

Consent Policy

Kirkvoe Medical

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| Date Effective: | 1/3/24 |
| Review Date: | 1/3/27 |
| Version No: | 1 |
| Policy Owner / Author: | Dr Zoe Shepherd |

1. Reason for Policy / Purpose of Policy

The purpose of this policy is to explain how the practice will gain consent with regard to the medical assessment of patients attending. Consent is a complex subject - the General Medical Council have a 96 page consent policy.

2. Policy Statement and Aims

3. This guidance is a distillation of the specifics with regard to Kirkvoe medical.

4. Scope

This guidance applies to all patients and Dr Zoe Shepherd the sole practitioner.

5. Definitions

Any relevant definitions, specific to this policy.

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| Implied Consent | Implied consent is the premise that a person is considered to have given consent for something unless they say they have not. |
| Verbal consent | A discussion about a medical examination or procedure and subsequent verbal agreement by the patient to proceed. |
| Competence | being “duly qualified: having sufficient, capacity, ability or authority” – in practice it requires health professionals to perform a functional test of competence to examine the ability of the particular patient to consent to the specific treatment being offered (from Capacity and Competence • LITFL Medical B • CCC Ethics) |

6. Procedure

In most instances the assessment of patients for fitness to work, the core business of Kirkvoe medical, are covered by implied consent. By booking and paying for a consultation it is reasonable to determine implied consent for a medical history taking and report preparation.

Although physical examination would also be covered by implied consent it is good practice to obtain verbal consent for this. Consent will be requested on each occasion a patient is subjected to an examination through the use of a phrase such as “May I examine you?”.

The General Medical Council advise that complex procedures or procedures with a chance of a significant risk or side effect require written consent. Kirkvoe medical carry out no procedures therefore it is felt unlikely an instance will occur when written consent is required from a patient.

When consent is required for the release of a medical report to a third party, such as an employer, a specific form will be signed by the patient.

The nature of the work in assessing occupational illness and fitness means it is unlikely the practice will encounter patients who lack competence. In the event of this occurring Dr Shepherd will take steps to obtain a collateral history from the patient's GP or other appropriate healthcare worker - see separate safeguarding policy.

Gillock Competence and Fraser guidelines relating to the capacity of children to consent for treatment will not apply to the practice as it will not treat children.

7. Responsibilities

Dr Zoe Shepherd is responsible for this policy

8. Related information

Adapted from GMC guidance on consent [Decision making and consent - ethical guidance - GMC \(gmc-uk.org\)](#)

Informed by consent policy of the Alexandria GP practice [Consent Policy - The Alexandria Practice](#)

Written consent for release of records