

Purpose

The purpose of these guidelines is to ensure that facilities and supervisors are aware of their responsibilities with regards to the clinical learning for junior doctors to ensure they meet their training requirements.

Key Outcomes

All Victorian Health Services with accredited intern posts and approved PGY2 posts must ensure the clinical learning requirements outlined in this guideline are fully met.

Scope

These guidelines apply to all Victorian prevocational medical training facilities. Interns may only work in posts accredited by PMCV and PGY2s in units that have been reviewed by PMCV. For the purposes of this guideline, junior doctors are defined as medical graduates in their first two years of clinical practice.

Assessment of the clinical learning provided to junior doctors, in conjunction with the *PMCV Clinical Supervision of Junior Doctors Guidelines*, is a key component of prevocational medical training accreditation.¹

Prevocational medical training for junior doctors essentially comprises clinical learning in a supervised setting which enable development of skills in clinical management, communication and professionalism. **Junior doctor training should be provided in a supportive learning environment and be consistent with the delivery of high-quality, safe patient care and with intern/PGY2 welfare.**

The quality of clinical learning provided to junior doctors is impacted by orientation, workload, continuity, teaching and the range of clinical experiences. Supervision and performance feedback are also critical.²

These guidelines are not prescriptive about training setting and PMCV supports diverse clinical (and non-clinical³) experiences for junior doctors.

Internship⁴ (1st year junior doctors) is a period of mandatory supervised general clinical experience (provisional registration). It allows medical graduates to consolidate and apply clinical knowledge and skills while taking increasing responsibility for the provision of safe, high quality patient care. Diagnostic skills, communication skills, management skills, including therapeutic and procedural skills, and professionalism are developed under appropriate supervision. Internship also informs career choices for many graduates by providing experience in different medical specialties including general practice, and providing a grounding for subsequent vocational (specialist) training. **Completion of the internship leads to general registration** where the doctor has been assessed as having the skills, knowledge and experience to work as a safe entry level medical practitioner. **As a general rule, interns must consult a clinical supervisor regarding management plans for all patients, and all patients should undergo a review by a clinical supervisor (at some point during presentation and/or admission) prior to discharge).**

Internship comprises 47 weeks of supervised clinical experience including terms in *core* medicine, surgery and emergency care.

PGY2 doctors (2nd year junior doctors) remain under clinical supervision but take on increasing responsibility for patient care. They begin to make management decisions as part of their progress towards independent practice, particularly towards the end of each term, and towards the end of the PGY2 year. **As a general rule, PGY2s should consult their clinical supervisor regarding patient admissions, discharges, and significant changes in patient clinical condition or management.** Clinical learning provided should ensure the provision of

¹ Particularly in relation to the accreditation standards listed

² Refer to *PMCV Clinical Supervision of Junior Doctors Guidelines* and *PMCV Performance Assessment and Feedback Guidelines*

³ **Interns should not undertake non-clinical terms during internship**

⁴ MBA Intern Registration Standard

appropriate prevocational medical training to support their professional development needs and enable transition to vocational training programs.

References

Medical Board of Australia (MBA) Registration standard - Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training

AMC Intern training - Guidelines for terms http://www.amc.org.au/joomla-files/images/Accreditation/Intern_training-Guidelines_for_terms_2013_12_18.pdf

Accreditation Standards

Learning specific

3.1.2	For each intern rotation, the facility has identified the relevant outcome statements and the skills and procedures that can be achieved in that rotation, and the nature and range of clinical experience available to meet these objectives. For PGY2s, that learning objectives align with the Australian Curriculum Framework for Junior Doctors (ACF).
4.1a	Interns/PGY2s have access to a formal education program (at the facility level).
4.1b	Interns/PGY2s have access to work-based teaching and learning (at the rotation/term level).
4.2	The facility provides for interns/PGY2s to attend formal education sessions, and ensures that they are supported by senior medical staff to do so.
4.3	The facility specifies the dedicated time for teaching and training for the formal education program.
8.2.1	The intern training program provides clinical experience consistent with the <i>Registration standard - Australian and New Zealand graduates</i> . The intern and PGY2 training programs provides opportunities to develop knowledge and skills relevant to the domains of clinical management, communication and professionalism.

