

## Obtaining Consent to Examination/Treatment

### Consent Training & Delegation Record

**This document is to be completed by those staff to whom the process of seeking written consent for examination or treatment is being delegated.** The individual practitioner has responsibility for ensuring that he/she has been signed off as competent by the delegating consultant. **This will provide both the staff member and the Trust with evidence that those staff expanding their role to undertake this task are competent to do so.**

Staff expected to complete this documentation are:

- Trainee doctors who are not yet competent to carry out the clinical procedure
- Registered Nurses/AHP's where a specialist role has been agreed with their Directorate Senior Nurse / Professional Manager and the Lead Clinician for that speciality – this must comply with the Expanded Scope of Practice document as agreed at the Professional Practice Forum.

The individual responsible for assessing the staff member as competent is the delegating consultant /lead clinician.

Any Health Care Professional providing information to a patient and seeking consent to examination/treatment must be competent to do so: either because they themselves carry out the procedure, or because they have received training in advising patients about the procedure, have been assessed, and are aware of their own knowledge limitations and are subject to audit (Department of Health 2001). Inappropriate delegation (for example where the clinician seeking consent has inadequate knowledge of the procedure) may mean that the 'consent' obtained is not valid. Individual clinicians are personally accountable for their practice and as such are responsible for acknowledging the limits of their knowledge and competence, seeking the advice of appropriate colleagues when necessary.

The criteria (overleaf) must be fulfilled to demonstrate:

- An understanding of the consent process and the law
- Knowledge of Consent Policy and practice at a national and local level
- In depth knowledge of the proposed procedure, including pre procedure investigations and care, risks, benefits, alternatives, aftercare
- Effective communication skills
- Awareness of own limitations in relation to the consent process and seeking appropriate help when necessary

**Once completed please retain one copy in personal portfolio and return a copy to the Risk Management Dept for inclusion onto the register.**

<b>Name:</b>	<b>Profession/Grade/Speciality:</b>	<b>Delegating Consultant:</b>
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Training session on <i>The Consent Process and the Law</i> attended	(Date)	Received and read Trust Consent Policy	(Date)
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Assessor to sign competency for each procedure below:

<b>Communication</b>	<b>Practitioners Signature</b>	<b>Date</b>	<b>Assessors Signature</b>	<b>Date</b>
Uses language, pace, and volume which optimises patient understanding				

<b>The Process</b>	<b>Practitioners Signature</b>	<b>Date</b>	<b>Assessors Signature</b>	<b>Date</b>
Is aware of consent forms in use and completes appropriate form				
Is aware of sources of information a patient may wish to access				
Has understanding of who can give consent and what is meant by parental responsibility				
Can make an accurate assessment of a patient's capacity to give consent – will refer to senior colleagues if capacity is not certain.				
Understands procedure to follow if patient withdraws consent				
Understands procedure to follow if patient refuses blood or blood products				
Understands procedure to follow if patient refuses to allow use of surplus tissue for education/research				

<b>Name:</b>	<b>Profession/Grade/Speciality:</b>	<b>Delegating Consultant:</b>
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<b>The Procedure</b>	Is able to explain the procedure and what it involves in clear and simple terms (including pre, peri, and post procedural care)	Is able to explain the intended benefits of the procedure	Is able to explain the risks associated with this procedure	Is able to explain alternative treatments to the procedure and their implications (including no treatment)	Is able to explain any further procedures which may become necessary e.g. blood transfusion	<b>Practitioners Signature and Date</b>	<b>Assessors Signature and Date</b>

I am aware of my own limitations with regards to the consent process and will seek appropriate help when necessary.

**Name of Practitioner:** ..... **Signature:** ..... **Date:** .....

This practitioner successfully meets the above criteria and I am satisfied that he/she is able to obtain consent for the above procedure(s) as delegated.

**Name of Assessor:** ..... **Signature:** ..... **Date:** .....

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