

Newham GP Vocational Training Scheme
Consultation Videoing Policy
Updated for Recorded Consultation Assessment (RCA)

As part of the teaching and training that occurs in General Practice, video consultations will routinely be taking place. Please adhere to this Policy when carrying out videoed consultations. This guide has been updated in light of the Recorded Consultation Assessment and is to be used in the current COVID climate for ST3s undertaking CSA for CCT.

Introduction

- This guide needs to be read in conjunction with RCGP guidance that is being regularly updated:
<https://www.rcgp.org.uk/about-us/rcgp-blog/recorded-consultation-assessment-candidate-handbook-and-exam-policy.aspx>.
Specifically the candidate handbook and examination policy should be read and understood.
- Before using any video equipment or recording a consultation, you must have an induction to this policy, the practice equipment used and procedures of encryption within your practice.

Storage and use of Video Equipment

- Video camera, recording devices (eg tablets / phones) or any other portable equipment; as well as any tapes or storage cards should be kept in a locked cupboard if they are not a device owned by the trainee / user.
- Any portable recording equipment should be signed out and back in immediately after use into the signing out/in book if it is taken from the locked cupboard.
- The recording equipment is NEVER to be left unattended unless locked.
- You may also be using a platform (eg iConnect) that will record from your personal or practice device (or screen capture from a PC). This will upload to a central secure platform from where you can view / share the recording.

Consent

- Patients should be offered appointments (telephone / video / face to face) where possible with the understanding that they may be asked to consent to a video recording. Offer an alternative appointment if not agreed.
- If being seen face to face, patient consent forms can be given to the patient when they arrive, consent then to be gained and confirmed as signed by the trainee before videoing the consultation. The patient can then be asked to consent for the video to be kept / used for educational purposes after video and if not consented the video to be erased immediately.
- Alternative consent models can also be used but it is the responsibility of the candidate to obtain consent from the patient under the usual guidance for training and GDPR.
 - If recording, the consent could form part of the recording at the beginning and the end – the timing of this will not count towards the 10-minute consultation to be assessed.
 - An SMS (eg via AccuRx) template could be sent to the patient with the option to gain a response from the patient for consent that could be saved to the clinical record. Examples of these SMS messages could be:

Pre-Consultation: “We are hoping to record the consultation between patients and Dr [redacted] whom you have a consultation booked with. The recordings are used by doctors training to be a GP to be used for educational purposes and potentially for assessment submission. The recording is ONLY of you and the doctor talking together. The recording will be switched off on request.”

Post-Consultation: “Thank you for agreeing to have your consultation with Dr [redacted] recorded for educational and assessment purposes. Please reply to this message to confirm that, following the consultation, you still agree for the consultation to be used for this purpose. Thank you.”

- The consent could also be documented onto the clinical record directly verbally if no other route is available.

Good Records

- Consultation should be coded on the clinical system (eg EMIS) with the code '58C2' (Video recording of patient interview)
- A template may also be developed with the code & necessary details eg. video consent obtained, video transferred to secure location, kept for educational purpose, date erased etc.
- Trainees should also compile a log of video consultations either manually or preferably on the shared drive in the practice computer system with the patients name, EMIS number, date of video, consent confirmation, subject of video, date last viewed, date erased.
- This would enable fast tracking in the case of any loss of material, computers etc.

Storage Of Recordings In A Safe & Encrypted Manner

- Recordings should not be stored in the Practice Network Drive
- Recordings should only be copied onto an **encrypted USB stick** if they need to be carried out of the practice. These can be obtained from the CCG IT dept
- Do not attach educational videos to patient records.
- Consultation recordings should NEVER be kept on smartphones, laptops, home desktops etc.