RANZCP Remote Supervision Guidelines

Safe and Effective Remote Supervision for Psychiatry Trainees in the RANZCP Fellowship Program

facilitating training in underserved rural areas

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Guidelines for Safe and Effective Remote Supervision of Psychiatry Trainees within the RANZCP Training Program

The development and resourcing of a site potentially suitable for remote supervision will be the responsibility of the employing service. Ensuring adequate resourcing of supervision and trainee support in alignment with this Guideline is essential.

Remote supervision will be conducted in training posts established specifically for this purpose. Training posts that are currently accredited will not be able to change status.

One of the following will precipitate the establishment of a training post designated as suitable for remote supervision:

- a rural health service has an interest in establishing a training position and employs a specialist psychiatrist(s) who primarily works remotely and is willing to supervise a trainee at the site
- a specialist psychiatrist(s) working for a rural health service is willing to supervise a trainee completing the RANZCP training program
- a Director of Training (DoT) and/or a Branch Training Committee (BTC) identifying a site as potentially suitable.

1. Identification, selection and accreditation of training posts

Initially, the service, DoT and BTC will review training sites considered potentially appropriate to be designated as suitable for remote supervision. The onus on developing and resourcing a site for remote supervision will initially fall to the employing service.

Generally, for a site to be designated as suitable for remote supervision, the training post will be a:

- generalist rotation in a MM4-7 location
- specific subspecialty rotation in an MM3 location.

Requirements of training posts to be designated as suitable for remote supervision

Broadly, as a minimum, the onus is on the site to demonstrate the following:

- Availability of a designated psychiatrist who the trainee could contact at all times and who can provide a line of clinical responsibility
- Documented emergency and escalation pathways
- A caseload and case mix that allow the trainee to meet the training requirements of the relevant psychiatry rotation(s)
- Information and communications technology (ICT) for remote supervision, including but not limited to appropriate equipment, software, digital security, stable bandwidth and access to ICT support
- Access to a formal education course (FEC) delivered online and/or by video conference
- Suitable accommodation available for the trainee and support for integration into the community (and for their family, if required).

In relation to appointments and provision of supervision, the following table provides the relevant clauses in current RANZCP Supervision Policy and Procedure and the additions for training posts to be designated as suitable for remote supervision*.

**The Remote Supervision Guidelines have been approved by the RANZCP Board, and the recommended additions for remote supervision will be reflected in the revised version of the Supervision Policy.*

RANZCP Supervision Policy and Procedure	Additions for Remote Supervision*
A principal supervisor is the accredited clinical supervisor specified to oversee the supervision of a trainee in a particular training post. (3.3.1)	A supplementary supervisor may also be appointed, to assist the principal supervisor to oversee supervision.
A trainee's principal supervisor must be working in the same clinical setting at the same time as the trainee for at least 0.3 FTE. (3.4.1)	A trainee's principal or supplementary supervisor must be working in the same clinical setting (albeit remotely) at the same time as the trainee for 0.5 FTE, i.e. an additional 0.2 FTE. If the principal supervisor is working less than 0.5FTE, a supplementary supervisor, also working at the same service at least 0.2FTE, must be available. A trainee's principal supervisor must be on-site for the equivalent of a minimum of 0.1 FTE per week during the rotation and at least 3 times per rotation, e.g., 2 days per month or 4 days per 2 months.

Accreditation of posts to be designated as suitable for remote supervision

To be eligible, training posts must meet the Training Post Accreditation Standards and also the specific requirements for posts designated as suitable for remote supervision, which will be included as an addendum to the Standards.

The addendum can be used:

- to guide BTCs and DoTs (and DoT delegates) on the requirements of training posts to be designated as suitable for remote supervision.
- as a self-assessment for training sites who are interested in offering a training post with remote supervision and to identify areas they need to address before submitting an application for accreditation.

The accreditation application would include a documented risk assessment and mitigation strategies for identified risks. It may be that in discussion of risks associated with establishing a training post as suitable for remote supervision, the BTC may deem that the training site or that particular trainees are not appropriate for remote supervision at that time. In this circumstance, the DoT (or the DoT delegate) may choose to discuss the risk related issues with the proposed principal supervisor and/or Clinical Director of the service to identify if issues of concern can be addressed to improve the training post to apply for remote supervision in the future.

