OSCE checklist for informed consent

An OSCE checklist for informed consent covers confirming you are the right person to take consent, starting from a presumption of capacity and assessing it if in doubt, explaining the procedure, benefits, material risks and alternatives in plain words, checking understanding, respecting the decision and documenting the discussion.

OSCE checklist for informed consent: steps to practise

1. Clean your hands, introduce yourself and confirm the patient's identity: full name and date of birth, checked against the wristband for inpatients.
2. Make sure you are able to take consent for this procedure: ideally you will do it, or you are trained in it and know its risks. If not, say you would ask a senior.
3. Ensure privacy, ask whether they want someone with them, and arrange a professional interpreter if needed.
4. Ask what the patient already understands and what matters most to them.
5. Start by presuming capacity. If there is doubt, assess whether they can understand, retain, weigh up the information and communicate a decision.
6. Explain what the procedure is and why it is recommended, in plain words.
7. Explain the benefits, the common risks and the serious risks, and any risk this patient would see as important to them.
8. Explain the reasonable alternatives, including doing nothing, and what is likely to happen with each.
9. Check understanding by asking the patient to explain it back, and invite questions.
10. Make clear the decision is theirs, without pressure, that they can take time to think and that they may change their mind at any time.
11. Respect their decision, including a refusal. If they lack capacity, say you would follow your country's law, for example acting in their best interests and checking for an advance decision or someone with legal authority.
12. Document the discussion, the risks explained, the decision and who was present, and complete the consent form if one is used.

What candidates commonly forget

- Checking they are the right person to take consent
- Presuming capacity and assessing it only when there is doubt
- Using jargon
- Not mentioning alternatives, including doing nothing
- Not covering risks that matter to this patient
- Not checking understanding
- Not documenting the discussion

Local policy comes first

This is our own practice checklist. Your college, hospital or country may do some steps differently. Where local policy and this list disagree, follow local policy. Consent law differs between countries, so follow your own country's rules.

Practise the hands-on steps with a classmate or in a skills lab, because an AI patient cannot watch your technique. You can practise the talking part with an AI patient, and try one station free with no sign-up. Next, try Consent for keyhole gallbladder surgery. Back to the OSCE stations for medical finals page: OSCE stations for medical finals, or see the full OSCE checklist list.

Common questions

What is the OSCE checklist for informed consent?

Confirm identity, check you can take consent, presume capacity and assess it if in doubt, explain the procedure, benefits, risks and alternatives, check understanding, make clear consent is voluntary, respect the decision and document.

What does capacity mean?

The ability to understand, retain, weigh up and communicate a decision about this particular choice at this time. Adults are presumed to have capacity unless shown

otherwise.

What if the patient refuses?

If they have capacity, respect it even if you disagree. Make sure they know the likely consequences, offer to revisit the decision and document the discussion.

What if the patient lacks capacity?

Follow the law in your country. In England and Wales this means acting in their best interests and checking for a valid advance decision or a person with legal authority to decide.

Sources

- GMC: decision making and consent
- NHS: consent to treatment

Checked 2026-11-13. Fees and rules change, so confirm them with the regulator before you book.