

# Consent to Treatment Policy Review

## Consultation Discussion Paper

### Why are we consulting?

- The current Consent to Treatment Policy (the [Policy](#)) is approaching its 3-year policy review requirement in December 2025.
- The Department of Health (the Department) is seeking feedback from clinical and non-clinical WA Health staff and consumers on whether the policy requires amendments.
- To enable the Department to continue supporting clinicians and Health Service Providers (HSPs) to meet their patient safety and clinical quality and legal obligations in relation to obtaining informed consent.

The review of the Policy will reflect changes in legislation and Department requirements.

### Previous updates to the Policy

Minor updates to the Policy since the last major review in December 2022:

- Inclusion of the update to Language Services Policy and translator flowchart (2023)
- Inclusion of the requirement for consent for student health practitioner participation in treatment (2024)
- Minor wording updates to the consent form templates (2023, 2024)

### What is not covered in the Policy

- Specific scenarios/cases
- Financial consent
- Consent for clinical trials (refer to information provided by the [Research Governance Service](#))
- Consent for disclosure of confidential personal information (see [Information Access, Use and Disclosure Standards](#))

### Interface of the Consent to Treatment Policy, legislative requirements and the National Safety and Quality Health Service Standards v2.

This Policy review provides an opportunity to ensure HSPs comply with legislation and best practice in accordance with 2.04 of the [National Safety and Quality Health Service Standards v2](#) (NSQHS Standards).

The *Guardianship and Administration Act 1990* is under [review](#) by the Law Reform Commission of Western Australia. Changes to the legislation are not expected in 2025 and any changes made will be included in policy amendments following the current policy update.

The Patient Safety and Clinical Quality Directorate (PSCQ) will support the development of v3 of the NSQHS Standards and any updates will be included in future policy reviews.

### Roles of HSPs and the Department in implementing, monitoring and evaluating the Consent to Treatment Policy

The Policy is a mandatory requirement under the *Clinical Governance, Safety and Quality Policy Framework*.

The current governance and assurance arrangements require HSPs to monitor their local policy compliance with provisions for the System Manager to request policy compliance and quality improvement activities from HSPs. This is ultimately to ensure health practitioners are meeting their legal and professional obligations in relation to seeking patient consent prior to providing treatment.

The System Manager currently monitors compliance with the policy through data from a range of sources including accreditation and clinical incident management. This review raises the possibility of changes to governance and assurance for Consent to Treatment, with the Department of Health playing more of a supportive and coordinating role.

Documentation accompanying the current Consent to Treatment policy includes:

- [The WA Health Consent to Treatment Procedure](#)
- [WA Hierarchy of treatment decision makers](#) (based on the Guardianship and Administration Act 1990)
- [Consent Form templates](#)
- [Procedure Specific Information Sheets](#)
- [WA Clinician Consent to Treatment Flowchart](#)
- [Decision making tree for engaging an interpreter.](#)

### **Considerations for implementation of a revised Policy**

Changes to the Policy will require support for implementation within each HSP – this may involve the delivery of workforce training and changes to supporting HSP local policies, governance, processes and systems, incident reporting, and quality improvement activities. The Australian Commission on Safety and Quality (ACSQHC) offers a limited range of resources to support health care providers to meet their informed consent obligations including an [e-learning](#) module, information and tools around shared decision making, communicating risks and benefits and decision support.

## What changes are required?

A number of changes are planned to reflect changes to legislative and departmental requirements.

### **Change 1: Update to reflect changes to the Guardianship and Administration Act**

Expansion of the Procedure document (section 3.6) to include section 40 of the *Abortion Legislation Reform Act 2023*, which has amended section 45(3A) of the Guardianship and Administration Act.

See change in section 3.6 of the Procedure document

### **Change 2: Addition to Compliance Monitoring (Section 4)**

As per advice from the Policy Frameworks Support Unit, an additional line will be added to the Compliance Monitoring section of the Policy

See change in section 4 of the Policy document

Information regarding compliance against the policy will be collected on an annual basis via a compliance reporting template which will be included as a Related Document on the [Policy landing page](#).

