

Oxford Psychiatry Group – Consent to Treat Policy

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1. Purpose

This policy outlines Oxford Psychiatry Group's approach to obtaining valid, informed consent before providing treatment or care. It ensures compliance with CQC Fundamental Standards, Regulation 9 (Person-Centred Care), Regulation 10 (Dignity and Respect), and Regulation 11 (Need for Consent).

To be reviewed August 2026: SIQ

2. Legislative and Regulatory Framework

- UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018
- Mental Capacity Act 2005 (including the forthcoming Liberty Protection Safeguards)
- Family Law Reform Act 1969 (consent rights for 16–17 year olds)
- Children Act 1989 and 2004 (safeguarding requirements)
- Human Rights Act 1998
- GMC Consent Guidance (2020)
- Department of Health and Social Care: Consent to Treatment Guidance (2022)

3. Principles of Consent

- Consent must always be voluntary, informed, and given by an individual with capacity.
- Patients have the right to withdraw consent at any stage of treatment.
- Consent must be based on sufficient information about risks, benefits, and alternatives.

4. Capacity and Decision-Making

Capacity will be assessed in accordance with the Mental Capacity Act 2005. If a patient lacks capacity, decisions will be made in their best interests following statutory principles. Liberty Protection Safeguards will be applied once in force.

5. Young People and Consent

Patients aged 16 and 17 are presumed to have capacity to consent under the Family Law Reform Act 1969, unless safeguarding concerns arise. Children under 16 may consent if assessed as Gillick competent.

6. Digital and Remote Consultations

Consent obtained through digital means, including video consultations, must use secure, encrypted platforms compliant with NHS Digital and ICO guidance. Outdated platforms such as Skype should not be used.

7. Who May Obtain Consent

Only qualified clinicians with the necessary training and authority may obtain consent. Staff must be familiar with relevant law and guidance.

8. Documentation and Record Keeping

Consent must always be documented in the patient's records, whether verbal or written, and stored securely in compliance with UK GDPR and the Data Protection Act 2018.

9. Refusal or Withdrawal of Consent

Patients have the absolute right to refuse or withdraw consent. This decision will be respected and documented, and alternative care or treatment options will be discussed.

10. Training and Monitoring

All staff will receive mandatory training on consent and capacity at induction and annually. Compliance will be monitored through regular audits, supervision, and incident reporting.

