

# *Pre-approved alternative model: Blended supervision for remote and/or Aboriginal medical services*

## **RACGP Education Services | Quality and Compliance**



### 1. Introduction

This document outlines the structure and requirements of the pre-approved alternative Blended Supervision Model. The model can be utilised by training organisations to provide supervision to general practitioners in training (GPiTs) in remote locations and/or Aboriginal medical services that meet prescribed eligibility criteria. The purpose of the model is to enable training to occur when the traditional onsite supervision by an accredited GP supervisor is not possible, either for a short period or long term.

This model fits within the framework for 'alternative models for training', which sits alongside The Royal Australian College of General Practitioners (RACGP) *Standards for general practice training* (3rd edition). This pre-approved alternative model has been evaluated and pre-approved for use by training organisations in specific circumstances. Within this framework, training organisations are able to implement these models in consultation with their state censors without having to undergo the full approval process each time.

### 2. Scope

This model of alternative supervision requires the training to be undertaken in an accredited training post, which may be a singular or composite post. It is intended for the situation where traditional onsite supervisor requirements cannot be met, which may be temporary, such as when a supervisor is temporarily unavailable due to unforeseen circumstances, or where the location has difficulty recruiting a supervisor due to workforce shortages.

Aboriginal and Torres Strait Islander health services form a subset of these special environments where a blended model of supervision and training is suitable.

### 3. Definitions

Blended supervision is a model using both onsite and offsite supervision resources to support GPiTs. The supervision responsibilities are distributed between members of a supervision team, which comprises accredited GP supervisors, other health professionals and operational support staff.

## 4. The Blended Supervision Model

The Blended Supervision Model incorporates appropriate onsite and offsite supervision resources.

- Onsite supervision may be available via part-time GP supervisors or via non-GP supervisors, such as an experienced practice nurse or Aboriginal health worker.
- Offsite supervision is provided remotely by an accredited supervisor at another practice, or potentially by a medical educator with the training organisation.

### 4.1 Strategies to support high-quality training

**These strategies must be outlined, including:**

- a range of supervision strategies incorporating comprehensive assessment of progression and performance
- training strategies – training plans document how training will be delivered remotely, ensuring
  - mandatory components of training are fully covered
  - there are no training gaps when compared to traditional training models.

### 4.2 All aspects of supervision are considered, appropriate roles clarified and responsibilities understood

This includes:

- teaching
- clinical supervision, including processes for management of patients requiring urgent care
- case discussion
- debriefing and mentoring
- feedback and assessment
- support – clinical and pastoral responsibilities should be undertaken by the training organisation with increased monitoring of the GPiT.

### 4.3 Written protocols

These must include:

- processes for management of patients requiring urgent care and how to access support for urgent advice
- protocols for training and supervision of high-risk procedures
- a supervision plan clearly defining the roles and responsibilities of all those supporting the GPiT
- processes for the supervisor to observe consultations (onsite or via video)

- strategies for back-up where the supervisor is not available
- a supervisor–GPiT communication framework, including frequency of regular discussions
- a monitoring and evaluation plan covering auditing activities and cadence, as well as
  - critical incidents processes
  - tracking mechanisms with clearly defined cadence for monitoring activities no less than for traditional training models
  - progressive and post-placement evaluation processes.

## 5. Eligibility and selection criteria for the Blended Supervision Model

The following must be considered and assessed by the training organisation regarding the application of the model. If an alternative model fulfils the following criteria, it should be eligible for the notification process.

### Eligibility

#### 5.1 The training location and its resources

- Travel arrangements are in place for the GPiT and supervisors to, from and within the location to ensure their safety.
- Accommodation is available if needed.

#### 5.2 IT and communication channels

The following are available for GPiTs and supervisors:

- phone and internet access
- videoconferencing equipment
- mobile device (tablet or smartphone).

#### 5.3 Employment model

The employment model:

- is transparent and safe for the GPiT
- includes provisions for the supervision team members.

#### 5.4 Pastoral care processes are active

- There is case management support for the GPiT.
- Cultural training or education is available if required.
- There are clear processes to provide feedback and raise concerns.

## 5.5 Coordinated supervision team

- Local personnel agree to their clearly defined responsibilities.
- Remote supervisors are accredited and agree to their role within the supervision plan.
- Supervisors and local personnel have ready access to training organisation support.

### Selection criteria

## 5.6 GPiTs:

The GPiT:

- must be suitable for remote supervision, including adequate clinical experience and personal attributes that would ensure safe practice
- must be at supervision level 3 or 4
- has demonstrated clinical competency in previous assessments and experience suitable for the location requirements
- is selected through an interview process.

## 5.7 The proposed supervision team

- Local personnel have adequate supervision experience.
- Remote supervisors are accredited and have remote supervision experience.
- Supervisor training and support plan is in place.

Supervisors must have experience in Aboriginal and Torres Strait Islander health where supervising remotely for Aboriginal and Torres Strait Islander health services.

## 6. Associated documents and forms

- Guidelines for use of pre-approved alternative models of training
- Notification for use of a pre-approved alternative model of training

## 7. Resources

The Royal Australian College of General Practitioners. Standards for general practices. 5th edn. East Melbourne, Vic: RACGP, 2020.

The Royal Australian College of General Practitioners. RACGP Standards for general practice training. 3rd edn. East Melbourne, Vic: RACGP, 2021.

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