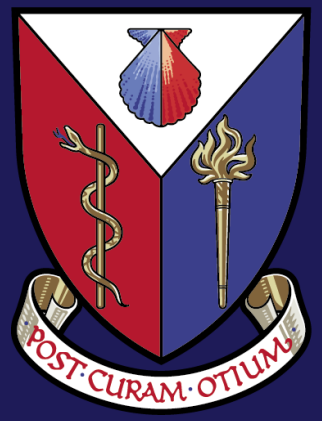

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Record Keeping And Consent

Katie Harwood and Sharon Gray
Professional Support Officers

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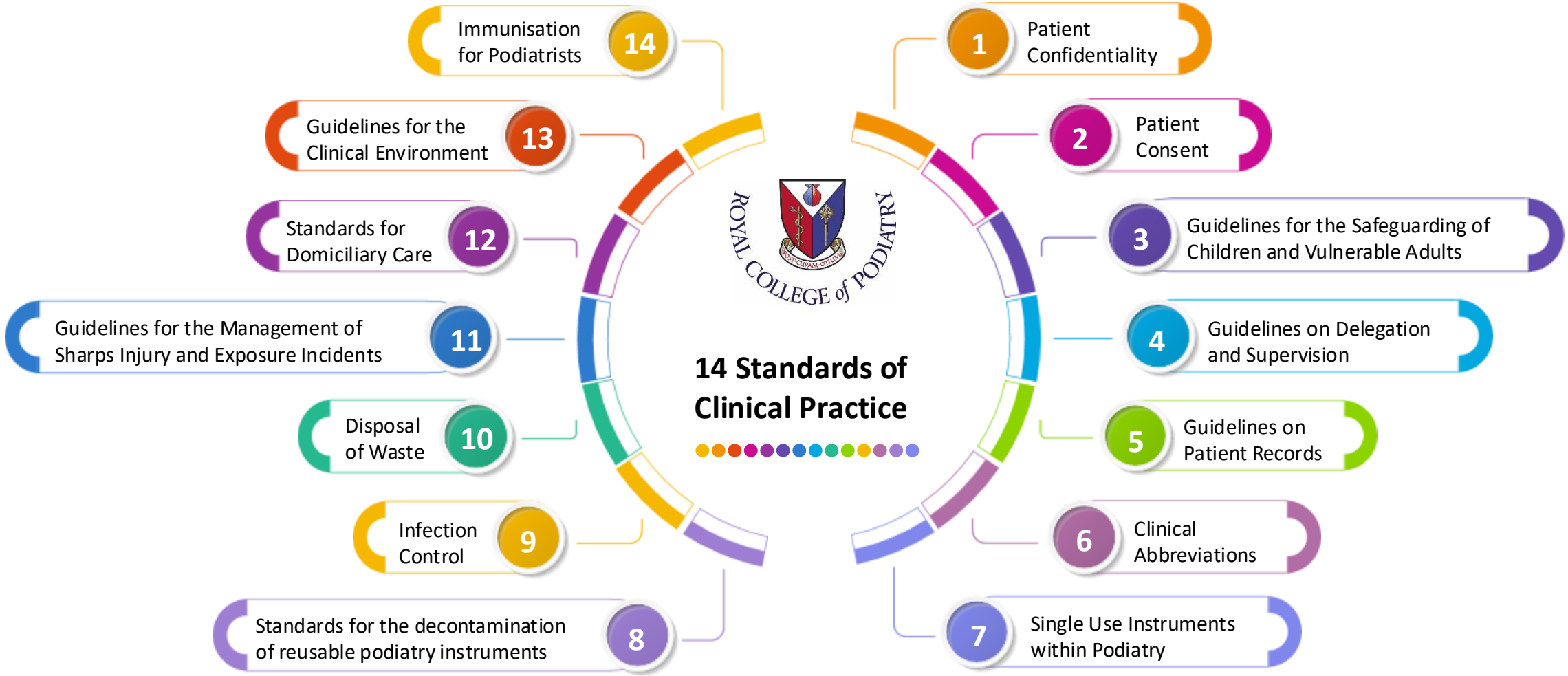

https://membersarea.rcpod.org.uk/podiatric-practice/professional-resources-area/standards

The importance of good record keeping

Robust record keeping is crucial for healthcare professional to prevent complaints, litigations and regulatory concerns

Detailed documentation not only protects patients, but also safeguards the practitioner's reputation and legal standing

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What should be recorded in patients notes?

