# Audio and Visual Policy

## Document Control

### A. Confidentiality Notice

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### B. Document Details

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# Audio & Visual Recording Policy

## Introduction

Audio and visual recording can be a valuable component of effective practitioner learning and development in general practice. The purpose of this policy is to outline the purpose(s) for making such recordings and how staff at The Arch Medical Practice will make the recordings appropriately. The policy will cover:

* Consent
* Confidentiality
* Asset security

**Principles for audio-visual recording**

**GMC guidance**

Prior to making any recording, the trainer or trainee must:[[1]](#footnote-1)

* Give patients the information they want, or need, about the purpose of the recording
* Only make recordings when the appropriate consent has been given
* Stop the recording if the patient requests so, or if the recording is causing distress

Audio-visual recordings may be used where the patient is identifiable, so long as a record of consent is evident for the recording to be made and used for future teaching purposes; this must be clearly explained to the patient(s) and if they do not consent to the secondary use of the recording, this is not permitted.

**Consent**

Consent is appropriate if data processors are in a position to “offer people real choice and control over how their data is used”.[[2]](#footnote-2) The GDPR states that consent must be unambiguous and requires a positive action to “opt in”, and it must be freely given. Data subjects must be made aware that they have the right to withdraw consent at any time.

Prior to any audio-visual recordings being made, consent must be obtained and recorded. It is the responsibility of the clinician carrying out the procedure or examination to obtain consent from the patient. It is essential that the patient understands why the recording is being made, and the purpose(s) for which it will be used.

**Consent for children and young people**

Young people aged 16-17 are presumed to be capable of consenting to medical examinations, treatments or procedures. As per adults, consent will only be deemed valid if it is given voluntarily by an appropriately informed young person.

Children under 16 may have the capacity to consent to some examinations, treatments and procedures but not others. Therefore, parental consent should be sought and recorded accurately when it is deemed they are not Gillick competent.

**Lack of mental capacity**

Patients who do not have the capacity to make an informed, voluntary decision are protected under the Mental Health Act (MHA) 2005. A person is defined as lacking capacity if ‘they are unable to make a decision for themselves because of an impairment or disturbance in the functioning of their mind or brain’.

**Recording consent**

Consent is to be clearly identifiable and separate from other comments entered into the healthcare record. The consent form at Annex A is to be used to record patient consent.

**BMA guidance**

Doctor requirements

The BMA states that when using visual or audio recordings, doctors must:[[3]](#footnote-3)

* Give patients the information they want, or need, about the purpose of the recording
* Make recordings only where there is appropriate consent or other valid authority for doing so
* Ensure that patients are under no pressure to give their consent for the recording to be made
* Where practicable, stop the recording if the patient requests this, or if it is having an adverse effect on the consultation or treatment
* Anonymise or code the recordings before using or disclosing them for a secondary purpose, if this is practicable and will serve the purpose
* Disclose or use recordings from which patients may be identifiable only with consent or other valid authority for doing so
* Make appropriate secure arrangements for storing recordings
* Be familiar with, and follow, the law and local guidance and procedures that apply

**Recording a consultation**

To ensure compliance the clinician must follow the below process:

* Explain to the patient the purpose of the request to make the recording
* Ensure the patient understands why the clinician wishes to make the recording
* Ensure consent has been given freely, without influence
* Obtain the patient’s signature on the practice consent form (Annex A)
* Advise the patient that it is their right to withdraw their consent at any time.
* Ensure consent is recorded

Once the clinician has satisfied themselves that the above actions have been completed, they will set the video camera to record and commence the consultation as they would for any other consultation.

At the end of the consultation, the patient should be offered the opportunity to review the consultation and to reaffirm whether they are happy for the recording to be used for future teaching purposes (if they previously had consented to this), or if they wish the recording to be used solely for the purpose of training in relation to this consultation.

Audio-visual recording is to be undertaken using only the practice video camera which is registered in the practice asset register. Staff authorised to make recordings at Khattak Memorial Surgery are **not** permitted to use personal devices such as mobile phones, tablets or cameras to make recordings. Furthermore, the date and time on the video camera must be accurate.

On completion of the recording, the video camera is to be returned and signed in by the nominated staff member.

Under no circumstances is the camera to be removed from the practice premises. All identifiable patient information, whether written, computerised, visually or audio recorded, is subject to the duty of confidentiality. This includes:

* Any clinical information about an individual’s diagnosis or treatment
* A picture, photograph, video, audiotape or other image of the patient
* Anything else that, directly or indirectly, might lead to identifying the patient

**Deletion of audio-visual recordings**

Following the consultation and subsequent review between the trainer and trainee, the recording is to be deleted from the device’s SD card. No copies are to be made or retained by either party unless the patient has consented to the use of the recording for future teaching purposes.

**Storing audio-visual recordings**

If recordings are to be used in the future for training purposes, it is advised by the GMS that doctors must be satisfied “that there is agreement about the ownership, copyright, and intellectual property rights of the recording”.4  Recordings should only be retained for as long as necessary and should also be included in the data-mapping process. (See GDPR Policy for further information about data mapping.)

Annex A – Consent form for audio-visual recording

|  |
| --- |
| **Patient consent for audio-visual** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient details** | | | |
| **Surname** |  | **Forename** |  |
| **Title** |  | **Date of birth** |  |
| **Patient ID No.** |  | **NHS No.** |  |

I confirm that I have chosen to allow the clinician to make an audio-visual recording to support learning and development at The Arch Medical Practice.

I confirm that the process has been explained to me including:

* The reason for the audio-visual recording being made
* The benefits of the recording (trainee GP development)
* How the recording will be used

I acknowledge that the clinician has explained to me that I can withdraw my consent at any time.

Please ✓ which of the following statements apply:

🞎I consent to audio-visual recordings being made for the sole purpose of learning in relation to this consultation

🞎 I consent to audio-visual recordings being made and used for internal training at the practice

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient’s name** |  | **Date** |  |
| **Signature** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Clinician details** | | | |
| **Surname** |  | **Forename** |  |
| **Title** |  | **Registration No.** |  |

I have explained the purposes for which audio-visual recordings have been made 🞎

The patient has consented to having audio-visual recordings made as detailed above 🞎

|  |  |  |  |
| --- | --- | --- | --- |
| **Clinician’s name** |  | **Date** |  |
| **Signature** |  | | |

1. [GMC – Making and using visual and audio recordings of patients](https://www.gmc-uk.org/-/media/documents/making-and-using-visual-and-audio-recordings-of-patients_pdf-58838365.pdf) [↑](#footnote-ref-1)
2. [ICO Consent](https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/consent/) [↑](#footnote-ref-2)
3. [BMA Taking and using visual and audio recordings of patients](https://www.bma.org.uk/advice/employment/ethics/confidentiality-and-health-records/visual-and-audio-recordings-of-patients) [↑](#footnote-ref-3)