A well-planned, comprehensive orientation to the practice and the local environment is an essential task for the supervisory team to undertake.  It helps ensure the safety of the registrar, the practice and the community. This extends beyond physical safety to include cultural safety.

There are a number of other important benefits:

* registrars report that a good orientation at the start of a placement reduces their anxiety significantly. It can increase a sense of inclusiveness and improve confidence.
* minimising later misunderstandings with clear statements of expectations
* avoiding frequent basic questions especially in the first few weeks when the supervisor is off-site
* reducing billing and administrative mistakes or omissions
* establishing strong patterns and expectations regarding contact and teaching.

Remote supervision terms will begin with one or two weeks of on-site orientation. The supervisor will be funded without expectations regarding bookings, and the registrar will only have appointments that are agreed on in order to upskill in the use of the patient software, referral pathways, emergency and escalation procedures etc, with the supervisor actively involved in these appointments. There will be opportunities for both to see patients, together and separately, but the medical practice should not be relying on these doctors to provide the primary patient care during that time. Sitting in for at least one session is recommended. It is worth allowing some space in the bookings for the supervisor to spend time teaching the registrar after each consultation. It is then recommended that all registrar consultations should be routinely reviewed until the supervisor is confident that their registrar is competent to manage patient care independently.

Community engagement is also important. It should be led by a community ambassador and supported by a cultural advisor, particularly if the training site is within an Aboriginal or Torres Strait community or a site with predominance of other cultural groups. The community needs to be engaged with the registrar, and the registrar needs to be integrated into the community to understand the contextual, cultural, and nuanced needs.

The remote supervision orientation checklist below is available to the registrar, remote supervisor/s and practice manager. The registrar will be responsible for making sure all items are addressed during the orientation period. Practices and remote supervisors are encouraged to edit the checklist and add items relevant to their context. Not all the items will need to be covered, and there may be some that can be the basis for a formal teaching session. There may be previously unknown MBS item numbers if in an Aboriginal Medical Service, or other aspects of care that will require further discussion, and these should be noted.

Familiarity with basic billing, prescribing, medicolegal aspects of practice, communication and consulting skills, emergencies in practice and clinical reasoning should be reviewed, and followed up as needed.

A good orientation takes time and organisation. Some activities can be done by the practice manager and other members of the onsite supervision team, however the supervisor should take a primary role and must be involved with teaching how to use the clinical software and in discussions about teaching and supervision. The time with the remote supervisor will also establish and develop a relationship of trust and respect that is important for sensitive and appropriate support while the supervisor is off-site.

Outcomes of the face-to-face orientation period

* Clearly defined expectations, roles and responsibilities
* Clear instructions for the multidisciplinary onsite supervision team
* A [Remote supervision risk management plan](https://www.racgp.org.au/FSDEDEV/media/documents/PLT/Remote-supervision-risk-management-plan.docx) with mitigation strategies documented
* A tailored [clinical supervision plan](https://www.racgp.org.au/getmedia/e303902b-0797-4da2-b7fe-9d702c3927e0/Clinical-supervision-plan-V3-June-2023.docx.aspx) and [call for help list](https://www.racgp.org.au/getmedia/a1b36794-f519-4e9b-bbf7-1b3eff26f601/Call-for-help-list-V3-June-2023.dotx.aspx)
* Scheduled supervision times in advance as appropriate
* Escalation and emergency planning and pathways
* Confirmation that the workplace, contracts and facilities are appropriate and suitable for the registrar
* Establishment of educational alliance based on mutual respect
* Useful tools: [General Practice Supervisory Relationship Measure (Supervisors)](https://figshare.com/articles/journal_contribution/General_Practice_Supervisory_Relationship_Measure_Supervisors_-_handscored_instrument/7034750) and
[General Practice Supervisory Relationship Measure (Registrars)](https://figshare.com/articles/journal_contribution/General_Practice_Supervisory_Relationship_Measure_Registrars_-_handscored_instrument/7132100)
* Mutual understanding of the complexities, breadth and depth of support that is needed in that particular context
* Established communication processes and mutual willingness and ability to communicate effectively online
* The remote supervisor behaving more as a coach, encouraging the registrar to explore the clinical reasoning behind decisions rather than immediately providing answers.
* A two-way relationship where the supervisor discusses openly with the registrar how their own backgrounds and assumptions are translating into their work as clinicians
* In rare situations it may become clear that the registrar is not appropriate to continue at this training site at this time.

