



Australasian College
for Emergency Medicine

Supervision of early career doctors in the emergency department

Policy P53

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Document Review

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Revision History

Version	Date	Pages revised / Brief Explanation of Revision
v1	Nov-2008	First version
v2	Nov-2003	Second version
v3	Dec-2019	Minor modification and new template adopted
V4	Nov-2024	Inclusion of content from G19 Role of interns in the emergency department (retired) – minor content updates

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1. Purpose and scope

This policy relates to the supervision requirements for early career doctors and interns, in the emergency department (ED). Registrars and ACEM trainees are not in scope for this policy. The policy is applicable to EDs in Australia and Aotearoa New Zealand.

2. Background

The early stages of a doctor's career (post graduate year (PGY) 1–3) represent an important transition period from basic to specialist medical education. To ensure adequate experience in generalist medicine, early career doctors must be exposed to a wide spectrum of acute and undifferentiated illness.

Demand for ED terms has increased significantly due to the substantial rise in medical graduate numbers. The variety of skills exercised, together with the large and varied patient load, make the ED a unique and valuable clinical training environment. Skills learnt in emergency medicine (EM) are essential for subsequent independent medical practice.

In most jurisdictions, early career doctors require a period of training in EM. This includes comprehensive orientation, structured teaching and effective supervision. These components are also essential for a robust educational experience. The availability of senior decision makers to provide effective supervision represents a major constraint in expanding capacity. Support and training for ED supervisors is therefore critical to growing both the EM and broader medical workforce.

The Australian Medical Council's National Framework for Prevocational Medical Training prescribes the standards and requirements for PGY1 and PGY2 training, assessment, training environment and quality assurance in Australia. ¹ The Medical Council of New Zealand's Prevocational Medical Training Intern Guide outlines the requirements for PGY1 and PGY2 in Aotearoa New Zealand. ²

3. Definitions

Early career medical officers/doctors

Early career medical officers are doctors in the early phase of their career (usually PGY2–3) who work under supervision of more experienced medical practitioners. They usually rotate between clinical services, including EDs. Job titles may vary across jurisdictions.

Interns

Interns are doctors in their first year of clinical practice (PGY1) in Australia and their first and second year of clinical practice (PGY1 and PGY2) in Aotearoa New Zealand ² who have provisional medical registration and must always work under direct supervision of more experienced medical practitioners. In EDs, they are considered supernumerary for staffing purposes. They are called House Officers in some health services.

4. Policy

4.1 General

It is essential that the important role of supervising and training early career doctors does not compromise the clinical service provision role of the ED. Where there is a conflict between these two goals, patient care will take precedence.

¹ Australian Medical Council. [National Framework for Prevocational Medical Training](#). 2024

² Medical Council of New Zealand. [Prevocational Medical Training Intern Guide](#). 2022

The parallel objectives of high-quality care and training of early career doctors mean that EDs must be adequately resourced to provide appropriate supervision. This is also in the interests of a positive training experience for early career doctors and interns, and the development of a highly skilled medical workforce. Staffing arrangements should be sufficient to allow early senior decision maker involvement in the assessment and management of patients by early career doctors and to supervise interns. Refer to the ACEM guideline *Constructing a sustainable emergency department medical workforce* (G23) for comprehensive safe medical staffing recommendations.³

4.2 Interns

While the majority of the internship is spent under supervision in the inpatient ward environment, an EM rotation presents particular risk exposure for interns since within the ED there is a greater requirement for critical decision-making, including disposition and other therapeutic interventions.

The following principles apply to the supervision of interns.

- All intern clinical practice in the ED requires direct supervision. In general, new graduates have not had sufficient practical exposure and experience to function safely and effectively in an ED unless supported and directly supervised;
- Where interns are included in the ED medical workforce, the roster profile should be structured to allow direct supervision for all cases, by a medical officer of at least registrar grade, at all hours of the day.
- There should be capacity for case-by-case supervision of procedures, interpretation of tests (including x-rays) and clinical decision-making (in relation to both therapy and disposition).
- During clinical handover an intern should always hand cases to a more senior doctor and consequently should not receive cases at clinical handover.

For the reasons above, intern staff should be considered supernumerary for staffing purposes and should not be calculated within the base EFT for staffing of EDs.

4.3 Early career doctors

The following principles apply to the supervision of early career doctors.

- A graduated approach to supervision is encouraged for early career doctors in their second and third postgraduate year (PGY2–3). The depth and proximity of oversight should be tailored to individual skills, knowledge and experience, allowing early career doctors to safely and progressively increase their responsibility for providing timely and effective patient care.

³ Australasian College of Emergency Medicine. *Constructing a sustainable emergency department medical workforce* (G23). Melbourne, 2023



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