FELLOWSHIP

SAFE AND EFFECTIVE RURAL GENERALIST TRAINING USING REMOTE SUPERVISION

GUIDELINES

ACRRM

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1. Purpose

These guidelines are designed to sit within the **ACRRM Supervisors and Training Post Standards** as an adjunct resource providing further instruction on best practice approaches to delivering training supervision for ACRRM registrars from a location that is geographically distant from the training site.

Within the ACRRM training model, supervision of Registrars remains a high priority to ensure that the quality standards and support are delivered consistently across training. The ACRRM accreditation standards currently define the requirements for all training posts under the scope of the ACRRM RG Curriculum. It has since been identified that guidelines are required for the development and approval of remote supervision models.

ACRRM Standards and accreditation will remain unchanged under college-led training. To continue to be an ACRRM Supervisor or Training Post you will need to meet the College's current Training Post and Supervisor standards. Where practices wish to be accredited by both ACRRM and RACGP, this will be managed collaboratively with RACGP to avoid unnecessary duplication.

Under college-led training the requirements of teaching must continue to meet the **ACRRM Supervisors and Training Post Standards**

To ensure remote supervision models can be appropriately supported, these guidelines seek to set out the requirements for these arrangements and suggested approaches utilising the ACRRM team roles in each region. Each region has a dedicated Regional Director of Training, a Training Network Coordinator, Registrar and Supervisor Liaison Officers and Training Officers who provide direct support to registrars, alongside their Supervisor and Medical Educator.

Supervision exists on a continuum from 100% on-site supervision for less experienced registrars commencing in larger locations, to 100% remote supervision for more experienced registrars commencing in very remote locations.

These guidelines speak to the requirements for quality supervision and training plans to be developed and tailored to each registrar requiring remote supervision. These guidelines are designed to sit alongside the ACRRM standards as an additional resource.

2. Background

Remote supervision of Rural Generalist trainees aims to provide options for trainees to work in locations where there is limited or no regular on-site supervisor. The quality of supervision is a key determinant for both patient safety and for attracting trainees who are willing to work in isolated environments. Rather than viewing remote supervision as second-best training, these guidelines have been developed to facilitate supervision and learning that is comparable to the traditional supervision where the trainee and supervisor are working at the same training site.

Remote supervision provides unique guidance to trainees supporting delivery of care to rural and remote patients. It requires upskilling, training, technology use and support. The remote supervision guidelines will enable the successful implementation of remote supervision and support this process.

2.1 Why we need remote supervision

The purpose of remote supervision is to enable training to occur when on-site supervision by an Accredited Supervisor is not possible, either for a short period or long term. Outlined in this document is the structure and guidance for a remote (alternative) model of supervision. For the supervision of rural generalist registrars in all stages of training in eligible rural and remote locations, this alternative model of supervision is designed to provide flexibility in training and the opportunity for longer placements in regional and remotes areas providing much needed workforce.

These guidelines sit alongside the ACRRM's Supervisors and Training Posts standards.

2.2 Emergency and non-emergency escalations during a remote supervision term

A clear escalation pathway should be outlined as a requirement of the registrar's agreed training and supervision plan. Registrars should have made available to them an alternate point of supervision reference and contact as a part of this plan.

Should a registrar in a remote supervision placement feel that their supervisor is a) not available b) not providing adequate support, the registrar may report this confidentially to their Training Officer or Medical Educator who will then support the registrar to remediate this is an appropriate way.

In a situation in which the registrar requires an emergency intervention, registrars are encouraged to contact their dedicated Medical Educator to assist in working through an emergency response plan.

Should a registrar have ongoing concerns about the availability of supervision to them in a remote supervision arrangement, they should report it to their Training Officer immediately. Remedial actions will be supported. Formal complaints will also be available through the standard ACRRM complaints and Feedback process.

3. 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. This allows the training site and ACRRM flexibility to ensure the model of remote supervision is appropriate for the local context and is sustainable for their location.

In all of these models a remote supervisor will be available at all times for urgent calls as well as for scheduled education and supervision sessions

These guidelines apply to all accredited training posts, including community primary care placements and small rural hospital placements.

