

This pack contains all you need to know to prepare the submission of consultations for peer review. It is important to use it carefully to maximise the benefit from this process.

As well as all the necessary guidance, there is a patient information leaflet and consent forms which you should print and photocopy for each patient you wish to record.

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Consultation Peer Review Overview

Introduction

You have undertaken to submit a recording of your consultations for peer review. To get the most out of this process, and to avoid misunderstanding of what may or may not happen, it is important to read the following introduction carefully. This will describe the mechanics of the exercise, as well as the educational process that it is built on. There may be many reasons why you are submitting consultations for review; in all cases the aim is to give effective feedback that will enable you to consider your consulting skills with a view to achieving an improvement.

Areas being analysed

The criteria that will be considered are listed later in this document to ensure that you are aware of them and have reflected upon them yourself prior to submission of your consultations. There is nothing innovative or controversial about them, they are all accepted elements of patient centred consulting. It is not expected that all elements will be present in all consultations. We are looking to view your normal consultations, which will have a variable emphasis on different elements, depending on each individual consultation.

Reviewers

The Consultation Peer Review Group, whose names are appended to this guide, are all working in General Practice. They are looking at your work as peers (not as academics), who face the same challenges in consulting as you do. They have all however, had considerable training in analysing consultations, and in giving consistent and helpful feedback.

The pool of reviewers we are currently using is as follows:

Dr Corrine Coles	Dr Mhairi MacFarlane
Dr Amanda Connelly	Dr Alison MacIsaac
Dr David Cunningham	Dr Claire MacKenzie
Dr Jennifer Dooley	Dr Peter McCalister
Dr David Esler	Dr Carolyn McGhie
Dr Barry Gibson-Smith	Dr Rhona McMillan
Dr Lynn Howie	Dr Neal Service
Dr Chris Mair	Dr David Shackles
Dr Elizabeth Marshallsay	Dr Sarah Stevenson
Dr Lucy Munro	Dr Angela Sturrock
Dr Beth MacFarlane	

Pre-SPESC Submissions

Prior to acceptance on the Scottish Prospective Educational Supervisors Course (SPESC) applicants are required to submit consultations for peer review. **These consultations are required to demonstrate patient centred consulting within an average GP appointment time.** If the consultations do not meet the expected standard, the applicant will be offered a face-to-face session with one of our experienced reviewers and given the opportunity to submit a further set of consultations. Please note, the applicant only has 2 attempts of submission for consultation peer review. **If the standard is not met after 2 submissions the applicant will be unable to progress to SPESC.**

Submitted Recordings

COVID-19 has changed General Practice. More consultations are now being conducted remotely over the phone or by video consultations. Also, practices are working in different ways as we recover from the pandemic. To reflect this, submissions can include a variety of consultation types which reflects your usual practice.

Each submission must include 4 consultations which cover a variety of age groups and presentations. These can be telephone, video or face to face. If possible, it would be preferable to include 2 telephone and 2 face to face consultations, but this is not a requirement. Telephone consultations can either be recorded using speaker phone and an external video recorder or on an internal phone system. Video consultation and face to face consultation recordings should show both the GP and the patient.

Each consultation must be consented both by the patient and by yourself for educational use. The consultations need not be consecutive, but should be present in their entirety, with any revealing examination of the patient taking place off camera. The consultations will be viewed in conjunction with your log, which contains your own thoughts on what you have seen and heard when observing each consultation; this is akin to that element in feedback where the learner goes first. The reviewers will therefore have an insight into your own awareness, and those areas about which you are most concerned. It is helpful to ensure that you submit a variety of consultations including at least one consultation that you regard as challenging. It is easier to demonstrate patient centred consulting skills in more challenging consultations. Please also note whether this is a pre-booked surgery, an on the day surgery or a surgery that has been triaged.

Feedback Timeframe and Overview

The review process takes a minimum of 4 weeks from the date of submission of your video (and may be longer depending on availability of reviewers or need for second review).

Feedback will comment on your strengths, but more pertinently will try to focus your attention on areas for development. There may be options offered that you might like to try, or you may just be encouraged to reflect on an element and consider what might work better for you. It may be that you have already identified an area with which you are uncomfortable; you are then unlikely to be surprised to have the reviewer comment upon it. If it is an area that you had not considered before, do not be upset or discouraged, the reviewers cannot know the whole background to a consultation and are only offering what is intended to be a helpful opinion; you may already fully understand why you behaved as you did!

