

# Expectations of Off-Site Supervisors in the Fellowship Support Program

This document is written for the Fellowship Support Program (FSP).

All registrars require an accredited supervisor during each training term. Ensuring registrar and patient safety is fundamental to a supervisor's key responsibilities. Core supervisory tasks include registrar orientation, developing and monitoring a clinical supervision plan, providing day-to-day supervision, in-practice teaching, engaging in effective feedback and registrar support and remediation.

Where a suitable accredited supervisor is not available onsite, registrars may opt for an off-site (remotely located) supervisor. Although onsite supervision by an accredited supervisor is the gold standard, off-site supervision offers the option of training, education, and support to a registrar in circumstances where it cannot be provided. Off-site supervision is where the supervisor works from a different site to the training site where the registrar works. All supervisors are required to be accredited which includes the completion of the Foundations of GP Supervision modules, Cultural Awareness Training, and the completion of a formal supervisor interview with a medical educator.

Although principles for supervising registrars remotely which is termed off-site supervision in FSP are similar, the ['remote supervision model'](#) is a specifically funded model for the AGPT pathway.

## Guiding principles for supervising registrars' off-site

Providing supervision remotely as an off-site supervisor is more complex than on-site supervision and as such, requires significant supervision experience to be safe and effective. All supervisors that supervising off-site are expected to:

- Understand the complexities of supervising remotely and the requirements to do it safely and effectively.
- Develop and maintain the supervisor-registrar relationship.
- Effectively use technology in clinical supervision, teaching, and communications.
- Complete registrar assessments and provide effective feedback when the supervisor and the registrar are working in different practices.
- Ensure there is regular 'quarantined' time for teaching with the registrar.
- Ensure the supervisor is available for ad hoc clinical advice whenever the registrar is working or organise another appropriate GP who is onsite and a fellow 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 particularly during consultation.
- Ensure the onsite supervision team (which may include practice managers, other fellow GPs, nurses) has appropriate expectations and establish and respond to ongoing communication with that team.

Clinical responsibility while supervising remotely as an off-site supervisor is the same as traditional face-to-face on-site supervision.

## Key expectations of an off-site supervisor

Please note that these are the expectations of all accredited supervisors whatever the model of supervision, however, strategies for navigating these expectations when the supervisor is located remotely are specifically outlined below.

- Arrange an initial in-person (where possible) or a virtual meeting with the registrar to discuss and plan for the term.
- Understand the practice set up – including if there are any fellowed GPs on-site or a practice nurse to ascertain on-site support. They may form a part of the on-site support team.
- Establish communication with the practice administration team (practice manager or senior receptionist) to be able to collaborate for feedback, concerns, and support.
- Ensure that the practice/s has set up an appropriate orientation (the supervisor is to ensure that the practice is aware of the supervision arrangements and agree to facilitate collaboration in meeting the training and educational needs of the registrar).
- Ensure that they understand early assessment of safety and learning (EASL) and set aside time in the first two weeks of the registrar commencing to do direct observation (virtually) and daily case reviews.
- The [Early Assessment in Safety and Learning \(EASL\)](#) helps to assess [registrar competency](#) and determine the level of supervision required. This will determine the level of accessibility that you need to provide to your registrar as the accredited supervisor. (i.e. at entry and foundation level, the accredited supervisor needs to be accessible 100% of the time, consolidation level 50% of the time). Ensure the clinical supervision plan is completed with a call for help list discussed as well as documentation of how the registrar contacts the supervisor (this is important in a remote model where there is no onsite access to the supervisor, alternative phone numbers may be required e.g. clinic number and mobile number)
- Ensure that teaching time is set aside as per requirement (Year 1, an hour a fortnight, Year 2, an hour a month).
- If a registrar is working in more than one location, then clarity around responsibilities for supervision needs to be discussed and documented.
- Supervisor leave is to be discussed and a plan for coverage documented.
- Identifying, supporting, and monitoring a struggling registrar.
- Notifying adverse events to the RACGP as per the [Critical Incident and Adverse Event](#) Guidance.

## Communicating with the registrar when supervising from a remote location

It is essential that both the supervisor and the registrar are comfortable with using information technology platforms 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:

- Degree of access to training site clinical software for the supervisor for reviewing documentation, inbox audits of investigations, random case analysis. This may be facilitated where a registrar screen shares during a virtual teaching session on a secure link.
- Determination of a preferred method of communication between supervisor, depending on the circumstance and purpose
- 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 providing off-site 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 Mini-CEX
- Discussions with the onsite supervision team for 360-degree feedback.

## Resources

The [FSP Resource page](#) contains supervisor resources such as the FSP Training Site and Supervisor Handbook, FSP Accreditation Handbook for Training Sites and Supervisors, EASL guide & pack and other information.

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