

## Remote supervision risk assessment and management - Examples

Risk assessment and management is an integral part of a remote supervision placement to ensure the safety of the registrar, the remote supervisor, the training site, and the community. While any clinical experience learning placement has risks, the potentially higher level of risks with the distance factor added means that a more stringent risk management approach will be needed for remote supervision terms. Risks must be identified, and strategies to prevent and control each risk should be documented and implemented. It is recognised that medical practice will never be risk free, but that careful consideration of possible risks associated with remote living and practice can assist mitigation.

The risk management matrix below provides examples of risks, potential consequences and mitigation strategies that should to be considered to help plan for each remote supervision placement. It is important for the training site to develop their own risk management plan using the template, contextualising the items so it is relevant to the site.

Risk Category	Examples of risks	Examples of potential consequences	Examples of management strategies
Registrar safety and wellbeing	<ul style="list-style-type: none"> <li>Registrar health issue</li> <li>Registrar experiences social isolation, loneliness, traumatic experiences</li> <li>Registrar is overworked, long / extended hours</li> <li>Lack of mentoring</li> <li>Cultural considerations (e.g. for First Nations and IMG or Australian graduates in a new cultural context)</li> </ul>	<ul style="list-style-type: none"> <li>Registrar burnout, worsening health, unsafe practice</li> <li>Registrar may leave</li> <li>May be difficult to recruit registrars for future placements</li> </ul>	<ul style="list-style-type: none"> <li>The remote supervisor and the onsite supervisory team check in regularly with the registrar</li> <li>The local supervisory team need to be aware of the registrar's workload</li> <li>Consider an external mentor for Aboriginal and Torres Strait Islander registrar, particularly if they are working in an AMS, who will liaise regularly with the remote supervisor.</li> <li>Assign a community liaison person, who introduces the registrar to local activities, clubs, social networks</li> <li>RACGP local and regional team to provide assistance</li> </ul>
Supervisor and registrar relationship	<ul style="list-style-type: none"> <li>Remote supervisor and remote registrar have a poor relationship</li> <li>Remote supervisor lack of time / availability for remote registrar</li> <li>Insensitive and distracted communication</li> </ul>	<ul style="list-style-type: none"> <li>Reduced opportunity for knowledge sharing</li> <li>Remote registrar reluctance to ask for help or accept feedback</li> <li>Remote registrar disengages</li> </ul>	<ul style="list-style-type: none"> <li>Set expectation for developing and fostering the remote supervisor and remote registrar relationship</li> <li>Initial 2 weeks face-to-face to get to know registrar, e.g. their body language, how they interact.</li> <li>Daily check-in by the remote supervisor. Suggest a morning check-in with the remote registrar</li> <li>Disengaged or 'cowboy' registrar is identified early and addressed by remote supervisor</li> <li>If the remote supervisor/ registrar relationship is incompatible with effective supervision, the term should be ceased or an alternative supervisor found</li> </ul>

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Training	<ul style="list-style-type: none"> <li>• Medical or diagnostic error, critical incident</li> <li>• Registrar unable to see other practitioners working or role modelling</li> <li>• Lack of opportunity and/or limits to learning the art of GP</li> <li>• Reluctance of the registrar to ask for help or taking on too much responsibility</li> <li>• Reduced opportunity for debriefing</li> <li>• Reduced opportunity for advocacy</li> <li>• Misalignment of the role of workload and / or seeing the registrar as a workforce solution</li> <li>• Limitations in options to learn procedural skills</li> <li>• Reduced opportunity for knowledge sharing</li> <li>• Lack of skills or interest in teaching by the remote supervisor</li> <li>• Lack of supervisor knowledge / skills contextualised to the location</li> <li>• Insight into professionalism is missed</li> <li>• Difficult identifying the unconsciously incompetent registrar</li> <li>• Remote supervisor goes on unplanned leave</li> <li>• Perception of remote supervision compromising confidentiality</li> </ul>	<ul style="list-style-type: none"> <li>• Incidents are not reported to remote supervisor or other appropriate people</li> <li>• Remote registrar may develop bad habits</li> <li>• Needing help dealing with college and/or local health service</li> <li>• Registrar burnout or discouraged from future rural/remote practice</li> <li>• Diminished 'backstage oversight' for supervisor. No incidental monitoring or reviewing of patient notes</li> <li>• Unsafe practice, unsafe patients</li> <li>• Remote registrar may need to move if remote supervisor cannot be replaced</li> <li>• Loss of trust in the clinical relationship</li> </ul>	<ul style="list-style-type: none"> <li>• Discuss errors and incidents initially with onsite doctor and/or District Medical Supervisor (DMS). Remote supervisor should always be alerted to errors and incidents</li> <li>• Initial 2 weeks face to face orientation with remote supervisor onsite</li> <li>• Wave consulting - registrar could spend time with the remote supervisor in their practice, share a room or do remote reverse ECTV with supervisor.</li> <li>• Remote supervisor to periodically visit throughout the placement, every 2-3 months</li> <li>• Remote supervisor to conduct Random Case Analysis, case discussion and note review</li> <li>• Ensure scheduled and dedicated time to debrief, separate from teaching time. Pre-emptive and quarantined time</li> <li>• Remote supervisor needs to be aware of the need for advocacy in the practice or community. Must ask about it and support the remote registrar as needed</li> <li>• Provide options for registrar to learn on YouTube; Zoom direct observation; Regional Workshops; Work with visiting specialists or clinical attachments when they take time out from the community.</li> <li>• Consider extra face-to-face visits - Supervisor to registrar or registrar to registrar if necessary</li> <li>• Remote supervisor is required to have training specifically relating to remote supervision and IT</li> <li>• Registrar community of practice and/or support group for remote registrar group and registrars within a region</li> <li>• Onsite supervision team to assist monitoring and supporting the remote registrar's professionalism, provide feedback to remote supervisor. Professionalism includes cultural expectations</li> <li>• Schedule Clinical Teaching Visits and Cultural Competence visits</li> <li>• Remote supervisors may consider being part of a pool of relief supervisors.</li> <li>• Clear communication about consent for remote access to a consultation, and simple explanations about the limits of that access</li> </ul>

