

Document Number:

CRMEC Policy 12

Document Name:

Supervision of Prevocational Doctors

Scope

Prevocational ETPs must comply with the Australia Medical Council's (AMC) *National Standards for Prevocational (PGY1 and PGY2) Training Programs and Terms* (the National Standards) and the national *Requirements for Prevocational (PGY1 and PGY2) Training Programs and Terms*. The CRMEC is responsible for monitoring compliance of ETPs in the ACT and linked regional networks with these National Standards through its accreditation process.

The CRMEC is committed to ensuring that the region's prevocational education and training programs (ETPs) deliver high quality education and training that promotes the welfare, safety and cultural safety of junior doctors and patients. This policy sets out an overview of the requirements and expectations associated with the supervision of prevocational junior doctors.

Responsibility for Clinical Supervision

The health service and GCTC/PETC role

The Executive of the health facility must ensure that prevocational junior doctors are provided with a safe training environment and that patients are receiving safe clinical care. This includes ensuring that clinical supervision meets the criteria laid out in the National Standards and meets the expectations of accreditors, prevocational doctors, and the general public. Ensuring safe and effective clinical supervision is achieved by having a strong clinical governance framework, clearly defined roles and responsibilities for administrative and clinical staff, and regular review of performance through a professional review process.

The health service may delegate oversight to the General Clinical Training Committee (GCTG)/Prevocational Education and Training Committee (PETC) or equivalent. However, delegation should only be made to individuals or committees that have appropriate seniority, roles and terms of reference to meaningfully take on the responsibilities listed below.

The health service must:

- Ensure there is continuity of supervision during periods of supervisory leave.
- Ensuring there is always appropriate onsite supervision, as outlined below under level and proximity of supervision (if the term supervisor is not present onsite, supervision must be delegated to another suitably experienced medical practitioner).
- Monitor the workload of supervisors to ensure they can effectively fulfill their roles as clinical supervisors.
- Provide position descriptions for all staff responsible for supervising junior doctors that clarify their roles and responsibilities for supervision.
- Ensure the adequacy and effectiveness of supervision is evaluated and issues are addressed.

The Prevocational Training Supervisory Team

The people responsible for the practical supervision prevocational junior doctors will vary in different health services and training terms/units and be structured differently depending on the type of clinical service and the local resources. In most clinical contexts, the supervisory team will consist of a combination of:

- A Director of Prevocational Education and Training (DPET; required)
- A term supervisor (required)
- Clinical supervisors who are senior doctors/staff specialists
- Registrars

All prevocational terms must have a nominated term supervisor. 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.

Level and Proximity of Supervision

Intern (PGY1) supervision

- The supervisor takes responsibility for individual patients and the PGY1 doctor consults with their supervisor about the management of all patients.
- The PGY1 doctor must be provided with supervision levels 1 (see Table 1) for all periods of duty (i.e. day, evening, night and weekend shifts).
- 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 when the term supervisor is not around.

Resident (PGY2) supervision

- The PGY2 doctor shares limited responsibility for individual patients with the supervisor.
- The PGY2 doctor should be provided with level 2 supervision for all periods of duty (i.e., the supervisor or nominee may be off site, but always contactable, responsive, and available onsite within 15 minutes).
- In hospital-based practice the supervisor or nominee will regularly review all cases.

After hours supervision

A great deal of the prevocational doctor's experience is drawn from periods of care provided "after hours" (e.g., outside of regular clinical work hours or business hours and outside the period when the full clinical team is actively on site). Supervision and training needs after-hours are greater and require careful involvement of all senior clinicians at the point of care, at handovers, on after-hours ward rounds and on the phone to ensure active and responsive supervision is provided. The supervisor must employ responsive oversight and be alert to every signal that the prevocational doctor may need direct supervision.

Supervision in general practice

- The general practice is accredited as a training practice for GP registrars by RACGP or ACCRM.
- In the general practice, the term supervisor is located at the same site location as the PGY1/2 doctor and is available for the majority of the working hours as the PGY1/2 doctor.
- The direct supervisor takes responsibility for individual patients and the PGY1/2 doctor consults with the direct supervisor about the management of all patients.
- If the term supervisor is not available on site, direct 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. A GP registrar with at least two years' seniority to the PGY1/2 doctor may assist in education and supervision activities at the discretion of the term supervisor (e.g.,

consider teaching/supervision experience, entrustability, patient acuity, etc.).

