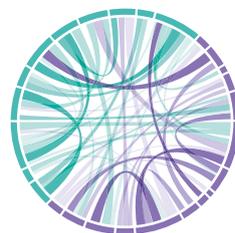




Students attending remote consultations
Advice to medical schools and students

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Students attending remote consultations

The pandemic has meant that a significant amount of healthcare interventions are taking place remotely via telephone or video consultations. Whilst this has been developed in response to Covid 19 it is likely that more care will be delivered this way as a matter of routine practice once the crisis ends. Therefore, students need to be involved in remote consultations, not only so they can gain necessary clinical experience to enable them to graduate but also to prepare them for their future working lives.

Whilst remote consultations might be a new way of working for doctors, students and patients, it is important to recognise that the same principles apply to this form of practice with regards to patient safety issues such as consent and confidentiality.

Often students will be taking part in remote consultations from within a hospital or general practice under the direct supervision of an appropriate clinician who will be able to guide participants. Alternatively students may join remotely from their medical school or their own residence. Particular care, described below, must be taken in the latter case. Whichever approach is taken medical schools should ensure that placement providers have agreed to it and that where appropriate information governance teams have signed off plans.

Consent

Patients must consent to a student being present during a remote consultation in the same way they are asked if they are happy for a student to be involved in their care in face to face settings.

Medical schools and placement providers can work together to ensure patients understand that the clinical environment is one where education takes place. Some ways of doing this include;

Having a statement in letters asking patients to attend remote outpatient clinics that flags that students may be present, but that patient consent will be sought before they join any consultation.

- GP practices and other primary care settings can put information about the training they provide to students on their websites.
- Appointment emails to attend primary care appointments can include a short statement that students may be present, but that patient consent will be sought before they join any consultation.

Once the appointment starts the patient should be asked if they are happy for the student to be present. This example of how to take consent has been shared by Queen's University Belfast;

“Mr / Ms XXXXX (name) – This clinic today is a teaching clinic in which I am teaching and training a medical student from Queen’s University Belfast. This consultation can be streamed simultaneously to the medical student(s) and will be very helpful for their learning. All of the consultation will remain confidential as normal and the medical student is also bound by this confidentiality. In addition, this consultation will not be recorded without your consent.

Mr/Ms XXXX (name) – Are you happy to confirm that you are willing to allow the student(s) to take part in this online consultation?”

Whilst verbal consent is likely to be sufficient for a student attending a remote consultation, if the session is to be recorded then it is best practice for written consent to be obtained. Medical schools should always discuss any consent forms or privacy notices they plan to use with their placement providers and their own data governance teams.

Confidentiality – preparing students

Ensuring patient confidentiality is an essential part of clinical practice and ensuring that confidentiality can be maintained on remote consultations is essential. There are a few ways in which medical schools can help to ensure confidentiality in advance of placements taking place.

Students should be properly trained in the principles of ensuring confidentiality and also in data protection. If your school offers in house data protection training then you should ensure that students undertake this before they take part in remote consultations.

e-Learning for Healthcare also has a module that students can access on data protection. This is the same module that all NHS staff undertake in England and therefore completion of this training may be reassuring to placement providers. The training can be accessed [here](#).

Use of devices and WiFi Networks

Many medical schools and placement providers will have an agreement that students will only access remote consultations through devices provided by the placement provider.

If students are going to use their own devices to take part in remote consultations students should be sure that the device is secure. This may require security checks undertaken by a suitably trained IT professional.

A similar approach should be taken to WiFi connections – students should use the WiFi provided by local education providers. If a student is going to access a consultation from outside the placement provider they must ensure that the network is secure. Public networks in cafés, libraries or shops should not be used. Students can get advice on ensuring a secure WiFi connection from the [Information Commissioner's Office](#).

Awareness of the needs of different patient groups

Schools may wish to consider what groups of patients or types of examinations are not suitable for remote teaching and training. For example, Norwich Medical School gives the following advice:

- Intimate clinical history and examination (e.g. sexual history, breast examination) are not appropriate for remote teaching and clinicians should be aware of cultural and religious difference in what is considered 'intimate' for both patients and learners.
- Special care should be used when considering using remote teaching that involves children and adults who lack capacity.
- Anaesthetised patients should not be utilised for remote teaching without careful and explicit prior consent. Whilst a patient might expect student doctors or nurses to be present in the operating theatre, during routine theatre they would not normally expect their operation to be video-linked to a medical student audience elsewhere.

Supervision

All students should be supervised on remote consultations to the same standard that would be expected if they were physically present at a clinical placement.

Some students in the later years of the course may have the opportunity to lead remote consultations. This should always be done under the supervision of an appropriate healthcare practitioner and that supervisor must be on hand to join the call if the student feels that they require additional support.

Guidance for students on taking part in remote consultations

The General Medical Council (GMC) and Medical Schools Council (MSC) have published guidance on the standards of behaviour expected of medical students in *Achieving good medical practise: guidance for students*.

In the section on “Maintaining patient confidentiality”, that guidance states:

- “All patients have a right to expect that their doctors will hold information about them in confidence.”
- “Many improper disclosures are unintentional. You must not share identifiable information about a patient where you can be overheard, such as in a public place or on social media, or include it in any work or logbooks you submit.”
- “You must also follow any policies of your medical school, university or placement provider to make sure personal information is stored and disposed of securely.”

The ongoing challenges presented by the Covid-19 pandemic mean some patient contact will now be virtual. In these challenging circumstances medical students are still expected to observe the same high standards of personal and professional conduct observed under normal circumstances.

To help you do this MSC has produced the following guidance for you. The specific rules relating to your placements will be provided to you by your medical school. This guidance provides high level advice you should follow for all remote placements and virtual learning opportunities.

Guidance for students on taking part in remote consultations

- You must ensure any personal computers and devices – laptops, tablets, phones – are secure before accessing identifiable patient data. An IT professional will be able to advise you on the security of your device.
- You must ensure that your internet connection is private and secure;
 - o Public networks must not be used - airports, libraries, coffee shops, restaurants, for example
 - o Private networks may be used – Wi-Fi networks in your home, for example – provided they are secure
 - o The Information Commissioner’s Office (ICO) has provided advice on [Wi-Fi security](#)
- You must not access identifiable information about a patient where you can be overheard or interrupted, such as:
 - o a public place – café, restaurant, shop, park, etc
 - o external or outdoor spaces
 - o a shared area or communal area of a private residence – lounge, stairway – where you are likely to be disturbed or others may be present
- If possible, you should try and find a quiet, private room from which to join remote consultations.
- You should wear headphones to listen to content wherever possible.
- If you are joining a consultation through a video platform you should dress professionally as you would for a normal placement.
- When joining a video consultation you should also ensure the background behind you is neutral; using digital backgrounds can help you to do this.
- You should never make a private recording of any remote consultation or online learning opportunity you take part in.

- You must not disclose or discuss personal identifiable information about patients on social media or by private means with a third party e.g. through WhatsApp.
- Personal notes relating to learning sessions must not include identifiable patient data.
- Where in doubt, you must exercise extreme caution and discretion in handling identifiable patient data.
- You must raise concerns in a confidential, non-judgemental way about fellow students, clinicians, lecturers or staff who fail to observe the rules outlined above or who behave in a manner likely to result in an improper disclosure of patient information.

Further reading

Medical students consulting from home: A qualitative evaluation of a tool for maintaining student exposure to patients during lockdown - Richard Darnton et al: <https://doi.org/10.1080/0142159X.2020.1829576>