Key Skill/Competency Framework
For Registered Nurses (Band 5 and above) Taking Consent for Specific Endoscopic procedures
In the Endoscopy Unit
At the Royal Devon and Exeter NHS Foundation Trust.

VERSION: CE 0.2. 8.08
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Part 1

Development Framework

Key skills / Protocols:

The key skills have been drawn up to:
- Support practice and increase the quality of patient centred care.
- Provide a framework for competency and assessment.
- Act as a protocol / guidelines for practice to gain the RD&E NHS Foundation Trust Vicarious Liability for the Practitioner.
- Encourage evidence-based practice.

This document runs concurrently with local expectation and policy. This protocol has been designed to link to, The Skills for Health Framework of Competencies for Endoscopy (2005), the NHS Knowledge and Skills Framework (2004). The protocol reflects the standards set by the Nursing and midwifery Councils Code of Professional Conduct (2002). Reference has been made to guidance set out by The British Society for Gastroenterology on informed consent for Endoscopy procedures (1999) as well as training and assessment programmes used within the Endoscopy Unit.

Role framework:

All registered nurses at band5 and above participating in obtaining a valid and informed consent for identified endoscopic procedures. All identified practitioners will have completed an induction period which will have included an opportunity to deal with and learn to apply theory to practice in relation to the basic competencies within the protocol thus enabling them to obtain an informed and valid consent for identified Endoscopic procedures.

All registered nurses at band 5 and above on completion of this framework and assessed as competent will be authorised to undertake delegated consent. (Appendix 5, 6 & 7)

Links:

The competency to obtain consent for Endoscopic procedures links to the following dimensions and levels within the NHS Knowledge and Skills Framework (2004)
- KSF Dimension Core1: Communication
- Core 3: Health, safety and security
- HWB5: Assessment and care planning to meet health and well being needs

The competency also links to the following competencies identified by the Skills for Health (2005)
- Endoscopy Endo – 01, End – 02, End- 03, End – 04, End -05, End -07

Staff pertaining to and undertaking this skill/role:

Registered nurses at band 5 and above recruited to work in the Endoscopy Unit in order to participate in the provision of Endoscopic procedures.

Registered nurses at band 5 and above trained and assessed by another Endoscopy Unit in skills that demonstrate their competency and ability to adhere to local and national guidelines in obtaining an informed and valid consent for the identified Endoscopic procedures.

Registered nurses at band 5 and above that will be working in the ward area in the following identified roles:
- Co-ordinator
- Pre procedure care provision for patients undergoing endoscopic procedures.
- Pre assessment

**Education and training requirements:**

Prior to working unsupervised in above identified areas and roles within the Endoscopy Unit Registered burses at band 5 and above must complete the following:

- Assessed as competent in meeting the requirements of the identified key skills for obtaining a valid and informed consent for the endoscopic procedures identified in this framework.
- Have their key skill/protocol record (summary of evidence) authorised with a portfolio of competence providing supportive evidence of learning and competence.

And, if appropriate,

- Have the opportunity to work towards an accredited course in an appropriate field

**Annual updates and review:**

Once assessed as competent, registered nurses at band 5 and above that are obtaining consent for specific procedures, should be given the opportunity bi-annually (on top of any speciality study days / updates) to update their portfolio of competence. Plus an annual review session, with training lead or manager, to re-evaluate competence using: their portfolio of competence, case notes or discussion, to review and update core Key Skills and Protocols. At the end of a review the registered nurse at band 5 and above will discuss and agree any new learning objectives to be achieved before the next review (see appendix 2)

**Annual requirements for maintaining competence:**

- Independent performance in order to obtain a valid and informed consent in accordance with the appropriate range of the individuals banding.
- Development of practice within individual capabilities.
- Progression along developmental pathway.
- Attendance of appropriate study sessions to support the above.

**Portfolio of competency:**

To demonstrate competence to obtain consent for endoscopic procedures, the Practitioner must provide proof of assessment and competency. It is expected that the competent staff member will gather evidence into a portfolio of work.

A portfolio is a way of assessing practice. It combines a collection of items that are evidence of knowledge and the application of that knowledge to the relevant identified competences and related skills.

As the Practitioner collects evidence of their work and learning – it should be filed into a portfolio (for example a folder or ring binder). The evidence may come from one or more sources. While the Practitioner is collecting evidence they can analyse and review it. Through this analysis, the Practitioner can make further sense of what they have learnt.

Once the Practitioner has put a portfolio together they will be able to use it as part of the ongoing process of professional development.
Range of evidence:

The evidence you put into your portfolio should reflect your learning, knowledge and practical expertise surrounding the competences/core skill you have selected from the module list.

- **Direct observation of practice** (DOPS): these are witness statements relating to your practice (see appendix 3).
- **E-Learning**: evidence of having worked on a CD-ROM or distance learning programmes relating to decontamination.
- **Certificated workshops or employer led training**: you may use certificates of attendance but these should always be used jointly with other evidence to include evidence of learning and application to practice.
- **Reflective accounts**.
- **Project work**: if you have carried out project work such as a written assignment which pertains to the competence you may include parts of it as a piece of evidence. These should be referenced.
- **Resource collection**: this could include books, journals or the internet and should include some written reflections about what you have learned from these resources. Sources should be referenced accurately.
- **Previous learning**: if you have completed training or induction packages from your practice setting and they demonstrate knowledge and the learning of skills which are present in the competence you may include these as evidence.

Assessors:

An experienced registered nurse at band 6 and above will undertake assessment of the individual's performance in ability to gain an informed and valid consent. They will have the Gastrointestinal Endoscopy and Related Procedure at either level or equivalent plus they will have verified and current teaching and assessing skills (HEA 369, ENB 998, City and Guilds 730)

The delegation of consent sign off sheet will be countersigned by a designated consultant gastroenterologist in accordance to local policy.

The broader learning outcomes of skills, role development and training:

1. Thorough reflection on previous knowledge and experience. Identification of strengths and weakness with an action plan to develop.
2. The development and understanding of new skills.
3. An awareness of implications of accountability, autonomy and responsibility involved with gaining a valid and informed consent for identified Endoscopic procedures.
4. Examination of the ethical and legal implications in role development providing an ethical and legal framework in which to practice.
5. The utilisation of research findings to support evidence based practice.
6. The building up of a network of other professionals to support and develop practice.