Director of Training (DoT) responsibilities

The DoT responsibilities remain unchanged, as per the DOT and DOAT Roles Description.

A DoT may delegate some of their responsibilities in relation to support and governance of training for posts designated as suitable for remote supervision. DoTs, with assistance from

the BTC, may need to actively manage any potential conflict of interest associated with the role of the DoT delegate and as they conduct the delegated duties.

Refer to Appendix One for further details on how responsibilities pertain to overseeing training posts designated as suitable for remote supervision and the 6-8 weeks review of remote supervision to be conducted by the DoT or the DoT delegate.

2. Selection of supervisors

The principal supervisor will be the usual psychiatrist who conducts clinics at the site (fly-in-fly-out) and/or by telehealth. This ensures that they have specific knowledge of the context, the referral pathways, any resource shortages, how to secure inpatient beds, and discharge considerations.

Regardless of whether a principal supervisor is working less than 0.5 FTE in the health service of a training post designated as suitable for remote supervision, identification of a supplementary supervisor(s) is encouraged. Supplementary supervisors can work on-site and/or remotely and will be arranged by the principal supervisor in consultation with the training site, usually with the Clinical Director of the service. Any identified supplementary supervisors must be able to fulfil principal supervisor responsibilities if required.

All supervisors overseeing supervision in training posts designated for remote supervision will be required to complete supervisor training specific to remote supervision.

Principal supervisors have their usual responsibilities, as per the *RANZCP Supervision Policy and Procedure*,* that need to be modified when providing remote supervision. Some additional activities have also been identified*. Refer to Appendix Two for more details.

3. Selection of trainees

Generally, trainees must be in Stage 2 or 3 of the training program.

When considering the allocation of a trainee to a training post designated as suitable for remote supervision, the trainee's *Curriculum Vitae*, mid and end of rotation in-Training Assessments and support and targeted learning plans, where relevant, must be reviewed. The trainee should also be interviewed by the service (e.g. Clinical Director and Principal Supervisor) to ascertain if they have the appropriate clinical skills, personal attributes and family or social support network to succeed when completing a rotation in a training post designated for remote supervision.

During the interview of a potential trainee, the trainee may be asked how they would manage posed scenarios which include ethical dilemmas and elements such as:

- dealing with uncertainty
- cultural issues
- team dysfunction
- managing personal crises
- breach of boundaries
- deficiencies in local health service infrastructure
- concerns about a supervisor or supervision
- emergency situations.

It may be determined that the trainee(s) requires further experience, remediation or support before allocation to a post designated as suitable for remote supervision.

Trainees will be required to complete an online module on optimising learning with remote supervision.

After determining that a trainee is suitable, the allocation to a particular training post is reviewed by the DoT (and/or the DoT delegate). This would incorporate an assessment of the training provided, facilities available at the training site and more broadly for the trainee's relocation (i.e. accommodation for family, if required), and alignment of these with trainee needs.

Guidance for the Selection of Trainees

Ideally, trainees allocated to training posts designated as suitable for remote supervision should be in Stage 2 or 3.

Training History

Prior to the interview, the service should consult with the DoT (and/or the DoT delegate) with regard to the trainee's progression to date and their hopes for training in a rural location.

The trainee's most recent one or two principal supervisors should also be consulted.

Trainees who require a targeted learning plan for failure to complete a rotation, or due to an ethical breach, should not be allocated to a placement in a training post designated as suitable for remote supervision.

Interview

The trainee interview is to assess whether the trainee has the knowledge, skills and

professional attributes to complete a successful rotation while being supervised remotely.

Key attributes include resourcefulness and the trainee's ability to identify the limits of their expertise and when to ask for assistance. Trainees must be willing to learn in a different context and be able to work well and rely on members of a wider multidisciplinary team. A good family and social network is vital for support when possibly relocating to a rural location.

