



ROYAL COLLEGE  
*of* PODIATRY

# Record Keeping and Consent Standards

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## What should be recorded in patients notes?

Date

Time

What the patient  
is complaining of

Observations

Treatment

Plan

Any telephone  
conversations

Any correspondence  
with patient including  
emails

Medical history –  
no empty gaps

Sign notes at the  
end of  
your treatment

If it is not recorded it  
has not been done

## 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



Consent forms and any other documents relating to the patient.

## 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 –  
patient confidentiality  
compromised

## 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)



## Audit of patient notes

Poor record keeping is the one of the commonest causes of losing clinical negligence and HCPC cases

Therefore, an audit should be carried out regularly

**Standard 5 – Patient Record Keeping of the Clinical Standards for Podiatric Practice has a tool to help you with this**  
Is also in your packs

## 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  
25<sup>th</sup> 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/paper

Securely

Free from unauthorised  
access

Easily retrievable

Electronically

Computer itself needs  
to be password  
protected

Each practitioner should  
have their own  
password to enter the  
record keeping program

Data needs to be  
backed up securely

Registered with the  
Information  
Commissioner

## How should they be disposed of?

Considered confidential waste

Need to be shredded

Onsite or commercial contractors

Will need a waste transfer note

If you do not dispose of correctly you could be committing a criminal offence

## What about students treating?

The student should  
write the notes

The supervising  
Podiatrists must  
countersign the notes



## We support Tech-Enabled Practice

- We embrace digital tools and AI to enhance patient care.
- Technology can aid accessibility needs for both patients and practitioner.
- We encourage innovation across private and NHS practice
- We support members to adopt new, efficient, evidence-based approaches.



## Innovation must go hand-in-hand with responsibility

- Patient data = sensitive data
- Be aware of data storage, sharing, and privacy issues
- Protecting trust is just as important as improving care.
- 



## Before using AI or Digital tools

- Is the tool ICO compliant?
- Are the servers located in the UK or EU?
- Do you have clear patient consent, especially for recordings?
- Have you updated your privacy policy?
- Is the tech clinically validated?
- 



## Recording consultations? Get explicit consent

- Patients must be informed why recordings are made and how they will be kept/stored and then destroyed.
- Consent must be documented and voluntary.
- Offer alternatives if consent is declined.





# Consent

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The Patient Consent Standard in conjunction with our lawyers that defend our members when there is a medical malpractice claim against them (they are being sued) – Weightmans.



By following the standards it enables us to put together a better defence for you should the need arise.



The standards are also in line with current law.

## 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.



SCAN ME

## 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 an 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
- Such as a Health and Welfare Lasting Power of Attorney (UK) or Welfare Guardianship (Scotland)
- It is important to note that there are other Powers of Attorney such as Property and Financial Affairs which does not have the right to consent in respect of medical treatment, although their authority may be required in respect of any costs incurred for treatment.
- Outside of Scotland 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 patient's relatives, carers and friends and record the outcome in the patient notes.

## Capacity in Scotland

If you practice podiatry in Scotland, you need to be aware of the Adults with Incapacity (Scotland) Act 2000. The act provides a framework for safeguarding adults who lack capacity due to mental illness, learning disability, dementia or similar conditions or are unable to communicate. It sets out how decision about their welfare and finances are to be made and supports them to be involved in these decisions as far as they are able to do so.

For podiatrists the most important aspect of the act is the principle it sets out for giving medical treatment to people who cannot consent.



## Giving podiatry treatment to people with incapacity

- In Scotland anyone over the age of 16 is deemed as being able to consent to medical treatment unless they lack capacity. If a patient lacks capacity, they may have been appointed a Power of Attorney or Welfare Guardian. It is the podiatrist's responsibility to find out if one has been appointed to the patient so they can give consent for treatment to occur. If no attorney or guardian is in place, then the podiatrist needs to ask the patient's GP to undertake a capacity assessment and complete a Section 47 certificate.
- The Section 47 certificate should state 'Allied Health/Podiatry procedures' and ideally be accompanied by a treatment plan which specifically references podiatry treatment where this is required.
- Only once this has been done can you treat the patient unless it is a life-threatening situation; if you treat before a GP has filled in a section 47 you leave yourself open to legal action.
- A Section 47 certificate lasts for 3 years, and a copy must be kept in the patient notes.
- If the patient is in a care or nursing home, they may already have a section 47. You need to read this carefully to make sure podiatry care is allowed and a copy should be requested for your patient records.

