

GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

FAQ

FREQUENTLY ASKED QUESTIONS

WEBINAR

Supervision of Registrars undertaking teleconsultations

What are the benefits of allowing registrars to undertake teleconsultations?

Telehealth is likely to be an essential tool in the continuing delivery of quality GP services through the rapidly changing COVID-19 situation. By allowing registrars to undertake consultations via telephone or video-call, a practice can:

- establish an added physical separation between "well" and "unwell" patients to assist in keeping both staff and patients safe;
- enable registrars to continue working remotely when they are unable to attend the practice due to self-isolation;
- enable supervisors unable to attend the practice to continue monitoring registrars remotely;
- enable patients to access GP services when they are unable to attend the practice in person;
- continue the experiential training of registrars with minimal disruption.

What are the likely pitfalls involved in supervising registrars who are undertaking teleconsultation?

TECHNOLOGY CHALLENGES

The three parties you need to be concerned about in a face-to-face consultation are as important in a teleconsultation… but potentially for twice as many reasons:

- **Supervisors**

  While some rural practices have been delivering services via Telehealth prior to the COVID-19 crisis (particularly to bushfire-effected areas), many supervisors will now be facing a whole new learning experience themselves with teleconsultations. Remember: **we will get through this together.** Instant messaging apps and emails can keep registrars and other team members from feeling isolated during social distancing and remote work situations. As much as they might need you, some of those team members might just have the solutions for problems you haven't noticed yet.

  To avoid falling down in your supervisory responsibilities during this hectic time, make sure you create a daily schedule to ensure regular contact with your registrar(s) and frequent checking of/education regarding their clinical reasoning and patient histories.

  What's important to communicate to your registrar(s) in this unprecedented situation is that **we are all learning as we go, we are all learning together**. In many cases, the registrar will have a greater understanding of technology than the supervisor. Draw on these skills where this is the case, and discuss opportunities and drawbacks as a team. But bear in mind that, whatever technology you run with, it must allow you to meet existing standards and offer safe supervision.

- **Registrars**

  In a typical in-practice consultation, the patient generally knows what is expected of them. In a teleconsultation, the patient will potentially look to the registrar to not only be prompted about their symptoms, but also for clear instructions regarding the process of the consult itself. **Unless the technological aspect of delivering teleconsultations is handled seamlessly, the registrar might be expected to act as IT consultant as well as the treating doctor**.

  Without sufficient thought going into the technology challenges ahead of its widespread use, the benefits of offering teleconsultation could thus be overshadowed by the negative impact on the registrar's productivity and stress/ energy levels.

- **Patients**

  Comfort with technology is not only the domain of the younger members of the community; nor is discomfort with it limited to older people. Introducing technology into the consultation must be done with sensitivity and awareness of any limitations it poses for patient safety. While phone consultations might seem the better choice for older patients, these are often the people most in need of the added layer of contact that video conferencing provides when face-to-face consultations are not practical.

  Non-clinical staff should be employed to help familiarise patients with teleconsultation technology and systems should be implemented to prepare patients (phone or computer on, charged and in easy reach) ahead of their appointment time.

  Choosing the most suitable technology, and the best staff to help guide them through this, is critical for your patients.

  It is also essential that the patient can still have a face-to-face consultation if this is the best option for them.



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SAFE SUPERVISION

Without going into the relevant medico-legal issues (which will be addressed in a separate FAQ), the supervisor's challenges are many and varied when the teleconsultation is undertaken from the registrar's home/ remote to the practice.

Safe supervision, whether in the context of face-face consultations in the practice or via teleconsultation, needs to address both:

- patient safety; and
- registrar safety.
- **Patient Safety in teleconsultation**
  - is the patient's privacy being respected from the registrar's workspace at home/remotely?
  - has the patient made the registrar aware of anybody else present with them during the consultation?
  - has the registrar been able to consult effectively without seeing the patient in person?
  - can you observe the teleconsultation either in person (in practice) or by dialling into the call?
  - can the registrar identify all relevant issues without visual verification (in person)?
  - can the registrar access you during the teleconsultation with any urgent queries?
- **Registrar Safety in teleconsultation**
  - has the registrar confirmed the patient's identity before commencing the teleconsultation?
  - does the chosen technology protect the registrar's privacy?
  - does the registrar have secure access to the practice's systems?
  - can the registrar reach you for advice / consultation during the teleconsultation?
  - are workflows in place to help the registrar decide when to direct the patient to the clinic for a face-to-face follow-up?
  - do you have proformas for the registrar to use when documenting the teleconsultation?
  - can you maintain adequate supervision to identify any red flags in the consult?

