

THE WILLOWS MEDICAL CENTRE

Consent Policy & Consent / Withdrawal of Consent Forms

Document Control

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Contents:

Pages 3 – 5	Consent Policy
Pages 6 – 8	Patient Consent Form
Page 9	Withdrawal of Patient Consent Form
Pages 10 – 11	Patient Consent Form for another person to access their medical records
Page 12	Patient Third-party Enquiry / Complaint Consent Form
Page 13	Patient's Consent to Observer Policy
Page 14	Patient's Consent Form to Observer Policy
Pages 15 – 16	Patient Advice Leaflet on having Medical Student in a Consultation

THE WILLOWS MEDICAL CENTRE

Consent Policy

Introduction

The purpose of this policy is to set out the Practice's approach to consent and the way in which the principles of consent will be put into practice.

Where possible, a clinician must be satisfied that a patient understands and consents to a proposed treatment, immunisation or investigation.

The clinician must also ensure that other possible treatment options, including the risks and benefits of each, have been explained to the patient before the patient makes their decision to consent.

Where a patient is accompanied by a carer, advocate or other support person, the clinician will ensure that:

- they understand the care, treatment and support choices available to the patient;
- involve them appropriately in making decisions about the patient's care;
- give opportunities for them to represent the views of the patient;

Whether explaining to a patient, carer, advocate or other support person; information given will include the nature, purpose, and risks of the procedure. If necessary, the use of drawings, interpreters, videos or other means will also be used to ensure that they understand, and have enough information to give 'Informed Consent'.

The Practice will ensure that where consent is necessary, the forms contained within this document will be completed and the action noted on the patient record.

The Practice will undertake an audit annually to determine that consent is always sought and recorded in-line with this policy.

Implied Consent

Implied consent will be assumed for many routine physical contacts with patients.

Where implied consent is to be assumed by the clinician, in all cases, the following will apply:

- An explanation will be given to the patient what s/he is about to do, and why.
- The explanation will be sufficient for the patient to understand the procedure.
- In all cases where the patient is under 18 years of age, a verbal confirmation of consent will be obtained and briefly entered into the medical record. Read code for informed consent: XaLQR on system 1.
- Where there is a significant risk to the patient an 'Expressed Consent' will be obtained in all cases.

Expressed Consent

Expressed consent (written or verbal) will be obtained for any procedure which carries a risk that the patient is likely to consider as being substantial.

A note will be made in the medical record detailing the discussion about the consent and the risks.

A Consent Form may be used for the patient to express consent.

Version 1 Consent Policy 21/6/2012 Review 25/6/2014 shared/cqc staff policies/respecting and involving people who use our services.

Obtaining Consent

- Consent (Implied or Expressed) will be obtained prior to the procedure, and prior to any form of sedation.
- The clinician will ensure that the patient is competent to provide a consent (16 years or over) or has “Gillick Competence” if under 16 years.
[Further information about Gillick Competence and obtaining consent for children is set out below.](#)
- Consent will include the provision of all information relevant to the treatment.
- Questions posed by the patient will be answered honestly, and information necessary for the informed decision will not be withheld unless there is a specific reason to withhold. In all cases where information is withheld, then the decision will be recorded in the clinical record.
- The person who obtains the consent will be the person who carries out the procedure (i.e. a nurse carrying out a procedure will not rely on a consent obtained by a doctor unless the nurse was present at the time of the consent).
- The person obtaining consent will be fully qualified and will be knowledgeable about the procedure and the associated risks.
- The scope of the authority provided by the patient will not be exceeded unless in an emergency.
- The Practice acknowledges the right of the patient to refuse consent, delay the consent, seek further information, limit the consent, or ask for a chaperone.
- Clinicians will use a Consent Form where procedures carry a degree of risk or where, for other reasons, they consider it appropriate to do so (e.g. malicious patients).
- No alterations will be made to a Consent Form once it has been signed by a patient.
- Clinicians will ensure that consents are freely given and not under duress (e.g. under pressure from other present family members etc.).
- If a patient is mentally competent to give consent but is physically unable to sign the Consent Form, the clinician should complete the Form as usual, and ask an independent witness to confirm that the patient has given consent orally or non-verbally.