The feedback will not be exhaustive, and in some consultations, it might consist of nothing but identifying strengths. Even so, it can be helpful and encouraging to know that what you are doing, (which may never have been observed by anyone else before), is what you are meant to be doing. This is quality assurance in action. We expect that overall the vast majority of submissions will contain a mixture of the good and the improvable consultations that reflect our work in General Practice. We would suggest that the process would be completed when you review your consultations again in the light of the written feedback you have received.

Effectiveness of Process

Sometime later we may approach you for your comments on the process, the feedback you received, and whether it has benefited your consulting. We all appreciate the effort that has gone into recording the consultations, and the natural apprehension that accompanies the submission of such a personal example of your professional life. All the reviewers have submitted consultations for peer review themselves and so are fully aware of the difficulties encountered by you. The recurring

thought of those who see review consultations is that it is a privilege to observe other doctors' work, and that we are all beneficiaries of the process.

Areas of Concern

It may be that a situation arises where the reviewers see a level of performance that gives rise to major concern. As you will be aware from the GMC Guidance laid down in "Good Medical Practice", it is no longer possible to do nothing in these circumstances. If any such case should arise, the consultations will be viewed again by two reviewers who might decide that the consulting is of an acceptable standard. The doctor will then receive feedback in the normal way, unaware of this part of the process.

If this pair is in agreement that the consultations give rise to serious concern, the submission will be passed for viewing by a further member of the group who have been chosen for their feedback skills. They will view the consultations, agree the main learning points, and approach the doctor who has submitted the consultations with a view to setting up a face-to-face teaching session. If that offer is taken up, it is hoped that the outcome would be a later submission of further consultations for review. In the unlikely event that the doctor in question did not engage in this educational process, or if he/she shows themselves to be unwilling or unable to remedy their deficiencies, the reviewers would have to refer such a doctor to the locally pertaining quality assurance mechanisms.

We do not expect this to happen. First and foremost this is a formative educational process, and the very fact that you have entered into it shows an attitude of mind that is important in the consideration of your work and professional development.

Useful books to read

David Pendelton, Theo Schofield, Peter Tate and Peter Havelock
The Consultation (An Approach to Learning and Teaching)
Oxford General Practice Series 6

Peter Tate : The Doctor's Communication Handbook (Third Edition)
Radcliffe Medical Press

Roger Neighbour: The Inner Consultation
(How to develop an effective and intuitive consulting style)
Petroc Press

Data Protection Law

This means any legislation that applies to the Processing of Personal Data: the UK General Data Protection Regulation and Data Protection Act 2018, the EU Privacy & Electronic Communications Directive 2002/58/EC Regulation (EU) 2016/679 (if and from the date it comes into force in the United Kingdom), and all national subordinate legislation in the United Kingdom and any applicable decisions and guidance made under any of them.

Retention of Videos

NHS Education for Scotland will only hold the video consultations until the peer review process is complete, and never longer than 12 months. The consulting GP has the right to have their data removed from our system at their request, prior to the expiry of the retention period of 12 months.

Feedback and Criteria

It is important to remember that the feedback is formative. The reviewers will highlight the positive areas in your consulting but also give suggestions for improvement where appropriate. The most useful way of using the feedback is to review the consultations with the reviewer's comments.

The feedback will normally be in written form. The reviewers will assess the consultations under the following headings:

COMMUNICATION

- ❖ Welcome
eg. makes the patient feel welcome both verbally and non-verbally
- ❖ Information gathering
eg. displays organised listening and responds to cues with both open and closed questions.
eg. allows the patient to express reasons for attendance and is aware of this as a follow-up consultation
eg. uses appropriate language with no jargon
- ❖ Explanation of management plan
eg. explains investigations, examination and advice and management to the patient.
- ❖ Exit Strategy
eg. checks the understanding of the patient and the follow up arrangements.

PARTNERSHIP

- ❖ Involves the patient in decision making
eg. explores the patient's wishes and views, gives the patient options, confirms patient's agreement and understanding and reviews the plan, negotiates, delivers a plan based on the doctor's knowledge of patient's views.

HEALTH ENABLEMENT (including Health Promotion)

- ❖ Increases self-awareness to improve health
eg. establishes risk factors and risk-taking behaviour, offers advice and action, explores health beliefs of patient, ensures the patient's understanding and responsibility for health, uses motivational interviewing or reflection.

MANAGEMENT PLAN

- ❖ Uses information gathered to form agreed management plan
eg. agrees and explains the plan to the patient. The management plan is based on best evidence, it is informed by doctor's knowledge of the patient and is medically necessary. A range of options is given and a review is made.