Date	Time	What the patient is complaining of
Observations	Treatment	Plan
Medical history – no empty gaps	Sign notes at the end of your treatment	If it is not recorded it has not been done

What should not be in the patient notes?

Irrelevant speculation

Offensive subjective statements

Payment information – will render them a financial document - Inland Revenue entitled to see it – pt confidentiality compromised

What else should form part of the notes?

- Paper notes should include page numbers
- Name should be printed alongside first signature
- They should be written in black ink
- Any alteration needs to be dated and signed in such a manner that the original entry can still be read
- Blank spaces should be struck through
- Computerised notes need to be able to identify the practitioner by a password
- Correspondence from patient or other healthcare professionals and consent forms any other documents relating to the patient.

Text messages and social media conversations

Text messaging and social media conversations are considered to be informal and therefore an inappropriate way to communicate with patients regarding their individual medical issues

It is advised to have these conversations via phone or email (recording the content in the notes)

Standard 6 - Abbreviations

It is important to use the Royal College of Podiatry recommended abbreviations because they are nationally recognised.

Make sure that you look at these on a regular basis to ensure that you are using the correct abbreviations, particularly if you qualified some time ago.

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How long should the Patient record be kept for?

8 years after the patients last appointment for adults

For children and young persons under the age of 18 it is until their 25th birthday

For mentally disordered persons (within the meaning of the Mental Capacity act 1983) for 20 years after their last treatment

How should they be stored?

- Manually
- Securely
- Free from unauthorised access
- Easily retrievable

- Electronically
- Each practitioner should have their own password to enter the record keeping program
- Data needs to be backed up securely
- Computer itself needs to be password protected
- Registered with the Information Commissioner

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Audit of patient notes

What about students treating?

The student should write the notes

The supervising Podiatrists must countersign the notes

Can patients access their own records?

Yes

Under the Data Protection Act and GDPR 2018 patients can have access their own records

You can no longer charge for this

Must put the request in writing

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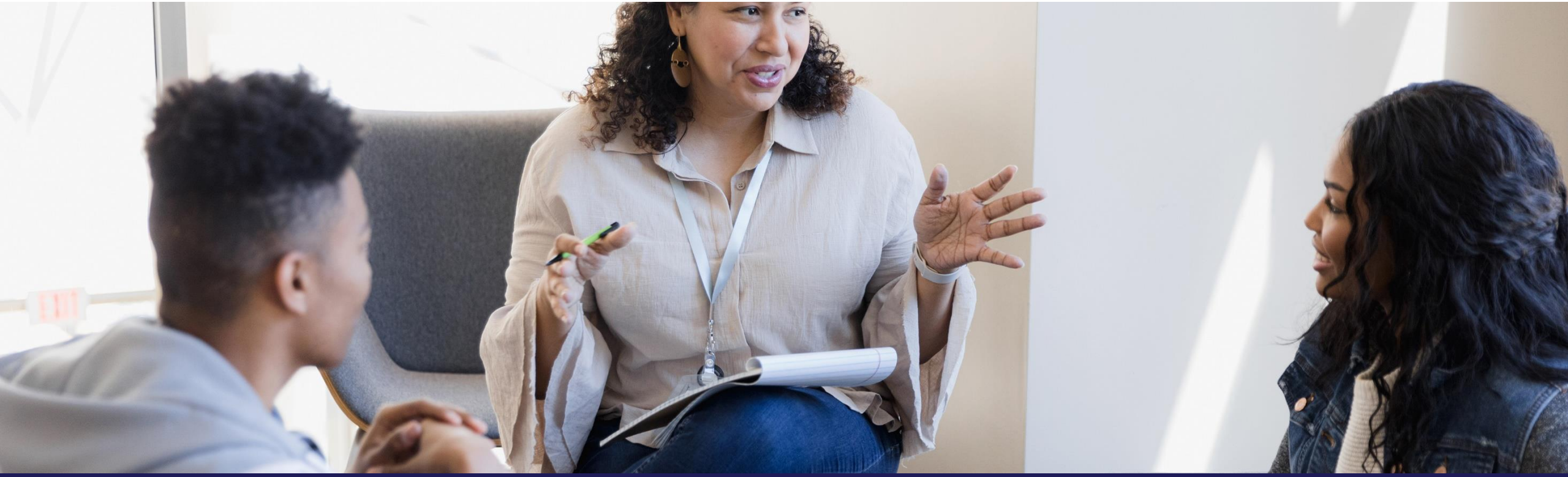

Standard for Clinical Practice
Consent

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What you need to know

- Podiatrists are legally, professionally and ethically obliged to obtain informed consent prior to examining patients or undertaking investigations or treatment.
- Signed consent should be obtained prior to initial treatment
- Consent will only be valid if it is informed and freely given by an individual who has capacity to consent.
- Patients should receive the information they require to support their decision making in a format which is clear and easily understood.
- Verbal consent is required for every treatment and written in the patient notes
- There are specific treatments that you will need to obtain written signed consent for.
- Consent is a process

Consent at the initial consultation

- Due to the litigious nature of health care today, it is strongly advised to obtain signed consent at the patient's first treatment when undertaking general Podiatry care.
- This could be alongside a medical questionnaire that is filled out by the patient (and checked by the Podiatrist), or this could be a separate consent form
- This is so that the patient can confirm they understand they are to be treated by a Podiatrist who may use sharp instruments.

Verbal consent for every treatment

- Practitioners must obtain the patient's verbal consent for any examination, investigations or treatment
- Implied consent no longer exists
- This can be as simple as 'I am going to give your nails a trim and remove the hard skin – is that OK?' The patient replies 'Yes'.
- 'Verbal consent gained' needs to be recorded in the patient notes.

Signed Consent

- A signed consent form is only one part of the overall evidence that informed consent has been obtained.
- Where procedures are invasive and/or carry significant risks patients must be asked to sign a consent form. This includes the following:
  - All invasive procedures
  - Any treatment requiring local anaesthesia
  - Any treatments involving caustics, cryotherapy, dry needling and alternative therapies
  - All verrucae treatments
  - All injections of medicines
  - Acupuncture
  - Where a student, or someone in training situation is to undertake the procedure
  - Photography and video recordings

Consent Forms

The College has template forms that you can use for:

- Consent for Podiatry Treatment (used for signed consent at first consultation)
- Consent for specific treatment (such as nail surgery and other treatments requiring signed consent)
- Consent for photography or video recording
- Consent for examination and treatment by a student or someone in training situation

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Who can give consent?

- All persons aged 18 or above (16 in Scotland) are assumed to be competent to either give or refuse consent (unless they lack capacity).
- At the ages of 16 and 17 competent individuals may give valid consent to medical treatment which is in their best interests without parental approval
- Parental involvement should be encouraged particularly for important medical decisions such as potential painful procedures.
- If a person aged 16 or 17 years lacks capacity to give consent, or has chosen to leave it to their parents to give consent, then parental consent will be required before the treatment is given.
- A young person aged 15 or under, may give valid consent to medical treatment without their parents' consent provided they understand the treatment and what it involves.
- The practitioner must satisfy themselves that the young person is able to understand the risks and benefits as well as the options available to them. This is known as being "Gillick competent"

Who can give consent on the behalf of persons under the age of 16?

- Only people with ‘Parental Responsibility’ may give consent on behalf of persons under the age of 16
- ‘Parental Responsibility’ is a legal term with a strict meaning
- Ask the adult if they have parental responsibility and record details of the individual providing consent and their relationship to the young patient
- A relative, nanny or childminder would not normally have parental responsibility and thus would not normally be able to provide consent.

Does the patient have capacity?

- Can individual understand the information which is relevant to the decision to be made
- Can they retain the information for long enough to use or weigh it and can they communicate their decision
- If a patient lacks capacity you should first consider whether the patient has made any arrangements which permits a third party to consent on the patient's behalf
- Health and Welfare Lasting Power of Attorney (LPA), or a Property and Financial Affairs LPA. Health and Welfare LPAs allow the appointed attorney to make decisions about daily routines, medical care, moving into a care home and life-sustaining treatment. Property and Financial Affairs LPAs allow the attorney to manage bank accounts, pay bills, collect benefits or pensions and sell a person's house
- If a patient lacks capacity you may still treat the patient if the treatment would be in their best interests. You would need to discuss this with the patients relatives, carers and friends and record the outcome in the patient notes.

What information should be given to a patient?

