

## **EXTRACTS FROM THE RCGP ETHICAL GUIDELINES REGARDING THE RECORDING OF CONSULTATIONS FOR ASSESSMENT OF CLINICAL COMPETENCE**

Recent work on the assessment of clinical competence indicates that review of videotaped consultations is likely to provide a valid and reliable tool to assess aspects of clinical competence which may not be well tested by other methods. The benefits to patient care will in the longer term be considerable. Tapes made for assessment purposes may be viewed outside the practice by assessors who do not know the doctor or the patient. They have also been delegated the responsibility for ensuring that confidentiality and consent are maintained.

### **Patients & Video-Recording**

Patients have a right to expect that consultations will be devoted to their needs and expectations and that these will not be compromised by the needs of the profession. However, many patients are pleased to contribute to teaching, learning and assessment within medicine and some may feel that it is their duty to do so even if the benefits will be to others rather than to themselves. If patients do agree to being videotaped they have a right to confidentiality and to be informed about what the tape will be used for, who will see it and what standard of behaviour is expected of the viewers. The care they receive should not be compromised by the fact of the recording or the purposes for which it will be used.

### **Informed Consent**

Every consultation that is video-recorded in general practice must be done with the informed consent of the patient. That means that the patient understands that the recording is being made, the purposes for which it will be used, who will see it and how long it will remain in existence. The beneficial effect on patient care in general should be mentioned but there must be no coercion.

Informed consent must be sought before the video-recording takes place but it must also be confirmed after the consultation is over; in most circumstances this can be resolved before the patient leaves the practice. Sometimes the patient may be distressed by the consultation and it may be difficult to broach the subject immediately. Equally the outcome of the consultation may sometimes lead to a patient leaving abruptly in an angry or distressed state. Consultations such as these are often invaluable for teaching and learning but this must not be allowed to override the rights of the patient to give informed consent to its use for these purposes. If post-consultation consent is not obtained or is refused the tape should be erased although a case can be made for it to be viewed by the doctor who conducted the consultation for personal learning purposes.

While consent for the use of a tape may have been properly obtained, subsequent viewing may reveal that it would be ideal for other purposes. For example, a consultation showing a vocational trainee with a mother bringing her children for immunisation which is approved for viewing by the trainee and a trainer in the practice may be suitable for use as a resource on a local course for doctors, nurses and managers on child health surveillance. It could only be used in this way if the mother is contacted and agrees to extend consent for different professional groups, some of whom are not health care professionals, to view the tape and for the tape to leave the practice premises.

### **How Should Informed Consent be Requested**

When consent to video-recording is sought it must be done in a neutral fashion: the wording of the consent form must not assume that the answer will normally be yes. If there is an opportunity to approach the patient at the time of arranging an appointment either in person or on the telephone then this is desirable. If this is done a note should be made of the fact. Some surgeries do not have full appointment systems and in any case all practices see some patients on an emergency basis. It is important that consent be obtained in these circumstances in a way that allows the patient time to reflect before responding. The nature of general practice means that the first approach will usually be made by a receptionist. It is therefore important that all staff who perform this task have had training and understand the implications of the request that they are making to the patient.

The final responsibility for obtaining informed consent and for staff training if the task is delegated, rests with the general practitioner responsible for the video-recording.

Some patients may have difficulty in giving informed consent and staff training should include discussion of this aspect of consent to video-recording. Vulnerable groups include:

- the very ill
- the mentally ill
- children
- those with a learning disability
- refugees and asylum seekers
- non-English speaking
- those with poor literacy

## **Confidentiality**

It is important that patients have an understanding of who will be permitted to watch the tape on the basis of the consent they have given. It is essential that generic categories of viewers should be specified at the time of consent and the reasons for their access to the material explained to the patient.

The number of potential viewers should be discussed, particularly if the tape might be shown to large groups outside the practice. The patient should be given an appropriate written explanation which should include the name and address of the individual who will ensure that the scope of the consent is not exceeded and who would undertake to contact the patient for permission if any change of use is required. This individual would normally be the doctor who conducts the consultation, or in the case of a trainee the supervising doctor. The patient should be confident that the viewers of the videotaped consultation will refrain from discussing what they have seen outside the session in which they viewed it and the contents of the tape would be treated in the same way as material which might be contained in the patient's medical record.

## **Content of the Consultation**

In general, patients have a right to expect that they will be treated with respect and sensitivity particularly when distressing problems are addressed within the consultation. Sometimes a doctor will be able to predict that a problem is likely to arise during a video-recording session. In general patients also wish to be invited to contribute to teaching, learning and assessment within medical education and would not therefore wish to be denied the opportunity to participate in video-recording. These opposing factors may be resolved by ensuring that all the staff who ask for informed consent are properly trained, and that the task should not be delegated by the doctor if the circumstances are especially difficult.

All patients require safety during the consultation and to know that they will not be asked to do things which will cause distress. Hence they must be reassured that intimate physical examinations are not recorded and that the camera can be switched off the moment they request it.

## **Carers, Friends & Relatives**

Sometimes patients are accompanied during a consultation and these individuals also appear on tape if the consultation is recorded. They are there at the invitation of the patient and they also have rights of confidentiality and consent. At the very least they should be asked if the patient can sign the consent form on their behalf, the purposes for which the tape will be used having been explained to them.

## **Individuals Mentioned in the Consultation**

Sometimes other individuals are named during a consultation and confidential information about them is discussed. For example the patient may complain about the care received from another doctor or discuss the alcohol intake of colleagues at work. While these individuals also have a right to expect that this material will not be widely broadcast they will never be in a position of being asked for consent for the tape to be used. The doctor who is responsible for the tape must decide whether to over-record those portions of the tape that are damaging to third parties before it is released for wider viewing.