



SOUTH AUSTRALIAN
MEDICAL EDUCATION & TRAINING
HEALTH ADVISORY COUNCIL

PREVOCATIONAL DOCTOR SUPERVISION GUIDELINE

Version: 2.0

Purpose

This document provides health services with a guideline to use when developing their own supervision policies for prevocational doctors. The guideline defines the qualifications, responsibilities and rights of term supervisors and prevocational doctors during the first two years prevocational training, that aligns with the *National Framework for Prevocational (PGY1 and PGY2) Medical Training*.

Scope

The Prevocational Doctor Supervision Guideline applies to all health services where prevocational doctors (PGY1 and PGY2) are employed.

Context

The Prevocational Doctor Supervision Guideline is based on the *Australian Medical Council (AMC) Guide to Prevocational Training in Australia for Supervisors* that provides direction for prevocational doctor supervision and complies with mandatory supervision criterion stipulated within the *National Standards and requirements prevocational training programs and terms*.

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 prevocational doctors and the provision of safe patient care.

Responsibilities

The health service is responsible for ensuring prevocational doctors are appropriately supervised at a level appropriate to their experience and responsibilities at all times. Patient safety is protected through explicit and accountable supervision and all doctors, including prevocational doctors, are responsible for the delivery of safe patient care.

Executive Director of Medial Services/Director of Clinical Training Requirements

- > Ensure every prevocational doctor has an appropriately qualified term supervisor allocated for each accredited term.
- > Ensure there is continuity of supervision during periods of supervisory leave (i.e., if the supervisor is not present onsite, supervision must be delegated to another suitably experienced medical practitioner onsite).
- > Ensure that the medical education and training responsibilities assigned to term supervisors, including supervisory workload, are reasonable and manageable.
- > Staff involved in supervising prevocational doctors have access to professional development activities to support quality improvement and skill development.
- > All prevocational supervisors must undertake training in supervision, assessment, feedback and cultural safety.
- > Ensure position descriptions are provided for all staff responsible for supervising prevocational doctors that clarify their roles and responsibilities for supervision.
- > Ensure the adequacy and effectiveness of prevocational doctor supervision is monitored, evaluated and routinely reported through to the Education and Training Program Committee.

Term supervisors Requirements

- > Be credentialled by the Local Health Network.
- > Ideally, should have Specialist Registration with the Medical Board of Australia or have a minimum of five years post-medical internship medical practice experience, and remains clinically active.
- > Make themselves known to prevocational doctors and ensure they're aware of the name and contact details of their supervisor/s whilst on duty at all times. This will include appropriate handover of supervision when the term supervisor is absent.
- > Provide formal orientation for prevocational doctors allocated to the unit, that include the discussion and development of learning outcomes based on the *National Framework for Prevocational Medical (PGY1 and (PGY2) Training*.

- > Provide informal teaching opportunities to prevocational doctors allocated to the unit, that is delivered by a range of clinical supervisors (e.g., bedside, clinical skills and procedures).
- > Monitoring prevocational doctor progress and assessing their performance via an e-portfolio platform in line with the *AMC Training and assessment – Training and assessment requirements for prevocational (PGY1 and PGY2) training programs*.
- > Understand their responsibilities and demonstrate competence in ensuring clinical supervision of prevocational doctors allocated to their unit, that contributes to the provision of safe patient care and prevocational doctor wellbeing.
- > Provide a level of supervision appropriate to the competence and experience of the individual prevocational doctor. The level of supervision will depend on the facility setting, type of term and complexity of patient care.
- > Facilitating, where necessary, access to appropriate human resource, administrative, counselling, professional development and mentorship supports, either directly, appropriate referral or delegation.
- > Recognising a prevocational doctor in difficulty and seeking support if needed. Term supervisors will notify the Director of Clinical Training or Medical Education Officer if the prevocational doctor requires additional support.

Prevocational Doctor Requirements

A prevocational doctor is an individual who is completing generalist, work-based clinical training during the first two years after medical school graduation. The term is sometimes used to refer to any recent medical graduate who has not commenced a vocational training program, including PGY3 and beyond, and International Medical Graduates, but in this framework, it always refers to PGY1 or PGY2 doctor.