Other aspects which may be explained by the clinician include:

- Details of the diagnosis, prognosis, and implications if the condition is left untreated.
- Options for treatment, including the option not to treat.
- Details of any subsidiary treatments (e.g. pain relief).
- Patient experiences during and after the treatment, including common or potential side effects and the recovery process.
- Probability of success and the possibility of further treatments.
- The option of a second opinion.

Immunisations

Informed consent must be obtained prior to giving an immunisation. Although there is no legal requirement for consent to immunisation to be in writing, a signature on a consent form is not conclusive proof that consent has been given, but serves to record the decision and discussions that have taken place with the patient, or the person giving consent on a child’s behalf.

Consent for Children under 16 (Gillick Competence)

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated.

If a child under the age of 16 has “sufficient understanding and intelligence to enable him/her to understand fully what is proposed” (known as Gillick Competence), then s/he will be competent to give consent for him/herself.

Young people aged 16 and 17, and legally ‘competent’ younger children, may therefore sign a Consent Form for themselves, but may like a parent to countersign as well.

For children under 16 (except for those who have Gillick Competence as noted above), someone with parental responsibility should give consent on the child’s behalf by signing accordingly on the Consent Form.

When a patient lacks capacity to make their own consent decisions it is suggested that staff follow the guidance in the mental capacity assessment guidance and checklist (shared/cqc staff policies/outcome 6).

Withdrawal of Patient Consent

- The Practice acknowledges the right of the patient to refuse consent, delay consent, seek further information, limit the scope of consent, or ask for a chaperone.
- The patient or parent / guardian has the right to withdraw consent at any time.
- A Withdrawal of Patient Consent Form will be required to be completed and documented on the patient’s medical record
- Questions posed by the patient will be answered honestly, and information necessary for them to make an informed decision will not be withheld unless there is a specific reason to withhold it. In all cases where information is withheld, the reasons for this will be recorded in the patient’s clinical record.
- The person who would have been carrying out the procedure will make sure that all issues around the withdrawal of consent have been fully explained to the patient or parent / guardian to enable them to fully understand what may happen if the treatment / operation is not carried out. (The person discussing this must be fully qualified and knowledgeable about the procedure itself and the associated risks).
- The scope of the authority provided by the patient will not be exceeded unless in a medical emergency.
- No alterations will be made to the withdrawal of Consent Form once it has been signed by a patient.
- If a patient is mentally competent to withdraw consent but is physically unable to sign the form, the clinician should complete the form as usual, and ask an independent witness to confirm that the patient has confirmed they wish to withdraw their consent orally or non-verbally.

THE WILLOWS MEDICAL CENTRE
PATIENT CONSENT FORM
(for medical treatment, immunisation, investigation or operation)

This form can also be used for a parent or guardian to give consent for treatment to be given to a young person

Patient's Details

Surname:

First Names:

Date of Birth: Male/Female:

This Section to be completed by the Clinician

This consent form has been prepared for the treatment, immunisation, investigation or Minor operation detailed below:

.....
.....
.....

I confirm that I have explained the above treatment, immunisation, investigation or minor operation to the patient, and such options as are appropriate such as the type of anaesthetic (if any) proposed, in terms that in my judgement are suited to their understanding and/or these have been explained to a parent or guardian of the patient.

Signature of Clinician: Date:

Name of Clinician completing the procedure:

This Section to be completed by the Patient / Parent / Guardian

1. I am the patient / parent / guardian:
(See statement at end of form for information on consent for children).
2. I agree to the procedure(s) proposed on this form and the clinician named on this form has explained this to me.
3. I agree to have the type of anaesthetic that has been explained to me.
4. I understand that any procedure, in addition to that described on this form, will only be carried out if it proves to be necessary and in my best interests and can be justified for medical reasons.
5. I have explained to the clinician about any procedures listed below which I would not wish to be carried out without the opportunity to consider them first. These include:

.....
6. I have notified the clinician of the following allergies/medications which I am currently taking which may be relevant to my treatment:

.....