- For a home visit or site visit (e.g., secondary general practice, nursing home, etc.), the PGY1/2 doctor must be accompanied by a clinical supervisor providing level 1 supervision.

Table 1 Levels of supervision

Level 1 Supervision	The supervisor or nominee is always onsite in the health service/hospital and available.
Level 2 Supervision	The supervisor or nominee is off site (i.e. not in the health service/hospital), but available onsite 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.

Supervisor Qualifications and Requirements

The clinical qualifications for clinical supervisors are established by the CRMEC and bench-marked with Prevocational Medical Council policies nationally. From time to time, a proposed term supervisor may not meet the CRMEC’s qualification requirements. In this instance, health services may request a review by providing the proposed term supervisor’s curriculum vitae and statement of experience, including record of training in supervision.

The training requirements for term supervisors are mandated in the Australian Medical Council (AMC)’s National Prevocational Medical Training Standards and are required to be met by all term supervisors.

It is the responsibility of the GCTC/ PETC or equivalent and the DPET to ensure term supervisors and clinical supervisors meet the following requirements.

Term supervisor requirements

The term supervisor must:

- Have obtained specialty registration in the relevant area of practice.
- Have appropriate seniority within their unit (e.g., a Staff Specialist, Visiting Medical Officer, or in some institutions Career Medical Officer staff) to meaningfully achieve the roles and responsibilities of a term supervisor as listed below.
- Be aware of and able to fulfill the roles and responsibilities of a term supervisor, as listed below.
- Have highly developed interpersonal communication skills.
- Have capacity to support prevocational doctors to meet the learning outcomes statements regarding Aboriginal and Torres Strait Islander health and support safe learning environments.
- Have completed one hour of mandatory supervisor training before commencing the term supervision role.¹
- Have completed training in administering the prevocational Entrustable Professional Activities (EPAs) as

¹ For term supervisors who took up their roles prior to the introduction of the new National Prevocational Medical Training Framework in January 2024, mandatory supervisor training must be undertaken before 30 April 2024.

a part of the prevocational doctor's assessment.²

- After completion of initial training requirements listed above, term supervisors must complete ongoing professional development consisting of a minimum of four hours of training focused on supervision, education and/or training every four years.
- Any additional qualifications, skills or professional development required by the health service or the training jurisdiction.
- Note: In general practice settings, the term supervisor should be an accredited supervisor with either RACGP or ACCRM.

Direct clinical supervisor requirements

The prevocational doctor's direct clinical supervisor must:

- Hold general registration a medical doctor.
- Have at least 2 years senior to the prevocational junior doctor they are supervising.
- Any additional qualifications, skills or professional development required by the health service or the training jurisdiction.
- Have completed training focussed on prevocational Entrustable Professional Activities (EPAs), if they are expected to undertake EPA assessment in their clinical supervision role.

Mandatory prevocational supervision training requirements

Term supervisors and clinical term supervisors are required to complete initial training and to meet continuing professional development requirements. The CRMEC recognises that many term supervisors undertake supervision of medical doctors at different levels of their training and their approach is often vertical integration. Many of the principles of clinical supervision and education are applicable across all learning cohorts. However, it is important the term supervisors have a strong understanding of the national Prevocational Medical Training Framework and the requirements for assessment under the National Framework and for PGY1 doctors, the requirements for general registration.

It is the responsibility of the GCTC/ PETC and the DPET to ensure term supervisors and clinical supervisors meet the requirements. The health service must maintain a record and evidence that all term supervisors have completed the requirements laid out below.

Initial training

Term supervisors: evidence of completion of one hour of mandatory Prevocational Supervisor Training through the following activities:

- CRMEC-delivered workshop
- DPET-delivered training activity
- A nationally endorsed training module.

Term supervisors and clinical supervisors involved in assessment: completion of Entrustable Professional Activities (EPA) training through the following activities:

- CRMEC-delivered workshop
- DPET-delivered training activity
- Department-based training session focussed on EPAs
- A professional conversation (e.g., with the DPET, CRMEC Medical Education Advisor of Prevocational Medical Education Officer [PMEO])

² Mandatory EPA training requirement commences for all term supervisors on 31 March 2025.

Ongoing professional development

Term supervisors: evidence of completion of four hours of training every four years that focuses on supervision, training, education and assessment that are delivered across the vertically integrated education framework.