During the interview of a potential trainee, the Service Clinical Director or Principal Supervisor may ask trainees how they would manage posed scenarios, which include ethical dilemmas and elements such as:

- dealing with uncertainty
- cultural issues
- team dysfunction
- managing personal crises
- breach of boundaries
- deficiencies in local health service infrastructure
- concerns about a supervisor or supervision
- emergency situations
- issues with a member(s) of the site team.

The interview should be seen as the opportunity to determine whether the trainee is ready to work in a post that is designated as suitable for remote supervision at this time. If not, trainees should consider how they might prepare themselves for the opportunity later in training. Information pertaining to the on-site supports including additional arrangements, e.g. travel, accommodation, should be discussed with the trainee.

4. Adequate planning and preparation prior to a trainee commencing a rotation

The training post must be accredited and designated as suitable for remote supervision and selected supervisors must have completed required training. Planning and preparation by the training site must begin in advance of trainee allocation and the start of the rotation.

Prior to the trainee commencing the rotation, living arrangements for the trainee allocated must be arranged (if required). Conditions and specific arrangements regarding travel and accommodation is beyond the scope of this guideline and will require jurisdiction and site-specific consideration of the circumstances. Trainees should be included in these discussions early, to ensure that they are prepared and able to undertake remotely supervised training in sites designated as suitable.

Enrolment in the associated formal education course and rostering for the orientation must also be checked.

Weeks prior to the trainee commencing the rotation, the risk matrix should be developed, rosters and timetabling firmed up, dates confirmed for the orientation period, IT and communications available and tested and relevant policies and processes double checked and updated as required.

It is essential that the principal supervisor, in consultation with the DoT (or the DoT delegate) and the training site, identify back-up arrangements for day-to-day issues, the clinical governance of trainee cases, escalation processes for trainees and supervision during rostered time off, for both planned and unplanned absence.

Preparation and Planning Checklist – prior to the trainee commencing

The following provides guidance on planning and preparation required and aspects that should be checked prior to trainee rotation commencement:

3 months prior to rotation commencement

- the training post is accredited and designated as suitable for remote supervision
- the supervisor(s) have completed the required remote supervision training and have been accredited for remote supervision
- the supervisors have completed cultural safety training, especially if the trainee allocated identifies as an Aboriginal and Torres Strait Islander
- the trainee has secured appropriate accommodation and received information about the community facilities and services, and relevant contacts for further details (if required)
- rostering of principal supervisor and supplementary supervisor aligns with the required orientation
- the trainee is enrolled/has access to the formal education course

1 month prior to rotation commencement

- the risk management matrix is developed and/or updated to include possible risks particular to the upcoming placement
- the trainees have completed the module on optimising learning with remote supervision
- the dates of the orientation period have been scheduled
- weekly timetabling considered and/or checked to ensure availability of supervisors at all times

- IT and communications installed and available for use, including the various settings that the trainee will need to be directly observed with patients.

1 week prior to rotation commencement (or finalised during orientation)

- emergency pathways have been reviewed and tested
- escalation processes have been reviewed
- contact details for all personnel have been checked/updated
- back-up arrangements for day-to-day issues organised
- clinical governance of trainee cases determined
- supervision arrangements are considered in anticipation for leave during the term. Plans are in place for continued supervision during unexpected absences of the principal and/or supplementary supervisor so that there is availability of a designated psychiatrist for the trainee to contact at all times and provide a line of clinical responsibility.

5. Structured orientation and clear expectations of roles and responsibilities

Orientation

The principal supervisor must conduct an in-person on-site orientation, of at least 2 days, preferably within the first week the trainee commencing the rotation (and no later than within the first fortnight), unless otherwise organised with the DoT or the DoT delegate.

Expectations of making contact (frequency, method for formal and informal correspondence) and situations for which the trainee must call the principal or supplementary supervisor should be discussed during the orientation.

Risk Management Matrix (see next section)

During the orientation period, the developed risk management matrix must be reviewed.

After the orientation, the principal supervisor must also update the DoT (or the DoT delegate) in relation to any changes to the risk management matrix and any concerns they may have in relation to the planned approach or the trainee.

