

**ADELAIDE METRO MENTAL HEALTH DIRECTORATE****MENTAL HEALTH CORPORATE PROCEDURE****Junior Medical Officer (JMO) Supervision**

<b>Effective Date</b>	May 2012	<b>Approval Authority</b>	Executive Director, AMMHD
<b>Next Review Date</b>	April 2012	<b>Executive Sponsor</b>	Clinical Director, Eastern Mental Health
		<b>Version: 1.0</b>	

**1. Rationale/Driver**

The South Australian Institute of Medical Education and Training (SA IMET) and the Adelaide Metro Mental Health Directorate recognises that adequate and appropriate supervision is critical to the training and development of junior doctors.

**2. Procedure Details****Supervision Principles****A junior Medical Officer will:**

> only assume responsibility for or perform practices and procedures in which they have sufficient experience and expertise.

**A Term Supervisor will:**

- > make themselves known to the junior doctor and ensure that the junior doctor is aware of the name and contact details of their supervisor at all times of service during the term. This will include appropriate handover of supervision when the term supervisor is absent.
  - > be a medical practitioner with unrestricted general registration with the Medical Board of Australia.
  - > have at least three years clinical experience since obtaining vocational qualification
  - > be aware of their responsibilities in providing clinical supervision.
  - > have demonstrated competencies to provide clinical supervision.
  - > offer a level of supervision appropriate to the competence and experience of the individual junior doctor. The level of supervision of the junior doctor will also depend on:
    - o the hospital setting,
    - o type of term, and
    - o complexity of patient care.
  - > 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 (ACF) at the beginning of each term (this may be delegated to an appropriate person);
    - o the welfare of junior doctors allocated to their team or unit;
    - o ensuring appropriate supervision for patient safety;
    - o enabling provision of training to meet the learning objectives of the term;
    - o monitoring junior doctor progress;
    - o assessing junior doctor performance using the prescribed workplace based assessment tools
    - 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.
- Supervisors will notify the Director of Clinical Training if the junior doctor requires additional

support.

- support and facilitate informal teaching when appropriate opportunities arise (e.g. bedside, clinical skills and procedures).

#### **A facility will:**

- > ensure every junior doctor 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 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.

#### **Levels of Supervision**

A Term Supervisor should provide or ensure provision of, supervision to junior doctors to the level appropriate to their year of training. Requirements of supervision will vary depending on the type of term and complexity of patients. Where the Term Supervisor delegates supervision, the delegated Supervisor should be at least 3 years more experienced than the supervised JMO and have adequate training in the area of clinical care.

The levels of supervision are:

**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 10 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

#### **Junior Doctor Supervision Guidelines**

##### **PGY 1 Doctor / Intern**

- > The Supervisor takes responsibility for individual patients
- > The PGY 1 Doctor 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 PGY1 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 PGY 1 doctor.

##### **PGY 2+ Doctor**

- > The Supervisor shares limited responsibility for individual patients
- > The Supervisor must provide supervision levels 1, 2 or 3 (i.e. be physically present at the workplace, or be in accessible contact at all times whilst the PGY2/3 doctor is providing clinical care and able to attend if needed)
- > At a frequency determined by the Supervisor, the PGY2+ doctor must inform the supervisor about the management of all patients with serious medical problems.

#### **After Hours**

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

### **Addressing perceived inadequacy of supervision**

There often will be differences of opinion between the supervisor and the junior doctor. 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 junior doctor 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 junior doctor feels that the supervision process is not working successfully, they need to know where to go for help (e.g. discuss with the DCT). 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**

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

**Director of Clinical Training** – directs the education and training of Junior Medical Officers in each training facility, and generally has more continuous involvement with junior doctors than their supervisors, who change from term to term. 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). 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.

**Director of Clinical Services (DCS)** – 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 junior doctors.

**Education and Training Program (ETP) Committee** – oversees the welfare and training of postgraduate trainees. The SA IMET Accreditation Standards required that the Committee is adequately resourced, empowered and supported to enable development and implementation of institutional postgraduate training policies.

**SA IMET** – has a responsibility, in partnership with hospitals and Colleges, to support postgraduate medical education and training in South Australia.

**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.

For this procedure, "**Clinical Supervision**" involves direct or indirect monitoring of junior

doctors by a more senior medical practitioner to:

- > ensure practices are performed safely for both patients and junior doctors (*clinical oversight*);
- > provide junior doctors with training, feedback and assessment of clinical procedures and patient care (*educational supervision*); and
- > ensure Junior medical Officers (JMO) have access to appropriate supports for administrative, human resource, mentorship and counselling functions (*administrative and professional supervision*).

The procedure applies to all facilities and accredited terms where junior doctors are employed.

### 3. Scope

- This Procedure applies to all Junior Medical Officers (JMO's) employed by the Adelaide Metro Mental Health Directorate

### 4. Areas of Responsibility

- All Clinical Directors are responsible for ensuring this procedure is complied with.
- All Term Supervisors and JMO Preceptors are responsible for ensuring this procedure is complied with.
- The Medical Education Unit, AMMHD are responsible for ensuring this procedure is complied with.

### 5. Definitions

**Facility** – the institution or clinical setting which Junior Medical officers and non-specialist Medical officers work and train.

These organisations will usually be in hospitals but may be health care centres or supervised practice locations in community settings which have met SA IMET Accreditation requirements for postgraduate trainee education.

**Junior Medical Officer** – medical practitioner in their early postgraduate years of clinical practice (PGY 1/2/3/4+)

**Term Supervisor** – a medical practitioner who is responsible for ensuring the clinical supervision of junior doctors. A supervisor must be a medical practitioner with unrestricted general registration or limited Specialist registration with the Medical Board of Australia and have at least three years postgraduate clinical experience more than that of the supervised trainee.

**RMO Preceptor** – a specialist medical practitioner designated to be responsible for the coordination of clinical training of junior doctors and providing support and co-ordination between individual junior doctors, their term supervisors and the Medical Education Unit within their designated Sector.

**Term** – the specific clinical team, service or unit attachment in which junior doctor's work and in which clinical training takes place. Each of these represents a term for training purposes and each must be accredited.

### 6. References

- > PMCQ: Supervision Policy for Interns in Accredited Facilities
- > Guidelines for Supervision of PGPPP Doctors – November 2008
- > PMCWA – Supervision of Prevocational Doctors
- > NSW IMET – Clinical Supervision Policy
- > SA IMET Supervision Guideline example
- > SA IMET Accreditation Standards – [http://www.saimet.org.au/docs/saimet\\_accreditation\\_standards.pdf](http://www.saimet.org.au/docs/saimet_accreditation_standards.pdf)

### 7. Evaluation

*Compliance is monitored via the following mechanisms:*

## 8. Attachments

(List any attachments to the procedure such as flowcharts, forms and annexures.)

### Approved



Paula Hakesley  
Director  
Adelaide Metro Mental Health Directorate  
Date: 1/08/2012

### Change History

Version	Effective From	Effective To	Change Summary
v.01			
v.02			