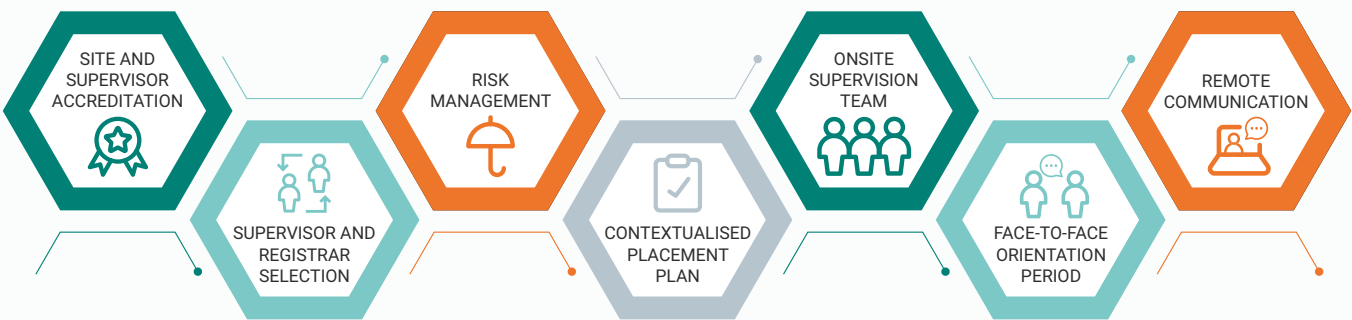


## What is remote supervision?

Remote supervision is when supervision and teaching are provided by a supervisor who is primarily offsite, using a model of supervision that provides comprehensive and robust support and training. The supervisor is ‘remote’ from the registrar and the training site will usually be in a regional, rural or remote area.

The [RACGP remote supervision guidelines](#) provide for several key differences between face-to-face supervision and remote supervision. Each situation will be different, and the guideline’s components need to be contextualised to the training site, supervisor and registrar.

- Selection of supervisor and registrar using a contextualised remote supervision placement process (CRSPP)
- Risk management planning to assess and manage current and potential risks in the placement
- A face-to-face-orientation period when the supervisor and registrar work together
- Development of an onsite supervision team
- Communication strategies for clinical, professional and personal support and assessment using IT
- Acknowledgement of the increased time required for remote supervision with additional payment for off-site and onsite teaching, support and assessments



Application of the guidelines will vary and depends on the training program (ie AGPT, FSP, RVTS) and the registrar context (eg ADF registrars).

## Models of remote supervision

There are a number of models of remote supervision that can be applied, depending on the context of the training site and the availability of the remote supervisor.

Model	Description
Remote supervision	Registrar is supervised by a remote supervisor who lives anywhere in Australia
Blended supervision	Registrar and remote supervisor work in the same location for a period of time throughout the placement, with periods of remote supervision
Satellite supervision	Registrar is supervised by a remote supervisor in a neighbouring or nearby town, who is available for some face-to-face meetings and supervision
Group supervision	Multiple remote supervisors support multiple registrars remotely, and rotate their days of support

# Remote supervision training minimum requirements

Registrars undertaking a remote supervised placement will participate in all training and education activities as required by their training program. The table below lists key remote supervision activities and the indicative resourcing. These activities will need to be contextualised to the needs of the training site, supervisor and registrar, and funded accordingly.

