

CGT Remote Supervision Application

This form is an application for approval of remote supervision for a training post. Remote and other innovative models of supervision must be approved in advance by ACRRM.

The supervisor and the training post, independently, must meet the standards as outlined in the <u>Standards for Supervisor</u> <u>and Training Posts</u>. To ensure remote supervision models can be appropriately supported, ACRRM has developed <u>Remote</u> <u>Supervision Guidelines</u> Where the post and supervisor/s are not already accredited, this application should be submitted in conjunction with the usual Training Post Application to cover the post and the supervisor.

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 remotely and rotate their days of support.	 Up to 5 remote supervisors support up to 5 trainees. 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

Form must be completed by a Training Post representative and/or supervisor



1. Training Post and Supervisor details

Main Training Post

Training Post Na	me:					
Training Post Address:					State:	
Contact Name:		Tel:	Email:			

Additional Training Posts - number of hours registrar will be at this site on average

Training Post Name:	No of hours	per	Select
Training Post Name:	No of hours	per	Select
Training Post Name:	No of hours	per	Select
Training Post Name:	No of hours	per	Select
Training Post Name:	No of hours	per	Select
Training Post Name:	No of hours	per	Select

Supervisor

Supervisor Name	Level *	Email	Tel	Location
	Select			

* Note each site must have one nominated principal supervisor.

Name of individual completing the remote supervision submission

Name:	Tel:		Email	l:
Describe the proposed supervision arrangement at t	he trainin	g post	Select	
Is the training post currently accredited by ACRRM?			Select	If no, please also submit a CGT accreditation application
Are the proposed supervisors currently accredited b	y ACRRN	!?	Select	If no, please also submit a CGT accreditation application



2. Model for assessing suitability of the registrars

Please provide details under each heading below on how individual registrars will be assessed for suitability to undertake training at this post under the proposed remote supervision model

Registrar experience

Clinical competence

Emergency experience training

Resilience or resourcefulness

Has the remote supervision model been discussed with the registrar?	Select
Has the registrar agreed to undertake a placement under the proposed remote	Select
supervision model?	Select



3. Registrar support

Please provide details under each heading below on the support available for registrars.

Process to orientate the registrar to the post

What strategies are in place to integrate the registrar into the community

What supportive social networks are available locally?

Who are the members of the team and how do they support the registrar?

Name	Position	Support offered	Located
			Select

Provide details regarding networking opportunities with other health or community based services

Outline strategies to support a registrar's wellbeing including any formal services available to the registrar



Additional information

4. Supervision

Please provide details under each heading below on how supervision will be provided for registrars.

What is the anticipated frequency of contact between the supervisor and the registrar

Supervisor availability including how often they may be on site

What is the process for the registrar asking for support from the supervisor?

Who does the registrar contact if they cannot reach their supervisor in a timely manner?



5. Emergency situations

Please provide details under each heading below on how the registrar can access support in an emergency.

How will the registrar access support in an emergency?

Will the remote supervisor be available to attend in person to review a patient if required?

Select

If not, how will the registrar access support if needed (eg video conferencing, another doctor, etc)

Please provide details of the distance and time to the nearest hospital and ambulance

Service	Location	Distance (kms)	Travel time
Hospital			
Ambulance			

What is the plan should a critical incident involving the registrar occur?



6. Educational delivery

Please provide details under each heading below on how education will be provided for the registrar while at the post.

Access to structured educational activity

Direct observation and feedback on consulting including the completion of formative miniCEX evaluations

The release of the registrar to attend mandated educational activities provided by ACRRM