Refer to the Orientation Checklist template available on the website or provided to assist principal supervisors to attend to all the necessary aspects of the orientation.

This also serves as a record of completion and must be submitted to DoT (or DoT delegate).

Supervision and training plan

A supervision and training plan must also be developed and agreed upon. In relation to supervision, planned on-site visits that are scheduled, known leave and other planned activities which may impact upon usual supervision are documented.

For training, the plan should include trainee areas of strength and those which the trainee requires further development, and training requirements that will be a particular focus for the upcoming rotation.

Particular care should be taken to ensure that the trainee is not unrealistically burdened with on-call duties in remote locations.

Refer to the Remote Supervision Training Plan template available on the website or provided

Site team

With the lack of an on-site supervisor, the team surrounding the trainee becomes an essential part of the success of a training post designated as suitable for remote supervision. During the in-person orientation period, the supervisor must finalise the members of the site team, clarify their roles and discuss with them how they can support the trainee. The team must also be educated about the expectations for both themselves, and the trainee (e.g. trainee's skills), need for dedicated education time (to attend the formal education course) and emergency and escalation policies. The site team may include other professional and supports more broadly in the training location but not directly in the training/service site. Each BTC will need to consider site team members when reviewing potential sites.

Possible members of the site team include:

- Locally based or visiting (non-supervising) psychiatrists
- Local mental health team
- Other health professionals

- Local GPs with an interest in mental health
- Aboriginal health practitioners
- Private psychiatrists
- Cultural mentor
- Administrative staff
- Specialist International Medical Graduates
- Locums
- Other specialists as necessary, e.g., specialist addiction medicine physicians
- Other teams and support service, e.g., regional drug and alcohol service.

All members of the site team must understand that they have a role to play in supporting the trainee who is being supervised remotely. They should share helpful knowledge and experience, monitor the well-being of the trainee, assist the trainee to develop and foster relationships with key personnel, help to troubleshoot any issues as they arise, as well as providing collaborative clinical and professional support.

Risk Assessment and Management

A Risk Matrix should be developed by principal supervisor for each rotation, with input from the site team, before the rotation commences, updated during the orientation period in consultation with the trainee, reviewed by the DoT (or the DoT delegate) during the Remote Supervision and Support Review (at approximately 6-8 weeks), and then reviewed again at the end of the rotation as part of the evaluation and in preparation for future trainee completing rotations in that training post, with remote supervision.

Potential risks in relation to training posts designated suitable for remote supervision remotely can be divided into the following, with some potential risks applicable to multiple categories:

- Site Related / Infrastructure
- Patient safety and quality care
- Trainee
- Trainee's Education and Training
- Supervisor/Trainee relationship

Examples of risks include:

Site Related / Infrastructure Risk

- IT and Communication (internet, phone)
    - Equipment (e.g., supply, location, function)
    - Connection (e.g., bandwidth, email delivery, mobile reception at site)
- Trainee Accommodation
    - Availability
    - Security
    - Suitability (i.e., for visiting family, if required)
- Transport
    - Access for Supervisors
    - Access for trainees and family

Risk to Patient Safety and Quality Care

- Rostering of psychiatrists
- Direct clinical line for patient welfare
- Assessment and management of patient risk
    - Identification of safety concerns
    - Policies and procedures adhered to
- Trainee capability to:
    - appropriately assess and develop care plans for patients
    - deliver suitable interventions
    - follow up as needed
    - recognise limits of their expertise and request help when needed
- Emergency and escalation pathways
- Clinical assistance available to trainee when required
    - Availability of personnel
    - Communication channels are functional

Risk to the Trainee
Risk associated with:

- Site security
- Patients
    - Psychotic, complex, or high-risk patients
    - Vicarious trauma
- Site team
    - Team dynamics / culture
    - Expectations and role clarity
    - Loss of personnel
    - Support
- Trainee physical and mental health
    - Physical health
    - Anxiety
    - Isolation
    - Family related
- Pastoral care
    - Availability

Risk to Trainee's Training and Education:

