

## GD Internal Direct Observation Visit (iDOV)

## Requirements for an internal Direct Observation Visit (iDOV)

During the COVID 19 pandemic, ECTVs will be undertaken as remote live streamed ECTVs (rECTVs). There may be times where this model is impossible, has failed or is impracticable.

An iDOV is to be used in circumstances where the relevant RHE is satisfied that a rECTV cannot be performed.

The direct observation would be performed by one of the doctors in the practice if the following requirements are met:

1. They are not the registrar's primary supervisor
2. They have no identified conflict of interest, as per MCCC's "personal relationships policy".
3. They have been, or continue to be, an ECT visitor for MCCC or
4. They have been, or continue to be, an ME with MCCC or another equivalent training organisation.
5. The RHE's opinion is that the observer can make an objective assessment of the registrar's performance.
6. Standard rules for direct observation are followed e.g. observer acting as a 'fly on the wall', supervisor to be called for queries etc

It is recommended that the visit takes three hours. This comprises direct observation of the registrar either seeing patients face to face or performing telehealth and providing immediate feedback. It may also involve random case analysis if patient numbers are low or patients cancel. Patients would be booked at approximately 30-40-minute intervals depending on the level of training.

A meeting between the primary supervisor, the observer and the registrar should occur at the conclusion of the iDOV and the observer should also review the registrar learning plan.

The iDOV doctor would be paid an extra 30 minutes to write up the visit on the standard ECTV form on SWAN (i.e. 3.5 hours in total). It is important that they note that the ECTV was undertaken as an iDOV.

It is required that the registrar's training advisor (TA) contacts the registrar around the time of the iDOV (preferably in the same week) to discuss training, conditions at the practice, teaching and general well-being. This is in lieu of the first 30 minutes of a standard ECTV so that if any issues are identified, the relevant RHE can be notified. This is in addition to standard training advisor review meetings and is funded as such.

Link documents here:

[TOF 002 Patient Consent](#)

[ECTV Processes for Practice Managers](#)