**Consent (dental)**

Page 2 of 3

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **1** | **In patients with capacity, consent is properly obtained when** |
|  | The patient is given information about the treatment and understands its nature, its purpose - why it is being proposed – and what it will involve – and the likelihood of success. |[ ] [ ]        |
|  | The patient is able to understand and retain information relevant to the decision, and weigh up the potential risks (side-effects, complications etc.) and benefits of various options. |[ ] [ ]   |
|  | The patient understands all relevant treatment options and the possible costs as well as the consequences of not receiving treatment. |[ ] [ ]   |
|  | The patient understands why you think a particular treatment is necessary and appropriate for them. |[ ] [ ]   |
|  | The patient understands your recommended option. |[ ] [ ]   |
|  | The patient understands the decision they are being asked to make. |[ ] [ ]   |
|  | It is made clear to the patient that they can change their mind at any time. |[ ] [ ]   |
|  | Patients are given time to reflect before they come to a decision, and the patient’s consent is checked at each stage of investigation or treatment. |[ ] [ ]   |
|  | The patient has not been coerced by any other person and given consent voluntarily. |[ ] [ ]   |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **2** | **Consideration is given to the individual patient and their circumstances** |
|  | The way information is provided is tailored to the needs of the patient in a format they can easily understand. |[ ] [ ]        |
|  | Consideration is given to whether the patient requires third party or technological assistance or support to understand, communicate or come to a decision. |[ ] [ ]   |
|  | In deciding how much information to give to patients, their needs, wishes and priorities are taken into account. |[ ] [ ]   |
|  | Find out what they want to know as well as telling them what you think they need to know. |[ ] [ ]   |
|  | The patient is informed of material risks.  |[ ] [ ]   |
|  | The information given is in proportion to the nature of their condition, the complexity of the treatment and the seriousness of the risks or potential side-effects. |[ ] [ ]   |
|  | Matters are explored with patients, concerns listened to and questions encouraged.  |[ ] [ ]   |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **3** | **In patients without capacity to consent** |
|  | The clinician works closely with those close to the patient, holders of (welfare) power of attorney and other members of the healthcare team. |[ ] [ ]        |
|  | Any rudimentary capacity that the patient has is taken into consideration. |[ ] [ ]   |
|  | Any evidence of previously expressed views or preferences of the patient is taken into account (e.g. documented discussions or Advance Directives). |[ ] [ ]   |
|  | The requirements of relevant legislation are followed *(Adults with Incapacity Act, Mental Capacity Act, Age of Legal Capacity Act, Fraser Competence etc.).* |[ ] [ ]   |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **4** | **If you delegate obtining consent to another person** |
|  | The person obtaining consent is suitably trained and qualified to do so. |[ ] [ ]        |
|  | The delegated person understands the treatment fully, including the risks and alternatives etc. to properly obtain consent as described above. |[ ] [ ]   |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **5** | **Documentation of consent** |
|  | Consent, and the process used to obtain it (including key elements of discussions) is documented fully in the clinical notes. |[ ] [ ]        |
|  | This includes documenting that the patient’s understanding of the information provided has been checked. |[ ] [ ]   |
|  | Written consent is always obtained where the treatment involves conscious sedation, general anaesthetic or is part of a research programme.  |[ ] [ ]   |