GPs should follow the guidance provided by GMC, their medical defence organisation and RCGP. They should take clinical guidance into account in their decision making.

1. Remote consultations. The General Medical Council.

<https://www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations>

1. Students attending remote consultations(from MSC guidance) [students-attending-remote-consultations-advice-to-medical-schools-and-students.pdf (medschools.ac.uk)](https://www.medschools.ac.uk/media/2788/students-attending-remote-consultations-advice-to-medical-schools-and-students.pdf)
2. High level principles for good practice in remote consultations and prescribing for all healthcare professionals. The General Medical Council, *et al.*<https://www.gmc-uk.org/ethical-guidance/learning-materials/remote-prescribing-high-level-principles>
3. COVID-19: video consultations and homeworking. The British Medical Association.<https://www.bma.org.uk/advice-and-support/covid-19/adapting-to-covid/covid-19-video-consultations-and-homeworking>
4. Covid-19 and remote consultations – how we can help. The Medical Protection Society

<https://www.medicalprotection.org/ireland/resources/articles/view/covid-19-and-remote-consultations-how-we-can-help>

1. Conduction Remote Consultations. The Medical Defence Union<https://www.themdu.com/guidance-and-advice/guides/conducting-remote-consultations>

All doctors should ensure services continue to be delivered in a way that treats people with respect and dignity and person’s right to privacy is not compromised.

•Patients need to be aware of how their mobile number will be used and provided with re-assurance that it will not be shared.

•Patients should be aware of the importance of updating their contact details and how to do it (eg. appointment letter, website, text message).

•When carrying out a virtual consultation, GPs should make evert effort to safeguard patient’s personal and confidential information as they would with a face-to-face consultation.

•GPs should not take a video/audio recording of a virtual consultation without written consent

•If a GP is recording a consultation, he/she must gain the patients informed consent, and this consent must be documented in the clinical record. Patients must be informed how the recording will be used e.g. for training purposes and when it will be destroyed.

• Be aware of situations where a virtual consultation may not be appropriate eg. For children, young people and those with a learning disability, where intimate examination may be needed, where the patient may be unable to use technology

•Where GPs have a concern that a patient’s condition cannot be managed safely via a video/telephone consultation, a face to face appointment should be offered.

**Consideration must be given to:**

•IT Connectivity: Patients’ access to the necessary Wi-Fi, data and digital devices.

•Connectivity of patient’s phone/ internet particularly in rural areas when services are regional.

•IT Literacy: Patient’s ability to use technology (taking into account any co-morbidities which may affect their ability to use technology).

•Accessibility: Reasonable adjustments may be required for a disabled patient who has additional communication support requirements to ensure information provided in writing or verbally is given in a way that is understood.

•Health Literacy: GPs need to take into account any issues including co-morbidities which may affect a patient’s understanding of their medical condition.

•Inclusivity: Patients with English as a second language may require the booking of an interpreter.

•GPs should consider the consent arrangements and support required for virtual consultations with children, young people and adults who lack capacity.

•Whilst the consent of the patient may be implied by them accepting the invite and entering the virtual consultation, this should not be relied upon. It is good practice to obtain verbal consent for a virtual consultation during the initial opening conversation and record this in the clinical records.

•GPs should safeguard personal/confidential patient information as they would with any other consultation.

•Consent should be gained if a carer, trainee, student, interpreter or multidisciplinary team member is joining the consultation and this should be recorded in the clinical records.

•GPs should not use the chat function within a video consultation to discuss clinical information.

•GPs should ensure documentation is made appropriately in the clinical records (as they would for a face to face consultation) in accordance with GMC guidance.

•It is important to report any significant events including technology failures or security breaches as per the practice governance procedures

•GPs should ensure there are arrangements in place to address safeguarding issues that may arise during a virtual consultation, particularly in the case of children and vulnerable adults’ and where possible GPs should follow best practice guidelines as they would for face to face appointments.

•Any GP involved in the virtual consultation process should be trained in the new systems and be aware of their roles and responsibilities.