

Guidance on Recording Patient Consultations in Primary Care

October 2018

Background

Recording patient consultations for teaching purposes is a recognised and valued part of education in general practice (GP) as a means to help both GP trainees and qualified GPs develop their communication skills. Now that the range of primary care professionals is expanding, the technique may also be increasingly used by other clinicians as well. This policy is intended to help GP practices maintain this learning activity whilst ensuring that they also do this within the current guidance for information governance, including the recently introduced GPDR regulations.

This guidance is mainly intended for GP trainees, hence the reference throughout to GP trainees. The same procedure should be used by any other clinician within the practice recording patient consultations though.

Guiding Principles

1. All recorded consultations must be accompanied by a valid signed consent form
2. Only patients who are competent to consent can have their consultations recorded. Consultations with children require signed parental consent. Special care should be taken with the consent procedure where there might be issues with competency to consent or potential language barriers
3. Recordings of consultations should be handled with the same level of security as patient record files.
4. Recordings of consultations should only be taken outside the practice for the purpose of being viewed at a training event. A secure encrypted device should be used.
5. Recordings of consultations should not include any examination of the patient where clothing needs to be removed or adjusted.

Process for obtaining and recording patient consent

1. All practices where consultations might be recorded should have a notice in their reception and/or waiting room areas stating that patient consultations might be recorded for training purposes and that there is a choice as to whether or not patients wish to be recorded without that choice impacting on the provision of their health care. See Appendix A for an example of such a notice
2. GP trainees should identify in advance the times at which they intend to record patient consultations. Last minute arrangements should be discouraged wherever possible
3. Wherever possible, patients should be made aware at the time of booking their appointment that, should the patient agree, the doctor concerned intends to record the consultation
4. Where the facilities exist for this, when the patient arrives at the practice, they should be diverted to speak to a receptionist (as opposed to registering their arrival at an automatic booking device). The receptionist should give the patient information about the purpose for recording their consultation and then, should the patient agree, ask them to sign the consent form. See Appendix B for an example of a consent form
5. The receptionist should ask the patient to return to the reception desk after the consultation to sign the consent form again to ensure that they are still happy for the consultation to have been recorded. If, for any reason, this does not happen the recording should be deleted on the same day.
6. Only patients who are competent to consent can have their consultations recorded. Consultations with children require signed parental consent. Especial care should be taken with the consent procedure where there might be issues with competency to consent or potential language barriers
7. Informed consent should mean that the patient understands that:
 - the recording might be stored on the server in the practice for either the length of the GP trainee's placement in the practice or for no longer than 6 months, whichever is the shortest period.
 - the recording will only be used for teaching purposes, usually within the practice building, although sometimes teaching sessions might be held outside the practice

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- if a training session is being held outside the practice, the recording will be transported via a secure, encrypted method. This portable recording will be deleted after the GP training session
 - the patient can request that the recording is stopped at any stage during the consultation
 - the recording in the practice will be erased after the time period specified above unless written consent is obtained from the patient to extend the specified period
8. Where applicable, practices might wish to consider providing information material covering these issues and potentially in languages other than English
9. Individual patient consent forms should be scanned on to the patient's electronic notes record after the GP trainee has completed their surgery. Additionally a note should be made about the anticipated retention period for the recording.

Security of recorded consultations

1. Recordings of consultations should be handled with the same level of security as patient record files. It should be recognised that there is a potential risk of breach of confidentiality with any recorded consultation and procedures need to be in place to minimise this
2. The practice should maintain a dedicated recording device for the sole purpose of recording consultations. Personal smartphones or tablets should NOT be used.
3. The practice should maintain an asset log detailing all recorded consultations that are being stored on the practice's server. Please see Appendix C for an example of an asset log
4. Storage of Data must be in compliance with current GDPR guidance
5. According to individual practice requirements, when not in use, recording equipment should be stored in a lockable container at the practice. Any person accessing that recording equipment should sign it in and out. This advice is intended to prevent theft of the equipment rather than to secure the recorded consultations as they should never be left on the recording equipment
6. Where possible, practices may wish to devise a process whereby a member of staff is responsible for access to the recording equipment, including the sign-in and sign-out process, and takes responsibility for deleting any consultations left on the recording equipment after use
7. Consultations should not be stored on the recording equipment itself, or on the hard drive, but rather should be transferred as soon as possible to the practice

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server. Practices may wish to consider who takes the responsibility for this – be it the GP trainee or a designated member of staff

8. Wherever possible, recordings of consultations should be made directly to the practice's server and viewed from there

9. The length of time that a recording can be stored on the practice's server is as specified in the previous section

10. Encrypted USB sticks should be used when a GP trainee needs to take a recorded consultation outside the practice. This should only happen for training purposes. After the training session has finished, the consultation should be deleted from the encrypted USB stick.

