

Summary Remote Direct observation - Practice Managers

This document is a Summary of changes for practice managers

What is a remote direct observation (rDO)?

During the current pandemic, all face to face direct observation visits have been suspended. This will be undertaken as remote live streamed Direct observation (rDO).

Remote Direct Observation (rDO) suggested schedule

15 minutes	Before the rDO; The assessor and participant should have a 'practice run' on Zoom prior to the visit to ensure that the technology works for both
Remote direct observation visit	
15 minutes	Brief meeting with the participant (introductions; discuss purpose of the visit and if there are any particular things the participant would like the assessor to focus on)
30 minutes	Consultation patient one and feedback
30 minutes	Consultation patient two and feedback
30 minutes	Consultation patient three and feedback
30 minutes	Consultation patient four and feedback
60 minutes	Random case analysis of two cases, discussion and feedback
	and/or
60 minutes	Case-based discussion of two selected cases and feedback

What is different about a rDO compared to a usual DO?

1. The assessor will be observing the registrar remotely via Zoom (live streaming platform).
2. The assessor and participant need to meet virtually prior to the remote visit to check they can both access and use Zoom. The assessor will contact the registrar directly about this.
3. You may be asked about internet access and availability.
4. The assessor needs to ensure that their phone is fully charged/plugged in for the remote visit.
5. The participant is likely to need to use a tripod for their phone/ iPad to ensure that the remote visitor can see both the doctor and the patient.
6. The rDO will include random case analysis (RCA), which is part of the RACGP direct observation requirements. [Please see PEP assessor guide.](#)
7. For the random case analysis (RCA), it is preferable for the participant to have Zoom downloaded on the clinic computer prior to the visit so that they can screenshare with the remote assessor. *Please advise the participant as to whether this will be allowed by the clinic.*

Summary Remote Direct observation - Practice Managers

8. It is recommended that no more than 1 consultation is via telehealth/telephone. This will depend on practice and participant circumstances.
9. If telehealth is used, the registrar needs to ensure that the remote visitor can both see and hear the phone or video conferenced consultation.
10. As the consultations are live streamed, there is no recording of the consultation or any storage of data.
11. For IT support email helpdesk@mccc.com.au

Patient consent and forms to complete

All patients being observed by the visiting assessor must provide consent; this occurs three times

1. Verbally, when the patient rings for the appointment
2. In writing, on arrival to the consultation or emailed back to the clinic prior to starting the consultation
3. Verbally, when the participant calls the patient into the room / telehealth

The consent form used is called the **PEP Patient Consent form Remote direct observation**. If patients are booking for telehealth/telephone, this will need to be **read to them /or emailed** and **verbal/written consent obtained and documented in the medical records**.

Additional documents

PEP Patient Consent form remote direct observation-rDO