Model	Description	Examples of how the model might work in practice
Remote Supervision	Trainee works remotely and is supervised by a remote supervisor who lives anywhere in Australia.	• There may or may not be a non-supervising GP or locum at the training site. • If there is another onsite GP, they may be arranged to provide support during emergencies.
Blended Supervision	Trainee and remote supervisor work in the same location for a period of time throughout placement, with periods of remote supervision.	• Trainee may work in remote location and the remote supervisor may be a regular FIFO locum. • Both trainee and remote supervisor may be FIFO in a Roving Registrar style model (similar to those in SA and WA) and visit multiple locations (up to 6) regularly. • Both remote supervisor and trainee may cover a number of remote locations and work FIFO, together or separately.
Satellite Supervision	Trainee is supervised by a remote supervisor in a neighbouring or nearby town, who is available for some face-to-face meetings and supervision.	• Trainee may work exclusively in a satellite training environment of the main clinic where the supervisor works. • Trainee may work in both the main practice and the satellite clinic, with the remote supervisor only working in the main practice. • Trainee may work in both the main practice and the satellite clinic, with the remote supervisor also working in both practices, but not simultaneously with the trainee • The main clinic and remote clinic do not necessarily have to be connected. • 2 weeks orientation could be either in town clinic, satellite clinic or a blend. • AST posts will not be suitable for satellite supervision unless assessed under exception
Group Supervision	Multiple remote supervisors support multiple trainees	• Up to 5 remote supervisors support up to 5 trainees.

Model	Description	Examples of how the model might work in practice
	remotely and rotate their days of support.	• Each trainee will have a one-on-one relationship with one of the supervisors, who will be their primary remote supervisor and will usually be the only supervisor doing face-to-face work with the trainee. • Each remote supervisor works as the dedicated supervisor one day per week and supports all remote trainees on that day. • Remote supervisors would usually not have their own patient consultations on days they are working in this role and could do admin tasks (e.g., results, reports) between trainee calls and scheduled trainee activities (e.g., assessment and ECTVs)
Supervisor Leave Cover	Remote Supervision could be used to cover planned or unplanned times when a primary supervisor is unavailable	• Cover holiday leave, sick leave, Medical Board conditions etc. Might include cover for supervising any non-remote work that is part of the trainee's placement • Rural and remote doctors can go on holiday, knowing their trainee is well supported. It is essential that the practice and trainee know about these arrangements

4. Personnel involved in remote supervision

ACRRM will form a team responsible for remote supervision. Given that remote supervision requires knowledge of the local context, ACRRM local teams, including the training coordinator and Regional Director of Training, will be integral to each remote supervision GP term.

Supervision for any trainee, whether on-site or remote, involves a team. For remotely supervised trainees, identifying the personnel involved and the roles that they contribute is particularly important.

Key personnel for every remotely supervised placement include:

a. Remote GP supervisor
b. Onsite supervision team
c. Cultural mentor
d. Wider local, community and external supports
e. ACRRM training coordinator
f. ACRRM medical educator

Support provided by the key personnel for the remote trainee is broad-based and includes:

- Orientation –to follow set procedures, orientation checklists and an introduction to organisational procedures
- Clinical –to guide the trainee in local disease patterns, local management options and practices. Inform the remote supervisor of any critical incidents or significant events that involve the trainee
- Organisational – to assist with using referral pathways, local health resources and options for clinical advice
- Infrastructure – to ensure that the provision of accommodation is suitable, that local immersion and integration is encouraged, and that communication is possible at all times e.g., sat phone if internet and phones are not working
- Relational – to maintain good working relationships with staff and patients, introduction to local leaders and Traditional Owners (if relevant) and advice regarding important community activities and events.This should also include social immersion in, and support from, the local community.
- Reflective – to establish a positive and constructive environment for feedback that is relevant, caring and well-delivered

5. Pastoral care and mental health support

Receiving inadequate supervision can leave Registrars feeling overwhelmed, having lower job satisfaction and being susceptible to burnout. Therefore, consistency and proactivity in supervision practice, rather than an ad hoc approach, is valuable and requires that Supervisors be available, approachable, and willing to be called whenever they are needed.