Signature of Patient/Parent/Guardian:

Full Name of Patient/Parent/Guardian:

Address (if not the same as patient):

.....

.....

If the treatment is for a child and if the child wishes to sign this form, he/she may do so here;
(See statement at end of form for information on consent for children).

I agree to have the treatment that has been explained to me.

Date Signature

Note to clinician:

A patient has the legal right to grant or withhold consent prior to this procedure.
Patients should be given sufficient information in a way they can understand, about the proposed treatment and the possible alternatives.
The patient's consent to the procedure should be recorded on this form.

Note to Patient:

The clinician should explain the proposed treatment and any alternatives.
You can ask questions and seek further information.
You have the right to refuse this treatment.
You may ask for a relative, friend or nurse to be present.

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed Date

Name

This form, once completed, must be kept with the patient’s medical records.

Consent for children under 16 (Gillick Competence)

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated.

If a child under the age of 16 has “sufficient understanding and intelligence to enable him/her to understand fully what is proposed” (known as Gillick Competence), then s/he will be competent to give consent for him/herself.

Young people aged 16 and 17, and legally ‘competent’ younger children, may therefore sign this Consent Form for themselves, but may wish a parent to countersign as well.

If the child is not able to give consent for him/herself, someone with parental responsibility should do so on his/her behalf by signing this Form.

THE WILLOWS MEDICAL CENTRE
WITHDRAWAL OF PATIENT CONSENT FORM
(for medical treatment, immunisation, investigation or operation)

This form can also be used for a parent or guardian to withdraw consent for treatment to be given to a young person

Patient's Details

Surname:

First Names:

Date of Birth: Male/Female:

This Section to be completed by the Clinician

This consent form has been prepared for the clinician to explain the issues that could arise if the patient withdraws consent for the treatment, immunisation, investigation or operation detailed below:

.....
.....
.....

I confirm that I have explained the above issues that could arise because the patient has withdrawn consent for the treatment, immunisation, investigation or operation to the patient, in terms that in my judgement are suited to their understanding and/or these have been explained to a parent or guardian of the patient.

Signature of Clinician: Date:

Name of Clinician.....

THE WILLOWS MEDICAL CENTRE

Patient Consent Form for another person to access their medical records

Patient's Details (The person whose records another individual(s) is to be given access to)	
Surname	
First Names	
Date of Birth	
Male / Female	
Address	
Tel No.	

Details of person to be given access to this Patient's information	
Full Name	
Address	

(if more than one person is to be given access then please list the above details for each additional person on a separate sheet of paper)

Please detail below if the above access is to be limited in any way (e.g. only for test results, or only for making & cancelling appointments, or for a specified time period only)

I confirm that I give permission for the Practice to communicate with the person identified above in regards to my medical records.	
Signature	
Date	

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Consent for children under 16 (Gillick Competence)

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If a child under the age of 16 has “sufficient understanding and intelligence to enable him/her to understand fully what is proposed” (known as Gillick Competence), then s/he will be competent to give consent for him/herself.

Young people aged 16 and 17, and legally ‘competent’ younger children, may therefore sign this Consent Form for themselves, but may wish a parent to countersign as well.

If the child is not able to give consent for him/herself, someone with parental responsibility should do so on his/her behalf by signing this Form below.

I am the Patient / Parent / Guardian (delete as necessary).

Signature:

Full Name:

Address (if not the same as patient):

.....

.....

THE WILLOWS MEDICAL CENTRE

Patient Third-Party Enquiry / Complaint Consent Form

Patient Name:	
Telephone No:	
Address:	
Enquirer / Complainant Name:	
Telephone No.	
Address:	

If you are making an enquiry or complaining on behalf of a patient, or your complaint or enquiry involves the medical care of a patient, then the consent of the patient will be required.