Competency learning framework

1. The mentor/assessor will meet with the individual undertaking the framework to discuss and formalise training needs utilising the:
• Appropriate key skill.
• The learning action plan (Appendix 1).
• Learning contract

2. The key skill will be reduced to manageable parcels of achievable learning in accordance with individual learning needs.

3. An initial period of observation will be undertaken. The assessor and trainee will then discuss assessment, action and clinical examinations in obtaining a valid and informed consent for specific endoscopic procedure. This observation and experience can be captured using a reflective diary/direct observation of practice to augment learning.

4. The trainee then progresses to carrying out an assessed skill under the direct supervision of the assessor. The assessment needs to be verified by the assessor prior to action and a direct observation of practice record completed and countersigned. The assessor and trainee will then discuss the trainee’s skill and knowledge against the outcome in a constructive manner.

5. As the trainee develops confidence, experience and skill, they can work and record findings under indirect supervision on their own. The mentor/assessor will check that the patient has been assessed/treated accurately and safely.

6. The trainee can be formally assessed on each key skill once they are confident and skilled. This will be a Summative assessment which involves completing the summary of evidence.

7. On receipt of a competent assessment, the trainee can take the delegation of consent sign off form (appendix 7) to a designated consultant endoscopist for sign off once this is achieved the individual may undertake consent for specific endoscopic procedures unsupervised.

8. All key skill/protocol assessment should be reviewed annually by the Matron/Sister for the Endoscopy Unit and the training lead (if available) and appropriate training and development provided to ensure that the staff member is up-to-date in their practice.

9. If the trainee is not assessed as competent, an action plan will be devised to reflect the extra training and supervision required to support the trainee in becoming competent.

10. The newly competent Practitioner should be allocated an experienced band 5 and above registered nurse to act as a mentor for a year, to further develop the enhanced nursing skills.

11. All registered nurses at band 5 and above undertaking consent for specific endoscopic procedures will undergo continuous peer review and where appropriate, medical review using mechanisms of clinical supervision, audit, reflection and case histories.
Learning Contract

Department Name: Specialist Endoscopy Unit

Learning Time Scale: Six Months

Responsibilities of Trainee:
- Familiarise his/her self with Trust and department Protocols and Policies.
- Familiarise his/her self with national guidance and legislation that impacts on working practice within the Unit.
- Gains an understanding of legal and ethical implications of role development.
- Acknowledges and accepts own limitations.
- Work within their NMC code of professional practice.
- Understand the demands and needs of the whole department.
- Utilise all resources that are made available for learning and professional development.
- Be able to receive constructive criticism.

Responsibilities of Mentor:
- Provide time and support for trainee.
- Provide trainee with relevant research and information to support evidence-based practice.
- Facilitate learning and practice.
- Provide constructive criticism and feedback.

Responsibilities of Department/Ward/Unit:
- Ensure time is allocated to trainees for training.
- There will be two days of non-clinical practice on induction in order to undertake the basic foundations of pre procedure practice.
- Facilitate further professional development on completion of training.
- Support application for appropriate study days linked to training:
- Ensure that the Department/Unit understand the importance and need for the trainee to be non clinical for at least the initial induction.
- Understand the implications of the trainees undertaking training to the working of the department.

I agree with the above learning contract:

Signature of Trainee                      Name:                          Date:

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Signature of Mentor:                       Name:                          Date:

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Signature of Manager:                     Name:                          Date:

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Part 2

Key Skills

Summary of key skills identified in order to gain competence in gaining a valid and informed consent for identified Endoscopic procedures.

Key Skill 1: Demonstrate an underpinning knowledge and understanding of the consent process.

Key Skill 2: Demonstrate a factual knowledge and working understanding of the ethical and legal issues that surround gaining an informed and valid consent.

Key Skill 3: Demonstrate a working knowledge and understanding of the range of Endoscopic procedures performed in the Endoscopy Unit.

Key Skill 4: Demonstrate an in depth knowledge of the patient information used to support the procedures performed.

Key Skill 5: To demonstrate knowledge and understanding of rationale that excludes the Practitioner from gaining consent.

Key Skill 6: Demonstrate a working knowledge and understanding of national legislation and local Policy surrounding the issue of withdrawal of consent.
Key Skill 1:  
Demonstrate an underpinning knowledge and understanding of the consent process.

Aims: To enable the Practitioner to clearly identify their role in the taking of a valid and informed consent for Endoscopy procedures.

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<tr>
<th>Standard</th>
<th>Rationale</th>
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<tr>
<td>1.1: To demonstrate an ability to provide support to the individuals, and the carers they specify, that is appropriate to their episode of care.</td>
<td>To enable the individual to make informed choices throughout their preparation for an Endoscopic procedure. To ensure the needs of the individual are met in a timely and effective manner.</td>
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<tr>
<td>1.2: To be able to clearly identify the role of the Practitioner to individuals, carers and other members of the multidisciplinary team.</td>
<td>To ensure that the Practitioner operates within their sphere of professional accountability and can ensures that others are aware of those parameters.</td>
</tr>
<tr>
<td>1.3: To demonstrate an understanding of the principles of informed consent, including implied and expressed consent.</td>
<td>To ensure that the Practitioner operates within their sphere of professional accountability and can ensures that others are aware of those parameters. To ensure that consent obtained is valid and informed.</td>
</tr>
<tr>
<td>1.4: To demonstrate an understanding of the timing for obtaining an informed consent.</td>
<td>To ensure that consent obtained is valid for the planned procedure. To ensure that anxiety or distress to the individual undergoing an Endoscopic procedure is kept to a minimum or prevented.</td>
</tr>
<tr>
<td>1.5: Can demonstrate a knowledge and understanding of the Practitioners’ role in delegated consent and the roles of other members of the Multidisciplinary Team in gaining consent.</td>
<td>To ensure that consent obtained is valid for the planned procedure. To ensure that the individuals rights, and wishes relating to their consent, privacy, beliefs, and dignity are respected.</td>
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</tbody>
</table>
Key Skill 2:
Demonstrate a factual knowledge and working understanding of the ethical and legal issues that surround gaining an informed and valid consent.

Aims:
Ensure that the Practitioner carries out the role of taking consent within the parameters of their professional accountability and hospital Policy and Procedure.

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<tr>
<th>Standard</th>
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<tr>
<td>2.1: The Practitioner can demonstrate a working knowledge of their accountability in the taking of consent.</td>
<td>To ensure that the Practitioner operates within their sphere of professional accountability and can ensures that others are aware of those parameters.</td>
</tr>
<tr>
<td>2.2: Demonstrate a factual knowledge of legislation and legal processes relating to consent.</td>
<td>To ensure that consent obtained is valid and informed.</td>
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<tr>
<td>2.3: Demonstrate an ability to identify and locate trust policies, procedures and guidance on consent.</td>
<td>To enable the Practitioner to identify and utilise a resource for maintaining and developing knowledge in gaining consent that is valid and informed.</td>
</tr>
<tr>
<td>2.4: Can demonstrate a working understanding of statutory statements, living wills, advanced directives, and other expressions of individual's wishes.</td>
<td>To ensure that the Practitioner operates within their sphere of professional accountability. To enable the individual to make informed choices throughout their preparation for an Endoscopic procedure. To ensure the needs of the individual are met in an appropriate and effective manner.</td>
</tr>
<tr>
<td>2.5: Can identify the consent process for patients with different cultural and religious beliefs such as Jehovah Witness.</td>
<td>To ensure that the Practitioner operates within their sphere of professional accountability To enable the individual to make informed choices throughout their preparation for an Endoscopic procedure. To ensure the needs of the individual are met in an appropriate and effective manner.</td>
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Key Skill 3:
Demonstrate a working knowledge and understanding of the range of Endoscopic procedures performed in the Endoscopy Unit.

Aims: To use that knowledge in support of taking an informed and valid consent.

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<tr>
<th>Standard</th>
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<tr>
<td>3.1: To demonstrate a broad knowledge and understanding of the range of procedures performed in the Endoscopy Unit.</td>
<td>To ensure that the interaction is appropriate to the individual and the purpose. To enable the patient and/or carers to ask questions and seek clarification on any issues. To facilitate the individual in making informed choices and therefore gain a valid consent.</td>
</tr>
<tr>
<td>3.2: To have an awareness of both technological and medical advances that impact upon the procedures being performed in the Unit.</td>
<td>To ensure that the interaction is appropriate to the individual and the purpose. To enable the patient and/or carers to ask questions and seek clarification on any issues.</td>
</tr>
<tr>
<td>3.3: To have an awareness of agencies both internal and external that impact upon the Endoscopy service provided by the Unit.</td>
<td>To be able to discuss with individuals the roles and responsibilities of the service, Practitioners, the individuals and their carers.</td>
</tr>
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</table>
Key Skill 4:
Demonstrate an in depth knowledge of the patient information used to support the procedures performed.

Aims: To use that knowledge in support of taking an informed and valid consent.

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<tr>
<th>Standard</th>
<th>Rationale</th>
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</thead>
<tbody>
<tr>
<td>4.1: To demonstrate a broad knowledge of the patient information leaflet sent to patients prior to admission.</td>
<td>To be able to communicate / reiterate the information provided to individuals undergoing an Endoscopic procedure. To ensure that consent obtained is valid and informed. To enable the patient and/or carers to ask questions and seek clarification on any issues.</td>
</tr>
<tr>
<td>4.2: To be able to locate all pre procedure information leaflets and provide to individuals.</td>
<td>To be able to use as an aid to communication to support the purpose of gaining a valid and informed consent.</td>
</tr>
<tr>
<td>4.3: To demonstrate an ability to identify that the individual has received the correct information leaflet prior to admission to the Endoscopy Unit.</td>
<td>To ensure that individuals receive the correct information leaflet to facilitate the gaining of an informed consent.</td>
</tr>
<tr>
<td>4.4: To develop an awareness of issues that occurs pertaining to the patient information and identify the process for feedback to the Unit.</td>
<td>To ensure that patients most frequently asked questions are incorporated into the information leaflets thus enhancing the consent process.</td>
</tr>
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</table>
Key Skill 5:
To demonstrate knowledge and understanding of rationale that excludes the Practitioner from gaining consent.

Aims: The Practitioner will be able to clearly identify the procedures that they may take consent for.

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<th>Standard</th>
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<tr>
<td>5.1: To demonstrate a knowledge and understanding of the Trust policy and Unit agreement for delegation of consent.</td>
<td>To ensure that the Practitioner operates within their sphere of professional accountability. To ensure that consent obtained is valid and informed.</td>
</tr>
<tr>
<td>5.2: To demonstrate knowledge of national legislation and local Trust Policy for gaining consent for examination.</td>
<td>To ensure that the Practitioner operates within their sphere of professional accountability. To ensure that consent obtained is valid and informed.</td>
</tr>
<tr>
<td>5.3: Can demonstrate a knowledge and understanding of the roles of other members of the Multidisciplinary Team in the process of gaining a valid and informed consent.</td>
<td>To ensure that the Practitioner operates within their sphere of professional accountability. To ensure that all queries and questions that the patients or their carers are answered accurately by the appropriate clinician or Practitioner.</td>
</tr>
</tbody>
</table>

Key Skill 6:
Demonstrate a working knowledge and understanding of national legislation and local policy surrounding the issue of withdrawal of consent.
Aims: To ensure that the Practitioner is able to provide the most appropriate and effective support to the individual withdrawing consent whilst maintaining a high standard of patient care.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Rationale</th>
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<tbody>
<tr>
<td><strong>6.1:</strong> To demonstrate knowledge of national legislation and local Trust Policy for gaining consent for examination.</td>
<td>To ensure that consent obtained is valid and informed.</td>
</tr>
<tr>
<td><strong>6.2:</strong> To demonstrate a knowledge and understanding of the Trust policy and Unit agreement for delegation of consent.</td>
<td>To ensure that the Practitioner operates within their sphere of professional accountability. To ensure that consent obtained is valid and informed.</td>
</tr>
<tr>
<td><strong>6.3:</strong> The Practitioner can demonstrate a working knowledge of their accountability in the taking of consent</td>
<td>To ensure that the Practitioner operates within their sphere of professional accountability and can ensures that others are aware of those parameters.</td>
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Part 4

Assessment of Clinical Practice

Assessment is carried out in three parts.

- **Self assessment** – by you and your mentor shortly after the commencement of the role.
- **Formative assessment** – by you and your mentor during the process of collecting evidence.
- **Summative assessment** – by you and your assessor to determine your level of achievement.

The following scoring method will be utilised:

1. Minimal knowledge and understanding about how the competence relates to practice
2. Needs supervision to effectively carry out the range of skills within the competence
3. Performs some skills within the competence effectively without supervision
4. Confident of knowledge and ability to perform all the identified standards of the key skills effectively

You must have attained a score of level 4 for and identified range of skills from within the competence document by the time of Summative assessment. If you have been unable to attain this score then you and your training lead will identify further action plans to support your attainment and a further review date will be set.
Summary of Evidence

Key Skill 1: 
Demonstrate an underpinning knowledge and understanding of the consent process.

