

# GUIDANCE FOR RECORDING CONSULTATIONS IN GENERAL PRACTICE

NHS England Southeast Thames Valley  
and Wessex GP School

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# Guidance on Recording Patient Consultations in Primary Care

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## 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 residents 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 GDPR regulations.

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


## Guiding Principles


1. All recorded consultations must be accompanied by a valid signed consent form unless captured as part of a separate policy for recording all telephone consultations within the practice.
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. While some tools that record and store video securely may build in mechanisms for indicating consent, the use of such tools does not remove the responsibility of the resident, educator and GP practice to ensure such consent is truly valid.
3. Recordings of consultations should be handled with the same level of security as patient record files.

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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 or a suitable NHSE approved encrypted online video storage system. However, at the time of writing, there are no NHSE approved apps for video recording.
  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 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 resident doctors 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). Either one of the following two processes should happen:
  - a. 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.
  - b. Consent should be taken through the consenting mechanism of the **approved** encrypted app designed for video recording.
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, or the digital equivalent of this process via the approved encrypted app used for this purpose. If, for any reason, this does not happen the recording should be deleted on the same day.

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6. Where practices regularly record telephone consultations, advising its patients in recorded messages when they contact the practice that telephone calls are monitored for training and monitoring purposes, this consent is implied to extend to using them for training for clinical learners to analyse their consultations. This is the responsibility of the practice. The time for which recordings are stored for will be governed by the practice's separate policy for recording all its clinical phone conversations.
  7. Only patients who are competent to consent can have their consultations recorded. Consultations with children require signed parental consent. Care should be taken with the consent procedure where there might be issues with competency to consent or potential language barriers.
  8. 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 resident doctor's placement in the practice or for no longer than 6 months, whichever is the shortest period. If videos are stored on the approved encrypted app used for this purpose, the policy of that app should apply.
    - the recording will only be used for teaching purposes, usually within the practice building, although sometimes teaching sessions might be held outside the practice.
    - if a training session is being held outside the practice, the recording will be transported via a secure, encrypted method (such as an encrypted USB drive) or by using the approved encrypted app for this purpose. This portable recording will be deleted after the GP training session if it is stored on a physical medium. Videos played in external settings must only be played to the intended audience, either for GP educators, GP residents or other clinical learners (not necessarily restricted to primary care). Members of that audience must not discuss confidential material outside of the event where the video is played.
    - 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 specified above unless written consent is obtained from the patient to extend the specified period.
    - Specific consent may be sought to use training material more widely. For example, videos might be helpful to be hosted for e.g. on a National Virtual Learning Environment system or played at a regional




conference. In that event, consent for these activities must be sought separately. **In the absence of that specific consent, videos must not be used for wider purposes.** This guidance important to protect individual patients and for the wider system of video recording for education and training purposes to have trust in its governance and oversight.

9. Where applicable, practices might wish to consider providing information material covering these issues and potentially in languages other than English.
10. Each Practice must have a policy on where consent forms can be safely stored.

### 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, except under the sole condition that videos are made using approved, encrypted apps which transmit video near-instantly to a secure, remote server and delete all video recordings from a phone, tablet, or personal online cloud storage from any such device.**
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 server. Practices may wish to consider who takes the responsibility for this – be it the GP resident or a designated member of staff. Videos should never be stored anywhere except practice servers or servers of approved encrypted apps. Under no circumstances should videos be stored on other personal or business cloud storage (such as Google Drives/Apple cloud or Microsoft OneDrive accounts, for example).

8. Wherever possible, recordings of consultations should be made directly to the practice's server and viewed from there or using approved encrypted video apps.

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 or approved encrypted apps should be used when a GP resident 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 resident is fully aware of their policy for recording consultations, the GP resident should be responsible for the erasure of all recorded consultations at the appropriate time interval and should update the practice asset log accordingly. The practice may wish to designate a member of staff to have oversight of this process too.

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

### **Responsibilities for the GP Practice**


1. This policy should be discussed with every new GP resident during their induction period so that the resident 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 resident 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


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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.**



## Appendix B

### SUGGESTED CONSENT FORM – RCGP JUNE 2018

#### Patient Consent Form for Recording for Training Purposes

Patient's name:

Place of

Name of person(s)  
accompanying  
patient  
to the consultation:

Recording:

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.....

Appendix C

**PRACTICE ASSET LOG OF RECORDED CONSULTATIONS**

Date of Recording	Patient Identifier	Responsible Clinician	Date of Erasure of Recording




Appendix D

**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://transform.england.nhs.uk/information-governance/guidance/personal-data-breaches/>

<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 residents 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 resident.