Sandy Dentalcare

Consent Policy

1. Purpose

To obtain and manage patient consent in compliance with the General Dental Council (GDC) Standards for the Dental Team, Principle 3, and Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This also incorporates the five principles of the Mental Capacity Act (MCA) 2005 for those who lack the capacity to consent.

By following this policy, Sandy DentalCare Ltd ensures that patients are treated politely and with respect, in recognition of their dignity and rights as individuals. The practice recognises and promotes the patients’ right to make decisions about their own bodies, their priorities and their care. No steps shall be taken without obtaining the patient’s consent prior to treatment.

2. Scope

This policy applies to all team members in England who are involved in patient care, treatment planning, and communication.

3. Definitions

3.1. *Informed consent*

Agreeing to treatment, having been provided with all the potential risks, benefits, and alternatives.

3.2. *Adult*

A person 18 years or older.

3.3. *Child*

A person under 18 years, as set out in the Children Act 1989.

3.4. *Gillick competence*

A young person under 16 years with the capacity to consent to medical treatment.

4. Responsibilities

4.1. Certain tasks can be delegated, but the Personnel Manager, Monika Cross, maintains the responsibility for overseeing this policy's implementation and ensuring compliance with its procedures. If the Personnel Manager is absent, the Business Manager Karen Webb or the Principal Uday Patel should be contacted.

4.2. All team members who are involved in patient care and communication are required to follow the procedures outlined below to ensure that consent is obtained and managed in a lawful, ethical, and compassionate manner.

5. Obtaining consent

5.1. A patient’s permission or consent is required before examining them and before starting treatment. This is because patients have an absolute right to choose whether to accept the advice or treatment.

5.2. Ensure the nature of treatment, whether NHS or private, and all charges are set out in a manner that is understandable and accessible to every patient before any treatment commences, and provide a written treatment plan and cost estimate.

5.3. The giving of consent is an ongoing process and not a one-off event. It is part of an ongoing discussion between the clinician and the patient that continues throughout the treatment.

5.4. Where consent has been given, it can be withdrawn at any time by the patient, even mid-way through a procedure.

5.5. It is necessary and important that clinicians find out what each patient wants to know, as well as explaining what they believe the patient needs to know about the treatment, including:

- a. Why a proposed treatment is necessary
- b. The material risks and benefits of the proposed treatment
- c. What might happen if the treatment is not carried out
- d. Alternative forms of treatment, their material risks and benefits, and whether or not the treatment would be considered appropriate by a reasonable body of dental professionals

5.6. Once an estimate has been agreed with a patient and it becomes necessary to change the treatment plan, the patient's consent to any changes or additions to the treatment plan and agreement to any additional costs is required prior to providing the changed treatment.

5.7. Ensure patients are provided with an amended treatment plan and estimate before any new treatment is started.

5.8. An adult that has capacity to make their own decisions is competent to do so and is able to ask a parent or other adult family member to help them make a decision about treatment.

5.9. Adherence to the five principles of the MCA as set out below is expected where a patient's capacity to consent is in question:

- a. *Presumption of capacity*: Every adult is assumed to have the capacity to make decisions unless proven otherwise

- b. *Support to make decisions*: Patients are given all practicable help before anyone concludes that they cannot make their own decisions

- c. *Unwise decisions*: Patients have the right to make decisions that others might consider unwise

- d. *Best interests*: Any decision made on behalf of a patient who lacks capacity is done in their best interests

- e. *Least restrictive option*: Any intervention is the least restrictive of the patient's rights and freedoms

5.10. If there is any doubt about the capacity of an adult to make a treatment decision, carry out a Mental Capacity Assessment Record (M 289A) and, if appropriate, make a decision in the patient's best interests.

5.11. Ensure detailed records of the consent process and outcomes are maintained within the patient's clinical notes, including the information provided and their expressed preferences.

6. Children's consent

6.1. A child aged 16 or 17 can give consent or refuse treatment in their own right, in accordance with the Mental Capacity Act 2005.

6.2. If the clinician thinks a child aged 16 or 17 needs assistance with the consent process, they can, with the permission of the child, involve their parents or person with legal authority to help them make their decision.

6.3. Where a parent or person with legal authority is helping a child make a decision about treatment, that person must have all the information about the choices, material risks, benefits and alternatives. They cannot overrule the decision of a child to refuse treatment, nor can they insist a particular course of treatment is carried out against the clear decision of the child.

6.4. If there is any doubt about the capacity of a child aged 16 or 17 to make a decision, carry out a Mental Capacity Assessment Record (M 289A) and record the results in the clinical notes.

6.5. A child who is under 16 can give consent if the clinician considers that the child is sufficiently mature to fully understand the nature, purpose, risks, and alternatives to the proposed treatment. The more significant and irreversible the treatment, the more mature the patient needs to be. This is described as 'Gillick competent'.

6.6. Where a child is under 16 and not able to make their own decision, it is necessary to obtain the consent of the parent or person with legal authority.

6.7. A child of any age is unable to give financial consent. This means that where fees are going to be incurred for a particular element of a treatment plan, the child cannot commit to paying for that treatment without the express agreement of an adult that is going to pay for the treatment. Without financial consent in place, the consent for treatment is not complete, even though the patient themselves has agreed to the treatment.

7. **Advocacy**

7.1. Advocacy services are available where needed to support patients in understanding their treatment options and in making decisions about their care:

a. *Charities*: Organisations such as Age UK and Mencap can provide support to older patients and those with learning disabilities, to help them understand their treatment options and make decisions about their care

b. *Independent Mental Capacity Advocates*: IMCAs can provide support to patients aged 16 and older who lack the capacity to make decisions about their care, ensuring that the patient's best interests are considered, especially when there are no family or friends available to consult

c. [*NHS England - Patient Advisory Liaison Services*: PALS can provide confidential advice, support, and information for patients receiving care on the NHS. Contact details for the local PALS office can be found at Find patient advice and liaison services (PALS) - NHS]

8. **Training**

8.1. Regular training and updates on the principles of informed consent are provided to all team members, and this is refreshed annually during a team meeting to ensure that their knowledge remains current.

8.2. It is the expectation that all team members understand that each patient has:

   a. The ability to make an informed decision about their own care (capacity)
   b. Enough information about the proposed treatment choices available with their risks and benefits explained to make a decision (informed consent)
   c. Freely made their decision (voluntary decision-making)

9. **Compliance**
   Adherence to this policy is expected. Non-compliance may result in disciplinary action. Please contact the Practice Manager for any questions or further clarification regarding any points contained in this policy.

10. **Review and Revision**
    This policy is reviewed annually and updated to ensure its effectiveness and compliance with current regulations, guidance, and standards.