Other relevant

3.1.1	The intern training program, overall, and each rotation, is structured to reflect the requirements of the <i>Registration standard – Australian and New Zealand graduates</i> .
3.1.3	Interns/PGY2s participate in formal orientation programs and are supported and supervised where appropriate to provide safe and effective clinical handover between terms and shifts.
4.2	The facility provides for interns/PGY2s to attend formal education sessions, and ensures that they are supported by senior medical staff to do so.
5.2.1	The facility provides regular, formal and documented feedback to interns/PGY2s on their performance within each rotation.
7.2.1	The facility promotes strategies to enable a supportive learning environment.
7.2.2	The duties, rostering, working hours and supervision of interns/PGY2s are consistent with the delivery of high-quality, safe patient care and with intern/PGY2 welfare.
8.1.1	Interns/PGY2s are supervised at all times at a level appropriate to their experience and responsibilities.

Procedure

Assessment of the clinical learning provided to junior doctors is a key component of prevocational medical training accreditation. The statements in the following sections highlight areas assessed.

Clinical learning requirements for junior doctors

1. Rotation allocations ensure the achievement of defined training requirements, learning objectives and career aspirations.⁵ Junior doctors have the opportunity to undertake rotations in a diverse range of clinical (and non-clinical for PGY2) environments to support their learning needs. Ideally, nights and relief⁶ rotations should be limited to one term per year.
2. **Junior doctors are provided with opportunities to develop skills and increasing independence in clinical management (including common clinical symptoms and conditions), skills and procedures, communication and professionalism.**⁷ In particular:
 - Clinical experience in patient assessment (initial and deteriorating, investigations), safe patient care (clinical handover, delegation and escalation, infection control, medication safety and adverse event reporting) acute and emergency care (assessment, prioritization, BLS/ALS, patient transfers), patient management (prescribing medications, pain management, discharge planning, discussing poor outcomes and end of life care), skills and procedures (observe and perform a range of procedures, informed consent).
 - Opportunity to develop professional skills in teaching, learning and supervision and professional behaviours related to time management, personal wellbeing, ethical practice, professional development and quality improvement.
 - Opportunity to develop communication skills for patient interaction (patient and family interactions, breaking bad news, open disclosure, complaints), managing information (handover, health records), and working in teams.
 - Perform and document initial assessment, admission, ongoing management, and discharge of a range of patients including acute, emergency, chronic conditions, seriously ill and deteriorating patients and opportunities to work in ambulatory care i.e. outpatients.
 - Opportunities to access and use treatment guidelines and to make evidence-based management decisions in conjunction with patients and others in the healthcare team.
 - Opportunities to develop knowledge of the linkages between inpatient care and subacute, community and ambulatory care.
3. **The duties, rostering, working hours and supervision⁸ of junior doctors are consistent with the delivery of high-quality, safe patient care and with intern/PGY2 welfare.**
 - Rosters reflect a balance between service provision and training.
 - Rostered hours reflect the unit expectations and provide sufficient time to complete the work.
 - The number of patients in the care of the junior doctor, and the severity of their conditions, is at a level at which the junior doctor can provide safe continuing care.
4. Junior doctors are given a **Term Description** which provides information regarding all operational aspects of the term including a roster, important contacts (supervisors and others), orientation information and unit expectations, and what the junior doctors can expect to experience and learn during the term prior to the commencement of the term.⁹

⁵ Noting that interns must undertake *core* terms in medicine, surgery and emergency (see next section)

⁶ Preferably not allocated for interns

⁷ Over the whole year. Reference: *Australian Curriculum Framework for Junior Doctors*

⁸ PMCV Supervision of Junior Doctors Guidelines

⁹ **In particular, the term description should provide detail on the educational opportunities, the learning objectives for the term and a unit roster which shows the activities which contribute to the junior doctors' clinical learning** (i.e. ward rounds, theatre sessions, inpatient time, outpatient clinics, education sessions etc). Appendix A provides two de-identified examples. Term descriptions should be reviewed, and updated as applicable, at least annually.

