

FROM THE DEPUTY CHIEF MEDICAL OFFICER
Dr Ian Carson

HSS(MD)28/2005

Chief Executives of HSS Trusts
Chief Executives of HSS Boards
Associate Director of Health & Healthcare, NI Prison
Service

Castle Buildings
Stormont Estate
Belfast BT4 3SR
Tel: 028905 20601
Fax: 028 9052 0574
Email: ian.carson@dhsspsni.gov.uk

Your Ref:
Our Ref: HSS(MD)28/2005
Date: 19 September 2005

Dear Colleague

GOOD PRACTICE IN CONSENT – STUDENT HEALTH PROFESSIONALS

Clinical teaching in a health environment, with direct patient contact, is an important part of the student programme for all health professions. Many HPSS organisations facilitate these important learning contacts for the health professionals of the future. Patients must be asked for their consent for students to observe their treatment, to take a history, or to carry out an examination, procedures or treatment.

This circular relates to students from any of the health professions undertaking direct patient contact in HPSS organisations (including medicine, nursing, midwifery, health visiting, dentistry, professionals complementary to dentistry, pharmacy, arts therapy, biomedical and clinical science, chiropody, podiatry, dietetics, occupational therapy, orthoptics, paramedics, operating department practitioners, physiotherapy, prosthetics & orthotics, radiography, speech & language therapy).

Qualified health professionals undertaking skills update or additional training under supervision should also ensure that patients and, where appropriate, their families and carers, have sufficient information about who is performing and supervising procedures to enable valid consent to be given.

The principles of Good Practice in Consent: Consent for examination, Treatment or Care (HSS(MD) 7/2003) should be followed by students and their supervisors. This, and additional guidance on consent, can be viewed at www.dhsspsni.gov.uk/consent/consent.asp.

Patient Information

Any HPSS organisation where clinical teaching takes place should include in its information leaflet for service users an explanation of the importance of clinical teaching and an outline of what this might involve. In addition it should be made clear to patients that they are entitled to decline to be observed or to be attended by students without this affecting the treatment or care they receive.

A registered professional should explain the students' status and the reason for their presence. Consent must be obtained before students are permitted to observe or undertake any task.

Responsibilities of Supervising Professionals

Consent for students to observe, examine or carry out procedures on a patient should be obtained by a supervising professional.

Supervising professionals should ensure that students are readily identifiable, and that they are aware of the need for consent to be obtained to enable them to observe, examine or treat patients.

The supervising professional should determine the degree of supervision required by the student and provide it personally or arrange for its provision by other professionals.

Supervising professionals should ensure that students do not request investigations or initiate, alter or stop the treatment of any patient without confirmation from a registered professional supervising them.

Responsibilities of Students

Each student should wear student identification and introduce themselves to patients giving both their name and status as a student professional.

Where supervising professionals have obtained general consent from a patient to be observed or examined by students, the student should check to ensure that the person remains content to be seen by the student at that time.

Students should record the date, time and type of any patient or client contact that has not been directly supervised in the appropriate records.

If a student feels that the patient has been coerced into giving consent they should discuss the situation with the supervising professional.

Consent for Student Contact with different Groups of Patients

The general principles of providing appropriate information, explaining options and supporting people to make decisions applies to consent for educational contact with students. Additional considerations apply when the patient is a child or an adult who is not capable of giving consent, or when intimate examinations are carried out.

Competent Adults

Competent adults can give oral consent to observation, examination or procedures to be performed while they are conscious. This should be recorded in their records.

Competent adults should be asked for written consent for observation, examination or procedures that will be carried out while they are anaesthetised.

Adults who are not Capable of Giving or Withholding Consent

Students need training in the care of adults who are not capable of giving or withholding consent and this may include observing and examining patients. This could include a wide range of situations including patients with long term reduced capacity emergency management of acutely ill or injured patients.

Supervising professionals should consider the person's best interests, including any previous indication of consent or refusal to have student contact, before deciding to allow student contact. Supervising professionals should ensure that students are aware of the principles of "Best Interests". Guidance on "Best Interests" can be found in Reference Guide to Consent for Examination, Treatment or Care at www.dhsspsni.gov.uk/consent/consent.asp.

Student contact with adults who are not capable of giving consent should be appropriately structured, supervised and designed to avoid distress to the patient.

Children

Young people aged 16 and 17 are presumed to have the competence to give consent for themselves, and consent should be obtained as for adults.

Competent under 16 year olds can give consent for student observation or examination. It is good practice to encourage young people to involve their parents or those with parental responsibility in their decision making. The consent from the child or person with parental responsibility should be recorded in the records.

For children who are not competent to give consent, a person with parental responsibility should give consent for student contact. If a child is old enough to understand the role of students it is good practice to involve both the child and the person with parental responsibility in giving consent for contact with students.

A person with parental responsibility, or a competent child, can give oral consent to observation, examination or procedures to be performed while they are conscious.

A person with parental responsibility, or a competent child, should be asked for written consent for observation, examination or procedures to be carried out while they are anaesthetised.

Intimate Examinations

Students from some healthcare professions will at times see, and may be expected to examine, intimate parts of patients' bodies. This includes breast, external and internal female genitalia, penis, scrotum and rectum.

There are some situations when intimate examination by students is inappropriate, for example:

- Where the patient is known to the student or vice versa.
- Intimate examinations of adults who are incapable of giving or withholding consent.
- Examination of the rectum of conscious children.

Where students carry out a physical examination of intimate parts of patients' bodies this should be carried out in appropriately structured, supervised and consented way.

No patient should have an examination of his or her genitalia or rectum performed by more than one student at any one consultation.

Irrespective of the sex of the supervising professional, examining student and the patient a chaperone is necessary during all intimate examinations. A chaperone should be a member of staff.

The date, time and location of the examination, the names of the student, supervisor and chaperone, and the consent obtained should always be recorded in the patient's records.

Yours sincerely

Dr Ian Carson
Deputy Chief Medical Officer

Mr Francis Rice
Acting Chief Nursing Officer

Mrs Doreen Wilson
Chief Dental Officer

Dr Norman Morrow
Chief Pharmaceutical Officer

cc: Dean of the Faculty of Medicine, Health & Life Science, QUB
Dean of the Faculty of Life and Health Sciences, UU

This letter is available at www.dhsspsni.gov.uk and also on the DHSSPS Extranet which can be accessed directly at <http://extranet.dhsspsni.gov.uk> or by going through the HPSS Web at <http://www.n-i.nhs.uk> and clicking on DHSSPS.