



Outpatient Clinics 2020/21 – Remote Consultation Policy

This document provides a guide for including students in remote consultations across UCL clinical sites. It provides an overview of remote consultations, and guidelines for good practice. It is based on a pilot conducted at the Royal Free Trust.

The return to clinical placements has been designed to keep patients and students safe, and to make the withdrawal of students from placements unlikely, even in the event of a second wave of Covid-19. Clinical services remain modified in primary and secondary care and may do so for some considerable time. For this reason, clear guidance for best practice in including students in remote consultations is necessary to protect the patient, the student and the clinical teacher.

The concept of including students in remote consultations has been approved by the North Central London Ethics Committee. They identified no major ethical issues. Most concerns were practical and can be addressed by this guidance.

As with all clinical contact, we should be following the principles of non-maleficence, beneficence, justice and autonomy:

Non-maleficence: UCLMS and clinicians should ensure support is available to students following their involvement in difficult conversations

Beneficence: it is crucial to adapt OPD/GP-based clinical training so students are well prepared for remote consultation as that is the likely future of their practice

Justice: no issues

Autonomy: it is crucial that patients are prepared beforehand, and are able to refuse, as in normal clinical practice

Trusts and GP surgeries are advised to modify the clinic appointment letter to make patients aware a student may join and ensure that patients can refuse to have a student present. Students need to make sure the consultation is private. Patients need to be aware who is in the consultation, so introductions are important.

Students should sign a commitment to confidentiality and make every reasonable attempt to ensure their inclusion in the consultation is conducted in a way that maintains patient privacy.

Recording consultations by the clinician is permissible, but only with consent of all present. The purpose of recording, procedure for ensuring secure storage and information about who will have access to the recording must be made clear to the patient. Patients must not be made to feel that their care will be compromised if they do not wish a consultation to be recorded. Students are not permitted to make digital recordings.

Practical issues:

More students may be accommodated in a socially distanced clinic if the patient and/or student is remote – depending on room size and social distancing requirements.

There should be an option of linking in remotely for face-to-face clinics where students are not able to attend specific specialist clinics in person due to travel restrictions between sites.

Students attending remotely – video clinics, telephone clinics and a combination of video and telephone – should adopt the following practices:

- Attend Anywhere (a video consultation platform) or similar should be used to run video clinics.
- All students have a UCL iPad with audio-visual capability and adequate screen size to be used for this purpose and should be encouraged to do so
- Students should be supported where possible to see relevant information shared from the clinician's computer e.g. images/results
- Remote access works well with two students attending the same clinic from different devices (results in four individual participants on screen - clinician, patient, student 1, student 2)
- Remote access may require separate authorisation/permissions from the Service Transformation Team and CMIO to use Attend Anywhere as a video conferencing platform for students attending face-to-face or telephone clinics. This approval should be overseen by the site undergraduate education lead

Locations for remote attendance

- Students may attend from their home if they are able to maintain patient privacy and confidentiality
- UCLMS will require students to sign up to re Information Governance / data protection / confidentiality agreement
- Private spaces, e.g. tutorial rooms or unused clinical rooms if available, can also be used for remote clinic attendance
- Students may use a UCL computer if available
- Use of a headset helps ensure privacy and confidentiality

Teaching approach

- More time should be available for teaching in designated virtual teaching clinics as they would in any other teaching clinic (where patient numbers are reduced to allow for increased teaching time)
- Students are able to participate in / lead consultation at the clinician's direction or review patients separate from the clinician
- The clinician can come out of view and mute / leave the room – at the clinician's discretion, time, how busy the clinic is
- Skills that can be developed in a virtual consultation include gathering information to establish the patient's medical history, remote examination skills, judgement of when face-to-face consultation is required, managing cognitive overload associated with remote counselling
- Clinicians should make sure the consultation involves interaction with the student where possible
- Students using Attend Anywhere should be encouraged to use time between patient consultations to research / look things up or to consider how the consultation should be documented including any safety-netting