Once a term supervisor/clinical supervisory team member is familiar with the requirements of the prevocational framework, supervisors' ongoing education might focus on:

- Providing feedback
- Having difficult conversations
- Developing education and training curriculum
- Principles in clinical assessment
- Mentorship
- Team leadership
- Welfare and safety, including cultural safety

The CRMEC encourages the clinical supervisory team to maintain a working knowledge of requirements of the National Framework. The CRMEC provides appropriate resources for the clinical supervisory team to maintain familiarity with the National Framework on its website and regular newsletter. Areas of importance for the clinical supervisory team to maintain an understanding of include:

- The Prevocational Outcome Statements, and ensuring that the prevocational education and training program provides opportunity for all prevocational doctors to meet these outcomes statements
- The requirements for clinical experiences as mandated in the National Framework
- The requirements for term supervisors to complete an orientation, mid-term discussion and end of term discussion with each prevocational doctor.
- The prevocational EPAs (including requirement for at least one EPA per training term to be conducted by the supervisor or an equivalently senior medical officer).
- The principles and application of cultural safety for prevocational doctors and patients receiving care.

Relevant training opportunities include:

- Formal workshops/presentations:
 - Orientation programs (e.g. registrar orientation)
 - CRMEC or DPET-delivered workshop on prevocational education
 - College training focused on supervision and/or teaching
 - Medical school courses focused on supervision and/or teaching (E.G. Teaching for Clinicians)
 - Conferences with a focus on supervision and/or teaching
- Formal peer activities:
 - Small group or peer-to-peer discussions about supervision with personal reflection
 - Professional long conversation (e.g., with the DPET or CRMEC Medical Education Advisor) about supervision with personal reflection and follow up.

Role and Responsibilities of Term Supervisor

All prevocational training terms require a term supervisor who takes on responsibility for the welfare, education and training of the prevocational doctors. Aspects of the role may be delegated across other clinical supervisors, including senior staff specialists in the unit, but ultimately the term supervisor is responsible for the prevocational doctor's experience, and accountable for decisions and actions surrounding patient care.

Welfare role

The term supervisor is responsible for:

- Practising cultural safety, and advancing the understanding of prevocational doctors on delivering culturally safe health care.
- Coordinating the activities of prevocational trainees across the term.
- Determining the level and proximity of supervision for each prevocational doctor, in consideration to the guidelines provided in this policy.
- Ensuring the clinical systems used by the medical team support the safety of prevocational doctors and patients in their care.
- Ensuring the prevocational doctor is aware of who is responsible for their direct clinical supervision, and how that person can be contacted.
- Promoting a workplace that is safe and free from bullying, harassment and discrimination, and supports cultural safe practice.
- Ensuring that prevocational doctors understand their own personal and professional responsibilities to work within their scope of practice, seek assistance when required and to engage in a professional and safe manner in the workplace.
- Providing career guidance.
- Encouraging the prevocational doctor's self-directed learning and progression towards independent practice.

Role in education and training

The term supervisor is responsible for:

- Preparing and/or reviewing the term description in consultation with the supervisory team and with feedback from prevocational doctors to ensure the document accurately describes the clinical and learning experience, learning objectives, expectations and assessment criteria.
- Overseeing ongoing development of a unit-based education program that achieves the learning objectives outlined in the term.
- Understanding the interface between the training term and the prevocational training program of which it is a part, including the roles and responsibilities within that prevocational training program. For example, a term supervisor for a training term located at a satellite hospital, general practice or other off-site term must understand who is responsible for delivering weekly mandatory training and must ensure that this is reflected in the term description, rostering and protected teaching time.
- Conducting (not delegating) a term orientation within the first week of the term that consists of a meeting with prevocational doctors to discuss goals and expectations, using the term description as a guide.
- Ensuring prevocational doctors understand the assessment requirements in the term.
- Ensuring that prevocational doctors receive a clinical orientation to the unit, conducted by either the term supervisor or delegated to an appropriate member of the team.
- Monitoring the progress of prevocational doctors, including providing constructive feedback
- Identifying prevocational doctors who are in professional or personal difficulty and working with the DPET to develop an Improving Performance Action Plan (IPAP, see Appendix 1) when required.
- Maintaining oversight of assessments (EPAs and term assessments) and ensuring that at least one EPA per term per prevocational doctor is assessed by the term supervisor or an equivalent consultant.
- Conducting (not delegating) a mid-term meeting with each prevocational doctor to discuss progress; documenting the mid-term assessment (with input from the supervisory team); and working with the prevocational doctor and supervisory team to develop any plan required to address issues arising in the assessment

- Conducting (not delegating) an end-of-term meeting with each prevocational doctor to discuss progress and documenting the end-term term assessments (with input from the supervisory team).
- Assisting the GCTC/PETC and Assessment Review Panel, for example, contributing to reviewing/evaluating the prevocational training program and training experiences, providing assessments, contributing to the assessment review process, preparing IPAPs, and addressing issues arising within prevocational training.
- Maintaining up-to-date handbooks, term descriptions, standing protocols and education content.

