

School of Health & Life Sciences

Confidentiality and Informed Consent Guidelines for Students

Trust, integrity and competence are the hallmarks of a professional and of professionals-in-training.

Being a health professional is a very privileged role. The people we seek to serve, our service users, may be in a vulnerable position or state. Health professionals have entrusted to them the most intimate and sensitive information and experiences. The ONLY way that a healthcare professional can carry out their role effectively, efficiently and safely is by not betraying this trust. Confidentiality and Informed Consent are essential in the health and social care setting, as maintaining confidentiality and gaining consent promotes trust and individual choice for each service user.

Without trust the work of the health professional is compromised and can be virtually impossible. Service users have an expectation, and a legal right, that anything they entrust to a healthcare professional is used only for the benefit of the service user; to enhance or maintain their health, wellbeing and safety. This right is enshrined in legislation to which everyone as a professional, or professional-in-training, must adhere. Of particular importance are the [NHS Constitution \(2013\)](#), [NHS Care Record Guarantee \(2011\)](#) and the [Data Protection Act \(2018\)](#)

It is essential that as a student you abide by your respective professional code of conduct/codes of practice when gaining informed consent and maintaining confidentiality.

It is important that you are aware that any breach of confidentiality or failure to gain informed consent, in any setting, will be deemed to be unprofessional conduct and may result in the University Fitness to Practise procedure being invoked. By 'setting' the School is referring not only to the practice environment but also within the University and a student's digital presence i.e. social networking.

1. Confidentiality

When a service user/fellow student discloses information to a health professional (including you as a student) it is reasonable to expect that this information is held in confidence. The professional has a duty of confidence not to disclose the information in a form that might identify the individual without their permission.

This also applies to information disclosed to you by carers of service users and colleagues (fellow students, academic or practice staff):

Patients entrust us with, or allow us to gather, sensitive information relating to their health and other matters as part of their seeking treatment. They do so in confidence and they have the legitimate expectation that staff will respect their privacy and act appropriately. In some circumstances patients may lack the competence to extend this trust, or may be unconscious, but this does not diminish the duty of confidence. It is essential, if the legal requirements are to be met and the trust of patients is to be retained, that the NHS provides, and is seen to provide, a confidential service.

[Department of Health \(2003\) p7 Confidentiality. NHS Code of Practice](#)

You must treat information about service users as confidential. You must only disclose confidential information if: you have permission; the law allows this; it is in the service user's best interests; or it is in the public interest, such as if it is necessary to protect public safety or prevent harm to other people.

[Health & Care Professions Council \(2016\) - Standards of Conduct, Performance and Ethics](#)

As a nurse or midwife, you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately.

[Nursing and Midwifery Council \(2015\) The Code: Professional standards of practice and behaviour for nurses and midwives](#)

1.1 Maintaining Confidentiality in the Practice Setting

- i. Students must not hold any personal information about service users on any electronic or digital resource e.g. memory sticks, PCs (the specific exceptions to this have been agreed at course approval and include the Postgraduate Diploma/MSc in Cognitive Behavioural Therapy and the Postgraduate Certificate/UCAPD Low Intensity Assessment and Intervention Skills for Psychological Wellbeing Practice where this data is stored on an encrypted Ironkey or equivalent).
- ii. Documentation must not include service user information, i.e. care plans, assessment forms, prescription sheet, psychometric testing (*the specific exceptions to this have been agreed at course approval and include the Postgraduate Diploma/MSc in Cognitive Behavioural Therapy and the*

Postgraduate Certificate/ UCAPD Low Intensity Assessment and Intervention Skills for Psychological Wellbeing Practice).

- iii. To maintain anonymity of service users/carers use generalised terms, young, middle aged, office worker etc.
- iv. Information that by its very nature could identify the service user/family/carer/staff members/students or colleagues, i.e. demographic details, unusual circumstances must not be used.
- v. Documentation that identifies the workplace/practice setting must not be submitted if it is not in the **public domain**. In this sense public domain refers to those documents or information that may be accessed by any member of the public whether through a website, by email directly to an organisation or by written form. While these documents are not considered to be confidential care needs to be taken as these documents linked with other detail could identify the individual. This would then constitute a breach of confidentiality.

All School-issued documentation, Trust and Organisation documentation which is included to authenticate attendance at workshops, fire lectures, studydays etc. and supervisors' testimony are permitted.

- vi. Maintain anonymity of members of the workforce. (Signatures of staff in the workplace who sign students' official documentation is the exception.)