5. Junior doctors are provided with orientation at the beginning of each term which ensure relevant learning occurs and includes some face-to-face interaction with the Term Supervisor in the first week to discuss unit and learning expectations.
6. Learning objectives are identified for the term which outline the skills and procedures that can be achieved in that rotation, and the nature and range of clinical experience available to meet these objectives.¹⁰ **Interns and PGY2s must be provided with appropriate professional development and terms must not be 'service only'.**
7. Junior doctors are provided with a facility-level education program (at least one hour of protected teaching per week) and are supported to attend by other staff.
8. Junior doctors are provided with work-based teaching (including daily ward rounds) and learning at the unit level.
9. The performance of junior doctors is assessed at mid-term and end-term and formal feedback by the Term Supervisor is provided to junior doctors to ensure their learning objectives are being achieved and to support their ongoing professional development.¹¹

Specific requirements for Intern rotations

Generally, medicine, surgery and emergency care requirements for intern training will be met during defined periods of time (terms). Terms may be accredited without meeting all the intern training criteria defined for that type of term provided the remainder of criteria are met through agreed alternative arrangements.

10. Interns are required to complete accredited rotations (*core*) in medicine, surgery and emergency care.¹²
11. Rotations involve direct patient care.
12. Experience in each discipline is planned and continuous.
13. No more than 30% of rostered shifts are afterhours (evenings/weekends).
14. No more than 50% of term rostered to an emergency short stay unit (triage or early assessment units) or a specific admitting medical or surgical unit with LOS<48 hours.¹³
15. A roster is provided which shows the start and finish times of shifts and demonstrates the range of clinical learning activities¹⁴ the intern is provided. *In addition, rosters should include details of handover between shifts, particularly night to morning handover for night shifts.*
16. Interns must not work in units not accredited for intern training even for afterhours cover or leave relief purposes.

17. Requirements for *core* emergency care intern terms:

17.1 A term of at least eight weeks that provides these experiences, under close supervision which continually evaluates intern skill and knowledge development:

- The assessment and management of patients with acute undifferentiated illnesses, including assessment and management of acutely ill patients.
- Opportunities to assess patients at first presentation including taking history, physical examination, ordering and interpreting investigations, procedures, communication with patient, family and other members of health care team and documentation.

¹⁰ For *core* intern terms refer to section on specific training requirements for interns; **The Australian Curriculum Framework for Junior Doctors (ACF) identifies the educational and training needs of intern and PGY2 junior doctors in terms of knowledge skills and behaviours.**

¹¹ Refer *PMCV Performance Assessment and Feedback Guidelines for Junior Doctors*

¹² MBA Intern Registration Standard

¹³ For medical and surgical admitting units, this can be reviewed depending on whether the principles of longitudinal care, access to assessment and management of patients as well as access to patients with acute and chronic conditions for medical terms and access to emergency and elective patients as well as access to patients in pre-operative, operative and post-operative periods in surgical terms are maintained.

¹⁴ **Ideally, there would be unit-specific teaching/learning in addition to facility-wide education**

- Clinical involvement in a range of common conditions managed in the emergency setting including opportunities to interpret investigations ordered in initial management.
- Emergency resuscitation including an understanding of the team based approach to resuscitation and opportunity to participate in basic and advanced life support.
- Opportunity to develop an understanding of the system of triage and resource allocation and of legislative requirements such as consent, privacy and mandatory reporting
- Direct observation of bedside procedural skills including supervision of medical emergency skills to facilitate resuscitation learning. This can also occur in a simulated setting.
- Supervision to ensure interns demonstrate the ability to identify urgent priorities in the assessment, referral and management of undifferentiated patients.