Key personnel involved in remote supervision include practice staff, also remote Primary and Secondary Supervisor and RDoT ME, TO and line managers. Medical Educators in particular have a responsibility to maintain oversight of the quality of supervision and trainee experience.

In addition, Registrars applying for Remote Supervision arrangements will be provided resources for wellbeing, access to EAP and the ACRRM well-being officer as a part of the training planning to ensure they are in contact with key support mechanisms should issues arise.

6. Guidelines for remote supervision

The ACRRM model for remote supervision adheres to the ACRRM accreditation standard. Please refer here https://www.acrrm.org.au/resources/training/standards for the latest version.

ACRRM continue to accredit supervisors in remote supervision arrangements under our existing standard which refers to supervisors as Principal and Additional supervisors. Supervisors who have full responsibility for a registrar and the practice supervisory team will be recognised as the principal supervisor. Supervisors who assist principal supervisors in some tasks or act as deputies in the absence of the principal supervisor have been titled Additional supervisor.
These roles are not hierarchical. There is choice in the level of responsibility taken by a supervisor for a hosted registrar. Principal supervisors have overall responsibility for a registrar and for ensuring patient safety and educational requirements are met. Additional supervisors do not have this degree of responsibility.

When the Registrar is working and the Supervisor is not on-site, they must be available off-site to provide remote supervision. How this is provided will depend on the registrar's level of experience, competence and confidence (including with remoteness), as well as the complexity of the case mix and availability and degree of other supports at the training site. A guide to the continuity of supervision from 100% on-site to degrees of 100% remote supervision is provided in the matrix below:

	Brand new registrar with no GP experience	Registrar with under 6 months experience	6-12 months experience	12 months or more experience	Lower experience, competence or confidence; higher complexity of case mix	Higher experience, competence and confidence, with reasonable complexity
Approximate time on-site supervisor	100%	80%	50%	25%	0%	0%
Remote Supervision	Not suitable for remote supervision approval	20%	50%	75%	100%	100%
Example of remote supervision provided	In-town with telehealth capability	In-town with telehealth capability	In-town with telehealth capability	In-town, blended or satellite supervision with	Daily electronic check in, phone calls to discuss complex	Fortnightly electronic meetings, Weekly phone calls, phone and

				telehealth capability	patients, telehealth plan to obtain support for complex emergency patients Monthly on-site catchups	telehealth support as required Quarterly on-site catchups
Loss of Supervision escalation plan	Required at all times	Required at all times	Required at all times	Required at all times	Required at all times	Required at all times

7. Remote supervision eligibility

All aspects of supervision are considered, responsibilities understood, and procedures documented including:

- Clinical supervision - processes for management of patients requiring urgent care
- Teaching
- Case discussion
- Debriefing and mentoring
- Feedback and assessment
- Support – clinical and pastoral responsibilities
- Processes for management of patients requiring urgent care and how to access support for urgent advice
- Training and supervision of high-risk procedures
- Supervision plan clearly defining the roles and responsibilities of all those supporting the Registrar
- Clear outlines of known competencies and strengths and weaknesses and areas for risk for remote supervision
- A clear escalation process for registrars when the supervisor is unavailable
- Processes for the Supervisor to observe consultations onsite or virtual
- Back-up strategies when the Supervisor is not available
- A communication framework is developed to include regularity of regular discussions
- A monitoring and evaluation plan covering auditing activities (audit is part of the education process in training plans).
- In addition to remote Primary and Secondary Supervisor, there is also an RDoT, ME, TO or line manager as contact persons in case of emergencies.
- Critical incidents processes
- Continuing and post-placement evaluation processes.

8. Suitability

8.1 Registrars

Registrars must be suitable for remote supervision e.g. relevant clinical experience and personal attributes that would ensure safe practice such as:

- their specialty is aligned with the requirements of the training term where they will be under remote supervision
- has demonstrated clinical and professional competence in assessments,
- supervisor reports and experience suitable for the location requirements.

ACRRM recommends the completion of at least one year on the ACRRM Fellowship program and have completed the core training requirements. Establishing a remote supervision placement is based on:

- the suitability and experience of the registrar
- supervision skills of Supervisors
- supervisor feedback, such as provision of supervisor training plan, reports, DOPS, and MiniCEx.

8.2 Supervisors

When the Registrar is working and the Supervisor is not on-site, they must be available off-site.

1. Remote Supervisors are accredited, have remote supervision experience, and agree to their role within the supervision plan.
2. Supervisors and local personnel have ready access to support from ACRRM.
3. Local personnel have clearly defined responsibilities and agree to their role within the supervision plan and a support plan is in place.
4. Aboriginal and Torres Strait Islander culture (cultural awareness)
5. Education programs

Supervisor training is available through ACRRM and the courses below are available:

1. ACRRM Supervision Essentials https://mycollege.acrrm.org.au/search/find-online-learning/details?id=13860&title=ACRRM+Supervision+Essentials
2. ACRRM Principles of Effective Clinical Supervision: https://mycollege.acrrm.org.au/search/find-college-event/details?id=27493&title=Principles+of+Effective+Clinical+Supervision
3. Mastering Supervision: https://mycollege.acrrm.org.au/search/find-college-event/details?id=25269&title=Mastering+Supervision

Supervisors' personnel must have experience in Aboriginal and Torres Strait Islander health where applicable.

9. Strategies for supporting Remote supervision

On-site supervision may be available via part-time eligible Supervisors or where appropriate, experienced nurses or Aboriginal health workers. Off-site supervision is provided remotely by an accredited Supervisor at another practice, or an approved Medical Educator. To enable this model, strategies must be implemented to support patient and registrar safety and facilitate high quality training.

The strategies include:

- A range of supervision strategies incorporating comprehensive assessment of progression and performance (including regular formal DOPS and MiniCEx and informal pastoral care)
- An individualised training plan inclusive of details of remote supervision is required and must be approved by ACRRM
- Incorporation of escalation points and pastoral care supports in training plan development.
- Travel arrangements are in place for the Registrar and Supervisors to, from and within the location to ensure their safety and accommodation is available if required Communication and IT are available and fit for purpose
- Phone and internet access is available and working
- Videoconferencing equipment is available and working e.g., Direct Observation of Procedural Skills (DOPS) and MiniCEx requires videoconferencing.
- Mobile device (tablet or smartphone) is available and working
- Model of support is transparent and safe for the registrar and includes provisions for secondary supervision and support for out of hours.
- Pastoral care processes are active
- There is case management support for the Registrar from the ACRRM training team as well as the Medical Educator or Supervisor.
- Cultural training or education is provided
- Clear processes are used for feedback and to raise concerns can be done through the Training Officer (TO), Medical Educator (ME), Regional Director of Training (RDoT) in the first instance, phone and the second written, this can be formal or anonymous.

10. Applications for remote supervision

Where a registrar placement requires a remote supervision model, an application for remote supervision accreditation should be undertaken by applying on the ACRRM standard accreditation application form. The application should step out how the arrangements will meet the guidelines in this document and include agreement by both registrar and the primary supervisor.

11. Payments

AGPT accredited training posts and Supervisors who have a registrar training in their practice in 2023 will be supported by a Nationally Consistent Payments Framework. To receive these payments your practice must be an accredited ACRRM training post, have a GP registrar employed in your training post and have a PRODA organisation account. Payment amounts are set by the DoHAC and paid according to the MMM classification of the accredited training post. Training post payments will be paid quarterly in advance.

For more information on the National Consistent Payments (NCP) Framework view the following:
https://www.acrrm.org.au/docs/default-source/all-files/ncp-framework-and-payments-model-factsheet.pdf?sfvrsn=db1f03b9_2

https://www.acrrm.org.au/docs/default-source/all-files/ncp-framework-and-payments-model-qanda.pdf?sfvrsn=1075f8c0_6

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