



The Audio-COT (Consultation Observation Tool) in practice

The Audio-COT provides an additional tool to enable assessment of telephone consultation skills, which complements existing components of the WPBA. The Audio-COT uses the same methodology and process of completing the assessment as the COT, but is used in a different setting.

How the Audio-COT works

GP Supervisors will review a number of their trainee's telephone consultations throughout their training in a GP setting - either via direct observation of a telephone consultation or via an Audio-recording. The GP Supervisor has a discussion with the trainee and provides feedback from the observed clinical practice; an Audio-COT assessment is then completed as evidence for the trainee on the ePortfolio.

Selecting consultations for an Audio-COT

Trainees can either be observed directly undertaking a telephone consultation (using a dual head-set for example) or via a recording of both sides of the discussion (both patient and doctor). Complex consultations are likely to generate more evidence. The telephone consultation used for an Audio-COT should typically last between 5-10 minutes.

Telephone consultations should be drawn from the trainee's entire period of GP training, reflecting a range of patient contexts. Telephone consultations are complex; therefore completion of Audio-COTs is recommended during the ST3 year of GP training.

Telephone consultations are undertaken in both the out of hours (OOH) as well as in the GP setting. GP trainees are encouraged to undertake assessments in both clinical environments. Telephone consultations can either form a telephone triage call or a full telephone consultation and so for some telephone calls, not all areas of assessment may be covered. GP Supervisors are encouraged to mark 'not observed' for those descriptors that are not assessed. It is advised that trainees complete at least one telephone consultation in the OOH/triage setting and one 'routine' telephone consultation.

It is natural for trainees to want to choose telephone consultations in which they feel they have performed well. This isn't a problem: the ability to discriminate between good and poor consultations indicates professional development. Trainees are reminded that the Audio-COT isn't a pass/fail exercise: it is part of a wider picture of their overall practice.

Patient consent

The patient must give consent to the telephone consultation either being recorded or having a second doctor listening into the consultation, in accordance with the guidelines for consenting patients. Please see the separate patient consent document for further information on gaining informed consent for Audio-recording the consultation.

Collecting evidence from the consultation

The GP Supervisor will review the consultation with the GP trainee, relating their observations to the WPBA competence framework and Audio-COT performance criteria. The GP Supervisor then makes an overall judgement and provides structured feedback, with recommendations for further

development. Subsequently the trainee is encouraged to reflect on the telephone consultation through a separate learning log entry.

Capabilities

The Audio-COT has been mapped to the RCGP capability (competency) statements, to ease linking work place based assessment evidence in the Educational Supervisor Report.

Trainee rating and overall assessment

Trainees are rated for each area within the Audio-COT as either 'not observed', 'needs further development', 'competent' or 'excellent'. The GP Supervisor is rating the trainee against the performance criteria. Competent refers to the standard that would be expected of a GP trainee on completion of their training. A global judgement of the trainee is made at the end of the assessment tool regarding the safety of the telephone call.

Who can assess an Audio-COT

Either a GP Supervisor or Out of Hours GP Clinical Supervisor who has received training in completing WPBAs can complete the assessment.

When to use the COT/Audio-COT

If trainees have a post in General Practice during their ST1 and/or ST2 training years then the COT assessment will be completed for required assessments. The Audio-COT is encouraged in ST1/2 whilst in GP but will not count towards the overall total number of COTs during these training years.

In ST3 the Audio-COT assessment can count for up to three of the total number of required COTS for that training year. Please see the RCGP WPBA website for the minimum assessment requirements.

During secondary care posts the mini-Clinical Examination Exercise (miniCEX) tool is used rather than the COT to record consultation observations.

Future uses of the Audio-COT

The Audio-COT form could readily be used in other types of remote consulting where the trainee is not consulting face to face in the same room as their patient during their training in a GP setting (virtual consultations). Examples include the evolving digital audio/video consultations via mobile applications e.g. 'Skype'. Please await further information on the extended use of the Audio-COT.