



CONTEXT

The Prevocational Accreditation Committee (PAC) recognises that effective supervision is fundamental to the training, development and professional growth of all prevocational doctors. Appropriate supervision of PGY1 and PGY2 doctors is essential to ensure the delivery of safe, high-quality patient care while also supporting the wellbeing, competence and professional development of these practitioners.

SCOPE

This policy applies to all prevocational training providers with either:

- **Primary Allocation Accreditation** status; or
- **Secondment (Off-site) Accreditation** status.

The supervision requirements in this policy apply to:

- All periods of duty including day, evening, night, weekend and on-call shifts; and
- All prevocational terms including relieving terms.

DEFINITION OF CLINICAL SUPERVISION

For the purposes of this policy, clinical supervision refers to the direct or indirect oversight of a prevocational doctor by a more senior medical practitioner to:

1. **Ensure safe clinical practice** for both patients and prevocational doctors (*clinical oversight*).
2. **Provide education, training, feedback and assessment** of clinical skills and patient care (*educational supervision*).
3. **Provide access to appropriate support services** including administrative, human resources, mentoring and counselling support (*administrative and professional supervision*).



POLICY STATEMENT

1. Supervision Requirements

Prevocational doctors must be appropriately supervised at all times regardless of:

- Their rostered shift; or
- Their location of practice.

Supervision must support:

- Safe patient care; and
- A safe learning environment for the prevocational doctor.

Prevocational doctors must only undertake responsibilities, procedures and clinical activities within their level of competence, training and experience.

2. Supervisor Responsibilities

Term Supervisors

Term supervisors must:

- Introduce themselves to the prevocational doctor at the commencement of the term.
- Ensure the prevocational doctor is aware of their supervisor's name and contact details at all times.
- Arrange appropriate handover of supervisory responsibilities during periods of leave or absence.

The Prevocational Training Provider Manager is responsible for ensuring continuity of supervision whenever a supervisor is unavailable.

Clinical Supervisors

Clinical supervisors must:

- Hold unrestricted general registration with the Medical Board of Australia.
- Normally be at least **PGY3 level** (for example, a registrar).
- Understand their responsibilities as supervisors.
- Demonstrate the skills and capabilities required to effectively supervise prevocational doctors.



3. Assessments

Mid-Term Assessment

The mid-term assessment should be completed by the primary clinical supervisor.

A registrar may complete the assessment provided it is formally reviewed and signed off by the primary clinical supervisor.

End-of-Term Assessment

The term supervisor is responsible for the end-of-term assessment.

Where appropriate, the term supervisor may delegate the assessment process to another clinical supervisor such as:

- A registrar; or
- Another consultant.

The delegated supervisor may:

- Complete the assessment form; and
- Conduct the initial assessment discussion with the prevocational doctor.

The term supervisor must review and countersign the assessment and provide an overall rating of the prevocational doctor's progress toward completion of PGY1 or PGY2 requirements.

4. Determining the Appropriate Level of Supervision

The level of supervision provided must reflect the individual prevocational doctor's competence, experience and level of training.

Supervision requirements will also depend on:

- The health service setting;
- The type of term; and
- The complexity of patient care.

5. Responsibilities of the Term Supervisor

The term supervisor, or delegated supervisor, is responsible for:

- Orientating the prevocational doctor to the term.



- Establishing mutually agreed learning objectives appropriate to the doctor's level and clinical setting.
- Supporting the welfare and wellbeing of prevocational doctors within their team or term.
- Ensuring appropriate supervision to maintain patient safety.
- Facilitating learning opportunities aligned with term objectives.
- Completing required assessment processes.
- Monitoring the doctor's progress throughout the term.
- Facilitating access to appropriate human resources, administrative support, counselling, professional development, mentoring or other support services.
- Identifying prevocational doctors experiencing difficulty and arranging additional support, including notification of the DCT where required.
- Completing mandated term supervisor training

6. Entrustable Professional Activities (EPAs)

Following appropriate training, supervisors and registrars may assess Entrustable Professional Activities (EPAs).

Other members of the healthcare team such as nurses or pharmacists may contribute to EPA assessments where considered appropriate by the supervisor.

At least **one EPA per term** must be assessed by:

- The primary clinical supervisor; or
- An equivalent specialist.

7. Responsibilities of the Prevocational Training Provider

The training provider must:

- Allocate a term supervisor to every prevocational doctor for each term.
- Ensure continuity of supervision during supervisor absences.
- Delegate supervision to another suitably experienced onsite medical practitioner when required.
- Monitor supervisor workloads to ensure supervisory responsibilities can be fulfilled effectively.
- Provide induction and orientation for all staff involved in supervising prevocational doctors.
- Clearly define supervisory roles and responsibilities.
- Regularly evaluate the quality and effectiveness of supervision.
- Ensure supervisors have appropriate capabilities and understand assessment requirements.



- Provide training in assessment, feedback, EPA assessment processes and use of assessment tools.
- Encourage prevocational doctors to take responsibility for their learning and actively seek feedback.
- Ensure regular performance feedback is provided each term.
- Maintain procedures to address any patient safety concerns immediately.
- Document performance through assessment processes.
- Identify prevocational doctors who are not meeting expected standards and implement performance improvement plans where required.

8. Levels of Supervision

Level 1 Supervision - Direct Supervision

The supervisor (or delegate):

- Is onsite at all times; and
- Is physically present while the prevocational doctor performs clinical duties.

Level 2 Supervision - Immediate Onsite Availability

The supervisor (or delegate):

- May be offsite;
- Can attend onsite within 10 minutes; and
- Regularly reviews all cases managed by the prevocational doctor.

Level 3 Supervision - Prompt Availability

The supervisor (or delegate):

- Is offsite;
- Is immediately available by telephone; and
- Can attend if required.

Level 4 Supervision - Remote Availability

The supervisor (or delegate):

- Is offsite; and
- Is accessible by telephone at all times.



Level 5 Supervision - Business Hours Availability

The supervisor (or delegate):

- Is offsite; and
- Is contactable by telephone during normal business hours only.

Unsupervised Practice

A prevocational doctor is considered **unsupervised** when they cannot access appropriately qualified supervision or assistance when required.

Examples include situations where:

- No supervisor or delegate is available onsite when required.
- The supervisor cannot be contacted or attend when needed.
- Access to supervision is impeded (for example, the supervisor is unavailable in theatre and no delegate has been nominated).

Note: Unsupervised practice creates an unacceptable risk to patient safety and to the wellbeing of the prevocational doctor.

9. Accountability for Supervision

The Director of Medical Services (DMS) at the allocation site is responsible for ensuring that appropriate levels of supervision are available and maintained.

Term supervisors must ensure that supervision:

- Is adequate at all times to support safe patient care.
- Provides a safe learning environment.
- Meets the requirements of at least **Level 1 or Level 2 supervision**.

When determining supervision arrangements supervisors should consider:

- The experience and capability of the prevocational doctor.
- The complexity of the clinical environment.
- Supervisor workloads and availability.

Directors of Clinical Training (DCTs) must ensure supervisors understand their responsibility to determine the appropriate level and proximity of supervision by considering both:

- The clinical circumstances; and
- The knowledge, skills, and experience of the prevocational doctor.



SUPPORTING DOCUMENTATION

- AMC national standards and requirements for prevocational (PGY1 and PGY2) training programs and terms.
- Accreditation Policy 1.1

PERFORMANCE MEASURES/KPI

1. 100% of prevocational training provider supervision is performed according to this policy
2. Ongoing feedback from the NT Junior Medical Officer Forum

Policy contact officer: Quality Assurance Officer