

Purpose

This document provides local health networks with a framework to use when developing their own guideline for trainee medical officer (TMO) supervision.

Scope

This guideline applies to all local health networks (LHNs) and accredited terms where TMOs are employed.

For this guideline, 'clinical supervision' involves direct or indirect monitoring of TMOs by a more senior medical practitioner to:

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

Context

The South Australian Medical Education and Training (SA MET) Health Advisory Council recognises that adequate and appropriate supervision is critical to the training and development of TMOs.

Guideline Detail

A TMO 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 TMO and ensure that the TMO is aware of the name and contact details of their supervisor at all times 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.
- > Demonstrate competencies to provide clinical supervision.
- > Offer a level of supervision appropriate to the competence and experience of the individual TMO. The level of supervision will depend on:
 - o the facility setting;
 - o type of term; and
 - o complexity of patient care.
- > Be responsible for:
 - o the orientation of the TMO to the unit/department and developing learning objectives based on the Australian Curriculum Framework (ACF) for TMOs at the beginning of each term (this may be delegated to an appropriate person);
 - o the welfare of TMOs allocated to their team or unit;
 - o ensuring appropriate supervision for patient safety;

- the provision of training to meet the learning objectives of the term;
 - monitoring TMO progress;
 - assessing TMO performance using the prescribed workplace based assessment tools;
 - 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 TMO in difficulty, and seeking additional support if needed. Supervisors will notify the Director of Clinical Training if the TMO requires additional support.
- > Support and facilitate informal teaching when appropriate opportunities arise (e.g. bedside, clinical skills and procedures).

A LHN will:

- > Ensure every TMO 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 TMOs that clarify their roles and responsibilities for supervision.
- > Ensure the adequacy and effectiveness of TMO supervision is evaluated.

Levels of Supervision

A term supervisor should provide or ensure provision of, supervision to TMOs to a level appropriate to their postgraduate year (PGY) 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 trainee 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

TMO Supervision Guidelines

PGY1 Doctor/Intern

- > The supervisor takes responsibility for individual patients.
- > The PGY1 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 PGY1 doctor must consult with their supervisor about the management of all patients including discharges.
- > 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 PGY1 doctor.

PGY2/3 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 contact at all times whilst the PGY2/3 doctor is providing clinical care and be able to attend if needed).

- > At a frequency determined by the supervisor, the PGY2/3 doctor must inform the supervisor about the management of all patients with serious medical problems.

PGY4+ Doctor

- > The PGY4+ doctor may take primary responsibility for individual patients if permitted under the governance system of the facility.
- > Supervision Levels 1, 2, 3, 4 or 5 must be provided but be appropriate to the clinical setting.
- > The term supervisor must ensure there are mechanisms in place for monitoring whether the PGY4+ doctor is practising safely.
- > At a frequency determined by the supervisor, the PGY4+ doctor must provide information to the supervisor on management of all patients with serious medical problems.

After Hours

A great deal of a TMO's experience is drawn from periods of care provided 'after hours'. Supervision and training needs after hours are greater and require 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 TMOs when confronted with unfamiliar patients and conditions. The supervisor must be aware this unease will occur and provide a supportive environment for the TMO to explain the situation. The supervisor must employ responsive oversight and be alert to indications that the TMO may need direct supervision. This is often the most inconvenient time for both TMO and supervisor, yet the power of interpreting a clinical problem together will improve patient safety and the TMO's ability to manage independently in the future.

Addressing perceived inadequacy of supervision

There will often be differences of opinion between supervisors and TMOs. Some of these differences can be used in a positive way to help challenge thinking and assumptions.

Even an experienced supervisor may not recognise what is important to a TMO in developing their clinical skills. To support supervisors in their role it is important that facilities provides supervisors with professional development opportunities aimed at improving clinical teaching and supervision skills.

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

Monitoring

The SA MET Unit will periodically review the effectiveness of this guideline.

Definitions

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

Facility – the institution or clinical setting which postgraduate trainees work and train. These organisations are usually hospitals but may be healthcare centres or supervised general practice locations in community settings which have met SA MET Accreditation requirements for postgraduate trainee education.

Medical Board of Australia (MBA) – The MBA grants general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training. LHNs must provide an intern year that complies with the MBA registration standard. If an intern or resident is unfit to practise medicine, the MBA must be notified.

SA MET Health Advisory Council – is the accreditation authority in South Australia for prevocational medical education and training. SA MET HAC has a responsibility, in partnership with LHNs and colleges, to support continuous improvement of postgraduate medical education and training in South Australia.

Term – the specific clinical team, service or unit attachment in which TMOs work and in which clinical training takes place. Each of these represents a term for training purposes and each must be accredited in order to receive prevocational trainees.

Term Supervisor – a medical practitioner designated to be responsible for the coordination of clinical training of TMOs attached to their unit.

Trainee Medical Officer (TMO) – a medical practitioner in their early postgraduate, prevocational years of clinical practice (PGY1/2/3/4+) who have not yet entered a vocational training program.

Related Documents

- > SA MET HAC Accreditation Standards

Document History

Date effective	Author/Editor	Approved by	Version	Change Reference
23 July 2013	Project Officer, Accreditation	Senior Project Officer, Accreditation	1.1	Published as a sample guideline only
7 August 2013	Project Officer, Accreditation	Senior Project Officer, Accreditation	1.2	Published as a sample guideline only
February 2015	Project Officer, Accreditation	SA MET Health Advisory Council, Accreditation Committee	1.3	Review and update to align with AMC.
January 2019	Manager, Education & Accreditation	Manager, Education & Accreditation	1.5	Review. Formatting changes.