Related Policies and Relevant Guidance

- Appendix 1: The Australian Medical Council (AMC). *Improving Performance Action Plan (IPAP) template*
- The Australian Medical Council (AMC). *New National Framework for Prevocational (PGY1 and PGY2) Medical Training (2024+)*, 2023. <https://www.amc.org.au/accredited-organisations/prevocational-training/new-national-framework-for-prevocational-pgy1-and-pgy2-medical-training-2024/>
- Australian Medical Council: *National Standards for Prevocational (PGY1 and PGY2) Training Programs and Terms*, 2023. <https://www.amc.org.au/accredited-organisations/prevocational-training/new-national-framework-for-prevocational-pgy1-and-pgy2-medical-training-2024/>
- HETI requirements for term supervisor:
https://www.heti.nsw.gov.au/data/assets/pdf_file/0006/476718/Position-Description-Term-Supervisor-Template.pdf

Version Control

Review Date	Version	Updated by	Approved by	Changes made
2014	1.0			Document developed as CRMEC Supervisor Guide
July 2018	2.0	Accreditation Committee Chair	CRMEC	Explicit statements on levels of supervision expected for PGY1/2s based on benchmarking
June 2020	2.1	Admin	Director	New layout
Dec 2023	3.0	Director in consultation with DPET team at CHS	Accreditation Committee and CRMEC	Change from a resource to a policy. Supervisor guide content combined with expanded expectations of supervisor training as endorsed by Accreditation Committee and Council, greater detail regarding expectations of supervisors based on DPET feedback and HETI guide and updated with respect to mandatory training under the new framework
April 2024	3.1	Director	Director and MEA	Added reference to general practice supervision; clarified level of supervision for PGY1 doctors must be level 1.

Appendix 1: AMC Improving Performance Action Plan Template

See next page

Improving performance action plan (IPAP)

Prevocational doctor details

Prevocational doctor name: Click or tap here to enter text.

Term supervisor details

Supervisor name: Click or tap here to enter text.

Term details

From: (dd/mm/yyyy) Click or tap here to enter text.

To: (dd/mm/yyyy) Click or tap here to enter text.

Term name/number: Click or tap here to enter text.

Organisations & department/unit: Click or tap here to enter text.

About this form

The purpose of this form is to aid in documenting the improving performance process for prevocational doctors. This form is to be completed by supervisors in consultation with the Director of Clinical Training to address identified issues that require performance improvement. The supervisor must indicate the outcome statements that the issues relate to and complete the form with appropriate detail to assist the intern with remediation. Please refer to [Improving performance](#) (Section 3 Part B) for further information.

It is important to consider cultural safety in the improving performance process. Consider who is best involved. For example:

- If issues for consideration relate to cultural safety or Aboriginal and/or Torres Strait Islander health outcomes, then processes should occur in consultation with Aboriginal and/or Torres Strait Islander people.
- If the prevocational doctor is an Aboriginal and/or Torres Strait Islander person, confirmation with the prevocational doctor of their cultural needs should occur. For example, including or deferring to Aboriginal and/or Torres Strait Islander people.

Issues related to specific outcome statements	AMC outcome statement (E.g., outcome statement 2.1)	Actions/tasks	Responsibility	Timeframe	Review date(s)

Supervisor progress notes and comments on the outcome of improving performance processes:

Director of clinical training progress notes and comments on the outcome of improving performance processes:

Supervisor

Name (print clearly)

Click or tap here to enter text.

Signature

Click or tap here to enter text.

Position

Click or tap here to enter text.

Date

Click or tap to enter a date.

Prevocational doctor

Name (print clearly)

Click or tap here to enter text.

Signature

Click or tap here to enter text.

Position

Click or tap here to enter text.

Date

Click or tap to enter a date.

Director of Clinical Training

Name (print clearly)

Click or tap here to enter text.

Signature

Click or tap here to enter text.

Position

Click or tap here to enter text.

Date

Click or tap to enter a date.

Appendix 1

Log to record occurrence of meetings and notes where relevant.

Meeting date	Notes	Initials		
		Supervisor	Prevocational doctor	Director of Clinical Training