



Clinical Supervision of Junior Doctors Policy

1. Purpose

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

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.

2.1 Minimum level of Supervision for Junior Doctors*

The following supervision levels apply to clinical supervision both within normal operating hours and after hours.

All Intern and Resident Medical Officer (RMO) positions must be accredited by the Postgraduate Medical Council of Western Australia (PMCWA). The minimum level of supervision required for junior doctors is based on the [PMCWA Accreditation Standards Guidelines](#). It is acknowledged that more intensive supervision may be required depending on the acuity and complexity of the patients, and the skills and experience of the junior doctor.

**applies to Interns (with provisional registration) and Junior Doctors (with general registration with the Medical Board of Australia).*

PGY1 Doctor

- The Term Supervisor takes direct responsibility for individual patients.
- A 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 supervisor about the management of all patients.

PGY2 Doctor

- The Term Supervisor shares limited responsibility for individual patients.
- The PGY2 doctor must consult a 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 a supervisor is not physically present, they must 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
- At a frequency determined by the term supervisor, the PGY3 doctor must inform a Supervisor about the management of all patients with serious medical problems.
- At a minimum, a 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, a 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.

Source: [PMCWA Accreditation Standards Guidelines – Appendix I: Policy - Supervision of Prevocational Doctors](#)

**Unless remote supervision arrangement approved by PMCWA.*

2.2 Supervision for International Medical Graduates (IMGs)

In addition to the [minimum requirements for junior doctors](#), supervision of IMGs with limited or provisional Medical Board registration is to follow the Medical Board of Australia [Guidelines: Supervised Practice for International Medical Graduates](#). Where there is an inconsistency between, the Medical Board guidelines will have precedence.

2.3 Credentialing requirements for General Practice (GP) Trainees (Registrars / RMOs / Interns) with a community GP based Term Supervisor*^#

- Junior doctors working in community General Practice (GP) will have a practice-based GP Supervisor who fulfils the role of Term Supervisor, who is appointed by the college that oversees the placement of the Junior Doctor at the practice. e.g. the Royal Australian College of General Practitioners (RACGP)
- In addition to the [above Supervision requirements](#), these GP Trainees must also be credentialed 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 arrange for another senior doctor to do so if they cannot)
 - inform the site or 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 and patients who have had a significant clinical adverse event.
 - The WACHS facility is to:
 - inform the GP Supervisor and Registrar of the site's clinical escalation policy and procedures.
 - It is recommended that a [Supervision Agreement for GP Trainees at WACHS Facilities](#) be completed and signed by the Trainee, GP Supervisor and Regional Medical Director (or their delegate), before credentialing occurs.
 - The training organisation 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 credentialing process. A copy of the signed Agreement will be uploaded into CredWA.
- * *GP trainees on a recognised training program with remote supervision must fulfil the supervision requirements of their training organisation and the WACHS site which they visit.*
- ^ *GP Trainees may be credentialled for independent practice in areas other than General Practice for which they have adequate training and experience e.g. an additional skill such as anaesthetics.*
- # *These requirements also apply to other non-WACHS employed junior doctors who have a local community based supervisor.*

2.4 Improving Performance Support Process

Support for junior doctors experiencing personal or professional difficulties should follow the WACHS Doctor in Training (DiT) Improving Performance Support Process. Refer to:

- WACHS [DiT Improving Performance Support Process](#)
- WACHS [DiT Support Pathway \(flowchart\)](#).

3. Roles and Responsibilities

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 designated supervisor for each term – the “Term Supervisor”.

Where applicable, supervision and training must be in accordance with [WACHS Cultural Governance Framework](#) and the mandatory [WA Aboriginal Health and Wellbeing Framework](#).

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, for midterm appraisal (formative feedback), and for end of term 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
- to inform their Supervisor as soon as possible about any patients of concern, including any patients who have a significant clinical deterioration, and any significant clinical adverse events.

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 at all times during the term
- ensure they delegate their supervisory duties to another doctor (at Registrar level or higher), 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:
 - 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)
 - the welfare of junior doctors allocated to their team or unit
 - ensuring appropriate supervision for patient safety
 - providing clear information on how to escalate the care of patients of concern
 - enabling provision of training to meet the learning objectives of the term
 - monitoring progress
 - conducting mid-term appraisal and end-of-term assessment during each term,
 - assessing prevocational doctors against the AMC outcome standards and providing feedback to the prevocational doctor
 - facilitating, where necessary, access to appropriate human resource, administrative, counselling, professional development and mentorship functions, either directly or by appropriate referral or delegation
 - recognising a junior doctor in difficulty, so as to provide additional support.
 - notifying the DCT if the junior doctor requires additional support, or if there are any concerns regarding their performance/welfare
 - 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.