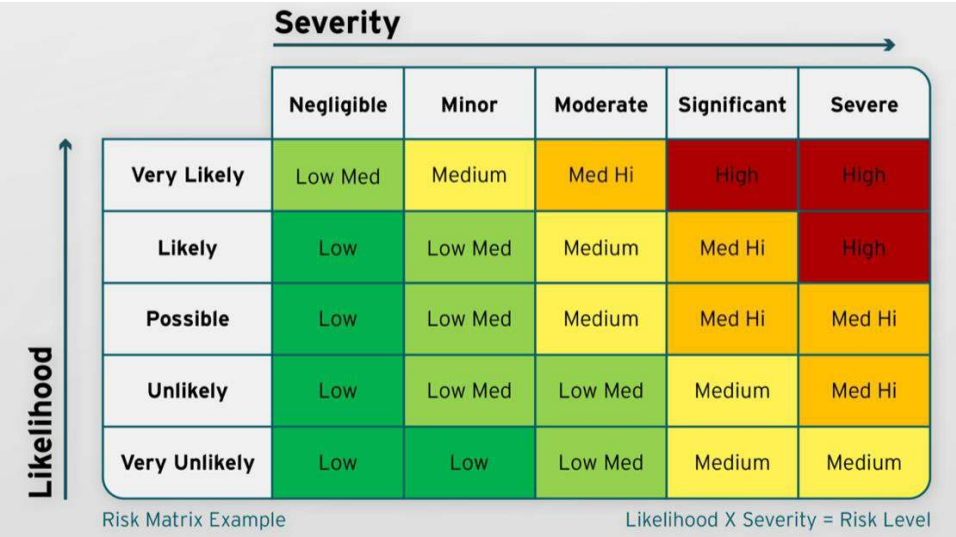
- Organisational support
- Caseload (too high or inadequate)
- Case mix appropriate for trainee learning
- Formal Education Course
    - Attendance (timing)
- Training Requirements
    - Completion of WBAs
    - Completion of EPAs
    - Assessments
- Time for Supervision
    - Amount
    - Rostering (face to face visits and between supervisors)
- Quality of Supervision
    - Organisation of meetings
    - Planned Learning
    - Use of time during face to face visits
    - Continuity (including between supervisors)
    - Opportunities for mentoring, debrief

Risk to Supervisor / trainee relationship

- Perceived approachability
- Communication
- Interpersonal issues, including trust
- Informal exchanges

The Risk Management Matrix template available on the website or provided should be populated with relevant examples from those listed above and any additional risks identified. It is expected that the risk matrix will be a working document, amended when reviewed during the rotation.

A risk rating should be assigned based on the table below:



Likelihood \ Severity	Negligible	Minor	Moderate	Significant	Severe
Very Likely	Low Med	Medium	Med Hi	High	High
Likely	Low	Low Med	Medium	Med Hi	High
Possible	Low	Low Med	Medium	Med Hi	Med Hi
Unlikely	Low	Low Med	Low Med	Medium	Med Hi
Very Unlikely	Low	Low	Low Med	Medium	Medium

Risk Matrix Example

Likelihood X Severity = Risk Level

If there are any risks that are assigned a rating of ‘High’ or ‘Med Hi’, the DoT (or the DoT delegate) and Clinical Director should be consulted to determine if there are other mitigation strategies that could be implemented to further reduce the risk.

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6. Increased requirement for weekly individual supervision time

Regular check-ins on the trainee by the principal supervisor must occur for the first 2 weeks.

Principal and supplementary supervisors must work a combined 0.5FTE within the health service of the training post. Of this time, clinical supervision of the trainee must equate to at least 5 hours and include 2 hours of individual supervision.

The following table provides the clauses in current RANZCP Supervision Policy and Procedure, and the additions for remote supervision*.