INSIGHT AND UNDERSTANDING

- ❖ Understands the consultation and has insight into own performance
eg. additional factors (ie. social and family) are taken into account and the log reflects these. The doctor accounts for the past medical history, surgical history and the patient expectations and has insight into their own performance.

Guidelines on a Code of Practice for Recording Consultations including Technical Considerations

Preparing for the Recorded Consultation

Ideally you should set up the camera in such a way that the picture shows both the doctor's and the patient's face. A camera clock is important, as it allows you and the reviewer to navigate through the submitted consultations. If your camera does not have a clock a possible alternative is to have a clock visible on the desk.

Patient Information

Patients should be informed at the time of booking an appointment that recording is planned for that surgery.

On arrival, the patient will be given the information leaflet and consent form and the receptionists will explain the procedure to the patient, including the fact that should the patient be unwilling to be recorded this will not affect their consultation with the doctor. The receptionist should ensure that the patient understands why 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.

If a friend accompanies the patient or relative during the consultation it should be made clear that they are there at the invitation of the patient and they should also be informed of their right to confidentiality and consent.

Consent Form

The patient should sign the consent form before being taken to the doctor. The consultation can only be recorded, if the patient and/or others accompanying the patient sign the consent form. All patients being recorded must sign a consent form, before and after a consultation. If the consent form is unsigned, the camera should be switched off.

It should be made clear to patients that a recording will not be undertaken without a patient's consent and that the camera will be switched off on request. There is no need to switch off the camera between consultations unless the gap is likely to be a large one.

The examination couch should not be in view, and intimate examinations should not be recorded but the camera must be kept running for sound while examination takes place.

Consent forms should be available in languages other than English if appropriate so that the patients whose first language is not English clearly understand what they are being asked to do.

Where patients are unable to give consent because they suffer from a mental disability, or for any other reason, consent must be sought from a close relative or carer. In the case of children and young people who lack the understanding to consent on their own behalf, the consent of an adult with parental responsibility must be obtained. The person giving consent must understand the rights set out above and on the next page.

The recording is only to be used for the purposes to which consent has been given.

Following the consultation, the patient should take the form back to the receptionist and should be reminded by the receptionist to sign the post-consultation form if the patient is still agreeable for the recording of the consultation to be used.

The patient must be offered the opportunity to view the recording, in the form in which it is intended to be shown, before the recording is used and have the right to withdraw consent to the use of the recording at that stage.

If a patient, following the consultation, wishes the recording to be erased, then they should tell the receptionist and should not sign the consent form. The doctor should then erase the consultation at the first available opportunity and confirm to the patient that this has been done.

The receptionist should make clear to the patient that if after leaving the surgery they would prefer the recording to be erased, they should notify the practice as soon as possible.

REMOTE CONSULTATION CONSENT GUIDANCE

The above consent guidance applies but may not be appropriate for remote consultations. The following is for guidance for recording remote consultations.

Patients should be informed at the time of booking an appointment that recording is planned for that surgery.

Consent should be sought prior to the appointment. Ideally this should be written consent but the same wording could be used and confirmed by email (the patient should be provided with access to the consent form, patient information leaflet and link to the practice website contact and privacy statement). After the consultation, consent must be confirmed.

It is the responsibility of the clinician to ensure that consent to the recording is obtained before the consultation and to offer the opportunity to revoke that consent after the consultation has ended. An electronic record of this written or email consent should be retained.

It should be made clear to the patients that a recording will not be undertaken without the patient's consent and that the camera will be switched off on request. The recording is only used for the purposes to which consent has been given.

Patient Deletion Request Form

In rare instances, where a patient has consented to the recording process, the recording has been sent for Peer Review but at a later date the patient requests that the recording is deleted, a Patient Deletion Request Form should be requested and completed. This form is available within this pack, from the Consultation Peer Review administrator or the Data Protection Officer with NHS Education for Scotland foidp@nes.scot.nhs.uk

Submission of Consultations

The submitted consultations should be checked for quality of sound and picture. The submission should consist of a minimum of four consultations. The consultations must be stored securely within the Practice in line with GDPR guidance. To ensure security it is preferred that a GP NHS computer is used to transfer consultations. MAC Computers/iPads and Mobile Phones are NOT compatible with our software. Please note that videos should not be retained on personal cameras.

Failure to use appropriate encrypted media for the storage and transfer of recorded patient consultations is a breach of NHS Scotland policies, the "Data Protection Regulations" and GMC Standards. NES will not accept any submissions which do not comply with the specified security requirements.