## Capacity in Scotland

- **Welfare Guardian/Power of Attorney**

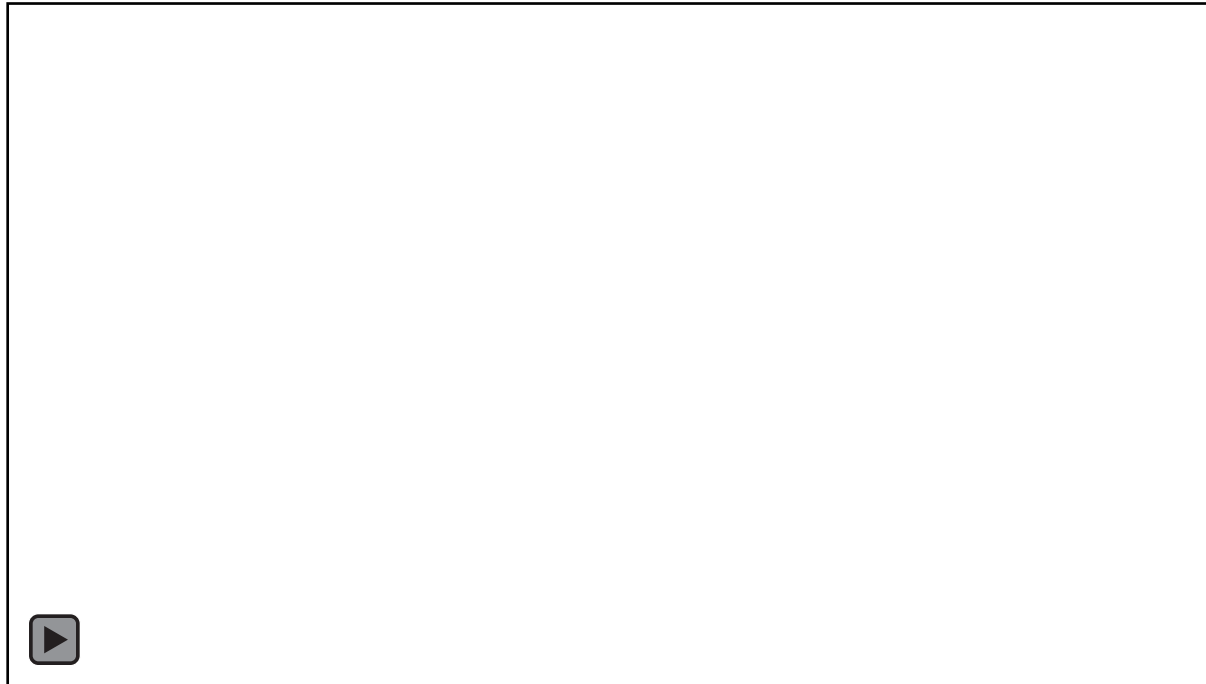
If a patient has a Guardian or Attorney, then need to be consulted to consent to medical treatment. The individual must present a copy of the legal paperwork to prove they have the power to consent to medical treatment on the adult's behalf; this should be documented in the patient's record. You can find out if your patient has a welfare attorney or Guardian by contacting the Office of the Public Guardian on 01324 678300 or by email on [opginvestigationteam@scotcourts.gov.uk](mailto:opginvestigationteam@scotcourts.gov.uk). If this person disagrees with any element of your plan, you must refer to the code of practice for details of the dispute resolution process by the Mental Welfare Commission for Scotland, telephone: 01313138777.

- The Attorney/Guardian must be contacted or be present at all treatments to enable treatment to proceed. If this is not possible a Section 47 certificate should be requested from the patient's GP.
- A template form is available in our guideline on <https://membersarea.rcpod.org.uk/podiatric-practice/professional-resources-area/guidelines>
- **Further Reading**  
Further guidance and section 47 forms can be found at <https://www.gov.scot/collections/adults-with-incapacity-forms-and-guidance/>

## 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.

Want to find out more?



## 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



## Any Questions

### Professional Support Officers

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