**The Remote Supervision Guidelines have been approved by the RANZCP Board, and the recommended additions for remote supervision will be reflected in the revised version of the Supervision Policy.*

RANZCP Supervision Policy and Procedure	Additions for Remote Supervision*
Clinical supervision of trainees must be maintained at a minimum of 4 hours per week over a minimum of 20 weeks per 6-month rotation for full-time trainees. (3.4.5)	Clinical supervision must be maintained at a minimum of 5 hours per week over a minimum of 20 weeks per 6-month rotation for full-time trainees.
A minimum of 1 hour per week individual supervision must be provided by the principal supervisor. (3.5.1)	An additional 1 hour of individual supervision per week, i.e, 2 hours individual supervision per week, must be provided regardless of the trainee's or principal supervisor's full-time equivalent status.
This hour should be provided by the trainee's principal supervisor except where leave/time off arrangements makes this impossible (3.5.2)	The additional 1 hour of individual supervision per week may be provided by the trainee's principal or supplementary supervisor.

Clinical supervision can occur within adapted clinical assessments, reviews, treatment sessions or family/agency meetings utilising video conferencing.

Supervisors will be encouraged to complete as many workplace -based assessments during in-person visits, though they can also be completed by observing trainees remotely using video conference facilities.

Additional supervision is to acknowledge the need for individual communication to facilitate learning of the trainee, such as discussing individual patients, or other professional or managerial issues. Less opportunistic conversations occur when the principal supervisor is off-site and therefore additional time needs to be set aside specifically.

7. Monitoring of supervision and support for trainees

The effectiveness of remote supervision is largely attributed to adequate planning, time management, contribution of team members and communication. Monitoring during the rotation and responsive adjustment is required to optimise learning and ensure risks associated with the health service, patient care, supervision and the trainee continue to be effectively mitigated.

Approximately 6-8 weeks into the term, the DoT, or the DoT delegate (e.g. Site Coordinator of Training), must conduct a review of supervision and support provided during the rotation in those training posts designated as suitable for remote supervision. A meeting would be scheduled for the DoT (or the DoT delegate), principal supervisor, supplementary supervisor (if appointed) and trainee to discuss and confirm that the planned approach has been implemented and is working well. The review includes but is not limited to: function and reliability of IT; organisation; supervision time; communication methods; adequacy of trainee support (by supervisors, the site team, and trainee networks); and the effectiveness of policies on escalation and emergencies, including associated procedures. The risk matrix must also be reviewed, and revised if required.

The primary focus of this review is on supervision and support, as differentiated from the mid-rotation In-Training Assessment, which is conducted at approximately 12 weeks and is designed to assess trainees' performance during every rotation regardless of the type of training post.

A Remote Supervision and Support Review Checklist, to assist DoTs and DoT delegates to conduct this meeting is available on the website or provided. The checklist also serves as a record of the review and any necessary actions.

8. Evaluation of the remote supervision experience

The Rural Psychiatry Training Pathway (RPTP) Roadmap requires delivery and implementation of a Monitoring, Evaluation and Learning (MEL) framework, specifically for data collection and reporting capability to support RPTP delivery, monitoring and evaluation. The MEL will be used to capture data relevant to the implementation of remote supervision at RANZCP.

Further evaluation will be conducted through routine survey instruments, with the addition of questions and metrics specific to remotely supervised trainees, sites and training posts.

Appendices

Appendix One - Role of the Director of Training*

Key Responsibilities in DOT and DOAT Roles Description	Modifications and/or Comments for Remote Supervision* *- will be reflected in the revised version of the Role of DOT, as approved by the RANZCP Board.
Be aware of the functioning of the clinical facilities involved in the program and maintain a relationship with them such that modifications can be made if these are deemed necessary for a trainee's training.	Requires some local knowledge of the remote location service and resources.
Oversee compliance of training centres taking responsibility for the trainee's development, including the provision of appropriate clinical experience and supervision of the quality of the trainee's work, and opportunities to make formal presentations of their work in clinical meetings.	Trainee critical incident management, in conjunction with principal supervisor.
Plan and monitor trainees' progression towards Fellowship (or completion of Advanced Certificate) by completion of all training requirements.	
Liaise with services regarding the provision of a consultant responsible for each trainee (that is, that there are clear lines of clinical responsibility from the trainee to the consultant at all times) and the provision of the required level of supervision (4 hours per week),	Good communication with the Clinical Director of services or Practice leads is particularly important for training sites designated as suitable for remote supervision.
Delegate oversight of trainees and the training program to local training program coordinators, as appropriate.	
Participate in a process of evaluation of the training program.	Undertake the 6-8 weeks remote supervision review with the trainee and remote supervisor.
Collaborate with the Branch Training Committee (BTC) and New Zealand Training Committee (NZTC) to establish and maintain a comprehensive rotational training program, providing all the necessary requirements to enable training for all trainees within the program.	
Organise an appropriate administrative structure overseeing the administration of	