If the patient's data is breached at any time through accidental or unlawful destruction, loss, alteration, unauthorised disclosure of or unauthorised access to their data you must inform the Data Protection officer within NHS Education for Scotland as soon as the breach has been discovered by emailing foidp@nes.scot.nhs.uk.

A data breach must be reported to the NES Data Protection Officer within 24 hours of its discovery by the organisation. The Data Protection Officer will determine if the breach is required to be reported to the Information Commissioner. A failure to report a reportable breach to the Information Commissioner within 72 hours of its discovery will be in contravention to the Data Protection Bill and The General Data Protection Regulations.

Storage and Erasure

The recording should be stored with the same security and confidentiality as patient medical records. Storage of data must comply with current GDPR guidance and an asset log detailing all recorded consultations that are being stored on any secure encrypted device should be maintained by the practice. Recordings should never be retained on personal recording devices.

Consent forms should be kept with the medical records of the patient. Please note these are **not** required to be submitted with your consultations.

The responsibility for security, confidentiality, storage and erasure falls to the general practitioner in the practice. The consultations should be erased as soon as possible but definitely no later than 12 months after the date of recording.

Technical Guidance

It is advised that you contact your local IT support before recording and uploading files. **Please note we cannot accept files from Fourteen Fish.**

Equipment: You will need:

- A digital camera which MUST HAVE a USB cable.
- You **may** need an external microphone if your camera's built in system is not powerful enough.

You must use your NHS computer to transfer your recordings from camera to private MS Teams channel to ensure security. Also note that the Peer Review Team may not be able to access your video files if they have been saved using an Apple Mac.



Which Camera?

Ensure the camcorder can be connected to the practice network via a USB cable. **Try to ensure the camera will record in .MPEG, .AVI or .MP4** format as this simplifies matters! Recorders with an internal hard disc rather than memory cards would be best.

It is difficult to recommend a particular model of camera, as manufacturers upgrade so frequently. Sony, Panasonic and Canon all produce camcorders with USB connections. **Buying an appropriate camera now is recommended, as you will continue to use it once you become an Educational Supervisor.**

For those using JVC Cameras, or indeed any which have a date and time stamp as standard, **you MUST ensure that after copying the files onto the computer, you change the .MOD files to .MPEG, .MP4 or .AVI.** This will ensure the file plays in VLC, Real Player and/or Windows Media Player – essential for our Reviewers.

Practical Recording Tips

Load your digital camera software onto your computer following their instructions and guidelines. Once recordings have been reviewed and feedback has been received, they should then be deleted from both the computer and camera, again for security and to prevent overloading the Health Board server.

Video Player Recommendation

In most cases, your camera software will enable you to easily transfer your recordings onto your PC or laptop. However, because of some NHS Trust restrictions, it might be best to download the following video player:

<http://www.videolan.org/vlc/download-windows.html> - if the link is broken, try Google!



The VLC Media Player is compatible with almost all forms of video file and will not endanger any other programmes on your PC. This software is FREE and should take no longer than a few minutes to download.

If you have any queries, please contact nes.gp-peer-review@nhs.scot

PATIENT INFORMATION LEAFLET

Name of Doctor:

Work email address/phone number:

is making a recording of his/her consultation with patients today. This will be used for the doctor's own education. We thank you for your help with this important part of the doctor's education and hope that you will agree to your consultation being recorded, but recognise your right not to take part. If you do not want the camera to record your consultation, then all you have to do is tell the doctor. This will not affect your consultation or treatment in any way. If you agree to be recorded you will be asked to sign a consent form.

The recording is as confidential as your medical records and will be kept with the same security. The doctor making the recording will ensure that it is only used for educational and research purposes and that it is erased. It will be used for assessing the doctor's skill in the consultation, to teach the doctor how to improve and for research - all of which helps patients to get better care.

The recording will be assessed by the doctor as well as NHS Education for Scotland with the aim of giving effective feedback to enable the doctor to offer the best possible service to their patients. Your data will be held in confidence under the NHS Scotland policies, GMC Standards as well as in accordance with the current as well as any incoming Data Protection Regulations.

As a Data Subject you have a number of rights given to you under the Data Protection Regulations. Specifically relating to the Data Protection Act and the General Data Protection Regulations these rights include;

- The right to be informed as to what will happen with your data
- The right to access your data
- The right to rectification of your data
- The right to erasure
- The right to object
- The right to restricted processing
- The right to data portability
- The right in relation to automated decision making

You also have the right to make a complaint to The Data Protection Officer for NHS Education for Scotland;

Via email - foidp@nes.scot.nhs.uk OR via post to

The Data Protection Officer
NHS Education for Scotland
Westport 102, West Port,
Edinburgh
EH3 9DN

You also have the right to lodge a complaint to the Information Commissioners Office who is the UK's Supervisory Authority.