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Environment and Training Site	<ul style="list-style-type: none"> <li>• Lack of or poor/unsafe housing and yard</li> <li>• Travel and transport disruptions – weather, travel company changes, environmental or public health issues</li> <li>• Remuneration perceived to be less than adequate for providing remote supervision</li> <li>• Registrar paying double rent - remote placement location and at home</li> <li>• Reduced staff in the training site</li> <li>• Changes or movement of the onsite supervisory team</li> <li>• Uncertainty in roles and responsibility</li> <li>• Uncertainty related to escalation processes</li> <li>• Inability of the supervisor to have access to patient notes offsite / remotely</li> <li>• Poorly maintained or broken equipment</li> <li>• Disrupted internet due to power outage or poor connectivity</li> <li>• Lack of consultation space for registrar</li> <li>• Limited or no phone coverage intermittently, or permanently in outreach clinics</li> <li>• Registrar experiences issues or disputes with community members</li> <li>• Registrar becomes involved in local political, cultural or administration issues</li> <li>• An unfavourable clinical outcome that leads to tension and loss of safety</li> </ul>	<ul style="list-style-type: none"> <li>• Registrar feels unsafe and leaves community</li> <li>• Registrar is unable to leave community</li> <li>• Locums / other staff unable to visit</li> <li>• Remote registrar unable to work effectively</li> <li>• Remote supervisor provides less time and support to remote registrar, or leaves</li> <li>• Remote registrar leaves and difficulty recruiting</li> <li>• Diluting the clinic team, increasing workload for registrar and decreasing the local supervisory team relationship</li> <li>• Registrar is unsupported on the ground</li> <li>• Registrar unable to access software if internet is down</li> <li>• Remote supervisor is unable to access patient information in order to monitor the registrars practice and progress</li> <li>• Registrar is unable to contact remote supervisor</li> <li>• Registrar feels unsafe and leaves community</li> <li>• May be difficult to recruit registrars for future placements</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP local training coordinator communicates regularly with training site and registrar to discuss accommodation, facilities, internet and safety, even after term starts.</li> <li>• Registrar is provided with ongoing support via the RACGP local</li> <li>• Assessment of registrar supervision needs and adequate remuneration for remote supervisor time.</li> <li>• Negotiate rental support for the registrar (site may provide accommodation to locum GPs, RWA, local government)</li> <li>• Consider rescheduling the registrar’s appointments if there is no clinic/onsite support for the remote registrar</li> <li>• Clearly defined roles and responsibilities within onsite clinic team.</li> <li>• Clear line of reporting and clear escalation process</li> <li>• Paper based resources need to be in place in the training site</li> <li>• Registrar print off schedule at the beginning of each day if appropriate</li> <li>• Provide IT equipment such as webcam and/or laptop</li> <li>• Download software to be able to use offline</li> <li>• Ensure IT outage procedure in place</li> <li>• Registrar to utilise mobile phone as needed</li> <li>• RACGP local to provide support and liaise between practice and registrar and remote supervisor/s.</li> <li>• Satellite phone</li> <li>• Star Link account</li> <li>• Registrar to discuss all issues with remote supervisor</li> <li>• Registrar is provided ongoing support via the RACGP local/regional as needed</li> <li>• Contingency plan might involve removing registrar from location</li> </ul>