CC18 Valid consent

To obtain valid consent from the patient				
Knowledge	Assessment Methods	GMP Domains		
Outline the guidance given by the GMC on consent, in particular:	C, D, M	1		
Understand that consent is a process that may culminate in, but is not limited to, the completion of a consent form	C, D, M	1		
Understand the particular importance of considering the patient's level of understanding and mental state (and also that of the parents, relatives or carers when appropriate) and how this may impair their capacity for informed consent	C, D, M	1		
Skills				
Present all information to patients (and carers) in a format they understand, allowing time for reflection on the decision to give consent	E, ACAT, C, Mi, PS	1, 3		
Provide a balanced view of all care options	E, ACAT, C, Mi, PS	1, 3, 4		
Behaviours				
Respect a patient's rights of autonomy even in situations where their decision might put them at risk of harm	E, ACAT, C, Mi, PS	1		
Avoid exceeding the scope of authority given by a patient	E, ACAT, C, Mi, PS	1		
Avoid withholding information relevant to proposed care or treatment in a competent adult	E, ACAT, C, Mi, PS	1, 3, 4		
Show willingness to seek advance directives	E, ACAT, C, Mi, PS	1,3		
Show willingness to obtain a second opinion, senior opinion, and legal advice in difficult situations of consent or capacity	E, ACAT, C, Mi, PS	1,3		
Inform a patient and seek alternative care where personal, moral or religious belief prevents a usual professional action	E, ACAT, C, Mi, PS	1, 3, 4		

Level Descriptor				
1		s consent for straightforward treatments with appropriate regard for t's autonomy		
2	Able to explain complex treatments meaningfully in layman's terms and thereby to obtain appropriate consent			
3	Obtains c not clear	Obtains consent in "grey-area" situations where the best option for the patient is not clear		
4	Obtains consent in all situations even when there are problems of communication and capacity and is able to take appropriate steps to administer treatment consistent with the least restrictive option principle of the MCA (Mental Capacity Act).			
Emergency department context				
1		Consents patients verbally and notes the consent for minor procedures such as suturing and abscess drainage Gains written consent for procedures requiring sedation or intravenous anaesthesia in line with local departmental protocols e.g. Biers block, conscious sedation for shoulder reduction		
2		Explains likely benefits/risks of thrombolysis for STEMI/stroke and PCCI for STEMI		
3		Allows patient autonomy but explains risks of self-discharge in poisoning or self harm		
4		Uses patient advocate system or hospital management/legal department where incapacity means patient unable to consent Applies Mental Capacity Act in relevant cases Is able to provide advice on dealing with consent about treatment refusals in patients with possible capacity issues, such as in attempted suicide or with needle phobia Understands the principles of validity and applicability for advance decisions relating to life-sustaining treatment in the ED		

Leadership	Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction	
Demonstrating personal qualities	Seeks consent and documents accurately Explains fully and accepts patient's views	
Working with others	Supports specialties in gaining consent for surgical or invasive procedures in the ED Always documents capacity when dealing with patients who self-discharge	
Managing the service	Conducts audit of clinical procedures completed in the ED and develops action plan to ensure consent and other standards are met ***	
Improving services	Explores patient advocacy service in the Trust	
Setting direction	Ensure training for all staff including nurses on consent and capacity in the ED	