If, after you have left the surgery, you change your mind and wish the consultation to be erased, please contact either the NHS Education for Scotland Data Protection Officer or the Doctor named above in writing, by email, by telephone or in person to ensure that this is done.

CONSULTATION REVIEW PATIENT CONSENT FORM – PART 1

Name of consulting doctor	
Name of patient	
Name of person(s) accompanying patient to consultation	
Date	

Name of Doctor

is making a video/audio recording of his/her consultations. Intimate physical examinations will not be recorded and the recording will be switched off on request. The consultation will be used for the purposes of assessment of the doctor by NHS Education for Scotland, research, learning and teaching.

Name of Doctor

is responsible for the security and confidentiality of the recording. The recording will be viewed within a secure on-line setting and may be stored digitally for a short time to allow access.

Today's recording will be seen inside your practice and by other doctors working on behalf of NHS Education for Scotland who will give feedback to your doctor on his/her consultations. The recording will be deleted as soon as the feedback process is complete.

Your data will be held in confidence under the NHS Scotland policies, the current and any incoming Data Protection Regulations as well as the GMC Standards.

If you reconsider once you have left the surgery and want the recorded consultation erased, please contact the Doctor named above in writing, by email, by telephone or in person within 10 days.

Alternatively contact the NHS Education for Scotland Data Protection Officer via email;

foidp@nes.scot.nhs.uk

or via post to:

The Data Protection Officer,
NHS Education for Scotland,
Westport 102, West Port,
Edinburgh, EH3 9DN

CONSULTATION REVIEW PATIENT CONSENT FORM – PART 2

To be completed by the patient

Before consultation:

- I have read and understand the patient information leaflet
- I give my permission for my consultation to be recorded and viewed in an online setting
- I do not give** permission for my consultation to be recorded

Please state in the box if you wish to limit the use to which the recording might be out and whether you require it to be erased within a specified period of time.	
Patient signature	
Person(s) accompanying patient's signature	
Date	

After consultation:

- I am still willing for my consultation to be used for the above purposes.
- OR
- I no longer wish** my consultation to be used for the above purposes.

Patient signature	
Person(s) accompanying patient's signature	
Date	

NHS Education for Scotland (NES)

Consultation Peer Review Submission Patient Deletion Request Form

This form is to be used in rare instances when a patient has left a consultation with the Doctor, which has been recorded on an encrypted device and using (NES) processes as described in the Consultation Peer Review document, and the patient requests that their recording is deleted.

This form can be completed by either the Doctor or by the NES CPD Connect team or the NES Data Protection Officer.

Doctor Name	
GMC Number	
Venue of recording	
Date of recording	
Recording number	
Date of patient request for deletion	
Name of individual taking request information	

You should send a copy of this form to nes.gp-peer-review@nhs.scot

SUMMARY OF CONSULTATIONS

Consult No:	Type of Appointment:	Date and Clock Time	Length of Consult:	Main reason for consultation with relevant background information including medication	Age and sex of patient	Consent given Y/N
1	Pre-booked / On-the-day / Pre-Triaged	30/09/09 9.04 am	16 mins	Patient has presented having just received a letter from the practice explaining that she has a borderline smear and requires to attend for a follow up smear in six months time.	50 female	Y
<i>Sample</i>						

LOGBOOK

CONSULTATION NUMBER: 1

Please use the following sheets to review each consultation prior to submission. Consider each of the areas Communication, Partnership, Health Enablement and Management Plan. Rate your consultations 1 - 4 (little positive – strong display) and explain your choice in the space provided. The reviewer will use this information when formulating feedback. Complete **one sheet for each consultation** submitted.

COMMUNICATION: Rating = 3
Explain: I made the patient feel comfortable, though now realise that I missed the non-verbal cue that she was very worried about the implications of a borderline smear. In my explanations I tried not to use any jargon.
PARTNERSHIP: Rating = 2
Explain: On viewing this consultation, I realise that I did not explore the patient's ideas, concerns and expectations adequately. This means I did not incorporate the patient's understanding with my explanation.
HEALTH ENABLEMENT: Rating = 3
Explain: I feel sure patient will attend for smear in six months.
MANAGEMENT PLAN: Rating = 4
Explain: The management plan was based on best evidence.
SUMMARY OF LEARNING POINTS IN THIS CONSULTATION
 I could look for non-verbal cues. I could explore patient's ideas, concerns and expectations about their problem.