Health Education East of England

Obtaining Informed Consent by Doctors in Training

This policy sets out guidance for obtaining informed consent for doctors in training.

EQUALITY ACT 2010

Health Education East of England (HEEoE) is committed to equality and diversity within the organisation and this policy is in line with the Equality Act 2010. HEEoE will ensure that the application of any part of this policy does not discriminate, either directly or indirectly, against anyone on the grounds of race, disability, sex, gender reassignment, sexual orientation, religion or belief, age, pregnancy or maternity, marriage or civil partnership. An Equality Impact Assessment (EqIA) will be carried out on an annual basis or in light of any amendments made to ensure this policy will not have a positive or adverse impact on any trainee.

Introduction

It is a legal and ethical principle that valid consent must be obtained before starting treatment or physical investigation, or providing personal care, for a patient. To be valid, consent must be given voluntarily and freely, without pressure or undue influence being exerted on the patient either to accept or refuse treatment (Department of Health, Reference Guide to Consent for Examination or Treatment).

In the "12 key points on consent: the law in England and Wales" it states that "It is always best for the person actually treating the patient to seek the patient's consent. However, you may seek consent on behalf of colleagues if you are capable of performing the procedure in question, or if you have been specially trained to seek consent for that procedure.

Doctors in training are particularly vulnerable in undertaking consent as they may be expected to take consent for a procedure of which they have little or no expertise. If they have knowledge of the procedure they may still not have been taught the principles of taking consent for that particular intervention. Also they may be at risk of coercion or pressure from senior staff.

Purpose

The purpose of this policy is to outline an approach for obtaining informed consent by doctors in training in Health Education East of England (HEEoE) which will:

- enhance patient safety,
- ensure that doctors in training have appropriate support and supervision when undertaking consent
- highlight how taking consent can provide a training opportunity ,
- Enhance and compliment consent policies within Local Education Providers (LEP) and provide clarity and consistency of approach for doctors in training undertaking consent

This policy does not apply to non-consultant career grades, consultants and dentists.

Local Education Providers (LEP)

HEEoE expects that those education providers responsible for trainees will incorporate this guidance into their local policy documents and develop effective audit measures to ensure compliance.

Responsibilities and duties of doctors taking consent

The GMC guidance, *Consent: patients and doctors making decisions together*, (2008) states; "If you are the doctor undertaking an investigation or providing treatment, it is your responsibility to discuss it with the patient. If this is not practical, you can delegate the responsibility to someone else, provided you make sure that the person you delegate to:

a. is suitably trained and qualified
b. has sufficient knowledge of the proposed investigation or treatment, and understands the risks involved
c. understands, and agrees to act in accordance with, the guidance in this booklet.

All trainees should be supported and encouraged to seek advice is they are uncertain about the consent procedure and should not be placed under pressure if they feel they are working outside of their area of competence.

Foundation trainees

The New Doctor (GMC 2009) states:

"F1 doctors must demonstrate that they are taking increasing responsibility, under supervision and with appropriate discussion with colleagues, for patient care, putting the patient at the centre of their practice by asking for informed consent (under supervision) in accordance with GMC guidance."(para 6c)

"Foundation doctors must never be put in a situation where they are asked to work beyond their competence without appropriate support and supervision from the clinical supervisor. Patient safety must be paramount at all times." (para 21)

The UK Foundation programme Reference Guide (2010) states:

"Before seeking consent both the foundation doctor and supervisor must be satisfied that the foundation doctor understands the proposed intervention, its risks, and is prepared to answer associated questions the patient or carer may ask. If the foundation doctor is unable to do this, they should have access to a supervisor with the required knowledge. Foundation Doctors must act in accordance with the GMC's guidance *Consent: patients and doctors making decisions together* (2008)." (para 9.42)

The Foundation Programme provides the ideal opportunity to set the basis for good consent practice. HEEoE strongly advises that the Foundation doctor is shown how to take consent by observing their trainer as part of their training experience.

During a 4 month placement Foundation trainees are unlikely to gain sufficient depth of understanding to undertake consent for any procedures beyond non-invasive procedures such as endoscopy and minor surgical procedures.

Foundation trainees (F1 and F2) taking consent must:-

i) Have attended a course or session on consent, either undergraduate course or session within induction. For F1 doctors in HEEoE consent is a mandatory session within the Preparation for Professional Practice week.
ii) Have been provided with training and guidance and have been observed on at least three occasions while taking consent for non-invasive procedures and have been deemed as competent by their trainer. A work based assessment tool such as DOPS may evidence this process.
iii) Not take consent for an invasive procedure unless observed and trained by the doctor responsible for undertaking the procedure.

Foundation Year 1 (F1) Trainees

F1 doctors should only take consent as part of a structured training opportunity. F1 doctors should not take consent for any invasive procedure without direct supervision.

Foundation Year 2 (F2) Trainees

F2 doctors must understand the proposed intervention, its risks, and is prepared to answer associated questions the patient or carer may ask. If the foundation doctor is unable to do this, they should have access to a supervisor with the required knowledge.

Core and Specialty trainees

Generic Standards for Specialty including GP training (GMC, 2010)
"Before seeking consent both trainee and supervisor must be satisfied that the trainee understands the proposed intervention and its risks, and is prepared to answer associated questions the patient may ask. If they are unable to do so they should have access to a supervisor with the required knowledge. Trainees must act in accordance with the GMC's guidance Consent: patients and doctors making decisions together (2008)."

Core and Specialty trainees must:
i) be encouraged to be involved with the consenting process; and
ii) have been formally delegated with the responsibility of taking consent by the senior operator for the procedure; and
iii) have demonstrated competence to take consent by having completed the tasks and experience set out above in points i, ii and iii for Foundation trainees, and be familiar with the operative procedure and its potential complications.

Correct site surgery (CSS)

CSS refers to operating on the correct side of the patient and/or the correct anatomical location or level (such as the correct finger on the correct hand).

The marking of an operating site should only be done by an operating surgeon who is deemed competent in the consent process for that particular operation. This may include a trainee surgeon providing they are guaranteed to be an active part of the operating team. Ideally, however this should be done by the most senior surgeon involved in the operation.

The LEP should have a CSS policy that complies with Department of Health and National Patient Safety Advice guidelines. The role of the doctor in training within the policy must be made clear.

References

(1) Department of Health; Consent: (2009)
(2) Generic Standards for specialty including general practice training (GMC, 2010)
(3) The UK foundation programme Reference Guide (2010)
(4) The New Doctor (2009)
(5) Consent: Patients and Doctors making decisions together GMC (2008)
(6) MPS Guide to Consent in the UK (2008)
(7) NHSLA guidance (2008)

DOCUMENT HISTORY

Version	Date	Remarks
1.0	06.04.10	SS and KR written
	20.04.10	AB Reviewed
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1.5	Sept 2013	Revised by AB. KR. SB