

## Consent form for digital recordings (photographic, audio and video) of patients<sup>1</sup> for educational purposes

*The patient (and in some circumstances the person who has parental responsibility for them) must be provided with the Patient Information Leaflet in advance of being asked to complete this consent form and must be provided with adequate time to carefully consider it and to ask questions, ensuring that their consent has been well-informed. If the patient is 16 or 17, they can be presumed to have capacity to consent. If the patient is under 16, they may give consent if they are deemed to have sufficient capacity and understanding to consent, but they should be encouraged to involve the person or people who have parental responsibility for them in the decision making.*

*This consent form can be printed or emailed to the patient (and in some circumstances the person who has parental responsibility for them). It can also be completed physically or electronically.*

St George's, University of London (SGUL) would like to use recordings of patients for education. Both the individual taking consent, and the patient being recorded need to complete this form, having first read the Patient Information Leaflet titled '*Digital recordings (photographic, audio and video) of patients for educational purposes*' (Version 1, September 2020).

The individual taking consent must then read and complete Part 1 and initial all boxes, before signing and dating the bottom of the form. The patient (and in some cases the person who has parental responsibility), if agreeable should then read and complete Part 2, indicating understanding and consent with each statement as instructed, before signing at the bottom of the form. Where applicable, considerations should be given to Gillick competence and the provisions of the Mental Capacity Act on young people aged 16 and 17.

### PART 1: To be completed by the Consenter<sup>2</sup>

<i>Patient First name</i>	
<i>Patient Surname</i>	
<i>Patient Date of Birth</i>	
<i>Patient NHS Number</i>	

<sup>1</sup> Either real patients, or actors simulating patients.

<sup>2</sup> Member of staff seeking consent from the patient

I confirm that I have explained and discussed the following with the participant:	Initials
<ul style="list-style-type: none"> <li>That the material has potential educational value and may be shown to professional staff and used to support learning and/or assessment of students and healthcare professionals.</li> </ul>	
<ul style="list-style-type: none"> <li>The right to withdraw consent and how to request this; the right to request the recording of the patient to be erased, and how to request to see the information that the university holds about them at any time.</li> </ul>	
<ul style="list-style-type: none"> <li>That whether or not the patient gives consent, this will not affect their medical care or treatment now or in the future.</li> </ul>	
<ul style="list-style-type: none"> <li>The data protection guidelines that the University, including students, follow, regarding recordings of patients.</li> </ul>	
<ul style="list-style-type: none"> <li>That every effort will be made to conceal the patient's identity, both visually and by removing the name and hospital number, but full confidentiality is not guaranteed.</li> </ul>	
<ul style="list-style-type: none"> <li>That until the material is received by SGUL, the individual who has made the recording is responsible for its safeguarding as well as ensuring it is stored and transferred in line with SGUL Guidance and data protection requirements, including deletion from the recording device when no longer required.</li> </ul>	
<ul style="list-style-type: none"> <li>That all or part of the material may be used in conjunction with other photographs, drawings, videotape images, sound recordings or other forms of illustration.</li> </ul>	
<ul style="list-style-type: none"> <li>That the patient's name and any personal details, other than those captured in the material, will not be shared outside of the university team involved in the management of patient materials.</li> </ul>	
<ul style="list-style-type: none"> <li>The different potential uses of recordings, and that the individual may consent to one, some or all of these:               <ul style="list-style-type: none"> <li>Use in learning, teaching or assessment within the university, accessible only to staff and registered students of the university:</li> <li>Use in learning, teaching or assessment outside of the university within the UK organised by any of: in partner NHS organisations; universities involved in educating healthcare students and professionals, healthcare professional societies and colleges:</li> <li>Use in learning, teaching or assessment outside of the UK organised by any of: healthcare organisations, universities involved in educating healthcare students and professionals, healthcare professional societies and colleges:</li> <li>Use in any setting including those accessible to the general public such as on social media or as part of recruitment and promotional materials for the university:</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>That the individual may also consent to the recording clinician keeping a copy of the material for the same purposes as indicated above, subject to them storing the material in line with the university's data protection guidelines and using them only for the purposes to which the patient has consented.</li> </ul>	
<ul style="list-style-type: none"> <li>The way that the recordings are stored and how long they are kept for (the university retention policy is available <a href="#">here</a>).</li> </ul>	
<ul style="list-style-type: none"> <li>That once received, the University is the Data Controller and adheres to Data Protection Act 2018 guidelines which patient/parent/guardian can access at this <a href="#">Government's website</a> and this <a href="#">SGUL data protection policy page</a>.</li> </ul>	
<ul style="list-style-type: none"> <li>Patient/parent/guardian has been given a copy of the patient leaflet titled '<i>Digital recordings (photographic, audio and video) of patients for educational purposes</i>' (Version 1, September 2020).</li> </ul>	
<ul style="list-style-type: none"> <li>That no fee is payable to the patient or any other person in respect of the material, either now or at any time in the future.</li> </ul>	