17.2 Ensure supervision requirements for interns specific to ED¹⁵ are met.

18. Requirements for *core* medical intern terms:

18.1 A term of at least 10 weeks that provides experience under supervision which continually evaluates intern skill and knowledge development:

- Assessing and admitting patients with acute medical problems. Assessment should include medical and social history, physical and mental state examinations, developing management plans, ordering investigations, making referrals and monitoring progress.
- Managing inpatients with a range of common medical conditions (acute and chronic) and develop an understanding of longer term management including monitoring for complications and effects of disease on patients over time.
- Clinical experience in managing critically ill medical patients, both at presentation and as a result of deterioration during admission.
- Discharge planning, including referrals, preparing a discharge summary and other components of handover to a general practitioner, subacute facility, residential care facility, or ambulatory care.

18.2 Interns must be engaged in the care of individual patients over a continuous period of ongoing care, rather than episodic tasks on unfamiliar patients.

18.3 Daily ward rounds with clinical supervisors.

18.4 Ideally, provision of work-based teaching and learning specific to the unit.

18.5 No more than two weeks of nights rostered where there is direct supervision (onsite) by an appropriate clinical supervisor. Nights should be specifically aligned to admitting patients and interns should return to previous medical team.

19. Requirements for *core* surgical intern terms:

19.1 A term of at least 10 weeks that provides these experiences under supervision which continually evaluates intern skill and knowledge development:

- Clinical exposure to, and opportunities to assess and manage patients with, a broad range of acute and elective surgical conditions including patients who exhibit common features of surgical illness including metabolic response to trauma, infection, shock and neoplasia.
- Clinical experiences in all care phases for a range of common surgical conditions including pre-operative (including consent process), operative (including major and minor surgery) and post-operative (including discharge planning) experience.
- Clinical experience in managing seriously ill or deteriorating surgical patients.
- Emergency and elective surgical cases.
- Assessment and initial management of common surgical conditions.

¹⁵ Refer *PMCV Clinical Supervision of Junior Doctors Guidelines*

- 19.2 Interns must be engaged in the care of individual patients over a continuous period of ongoing care, rather than episodic tasks on unfamiliar patients.
- 19.3 It is expected that interns participate in pre-admission clinics weekly and ‘scrub in’ to actively participate in operating theatre sessions at least one session per week (on average).
- 19.4 Daily ward rounds with clinical supervisors.
- 19.5 Ideally, provision of work-based teaching and learning specific to the unit.
- 19.6 No more than two weeks of nights rostered where there is direct supervision (onsite) by an appropriate clinical supervisor. Nights should be specifically aligned to admitting patients and interns should return to previous surgical team.

Identification of terms and ongoing monitoring

According to the accreditation standard 8.2.2, when identifying, and monitoring, terms for junior doctor training, the following should be considered:

- i. Complexity and volume of the unit workload
- ii. The intern workload
- iii. The experience interns can expect to gain
- iv. How the intern will be supervised, and by whom

Evaluation

Facilities are expected to regularly evaluate clinical rotations in regards to, but not limited to, these parameters¹⁶:

- Adequacy and effectiveness of supervision
- Unit specific orientation, including explanation of expectations, learning objectives and term description
- Safe and effective handover
- Education offered – facility wide program/ unit specific teaching
- Access to education (at least one hour protected)
- Duties, rostering and work hours consistent with high quality safe patient care and junior doctor wellbeing

Version Control

Version approved along with date of next review.

Version	Amendments by	Changes	Date
2	Accreditation Committee	Guideline revised as statements	August 2018
Initial		New guideline approved by PMCV Board	September 2017

