



Healthcare Law and Medical Liability: Patient Consent, Records and Malpractice Claims

26 – 30 October 2026

Paris - Right Bank business hotel



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Introduction:

Healthcare law and medical liability questions reach hospital managers long before a claim is filed: a consent form signed without explanation, a record amended after an adverse outcome, a clinician granted privileges beyond verified competence, or a complaint answered defensively. Each can turn a clinical event into litigation and reputational loss. This Core Concept course gives hospital managers, medical staff leaders and legal and compliance officers a practical method to map legal duties, test cases against the elements of negligence, strengthen documentation and handle claims. Participants produce a Medico-Legal Risk Reduction Plan for their own organisation.

Course Objectives:

- Map the legal relationships and sources of obligation that govern healthcare delivery in a hospital or clinic
- Apply the elements of valid informed consent and the duty of confidentiality to consent forms, disclosures and health record requests
- Analyse an adverse outcome against duty, breach of the standard of care, causation and damage to judge the merit of a malpractice claim
- Design credentialing and privileging controls and clinical documentation practices that stand up as evidence in a legal defence
- Review clinician employment and provider contracts and the liability allocation in telemedicine and AI-supported care
- Manage complaints, claims and dispute resolution routes and build a plan that reduces the organisation's claims exposure

Target Audience:

- Hospital and clinic managers accountable for the legal exposure of their facility or service line
 - Medical staff leaders who chair credentialing, privileging and professional conduct committees
 - Legal officers who advise on patient claims, clinician contracts and dispute resolution
 - Compliance officers responsible for policies on consent, confidentiality and health records
 - Clinical risk and patient relations managers who handle complaints and notify claims
 - Nursing and allied health leaders who supervise documentation and consent practice on the wards
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Course Outline:

Day 1: Legal Framework of Healthcare Delivery and Patient Rights

- Sources of Healthcare Law: Legislation, Professional Codes, Case Law and Institutional By-Laws
- Legal Relationships Map: Patient, Clinician, Facility, Insurer and Payer
- Patient Rights Charter: Dignity, Information, Choice, Complaint and Refusal of Treatment
- Professional Licensing and Disciplinary Bodies: Comparative Models of Clinician Accountability
- Medico-Legal Exposure Self-Assessment Checklist for a Healthcare Facility

Day 2: Informed Consent, Confidentiality and Health Records

- Valid Consent Elements: Capacity, Disclosure of Material Risks, Voluntariness and Documentation
- Consent for Minors, Adults Lacking Capacity, Emergencies and Research Participants
- Duty of Confidentiality and Permitted Disclosures: Court Orders, Public Health and Safeguarding
- Health Record Custody, Patient Access Requests, Retention and Amendment Rules
- Consent Form and Disclosure Log Audit Template

Day 3: Medical Negligence and Malpractice Liability Analysis

- Four Elements of Negligence: Duty of Care, Breach, Causation and Damage
- Standard of Care Tests: Peer Professional Opinion and the Higher Skill Expected of Specialists
- Vicarious Liability, Non-Delegable Duties and Institutional Negligence of the Facility
- Recurring Claim Patterns: Diagnostic Failure, Treatment Delay, Surgical and Medication Error
- Claim Merit Assessment Worksheet with Causation and Damages Evidence

Day 4: Credentialing, Documentation, Clinician Contracts and Technology Liability

- Credentialing and Privileging Cycle: Primary Source Verification, Delineated Privileges and Reappointment
- Clinical Documentation for Legal Defence: Contemporaneous Entries, Late Entries and Audit Trails
- Clinician Employment Contracts, Locum Agreements and Outsourced Provider Indemnity Clauses
- Telemedicine Liability Overview: Remote Consent, Licensure Across Borders and Record Keeping
- AI Clinical Decision Support Liability Overview: Human Oversight and Allocation of Fault

Day 5: Complaints, Litigation and the Medico-Legal Risk Reduction Plan

- Complaints Handling Pathway: Acknowledgement, Investigation, Open Disclosure and Response Letter
 - Dispute Resolution Routes: Negotiation, Mediation, Arbitration, Court Proceedings and No-Fault Compensation
 - Case Study: Wrong-Site Surgery Claim from Incident Report to Settlement Decision
 - Case Study: Consent Dispute and Health Record Request in an Outpatient Clinic
 - Medico-Legal Risk Reduction Plan: Claims Register, Priority Controls and Panel Defence
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Skills You Will Gain:

- Healthcare Legal Framework Mapping
- Informed Consent Validation
- Health Record Disclosure Decisions
- Negligence Element Analysis
- Credentialing and Privileging Review
- Defensible Clinical Documentation
- Clinician Contract Liability Review
- Medical Claims Handling

Why Attend This Course:

- Return with a Medico-Legal Risk Reduction Plan that sets priority controls and a claims register for your own organisation
- Judge quickly whether a complaint or adverse outcome carries real claim merit before legal costs build up
- Brief clinicians and boards on consent, confidentiality and documentation duties in plain legal terms
- Compare medico-legal practice with managers, medical leaders and legal officers from public, private and specialist providers

Conclusion:

Medical liability is shaped long before a courtroom: by how consent is obtained, how records are written, who is granted privileges and how complaints are answered. The course moves from the legal framework and patient rights, through consent, confidentiality and records, to the elements of negligence and institutional liability, then to credentialing, documentation, clinician contracts and technology risk. The final day works through real claim cases and produces a Medico-Legal Risk Reduction Plan ready for review by management and counsel.
