

CLINICALEDU

C10

Documentation, disagreement, complaints and governance

Detailed learner reading material

Consent: Shared Decision-Making, Risk, Refusal and Valid Authority

Source review: 19 September 2026

Official and authentic sources only. This educational material is not legal advice and does not replace current local policy or case-specific clinical judgment.

Learning outcomes

- Document the substance of consent and shared decision-making proportionately rather than relying on a form.
- Differentiate types of disagreement and select an appropriate escalation route.
- Explain why patient choice does not require clinicians to provide treatment they judge clinically inappropriate.
- Use complaints, incidents and audit findings as governance data to improve consent systems.

How to use this reading

Read this after the browser module or use it as a standalone revision resource. It provides fuller legal/professional context, worked scenarios, comparison tables and practical checks. Always verify current local policy and jurisdiction-specific law before applying the material to a real case.

What a defensible consent record contains

There is no universal sentence template. The record should allow another clinician to understand what decision was being made, what information mattered, what the patient valued, what questions were answered and what the outcome was. It should also make limitations visible: interpreter used, capacity concern, family involvement requested by the patient, legal proxy checked, refusal, or plan for review.

For procedural decisions, local forms may add mandatory fields, but they do not replace individualised narrative where patient-specific material issues exist.

Record quality

A detailed note cannot rescue a deficient consent process, but a good contemporaneous record supports continuity and accountability.

Good and poor documentation

Poor: 'Risks discussed, patient consented.' Better: identify the proposed intervention and alternatives, the patient-specific material risks discussed, the patient's particular concern or goal, questions asked, the choice reached and any follow-up or confirmation required.

Documentation should be contemporaneous where practicable. Writing a highly detailed retrospective account after a complaint may be necessary as a statement of recollection, but it should not be presented as though it were the original clinical record.

Governance principle

A cluster of similar consent complaints is a system signal. Investigate the process, not just the individual form.

A disagreement taxonomy

Type 1: the patient refuses a recommended option. Confirm information, capacity and voluntariness; respect a valid refusal. Type 2: the patient requests treatment the clinician considers inappropriate. Explain the clinical reasoning and alternatives, and consider second opinion. Type 3: family members disagree with the patient or team. Clarify whether they hold any legal authority and continue communication. Type 4:

professionals disagree about benefit, risk or legal authority. Seek senior multidisciplinary review and specialist advice.

Type 5: a complaint alleges inadequate information, coercion or inaccessible communication. Preserve records, respond through governance processes and look for system learning. Type 6: there is genuine legal uncertainty. Escalate rather than asking a consent form to solve it.

Second opinions, ethics and legal advice

Escalation should be proportionate to the problem. A communication misunderstanding may be solved by further discussion. A contested complex treatment plan may need another senior opinion. Ethical uncertainty may benefit from a clinical ethics route where available. Disputed legal authority, proposed overriding of refusal or major conflict may require legal advice or court involvement.

Complaints and candour

A complaint should not trigger defensive alteration of the record. Keep the original clinical record intact and add a dated supplementary entry if clinically necessary. Organisational complaints and incident systems can identify recurring consent risks, and staff should cooperate honestly with review processes.

Audit measures for consent quality

Useful measures can include: proportion of high-risk procedures with documented patient-specific material risks; use of interpreters where needed; timing of consent before elective procedures; evidence that changes in plan trigger renewed discussion; visibility of blood transfusion decisions; and frequency of complaints citing pressure, poor information or inaccessible communication.

Avoid an audit that measures only whether a box is ticked. That can improve paperwork while leaving the underlying dialogue unchanged.

Governance and ClinicalEdu

ClinicalEdu questions and tutor support should teach escalation without giving case-specific legal advice. Learners should be directed to local senior clinicians, governance teams, safeguarding leads, indemnity organisations or legal services for real disputes. The course itself should maintain source-review dates and refresh legally sensitive content when guidance changes.

Consent documentation minimum dataset

Element	What to capture when relevant
Decision	What examination, treatment or management choice is being considered.
Options	Reasonable alternatives and no treatment/no change where relevant.
Material information	Benefits, harms, uncertainty and patient-specific concerns.
Understanding/communication	Questions, interpreter/support, teach-back or other checks as appropriate.
Authority	Capacity/voluntariness issues, proxy authority or jurisdiction

	if relevant.
Outcome	Agreement, refusal, limits, withdrawal, review date or escalation plan.