What technologies and platforms are being used to deliver teleconsultation in a way that allows for supervision?

Teleconsultations by phone are possibly the most common means of delivering telehealth services at present. Since many practices are finding their PABX systems are being inundated with patient phone calls through the present craziness, the trend seems to be calling patients using personal smart phones. Simple as this sounds, this still requires adequate knowledge of the handset being used for the registrar to:

- make their phone's outward calls show as private / number withheld;
- place a call on hold;
- start a conference call.

Whatsapp and **Messenger** are among the many apps facilitating calls via wifi to save the cost of making these phone calls. Unfortunately, both pose complications in terms of guarding patient and clinician privacy by requiring the person being called to be added to the contact list associated with that phone, and by showing the patient the full contact information for the person calling them.

Since these two apps also offer a video call option, however, they should not be discounted entirely. One solution is to provide your team with dedicated handsets and SIM cards. With so many businesses setting their staff up to work remotely through the COVID-19 precautions, IT consultants should be able to tie these devices into your existing systems quickly and affordably.

Facetime is a great option for iPhone to iPhone teleconsultations, but before starting registrars down this track they must know both patient and supervisor are iPhone users, and also be familiar enough with the software to find the "add person" function to start a conference call.

Skype has the same basic functionality as Facetime, without being limited to iPhone users. It can be tricky to set up for the first time, but the opportunity to use any Mac or PC with a camera makes it worth investigating this option. Sending a Skype invite (link) by email streamlines the process of connecting registrar and patient, and the ability to schedule Skype calls could prove useful.

Zoom offers free video-conferencing for up to 40 minutes per session, and can also be initiated by email invitation (link).

Healthdirect Video Call is a free platform providing a virtual waiting room. This is currently being tested for teleconsultation with positive reviews.



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What happens if I am unable to continue supervising my registrar?

In the event you are sick or some other reason prevents you from continuing to supervise your registrar, the RACGP recognises alternatives need to be available. Accordingly, anyone with specialist qualifications is permitted to provide supervision in your place under the proviso they are available and approachable, and have the appropriate skillset to educate the registrar.

How do I know if a teleconsultation is the best option for a registrar?

- You can match a patient/ case to the registrar;
- Trust has already been established through registrar's performance during in-practice consultations;
- You are able to observe / dial in / offer assistance during consult;
- You can closely monitor teleconsultations in regular debriefs at the start and end of each session

Should I allow my registrar to undertake teleconsultations remotely?

It is important to recognise the differences in supervising the delivery of teleconsultation from within the practice against supervision of registrars teleconsulting from home.

When the registrar is undertaking teleconsultations from the consult room, they have access to their usual workstation including the practice's computer network, patient files, and prescription pads. More importantly (where you are also working within the practice), the registrar teleconsulting from the consult room will potentially have direct access to their supervisor during the consult.

A registrar who has not gained your trust in face-to-face consults should not be doing teleconsultations – especially not remotely -, and indeed this method of consultation will not suit all registrars. You need to be confident that the registrar will perform well through teleconsultation, and have systems in place enabling you to observe and monitor that performance regularly and by random samples. You also need to be able to match the right patients and cases to that registrar.

Then, before proceeding, the registrar must be given the right to choose whether or not they undertake teleconsultation from home.

Will a focus on teleconsultation detract from the registrar's training?

While the COVID-19 crisis has made teleconsultation a hot topic right now, the reality is that this will most likely remain a large part of general practice going forward. Accordingly, training your registrar(s) in this means of delivering GP services is a valuable component of their education; and, since the essential elements of patient consultation must be consistent whether consulting face-to-face in-practice or by phone/video, supervised experience in this area can only serve to make them better GPs.

Where can I find more information about supervision of registrars undertaking teleconsultation?

The below resources may prove useful:

https://www.racgp.org.au/clinical-resources/covid-19-resources/telehealth/telehealth-and-supervision-a-guide-for-gpit

https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Technology-based-consultation-guidelines.aspx

http://gpsupervisorsaustralia.org.au/wp-content/uploads/2017/03/Guide_identifying-and-supporting-GPS-at-risk_2017_Digital.pdf



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