Clinical Oncology
The Royal College of Radiologists

**RCR National Radiotherapy Consent Forms – Frequently Asked Questions**

1. *Do I have to use the RCR consent form?*
The RCR consent forms are not mandatory but have been developed specifically for UK radiotherapy departments and with extensive advice from a very large expert team including clinical oncologists, radiographers, clinical nurse specialists, patient and lay representatives, risk communication specialists and legal experts. Using them should ensure patients have clear, relevant and consistent advice about the benefits and side effects of treatment.

2. *Has there been any legal input into the forms?*
There has been input throughout the process from a team of barristers and solicitors.

3. *Are there consent forms for every tumour site?*
Most common radiotherapy sites will have their own consent form but they are being developed sequentially. The project has never intended to make a complete set of forms covering every eventuality as this would be too difficult to keep up to date. There is a blank form which you can adapt and use for situations not covered by the site-specific forms

4. *Why are the forms so detailed?*
In light of the Montgomery judgement and the new GMC guidance, patients should be aware of risks of treatment even if that risk is small. This means consent processes need to be comprehensive. The detail should minimise the number of extra points you need to write in for each patient.

5. *Will the new consent form will mean my clinics take longer?*
Not necessarily. We suggest departments use the implementation of RCR consent forms to review consent processes. Could the forms be sent to patients before their appointment? Could another trained professional take consent rather than the consultant oncologist? Is it better to give the patient the form to read and think about at home, bringing it back to their next appointment signed?

6. *Why does the patient need to initial each side effect page?*
The consent form will be more robust if subjected to litigation if it is signed in each place as it ensures that the patient has considered all the possible side effects. It also ensures the patient sees each page of the consent form.

7. *Does the patient need to sign the "confirmation of consent" or can it be signed by a radiographer?*
It is recommended that the patient signs this section because patients often go through the process of consent in the initial/ first consultation. The GMC suggests there should be a time measured in days to reconsider their decision to undergo treatment before a procedure. This allows for this step.

8. *Why has dose and fractionation not been included?*
This has not been included (with the exception of the RCR palliative consent form) on the advice of the radiographer group. Although it is good practice to keep the patient informed of any

changes to their treatment, if the treatment course fractionation is amended from what is written on the consent form, the patient would need to go through the consent process again which can be an unnecessary frustration for the team and the patient.

9. *Can this be used electronically with patients?*
Yes, the document is an interactive PDF. Please try this online.

10. *We would like to use the consent forms to allow electronic referral and consent. Can we obtain a Word version of the form to allow us to do so?*
The RCR is keen that the RCR consent forms are used as widely as possible and can provide Word versions on request – please contact the Professional Services team.

The RCR consent form can be integrated into your department's electronic system, however, the content and wording of the form must remain the same as the published online version. If they are adapted for local use, please ensure you appropriately cite The Royal College of Radiologists' radiotherapy consent forms. We would also advise including the review date of the form on the electronic version to prompt checking back at the RCR website for the latest versions.

11. *There is a side effect I would like to add in for every patient with a tumour type. How can I do this?*
The documented side effects for each site have been written following thorough consultation so we hope they are complete. If you think we have missed something, please let us know by contacting the Professional Services team. You can use the interactive pdf versions of the forms to make any changes specific to your practice.

12. *The forms are great and I would like to make one for another tumour type I treat. How can I do this?*
Please contact the Professional Services team to see if a form is already in development. You can also use the interactive pdf of the blank consent form to customize your own.

13. *How frequently will the consent forms be updated?*
The review dates of the forms are included in the bottom of each form. Also you should check the RCR website (www.rcr.ac.uk/RT-consent-forms) for the latest updates.

In summary, brand new RCR consent forms will be updated after roughly 12 months of use. Once version two of a consent form is produced, this will be updated within 24 months. After that, the forms will be updated in line with the RCR 4 yearly review cycle.

14. *How can I give feedback?*
Please contact the Professional Services team
There will also be formal feedback collected on each RCR consent form after 12-24 months of use which will be reviewed and the forms amended accordingly.

If you have any further questions, suggestions or comments, please get in touch via the Professional Services team