



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

### **1. PURPOSE AND SCOPE**

- 1.1 This document is a policy of the Australasian College for Emergency Medicine and relates to the role of junior medical staff in the Emergency Department, and their status within the primary service-provision workforce.
- 1.2 The policy is applicable to Emergency Departments in general.

### **2. POLICY CONTENT**

- 2.1 The practice of Emergency Medicine requires the knowledge, experience and skill to rapidly assess and treat undifferentiated patients in a time-critical manner. This includes the requirement to make critical decisions rapidly and reliably.
- 2.2 Junior doctors (PGY 1 and 2, or equivalent) must be exposed to a wide spectrum of emergency presentations, and require a period of training in Emergency Medicine.
- 2.2 All junior doctors in the Emergency Department require direct supervision.
- 2.3 The current structure of medical undergraduate training means that, in the vast majority of cases, new graduates have not had sufficient practical exposure and experience to function safely and effectively in an Emergency Department unless supervised.

### **3. PROCEDURE AND ACTIONS**

- 3.1 In the interests of safe, high quality and efficient patient care and a satisfactory working environment in the Emergency Department, it is essential that the important role of training junior staff does not compromise the clinical service provision role of the Emergency Department. Where there is a conflict between these two goals, patient care will take precedence.
- 3.2 Where junior medical staff members are included among the Emergency Department medical workforce, the roster profile will be structured so as to allow direct supervision, case by case, by a medical officer with appropriate emergency medicine experience, at all hours of the day. There will be capacity for case-by-case supervision of technical skills, interpretation of tests (including XRays) and decision making (in relation to both treatment and disposition).
- 3.3 Junior medical staff ideally would not be calculated within the base service FTE (full time equivalent) for staffing of emergency departments.