- > Be open, honest and engage with their clinical training and clinical supervisors to support skill acquisition and knowledge development.
- > Only assume responsibility for or perform practices and procedures in which they have sufficient experience and expertise.
- > Seek out direct supervision should a procedure or care management plan be unfamiliar and senior clinical supervision is required to support training.
- > Escalate any concerns or instances of unacceptable supervision or working outside your scope of practice directly to the Director of Clinical Training or Medical Education Officer.

Types of Supervision

A Term Supervisor is an educator, an assessor and a role model who provides social and emotional wellbeing support and cultural safety in practice. A Term Supervisor provides or ensures provision of supervision to prevocational doctors to a level appropriate to their experience and responsibilities.

Requirements of supervision will vary depending on the type of term and complexity of patients. Supervision is shared between the different types of supervisors throughout the PGY1 and PGY2 years:

- > A term supervisor; the person responsible for term orientation and assessment, who may also provide primary clinical supervision for some or all of the term.
- > A primary clinical supervisor; is the supervisor with consultant level responsibility for managing patients in the relevant discipline that the prevocational doctor is caring for. The consultant in this role might change and could also be the term supervisor.
- > A day-to-day clinical supervisor; is an additional supervisor who has direct responsibility for patient care, provides informal feedback, and contributes information to assessments. This occurs in many settings, and the person in this role should remain relatively constant during the term. They should be at least PGY3 level, such as a registrar.

During PGY1 and PGY2, it is expected that prevocational doctors take increasing responsibility for patient care as they progress towards independent practice.

Supervision Guidelines

Providing safe, high-quality patient care is paramount, and prevocational doctors should never be put in a position where they are asked to take on responsibilities beyond their scope of practice or perform procedures without appropriate supervision.

Direct supervision means that the clinical supervisor is present, observes, works with and directs the intern who is being supervised. That is, the clinical supervisor is physically present at the workplace.

Indirect supervision means that direct supervision is available within a reasonable timeframe and that the PGY2 prevocational doctor has a supervision escalation protocol that identifies more senior medical support if required in an emergency.

PGY1 Prevocational Doctors

- The clinical supervisor takes responsibility for individual patients, who is made known to the PGY1 prevocational doctor.
- The PGY1 prevocational doctor must be provided with direct supervision at all times (i.e., be onsite, and available within minutes to review the patient). This level of supervision must be provided to the PGY1 prevocational doctor for all periods of duty (i.e. day, evening, night and weekend shifts).
- The PGY1 doctor must review the management of all patients, including agreed discharge plans, with a clinical supervisor.

PGY2 Prevocational Doctors

- The clinical supervisor shares limited responsibility for individual patients.
- The clinical supervisor can provide indirect supervision (i.e., be physically present at the workplace, or be in contact at all times whilst the PGY2 prevocational doctor is providing clinical care and be able to physically attend if needed within a reasonable timeframe).
- At a frequency determined by the clinical supervisor, the PGY2 prevocational doctor must inform the clinical supervisor about the management of all patients with serious medical problems.

If further guidance around the appropriate levels of supervision required of prevocational doctors, please refer to the *Australian Medical Council's Guide to Prevocational Training in Australia*.

After Hours

PGY1s must have some exposure to work outside standard hours, with appropriate direct supervision. A great deal of a prevocational doctor's experience is drawn from periods of care provided 'after-hours'. Supervision and training needs after-hours are greater and require involvement of a senior clinician at the point of care, at handovers and on the phone to ensure active supervision is provided.

After-hours clinical shifts can often be a source of unease for prevocational doctors when confronted with unfamiliar patients and conditions. The clinical supervisor must employ responsive oversight and be alert to indications that the prevocational doctor may need direct supervision or require a debrief to review any challenging circumstances that occurred.

In cases where a supervising PGY3 or registrar may not be consistent (such as across a 24-hour period in an emergency department), health services are to ensure there are appropriate communication processes in place for a PGY1 or PGY2 prevocational doctor supervision and support.

Addressing perceived inadequacy of supervision

Differences of opinion between supervisors and prevocational doctors are a natural and valuable part of clinical training. These perspectives can enrich learning by encouraging reflection, broadening understanding, and challenging assumptions. They also highlight opportunities for supervisors to further enhance how they support the development of clinical and professional skills for prevocational doctors.

