

Remote Paediatric Consultations Policy for Virtual GP (VGP) Services

1. Purpose

This policy sets out the governance, operational, and clinical requirements for conducting remote consultations with paediatric patients in compliance with:

- Care Quality Commission (CQC) regulations 2014
- General Medical Council (GMC) guidance on remote consultations
- Royal College of Paediatrics and Child Health (RCPCH) virtual consultation principles

It aims to ensure safe, effective, and patient-centred care while safeguarding children and complying with legal and ethical obligations.

- Telemedicine consultations are provided for patients aged 18 years and over only.
- Children under 18 should be assessed face-to-face within appropriate primary care, urgent care, or paediatric services.
- This applies irrespective of the availability of remote diagnostic devices or assisted examination technology.

2. Scope

This policy applies to:

- All clinicians delivering remote consultations for patients under 18 years.
- All staff involved in triage, administration, or technical support for paediatric remote consultations.
- All private healthcare platforms, including video, phone, or digital consultations.

3. Clinician Requirements

1. Professional Registration and Qualification
 - Fully registered with the GMC (or equivalent in other jurisdictions).
 - Documented paediatric training and competency (Core/Advanced Paediatrics or equivalent).
2. Safeguarding and Training
 - Up-to-date Level 3 child safeguarding training.
 - Awareness of Gillick competence and Fraser guidelines for consent in children.
3. Indemnity
 - Professional insurance covering paediatric remote care.
4. Credentialing
 - Verified by the organisation for paediatric remote consultation privileges.

- Access to senior paediatric support for escalation.

4. Operational Requirements

4.1 Technology

- Use secure, encrypted video platforms compliant with NHS / CQC data standards.
- Ensure private and safe environment for both clinician and patient.
- Check connectivity and device compatibility before the consultation.

4.2 Patient Verification and Safety

- Confirm patient identity and guardian consent prior to consultation.
- Confirm child location and safety, with a responsible adult present if required.
- Document any limitations of remote assessment.

4.3 Emergency & Escalation Procedures

- Identify red flags or urgent conditions during triage.
- Escalate to in-person assessment, local emergency services, or specialist paediatric care as required.
- Maintain accessible escalation pathway for all staff.

5. Clinical Governance

1. Exclusion Criteria – remote consultation is not suitable if:
 - Physical examination or vital signs are essential for safe assessment.
 - Child lacks Gillick competence and no parent/guardian consent is available.
 - Suspected abuse, neglect, or safeguarding concerns exist.
 - Communication barriers (language, sensory, cognitive) prevent safe consultation.
 - Technology or environment cannot support a private, effective consultation.
 - Severe mental health issues or postnatal complications (if mother/infant involved).
2. Documentation and Records
 - Record all consultation notes contemporaneously and securely.
 - Include: reason for remote consultation, clinical findings, consent, safeguarding check, and escalation decisions.
 - Retain records per CQC and GDPR standards.
3. Audit & Quality Assurance
 - Monitor and audit remote consultations for safety, effectiveness, and compliance.
 - Review incidents, complaints, and clinical outcomes periodically.

6. Consent

- Parental/guardian consent mandatory for children who are not Gillick competent.
- Gillick competence assessment required for children who may consent independently (typically 12–16 years).
- Provide information on remote consultation limitations, privacy, and escalation procedures.

7. Safeguarding

- Follow statutory guidance “Working Together to Safeguard Children” (UK).
- Any suspicion of harm or neglect triggers immediate face-to-face assessment and referral to local safeguarding authorities.
- Maintain record of safeguarding checks for every remote consultation.

8. Pre-Consultation Triage

- Use a standard triage form to assess:
 - Clinical urgency
 - Appropriateness for remote care
 - Exclusion criteria triggers
 - Need for guardian support or interpreter services

9. Roles & Responsibilities

Role	Responsibility
Clinician	Conduct safe remote consultation, assess exclusion criteria, escalate if required
Clinical Lead	Approve clinician credentials, oversee training and compliance
Admin / Support Staff	Verify patient details, schedule consultations, ensure secure platforms
Governance Lead	Audit consultations, review incidents, update SOPs

10. Policy Review

- This policy will be reviewed annually or following:
 - Changes in legislation or CQC guidance
 - Introduction of new telehealth technology
 - Adverse incidents or learning from audits

References

1. Care Quality Commission (CQC) Regulations 2014 – Key Lines of Enquiry
2. GMC Guidance – Remote Consultations: Ethical Guidance (gmc-uk.org)
3. RCPCH Principles – Conducting Virtual Consultations with Children and Young People (rcpch.ac.uk)
4. NHS England – Remote Consulting Guidance (england.nhs.uk)
5. Working Together to Safeguard Children (UK statutory guidance)