Clinicians and Mental Capacity Assessment (CMCA) Questionnaire
V1.91

Demographic information

What is your age?
- 18-29
- 30-44
- 45-54
- 55-64
- 65+

What gender do you identify as?
- Male
- Female
- Trans
- Prefer not to disclose

In which country did you obtain your Primary Medical Qualification (i.e. MBBS, MD degree)?
- United Kingdom
- European Union or European Economic Area
- Non-European Union or Non-European Economic Area

At what career stage are you currently?
- Recently Qualified - FY1-FY2
- Early Speciality Training - CT1-ST3
- Senior Speciality Training - ST4 to CCT
- Consultant – less than 10 years of experience
- Consultant – over 10 years of experience
- Retired
- Other_________________

Which clinical speciality do you predominately work in? (Drop down menu, list of specialities as recognised by the General Medical Council)
- Acute Internal Medicine (AIM)
- Allergy
- Anaesthesics
- Audiovestibular Medicine (AVM)
- Cardiology
- Cardiothoracic surgery
- Clinical Genetics
- Clinical Neurophysiology
- Clinical Pharmacology & Therapeutics (CPT)
- Combined Infection Training (CIT)
- Dermatology
- Emergency Medicine
- Endocrinology & Diabetes Mellitus
- Gastroenterology
- General Practice
- General surgery
- Genitourinary Medicine (GUM)
- Geriatric Medicine
- Haematology
- Immunology
- Infectious Diseases & Tropical Medicine
- Intensive Care Medicine
- Medical Microbiology
Domain 1: Experience

Please select the response(s) that most closely match your knowledge and experience:

1. Have you ever performed a mental capacity assessment independently or as part of a team?
   - Yes
   - No

2. If you answered No to Question 1, (i.e. do not perform mental capacity assessments) why is this?
   - I do not work clinically
   - My work does not involve patient contact
   - I delegate mental capacity assessments to doctors more junior to me
   - I refer mental capacity assessments to doctors more senior to me
   - I refer mental capacity assessments to other members of the multi-disciplinary team
   - Other_________________

3. Have you performed a mental capacity assessment in the past 12 months?
   - Yes
   - No

4. How many mental capacity assessments have you performed in the past 12 months?
   - 1-10
   - 11-20
   - 21-30
   - 31-40
   - 41-50
   - >50
5. Are you familiar with the professional guidelines on mental capacity assessment?  
   o Yes  
   o No

6. Have you ever received formal training on performing mental capacity assessments?  
   o Yes  
   o No

7. If yes, what did your training cover? **Select as many as apply:**  
   o The Mental Capacity Act (2005) and its legal requirements  
   o The components of a mental capacity assessment  
   o Indications for performing a mental capacity assessment  
   o The purpose of mental capacity assessment in consent for health and social care  
   o Performing mental capacity assessments in patients with communication difficulties  
   o I don’t remember  
   o I did not receive formal training

8. How was your training delivered? **Select as many as apply:**  
   o eLearning online training module  
   o Face to face workshop  
   o Didactic lecture  
   o I don’t remember  
   o I did not receive formal training

9. How do you usually perform mental capacity assessments? **Select as many as apply:**  
   o I have a conversation with the patient to gain an impression and make a judgement.  
   o I compare a patient’s argument to commonly held beliefs then make a judgement.  
   o I follow the steps set out in the local guidelines to make a judgement.  
   o I perform a comprehensive interview in the presence of at least 1 other witness before I make a judgement.  
   o Other_____________________________

10. On average, how much time do you usually allot to perform a mental capacity assessment?  
    o 1 - 10 minutes  
    o 11- 20 minutes  
    o 21- 30 minutes  
    o 31-60 minutes  
    o >60 minutes  
    o I am not sure

11. How confident are you in recognising when an assessment of mental capacity is justified?  

<table>
<thead>
<tr>
<th>Not at all confident</th>
<th>Somewhat confident</th>
<th>Mostly confident</th>
<th>Very confident</th>
<th>Extremely confident</th>
<th>I don’t know</th>
</tr>
</thead>
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12. Have you ever witnessed a mental capacity assessment being performed without a clear indication?  
    o Yes  
    o No

13. Have you ever queried the indication(s) for or the outcome of a mental capacity assessment?  
    o Yes  
    o No
14. If yes, why did you query the mental capacity assessment(s)? **Select as many as apply:**
   - The assessment was unnecessary.
   - The question posed or decision to be made was unclear.
   - The assessment was performed incorrectly.
   - The patient or individual's mental capacity fluctuated.
   - Excess pressure was exerted by the patient’s relatives or caregivers in favour of a particular outcome.
   - Excess pressure was exerted by colleagues in favour of a particular outcome.

**Domain 2: Attitudes**

Consider the scenario below:
Mrs C is an 80 year old lady admitted after her daughter found her on the floor drowsy and confused at home. A severe community acquired pneumonia was diagnosed as the cause of her delirium and appropriate treatment was given over several days. Mrs C requires ongoing input from the therapy team due to poor mobility and although improving, she continues to be delirious. Mrs C has expressed a wish to end her hospital admission early against medical advice and you have been asked to perform a mental capacity assessment.

Please select the statement which most closely represents your thoughts and/or feelings in the context of and in consideration of the scenario above:

1. Have you ever faced a scenario like that of Mrs C professionally?
   - Yes
   - No

2. How competent do you feel to perform a mental capacity assessment in the above scenario?
   - Not at all competent
   - Somewhat competent
   - Moderately competent
   - Very competent
   - Extremely competent

3. How confident do you feel in performing a mental capacity assessment in the scenario above?
   - Not at all confident
   - Somewhat confident
   - Moderately confident
   - Very confident
   - Extremely confident

4. In relation to your feelings toward performing mental capacity assessments, have you felt any of the below? **Select as many as apply:**
   - Happy
   - Sad
   - Anxious
   - Stressed
   - Frustrated
   - Ambivalent
   - Under time pressure due to your workload
   - Under pressure or bullied by colleagues
   - Under pressure or bullied by patient relatives or caregivers
   - I have not experienced any of these feelings in this context
   - Other ___________________