Standard operating procedure (SOP) · TRM-SOP-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 41.2

At a glance

- Before treatment, each patient is told which parts of the practice are supported by evidence and which are not (TRM-FRM-001).
- No claim is made that the service cures or prevents a condition without evidence.
- The patient is given the statement in writing.
- Consent is taken after the statement is explained.
- Stop and get help straight away if: treatment starts with no evidence statement, or a claim is made with no evidence.

1. Purpose

To make sure patients make informed choices and are not misled about what treatment can do (41.2).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

Patients have a right to know whether a traditional or complementary treatment has evidence behind it. Telling them honestly, before treatment, lets them decide with full information.

5. Responsibilities

Role	Responsibility	Competence
Service lead	Owns the statement and the claims rules	Clinical director
Practitioner	Gives the statement and records it	Service lead

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Explain.

- Explain honestly which parts of the practice are supported by evidence and which are not.

Key point: Explained.

Step 2. Record.

- Record the statement given and the patient’s understanding (TRM-FRM-001).

Key point: Recorded.

Step 3. Consent.

- Take consent only after the statement is explained (CON-SOP-001).

Key point: Consented.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Patients with an evidence statement before treatment	100%	Quarterly	Service lead	Escalate to the clinical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
TRM-FRM-001	Evidence disclosure record	Record
CON-SOP-001	Informed consent before significant care (existing)	Procedure

17. Evidence

Reference	Note
E-009	Based on the WHO Traditional Medicine Strategy 2014–2023, the WHO guidance on substandard and falsified medical products, and the ASF Hospital standard for informed consent and incident reporting.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Patient Identification, Informed Consent and Patient Rights** (T-07)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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