

Supervisor assessment of the junior doctor

Apr 6, 2015 | 0 🗨️ | [onthepods, Working & training in healthcare](#)

Script Writer: Laura Glenn

Summary Writer: Laura Glenn

Editor: James Edwards

Interviewee: James Edwards

James discusses the assessment of junior doctors, with a podcast aimed at term supervisors about the new national intern assessment form.

James is a Senior Staff Specialist in Emergency Medicine at Royal Prince Alfred Hospital, Chair of the NSW Prevocational Training Council and Chair of the Preinternship (PRINT) committee at the University of Sydney. He previously held the position of Director of Prevocational Education and Training at Royal Prince Alfred Hospital for 6 years.

He was awarded the Geoff Marel award in 2013 for outstanding contribution to the education and training of junior doctors in New South Wales. This was followed by a nomination for the Australian Medical Educator of the year in 2013 at the National Prevocational Conference. James has also completed a Masters of Medical Education at the University of Sydney.

At Royal Prince Alfred Hospital, he is the Chair of the Medical handover committee and was a member of the Local Health Districts Handover Committee. James received a quality health award for his clinical lead in developing an electronic medical handover. He was the clinical lead in the hospital's recent National Standards and Accreditation survey for Standard 6: Clinical Handover. James has a strong interest in patient safety with membership on the hospital Patient Care Committee and participation on local and district Root Cause Analysis investigation.

He has also spoken at local and national education conferences on the topics of assessment, clinical handover and junior doctor burnout.

Supervisor assessment of the junior doctor

With Dr James Edwards, Chair of the Prevocational Training Council for HETI Interviewer - Dr Paul Hamor, Director of Prevocational Education & Training (DPET), Royal Prince Alfred Hospital, New South Wales, Australia

This podcast is for JMO term supervisors and is about the assessment of junior doctors and the new National Intern Assessment Form.

1. Why should junior doctors be assessed?

- To ensure patient safety
- To drive learning
- To provide useful feedback on their performance
- To fulfil our public responsibility (the public expect that all doctors who are granted general registration are safe to practice)

2. How does registration relate to internship?

- Interns have provisional registration with the Medical Board of Australia
 - To qualify for general registration, they must satisfactorily complete 47 weeks of practice split over different rotations, including at least 10 weeks of medicine, 10 weeks of surgery and 8 weeks of emergency medicine.

3. What if an intern does not satisfactorily complete a term?

- If an intern fails one term, they will not always have to repeat it the following year. If the DPET/DCT is satisfied at the end of the year that they have met the intern outcome standards, they can still pass the year and be granted general registration by the Medical Board.
- Assessment allows early identification of under-performing junior doctors and institution of remediation.
- Failing an intern for a term will actually improve their future career prospects by addressing problems early and enable improvement with some remediation, rather than letting them fly under the radar and struggle to move onto a vocational training program later because of unaddressed issues with their performance.
- Ticking “satisfactory” on the assessment form means that you are happy with the intern’s performance (and would be happy for them to work for you again).

4. What are the changes to intern assessment?

- A new national intern assessment form, based on new intern outcome standards.
- A new assessment review process – at the end of the year, an assessment review committee at each hospital will determine whether an intern has met the intern outcome standards.

5. What is different about the new assessment form?

- They are criterion-based, measuring the junior doctor's performance against intern outcome standards using a five-point scale of behavioural descriptors.

6. When should I use the “not observed” box when assessing a junior doctor?

- Ticking of this box should be kept to a minimum and avoided if possible – if interns have a lot of “not observed” boxes ticked, this will make assessment of their application for general registration difficult. They must have evidence of meeting each intern outcome statement at the end of the year.
- You (the supervisor) will need to plan how you might be able to observe the various domains, and may need to ask your interns at the beginning of the term to start bringing evidence to you that they have met the various criteria.

7. How does supervisor assessment fit in with the certification process at the end of the year?

- An intern assessment review group, consisting of a group of clinicians, will determine whether each intern has met the outcome standards. This will be based on the supervisor assessments throughout the year.
- These groups will decide whether to recommend to the Medical Board of Australia that an intern should be granted general registration.

8. What is the supervisor's role in assessment?

- To provide adequate term orientation – you should outline clear goals and expectations of the intern to them at the beginning of the term, discuss what their assessment will be based on and when it will happen.

- To address problems early - if there is a problem in week 2 of the term, address it then! Speak to the intern and give as much time as you can for them to remediate and improve their performance rather than leaving it until the end of the term.
- To organise enough time for proper feedback - the intern should have both a mid-term and end-of-term assessment. Ideally, you should have a meeting at both of these times (e.g. in week 5 and week 10 of a ten week term). It is important to have this meeting in a separate, private room with enough time set aside so that you can then have an open dialogue about their performance.

9. Where should a supervisor gather information from about the junior doctor's performance?

- Medical staff
 - Registrars (spend the most time with the junior doctors and likely to have the best idea about their performance!)
 - Other consultants within the unit
- Nursing staff
 - NUM & other senior nursing staff on the ward
- Allied health
- Documentation
 - Clinical notes by the junior doctor
 - Discharge summaries they have written
- Observation of procedural skills e.g. in theatre, or procedures outside of theatre such as putting in lines
- Work-based assessment, for example:
 - Mini-CEXs
 - Case-based discussion

10. How should a supervisor make their global assessment of the junior doctor (at the end of the form)?

- To be assessed as “satisfactory” for the term, the supervisor should be generally happy that the junior doctor:
 - Is able to practice safely
 - Can work with an increasing level of responsibility
 - Can apply knowledge and skills
 - Can be trusted to carry out their role
 - Is practicing at a level appropriate for their experience
- There is now a “borderline” tickbox as well (i.e. junior doctors can be assessed as either satisfactory, unsatisfactory or borderline overall for the term).

11. If the supervisor does identify issues with the junior doctor's performance, what should they do?

- Have a meeting with the junior doctor when the problem occurs
- Use the IPAP (Improving Performance Action Plan) at the end of the assessment form - which sets out the different domains in which the junior doctor has been under-performing, and enables the supervisor and junior doctor to come up with a plan together of what they can do to improve their performance.
 - Set a date and person responsible for following up on the action plan.
 - The IPAP can extend from term to term so that problems can continue to be addressed in subsequent terms - the DPET/DCT should be involved in this process.

12. Do these forms apply to residents - PGY2s and PGY3s?

- Yes! Residents should also be assessed to a) drive learning b) address any issues with their performance that have not been addressed during their intern year.
- It is called a junior doctor assessment form in NSW to reflect that it is to be used for all junior doctors

13. Do colleges have access to these forms when the junior doctor is applying for a vocational training program?

- No college has the right to see the forms without permission from the junior doctor.
- You can write anything on the form without fearing that a college might see it later.

Take home messages

- The new assessment form is national and based on a set of new national intern outcome standards, which every junior doctor must meet by the end of the year in order to progress to general registration.
- Identify concerns and give feedback on performance EARLY

- You need to identify what areas the junior doctor is lacking in e.g. communication, documentation, organisation, time management.
- The assessment form is not about ticking boxes - it's about providing useful feedback on their performance to enable remediation and improvement. Provide comments!
- Ensure you set aside enough time to have a proper discussion with a junior doctor regarding their performance and term assessment.
- Communicate with the DPET/DCT re: any problems with an intern's performance as issues arise.



Resources

- Intern outcome statements (Australian Medical Council)
- Intern training - Assessing and Certifying completion (Australian Medical Council)
- The National Intern Training Accreditation Framework (2014 onwards)

Related Podcasts

- [Job interview preparation](#)