*[Simon Parsons:*

It's great to be with you all today, I hope you can all hear me at the back. There are some seats further forward if you want to fill the seats further forward, that'd be fine. We're going to be able to share our slides for the day with people so you don't have to be scribbling stuff down, but all the slides will be available.

I'm Simon Parsons, I'm a consult Upper-GI surgeon in Nottingham. I'm honorary professor now Matthew (Laughs) at University of Nottingham and my conflict of interest is that I'm one of the co-founders of EIDO. I've been in this business for 25 years. When I was a surgical registrar I was trying to consent patients on the day, and they didn't even know what they were coming in for, let alone what the risks and benefits were of the procedure.

I just wanted to put the background in here using the GMC guidance on consent, and when I first got interested in consent, one of the earlier versions of the GMC guidance dropped on my doormat. Of course, it doesn't do that anymore, it's all digital. But in 2020 the guidance was updated by the GMC and if you haven't seen it, you should really have a read through of it. And there are seven key principles, principles five to seven are relating to capacity, we're not going to talk about those now.

But these are the first four principles, which are really key. That 'all patients have a right to be involved in decisions about their treatment and care and to be supported to make informed decisions if they're able.' 'Decision-making is an ongoing process focused on a meaningful dialogue' and we'll come back time and again to that meaningful dialogue and the exchange of relevant information specific to the individual patient.

Principal three says that 'all patients have the right to be listened to and to be given information that they need to make a decision and the time and support that they need to understand it'. And then principle four, 'doctors must try to find out what matters to the patient.' And this has come as a result of the Montgomery case, which we'll no doubt hear about during the course of the day.

So it's a really important document which summarises our obligations as clinicians, and I'm speaking primarily as a clinician today. And where the guidance says 'you must', that's because it's embedded in law. The law says you must. And if you don't fulfil those obligations, there is a chance that you will end up in court as a result. And that's something we all want to avoid.

So when it comes to information you must give to your patients, then it's summarised there. You've got to give information about the diagnosis and the prognosis, the uncertainties about those, what treatment options there are available for treating that patient, including the option of no treatment. The nature of each option, and of course the benefits and the risks of harm, the uncertainties associated with each one.

And that's what EIDO is all about because it is quite a difficult thing to do well without any support. And, you know having a chat with a patient face-to-face in clinic, when you're trying to do a hundred and one other things and using medical jargon to that patient and speaking very fast because you've only got 10 minutes, that's not a good sharing of information. You need support to do it properly and that's where EIDO comes in. And our information explains the problem and the different treatment options, including the alternatives, what the surgery involves, the risks and complications, the benefits and post-op expectations, and the lifestyle changes that the patient can make to help make the operation a success.

I'm afraid I will be concentrating on the surgical side of things. I'm sure if you're a medic, you'll be able to apply this to your medical practice. We need that meaningful dialogue and to find out what matters to the patient. We need to have time to ask them questions. So I would rather spend my time asking the questions, finding out what's important to the patients, finding out, you know, what hobbies they have and what profession they're in, and the risks they're prepared to take so that I can tailor my information for them. And I've already given them the information, the EIDO information, which is the standard information that they need to come armed with.

And we need to support our patients making that decision by providing information in a way that they can understand, and to be able to check

back that understanding. And so that's where translations and different versions of our documents are important. We have easy read versions for patients with learning difficulties. We have large and giant print versions for people who are visually impaired. And we also have animations now, using the digital platforms that we have. And that really, I think the fact that we're moving to digital opens up a whole new opportunity So you don't get a faded, multiply photocopied black and white version and you can't read what it says, let alone understand what the diagrams are trying to tell you.

For me, the really important thing is team, because I work in a large team and I often won't be the person seeing the patient in clinic and then operate. And the first time I see the patient might be on the day of surgery but I know that my team who have seen the patient beforehand will have given them an EIDO information leaflet. They will have shared that information with them. They will have had that meaningful dialogue and I can just confirm consent on the day of surgery, and that makes the process so much easier.

I just want to say a word about delegated consent because it's often the trainees who are actually carrying out the consent process or part of it at least. And the GMC allows for delegated consent so long as that trainee is trained in consent, that EIDO has its own informed consent training package, which is always well received. And it's important that our trainees have been trained properly, that they have the written information to support what they're saying, that they have the skills as a doctor, because they are all doctors or healthcare professionals, to be able to have that conversation with the patient. But they also need access to the consultants or to us as the specialist, to be able to support that consultation if they, you know, if there's questions they cannot answer. So that's really important. And if you are a trainee, please act within your area of competency. and if you find you're out of your depth, then ask for help and your team should support you.

We will be no doubt hearing about the importance of good medical record keeping. And I keep telling my trainees, you must, when you're doing the consent, you must refer to the information that you've given on the consent form so that we have medico-legal evidence that the patient has received an EIDO document. I also always do that in my clinic letter to

the patient and the GP, back that up with 'I've shared this information with the patient'.

You know as patients have been on a waiting list, for sometimes over a year, things might change. And so we also have to be aware that when they come for their operation, if they've been on a waiting list for a long time, their condition might have changed. They may have had a stroke or a heart attack in the meantime. And so the decision-making process may have changed and we need to be aware of that and to consider that on the day. And your hospital should support you. The GMC make it very clear that your trust has an obligation to support you in the consent process. And they even suggest that you should raise a concern about them to the GMC if they don't. I'm not suggesting you do that, but you should absolutely have the support of your trust in the consent process. And that means getting the validated information that is available.

So in summary then, informed consent is a process which, if performed properly, promotes shared decision-making, and that's key for what we're all about. The law and the GMC guidance makes it quite clear what is expected of our clinicians, and of course, there are resources available to help but they cannot replace a meaningful dialogue. We're not saying that 'use EIDO and therefore you don't need to talk to your patients'. That's not what it's about at all. It's about that meaningful dialogue.

There's a QR code there for the GMC guidance if you've not seen it. But that's my 10 minutes up and so we need to move on. We won't take questions at this point, we're going to introduce the next speakers which are Dr. Ben Thomas and Jonathan Webb from the All Wales peer review for decision-making and consent.

Now, Ben has been the All Wales clinical lead for decision-making and consent since 2017. He's been chairman of the All Wales Consent to Examination or Treatment Committee since July 2015 and he's currently a member of the Royal College of Physicians Committee on ethical issues in medicine.

And Jonathan leads the Welsh Risk Pool, which is the indemnifier for all health bodies in Wales, driving improvement and learning from claims and investigations. Jonathan leads a national learning advisory panel, which

examines the lessons learnt from all claims and redressed cases. So it's great to have you both with us and I'll invite you to come to the stage and give us your talk.

Thank you.

(Round of applause)

[End of transcript]