

#### **GP Trainer Nuts & Bolts - COTs**

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Q. What does COT stand for?

R. Consultation Observation Tool



Q. How long should COTs typically last?

R. 30 minutes, to include discussion and feedback to the trainee as well as completing the 'paperwork'



Q. How long should the consultation be?

R. Best to be less than 15mins to allow time for discussion and feedback too. Also, the effective use of time is one of the performance criteria



Q. Who can do COTs?

R. GP trainers, Associate Trainers, OOH clinical supervisors

They are ONLY done in general practice



Q. How many ways of doing a COT are there?

A. Videoed consultations, joint surgeries where intention to do COT before patient is seen and.....telephone calls



Q. What type of consultations should be included?

R. Wide variety, different contexts eg home visits, OOH, and the complexity of the case should increase as trainees progress through their training



Q. Are there particular patients that should be included?

R. Children, 10 years and under Older adults, 75 years+
Mental health



Q. Should the trainee pick their best consultations?

R. It's probably natural for the trainee to do that, and the ability to discriminate between good and poor consultations is a sign of professional development. And worrying if they can't!! You can always work on the not so good consultations in a separate process



Q. Do we need to have patient consent?

R. Yes, most definitely!

Consent forms on the RCGP website

Debate as to how long they need to be kept

Discuss the process



Q. How many does the trainee need to do?

R. ST1 and ST2 – 3 in each ESR review period ST3 – 6 in each ESR review period

Pro rata for LTFT trainees

These are minimum numbers.....



Q. How many performance criteria are there?

R. 13.... Can check what is meant by these criteria on the COT form and there is a summary on the RCGP website



 And now we're going to look at the eportfolio and then do a COT