Consultation Observation Tool (COT)
Dr Hannah Cowling

Aims and Objectives

- To understand the MRCGP COT requirements
- To undertake benchmarking of COTs with reflection
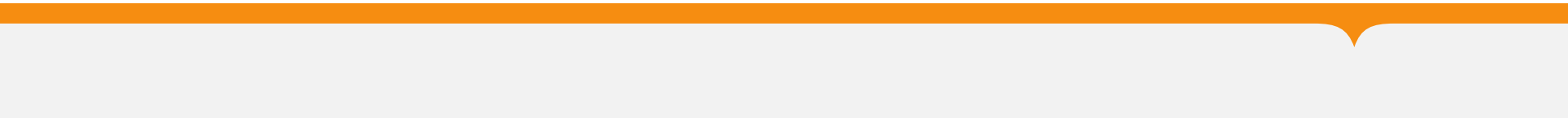
COTs from August 2020

- Title

- Brief Description

- ***Level of Complexity***

- ***Clinical Experience Groups***

- Covers up to 14 areas within a GP consultation

COTs from August 2020

- Graded as
- Not applicable to this case
- NFD below expectations
- NFD meets expectations
- Competent
- Excellent
- ***Compared to competent GP***

COTs from August 2020

- Assessment of Performance
- Below level expected prior to starting GP Training
- Below level expected of GP trainee working in this post
- At the level expected of GP trainee working in this post
- Above the level expected of GP trainee working in this post
- Observation and feedback on performance
- Agreed action plan

In which posts might a trainee perform a cot?

In which posts might a trainee perform a cot?

- COTs are tools to use in Primary Care Posts
  - OOH is an excellent place to undertake them

- In Secondary Care the mini-CEX tool ought to be used instead.

How many COTs are needed?

How many COTs are needed?

- No limit to how many can be done – the below numbers are **minimum** numbers:

- In ST1/2 (in GP post) – 2 per 6-month period

- In ST3 – 3 per 6-month period

- At least one audio-COT **MUST** be done in ST3

- This is in addition to the 6 COTs

How is a COT organised?

How is a COT organised?

- Either:

a) The trainee videos consultations and reviews this with a supervisor

OR

b) The supervisor observes a consultation and completes the tool

What are the pros and cons of each?

Who can assess a COT/Audio-COT?

Who can assess a COT/Audio-COT?

- Educational Supervisor

- Approved Clinical Supervisor

- Approved OOH Supervisor

- And ought to be MORE THAN ONE person in each post

What cases need to be observed?

What cases need to be observed?

- Should include a range of contexts – e.g. Home Visit, Surgery, Out of Hours

- Should include samples from across the CEGs

- More complex cases are useful for generating learning

- Bradford VTS has useful mapping sheets to keep track

A word about consent

- The patient must consent to recordings – video or audio – and GDPR regulations must apply

- See RCGP website for suitable consent forms

- Likewise the patient must agree to consultations being observed – and in the case of phone calls must explicitly agree to another doctor listening in.

COT

Portfolio overview

Trainee	
Stage of training	
Percent of full time	
Current post	

Descriptive title: COT

Confirmation

I can confirm I have received appropriate training to complete this assessment form and that I am a GP Educational Supervisor or an approved Clinical Supervisor who has met the educator requirements of the GMC.

Confirmation: ☐

Help

Dashboard   Portfolio   Education   Communities   Surveys

Dr Jonathan Rouse   JR

Date: 02/09/2020

Case details

Outline of the Case:

Level of Complexity: ◯ Low   ◯ Medium   ◯ High

Time taken for observation (mins):

Clinical experience groups

Select an Option ▾

Help

The Clinical Experience Groups

- 1. Infants, children and young people (under the age of 19 years).

- 2. Gender, reproductive and sexual health (including women's, men's, LGBTQ, gynaecology and breast).

- 3. People with long-term conditions including cancer, multi-morbidity and disability.

- 4. Older adults including frailty and/or people at end of life.

- 5. Mental health (including addiction, alcohol and substance misuse).

- 6. Urgent and unscheduled care.

- 7. People with health disadvantage and vulnerabilities (including veterans, mental capacity difficulties, safeguarding and those with communication difficulties/disability).

- 8. Population Health and health promotion (including people with non-acute and/or non-chronic health problems).

- 9. Clinical problems not linked to a specific clinical experience group.