1.2 Maintaining Confidentiality in Other Settings

- i. Confidentiality must be maintained at all times and not just for practice. Remember you are expected to abide/work within the spirit of your code of conduct/practice at all times.
- ii. The University is supportive of methods to promote learning and therefore permits students to record all taught sessions unless instructed otherwise by their tutors. The recordings must be for your sole use. You are not permitted to share your recordings with others (other than with a transcriber to accommodate an identified disability need) or to put recordings in the public domain in any manner. However, many sessions within the School involve student discussions where students may disclose personal information. If this is the case the student must either not record or stop recording to maintain their peers' confidentiality. You **must** inform your tutor at the beginning of a session that you will be recording the session to ensure they can give appropriate guidance during the session.

- iii. Be careful when using social networking sites e.g. Facebook, Twitter, as sharing information about fellow students may result in confidentiality being breached and a fitness to practise procedure instigated.
- iv. **Breaching confidentiality i.e. giving any service user information to a third party that has no right and need to know this information will result in the instigation of a fitness to practise procedure.**

2. Informed Consent

It must be emphasized that the concept of consent is twofold with respect to the health profession students. Firstly, there is consent to deliver care and secondly consent to share information not directly relevant to care delivery, i.e. for educational purposes.

- 2.1 The guiding principle when working with a service user/fellow student is that they have a right to determine what happens to them, it is a fundamental part of good practice. Legally and ethically an individual should give valid consent before any intervention commences. In a healthcare context where a professional does not respect this principle, they may be liable to legal action by the individual or action by their professional body.

For consent to be valid, it must be given voluntarily by an appropriately informed person who has the capacity to consent to the intervention in question (this will be the patient or someone with parental responsibility for a patient under the age of 18, someone authorised to do so under a Lasting Power of Attorney (LPA) or someone who has the authority to make treatment decisions as a court appointed deputy). Acquiescence where the person does not know what the intervention entails is not 'consent'.

[Department of Health \(2009\) Second edition p5 Reference guide to consent for examination or treatment.](#)

You must explain to service users the care or services you are planning to provide, any risks involved and any other possible options. You must make sure that you get their informed consent to any treatment you do carry out. You must make a record of the person's decisions and pass this on to others involved in their care. In some situations, such as emergencies or where a person lacks decision-making capacity, it may not be possible for you to explain what you propose, get consent or pass on information. However, you should still try to do all of these things as far as you can.

A person who is capable of giving their consent has the right to refuse to receive care or services. You must respect this right. You must also

make sure that they are fully aware of the risks of refusing care or services, particularly if you think that there is a significant or immediate risk to their life.

You must keep to your employers' procedures on consent and be aware of any guidance issued by the appropriate authority in the country you practise in.

[Health & Care Professions Council \(2016\) - Standards of Conduct, Performance and Ethics](#)

As a student it is important that you inform the individual of your status and that permission is given for you to carry out any intervention/record the session. The individual must also be informed and consent given where the activity is not part of the individual's care but is for the purpose of furthering your education.

2.2 Gaining Informed Consent for Summative Assessments.

You must adhere to your respective professional guidelines for documenting informed consent. Evidence of this must be visible in any of your written work submitted if individual service user/carer/family information has been utilised in your assessed work.

The anonymity of the service user and the generalised nature of information must be ensured at all times.

Informed consent for summative assessments may only be given by service users with capacity. In this respect consent for educational purposes is different to consent for care delivery. Care delivery for people lacking capacity may be undertaken when acting in the service user's best interests. However, this argument does not stand when gaining consent for educational activities – the service user's best interests are not served by the writing of a case study/reflective account for example. If a service user does not have capacity to consent to their information being used in a summative assessment you must inform the module leader to negotiate an alternative.

Consent is required for:

- i. Case studies that contain specific service user/carer/family information, i.e. problems, condition, demographic detail, unusual circumstances, employment.
- ii. Reflection that includes service user history or other significant information (as above).

- iii. Critical incidences that include service user history or other significant information (as above).
- iv. Information about colleagues.

Consent is not required for:

- i. Critical incidences and generalised reflection, focusing on practice when discussing one's own feelings about a situation rather than the specific circumstances of the service user.

Please note that if informed consent has not been obtained for any piece of summative assessment that relates to a service user/carer/colleague, then the Academic Misconduct Regulations will be instigated.

3. Conclusion

You will be asked to sign a form stating that you understand and will abide by these principles of confidentiality and informed consent. Completion of this form is a requirement of the module. If you are unsure of the principles and how they apply to your practice then it is your responsibility to seek further guidance.