- You need to provide enough information so that the patient can make an informed decision.
- Inform the patient of the working diagnosis
- Explain why treatment is being proposed
- What it is intended to achieve
- What would happen if nothing were done
- Explain the available treatment options
- The likely success rates
- Explain the risks of each option
- Provide information about the costs involved.
- Explain the likely recovery period
- Any restrictions which will apply during the recovery phase
- You must also take account of the patient's desired outcome
- Provide Information leaflets about procedures that you perform and document this in the notes that you have given this to the patient.

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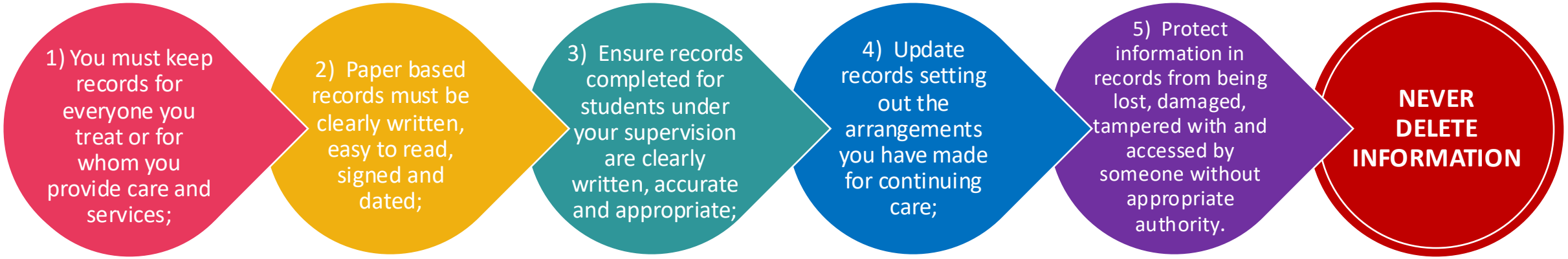
HCPC Standards of Conduct, Performance and Ethics



HCPC Standards of proficiency:

Registrants must understand the importance of and be able to maintain confidentiality

Requires registrants to be able to maintain records appropriately in accordance with applicable legislation, protocol and guidelines

.

Why is record keeping so important?

- Accurate record of what happened in a consultation
- Legible
- Written so that any other person/HCPC/court could read it and understand what happened during a treatment.
- Logical format
- It harder to defend you in a patient complaint or litigation case if your notes are poor.
- The HCPC may add poor record keeping as an allegation, to any complaint they receive.

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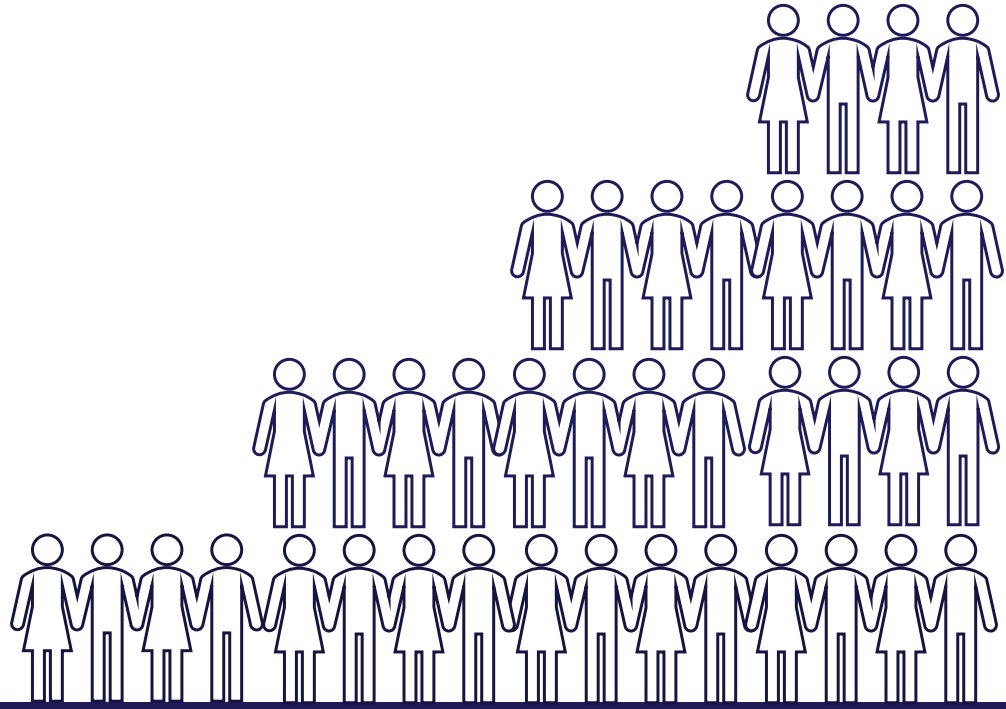
We have assisted

431+

Members with their cases since 2019!