Attachment 4: Proposed compliance reporting template to be added as a related document

## What is proposed to change?

There are a number of proposals to be considered for the policy revision.

### **Proposal 1: Removal of consent form templates**

A number of generic consent form templates were developed to support the Consent to Treatment Policy and are currently included as a form of 'supporting information' on the policy [landing page](#).

Health Service Providers are required to provide consent forms for health practitioners when seeking explicit consent from patients using the minimum requirements for consent forms (see policy section 3.5). There is limited use of consent form templates with hospitals and health services using the minimum requirements to develop their own consent forms.

Refer to current consent form [templates](#)

See section 3.5 of the Policy for minimum requirements for consent forms

### **Proposal 2: Inclusion of statement around informal carers and kinship groups**

In Western Australia, the right to consent to medical treatment is vested in the parents of a child and health practitioners must take all reasonable steps to contact the parent or guardian to obtain consent.

Although specific advice cannot be included in the policy, it is proposed a broad policy statement around informal carers/guardians is added. See change proposed in the Policy section 3.6.

### **Proposal 3: Inclusion of other forms of supplementary information to support consent decisions**

Broaden the current requirement to provide written information to include other forms of supplementary information such as videos, decision aid tools etc.

See change proposed in the Procedure section 3.3.

### What will happen next?

Consultation of the proposed draft will close **COB Friday 12 September 2025**. The updated draft will then be sent for approval in accordance with the Policy Framework process

### Consent to Treatment Policy consultation feedback template (optional)

Consent to Treatment Policy consultation feedback template (optional)		
Q1: Are you providing your views as an individual or on behalf of a group?	Q2: What is your role in the health sector	Q3: What category best describes your PRIMARY place of work?
Select one: <ul style="list-style-type: none"> <li>Individual</li> <li>Group</li> </ul>	Select one: <ul style="list-style-type: none"> <li>Medical practitioner</li> <li>Nurse/Midwife</li> <li>Allied health practitioner</li> <li>Researcher/educator,</li> <li>Health Administrator</li> <li>If other, please specify _____</li> </ul>	<ul style="list-style-type: none"> <li>Child and Adolescent Health Service (CAHS)</li> <li>East Metropolitan Health Service (EMHS)</li> <li>North Metropolitan Health Service (NMHS)</li> <li>South Metropolitan Health Service (SMHS)</li> <li>WA Country Health Service (WACHS)</li> <li>WA Department of Health- Royal St Divisions</li> <li>Private health provider (Private hospital or day surgery)</li> <li>General Practice</li> <li>Academic/ teaching/ research institution</li> <li>Other government agency (e.g. Police, Mental Health Commission, Child Protection)</li> <li>Other (please specify below) _____</li> </ul>

Change/Proposal	Consultation Questions	Comments/feedback
<b>Change 1:</b> Update to reflect changes to the Guardianship and Administration Act	<b>C1:</b> Do you agree with reflecting the changes to the Guardianship and Administration Act in the policy update? If not why?	
<b>Change 2:</b> Addition to Compliance Monitoring (Section 4)	<b>C2:</b> Do you agree with the addition of the compliance monitoring template attached (Attachment 4)? If not, why.	

Change/Proposal	Consultation Questions	Comments/feedback
<b>Proposal 1:</b> Removal of consent form templates	<p><b>Q1:</b> Do you agree with the removal of the consent form templates? If not, why?</p> <p><b>Q1a:</b> If the consent form templates are not removed and continue to be included as supporting information, are there any changes required to the consent form templates?</p>	
<b>Proposal 2:</b> Inclusion of statement around informal carers and kinship groups	<b>Q3:</b> Do you agree with the addition of a statement around informal carers and kinship groups? If not, why?	
<b>Proposal 3:</b> Broaden requirement to provide written information to include other forms of supplementary information such as videos, decision aid tools etc.	<b>Q4:</b> Do you agree to broadening the current requirement to provide written information to include other forms of supplementary information including videos, decision aid tools?	
<b>Additional comments</b>	<b>Q5:</b> Do you have any further feedback or comments to inform the final drafting of the Consent to Treatment policy documents (either individually or collectively)?	