Peninsula Medical Practice

Consent to Medical Treatment

The Health Centre

GRANGE OVER SANDS

LA11 7DJ

Fairfield Surgery

FLOOKBURGH

LA11 7JY

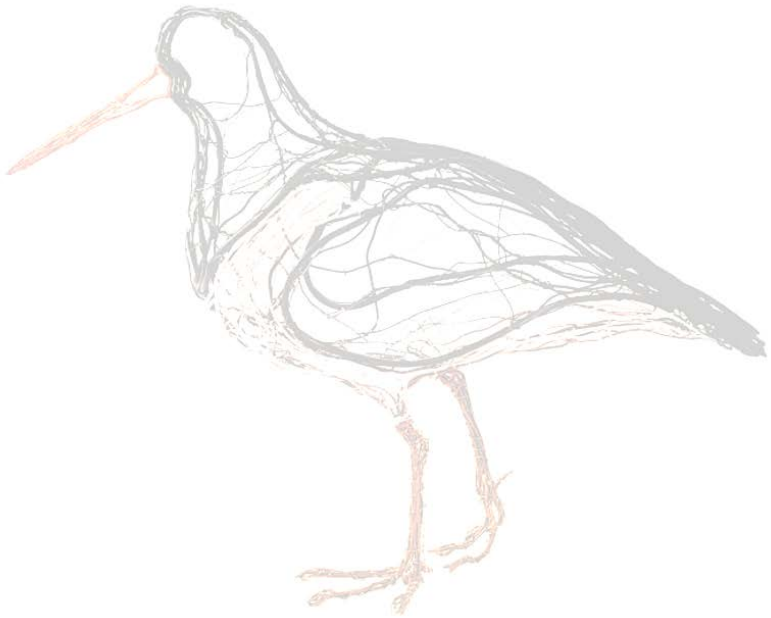
Practice Policy No. 13

v1.1

Adapted from BMA specimen policy of May 2012

March 2019

Contents



Purpose

The purpose of the protocol is to set out the procedure for identifying when consent to a clinical procedure is required, whether implied, verbal or written consent is needed and recording such consent.

Importance of having a clear procedure for obtaining consent to clinical procedures

For the welfare and safety of our patients, and the medico-legal protection of our clinical staff it is crucial to identify when consent is required, ensure that the right procedure is followed for obtaining consent and that a proper record of that consent is made.

Consent

Consent is the agreement of a patient to undergo an examination or clinical procedure, after having been fully informed of the benefits and risks of that procedure.

Forms of consent

Implied: where the patient clearly understands what is happening without further explanation and acts in such a way as they are voluntarily submitting themselves to that examination or procedure. For example; rolling up a sleeve to have the blood pressure taken. This form of consent must only be used for non-invasive procedures and must be limited to simple clinical examinations.

Verbal: where the patient is asked for consent to undertake an examination or procedure and clearly assents. This form of consent is acceptable for minor invasive procedures, and is most appropriate where the patient has booked an appointment explicitly for that procedure. For example; immunisations and most blood tests.

Written: where the patient is asked to sign a standard form stating that they understand the nature of the examination or procedure and that the risks of that examination or procedure has been explained to them. The clinician also counter-signs the consent to state that they have undertaken their duties in fully explaining the risks and benefits according to best professional practice for obtaining informed consent

Procedure

1) The clinician should identify the appropriate form of consent;

2) The clinician should explain the procedure according to best clinical practice for obtaining informed consent;

3) Written consent, if required, should be recorded in the Practice's consent book;

4) The EMIS record of the consultation should contain reference to consent having been obtained if written consent was required.

5) If a chaperone was offered to the patient then the name of the chaperone should also be included in the EMIS record.

Examinations and procedures requiring consent

Implied	Minor examination Immunisations Blood tests (except HIV, Hep B/C)
Verbal	Intimate examinations Cervical cytology
Written	All minor surgical procedures (including joint injections) Blood tests for HIV, Hep B/C IUCD insertion Contraceptive implants

Competency of children and people with mental impairment

Where a child, or an adult with a mental impairment, requires care then the permission of a parent, guardian or appropriate adult should be sought.

However, if either a child, or an adult with mental impairment, is capable of understanding the need for that examination or procedure, then their opinion is decisive and they may both accept or refuse the care offered in those circumstances, overriding the wishes of the parent, guardian or appropriate adult.

Review

This policy will be reviewed within three (3) years of its implementation, or sooner if new professional advice on this area of practice becomes available

Declaration

This policy will be binding upon all employees of the Peninsula Medical Practice from the 1st October 2012.

We, the partners, have reviewed and accepted this policy.

Dr Diane Ruell
Dr Michael Bunter
Dr Nick Gent

13th October 2012

Reviewed and amended

1st March 2014

Reviewed and amended

1st March 2019

NG