<Practice>
Cornerstone Policy
Section 1 Indicator 4
INFORMED CONSENT

Purpose This document outlines the requirements related to Informed Consent.

Scope All clinical staff.

Policy The practice policy specifies the requirements for ensuring compliance with legal standards in obtaining patient informed consent to healthcare treatment or non- treatment.

The provision of information, as part of the informed consent process about their healthcare options offers the opportunity to enhance health gains for all patients. All healthcare professional have an obligation to abide by the legal requirements relating to informed consent.

Management As a practice team we will ensure that patients are provided with information enabling the patient to make an informed decision.

- Giving an explanation of the condition during the consultation.
- Providing where possible, the available options - including non - treatment and possible outcomes.
- Giving an overview of potential risks, side effects and benefits of the treatment and procedure options available.
- Providing up to date, easily understood information.
- Ensuring the Practice has the current Best practice information available.
- Providing secure staff access to the internet for downloading and printing of supporting information.
- Giving an estimation of time for completion of service and treatment, wherever possible.
- Providing access to results and investigations under the written process for the management of reporting of results to patients, to ensure that messages to patients are consistent and understood by the team.
- Facilitating patient access to results of procedures and specialist opinions.
- This is best achieved by offering a photocopy of these reports at the time of consultation and at the patient's request.
- Informing the patient and gaining consent for any proposed participation in teaching or research.
- The team will cooperate with all providers to ensure quality and continuity of care.

For some procedures, written informed consent is gained e.g. minor surgery. The patient is given the opportunity to ask questions prior to giving written consent. The completed consent form is scanned into the patient clinical notes.

Informed consent is documented when there is variance between evidence and practice. This will include evidence of the information given and documented evidence in the patient record.

If verbal only consent is obtained an information sheet is provided to the patient along with a verbal explanation. In these circumstances the patient's medical record will state that verbal consent only obtained.

Obtaining informed consent for the following is considered best practice and should be

obtained, some of these are available as part of the specific process e.g. vaccination.

- Childhood Vaccination – may be verbal if informed but documented in the patient management system.
- Gardasil Vaccination – may be verbal if informed but documented in the patient management system.
- Influenza Immunisation– may be verbal if informed but documented in the patient management system.
- Ear syringing – written
- IUCD – Multiload and Mirena – written
- Surgery (including Scar Management and Post – Operative Instructions) – written
- Intra-articular cortisone injection – written
- Cryotheraphy (Liquid Nitrogen) – verbal/written

Practice Policy for Verbal Consent

All patients MUST be given the pre procedure information prior to the 'informed verbal consent' procedure.

The clinician MUST check with the patient that they understand the procedure and associated risks and benefits

The clinician MUST give the patient an opportunity to ask any further questions.

Once all of the above is done, it then can be documented in the notes as 'Informed Consent obtained'

or 'Verbal Informed Consent obtained'.

'Keywords' may be used to record this activity.

Discussion and Documentation Regarding Contentious Issues Screening

Where there is a variance between evidence and some medial practice or an ethical dilemma about treatment this is considered a contentious issue.

All discussion with patients regarding testing/screening for contentious issues (e.g. HIV in pregnancy, PSA testing, Down's Syndrome testing in first, second and third trimesters) must include the following minimum information.

- the risks
- side effects,
- benefit vs harm
- potential outcomes
- Patients' should also be provided with supporting information e.g. leaflets, websites as applicable.

The discussion is to be recorded in the patient's clinical record. E.g. Patient advised of the risks, side effects, benefits versus harm and potential outcomes and actions, also offered supporting information.

Competency

The practice will adhere to the legal requirements if the patient is deemed not competent to give informed consent.

Under the code every patients presumed competent to make an informed choice and give informed consent.

Only legal (welfare) guardians OR parents OR someone with enduring power of attorney can grant consent on behalf of.

If no suitable person is available to provide advice and a delay will be harmful it is prudent to seek a second opinion from a colleague.

Supporting Resources

- Bill of Rights 1990
- Health Practitioners Competency Assurance Act 2003
- Health Act 1956
- Alcoholism and Drug Addictions Act 1966
- Criminal Investigations Act 1995
- Corrections Act 2004
- Protection Personal and Property Rights 1988
- Children and Young Person and Families Act 1989.

Title :Informed Consent	Section 1 Indicator 4 Version 2
Authorised: Carol Ennis 	Date: 17th November 2016
Review Date:	Signature:
Review Date:	Signature: