DOCTOR VIDEO

Remote or on-site: where should doctors record?

The first question is not which agency. It is where the recording happens and who is in the room.

Swipe →

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THREE MODELS

Remote, on-site, hybrid

REMOTE	Doctor records alone or directed over a call. No crew
ON-SITE	Crew in the clinic or a studio. A batch in one day
HYBRID	Weekly remote routine plus occasional crew days

In my experience hybrid is where most sustainable programmes end up.

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GO REMOTE FOR

The bulk of doctor content

- ✔ Straight-to-camera answers to patient questions
- ✔ Doctor time protected: record between OPD sessions
- ✔ A weekly habit becomes realistic
- ✔ Vertical, close-framed, informal: native to Reels and Shorts

Trade-off: inconsistency. Fix the setup so the doctor never thinks about it.

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REMOTE KIT

A setup that resets in a minute

- Recent smartphone on a tripod, locked at eye level
- Clip-on or wireless mic. Poor audio loses viewers fastest
- One soft light in front, window or LED panel
- Neutral background: no patient files, screens or reports
- Tape marks on floor and desk, shared folder named by date

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ON-SITE EARNS IT

When the environment carries the message

- Procedure and facility explainers in controlled areas
- Long-form interviews and podcasts
- Brand and launch films for new units
- Stock B-roll of building, reception, rooms, reused for months

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ON-SITE NEEDS

Owners outside marketing

1. Location sign-off from the unit head or facility team
2. Clinical lead decides if any clinical space can be used
3. Privacy sweep of every frame: patients, boards, screens, files
4. Specific consent forms for anyone who appears
5. Shot list and schedule agreed in advance

DPDP Rules 2025: consent must be clear, informed, specific and withdrawable.

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SIDE BY SIDE

Remote vs on-site

DOCTOR TIME	Small and frequent vs large but occasional
LOOK, SOUND	Good if setup is fixed vs consistently high
PRIVACY RISK	Low in a controlled room vs higher, needs a sweep
COST	Kit once, then editing vs per shoot day
FAILURE	Doctor drops the habit vs too few videos, long gaps

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HOW I CHOOSE

Start remote, add on-site after a quarter

1. Weeks 1-4: remote kit, weekly answers, short-form only
2. Weeks 5-12: keep the rhythm, note what resonates
3. After the quarter: first crew day for explainers and B-roll
4. Departments: a bookable recording corner plus a quarterly crew day

If the doctor dislikes camera after a quarter, switch formats. Do not force it.

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DIRECTING

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Send the questions, not a script, a day ahead. Ask the doctor to answer as if a patient had just asked at the end of a consultation.

Close every session by asking which questions they heard most that week.

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READ THE FULL GUIDE

Remote vs on-site video production, in full

- Sound, light and framing details that decide quality
- The handover from recording to editing
- A production checklist for either model
- gauravphogat.com/remote-vs-onsite-video-production-for-doctors

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