the training program.	
Collaborate with the BTC / NZTC to establish and maintain a register of accredited institutions,services and posts used for training within the training program.	Create a specific list of training posts that have been designated as suitable for remote supervision.
Meet either personally or via a delegate with trainees at least every 6 months to review their training progress and training forms.	Undertake the additional 6-8 weeks remote supervision review with the trainee and remote supervisor.
Facilitate trainee access to an accredited formal education course.	Facilitate access for trainees to participate via video conference.
Develop and maintain appropriate procedures for the monitoring of standards of formal educational courses/learning modules in collaboration with the BTC / NZTC.	
As a member of the BTC/NZTC, participate in appropriate selection, training and appointment procedures for trainees in compliance with the RANZCP Training Regulations.	Review of the allocation of trainees to training posts designated as suitable for remote supervision.
As a member of the BTC/NZTC, participate in training procedures for supervisors in compliance with the RANZCP regulations.	Ensure potential supervisors at training posts designated as suitable for remote supervision can access and complete the <insert name of training module>. Facilitate the development of a community of practice of supervisors conducting supervision remotely.
Establish and maintain appropriate procedures for monitoring the training and performance of trainees and supervisors, and providing formal and informal feedback.	Meet with the principal supervisor, the supplementary supervisors (if appointed), and the trainee of each site designated as suitable for remote supervision 6-8 weeks into the rotation to review the supervision arrangements and effectiveness of the policy for escalation of concerns/clinical care and procedures in the event of an emergency. Also refer to <insert name of checklist>. Evaluation must occur again at the end of each term.
In collaboration with the BTC / NZTC establish and maintain appropriate procedures for dealing with unsatisfactory supervisors and trainees.	

Appendix Two - Role of the Remote Principal Supervisor*

The role of the principal supervisor will be synonymous with those of face-to-face supervision, with the added complexity of mostly being done remotely. In addition, there are other activities which aim to ensure the safety and effectiveness of the training.

Usual Responsibilities as per the Supervision Policy and Procedure (4.1.1)	Modifications and/or Comments for Remote Supervision *- will be reflected in the revised version of the Role, as approved by the RANZCP Board.
Reviewing the training requirements and objectives for a rotation with the trainee at the beginning of the rotation.	This should occur during the 2-day face-to-face orientation.
Providing formative feedback on the trainee's progress, including towards the training objectives at the midpoint of each rotation on the mid-rotation In-Training Assessment (ITA) form (or earlier, and, where necessary, at later points during the rotation), which will be used to identify the trainee's strengths and weaknesses and their progress toward the training objectives of the rotation	Ideally, the mid-rotation ITA should occur during one of the principal's supervisor's on-site visits. Alternatively, this can be conducted by video conference.
Completing an end of rotation ITA at the end of the trainee's rotation, which must take into account the trainee's progress on the relevant training objectives, the areas identified in the mid-rotation	The end-rotation ITA should occur during one of the principal's supervisor's on-site visits. Alternatively, this can be conducted by video conference.
Assessing Workplace-based Assessments (WBAs) and entrusting Entrustable Professional Activities (EPAs)	Where possible, some WBAs should be conducted during on-site visits. Observation of the trainee and feedback conversations can occur vis video conference.
Create a suitable learning environment for the trainee under their supervision	The foundations of this will need to occur during the 2-day face-to-face orientation. The involvement and roles of the supplementary supervisor (if one is appointed) and members of the site team will need to be more explicit as the principal supervisor, with regular team meetings to ensure support for the trainee is being provided as planned.