Name of Consenter	
Contact details	<input type="checkbox"/> <input type="checkbox"/>
Signature	
Date	

**PART 2: To be completed by the Patient (or parent/guardian of the patient)**

I confirm that the purpose for which the material would be used has been explained to me in terms, which I have understood, as specified below:	Initials
<ul style="list-style-type: none"> <li>I understand the material has educational value and may be shown to professional staff and used to support learning and/or assessment of students and healthcare professionals.</li> </ul>	
<ul style="list-style-type: none"> <li>I understand that I can withdraw my consent at any time and that I know how to request this. Also, that I can request the recording of me/the person I am consenting on behalf of to be erased or request to see the information that you have about me/the person I am consenting on behalf of at any time by emailing <a href="mailto:patientrecordings@sgul.ac.uk">patientrecordings@sgul.ac.uk</a>.</li> </ul>	
<ul style="list-style-type: none"> <li>I understand that this will not affect my medical care or treatment now or in the future.</li> </ul>	
<ul style="list-style-type: none"> <li>I understand that university staff and students, as well as healthcare staff, are bound by professional codes of conduct and national data protection regulations. All UK healthcare professionals, students, staff and trainees are also enhanced DBS checked so that they can work with children. Staff or students would be subject to disciplinary action and potentially criminal prosecution and/or fitness to practice proceedings were they to misuse patient materials in any way.</li> </ul>	
<ul style="list-style-type: none"> <li>I understand that every effort will be made to conceal my identity, both visually and by removing my name and hospital number, although I recognise that full confidentiality is not guaranteed.</li> </ul>	
<ul style="list-style-type: none"> <li>I understand that all or part of the material may be used in conjunction with other photographs, drawings, videotape images, sound recordings or other forms of illustration.</li> </ul>	
<ul style="list-style-type: none"> <li>I understand that my name and any personal details, other than those captured in the material, will not be shared outside of the university team involved in the management of patient materials.</li> </ul>	
<ul style="list-style-type: none"> <li>I consent to the following potential different uses of the recordings. (mark the relevant checkboxes below):               <ul style="list-style-type: none"> <li>Use in learning, teaching or assessment within the university, accessible only to staff and registered students of the university:                   <ul style="list-style-type: none"> <li>Consent <input type="checkbox"/> Do not consent <input type="checkbox"/></li> </ul> </li> <li>Use in learning, teaching or assessment outside of the university within the UK organised by any of: in partner NHS organisations; universities involved in educating healthcare students and professionals, healthcare professional societies and colleges:                   <ul style="list-style-type: none"> <li>Consent <input type="checkbox"/> Do not consent <input type="checkbox"/></li> </ul> </li> <li>Use in learning, teaching or assessment outside of the UK organised by any of: healthcare organisations, universities involved in educating healthcare students and professionals, healthcare professional societies and colleges:</li> </ul> </li> </ul>	

<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>▪ Consent <input type="checkbox"/> Do not consent <input type="checkbox"/></li> </ul> </li> <li>○ Use in any setting including those accessible to the general public such as on social media or as part of recruitment and promotional materials for the university:           <ul style="list-style-type: none"> <li>▪ Consent <input type="checkbox"/> Do not consent <input type="checkbox"/></li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• I consent to my responsible clinician<sup>3</sup> keeping a copy of the material for the same purposes as indicated above, subject to them storing the material in line with the relevant Trust and the University's data protection guidelines, and using them only for the purposes to which I have consented above.</li> </ul>	
<ul style="list-style-type: none"> <li>• I understand the way that the recordings are stored and how long they are kept for (the university retention policy is available <a href="#">here</a>).</li> </ul>	
<ul style="list-style-type: none"> <li>• I understand the University is the Data Controller and adheres to GDPR guidelines which I can access at this <a href="#">Government's website</a> and this <a href="#">SGUL data protection policy page</a>.</li> </ul>	
<ul style="list-style-type: none"> <li>• I have been given a copy of the patient leaflet titled '<i>Digital recordings (photographic, audio and video) of patients for educational purposes</i>' (Version 1, September 2020).</li> </ul>	
<ul style="list-style-type: none"> <li>• I understand that no fee is payable to me or any other person in respect of the material, either now or at any time in the future.</li> </ul>	

I confirm that the purpose for which the material would be used has been explained to me in terms, which I have understood, and I hereby consent to this recording and its subsequent use for teaching and learning purposes as indicated above.

<i>Name of Patient (or parent/guardian of the patient)</i>	
<i>Signature</i>	
<i>Date</i>	

OFFICE USE ONLY

<i>Location / Source</i>	
<i>Responsible clinician (if not the consentor)</i>	
<i>Date of recording</i>	
<i>Date received by SGUL</i>	
<i>SGUL Identifier</i>	

<sup>3</sup> This may be either the consultant, or the GP who requested the recording, who will usually also be the individual taking consent.