Subject:	Telementoring and Teleassessment of Live Surgery	Ref. No.	FES_PST_012

Telementoring

This is a "variant" of the live transmission of Surgery but is different in that the purpose is not audience education. Telementoring is understood to involve the performance of a procedure by an operator under the supervision, or with advice, from a more experienced colleague who is not in the vicinity of the operation.

Telementoring involves issues of credentialing that do not directly involve the College but are rather the province of the jurisdiction. Nevertheless, the College would have the following concerns – each of which would have to be addressed before the College could support the process.

1. Responsibility for the outcome of the procedure ultimately resides with the operating clinician, not the mentor.

2. The procedure should not occur unless the operator is confident of performing and completing the procedure without mentor assistance.

3. The procedure should not occur unless the operator is confident of being able to deal with unexpected complications that might arise during the procedure.

4. Informed consent should be obtained from the patient indicating the reason why Telementoring is required.

5. There should be no time constraints on the duration of the procedure i.e., the mentor must undertake to be available as long as required.

6. The mentor must be appropriately registered to practice medicine. The mentor must also be appropriately credentialed and have appropriate medical defence insurance.

The institution involved should be satisfied that Telementoring is in the best interests of the patient. The institution should specifically address the question of whether or not a surgeon who requires Telementoring should be credentialed to undertake the procedure.

Teleassessment

From time to time, it may be appropriate for a surgeon to be subject to Teleassessment. This is defined as the live transmission of an operation by a surgeon to a remote assessor. The College has few problems with this provided that there is prior agreement to the process by the surgeon, the assessor, the patient and the institution. The agreement should include recognition that achieving a good outcome for the patient undergoing the procedure is the primary concern for all and the assessment is secondary.

Approver: Chief Executive Officer
Authoriser: Professional Development and Standards Board {PDSB}