Important tasks to complete during the orientation time

Clinic orientation with attention to

* The staff and their roles
* Equipment and layout – especially for emergencies
* Practice processes e.g., billing, confidentiality, consent requirements and recording
* Practice systems such as practice software, IT and point of care testing
* Referral processes
* Evacuation procedures
* The practice employer, employment structure, ethos and culture
* Familiarisation with how to manage emergency scenarios
* Other established clinic operations and procedures

Training site orientation

* Complete the [Remote supervision risk management plan](https://www.racgp.org.au/FSDEDEV/media/documents/PLT/Remote-supervision-risk-management-plan.docx) with mitigation strategies for potential and identified risks
* Complete any training site orientation requirements
* Meet with the with onsite supervision team and confirm roles and responsibilities in supporting the registrar
* Identify a cultural mentor and establish a plan for a regular meeting with the registrar
* Liaise with other health professionals in the area
* Establish communication channels with the employer or board of management, so that issues or concerns relating to the registrar (e.g., problems with rosters, room allocation, billing expectations) are communicated through the Practice Manager to the supervisor, as would usually occur during face-to-face supervision, rather than directly to the registrar

Community orientation

* Visit other health care facilities e.g., hospital, aged care facilities
* Explore wider local services and community resources
* Meet with local community members so that the registrar has a clear understanding of various roles in the community. This might include:
* Local paramedic/s
* Local pharmacist
* Community elders
* Local council mayor
* Discuss community and cultural issues with the local cultural advisor
* Identify local social, education institutions, sporting teams, activities, religious institutions, calendar of events

Establishing a clinical supervision plan

Orientation of the registrar also involves giving clear information and discussing about how remote supervision and teaching will happen. This includes:

* How and when to ask for help - A [call for help list](https://www.racgp.org.au/getmedia/a1b36794-f519-4e9b-bbf7-1b3eff26f601/Call-for-help-list-V3-June-2023.dotx.aspx) should be agreed to and formalised during orientation and then reviewed regularly
* The arrangements for back-up supervision if the usual supervisor/s are non-contactable.
* Early discussion of learning needs and plan to address them
* Formal, scheduled teaching – how and when it will happen - [Teaching plan](https://www.racgp.org.au/FSDEDEV/media/documents/PLT/In-practice-teaching-and-teaching-plan.pdf)
* Opportunistic teaching from questions or cases
* How assessments will happen remotely, including direct observation and clinical case analysis
* Feedback – what it looks like and how it happens. The registrar should be encouraged to develop a trust relationship with the on-site supervision team that allows feedback in an appropriate and constructive manner

All supervised doctors should be made aware that it is an expectation that they seek advice as much as they require. This may involve reassuring them of your willingness and availability to help.

These arrangements should be discussed with everyone in the onsite supervision team and relevant aspects communicated with the whole practice.

This should be formalised in a[Clinical supervision plan](https://www.racgp.org.au/getmedia/e303902b-0797-4da2-b7fe-9d702c3927e0/Clinical-supervision-plan-V3-June-2023.docx.aspx).

Remote supervision orientation checklist

Supervisors and practice managers can use this remote supervision orientation checklist to plan and conduct a comprehensive orientation for a new registrar. This list can be adapted to suit each practice. Please add or delete items as required.

Registrars are responsible for ensuring that the relevant items are addressed during the orientation time when the remote supervisor is on-site. The orientation can be provided by one or more appropriate practice members.

Responsibility for each task varies from practice to practice. Use the left-hand column to assign to the appropriate person.

|  |  |  |
| --- | --- | --- |
| Practice name | Registrar name | Primary supervisor |
|  |  |  |