11. Providing that the practice has ensured that the GP trainee is fully aware of their policy for recording consultations, the GP trainee should be responsible for the erasure of all recorded consultations at the appropriate time interval and should update the practice asset log when that has happened. The practice may wish to designate a member of staff to have oversight of this too.

12. The GP trainee should follow any additional internal practice procedures as appropriate

Responsibilities for the GP Practice

1. This policy should be discussed with every new GP trainee during their induction period so that the trainee is made aware of the practice's procedures. Both parties should date and sign to indicate that this has happened.

2. The practice should have a robust procedure in place for following the consent process and for storing/deleting recordings in line with GDPR requirements.

3. The practice is responsible for providing the appropriate resources to enable patient consultations to be recorded, stored and transported in an appropriate and secure manner.

4. The practice should ensure that the GP trainee is appropriately deleting recorded consultations, both on the practice's server and on any encrypted USB sticks.

5. If there is ever a data breach, please follow the process as suggested in Appendix D.

6. The practice should have an open, transparent and robust process in place for any patients wishing to exercise their rights under the GDPR in relation to the recording of their consultations. Any requests from patients wishing to exercise these rights should be dealt with appropriately by the designated GDPR Data Officer for that practice.

Acknowledgements

The following resources were invaluable when drawing up this guidance

1. Updated Guidelines for Recording of Patient Consultations, Spring 2017
Irish College of General Practitioners
2. Guidelines on Safe Storage of videotaping consultations and other Person
Identifiable Data, Dr Graham Rutt, GP Dean, HENE September 2014

Dr Janet Rutherford, HEE East of England
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With grateful thanks to

- Dr Brendon O'Leary, TPD Bury St Edmunds
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- Christopher Brady and Andrew Todd, Information Governance, HEE

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Appendix A

Example of Notice to be Placed in Practice Reception/Waiting Areas

This is a GP Training Practice attached to the XXXXXX Speciality GP Training Programme. We are keen to support the training of new GPs and also to develop the skills of our existing GPs and other staff. As part of this, clinicians working in this practice might make recordings of their consultations with patients to help them improve their consultation skills as well as their ability to talk to patients.

Your consent will always be requested by the receptionist before your consultation is recorded. And you will need to sign that consent form again afterwards to say that you are still happy. The recording will focus on the communication between the doctor and patient and will not record examinations at all where your clothing needs to be removed or adjusted.

If you would rather that your consultation is not recorded, please tell the receptionist. This is entirely your choice and will not affect your health care in any way at all.

SUGGESTED CONSENT FORM – RCGP JUNE 2018

**Patient Consent Form for Recording
for Training Purposes**

Patient's name:		Place of Recording:	
Name of person(s) accompanying patient to the consultation:		Date:	

We are hoping to make video/digital recordings of some of the consultations between patients and Dr whom you are seeing today. The recordings are used by doctors training to be a GP to review their consultations with their trainers. The recording is ONLY of you and the doctor talking together. Intimate examinations will not be recorded and the camera/recorder will be switched off on request.

All recordings are carried out according to guidelines issued by the General Medical Council, and will be stored securely in line with the General Data Protection Regulation (GDPR). They will be deleted within one year of the recording taking place.

You do not have to agree to your consultation with the doctor being recorded. If you want the camera/recorder turned off, please tell Reception - this is not a problem, and will not affect your consultation in any way. But if you do not mind your consultation being recorded, please sign below. Thank you very much for your help.

TO BE COMPLETED BY PATIENT

I have read and understood the above information and give my permission for my consultation to be recorded.

Signature of patient BEFORE CONSULTATION:

.....Date.....

Signature of person accompanying patient to the consultation:

.....Date.....

After seeing the doctor I am still willing/I no longer wish my consultation to be used for the above purposes.

Signature of patient AFTER CONSULTATION:

.....Date.....

Signature of person accompanying patient to the consultation:

.....Date.....

SUGGESTED PROCESS TO FOLLOW IF THERE HAS BEEN A DATA BREACH

1. The incident will need to be reported to the Information Commissioner's Office and advice on how to do this can be found at:
https://digital.nhs.uk/binaries/content/assets/legacy/pdf/n/8/information_security_incident_-_good_practice_guide_230517.pdf and
<https://www.dsptoolkit.nhs.uk/News/31> .
These documents highlight the importance of learning from any events like this and putting processes in place to learn from them.
2. A duty of candour letter will need to be sent to patients when appropriate
3. Seek advice from your Medical Defence Organisation
4. Where trainees are involved they should inform the Lead Employer, declare the incident on their Form R (which the ARCP panel can then review), and reflect on the events in a SEA on their e portfolio

In all cases please inform your patch TPDs and Associate Dean who can offer further support and guidance to both yourselves and, where necessary, the trainee.