Disagreement ladder

Problem	Possible response
Misunderstanding	Further explanation, accessible information, interpreter, more time.
Clinical disagreement	Senior review or second opinion.
Family/team conflict	Clarify authority, multidisciplinary discussion, ethics/governance support.
Safeguarding/coercion concern	Safeguarding pathway and private assessment.
Legal uncertainty/high-stakes dispute	Specialist legal advice and court route where necessary.

Worked scenarios

Scenario 1

A high-risk decision is documented only as "consented for procedure" despite several reasonable alternatives and a patient-specific concern.

Application: The record is too thin for the complexity of the decision; document patient-specific material information, priorities, questions and outcome.

Scenario 2

A family demands an intervention the clinical team believes will not provide benefit and argues that consent law requires the team to provide it.

Application: Explain that refusal rights do not compel clinically inappropriate treatment; offer explanation, alternatives and second opinion where appropriate.

Scenario 3

A complaint review finds that several patients were first asked to sign consent forms after sedative premedication.

Application: Treat the pattern as a governance/system issue and review the timing and consent pathway rather than only individual forms.

Practice checklist

- Record the meaningful decision and patient-specific discussion, not only the signature.
- Keep documentation proportionate, contemporaneous and useful for continuity.

- Name the type of disagreement before choosing the escalation route.
- Explain why autonomy includes refusal but does not compel clinically inappropriate treatment.
- Use second opinion, ethics, safeguarding, governance or legal routes according to the problem.
- Audit consent quality using process measures, not form completion alone.

Official references

S001 - GMC: Decision making and consent. Scope: UK.

<https://www.gmc-uk.org/professional-standards/the-professional-standards/decision-making-and-consent>

S008 - GMC: Recording decisions. Scope: UK. <https://www.gmc-uk.org/professional-standards/the-professional-standards/decision-making-and-consent/recording-decisions>

S009 - GMC: Good medical practice. Scope: UK. <https://www.gmc-uk.org/professional-standards/the-professional-standards/good-medical-practice>

S014 - GMC: Delegation and referral. Scope: UK. <https://www.gmc-uk.org/professional-standards/the-professional-standards/delegation-and-referral>

S015 - GMC: Treatment and care towards the end of life: good practice in decision making. Scope: UK. <https://www.gmc-uk.org/professional-standards/the-professional-standards/treatment-and-care-towards-the-end-of-life>

S016 - GMC: End-of-life guidance: decision-making models. Scope: UK. <https://www.gmc-uk.org/professional-standards/the-professional-standards/treatment-and-care-towards-the-end-of-life/decision-making-models>

S018 - NICE: NG197 Shared decision making - recommendations. Scope: England; clinically useful more widely with jurisdiction label. <https://www.nice.org.uk/guidance/ng197/chapter/recommendations>

S020 - NICE: CG138 Patient experience in adult NHS services - recommendations. Scope: England; clinically useful more widely with jurisdiction label. <https://www.nice.org.uk/guidance/cg138/chapter/recommendations>

Verification note: Official links were rechecked for Pass 3 on 19 September 2026 where web retrieval was available. Legislation.gov.uk URLs are official statute links; amendment status and any high-risk source must be rechecked immediately before publication.

Key takeaways

- Documentation should capture meaningful decision-making proportionately.
- A good note cannot retrospectively make a bad consent process valid.
- Different disagreements require different escalation routes.
- Complaints and incidents can reveal system-level consent risks that should drive improvement.

ClinicalEdu - Authoritative Stage 2 source map

C10: Documentation, disagreement, complaints and governance

This appendix is the controlling source map for this module. Source IDs follow the Stage 2 Research Dossier v1.0 (evidence reviewed through 18 September 2026). Any legacy shorthand labelled SUPP is supplementary and is not a Stage 2 source ID.

S001 - GMC: Decision making and consent

<https://www.gmc-uk.org/professional-standards/the-professional-standards/decision-making-and-consent>

S008 - GMC: Recording decisions

<https://www.gmc-uk.org/professional-standards/the-professional-standards/decision-making-and-consent/recording-decisions>

S009 - GMC: Good medical practice

<https://www.gmc-uk.org/professional-standards/the-professional-standards/good-medical-practice>

S018 - NICE: NG197 Shared decision making - recommendations

<https://www.nice.org.uk/guidance/ng197/chapter/recommendations>

S020 - NICE: CG138 Patient experience in adult NHS services - recommendations

<https://www.nice.org.uk/guidance/cg138/chapter/recommendations>

S014 - GMC: Delegation and referral

<https://www.gmc-uk.org/professional-standards/the-professional-standards/delegation-and-referral>

Publication control: recheck every high/very-high update-risk source immediately before publication. This educational resource does not replace current law, national/local guidance or patient-specific clinical judgement.