**Evidence description:** there should be at least two types of evidence for each key skill.

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<th>Assessment</th>
<th>Score</th>
<th>Signature</th>
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<td></td>
<td>1 2 3 4</td>
<td>Learner</td>
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<td>Self</td>
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**Comments**

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Summary of Evidence

Key Skill 2:
Demonstrate a factual knowledge and working understanding of the ethical and legal issues that surround gaining an informed and valid consent.

Evidence description: there should be at least two types of evidence for each key skill.

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Summary of Evidence

Key Skill 3:
Demonstrate a working knowledge and understanding of the range of endoscopic procedures performed in the Endoscopy Unit.

Evidence description: there should be at least two types of evidence for each key skill.

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<td>Self</td>
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<td>Formative</td>
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Summary of Evidence

Key Skill 4:
Demonstrate an in depth knowledge of the patient information used to support the procedures performed.

Evidence description: there should be at least two types of evidence for each key skill.

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Summary of Evidence

Key Skill 5:
To demonstrate knowledge and understanding of rationale that excludes the Practitioner from gaining consent.

Evidence description: there should be at least two types of evidence for each key skill.

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Summary of Evidence

Key Skill 6:
Demonstrate a working knowledge and understanding of national legislation and local Policy surrounding the issue of withdrawal of consent.

Evidence description: there should be at least two types of evidence for each key skill.

Rating

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## Annual Review of attainment of competence

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<th>Key Skill</th>
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Part 4

Appendices
Appendix 1

Learning Action Plan

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<table>
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Photocopy as required.
Appendix 2

Annual Review Feedback Sheet

<table>
<thead>
<tr>
<th>Key skill under review</th>
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Evidence description used for review

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<td></td>
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<td>Practitioner</td>
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<td></td>
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</table>

Evidence agreed for next review

Reviewee signature ........................................ Print........................................

Reviewers
signature..................................................Title......................................Print........................................

Photocopy as required. The reviewee and reviewer should keep copies; at least one copy should be retained in the reviewees’ personal file.
## Direct Observation of Practice Record

### Key Skill observed

<table>
<thead>
<tr>
<th>Date</th>
<th>Practitioner name</th>
<th>Assessor name</th>
</tr>
</thead>
</table>

### Standards description

### Comments – in depth knowledge and understanding displayed and ability to perform role

### Further learning objectives identified

### Rating (please circle as appropriate)

1. Minimal knowledge and understanding about how the competence relates to practice
2. Needs supervision to effectively carry out the range of skills within the competence
3. Performs some skills within the competence effectively without supervision
4. **Confident of knowledge and ability to perform all the identified standards of the key skills effectively**

<table>
<thead>
<tr>
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<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>

### Signature

Practitioner: ________________________________
Assessor: ________________________________

*Photocopy as required.*
The Consent Process

In the Specialist Endoscopy Unit at The Royal Devon & Exeter NHS Foundation Trust

Staff Training Programme

Name....................................................................................
Mentor.................................................................................
Date commenced...............................................................  

Lisa Richards
Cheryl Rees
August 2007

Introduction

The Endoscopy Unit is an extremely busy environment in which to work, it performs in the region of eight thousand Endoscopic procedures a year, to support this high level of activity the Endoscopy nurses role is constantly changing to meet the needs of evidence based patient centred care whilst maintaining high standards of quality in care provision.

There is no set time limit for becoming competent and feeling confident in the taking of 'informed consent' from patients, however it is a realistic expectation that within six months of working in the Endoscopy Unit as a Practitioner you will be able to achieve
competence in this aspect of practice. Each Practitioner as with any aspect of practice should feel confident in their own knowledge base and accountability and whether it is sufficient to provide patients with adequate information, enabling them to give 'an informed and valid consent'.

During the process of consent, Practitioners must be aware of and work within national legislation, local Policy and Procedure and in accordance with the Nursing and Midwifery Council (NMC) Code of Professional Conduct (2002)

Aims/Objectives of Training Programme

- To promote the understanding of the Nurse’s role in this process which enables the patient to give a valid and informed consent prior to Endoscopic procedures.
- To provide the opportunity for nursing staff to discuss this role, their accountability and for their competency to be assessed by direct observation, written evidence and discussion with facilitators.

Links

The competency to obtain consent for Endoscopic procedures links to the following dimensions and levels within the NHS Knowledge and Skills Framework (2004)

KSF Dimension Core1: Communication
  Core 3: Health, safety and security
  HWB6: Assessment and treatment planning

The competency also links too the following competencies identified by the Skills for Health (2005)

Endoscopy Endo – 01, End – 02, End- 03, End – 04, End -05, End -07
Before embarking on this competence it would be an ideal opportunity for you to write a reflective piece on how you feel about your role in the taking consent and what the possible benefits/problems you think your role will have for patients, other Nursing staff and the Clinicians who perform Endoscopy.

When answering the following questions you require more space clearly identify the question on a separate piece of paper and continue your response.

Discuss what you understand by ‘informed consent’ and the Nurse’s role in facilitating this within the Unit.

Describe where in the Unit you can locate the Trust Policy on consent

Identify here the procedures and their therapeutic work you can take consent for and give the rationale

Describe here the principles of consent, including implied consent and expressed consent
What is your understanding of the process and timing for obtaining informed consent?

What details should be documented on the consent form?

Consider and describe the process used to obtain consent when a patient is unable to understand what is being proposed or they are unable to sign the consent form or can understand but cannot physically sign to give their consent.

What is the consent process for patients with different cultural and religious beliefs such as Jehovah Witness?

What do you do if consent is withdrawn during a procedure?
Where would you find the Unit’s policy on withdrawal of consent?

Describe here your understanding of statutory statements, living wills, advanced directives and other expressions of an individual's wish.

What discharge advice should be given to patients when gaining consent for an Endoscopic procedure?

Consider and discuss with your mentor/facilitator what you would do if a patient requires a barium enema after their colonoscopy or to return for a repeat of the procedure the following day.

<table>
<thead>
<tr>
<th>Practitioner Signature</th>
<th>Mentor Signature</th>
<th>Date Discussed</th>
</tr>
</thead>
</table>

Once you have attained this competence and you feel confident it would be an ideal opportunity for you to write a reflective piece on how you feel about your role in the taking consent and the benefits/problems you have encountered with undertaking this role, with patients, other nursing staff and the clinicians who perform Endoscopy.

Comments
Websites to search

Department of Health Guidelines

Nursing and Midwifery Council – A-Z Advice Sheets
http://www.nmc-uk.org/aSection.aspx?SectionID=11

British Society of Gastroenterologists (B.S.G) Guidelines
http://www.bsg.org.uk/bsgdisp1.php?id=bc848b9d4522b7808561&h=1&sh=1&i=1&b=1&m=00023

R.D. & E. NHS Foundation Trust– (ComEx)
Search under Policies

References which may be of interest:

**Informed Consent for Endoscopy; The Legal Implications in Practice.** A. Lan Yin Chai R.G.N.
Gastrointestinal Nursing Aug. 2004 vol.2 no. pg.36-39

**The Myth of Informed Consent**
Michael Kirsch M.D.
American Journal of Gastroenterology March 2000 vol.9 pg588

**Informed Consent & the Junior House Officer in Scotland.**
J.S.Huntley, R.Anakwe & I.Findlay
June 2004 International Journal of Clinical Practice vol.58 pg.550

**Informed Consent: Patients & Junior Doctors’ Perception of the Consent Procedure.**
D.J.Houghton, S.Williams et al.
Clinical Otolaryngology Dec.1997 vol.22 pg.515

**British Medical Association: Report of the Consent Working Party.**
March 2001
www.bma.org.uk/ap.nsf/Consent/reportoftheconsentworkingparty
Statement of Learning

Learner/Practitioner Name: .................................................................
Designation/Band: ............................................................................

Having completed this training programme I consider myself competent and confident to undertake the gaining of patient consent for the Endoscopic procedures identified on the delegation of consent competency agreement.

Practitioner Signature .............................. Print
.................................................................

Date ..............................

Mentor Signature .............................. Print
.................................................................

Date ..............................

Training Lead /Unit Manager Signature .............................. Print.................................

Date ..............................
Delegation of Consent

Introduction

Patients have a fundamental legal and ethical right to determine what happens to their own bodies. Valid consent to treatment is central in all forms of healthcare from providing personal care to undertaking major surgery. Seeking consent is also a matter of common courtesy between health professionals and patients. This procedure has also been introduced to make it possible for Junior Doctors and other healthcare professionals to take informed consent.

This document must be read in conjunction with the following:
- Trust policy - found on Comex under “Consent” and any guidance on consent issued by relevant regulatory bodies.

The Department of Health has issued a number of guidance documents on consent which should be consulted for advice on the current law and good practice requirements in seeking consent:
- http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Consent
- Good practice in consent implementation guide: consent to examination or treatment
- Reference guide to consent for examination or treatment
- DoH circular 2001/023
- 12 key points on consent: the law in England

Who Can Obtain Consent

Within the Trust, consent can be delegated to healthcare professionals if considered appropriate by the responsible consultant.

If delegating to Healthcare Professionals, it is the responsibility of the delegating Consultant to ensure the delegate is qualified to obtain consent. The delegate should:
- be suitably trained
- have sufficient knowledge of the proposed investigation/ procedure/ treatment and understand the risks and benefits involved as well as the alternatives.

This pack has been developed to aid the process of training delegates to obtain informed consent and to assess their competency in obtaining consent.

Guidance for Delegating Health Professional

The health professional carrying out the procedure is ultimately responsible for ensuring that the patient is genuinely consenting to what is being done; it is they who will be held accountable in law if this is challenged later.

However, it may be appropriate for other members of the team to participate in the process of seeking consent. It is the responsibility of the delegating health professional to provide
training to delegates and it **must** be carried out before the delegate obtains consent for any procedure.

**Guidance for Delegate Health Professional**

While, it is the responsibility of the health professional carrying out the procedure to ensure that the patient has given informed consent. However, by signing the authorised delegation forms you are accepting responsibility for obtaining consent on behalf of the person carrying out the procedure/treatment. By signing the delegation forms you are accepting responsibility and should ensure that you **have been fully trained and are competent to obtain consent for the named procedures.**

**Competency Training – 3 Stage Process**

**Stage 1. General Consent Training**

The responsible health professional **must** discuss with the delegate all of the points outlined in the general form. Some extra notes are outlined below.

- **Stages of obtaining consent.** There should be an initial discussion and information giving stage with the patient that should be documented either on the consent form or in the patient notes. Ideally this information should be given at least 24 hours prior to the procedure in order to allow the patient time to read the information and raise any questions/concerns. When the patient returns for the procedure/treatments there should be a confirmation stage to ensure the patient wishes to continue, this requires a further signature.

- **Interpreters** can be supplied by contacting the Operations Support Team on bleep number 273. Interpreters may need to travel some distance so they should be contacted in plenty of time.

- The options when consent is withheld or withdrawn.

- The information should be given to the patient in a format that they can understand; any special requirements must be documented on the consent form.

- Good **communication skills** with patient; awareness of any requirements that the patient may have, e.g. language or reading issues

When obtaining consent, please remember to document what information has been given to the patient and to document the confirmation stage.

**Stage 2. Specialty Consent Training**

In every specialty where the delegate is obtaining consent, the delegating health professional should discuss/facilitate all of the following points for every procedure they plan to delegate to the named individual.

- The **risks and benefits** of the procedure/treatment.
- Any **alternatives** to the procedure and the risk and benefits of this alternative.
- Know where to go to seek **further information.**
- **Observe or assist** with the procedure.
- The options when consent is withheld or withdrawn for the procedure.
- Knowledge of any **procedure specific consent forms** which exist for the procedure.
Stage 3. Completing and Returning General and Specialty Competencies Forms

The delegate needs to be trained in the general competencies of obtaining consent once and should complete the General Competencies Form only once. Delegates that move between departments should undertake this within their first placement. The Specialty Competency Form should be completed for each specialty the delegate moves between.

Once the delegate has demonstrated an understanding and it is agreed that the delegate is competent to obtain consent, the General Competencies Form should be completed. When the delegate has demonstrated an understanding of specialty consent and it is agreed that they are competent, the appropriate Specialty Competency Form should be completed.

Following completion of the competencies forms, the consultant should retain a copy, the delegate should be given one and the original should be forwarded to the Governance Support Unit (GSU).

The delegate is only able to obtain consent for the named procedures when both the general competencies form and the appropriate specialty form are completed and sent to the Governance Support Unit (GSU) and the Consultant has a copy in their notes.
Consent Competency Training: General

Name of delegated Healthcare Practitioner: ................................................................. Grade: ........................................
Name of assessing Healthcare Professional/Consultant: ................................................ Grade: ........................................

General competencies – to be completed within your first specialty.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Initial if you feel competent</th>
<th>Initial if Competency Demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully aware of DH and Trust requirements with regard to obtaining consent and received copy of DH and Trust requirements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can demonstrate the correct process for documenting consent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication skills: Introduced oneself to patient/able to answer patient’s questions/awareness of patient’s communication needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The need to verify patient identity and that the patient is aware of the purpose of their visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aware of all stages of obtaining consent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aware of the need to discuss the risks, benefits and alternatives to treatment and also the need to discuss the risks and benefits of alternative treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aware of where to obtain supporting information, especially for patients with special requirements i.e. interpreter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aware of who to access help from; refers back to SpR/consultant if appropriate</td>
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<tr>
<td>Aware of actions in the event of consent being withheld.</td>
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</table>

Statement of delegated healthcare Practitioner
I, ................................................................., confirm that ....................................................... has discussed the process of obtaining consent with me and I feel competent to be able to obtain consent.

Signature: ................................................................. Date: ........................................

Statement of the assessor
I confirm that the above named individual has been fully trained and is competent to obtain valid consent.

Assessors Signature: ................................................................. Print name: ........................................
Department: ................................................................. Date: ........................................
Consent Competency Training: Procedures in Dermatology (EXAMPLE)

See Consent Competency Training: General

NAME OF DELEGATE: ………………………………………………………………………………………………………………………………
GRADE: …………………………………………………………………………………………………………………………………

Please initial all procedures that the named individual is able to obtain consent for on your behalf

<table>
<thead>
<tr>
<th>Procedure Name</th>
<th>Procedure Name</th>
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</thead>
<tbody>
<tr>
<td>Iontophoresis</td>
<td>Excision and closure</td>
</tr>
<tr>
<td>Photodynamic therapy</td>
<td>Hyfrecation</td>
</tr>
<tr>
<td>PUVA</td>
<td>Diphencyprone sensitization</td>
</tr>
<tr>
<td>Ultraviolet B/TL01 therapy</td>
<td>Photography</td>
</tr>
<tr>
<td>Shave excision and/or biopsy</td>
<td>Roaccutane (females)</td>
</tr>
<tr>
<td>Curettage and cautery</td>
<td>Latex prick testing</td>
</tr>
<tr>
<td>Diagnostic biopsy</td>
<td></td>
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</tbody>
</table>

Statement of delegate

I, ………………………………………………., confirm that ……………………………………………………… has explained the risks, benefits and potential alternatives of the indicated procedures and I accept responsibility for obtaining consent.

Signature: ……………………………………………… Date: ………………………………………………

Statement of the Assessor

I confirm that the above named individual has been fully informed of the risks, benefits and potential alternatives of the indicated procedures. I confirm that they can obtain consent for the indicated procedures upon my behalf.

Assessors Signature: ……………………………………………… Print name: ………………………………………………

Department: ……………………………………………… Date: ………………………………………………
Appendix G

Text for Patients about the Consent Form

About the consent form

Before a Doctor or other Health Professional examines or treats you, they need your consent. Sometimes you can simply tell them whether you agree with their suggestions. However, sometimes a written record of your decision is helpful – for example if your treatment involves sedation or general anaesthesia. You will then be asked to sign a consent form. If you later change your mind, you’re entitled to withdraw consent – even after signing.

What should I know before deciding?

Health Professionals must ensure you know enough to enable you to decide about treatment. They will write information on the consent form and offer you a copy to keep as well as discussing the choices of treatment with you. Although they may well recommend a particular option, you’re free to choose another. People’s attitudes vary on things like the amount of risk or pain they’re prepared to accept. That goes for the amount of information, too. If you’d rather not know about certain aspects, discuss your worries with whoever is treating you.

Should I ask questions?

Always ask anything you want. As a reminder, you can write your questions in the space over the page. The person you ask should do his or her best to answer, but if they don’t know they should find someone else who is able to discuss your concerns. To support you and prompt questions, you might like to bring a friend or relative. Ask if you’d like someone independent to speak up for you.

Is there anything I should tell people?

If there’s any procedure you don’t want to happen, you should tell the people treating you. It’s also important for them to know about any illnesses or allergies, which you may have or have suffered from in the past.

Can I find out more about giving consent?

The Department of Health leaflet of Consent – what you have a right to expect is a detailed guide on consent in versions for adults, children, parents, carers/relatives and people with learning disabilities. Ask for one from your clinic or hospital, order one from the NHS Responseline (08701 555 455) or read it on the website www.doh.gov.uk/consent/guidance.htm

Who is treating me?

Amongst the Health Professionals treating you may be a “doctor in training” – medically qualified, but now doing more specialist training. They range from recently qualified Doctors to Doctors almost ready to be Consultants. They will only carry out procedures for which they have been appropriately trained. Someone senior will supervise – either in person accompanying a less experienced Doctor in training or available to advise someone more experienced.

What about anaesthesia?
If your treatment involves general or regional anaesthesia (where more than a small part of your body is being anaesthetised), you’ll be given general information about it in advance. You’ll also have an opportunity to talk with the anaesthetist when he or she assesses your state of health shortly before treatment. Hospitals sometimes have pre-assessment clinics, which provide patients with the chance to discuss things a few weeks earlier.

**Will samples be taken?**

Some kinds of operation involve removing a part of the body (such as a gall bladder or a tooth). You would always be told about this in advance. Other operations may mean taking samples as part of your care. These samples may be of blood or small sections of tissue, for example of an unexplained lump. Such samples may be further checked by other health professionals to ensure the best possible standards. Again, you should be told in advance if samples are likely to be taken.

Sometimes samples taken during operations may also be used for teaching, research or public health monitoring in the future interests of all NHS patients. The NHS Trust treating you will have a local system for checking whether you’re willing for this to happen.

**Photographs and videos**

As part of your treatment some kind of photographic record may be made – for example X-rays, clinical photographs or sometimes a video. You will always be told if this is going to happen. The photograph or recording will be kept with your notes and will be held in confidence as part of your medical record. This means that it will normally be seen only by those involved in providing you with care or those who need to check the quality of care you have received. The use of photographs and recordings is also extremely important for other NHS work, such as teaching or medical research. However, we will not use yours in a way that might allow you to be identified or recognised without your express permission.

**What if things don’t go as expected?**

Amongst the 25,000 operations taking place every day, sometimes things don’t go as they should. Although the doctor involved should inform you and your family, often the patient is the first to notice something amiss. If you’re worried – for example about the after-effects of an operation continuing much longer than you were told to expect – tell a health professional right away. Speak to your GP, or contact your clinic - the phone number should be on your appointment card, letter or consent form copy.

**What are the key things to remember?**

It’s your decision! It’s up to you to choose whether or not to consent to what’s being proposed. Ask as many questions as you like, and remember to tell the team about anything that concerns you or about any medication, allergies or past history, which might affect your general health.

**Questions to ask Health Professionals**

As well as giving you information Health Professionals must listen and do their best to answer your questions.

Questions may be about the treatment itself, for example:

- What are the main treatment options?
- What are the benefits of each of the options?
- What are the risks, if any, of each option?
- What are the success rates for different options – nationally, for this Unit or for you (the Surgeon)?
- Why do you think an operation (if suggested) is necessary?
• What are the risks if I decide to do nothing for the time being?
• How can I expect to feel after the procedure?
• When am I likely to be able to get back to work?

Questions may also be about how the treatment might affect your future state of health or style of life, for example:

• Will I need long-term care?
• Will my mobility be affected?
• Will I still be able to drive?
• Will it affect the kind of work I do?
• Will it affect my personal/sexual relationships?
• Will I be able to take part in my favourite sport/exercises?
• Will I be able to follow my usual diet?

Health care professionals should welcome your views and discuss any issues so they can work in partnership with you for the best outcome.
### Delegation of Consent for Endoscopic Procedures in the Endoscopy Unit at the Royal Devon and Exeter

<table>
<thead>
<tr>
<th>Post holder responsible for Policy:</th>
<th>Dr R C Ayres</th>
</tr>
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<tbody>
<tr>
<td>Directorate/Department responsible for Policy:</td>
<td>Endoscopy Medical Directorate</td>
</tr>
<tr>
<td>Contact details:</td>
<td>Ext 2814</td>
</tr>
<tr>
<td>Date written:</td>
<td>June 2008</td>
</tr>
<tr>
<td>Date revised:</td>
<td></td>
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<tr>
<td>Approval route (names of committees):</td>
<td>Endoscopy Governance Committee, Medical Division Governance Group, Trust Governance Group</td>
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<tr>
<td>Date due for revision:</td>
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<td>Date policy becomes live:</td>
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**This policy etc. covers:** (Please tick • relevant box below)

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<th>Performance Management</th>
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<th>Local Delivery Plan</th>
<th>Business Planning</th>
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<tr>
<th>Assurance Framework</th>
<th>Complaints</th>
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</table>

**Other** (Please specify):

**Note:** This policy has been assessed for any equality, diversity or human rights implications.

**Controlled document**

This document has been created following the Royal Devon and Exeter NHS Foundation Trust Policies, Procedures, Protocols, Guidelines and Standards Policy. It should not be altered in any way without the express permission of the author or their representative.
# CONTENTS

<table>
<thead>
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<th>Section</th>
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<table>
<thead>
<tr>
<th>Appendices</th>
</tr>
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<tbody>
<tr>
<td>Appendix 1</td>
</tr>
</tbody>
</table>
COMMUNICATION PLAN

The following action plan will be enacted once the policy etc. has been approved.

| Staff groups that need to have knowledge of the policy | Consultant Endoscopist  
Endoscopy Nursing Leads  
Registered Nursing Staff working in Endoscopy |
<table>
<thead>
<tr>
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<th></th>
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</thead>
<tbody>
<tr>
<td>The key objectives</td>
<td>To provide assurance of good practice and validity of consent process in the Endoscopy unit</td>
</tr>
<tr>
<td>How new staff will be made aware of the policy, e.g. induction process, cascade etc.</td>
<td>Will be incorporated into the Induction process</td>
</tr>
<tr>
<td>Training available to staff</td>
<td>Key skill/competency framework</td>
</tr>
<tr>
<td>Any other requirements</td>
<td></td>
</tr>
</tbody>
</table>
1. **Introduction**

1.1 Patients have a fundamental legal and ethical right to determine what happens to their own bodies. Valid consent to treatment is therefore absolutely central in all forms of healthcare, from providing personal care to undertaking major surgery. Seeking consent is also a matter of common courtesy between health professionals and patients.

1.2 Endoscopy sessions can be very busy and finding the balance between ensuring a valid consent is obtained for an invasive procedure and meeting service commitment while maintaining high standards of quality patient focused care provision can be a real challenge.

1.3 This challenge is recognised nationally with guidance being set by both the Department of Health (DoH) and organisations such as the British Society of Gastroenterology (BSG) as well as local trust policy and procedures. It is essential for the endoscopy unit to demonstrate aspects of good consenting practice both corporately for the Healthcare Commission and as a speciality for the Global Rating Scale (GRS) assessment of UK endoscopy units.

1.4 This policy should be read in conjunction with the following documents:

- The Department of health: Reference Guide to Consent for Examination or Treatment
- The Royal Devon and Exeter NHS Foundation Trust, policies and procedures for obtaining consent for examination or treatment and delegation of consent.

2. **Purpose**

2.1 The purpose of this policy is to provide assurance that the health professionals carrying out specified endoscopic procedures formally acknowledge that they are ultimately responsible for ensuring that the patient is genuinely consenting to what is being done:

2.2 The policy seeks to identify the healthcare professionals that wish to delegate their responsibility for obtaining consent, the endoscopic procedures they wish consent to be obtained for and the role and responsibilities of all healthcare professionals involved in the process of obtaining a valid consent from patients undergoing endoscopic procedures identified in this policy.

2.3 This policy will also outline a framework of training to be undertaken by staff wishing to undertake the role of delegated consent in the endoscopy unit.

3. **Roles and responsibilities**

3.1 This document identifies that while; it is the responsibility of the health professional carrying out the endoscopic procedure to ensure that the patient has given an informed and valid consent, they may delegate their part of the consent process but it is accepted that it is they who will be held accountable in law if this is challenged later.

3.2 Band 5 registered Nurses employed to work in the endoscopy unit in the provision of care for patients undergoing endoscopic procedures may undertake the consent training.

3.3 This policy acknowledges that a registered Nurse as an accountable practitioner when signing the authorised delegation form (appendix1) is accepting responsibility for obtaining consent on behalf of the person carrying out the endoscopic procedure and as such should appreciate that in signing the
delegation forms they are accepting responsibility and should ensure that they have been fully trained and are competent to obtain consent for the named procedures.