Activity	GPT 2	GPT 3	GPT 4
<b>Remote supervision orientation</b> Registrar and remote supervisor spend up to two weeks together to build education alliance and integrate registrar into the health service and community.	Two weeks, mostly supernumerary	Two weeks, mostly supernumerary	One to two weeks mostly supernumerary based on registrar's experience
<b>Weekly remote supervision</b> This includes all teaching, registrar support, ad hoc communications, assessment and some regular quarantined time for the remote supervisor and the registrar.	Three to four hours per week	Three hours per week	Two to three hours per week
<b>Mid-term site visit</b> A site visit is ideally conducted by the remote supervisor.	One to two visits	One to two visits	At least one visit
<b>Onsite team meetings</b> Regular check-ins between the onsite supervision team, registrar and remote supervisor.	Every one to two months	Every one to two months	Every two months

## Remote supervisors

Remote supervision is more complex than face-to-face supervision and as such, requires significant supervision experience to be safe and effective. It is expected that a remote supervisor will be able to:

- understand the complexities of remote supervision and the requirements to do it safely and effectively.
- develop and maintain the remote supervisor-registrar relationship.
- effectively use technology in clinical supervision, teaching and communications.
- complete registrar assessments and provide effective feedback remotely.
- ensure they have regular 'quarantined' time for teaching with the registrar.
- ensure they are available for ad hoc clinical advice whenever the registrar is working, or organise another appropriate GP to be available, communicating this arrangement with the registrar and onsite team.
- follow clear guidelines about the management of significant issues regarding the registrar, and to be able to escalate support appropriately.
- ensure the onsite supervision team has appropriate expectations, and establish and respond to ongoing communication with that team.

Clinical responsibility while supervising remotely is the same as traditional face-to-face supervision, and as such the requirements for medical indemnity are the same.

Supervisors interested in remote supervision will need to be accredited as a supervisor with the addition of remote supervision requirements including:

- Experience and competence as a supervisor
- Completion of the remote supervision online module
- Capacity to be available, and to travel to the remote location as required
- Previous working experience in the remote location or similar
- Ability to use practice software, and to manage IT connectivity
- Creativity and commitment to provide high level remote support.

Click here for the [Remote supervisor requirements](#).

The remote supervisor will be required to participate in an interview for each new location to ensure they are appropriate for the context at that time and are a good fit for the particular registrar.

## Remote supervision training sites

The training site will generally be an area of workforce need, with a community desire for a GP. Training sites will be accredited under the RACGP standards for training sites and supervisors, and the additional remote supervision requirements including:

- No (or limited access to) onsite accredited supervisor
- Willingness to engage a GP registrar and to provide cultural support
- Adequate consulting space and equipment
- Suitable, stable and safe housing
- Good reliable IT connectivity
- A willingness to establish an onsite supervision team.

Click here for the [Remote supervision training site accreditation requirements](#).

## Finding the right registrar for the placement

Identification and selection of a suitable registrar is fundamental for a safe and successful remote supervision placement.

The CRSPS aims to ensure that the registrar is suitable and able to provide a high level of safe healthcare in the planned location. It involves an interview with a series of case scenarios relevant to the context of the training site.

Requirements for a registrar to undertake a remotely supervised term include:

- GPT 2+ with the appropriate skill level, competence and experience to work in the chosen location
- Willingness to work remotely in a team environment within the constraints of the particular location
- Attributes such as awareness of personal limitations, the ability to accept and use feedback and good communication skills, which will be important for the success of the remote supervision process
- Ability and willingness to use IT resources to enable remote support
- Screening by the registrar's medical educator to ensure they meet the requirements
- CRSPS interview and gap analysis with remote supervision team.

Click here for the [Remote supervision registrar requirements](#).

## Risk management

Although any clinical training placement has risks, these are potentially greater due to the lack of onsite supervision, thus a more stringent risk management approach will be needed for remote supervision terms. A comprehensive risk assessment will be conducted to ensure safety of the registrar, supervisor, training site and community.

The [Remote supervision risk management plan](#) template is provided and will be initiated by the training site during the training site accreditation process and completed during the orientation period by the remote supervisor and the registrar. It is important that the risks and mitigation strategies are discussed with the registrar and reviewed at the completion of the training term.

Completion of the risk management plan will not only identify issues that need to be addressed early in the placement but will serve as a resource for future placements.

