Departmental practice on informed consent in radiotherapy: A UK evaluation

My name is Marie Pagett and I am conducting a questionnaire as part of my MSc (Radiotherapy Planning) dissertation at Sheffield Hallam University. This evaluation questionnaire is being circulated to all radiotherapy departments throughout the UK. You have been invited to take part in this study evaluating your department practice of informed consent processes. Before you decide to take part, please take time to read this information to understand why the evaluation is being done and what it will involve.

What is the purpose of this study?

I am interested in evaluating and understanding departmental practice in informed consent processes for patients about to receive radiotherapy treatment that have either capacity or a lack of capacity to consent as there is very limited research in this area. I would like to ask each radiotherapy department questions about how consent for radiotherapy treatment is gained for patients; the processes of consent for patients who lack capacity to consent for treatment and when the department last updated its consent policy.

Who can take part?

Any registered therapy radiographer who has regular patient contact, an awareness of consent processes and practice in the radiotherapy department and is able to access the department's policy on consent. Please read the questions carefully and respond as honestly as you can.

Do I have to take part?

No. Participation is completely voluntary. If you do take part, you will be asked to select boxes consenting that you understand this. If you change your mind part way through you can close the browser window.

What will happen if I do take part?

You will be asked to complete questions comprising of a combination of check boxes and freetext boxes. There are no wrong answers, you are not being timed. It is anticipated the survey will take between 5-10mins

Are there any risks in taking part?

I do not anticipate any risks to taking part.

What are the possible benefits of taking part?

The evaluation may result in improved department understanding of consent processes to enhance patients and their carers care and improved radiographer awareness of consent.

Will my participation be kept confidential?

Yes. You will be asked to name your department, this will be anonymised so privacy is protected and departments will be given a unique ID code. The anonymous data will be kept securely in electronic form by the data custodian, Marie Pagett until 2024.

What if I am unhappy or there is a problem?

If you are unhappy, or if there is a problem, please feel free to contact myself or my supervisor

Ms Keeley Rosbottom; k.rosbottom@shu.ac.uk If you would rather contact an independent	Т
person, please contact Faculty Health and Wellbeing Research Ethics Committee secretary on	
s.wallace@shu.ac.uk	
What will happen to the results?	
Once the evaluation study is complete, the results will be analysed and aim to be published in	
an academic journal. You or your department will not be identified in anyway within the	
publication.	
What will happen if I want to stop taking part?	
You can stop participation by closing the survey window, no reason is needed.	
I have some more questions	
Please raise any further questions you have with the researcher who will be happy to answer	
<u> </u>	
your query on	
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CONSENT

Please agree to the 6 short statements below to gain your informed consent. The survey will start after agreement to all the statements

- * 1. I agree to the following statements
 - I have read and understood the information given for this study
 - My participation is voluntary; I am free to withdraw at any time without giving a reason
 - I will be asked to name my department. The name will be anonymised as soon as possible after data collection and a unique ID code will be used to maintain confidentiality
 - All data collected will be treated confidentially and only available to the researcher
 - The data will be stored securely at all times
 - The information provided will be used as part of a MSc (Radiotherapy Planning) dissertation at Sheffield Halllam University
 - I agree to take part in the study

	Agree
	Disagree
* 2. Ple	ease state the name of your department

SECTION 1

O No

Not sure

<u>Section 1:</u> These questions relate to your departmental practice of informed consent procedures for patients prior to radiotherapy treatment.
* 3. Is written consent to radiotherapy treatment obtained routinely?
Yes, for all treatments
Yes, for some treatments
No, not routinely
4. For Q3, if you answered either
Yes, for some treatments OR
No, not routinely
Please identify the sites/circumstances where informed consent is <u>NOT</u> routinely obtained
* 5. Where written consent is obtained; do patients receive a copy of their consent form?
Yes, in all circumstances
Yes, in most circumstances
○ No
6. If you answered
Yes, in most circumstances OR
• No
Please explain your understanding as to why patients do not receive a copy of their consent forms
* 7. Moving forward to the start of radiotherapy treatment.
Is the consent form signed before the first fraction by a health care professional to confirm the patients'
agreement to treatment?
Yes, in all circumstances
Yes, in most circumstances

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SECTION 2	
Section 2: The next 3 questions consider radiotherapy treatment	rs patients who lack capacity to consent for their own
communicate any decisions made. A per	derstand information to make a decision and son is considered to lack capacity if their mind is ning they are unable to make a decision at that time
	considered to lack capacity include those people with: culties, loss of consciousness, schizophrenia, substance addiction.
* 8. In your department is radiotherapy trea	atment given to patients considered to lack capacity?
Yes	
No	
Not sure	
 Please identify how a patients capacity department (select all that apply) 	y to consent for radiotherapy treatment is assessed in the
Capacity assessment tool	Family/Next of Kin wishes
Clinical judgement	Health professional judgement
Cognitive assessment tool	Not Sure
Other (please specify)	

* 10	In the case of nationts who lacks conscitu which of the following entities most closely matches your						
	In the case of patients who lacks capacity; which of the following options most closely matches your partmental practice?						
-	*A patients representative may include: family members, people close to the patient, independent mental capacity advocate (IMCA) or an attorney or court appointed deputy.						
	The standard written consent form is used with no signature ack capacity to consent form designed especially for those who from the patient ack capacity to consent is completed by the clinician with no involvement from the patients representative*						
	representative* signing the form on their behalf No consent form is used						
	The standard written consent form is used with the patient who lacks capacity signing the form						
	A separate consent form designed especially for those who lack capacity to consent is completed by the clinician with involvement from the patients representative*						
	Other (please specify)						

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SECTION 3

<u>Section 3</u>: The final questions relate to the new guidelines on consent and radiographer education. You may need to access your departmental policy surrounding consent.

In 2018 a new NICE accredited SCoR professional document was published called 'Obtaining Consent – a clinical guideline for the diagnostic imaging and radiotherapy workforce' This document contains 10 recommendations to assist radiographers to ensure informed consent has been undertaken.

* 11. At what level is your consent policy written for	?
Trust-wide policy	
Oncology specific policy	
Radiotherapy specific policy	
On't know	
Other (please specify)	
* 12. Looking at the latest copy of your departmenta updated since January 2018?	al consent policy. Has the policy on consent been
Yes	
No	
13. If your policy has been updated since January SCoR professional document?	2018; does the policy make reference to the 2018
Yes	
○ No	
* 14. Do radiographers attend training in consent in Yes, upon appointment only	your department/Trust? No
Yes, annual mandatory training	Not sure
Yes, optional training	
Other (please specify)	
	I

	eatment?			
Yes				
No				
Not sure				
	i for taking time to only additional commo			
ii you nave ai	y additional commit	ento picase ope	ony below	