**Fit To Perform Sport and Exercise Medicine.**

**Consent policy and procedure.**

* Implied consent will be taken for any adult booking for and attending a medical assessment.
* All steps necessary will be taken to ensure that the individual is able to make a voluntary and informed decision prior to undertaking any further examination or intervention. This might include offering verbal, written or digital information.
* If an adult has the capacity to make a voluntary and informed decision to consent to or refuse a particular treatment, their decision must be respected.
* If they change their mind at any point before the procedure, they are entitled to withdraw their previous consent.
* Verbal consent will be sought before any physical examination. If requested, a chaperone can be arranged but is likely to require re-booking unless specified ahead of the appointment time (the cost of this, if applicable, will be incurred by the individual).
* Verbal consent will be sought before any joint injection procedure.
* If the person consenting does not have the capacity to make the decision, I will work with any person holding a lasting power of attorney (LPA) for health and welfare or an Independent Mental Capacity Advocate (IMCA), to make a best interests decision. See the following link for more information about this process: [Overview | Decision making and mental capacity | Quality standards | NICE](https://www.nice.org.uk/guidance/qs194)
* Young people aged 16 and 17 are presumed to have the competence to give consent for themselves.
* Children and young people up to the age of 16, if able, will give their own consent however someone with parental responsibility is likely to be involved in this process and may need to give consent on behalf of the child or young person. Please see the following link for more information: <https://www.nhs.uk/conditions/consent-to-treatment/children/>

The meaning of these terms are:

* Voluntary – the decision to either consent or not to consent to treatment must be made by the person, and must not be influenced by pressure from medical staff, friends or family.
* Informed – the person must be given all of the information about what the treatment involves, including the benefits and risks, whether there are reasonable alternative treatments, and what will happen if treatment does not go ahead.
* Capacity – To lack capacity within the meaning of the Mental Capacity Act 2005, a person must be unable to make a decision because of an impairment or disturbance in the functioning of the mind or brain. The inability to make a decision must not be due to other factors, for example because of undue influence, coercion or pressure. A lack of capacity can only be established if the condition prevents the person from understanding, retaining, using or weighing information about the decision, or communicating their decision. It cannot be established unless everything practicable has been done to support the person to have capacity, and it should never be based on the perception that the decision made is unwise.
* Consent can be given:
	+ verbally – for example, a person saying they're happy to have an X-ray
	+ in writing – for example, signing a consent form for surgery
	+ someone could also give non-verbal consent, as long as they understand the treatment or examination about to take place – for example, holding out an arm for a blood test.

**Signed –** Dr Rachel Hamilton-Cruse

**Updated – 1.8.24**

**Renewal - 1.8.25**