



BAPM Working Group to define Standards for patient consent and explanation of risk in Neonatal Care

Terms of Reference

Background, General Terms and Purpose

Since the BAPM document Consent in neonatal clinical care: Good practice framework (staff leaflet and procedures) in October 2004 the Montgomery ruling is a major change in the medicolegal position on consent. It concludes that *it is the duty of health care professionals to discuss treatment options; it is not a question of negligence, but a question of patient autonomy. The doctor should exercise reasonable care to ensure that the patient is aware of material risks, and alternative treatments, when judged by the standard of whether a reasonable person in the patient's position would be likely to attach significance to the risk.*

Consent should be considered a fluid process rather than an event and in addition to treatments and procedures it should include prevention of harm such as pain assessment & management, with parent involvement. Poor documentation of consent in medical notes makes it difficult when reviewing case notes and addressing concerns so needs to be improved.

The group will include in their consideration:

1. Highlighting the difference between procedural consent and parental consent
2. Consideration of consent and level of consent applicable to which procedures and treatments, explanation of risks and alternatives and to what level of understanding.
3. How can this be applied on labour ward, the neonatal unit and postnatal ward?
4. How should consent be documented in the patient's notes – implied consent, explicit oral and written consent?
5. What kinds of professionals could deliver consent, and what competencies are required in order to deliver it effectively?
6. The role of parent information leaflets or web-based information.

Membership

The composition of the group will be as follows:

Chair:

Dr Carol Sullivan, Consultant Neonatologist BAPM

Members:

- Ms Kate Dinwiddy - Executive Manager of BAPM
- Dr David Millar - BAPM Northern Ireland rep
- Neonatal Consultant
- Neonatal Consultant
- Trainee rep
- Neonatal Nursing rep (via BAPM)
- Parent rep (via Bliss)

Meetings and Timeline

It is envisaged that there will be one or two face-to-face meetings, the first spring 2017, with subsequent development and finalisation of the statement and framework by email correspondence. Proposed completion Autumn 2017.



Reporting

The group will report to the BAPM Executive Committee and this will be followed by circulation of a proposal to the BAPM membership for consultation.

Responsibility and Accountability

The group is responsible to the BAPM Executive Committee and accountable to the BAPM membership.

Probity

The group will operate under the arrangements for probity as set out in the BAPM conflicts of interest policy. All group members will be required to complete a declaration of interest form which will be held in the BAPM office and made available on request.

Expenses

BAPM will cover reasonable travel and subsistence costs for attending members as outlined on the BAPM expenses claim form.