Ensure a wide range of opportunities are available to the trainee to develop their clinical skills	This may require more scheduling, and the principal supervisor may need to facilitate the involvement of the trainee education opportunities with other training sites via video conference. Confirmation that the trainee can attend the Formal Education Course by video conference (timetable scheduling) and/or can access recorded sessions. Provision of time for trainees to prepare for and/or attend RANZCP assessments, including the psychotherapy written case and the scholarly project, is essential.
Be aware of the patients under the clinical care of the trainee.	Specific meetings may need to be planned to discuss the care of patients as there will be less opportunity for 'corridor conversations' when the principal supervisor is off-site.
Enable trainees to observe them conducting diagnostic and therapeutic interviews, with discussion about the interview style and the opportunity to reflect on any clinical and management issues raised.	This may need to be timetabled to ensure the trainee links to consultations via video conference. Additional time should be scheduled to explain the trainee's involvement by video conference, also time after seeing patients to discuss issues raised, answer trainee questions and link /generalise learning to other trainee experiences. Recording of consultations may be possible but will be dependent on local health service policy and procedures and will need to be in accordance with privacy legislation. In this instance, time would still need to be scheduled for trainees to discuss with the supervisor after they have been viewed. Co-consulting by telehealth.
Observing the trainee conducting interviews, some of which may be undertaken during supervision time. Interview observation during supervision time can contribute toward the trainee's required Observed Clinical Activity (OCA) WBA per 6-month FTE rotation if undertaken in accordance with the OCA Protocol.	The principal supervisor will need to identify patients suitable to contribute to the OCA/IOCA and other WBAs and to determine mutually convenient times for the principal supervisor to observe via video conference. Recording of consultations may be possible but will be dependent on local health service policy and procedures and will need to be in accordance with privacy policies and legislation. In this instance, time would still need to be scheduled for the supervisor to complete the WBA and

	have a feedback conversation with the trainee. Video can be a powerful tool, pausing the interview to highlight specific skills done well and examples where the trainee could be improved.

Additional Activities	Comments
Lead two day on-site orientation within the first two weeks of the trainee's rotation.	Refer to the <Orientation Checklist>.
Development of a remote supervision plan.	Refer to the <Supervision and training plan template>. The plan should include agreed mechanisms for regular formal and informal communication (by using mobile phone messaging, email and/or video conference).
Review of the procedure for escalation of concerns/clinical care and procedures in the event of an emergency and discussion with the trainee.	The procedure must be reviewed by the principal supervisor and discussed with the trainee during the orientation. The principal supervisor must be assured that the trainee understands the policy and will enact the relevant process when required. The procedure should be discussed again at the 6-8 week mark and reviewed for its effectiveness. Any required amendments should be made immediately and communicated to the wider team.

Identification and education of the site team who will support the trainee.	In relation to:
	• Supervision arrangements
	  ○ Clinical support
	  ○ Pastoral care
	• Escalation and emergency policies and procedures
	• Providing support for the trainee
	• When team meetings rescheduled, expectations for attendance
	• Mechanisms for raising concerns and providing feedback on the trainee's performance and remote supervision.

Co-ordination of clinical meetings via video conference.	Meetings such as: • Team discussions • Multidisciplinary team meetings.

Arrangement of peer support sessions for the supervisor.	The principal supervisor and supplementary supervisor should liaise with the DOT and engage in peer support sessions with supervisors of other training posts designated as suitable for remote supervision.
Facilitate the arrangement of peer support sessions for the trainee.	Facilitate and/or provide the opportunity for the trainees to meet with other trainees who are being remotely supervised to share experiences and provide support to one another.
Co-ordinating the trainee's visit to a larger centre, if possible.	For training sites that have arrangements in place, the principal supervisor would facilitate the trainee's involvement by ensuring that such a visit is scheduled around other key activities (e.g., on-site visits by supervisor/s).
Participation in the review of remote supervision.	At 6-8 weeks, the principal supervisor should meet with the DOT, supplementary supervisor (if appointed) and trainee to discuss the effectiveness of supervision arrangements <refer to Supervision and Support Review Checklist>.