

# CONSULTATION ON CODE OF PRACTICE FOR HEALTHCARE PROFESSIONALS



seirbhís tacaíochta  
cinniteoireachta  
decision support service

The present questionnaire relates to the *code of practice for healthcare professionals*.

The purpose of this code of practice is to provide guidance for healthcare professionals on good practice in interacting with a person whose capacity to make a decision is in question or may shortly be in question or with a person who lacks capacity to make a decision at this time. Such persons may come within the scope of the Assisted Decision-Making (Capacity) Act 2015.

Good practice includes adhering to the guiding principles within the Act and working with decision supporters and other interveners.

In this questionnaire we ask questions such as whether the code of practice in general and its various sections are easy to understand, helpful and comprehensive or, if not, how they could be improved. We would also like to find out what, if any, changes the code will bring about to work practices. All responses received will be taken into consideration in the formulation of the final text of the code of practice.

We look forward to receiving your comments.

This form can be emailed to [dss@mhcirl.ie](mailto:dss@mhcirl.ie) or posted to

Codes of Practice Consultation Phase 1  
Decision Support Service  
Mental Health Commission  
Waterloo Exchange  
Waterloo Road  
Dublin 4  
D04 E5W7

## 1. ABOUT YOU

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In this section we would like to learn a little about your reasons for participating in this consultation. This will help us to be more focused in how we deliver our services

### **1(a)** Please select one of the following options (response required):

I am providing feedback as an individual

I am providing feedback on behalf of an organisation

If you are providing feedback on behalf of an organisation, please provide in the text box below the name of the organisation (and/or section within a large organisation) on behalf of which you are responding

**1(b)** Please select one or more of the following options. If none describe your situation, please select “other” and provide details in the text box below

I provide/work in a service that provides healthcare services

I work in a service that supports people who have decision-making capacity challenges

I interact in a professional capacity (frequently or occasionally) with people who have decision-making capacity challenges

I am a family member or carer of a person who has decision-making capacity challenges

I am a person who has decision-making capacity challenges

Other

If you wish, you may provide further details of your role/interest in this consultation in the text box below.

**1(c)** How did you hear about this consultation? Please tick all that apply

Social media - LinkedIn

Newsletter -Mental Health Commission

Social media - Twitter

Newsletter - Decision Support Service

Social media - Other

Newsletter - Other

Website - Mental Health Commission

Newspaper

Website - Decision Support Service

Other

Website - Other

If you selected “other” in relation to any of the answers above please provide further details in the text box below. This will help us to better understand the most useful ways to reach our audiences for future engagement and consultation.

**1(d)** On a scale of 1 to 5, please indicate how familiar you are with the Assisted Decision Making (Capacity) Act 2015

Not at all  
familiar

Expert

1

2

3

4

5

## 2. ABOUT THIS CODE OF PRACTICE

In this section we would like to obtain your overall opinion on this code. You will have an opportunity to comment on specific areas of the code in the next section. It may be helpful to have the code open while answering questions. You can access the code on the webpage <https://decisionsupportservice.ie/public-consultation/public-consultation-phase-1/consultation-code-practice-healthcare-professionals>. When providing feedback please bear in mind that the final code of practice must reflect the contents of the Act. The draft code includes a number of anticipated amendments to the Act.

**\*2(a)** Please indicate your level of agreement with the following statements (response required)

	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
The language used in this code of practice is clear and easy to understand					
The structure of this code of practice is easy to follow					
The content of this code of practice is consistent with the Act					
The code provides sufficient clarity on the functions and duties of healthcare professionals in relation to the Act					
Having read this code of practice, I have a better understanding of how to support people with decision-making capacity challenges (and their decision supporters where applicable) in making certain decisions					

**2(b)** Having read through this code of practice, do you foresee having to make changes to your work practices?

Yes

No

Not sure

Not applicable

If yes or not sure, please outline in the text box below what these changes may include

**2(c)** If applicable, please indicate in the text box below what is needed to support the implementation of this code in the service in which you work

### 3. SELECTED SECTIONS OF THE CODE OF PRACTICE

Please consider the following questions in relation to each section within this code of practice on which you wish to provide feedback:

- Are the issues covered in this section clear and easy to understand?
- Should any additional issues be included?
- Should anything be excluded?
- What would help to improve the section?

It may be helpful to have a copy of the code open while answering questions. You can click on the contents page at the beginning of the document in order to go directly to a specific part of the code. You can access the code on the webpage <https://decisionsupportservice.ie/public-consultation/public-consultation-phase-1/consultation-code-practice-healthcare-professionals>. When providing feedback please bear in mind that the final code of practice must reflect the contents of the Act. The draft code includes a number of anticipated amendments to the Act.

#### CHAPTER 1: INTRODUCTION AND OVERVIEW

##### 1.1 Purpose of this code of practice

Does this section require any amendments?

Yes

No

If yes, please briefly outline suggested amendments

## CHAPTER 2: YOUR FUNCTIONS AND DUTIES

### Section 2.1 Apply the guiding principles

Does this section require any amendments?

Yes

No

If yes, please briefly outline suggested amendments

### Section 2.2 Emergency and urgent situations

Does this section require any amendments?

Yes

No

If yes, please briefly outline suggested amendments

### Section 2.3 Decision support arrangements

Does this section require any amendments?

Yes

No

If yes, please briefly outline suggested amendments

## **Section 2.4** Court applications

Does this section require any amendments?

Yes

No

If yes, please briefly outline suggested amendments

## **CHAPTER 3: INTERACTING WITH DECISION SUPPORTERS**

Does this chapter require any amendments?

Yes

No

If yes, please briefly outline suggested amendments

## **CHAPTER 4: INTERACTING WITH THE DIRECTOR**

Does this chapter require any amendments?

Yes

No

If yes, please briefly outline suggested amendments

## CHAPTER 5: INTERACTING WITH OTHER PERSONS NAMED IN THE ACT

Does this chapter require any amendments?

Yes

No

If yes, please briefly outline suggested amendments

## 4. FINAL REMARKS

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If you wish to provide any additional feedback on this code of practice, please do so in the text box below

**Thank you for responding to this consultation!**