manage the welfare, training and assessment of JMOs within a training team, but their role is supported by the below individuals and institutions:

Director of Prevocational Education & Training (DPET) – directs education and training of prevocational trainees in each training facility, and generally has more continuous involvement with JMOs than their supervisors, who change from term to term. The DPET is a clinician who provides support to JMOs, independent from the line management. He/she helps solve problems that can arise during training (e.g. underperformance, JMO distress and communication issues between the JMO and team). The DPET is an advocate for the welfare of JMOs within the hospital. The DPET is responsible for providing a structured education and training program for JMOs and evaluating its effectiveness.

Junior Medical Officer (JMO) Unit – is responsible for the administrative aspects of employment (e.g. rosters and leave) and for administration of the formal education and training program for JMOs.

Director of Medical Services (DMS) – The senior clinician in charge of managing medical services in the hospital is the responsible officer for issues affecting the employment, progression and registration of JMOs.

General Clinical Training Committee (GCTC) – oversees the welfare and training of postgraduate trainees. The CRPMC Accreditation Standards required that the Committee is adequately resourced, empowered and supported to enable development and implementation of institutional postgraduate training policies.

CRMEC – has a responsibility, in partnership with hospitals and Colleges, to support postgraduate medical education and training in the Canberra Region.

Medical Board of Australia (MBA) – Interns must comply with the requirements of the MBA to achieve general registration. If an intern or resident is unfit to practise medicine, the MBA must be notified.

Definition of Terms

Facility – the institution or clinical setting which JMOs work and train. These organizations will usually be in hospitals but may be health care centres or supervised practice locations in community settings which have met CRMEC Accreditation requirements for JMO education.

Junior Medical Officer – means an intern, resident medical officer, registrar and senior registrar. For the purposes of this document, this refers solely to prevocational JMOs.

Intern - a practitioner with provisional registration.

Resident – a practitioner holding general registration for less than 12 months

Term Supervisor – The person responsible for intern orientation and assessment during a particular term. The term supervisor must hold unconditional and appropriate specialty registration. They may also provide clinical supervision of the intern along with other medical colleagues. The term supervisor may delegate on site supervision to a registrar or senior RMO under their supervision.

Term – A component of the JMO training program, usually a nominated number of weeks in a particular area of practice. Also called clinical rotation, post or placement.

Vocational qualification: membership of an organisation allowing registration as a specialist with AHPRA.

Related Documents

- CRMEC Accreditation Standards