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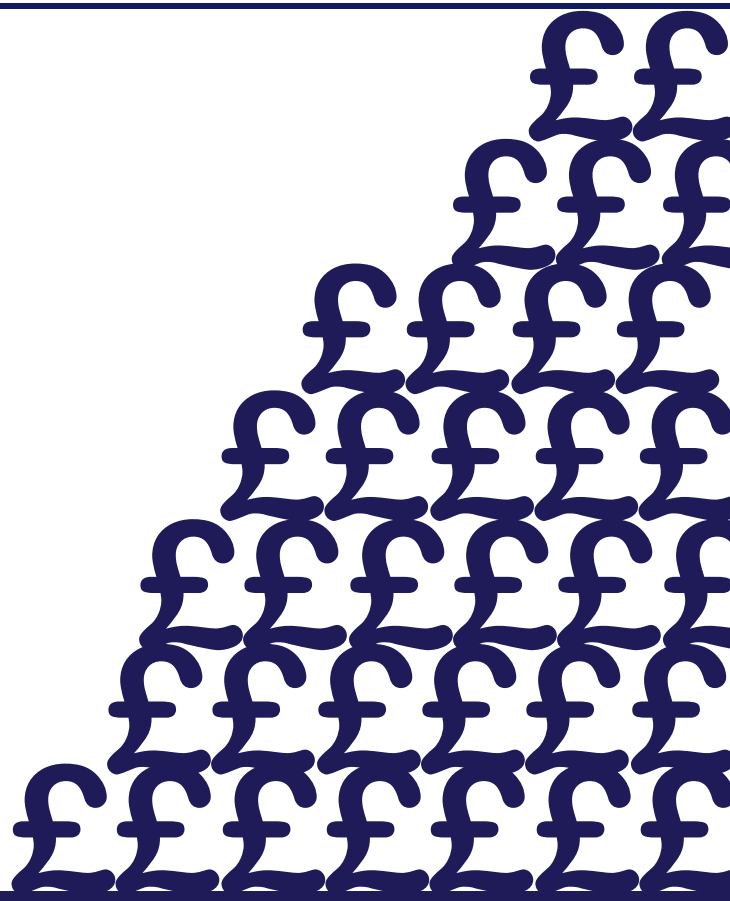
Litigation Cases cost the College approximately

£500K

Per year!



Overview - Litigation

Unfortunately medical malpractice claims occur regularly in health care and are both costly to the practitioners involved and the patients themselves

The cost to the NHS of litigation £1.2bn each year

Litigation is already regarded as an occupational hazard for medical professionals, and it is estimated that at least one in three health professionals will be involved in some kind of legal proceedings at some point in their career

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Litigation

The most common areas that members get sued/complaints over are:

- Nail Surgery
- Verrucae Treatments
- Orthotic Provision

Why?

