



SW9634



Queensland
Government

Colonoscopy Quality Assurance – Sharing of Non-identifiable Data Consent

Adult (18 years and over)

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. Does the patient have capacity to provide consent?

- Yes → **GO TO section B**
 No → **COMPLETE section A**

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

B. Previous consent

You have already signed a separate Consent Form for your procedure. This additional Consent Form asks you to consent to share your non-identifiable data for quality assurance purposes.

C. Sharing of non-identifiable data for quality assurance purposes consent

Quality assurance is undertaken to measure the standards of treatment provided. Clinicians who perform colonoscopies undergo certification of their training and re-certification to confirm they provide quality treatment.

Recertification is designed to support the clinician in:

- maintaining their expertise in colonoscopy
- continuing to develop their skills
- increasing safety standards and the quality of care being delivered to patients.

Certification and re-certification of clinicians who perform colonoscopies is required for Queensland's Hospital and Health Services to meet the National Safety and Quality Health Service Standards. This is necessary for their accreditation.

With your permission, for the purpose of re-certification and accreditation processes regarding colonoscopy procedures, non-identifiable information about your treatment and outcomes will be collected and shared with the Recertification in Colonoscopy Conjoint Committee (RCCC) of the Gastroenterology Society of Australia.

C. Sharing of non-identifiable data for quality assurance purposes consent (continued)

This data may include:

- age
- disease group
- endoscopic findings
- histology (pathology) findings
- histology reports and images
- endoscopy reports and images.

Any information that may identify you, including your contact details, will be removed prior to the information being shared with the RCCC.

Any medical treatment you receive will not be impacted at all if you do not consent to your non-identifiable information being shared with the RCCC for these purposes.

Consent

I consent to my non-identifiable treatment information being shared with the RCCC for the sole purpose of clinician re-certification and accreditation processes.

- Yes No

Name of patient/substitute decision-maker:

Signature:

Date:

For more information on recertification please visit www.gesa.org.au/education/credentialing/.

For information about how Queensland Health and the hospital protects your personal information, and to learn about rights to access your own personal information, please visit www.health.qld.gov.au/global/privacy and the *Make a Right to Information Request* information page (www.health.qld.gov.au/system-governance/contact-us/access-info/rti-application).

ADMIN ONLY

Name of proceduralist: