

YORK DIAGNOSTIC IMAGING

Consent Policy

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Document Control

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Document History

Version	Comments	Author	Date
0.1	Draft	R Devlin	April 2011
1.1	Initial release	R Devlin	April 2011
1.2	Minor mod	R Devlin	Sept 2013
1.3	Header change YDI	R Devlin	May 2014
1.4	3 year review	R Devlin	April 2017
1.5	Review	A Morland	December 2017

Referenced Documents

Index	Title	Dated
1	Consent to Imaging and Radiotherapy Treatment Examinations: An ethical perspective and good practice guide for the radiography workforce. www.sor.org	2007
2	Standards for Patient Consent Particular to Radiology Royal College of Radiologists https://www.rcr.ac.uk	2015

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1.0 Aim

YDI recognizes the importance of obtaining appropriate consent from all patients. The aim of this policy is to ensure that the consent of patients for examination or research is correctly obtained, and that any volunteers for imaging understand the process and that the consent obtained is appropriate. Written consent in the form of a signed consent form is deemed mandatory for every scan performed.

2.0 Scope

This policy applies to all examinations performed at YDI.

3.0 Roles and Responsibilities

3.1 The Director has overall responsibility for the service delivered.

3.2 The registered manager is responsible for ensuring that:

- All staff are aware of and understand their role with regards to this policy
- Patient information is available in the correct formats as required
- All requirements of this policy are able to be met by the service that is delivered.

3.3 All employees are responsible for ensuring that:

- They understand and act in accordance with the policy
- Any acts by others that breach this policy are reported immediately to the registered manager

4.0 Obtaining Consent (Clinical)

4.0.1 Only written consent in the form of a signed YDI consent form is acceptable and must be obtained by the approved operator immediately prior to performing any scan.

4.0.2 YDI staff cannot obtain full informed consent from patients attending for diagnostic scans as there is no access to the full patient history, clinical examination and knowledge of the range of options available to the patient. The Royal College of Radiologists, in its document "Standards for Patient Consent Particular to Radiology", makes it clear that it is the **referring clinician** who bears the responsibility for obtaining informed consent from patients for routine investigations.

4.0.3 However YDI will ensure that there is a continuation of the Informed Consent process by providing every patient with a clear explanation of the investigation that is to be carried out. Wherever possible written information that describes the examination they will have will be provided before they attend for their appointment.

4.0.4 Information regarding consent issues will be recorded, including refusal of treatment.

4.1 Adults that Lack Capacity

4.1.1 Where an adult is considered to lack capacity under the Mental Capacity Act 2005 and is unable to provide consent, the decision to undergo examination or treatment can be made by the clinician or family. This process will be recorded and YDI staff must be made aware of this on the referral for imaging.

- 4.1.2 Where an adult patient is known to lack capacity or the Radiographer has concerns that the patient may lack capacity, and there is no clear directive from the clinician or family regarding consent, then the examination will be deferred until appropriate consent has been received.

4.2 Consent and Children and Young People

- 4.2.1 Parental Consent (including consent from legal guardian) will be sought for all examinations to be performed on persons under the age of 16.
- 4.2.2 Individuals aged 16 and 17 are assumed in law to be able to give consent in the same way as an adult. We will therefore seek their consent and record it on a consent form. It is also recognized that parental involvement in decisions for imaging examinations is recommended and as such we will routinely record that involvement on the consent form.
- 4.2.3 There may be circumstances where the best interests of individuals aged 16 and 17 may be served without involving parents or guardians, as recognized by the Society for Radiographers. In such cases only the consent from the young person will be required.
- 4.2.4 Due to the level of co-operation required when performing MRI examinations if a child does not submit freely to the examination then the examination will not be performed regardless of whether or not consent has been given by their parent or guardian.

4.3 Intimate examinations and use of Chaperones

- 4.3.1 A chaperone must be provided during any intimate examination regardless of the sex of the YDI Staff member or patient.

4.4 Refusal of Examination

- 4.4.1 Where any patient refuses to undergo an examination or procedure, their decision will be respected and the referral returned to the relevant clinician.
- 4.4.2 The decision to refuse an examination or procedure must be documented

5.0 Volunteers, Research and Consent

- 5.0.1 Participants will only be scanned as part of a recognized and approved research study.
- 5.0.2 All participants will be required to sign a consent form prior to participating in a trial. (Individual signature for each attendance).
- 5.0.3 Occasionally equipment testing or commissioning of new equipment justifies using YDI staff as volunteers. Appropriate safety questionnaires and consent forms will be obtained prior to performing any scans.

5.1 Obtaining Consent

- 5.1.1 Any participant that agrees to take part in a research study or equipment testing, must complete and sign a York Neuro Imaging Consent Form.
- 5.1.2 In order to provide consent the volunteer must understand fully the following:
- Disadvantages and benefits of taking part including insurance and occupational issues involved with incidental findings.

- Possibility of an incidental finding
- Confidentiality of their data and images, including if data will be used in future studies or for education purposes

5.1.3 Studies performed on healthy volunteers are not routinely reported on. Where an anomaly is suspected images will be sent for reporting in accordance with the York Neuro Imaging Centre anomalous finding policy.

6.0 Breaches

Any breach to this policy will result in disciplinary proceedings.

7.0 Review

This policy will be reviewed by the Director and Registered Manager every three years or as necessary in response to changes in legislation or national guidance.