

CLINICALEDU

C9

Consent across teams, delegation, remote care, teaching and recording

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

- Explain how consent responsibilities can be shared without becoming invisible across a multidisciplinary team.
- Apply GMC delegation principles to information-giving and consent-related tasks.
- Recognise limitations of remote care that can make valid consent unsafe or incomplete.
- Distinguish consent for direct care from permission for recording, teaching or secondary use of patient information.

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.

Map the team before mapping the form

For a complex pathway, identify who is responsible for the overall treatment decision, who will provide specialist information, who will perform the procedure and who will confirm the final decision. This prevents duplicated discussion in some areas and dangerous gaps in others.

The patient should also know who to contact when questions arise. Continuity is a consent issue because a patient cannot make a meaningful decision if nobody owns the unanswered question.

Delegation rule

If the colleague cannot explain the material issues or recognise when to escalate, they should not be left to obtain a signature as a substitute for consent.

Delegation: what safe looks like

The delegating clinician should choose an appropriately competent colleague, provide clear instructions and ensure supervision or escalation routes. The colleague should know the patient sufficiently to perform the task, understand its limits and seek help when needed. A scripted form cannot compensate for inadequate knowledge.

If a junior clinician is asked to 'get consent' for a procedure they do not understand well enough to explain, the correct action is to seek support, not to obtain a signature and hope the discussion was adequate.

Remote rule

When audio, privacy, interpretation or examination limitations undermine understanding or safety, move the decision to a more suitable setting.

Remote consent: a suitability decision

Remote care can improve access, but suitability should be assessed. Confirm identity, privacy and communication quality. Tailor information to the patient's needs. If you cannot be confident that the patient has received or understood the relevant information, consider whether treatment can safely proceed on the basis of the remote interaction.

For intimate or visually sensitive assessments, GMC guidance adds privacy, security and chaperone considerations. In some cases an in-person review is safer and more respectful.

Recordings for direct care

A clinical photograph, audio clip or video may form part of the medical record. Explain the purpose, how it will be used and stored, and obtain appropriate consent or valid authority. Do not assume that because a patient allowed a recording for diagnosis, they agreed to its use in a lecture or website.

Secondary use and teaching

For education and training, anonymised information should be used where practicable. If identifiable information is needed, explicit consent is normally required unless a lawful exception applies. Patients should understand who will see the information and for what purpose. Consent must be limited to the stated use.

Team handover and record quality

Record enough information for the next clinician to understand the decision: the patient's priorities, information already provided, outstanding questions, decisions made and any limits on consent. This allows the next professional to continue the conversation rather than repeat or contradict it.

ClinicalEdu confidentiality rule

ClinicalEdu tutor messaging and reflection tools are educational spaces, not extensions of the clinical record. Learners should describe cases without identifiable information. If a real case cannot be discussed safely without identifying details, seek supervision through the appropriate employer/governance route rather than entering it into the learning platform.

Team responsibility map

Role	Consent-related responsibility
Responsible clinician	Ensures the overall decision process is adequate and unresolved questions are addressed.
Delegated colleague	Works within competence, gives agreed information and escalates limitations.
Procedure clinician	Confirms the patient understands and still agrees to the procedure being performed.
Remote clinician	Assesses whether remote communication and assessment are adequate for a valid decision.
Teacher / recorder	Uses information or recordings only within the stated permission or another lawful basis.

Recording purpose table

Original purpose	Can it automatically be reused for teaching?
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Direct clinical care	No. Secondary use requires its own confidentiality/consent analysis.
Teaching with explicit agreed scope	Only within the scope of the permission and governance arrangements.
Public media / website	Requires specific attention to identifiable disclosure and valid consent.

Worked scenarios

Scenario 1

A junior clinician is told to obtain consent for a complex intervention but cannot answer the patient's questions about alternatives.

Application: The junior should seek help and not act beyond competence; the team must make consent responsibility explicit.

Scenario 2

A consultation is recorded for direct clinical review and is later proposed for a teaching presentation without a new discussion.

Application: Teaching is a new purpose: use anonymised material or obtain appropriate consent/authority for identifiable use.

Scenario 3

A remote patient with hearing difficulty repeatedly agrees, but the audio is poor and the clinician has not checked understanding.

Application: Do not rely on repeated agreement where communication quality is inadequate; change the method or setting.

Practice checklist

- Make consent responsibilities explicit across the team.
- Delegate only to colleagues with the necessary competence, instructions and supervision.
- Confirm that remote communication is good enough for the specific decision.
- Treat recordings as purpose-limited information, not reusable assets.
- Use anonymised information for teaching wherever practicable and obtain explicit consent for identifiable use where required.
- Keep ClinicalEdu cases de-identified and use employer/governance routes for real confidential case discussion.

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>

S012 - GMC: Making and using visual and audio recordings of patients. Scope: UK. <https://www.gmc-uk.org/professional-standards/the-professional-standards/making-and-using-visual-and-audio-recordings-of-patients>

S013 - GMC: Confidentiality: disclosing information for education and training purposes. Scope: UK. <https://www.gmc-uk.org/professional-standards/the-professional-standards/confidentiality---disclosing-for-education-and-training-purposes>

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

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>

SUPP- GMC: Remote consultations. Scope: UK. <https://www.gmc-uk.org/professional-standards/ethical-hub/remote-consultations>

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

- Teamwork can share tasks but should not diffuse responsibility.
- Delegation requires competence, clarity and escalation routes.
- Remote care uses the same core consent standard and may be unsuitable when communication is poor.
- Recordings and patient information are purpose-limited; teaching use requires its own confidentiality/consent analysis.

ClinicalEdu - Authoritative Stage 2 source map

C9: Consent across teams, delegation, remote care, teaching and recording

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>

S012 - GMC: Making and using visual and audio recordings of patients

<https://www.gmc-uk.org/professional-standards/the-professional-standards/making-and-using-visual-and-audio-recordings-of-patients>

S013 - GMC: Confidentiality: disclosing for education and training purposes

<https://www.gmc-uk.org/professional-standards/the-professional-standards/confidentiality---disclosing-for-education-and-training-purposes>

S014 - GMC: Delegation and referral

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

S018 - NICE: NG197 Shared decision making - recommendations

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

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.