3.4 The clinicians that perform the endoscopic procedures have agreed that all band 5 registered nurses recruited to work in the endoscopy unit may undertake and complete the competency framework for taking consent for the procedures listed in the table below:

<table>
<thead>
<tr>
<th>Procedure Name</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Gastroscopy</td>
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</tr>
<tr>
<td>Stent placement Oesophageal/Colonic</td>
<td></td>
</tr>
</tbody>
</table>

4. **Training**

4.1 Band 5 registered nurses will be expected to undertake a period of learning with formal assessment.

4.2 The key skill/competency framework has been developed in conjunction with Trust policy for delegation of consent and is designed to offer a robust format of learning and subsequent assessment for taking consent for endoscopic procedures in the endoscopy unit at the RD&E.

4.2 Assessment will be undertaken by the nurse leads for Endoscopy, this assessment will culminate with the individual being put forward for completion of the competency sign off (appendix1). This sign off will be completed by a representative from the group of consultant endoscopists that carry out the procedures identified in table 1. The anticipated timeframe for completing consent training is six months although this can be flexible to meet individual learning needs.

5. **Process**

5.1 As an integral part of the admission process band 5 registered nursing staff once trained and assessed will undertake obtaining consent for specified endoscopic procedures. Nursing staff will once trained also be able to support the process of home consenting (postal consent) once implemented.

5.2 Home or postal consenting reflects a shift away from the exact replication of model consent forms towards the process of providing information to patients and recording how this is done, band 5 registered nursing staff that have undertaken specific training in obtaining consent will be able to move effortlessly across to working with a significant change in practice while continuing to undertake consent for individuals that fall outside the eligibility of postal consenting.

6. **Review**

6.1 The Endoscopy Governance committee will review this policy as appropriate to ensure that it remains fit for purpose.
6.2 Training and subsequent attainment will be subject to yearly review as part of the personal development review process.

7. References

Good Practice in consent Implementation Guide: Consent to Examination or Treatment.
Department of Health November 2001. DOH 25751 1p10K

Reference Guide to Consent to Examination or Treatment
DOH October 2002: 24811 3p 15k

Seeking patients consent, the ethical considerations.
GMC guidelines November 1998

Guidance for Obtaining a Valid Consent for Elective Endoscopic Procedures
BSG Guidelines April 2008

Nursing and Midwifery Council

8. Associated Trust policies

Consent for Examination or Treatment

Delegation of Consent

Withdrawal of Consent during Endoscopic Procedures
## Appendix 1
### Consent Competency Training: General (EXAMPLE)

#### Name of delegated Band 5 Registered Nurse:…………………………………………

#### Name of assessing Healthcare Professional: ………………………………………………

#### Print Name: ……………………………………………

---

**General competencies – to be completed within your first specialty.**

<table>
<thead>
<tr>
<th>Competency</th>
<th>Initial if you feel competent</th>
<th>Initial if competency demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully aware of DH and Trust requirements with regard to obtaining consent and received copy of DH and Trust requirements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can demonstrate the correct process for documenting consent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication skills: Introduced oneself to patient / able to answer patient’s questions / awareness of patient’s communication needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The need to verify patient identity and that the patient is aware of the purpose of their visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aware of all stages of obtaining consent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aware of the need to discuss the risks, benefits and alternatives to treatment and also the need to discuss the risks and benefits of alternative treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aware of where to obtain supporting information, especially for patients with special requirements i.e. interpreter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aware of who to access help from; refers back to SpR/Consultant if appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aware of actions in the event of consent being withheld</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Statement of delegated band 5 registered Nurse

I, ………………………………………………, confirm that ……………………………………….. has discussed the process of obtaining consent with me and I feel competent to be able to obtain consent.

Signature: ……………………………………………… Date:……………………………..

#### Statement of health professional

I confirm that the above named individual has been fully trained and is competent to obtain valid consent on behalf of the health care professional performing the procedures specified on this form

Health Professional Signature: ……………………………………………… Print name: ………………………………………………

---
Consent Competency Training: Procedures in Endoscopy (EXAMPLE)

Name of Registered Nurse: ……………………………………………………… Band: ……………………… Date: …………………
Please initial all procedures that the named individual is able to obtain consent for on behalf of the health professionals that perform these procedures

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</tr>
<tr>
<td>Stent placement Oesophageal/Colonic</td>
<td></td>
</tr>
</tbody>
</table>

Statement of delegatee
I, …………………………………………………, confirm that ………………………………………………… has explained the risks, benefits and potential alternatives of the indicated procedures and I accept responsibility for obtaining consent.

Individual Signature: …………………………………………… Date: ……………………………………………

Statement of the Health Professional
I confirm that the above named individual has been fully informed of the risks, benefits and potential alternatives of the indicated procedures. I confirm that they can obtain consent for the indicated procedures upon the behalf of the health professionals that perform them.

Health Professional Signature: …………………………………………… Print name: ……………………………………………
Title of Health Professional: ……………………………………………………………………… Date: …………………………………...
Appendix 7

**Consent Competency Training: General**

<table>
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</tr>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Statement of delegated healthcare practitioner**

I, .................................................................................................................., confirm that ......................................................... has discussed the process of obtaining consent with me and I feel competent to be able to obtain consent.

Signature: ................................................................. Date: .................................................................

**Statement of the assessor**

I confirm that the above named individual has been fully trained and is competent to obtain valid consent.

Assessors Signature: ................................................................. Print name: .................................................................

Department: ................................................................. Date: .................................................................

Competency framework for Key Skills in taking consent for Endoscopic procedures in Endoscopy in the RD&E NHS Foundation Trust.
### Consent Competency Training: Procedures in Endoscopy

See Consent Competency Training: General

**NAME OF DELEGATE:** .................................................................

**GRADE:** ...........................................................................

Please initial all procedures that the named individual is able to obtain consent for on your behalf

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</tbody>
</table>

**Statement of delegatee**

I, ........................................................................................................, confirm that ........................................................................................................ has explained the risks, benefits and potential alternatives of the indicated procedures and I accept responsibility for obtaining consent.

Individual Signature: ................................................................. Date: .................................................................

**Statement of the Assessor**

I confirm that the above named individual has been fully informed of the risks, benefits and potential alternatives of the indicated procedures. I confirm that they can obtain consent for the indicated procedures upon my behalf.

Assessors Signature: ................................................................. Print name: .................................................................

Grade/Title of assessor: ................................................................. Date: ..........................