## Onsite supervision team

The composition of the onsite supervision team will be site dependent, and may involve the practice manager, a non-supervising GP, cultural advisor and possibly a practice nurse or health worker. The aim is to ensure safety of the registrar, patients and staff, to establish respectful and positive communication and to assist the remote supervisor with risk mitigation and management.

Ideally some key members of the onsite supervision team are identified prior to the placement and finalised during the onsite orientation period. The team will report regularly to the local training coordinator and remote supervisor. This would be required immediately if there was a critical incident or concern that had been reported.

## Orientation onsite

It is expected that the remote supervisor and registrar will work together in a mostly supernumerary capacity for the first two weeks of the placement, preferably at the training site. The aims of this time are to build a strong working relationship, establish a pattern of ongoing supervision, ensure good integration into the health service and community, and to plan risk mitigation and incident escalation.

Outcomes of the remote supervision orientation include:

- Establishment of multidisciplinary onsite supervision team with clear instructions about their roles
- Identification of a cultural advisor who can facilitate community orientation if required
- A tailored [clinical supervision plan](#) and [call for help list](#)
- A [risk management plan](#) with mitigation strategies documented
- Escalation and emergency planning and pathways
- Established communication processes and mutual willingness and ability to communicate effectively online
- Scheduled supervision times in advance as appropriate
- Establishment of educational alliance based on mutual respect
- Understanding of the complexities, breadth and depth of support that is needed in that particular context and clarification of the expectations, roles and responsibilities.

A [Remote supervision orientation guidance document and checklist](#) has been developed to support practices and remote supervisors plan and provide a comprehensive orientation.

## Communicating remotely

It is essential that both the supervisor and the registrar are comfortable with using IT for communication and assessments, and preferably be familiar with the software used for patient clinical information prior to or early in the placement. Communication and effective use of technology should include:

- Remote access to training site clinical software for the supervisor
- Determination of a preferred method of communication between supervisor, depending on the circumstance and purpose
- Equipment to support remote supervision should be provided by the training site and include a suitable computer, webcam, satellite phone or Starlink account
- With the patient's consent, the supervisor can observe the registrar/patient encounter through the registrar's computer or on a separate device.

## Assessments

Registrar assessments are completed as per their training program requirements and in accordance with the RACGP Workplace Based Assessment framework. Additional considerations of assessments in the context of remote supervision include:

- Remote observation of consultations using the registrar's computer webcam, tablet, phone or another online camera in the room. Random case analysis where both registrar and supervisor have access to the clinical software
- Review of investigation ordering, referrals, prescribing where both registrar and supervisor have access to the clinical software
- Focused observation of consultations remotely, which may be a MiniCEX
- Discussions with the onsite supervision team.

# Funding for remote supervision

The following activities will need to be contextualised to the needs of the training site, the supervisors and the registrar experience, and paid accordingly.

- Remote supervision orientation onsite, plus travel and accommodation for remote supervisor
- Weekly remote supervision time
- Mid-term site visit, plus travel and accommodation for remote supervisor.

Who funds these remote supervision activities will vary depending on the registrar's training program and the training site's eligibility for additional government funding. Funding principles include:

- Every placement is different and needs to be assessed on a case-by-case basis
- Registrar safety and a quality training experience are paramount
- If the registrar is part time, orientation and weekly remote supervision should be pro rata
- Remote supervisors should not 'double dip' for payments during the onsite orientation period; they should be paid to be mostly supernumerary with the registrar
- The training site or community is encouraged to provide the registrar and supervisor accommodation where possible
- Where possible, encourage one year placement because a second orientation period will not be required.

## Additional resources

The [Remote supervision snapshot](#) provides an overview of what to expect in the lead up to and during a remote supervision training term.

The [Flexible Funds Policy](#) outlines remote supervision payments for AGPT.

If you have any questions or would like to be involved please contact the RACGP remote supervision team at [remotesupervision@racgp.org.au](mailto:remotesupervision@racgp.org.au)