

# Audio-COTs

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Developing people  
for health and  
healthcare

# Aims and Objectives

- Understand the process of undertaking audio-COTs
- Learn how to ensure appropriate consent is in place
- Understand RCGP requirements
- Calibrate marking against peers

# Why Audio-COTs?

- Increasing use of telephone triage and consultations
- Added complexity of telephone consultations
- CSA Cases
- Future developments

## When?

- GP posts during all phases of training
- During OOH training
- Minimum of 1 Audio-COT in ST3 phase

# How?

- Equipment
- Direct observation vs Recordings
- Selection of consults
- Supervisor makes notes
- Feedback and assessment

# Consent

- Neutral approach
- Must be sought at beginning and the end
- Receptionists can ask when call is booked
- Document verbal consent in notes
- GDPR

# Receptionist Statement

- We are hoping to use some of the consultations between patients and Dr ....., with whom you will be having a telephone consultation today, for training purposes. Doctors training to be GPs use audio-recordings and directly observed consultations to evaluate their telephone consultations.

# Receptionist Statement

- There will be:
- Two doctors on the telephone line during your consultations – with one doctor listening

And/or

- An Audio-recording will be made of your consultation. The audio-recording is ONLY of you and the doctor talking together.



# Receptionist Statement

- All audio-recordings are carried out according to guidelines issued by the General Medical Council, and will be stored securely in line with the General Data Protection Regulation (GDPR).
- You do not have to agree to your consultation with the doctor being observed or recorded. If you do not want the consultation used in this way, please let me know - this is not a problem, and will not affect your consultation in any way. But if you do not mind your consultation being used for training, we will record your verbal consent. Thank you very much for your help.'

# Performance Criteria

- Introduces self and establishes identity of caller(s), ensuring confidentiality and consent
- Establishes rapport
- Identifies reason(s) for telephone call and excludes need for emergency response in a timely manner (when appropriate), demonstrating safe and effective prioritisation skills
- Encourages the patient's contribution using appropriate use of open and closed questions, demonstrating active listening and responds to auditory cues

# Performance Criteria

- Places complaint in appropriate psycho-social contexts
- Explores the patient's health understanding/beliefs including identifying and addressing patients ideas, concerns and expectations
- Takes an appropriately thorough and focused history to allow a safe assessment (includes/excludes likely relevant significant condition)

# Performance Criteria

- Makes an appropriate working diagnosis
- Creates an appropriate, effective and mutually acceptable treatment (including medication guidance) and management outcome
- Seeks to confirm patient's understanding
- Provides appropriate safety-netting and follow-up instructions

# Calibration Exercise

# Questions?