Please obtain the patient's signed consent below:

I (Insert Name)
fully consent to my doctor releasing information to, and discussing my care and medical records with the person named above in relation to this enquiry / complaint, and I wish this person to enquire / complain on my behalf.

This authority is for an indefinite period / for a limited period only (delete as appropriate).

Where a limited period applies, this authority is valid until (insert date).....

Signed (Patient):

Print Name:

Date:

***Please ensure the form has been signed by the Patient
and return it to Chris Cook Senior Receptionist at the Practice.***

THE WILLOWS MEDICAL CENTRE

Patient's Consent to Observer Policy

Introduction

The Willows Medical Centre is a surgery where students come to learn how to be doctors.

As a teaching Practice, it provides medical students with a place where they can take the opportunity to talk to patients about their state of health and any illnesses that are affecting them. This helps students to understand how illnesses affect people and how they learn to cope with them day-to-day.

Reception Staff

Upon arrival at the Practice for the consultation, or during the booking of the appointment, the receptionist will explain to you that the doctor / nurse that will be seeing you will also have a medical student or observer sitting in with them and would like your help in providing this service.

The receptionist will also explain that if you are prepared to see or have a medical student or other observer sitting in on your consultation, that the practice will need to obtain your consent.

An information leaflet will be provided for your reference and should answer any questions you may have. If this leaflet does not answer all of your concerns, please do not hesitate to raise these with the receptionist who will be only too happy to answer them.

The practice is grateful for your help in enabling us to provide this teaching service, however this is entirely voluntary.

No one will mind if you would rather not see a student, or if you change your mind or want the student to leave at any time.

You can also refuse to see particular students, such as those of a different sex or those you have met outside the surgery.

Of course, the care provided to you by the Practice will not be affected in any way.

THE WILLOWS MEDICAL CENTRE

Patient's Consent Form to Observer Policy

Patient's Details

Surname:

First Names:

Date of Birth: Male/Female:

ID number (i.e. Clinical System No.).....

I agree to an Observer / Medical Student being present during my consultations with GPs and / or nursing staff at this Practice.

My consent continues indefinitely unless I withdraw it.

Patient's signature

Signature of witnessing clinician

Date

Please read the following note:

This consent form will be placed in your medical records and a record of this consent will be recorded in your records to state that you have given consent to having observers / medical students in during your consultations.

If at any time you want to withdraw this consent you have this right. If this is the case please put in writing your request to have this withdrawn and this will be removed from your records.

Please remember even if you are happy to have observers / medical students present at your consultation, you do have the right at any time during your consultation to ask for this person to leave the room whilst you are seeing the clinician.

When might I see medical students?

- Students may be sitting with doctors or nurses at the practice. The receptionist should warn you about this and will tell the doctor if you would rather not see a student. Saying 'No' will not have any effect on the care you receive.
- You may be asked if the student can do the consultation while your doctor or nurse watches. The student may be asked questions. If something is said that you do not understand, please ask for clarification.
- You may be asked to see a student before your appointment, or to attend a student surgery. If you are asked to attend a student surgery a doctor will always be in charge and will see you to make sure your problems are dealt with appropriately.
- You may be asked to come in to the surgery specially to talk to students about a problem which has been dealt with by the practice on an earlier occasion. You may also be asked to see students about a longer standing problem to help them understand its effects on your life.
- You may be asked for consent for a medical student to video record your consultation. This recording will be viewed by the doctor and student. With your specific permission, it may also be taken to a teaching session at another practice where a group of four to eight students and a GP tutor will view the recording and give feedback to the student. This is a valuable learning tool for both medical students and experienced doctors.
- You may be asked if students can visit you at home.

- You may say no at any time before or during the consultation. You can also tell us to erase the recording at any time either immediately after the consultation or weeks later.
- Such a request will not affect the care you receive from the practice.

How will I be sure they are medical students?

