

Consent Policy

The practice follows the GDC guidelines Standards for the Dental Team: 'Principle 3, Obtain Valid Consent'. We treat patients politely and with respect, in recognition of their dignity and rights as individuals. We also recognise and promote our patients' responsibility for making decisions about their bodies, their priorities and their care and make sure we do not take any steps without a patient's consent (permission).

The clinical team member will always obtain valid consent before starting treatment or physical investigation, or providing personal care for a patient, because patients have a right to choose whether or not to accept advice or treatment. Clinical team members are adequately trained to ensure that the patient has:

- Enough information to make a decision (informed consent)
- Made a decision (voluntary decision-making)
- The ability to make an informed decision (capacity)

The nature of treatment and all charges are clarified to the patient before it commences, and the patient is provided with a written treatment plan and cost estimate. All team members are aware that the TCO on site aims to have a consultation with all patients prior to treatment.

- Once the consent has been given it may be withdrawn at any time
- Giving and getting consent is a process, not a one-off event. It is an ongoing discussion between the clinician and the patient
- It is necessary to find out what the patient wants to know, as well as saying what the clinician thinks the patient needs to know. Examples of information which patients may want to know include why a proposed treatment is necessary; the risks and benefits of the proposed treatment; what might happen if the treatment is not carried out and alternative forms of treatment, their risks and benefits, and whether or not the treatment is considered appropriate
- If an estimate has been agreed with a patient, but it is necessary to change the treatment plan, the patient's consent to any further treatment and extra cost will always be obtained prior to providing the changed treatment. This will be achieved by the provision of an amended written treatment plan and estimate

Everyone aged 16 or over is presumed to have capacity to make their own decisions unless it can be shown that they lack capacity to make a particular decision at the time it needs to be made. If the treating clinician thinks that someone lacks capacity to make a treatment decision, s/he will carry out a mental capacity assessment and, if appropriate, make a decision in the person's best interests. We have a Mental Capacity Assessment (M 289A) to provide a record of how a treatment decision was reached.

Children's consent

A child is a person under 18.

Children aged 16 and over are presumed to have capacity and able to consent or, refuse to treatment in their own right. If the practitioner thinks a child aged 16 or over may lack capacity, a mental capacity assessment will be carried out and the results recorded in the clinical notes.

If a child is under 16, it is the first choice to obtain the consent of the parent or carer. But for various reasons this may not be possible. A child who is under 16 can give consent if the practitioner considers that the child is 'Gillick competent'. The description of Gillick competency and a practitioner checklist for assessment is found in Valid Consent (M 292).

**Consent for processing personal data**

There is a separate policy that covers consent for processing the personal data of non-patients. See the Data Protection and Information Security Policy (M 233-DPT), which covers marketing and its communication methods.

Training on consent is provided to team members at an iComply practice meeting. Consent procedures are reviewed and monitored at the Annual Management Review (G 170-TM2).