Senior doctors supervising junior doctors are to:

- be aware of their responsibilities in providing clinical supervision
- have demonstrated competencies to provide clinical supervision
- where required 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:
 - the hospital setting
 - type of term
 - complexity of patient care
 - skill level of the junior doctor
- 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.

Responsibilities of Registrars (and Supervised Medical Practitioners working at Registrar level) 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 under their supervision.

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 Term 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.

4. Monitoring and Evaluation

4.1 Monitoring

Term surveys are conducted by the central Medical Education Unit at the end of each term and individual feedback from junior doctors will be evaluated regarding supervision.

4.2 Evaluation

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

5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to Section 26 of the [Health Services Act 2016](#) 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 and procedures is mandatory.

6. References

1. PMCWA. Accreditation Standards Guidelines - Appendix I: Policy: Supervision of Prevocational Doctors [Internet]. 2017 [cited 03 October 2022]. Available from: <https://pmcwa.org.au/accreditation/accreditation-and-standards>.
2. CPMEC. Australian Curriculum Framework for Junior Doctors. (2006). [cited 11 October 2022] Available from: https://cpmec.org.au/app/uploads/2022/02/Austn-Curriculum-Framework-27112017_watermark.pdf
3. Medical Board of Australia. Guidelines: Supervised Practice for International Medical Graduates, 4 January 2016 [cited 03 October 2022]. Available from: <https://www.medicalboard.gov.au/codes-guidelines-policies/supervised-practice-guidelines.aspx>

7. Definitions

Term	Definition
Term Supervisor	A senior doctor who has overall responsibility for the supervision and education of Junior Doctors allocated to their unit for the term.
Director of Clinical Training (DCT)	<p>A senior doctor appointed to direct the education and training of prevocational doctors at that site. They may also assist with the training of other junior and senior doctors.</p> <p>The DCT is a clinician who provides support to junior doctors 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>
Medical Workforce (Administration) Unit	Is responsible for the administrative aspects of employment (e.g. rosters, leave, accommodation).
Medical Education Unit (MEU)	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 (DME) who has primary responsibility for the Interns employed by WACHS
Postgraduate Education and Training Committee (PETC)	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 junior doctors, with a focus on ensuring equality in training opportunities across regions. The Committee includes junior doctor representatives.
Consultant	A medical practitioner who holds the appropriate higher qualification of a university or college, recognised by the Australian Medical Council.
Junior Doctor	A “junior doctor” is a doctor who works under the supervision of a senior doctor. Junior doctors include Interns, Resident Medical Officers (RMOs) Registrars, and Supervised Medical Practitioners.

Prevocational Doctor	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.
PGY1 Doctor (Intern)	(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.
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 PGY2 year.
PGY4+ Doctor	Medical practitioner employed in their fourth or subsequent postgraduate year.
Registrar	A medical practitioner employed 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”.
Resident Medical Officer (RMO)	A medical practitioner who is employed as an RMO. They are usually PGY2 or PGY3.
Senior doctors	Senior doctors are medical practitioners who are credentialed for independent practice with WACHS. They include Consultants, Health Service Medical Practitioners, 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.
Supervisor	A senior doctor who has responsibility for supervising a junior doctor at any given time.
Supervised Medical Practitioner	A junior doctor contracted on a Medical Service Agreement. The level of supervision they require will depend upon their skills and experience (usually at RMO or Registrar level).
Term	A defined period of employment in an organisation / unit / department / practice.

8. Document Summary

Coverage	WACHS wide
Audience	Medical Staff
Records Management	Non Clinical: Records Management Policy Clinical: Health Record Management Policy
Related Legislation	Health Services Act 2016
Related Mandatory Policies / Frameworks	Clinical Teaching and Training Policy Framework Clinical Governance, Safety and Quality Policy Framework Credentialing and Defining Scope of Clinical Practice Policy – MP 0084/18
Related WACHS Policy Documents	Medical Practitioners Hub
Other Related Documents	Nil
Related Forms	WACHS Supervision Agreement for GP Trainees at WACHS Facilities
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 2017
National Safety and Quality Health Service (NSQHS) Standards	1.01, 1.22, 1.23, 1.24, 1.27
Aged Care Quality Standards	Nil
National Standards for Mental Health Services	Nil

9. Document Control

Version	Published date	Current from	Summary of changes
4.00	19 April 2023	19 April 2023	<ul style="list-style-type: none"> Some terminology and levels of supervision clarified. Inclusion of the WACHS Doctor in Training Improving Performance Support Process.
4.01	17 January 2024	19 April 2023	<ul style="list-style-type: none"> Removed link to Medical Practitioners' Manual (rescinded), replaced with link to Medical Practitioners' Hub page in SharePoint.

10. Approval

Policy Owner	Executive Director Medical Services
Co-approver	Executive Director Clinical Excellence
Contact	Director Medical Education
Business Unit	Medical Education Unit
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