



GUIDELINES ON BEST PRACTICE PROTECTED TEACHING TIME FOR JUNIOR DOCTORS

Protected teaching time for junior doctors should be an integral part of prevocational training and is clearly reflected in accreditation standards for the prevocational years. It is recognised as being only one way in which education is delivered and made available to junior medical officers (JMOs), and that education is available in many other ways including ward rounds, case discussions and surgical audits. JMOs are expected to take responsibility for their ongoing education and professional development. These guidelines have been developed by consensus of junior doctors within the Postgraduate Medical Council of Victoria JMO Forum. They aim to provide suggestions for the further improvement of protected teaching time practice in Victorian health services.

Scheduling

- 1.** A regular weekly or fortnightly schedule of JMO education sessions should be established (e.g. every Friday 1230-1330).
- 2.** An agreed method for advising doctors and nurses of JMO education session times should be implemented so that JMOs are not contacted inappropriately during education sessions. This could include sending a reminder page to doctors and Nurse Unit Managers (NUMs) on the morning of the scheduled education session. JMOs should make contact with their registrars and NUMs prior to the education session to advise that they will be attending and check if any matter requires their attention prior to leaving for the education session.
- 3.** The lan-paging system should be used to advise staff of an alternative contact (e.g. registrar) during scheduled education sessions.
- 4.** The majority of education sessions are conducted within rostered working hours. However, if additional 'special' sessions of interest (e.g. skills workshops or anatomy classes) are conducted on evenings or weekends (i.e. in unrostered time and are unpaid), these should be advertised to JMOs and other staff.

Educational Content and Delivery

1. Education sessions are linked to the Australian Curriculum Framework for Junior Doctors to maintain relevance to JMOs.
2. All sessions should be made available in alternative formats (i.e. DVDs, podcasts or intranet – with password protected off-site remote access), as well as any Powerpoint presentations, with a contact email for questions, to increase accessibility (especially for JMOs on rural rotations or night shift).
3. Face-to-face teaching is the mainstay of education sessions and should be supported, not replaced, by online learning. Benefits of face-to-face education sessions include the capacity for networking and peer support.
4. Education sessions conducted by nurses, allied health and other health professionals are recognised as valuable learning opportunities, building on interprofessional education and training.
5. The majority of education sessions should be conducted by senior medical staff or registrars.

Management

1. It is important that Units support attendance by not scheduling unit meetings or consultant ward rounds during education sessions and actively encourage JMOs to attend.
2. Pagers are held by registrars/consultants/DCTs during education sessions.
3. Attendance at education sessions should be included in JMO position descriptions and rosters.
4. Provision of food – the health service may consider obtaining sponsorship of education sessions.

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