Grading

Using the guide to the performance criteria for the COT (also viewable as the ? at the end of each question) please grade the trainee by ticking the appropriate competence level in the boxes below.
The trainee should be graded in relation to the standard expected at certificate of completion of training (CCT).

Please note the difference between: 'Not applicable to this case' which means that the trainee did not cover the identified area as it was not within the context of the case and 'Needing further development (NFD) below expectations/meets expectations which means that either the trainee did not cover the identified area to a competent level or it was not demonstrated at all, and should have been.

Please provide specific, constructive feedback verbally and documented on this form to the trainee that you feel will enhance their performance. This will be used as evidence of trainee progression.

Information Gathering

Encourages the patient's contribution ⑦ :

○ Not applicable to this case   ○ NFD-Below Expectations   ○ NFD-Meeting Expectations   ○ Competent   ○ Excellent

Responds to cues ⑦ :

○ Not applicable to this case   ○ NFD-Below Expectations   ○ NFD-Meeting Expectations   ○ Competent   ○ Excellent

Places complaint in appropriate psychosocial contexts ⑦ :

○ Not applicable to this case   ○ NFD-Below Expectations   ○ NFD-Meeting Expectations   ○ Competent   ○ Excellent

Explores patient's health understanding/beliefs including identifying and addressing patients ideas and concerns and expectations ⑦ :

○ Not applicable to this case   ○ NFD-Below Expectations   ○ NFD-Meeting Expectations   ○ Competent   ○ Excellent

❓ Help

Performance Criteria

Dashboard   Portfolio   Education   Communities   Surveys

Dr Jonathan Rouse   JR

Defines the clinical problem

Takes

○ N

Perfo

○ N

○ N

PC6: The physical/mental examination chosen is likely to confirm or disprove hypotheses that could reasonably have been formed, OR is designed to address a patient's concern.

The competence will usually be the choice of examination, not the way it is done. Video may not be the best place for that to be assessed - however it may generate discussion. It is still usually possible to hear what examination is being undertaken and what explanations are being given. A mental state examination would be appropriate in a number of cases. Intimate examination should not be recorded!

✕ CLOSE

Exp

E

○ N

Address the patients' problem

The management plan (including any prescription) is appropriate for the working diagnosis ⓘ :

○ Not applicable to this case   ○ NFD-Below Expectations   ○ NFD-Meeting Expectations   ○ Competent   ○ Excellent

? Help

Performance Criteria: Information Gathering

- Encourages the patient's contribution

- Responds to cues

- Places complaint in appropriate psychosocial context

- Explores patient's health understanding/beliefs including identifying and addressing patient's ideas and concerns and expectations

Performance Criteria: Defines the Clinical Problem

- Takes an appropriately thorough and focused history to allow a safe assessment (includes/excludes likely relevant significant condition)

- Performs appropriate physical or mental state examination

- Makes an appropriate working diagnosis

Performance Criteria: Explains the Problem to the Patient

- Explains the problem in appropriate language

Performance Criteria: Addresses the Patients' Problem

- The management plan (including any prescription) is appropriate for the working diagnosis

- The patient is given the opportunity to be involved in significant management decisions

- The doctor checks that there is shared understanding of the diagnosis, management plan, treatment, safety netting and follow up arrangements

Performance Criteria: Makes Effective Use of Resources

- Makes effective use of available resources
- The doctor specifies the conditions and interval for follow up or review

Dr Jonathan Rouse

Assessment of Performance

Based on this observation, please rate the overall competence at which the trainee has shown that they are performing:

Rating:
- ○ Below the level expected prior to starting on a GP Training programme
- ○ Below the level expected of a GP trainee working in the current clinical post
- ○ At the level expected of a GP trainee working in the current clinical post
- ○ Above the level expected of a GP trainee working in the current clinical post

Observations

Observation and Feedback on performance:

Agreed action for further development:

Save

Cancel add

Help

Time for some practice

The Case

- Trainee at the beginning of ST3 phase

Useful Resources

- [RCGP Website](#)
  - Consent Forms
  - Full Detailed Performance Criteria
- [Bradford VTS Website](#)
  - COT Mapping Forms
  - Marking Sheets

Reflection

Think about how you compared to your peers

Are you a hawk or a dove

Keep notes from this session as you will need it for your re-approval.