

**Use of recorded consultations for group teaching and Educational Supervisor training purposes in a digital environment.**

November 2021

 **Title**

 Sub-title

**Background**

NHS Education for Scotland recognises the value of using recorded patient consultations for the purposes of shared learning among trainees and for Trainer Workplace Based Assessment (WBPA) learning and calibration in General Practice.

Clear guidance on how this must be managed within the General Data Protection Regulation (GDPR) has previously been issued and this must still apply.

<https://www.scotlanddeanery.nhs.scot/trainee-information/gp-specialty-training/trainee-educational-resources/>

**Guidance**

With the required move to on-line educational events and to support the continued value of this activity, some additional guidance has been developed which we hope you will find helpful.

1. When a consultation has been identified as a useful learning resource for shared learning, explicit consent should be obtained for using the recording for shared educational purposes in a digital environment.
2. The patient or their representative who provided the initial consent should be approached by the trainer to seek permission for educational use in a digital environment. A consent form has been developed for this purpose.
3. Ideally written consent should be obtained and scanned to the patient clinical record. It is recognised this this may be difficult in the current COVID pandemic so the same wording could be used and confirmed by e-mail. Again, the email should be stored in the patient’s clinical record.
4. 14 Fish recordings may be used for calibration purposes, but the consultations viewed cannot be submitted by the trainee for the RCA. 14 Fish recordings cannot be shared with anyone outside the trainees own Training Programme and all viewers must be Doctors.
5. Other secure recoding methods can also be used.
6. MS Teams is the most secure platform, but local Health Board IT Governance should be consulted for approval.
7. If the recording is uploaded to a file on a digital platform it must be deleted on completion of the event and a log kept of the deletion.
8. Under GDPR, Practices remain responsible for the secure storage, transportation and deletion of recorded consultations. Any breach in GDPR must be managed in line with the requirements.
9. Further guidance can be found at <https://www.scotlanddeanery.nhs.scot/trainee-information/privacy-notice/>

**Consent for use of a recorded consultation for on-line teaching and training.**

You kindly gave consent to make a video/audio recording of a consultation between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Dr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_. You also consented to the possible use of the consultation for teaching and training purposes. This usually occurs within the practice building between trainer and trainee, although sometimes teaching and training sessions may be held outside the practice in a group setting where the recording may be viewed by other GP trainers and GP trainees. I now seek your explicit consent to use the recording for teaching and training purposes.

*(delete which does not apply)*

I seek your permission to allow other GP trainers to view the recording for the purpose of ensuring they assess trainee doctors in a consistent way based on standards set by the Royal College of General Practitioners.

Or

I seek your permission to allow other GP trainers or trainees to view the recording for the purpose of developing their communication and consulting skills based on standards set by the Royal College of General Practitioners.

The recording will be viewed within a secure on-line setting and may be stored digitally for a short time to allow access.

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). The recording will be deleted as soon as the teaching event has taken place.

You do not have to agree to the recording being used in this way. Your choice will not affect medical care provision in any way. If you agree to the recoded consultation being used for this purpose, please sign below. Thank you very much for your help.

**TO BE COMPLETED BY PATIENT or PERSON ACCOMPANYING PATIENT**

I have read and understood the above information and give my permission for the

recorded consultation to be used for teaching and training as described above.

**Name of Patient** ………………………………………………………………………………………….

**Signature of patient:**

..............................................................................................................Date...........................................

**Or if consent was given on behalf of the patient -**

**Name of person accompanying patient to the consultation**……………………………………….

**Signature of person accompanying patient to the consultation:**

.............................................................................................................Date...........................................