- Lack of consent
- Poor Record Keeping
- Not following standards

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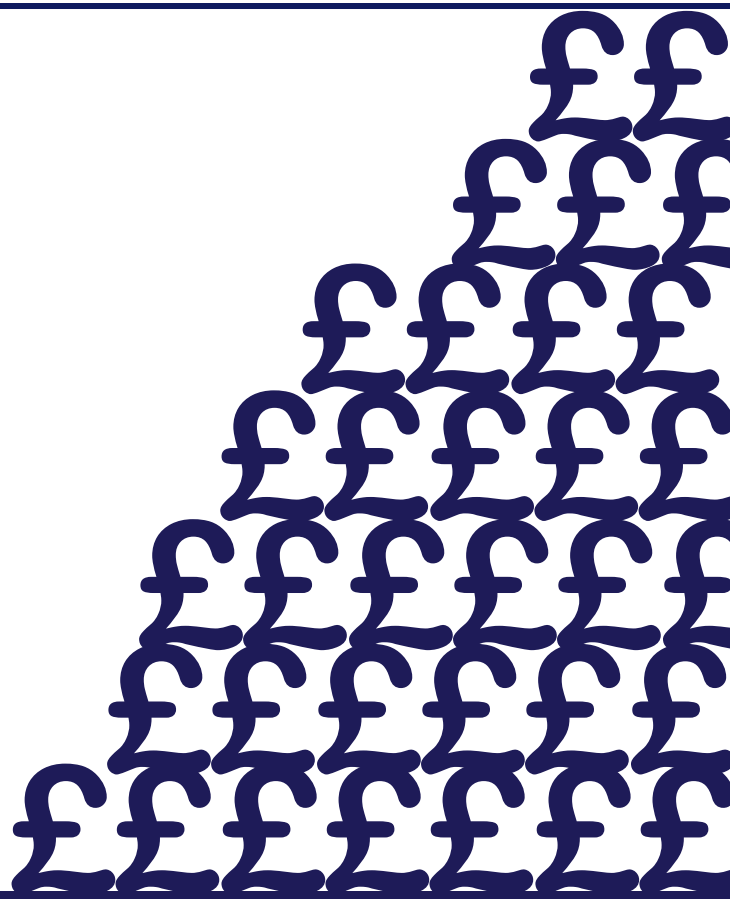
HCPC Cases cost the College

£14K

per full hearing case last year!



Want to find out more?

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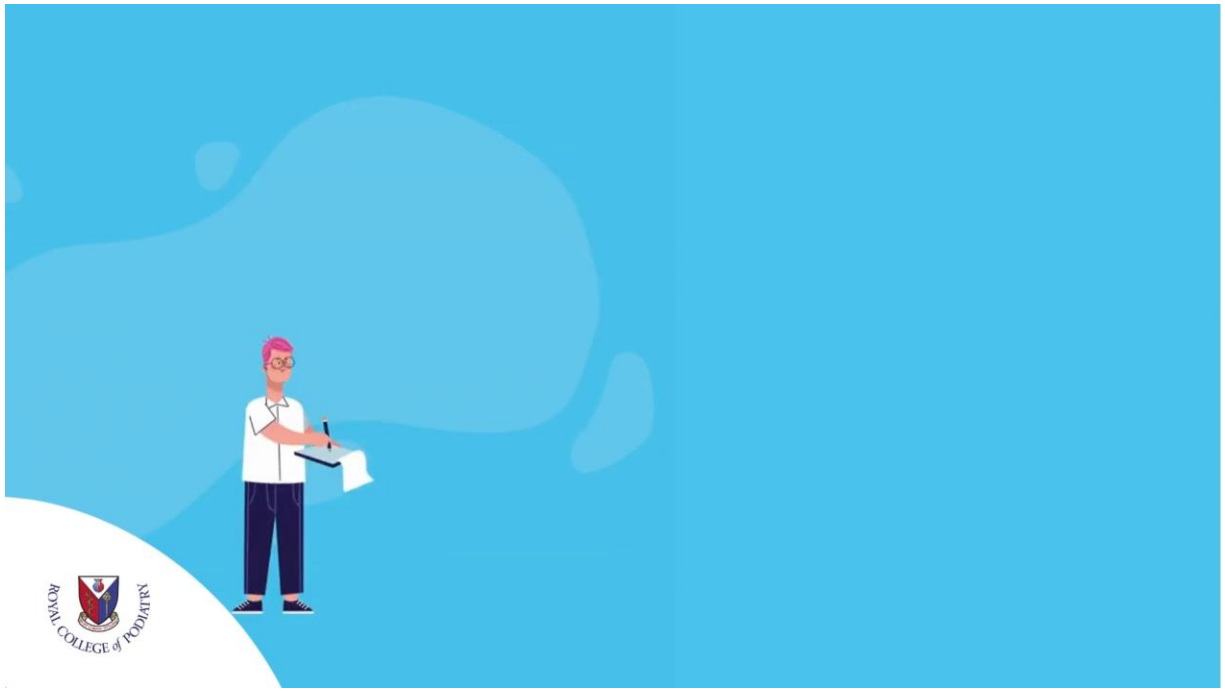

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Record Keeping Course

Record Keeping errors are the most common mistake we see in most cases.

We highly recommend all members attend a record keeping course.

Record Keeping and Consent Course on TALUS:

Log into TALUS

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Plus we do free virtual national courses

Monday 27th January 2025

Wednesday 7th May 2025

Tuesday 23rd September 2025

Book now

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Any Questions

Professional Support Officers

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