Procedure · TEL-SOP-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 27.7

At a glance

- Clinicians who work remotely are checked on wellbeing and isolation on a set schedule (TEL-FRM-002).
- Each clinician has regular contact with colleagues and a named support route.
- Warning signs trigger a conversation and support within the week.
- No clinician works alone for a year with no check.
- Stop and get help straight away if: a clinician works alone for a year with no contact and no check.

1. Purpose

To make sure the isolation and wellbeing risks of remote practice are monitored and supported (27.7).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

Clinicians who work alone from a screen can become isolated and burn out, and the strain shows in their care. Monitoring wellbeing and offering support keeps the workforce able to practise safely.

5. Responsibilities

Role	Responsibility	Competence
Telemedicine service lead	Owns the check and the support route	Clinician or manager
Line manager	Holds the check conversation and records it	Clinician

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Schedule the check.

- Hold a wellbeing and isolation check with each remote clinician each quarter.

Key point: Scheduled.

Step 2. Offer contact and support.

- Arrange regular team contact and a named support route, and record it.

Key point: Offered.

Step 3. Act on warning signs.

- Respond to a warning sign within the week and record the action.

Key point: Acted on.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Remote clinicians with a check in the last quarter	100%	Quarterly	Telemedicine service lead	Escalate to medical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
TEL-FRM-002	Remote clinician wellbeing check record	Record
WRK-SOP-004	Staff support after distressing events (existing, reused)	Procedure

17. Evidence

Reference	Note
E-009	Based on the WHO Recommendations on digital interventions for health system strengthening (2019) and the WHO Ethics and governance of artificial intelligence for health (2021).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- Supporting the Care Workforce: ASF Accreditation (TELE-11)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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