They will always carry photographic identification: usually a University Identity card.

Please ask to see the identification if the students visit you at home.

What do I tell students?

If you are coming to see a doctor or nurse about an illness or problem, then tell the students about it, how it affects your daily life, what worries you have and what you hope to gain from the consultation.

It is important that students learn about illness from the perspective of the patient.

If you are seeing students by special arrangement, then they will want to know how your illness was discovered, how it has developed and how it affects you, your family or friends now.

They will also be interested in the investigations you had, what they were like, your treatment and any side-effects you have had.

It is important for them to hear things in your own words.

If you know what is wrong with you then it is all right to share that with the students, unless the tutor has asked you not to.

Will they want to examine me?

Medical students need to learn how to examine patients sensitively. Your doctor or nurse may ask if a student can examine you during a consultation. If it is too painful or embarrassing you can say 'No'. This will not affect the care you receive.

If a student sees you before a doctor, they may ask to examine you. We hope you would be happy for them to look at your throat or ears, hands or feet.

You may be asked to undress so that a student can examine your trunk or limbs: this is up to you. No one will mind if you refuse or want to wait for the doctor to join the consultation.

Students should not ask to do a sensitive or embarrassing examination unless a doctor or nurse is present.

Can students do tests or treat me?

Medical students are not fully qualified doctors and cannot treat patients or carry out procedures unsupervised. They may however carry out a simple urine test as part of an examination.

A doctor will always check on the need for, and sign, any prescriptions or requests for investigations suggested by a student after discussion with you and the student.

Students have been or are being trained to do simple procedures like taking blood. If the doctor has checked a student's ability, then if you agree, s/he may be allowed to carry out a procedure under supervision.

Remember, if you have any questions or concerns do ask. You can always say 'No' if you are worried!

Can I ask students to explain things to me?

Students often have more time available to them and may be able to explain things in simple language. However, they are still learning so may not have answers to all your questions. What they can do is listen to your questions and ask a doctor or nurse to give you fuller answers.

Do students have access to my records?

It helps students if they can read the history of your problem and see what doctors have found and we assume that agreement to see a student implies permission to look at your records.

Students are, of course, bound by the same rules of confidentiality as any doctor or nurse.

If you don't want students to look at your records please let us know.

Students may see the records of any patient when working with a doctor or nurse; this may include looking at results, dealing with hospital letters or reviewing notes as part of an audit. Students will not be given unsupervised access to your notes without your explicit permission.

Are my views about student behaviour useful?

Yes, indeed! It is always helpful to have feedback both positive and negative about students.

We like to know when they have been warm and helpful or if they have seemed cold or muddled.

Please tell the doctor or receptionist whenever you feel it appropriate, or write a note if you prefer.

What happens if a student upsets me?

That should be a very rare event.

If it does happen please let the doctor or someone in the surgery know at once.

Be assured your concerns will be investigated and appropriate action taken.

Finally!

Students learn an enormous amount from the patients they meet.

Thank you for your help.

It could be very important in making sure we have excellent doctors in the future who are both knowledgeable & caring.

**The Willows Medical Centre, 184
Coleman Road, Leicester,
Leicestershire, LE5 4LJ**

0116 246 1311

www.thewillowsmc.co.uk



THE WILLOWS MEDICAL CENTRE

Meeting Medical Students

Advice for Patients

This Practice is a place where people come to learn how to be doctors. It is important for them to talk to people about their health and illnesses. This helps them understand how illnesses affect people and how they cope.

We would be grateful if you could help us in this teaching. However this is entirely voluntary.

No one will mind if you would rather not see a student or if you change your mind or want the student to leave at any time.

You can also refuse to see particular students, such as those of a different sex or those you have met outside the surgery.

Of course, the care provided to you by the practice will not be affected in any way.

If you are prepared to see a medical student, this leaflet may help answer some of your questions.

***Remember you can always say "No!"
or change your mind
and ask the student to leave at any time, this will
not affect the care you receive!***