



AUSTRALASIAN COLLEGE
FOR EMERGENCY MEDICINE

POLICY

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POLICY ON THE SUPERVISION OF JUNIOR MEDICAL STAFF IN THE EMERGENCY DEPARTMENT

1. PURPOSE

This document is a policy of the Australasian College for Emergency Medicine (ACEM). It relates to the supervision requirements for junior medical staff in the Emergency Department.

2. SCOPE

The policy is applicable to Australasian Emergency Departments (ED).

For the purposes of this statement, a junior medical officer (JMO) is defined as a registered medical practitioner who is in their first or second postgraduate year. This stage of the medical education continuum is referred to as prevocational training. The term 'intern' applies exclusively to doctors in postgraduate year one (PGY1).

3. POLICY DETAILS

The prevocational years represent an important transition period from basic to specialist medical education. To ensure adequate experience in generalist medicine, junior doctors must be exposed to a wide spectrum of acute and undifferentiated illness. This is best obtained by a period of training in emergency medicine (EM).

The complex nature of emergency medical care means that junior doctors need extensive support and oversight to function safely and efficiently in the ED. This includes comprehensive orientation, structured teaching and effective supervision. These components are also essential for a robust educational experience.

Demand from JMOs for ED terms has increased significantly as a result of the substantial rise in medical graduate numbers, and the availability of senior medical practitioners 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 parallel objectives of high quality care and training mean that EDs must be adequately resourced to provide effective supervision. Staffing arrangements should be sufficient to allow early senior medical practitioner involvement in the assessment and management of patients by JMOs.

In the case of interns, the roster profile should ensure that a senior medical practitioner with experience in EM is available to provide direct supervision, on a case-by-case basis, at all hours of the day. There should be capacity for oversight of procedures, interpretation of tests (including x-rays) and clinical decision-making (in relation to both treatment and disposition). Interns should be considered supernumerary for staffing purposes.

In the case of JMOs in their second postgraduate year, a graduated approach to supervision is encouraged. The depth and proximity of oversight should be tailored to individual skills, knowledge and experience, thereby allowing junior doctors to safely and progressively increase their responsibility for providing timely and effective patient care.

In order to ensure safe, high quality and efficient emergency care, it is essential that EDs are equipped to provide appropriate supervision for all junior medical staff. This is also in the interests of a positive training experience for JMOs, and the development of a highly skilled medical workforce. Where there is a conflict between these two goals, patient care should take precedence.

4. DATES AND NOTES

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