Approved by: PMCV Accreditation Committee

Next Review: 2021

Date: August 2018

¹⁶ Domain 6 of PMCV accreditation standards

APPENDIX A

Two examples of unit rosters

<i>Please attach a term/unit timetable</i>						
Sunday	Monday 0700-1530	Tuesday 0700-1530	Wednesday 0700-1530	Thursday 0700-1530	Friday 0700-1530	Saturday Overtime
Week 1	0700-0900 Ward Rounds 0900-1200 Ward duties 1200-1230 Lunch 1230-1530 Theatre	0700-0900 Ward Rounds 0900-1530 Ward duties	0700-0900 Ward Rounds 0900-1200 Theatre 1200-1230 Lunch 1230-1530 Ward Duties	0700-0900 Ward Rounds 0900-1230 Pre Admission Clinic 1230-1400 Education/Lunch provided 1400-1530 Ward duties	0700-0900 Ward Rounds 0900-1200 Ward duties 1200-1330 Grand Rounds/Lunch provided 1330-1530 Ward duties	1500-2215 Hospital Ward Cover
Week 2	ADO	0700-0900 Ward Rounds 0900-1200 Theatre 1200-1245 Lunch 1245-1530 Ward duties 1630-2215 Rostered Overtime	0700-0900 Ward Rounds 0900-1200 theatre 1200-1230 Lunch 1230-1530 Ward Duties	0700-0900 Ward Rounds 0900-1230 Pre Admission Clinic 1230-1400 Education/Lunch provided 1400-1530 Ward duties	0700-0900 Ward Rounds 0900-1200 Ward duties 1200-1330 Grand Rounds/Lunch provided 1330-1530 Ward duties 1630-2215 Rostered Overtime	
Week 3	0700-0900 Ward Rounds 0900-1200 Ward duties 1200-1230 Lunch 1230-1530 Theatre	0700-0900 Ward Rounds 0900-1530 Ward duties	0700-0900 Ward Rounds 0900-1200 Theatre 1200-1230 Lunch 1230-1530 Ward Duties 1630-2215 Rostered Overtime	0700-0900 Ward Rounds 0900-1230 Pre Admission Clinic 1230-1400 Education/Lunch provided 1400-1530 Ward duties	0700-0900 Ward Rounds 0900-1200 Ward duties 1200-1330 Grand Rounds/Lunch provided 1330-1530 Ward duties	0800-1800 Hospital Ward Cover
Week 4	0700-0900 Ward Rounds 0900-1200 Ward duties 1200-1230 lunch 1230-1530 Theatre	0700-0900 Ward Rounds 0900-1530 Ward duties	0700-0900 Ward Rounds 0900-1200 Theatre 1200-1230 Lunch 1230-1530 Ward Duties	0700-0900 Ward Rounds 0900-1230 Pre Admission Clinic 1230-1400 Education/Lunch provided 1400-1530 Ward duties 1630-2215 Rostered Overtime	0700-0900 Ward Rounds 0900-1200 Theatre 1200-1330 Grand Rounds/Lunch provided 1330-1530 Ward duties	

STANDARD WEEKLY HOURS - 1 . DUTY ROSTER

DUTY ROSTER TEMPLATE – INTERNS – GENERAL MEDICINE UNIT 1 – POSITION 1

Pager number _____ Unit Head: A _____ Date authorised: 20/5/11

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Morning	8:00am – start Ward Round/Ward work	Wk 1 - 7:30 am start – Gen Med breakfast meeting Wk 2 - 8:00am – start Ward Round/Ward Work	8:00am – start Ward Round/Ward Work ADMISSIONS	8:00am – start Post take Round Ward work 1230 pm (fortnightly) Intern and registrar meeting	8:00am – start Med 1 Unit Meeting Repat 9:00am OPD (1 in 2 weeks) Ward work (1 in 2 weeks)		Every 2 in 10 weeks (check weekend cover roster to determine if admitting/post-take or cover) 8:00am –start Medical Intern cover all day
Afternoon	5:00-5:30pm – handover to evening resident 5:30pm - finish	12:30-1:30pm – Intern Teaching (mandatory) 1:30pm – finish Afternoon off	12:30-1:30pm – GRAND ROUND ADMITTING or ward work	Ward Work 5:00-5:30pm – handover to evening resident 5:30pm - finish	Ward work 5:00-5:30pm – handover to evening resident 5:30pm - finish		
Evening			5:30pm – Medical Intern Cover 9:30-10:00pm – handover to night Spec Med C cover 10:00pm - finish				9:30-10:00pm – handover to night Spec Med C cover 10:00pm - finish
Hours	9.5	5.5/6	14	9.5	9.5		14/0