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Telehealth and supervision

A guide for GPs in training and their supervisors



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COVID-19 has resulted in rapid changes to service delivery models in the general practice setting across Australia. With the introduction of MBS telehealth item numbers, telehealth provision either on the telephone or via video is now part of the suite of consultation options in most practices. This has resulted in changes for practices, supervisors and GPs in training who have had to rapidly adopt and adapt to these changes. The RACGP National Faculty for GPs in Training acknowledges the challenges this presents. So as we all find our feet in providing telehealth consultations the following guide aims to provide some guidance on what supervision should look like when using telehealth. We hope GPs in training can use this to discuss best practice with their supervisors and we equally hope supervisors can use this to reflect and consider how they can best support their trainees who are delivering telehealth.

Planning considerations for GPiT conducting telehealth consultations:

- Confirm whether telehealth will be provided on site or off site or a combination of both
- Confirm whether telehealth will be provided via telephone or video or a combination of both
- Provide appropriate training on relevant technology to be utilised for telehealth and run test consults for those who will be using it. Ensure a clear plan is in place to review the technology being used and manage any issues that may arise with it
- Ensure clear practice policy about those patients and issues suitable for telehealth
- Ensure clear practice policy about how patients will be booked in for telehealth consultations
- Ensure clear practice policy about how care plans will be completed via telehealth especially if nurse support is utilised for these
- Ensure clear practice policy about how patients will be reviewed in person if deemed necessary during the telehealth consultation
- If a trainee or another GP in the practice is working off site then ensure clear practice policy about how the patients of those doctors working from home will be reviewed in person if needed and an appropriate process for handover to the reviewing doctor. It may be appropriate to have reserved consultation slots for this purpose.
- Ensure clear practice policy about sharing of clinical images if needed to aid diagnostic reasoning during telehealth consultations
- Ensure clear practice policy about administration support and lines of responsibility when it comes to sending communications eg faxing, emailing, texting or posting of prescriptions, referrals, investigation requests, medical certificates and patient information handouts
- Ensure discussion and agreement between trainee and supervisor of how many patients will be booked per hour based on stage of training, competence and confidence with telehealth delivery. Set a review date to monitor workload and adapt where needed
- Ensure discussion and agreement on dedicated catch up and administration time for such actions as checking results and finalising paperwork
- Provide support for correct MBS billing for telehealth consultations
- Where required with an RTO, ensure paperwork for telehealth supervision is completed

If a GPiT is planning to work from home then the following planning considerations should also be considered:

- GPiT has a safe workspace at home
- GPiT has access to all necessary practice software
- GPiT has access to required hardware eg computer, printer, keyboard, mouse, phone
- GPiT has ability to complete investigation requests, prescriptions, medical certificates and referrals at home and there is a clear policy as per above with respect to how these are distributed
- Provisions to ensure privacy for GPiT eg preventing the sharing of personal contact details with patients
- Clear policy to ensure patient privacy and confidentiality is maintained. This includes ensuring a private space for consultations to be carried out in the home setting without interruption from other household members and ensuring appropriately cyber-safe platforms are utilised if providing video consultations.

Supervision considerations for telehealth consultations:

- The RACGP has advised that teleconsultations provided by GP trainees require supervision that is commensurate with normal supervision requirements. This may look different though depending on where the trainee and supervisor are practising:
 - If both trainee and supervisor are on site then the supervisor can be contacted to come into the room to participate in the telehealth consultation or access the telehealth consultation as a third party depending on preference.
 - If the trainee and supervisor are at different sites then the supervisor needs to be able to join the telehealth consultation as a third party to provide advice
- Both GPiT and supervisor should be clear on the process for joining a telehealth consultation as a third party whether this is on the phone or video consultation and the process should be trialled to ensure workability. If a video platform does not enable this feature then an appropriate alternative plan should be considered eg supervisor on speaker phone
- Both GPiT and supervisor should agree on process for contacting the supervisor in these situations when their advice is sought eg sending message through practice software, text message, phone call, face to face discussion if on site
- Both GPiT and supervisor should agree on a process for managing when the supervisor is not able to be contacted immediately eg if they are on their own telehealth consultation. Consideration should be given to how this may differ for urgent and non-urgent clinical matters.
- Scheduling of a regular check in or contact with supervisor. This could be carried out in person or virtually depending on the working environment. The frequency of this check in should be based on the needs of the individual GPiT and should be regularly reviewed. These sessions may be used to discuss practical trouble shooting, follow up of non-urgent clinical questions, discuss MBS queries, debrief on challenges and generally make up for a loss of “corridor catch ups” that may occur with changes in working circumstances.
- Scheduling of direct supervision sessions to help provide GPiT with feedback on their consulting skills. This may include but is not limited to the supervisor sitting in for a session of telehealth consultations conducted by the trainee or vice versa, mock and role play telehealth sessions, reviews of notes from telehealth consultations and / or random case audits of telehealth consultations.
- It is important that in practice education is maintained as per the recommendations for stage of training. If either a GPiT or supervisor is working off site then consideration should be given to virtual education delivery via an appropriate platform.

For more information:

For more information on the implications of telehealth on training requirements please refer to the RACGP [COVID-19 Information for GPs in Training](#)

For more information on the practical implementation of telehealth, the RACGP has published a [Guide to providing telephone and video consultations in general practice](#) which is accompanied by a resource [Telephone and video consultation in general practice: Flowcharts](#)

Disclaimer

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