To build on these strengths, health services should provide supervisors with professional development opportunities that foster continuous growth in clinical teaching and supervision, helping them feel prepared to approach difficult conversations and further support high-quality learning experiences.

Supervisor and prevocational doctors are encouraged to engage with the Director of Clinical Training and Medical Education Officer to gain further guidance on effective strategies that can support a continued positive learning environment.

Term Supervisor Support

Term Supervisors are encouraged to meet regularly with the Director of Clinical Training and Medical Education Officer to strengthen their supervisory practice, access guidance, explore strategies that support the positive learning environment, constructive resolution approaches for training concerns or increased support and supervisory professional development opportunities available.

Notification of changes in Supervisory responsibilities

A change in term supervisor or provision of supervision that can potentially impact prevocational doctors, must be notified through to the SA MET Unit Health Advisory Council by submitting a change of circumstance application outlining the change. Please review the *SA MET Change of Circumstance Process* for further information, and the various examples of situations where a Change in Circumstance application must be submitted.

Monitoring

The SA MET Unit will review this document in February 2028.

Glossary

Clinical Supervisor - A medical practitioner who supervises the prevocational doctor while they are assessing and managing patients.

- *Primary clinical supervisor(s)* – is the supervisor with consultant level responsibility for managing patients in the relevant discipline that the prevocational doctor is caring for. The consultant in this role might change and could also be the term supervisor.
- *Clinical supervisor(s) (day-to-day)* is an additional supervisor who has direct responsibility for patient care, provides informal feedback, and contributes information to assessments. This occurs in many settings, and the person in this role should remain relatively constant during the term. They should be at least PGY3 level, such as a registrar.

Cultural Safety - Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families, and communities, as well as by people from culturally and linguistically diverse (CALD) backgrounds. It is demonstrated through health practitioners' ongoing critical reflection on their knowledge, skills, attitudes, behaviours, and power dynamics. This reflective practice ensures healthcare is safe, accessible, responsive, and free from racism, discrimination, and bias.

Director of Clinical Training (DCT) - A senior clinician with delegated responsibility for developing, coordinating, promoting and evaluating the prevocational training program at all sites. This clinician also has an important role in longitudinal oversight, advocacy and support of prevocational doctors within the program. In fulfilling the responsibility of this role, the DCT will regularly liaise with term supervisors, MEOs and TMO manager, the EDMS and others involved in the prevocational training program.

e-Portfolio – an e-Portfolio or Clinical Learning Australia is a system to ensure prevocational doctors maintain an adequate record of learning and training. It is a mechanism to ensure the clinical supervisor and longitudinal supervisor review the record of learning, through the completion of assessments and Entrustable Professional Activities in accordance with the *AMCs Training and assessment – Training and assessment requirements for prevocational (PGY1 and PGY2) training programs*.

Executive Director of Medical Services (EMDS) - A senior medical administrator with responsibility for the medical workforce at a health service.

Health Service – the Local Health Network or clinical setting which prevocational doctors work and train.

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 PGY1 and PGY2 years that comply with the MBA registration standard. If a PGY1 or PGY2 is unfit to practice medicine, the MBA must be notified.

Medical Education Officer - A qualified professional responsible for the design, coordination, delivery, and continuous improvement of prevocational training programs, ensuring training meets accreditation standards and supports prevocational doctor learning, supervision, assessment, and wellbeing.

PGY - Postgraduate year, usually used with a number to indicate the number of years after graduation from medical school. PGY1 is the first postgraduate year, also known as internship, and PGY2 is the second postgraduate year.

Prevocational doctor - A doctor completing generalist, work-based clinical training during the first two years after graduation. The term is sometimes used to refer to any recent medical graduate who has not commenced a vocational training program, including PGY3 and beyond, but in this framework, it always refers to PGY1 or PGY2 doctors.

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

Term/Rotation - the specific clinical team, service or unit attachment in which prevocational doctors 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 - The person responsible for orientation and assessment during a particular term. They may also provide primary clinical supervision of the prevocational doctor for some or all of the term.

Related Documents

- > *AMCs National Framework for Prevocational (PGY1 and PGY2) Medical Training.*
- > *AMCs Training and assessment – Training and assessment requirements for prevocational (PGY1 and PGY2) training programs.*
- > *Guide to Prevocational Training in Australia – For Supervisors*
- > *SA MET Change of Circumstance Process*

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