| Person responsible | Remote supervision orientation checklist | Complete |
| --- | --- | --- |
|  | **Introduction to the staff and their roles** |  |
|  | Doctors including their interests and expertise |  |
|  | Practice nurses and their roles  |  |
|  | Practice manager |  |
|  | Admin staff |  |
|  | Allied health |  |
|  | Cultural educator/mentor |  |
|  | Overall practice philosophy |  |
|  | Practice information document and practice history |  |
|  | Practice meetings – formal and informal |  |
|  | **Work health and safety processes** |  |
|  | Duress response |  |
|  | Injury incl. needle stick |  |
|  | Infection control |  |
|  | Fire/evacuation |  |
|  | **Rooms and equipment** |  |
|  | Tour of the premises |  |
|  | Commonly used medical equipment and supplies |  |
|  | Emergency equipment and drugs, including location of defibrillator, fire extinguisher |  |
|  | Phone system, email faxes |  |
|  | **Computer use (best done by supervisor or another doctor)** |  |
|  | Medical records and software demonstration |  |
|  | Prescriptions |  |
|  | Test ordering |  |
|  | Referrals |  |
|  | Test results or correspondence checking processes |  |
|  | Recalls and reminders |  |
|  | Documents |  |
|  | Billing software |  |
|  | Appointments and waiting room |  |
|  | Educational resources e.g. eTG’s, HealthPathways |  |
|  | Telehealth processes |  |
|  | **Provision of useful written information** |  |
|  | Common MBS items |  |
|  | List of practitioners commonly referred to – specialist, mental health, allied health, community health |  |
|  | **Practice administration** |  |
|  | AHPRA registration, medical indemnity  |  |
|  | Pay and employment paperwork |  |
|  | Rostering including release for out of practice education |  |
|  | Leave |  |
|  | Patient bookings |  |
|  | How billing works – especially bulk billing vs private, billing for follow up visits |  |
|  | Reports, forms |  |
|  | **Professional issues** |  |
|  | Informed consent (which also includes financial informed consent) |  |
|  | Dress, punctuality, personal communication and behaviour |  |
|  | Confidentiality and privacy |  |
|  | Practice policies |  |
|  | S8 prescribing |  |
|  | Medication protocols, especially for onsite pharmacies |  |
|  | Complaints and critical incidents |  |
|  | Social media |  |
|  | Clinical photography policy |  |
|  | **The local community** |  |
|  | Aboriginal and Torres Strait Islander population, other cultural groups, organisations, and services |  |
|  | Introductions to key people in the community |  |
|  | Other health providers including pharmacy services |  |
|  | Local specific health needs |  |
|  | Social support services and facilities |  |
|  | Recreation, sporting, cultural opportunities |  |
|  | A tour of the local area |  |
|  | Local hospital orientation |  |
|  | Aged care facility orientation |  |
|  | **Plan the remote supervision** |  |
|  | How supervision will happen |  |
|  | * Who to call including when primary supervisor unavailable, after hours. Provision of supervision roster.
 |  |
|  | * When to call – in what circumstances. Clear reassurance and encouragement that asking for help is welcome. Clear message of availability and approachability
 |  |
|  | * Discussion of call for help list.
 |  |
|  | * How to call – phone call, messaging
 |  |
|  | * Practice using a variety of communication tools and applications
 |  |
|  | Discuss how teaching will happen remotely |  |
|  | * Plan dedicated, protected time each week
 |  |
|  | * What teaching will look like – types of case discussion, direct observation, procedural teaching, topics
 |  |
|  | * Informal teaching whenever the opportunity arises
 |  |
|  | * Who may be involved in teaching – are there local/onsite specialists?
 |  |
|  | * Planning teaching based on identified needs
 |  |
|  | How assessments and reporting happen remotely |  |
|  | * Giving feedback – how and when. Openness to feedback both ways
 |  |
|  | Discussion of registrar’s band supervisor’s background |  |
|  | * In medicine
 |  |
|  | * Outside medicine
 |  |
|  | Discussion of learning needs  |  |
|  | Handover when registrar away (results, follow-up) |  |
|  | **Consultation observation** |  |
|  | Registrar observes the supervisor consulting for at least one session |  |
|  | Co-consult - registrar does documentation in medical software, referrals and prescriptions, whilst supervisor conducts the consultation with patient. |  |
|  | Supervisor observes the registrar consult |  |
|  | **Complete remote supervision documentation** |  |
|  | [Remote supervision risk management plan](https://www.racgp.org.au/FSDEDEV/media/documents/PLT/Remote-supervision-risk-management-plan.docx) – risks assessed, mitigation strategies documented and discussed with the registrar |  |
|  | Onsite team documented – their role supporting the registrar discussed |  |
|  | [Clinical supervision plan](https://www.racgp.org.au/getmedia/e303902b-0797-4da2-b7fe-9d702c3927e0/Clinical-supervision-plan-V3-June-2023.docx.aspx) and [Call for help list](https://www.racgp.org.au/getmedia/a1b36794-f519-4e9b-bbf7-1b3eff26f601/Call-for-help-list-V3-June-2023.dotx.aspx)  |  |