



GBS Medical Record Keeping Policy

Contents

Definitions	3
1. Introduction	4
Aims	4
Scope	4
2. Governance	5
3. Guidance and Standards	5
4. Responsibility and Practitioner Accountability	7
5. Medical Records Audit	7

Definitions

“CSP”	means the Chartered Society of Physiotherapists;
“Doctor”	means any doctor who is employed by GBS, EIS, or SIS;
“DPA”	means the Data Protection Act 2018;
“EIS”	means the English Institute of Sport;
“GBS”	means GB Snowsport Ltd.;
“GBS Athlete”	means an athlete who is part of a GBS Team/GBS Squad;
“GBS Employee”	means staff who are employed by GBS;
“GBS Lead Physiotherapist”	means the individual who leads the GBS physiotherapy team and strategy within the organisation;
“GBS Physiotherapist”	means a physiotherapist working with GBS as either a GBS Employee or as a contractor;
“GDPR”	means the General Data Protection Regulation (EU) 2016/679;
“GMC”	means the General Medical Council;
“HCPC”	means the Health and Care Professions Council;
“PDMS”	means the Performance Data Management System;
“SIS”	means the Scottish Institute of Sport.

1. Introduction

- 1.1. This document contains the GB Snowsport (GBS) Medical Record Keeping Policy (the “Policy”). Medical records are the primary source of evidence used to provide effective care to patients and account for clinical actions and decisions and a good record will provide evidence of the nature of conversations held with patients, the extent of any examination performed, treatment provided and clinical reasoning for the decisions made. It is also important for effective communication with other health professionals to ensure optimal patient care.
- 1.2. If practice is challenged, or a GBS Athlete has a concern about the care they have received, medical records will form an essential part of the review process. If Doctors/GBS Physiotherapists have failed to keep a reasonable record, it will make it more difficult to account for events and/or professional decisions.

Aims

- 1.3. To provide guidelines on how to securely store medical records when using the EIS PDMS.

Scope

- 1.4. The Policy applies to all Doctors and GBS Physiotherapists.
- 1.5. Failure to comply with the Policy will lead to disciplinary action in line with the GBS Disciplinary Policy. If your conduct is unlawful or illegal you may be personally or criminally liable with respect to civil and/or criminal proceedings, claims, or actions.
- 1.6. The Policy adopts the legal framework outlined in the Data Protection Act 2018 and the General Data Protection Regulation (EU) 2016/679. Full details concerning legislation can be found at <https://www.legislation.gov.uk>.
- 1.7. The Policy is designed to be read in conjunction with the GBS Physiotherapy Standards Policy, the GBS Medication Management Policy, and the GBS PCTO Standard Operating Procedure that are published by GBS. These documents may receive revisions and updates occasionally, with the most up to date versions being available on the GBS Website.

2. Governance

- 2.1. All Doctors and GBS Physiotherapists have a professional and legal obligation to keep an accurate record of their interaction with GBS Athletes.
- 2.2. The treatment of personal data that is contained within medical records are governed by the DPA and the GDPR.
- 2.3. Medical records are made up of health information that has a distinct meaning under Article 4(5) of the GDPR and must be treated with greater care and extra protection. This is also known as 'special category data'.
- 2.4. Making and maintaining records is a requirement of professional registration.
 - 2.4.1. Keeping detailed records is a requirement of CSP membership.
 - 2.4.2. The GMC states that Doctors must keep clear, accurate, and legible records which report the relevant clinical findings, the decisions made, the information given to patients, any drugs or other treatment prescribed, and who is making the record and when.
- 2.5. If a smart phone is used to text or call a GBS Athlete, the GBS Athlete's name and contact details should be stored within the device to be regarded as a medical record.

3. Guidance and Standards

- 3.1. Medical records are primarily intended to support patient care and should authentically represent each consultation, including consultations made by telephone or email.
- 3.2. All medical records must:
 - 3.2.1. use the EIS PDMS to securely record all medical records;
 - 3.2.2. start at the time and date of the initial contact;
 - 3.2.3. be written immediately after the contact with the GBS Athlete, or as soon as possible before the end of that working day;
 - 3.2.4. include a reference in each entry to the time and date of treatment or advice;
 - 3.2.5. include a reference to the time and date that the entry into the EIS PDMS record is made;
 - 3.2.6. be factual, consistent, and accurate so that service users and other health professionals can understand the content;

- 3.2.7. be attributable to the individual completing them;
 - 3.2.8. provide evidence of the care planned, the decisions made, the care delivered, and the information shared, including any drugs prescribed or other investigation or treatment;
 - 3.2.9. identify problems that have arisen, and the action taken to rectify them;
 - 3.2.10. provide evidence of actions agreed with the GBS Athlete (including consent to treatment and/or consent to disclose information); and
 - 3.2.11. use appropriate EIS PDMS coding techniques where appropriate.
- 3.3. All information must be clear to other health professionals (including the use of short forms).
 - 3.4. Clinic letters and electronic/digital records that support elements of the assessment, clinical reasoning, intervention, and treatment must be uploaded to the EIS PDMS system.
 - 3.5. When you have to temporarily save a copy of any digital documents that form part of the medical record, prior to upload onto the EIS PDMS (such as those received by email); you should immediately delete this copy once it has been successfully saved on the EIS PDMS.
 - 3.6. The EIS PDMS automatically stores the date that consultation notes are first created and the subsequent dates that individual practitioners record medical notes (based on unique login for each user and a requirement for the practitioner to select the date and time of each consultation).
 - 3.7. Once completed, EIS PDMS consultations are read-only unless re-opened by a system administrator (at the request of the Doctor or GBS Physiotherapist who made them).
 - 3.8. Every action by a user on the EIS PDMS is recorded in an audit log, including page views and note amendments.
 - 3.9. Any other function for clinical records is secondary. Examples include protecting the Doctor or GBS Physiotherapist against future claims or complaints, helping the police; or supporting or denying a patient's claim.
 - 3.10. If there is a situation whereby access to the EIS PDMS is not possible, the Doctor or GBS Physiotherapist should use an encrypted device to securely record medical notes in 'Word' format (.docx). The record must be written at the time of the consultation/treatment. The text should then be 'copied and pasted' into the GBS Athlete's EIS PDMS record at the earliest opportunity and deleted immediately thereafter.
 - 3.11. Medical records should not be stored in any other locations other than the EIS PDMS unless it is temporary as per 3.5 above.

- 3.12. Doctors and GBS Physiotherapists must always add/complete their own medical records.

4. Responsibility and Practitioner Accountability

- 4.1. GBS retains all clinical records securely within the EIS PDMS electronic medical record system.
- 4.2. Doctors and GBS Physiotherapists have access to all the medical records they create and all GBS Athletes that they have responsibility for.

5. Medical Records Audit

- 5.1. In accordance with quality assurance standards, the EIS will carry out a regular audit of the EIS PDMS and record keeping, ensuring best practice and that all Doctors and GBS Physiotherapists using the EIS PDMS are complying with the standards and guidelines of the CSP, HCPC, and GMC with regard to accurate record keeping.

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