

ADVICE & GUIDELINES ON PROFESSIONAL CONDUCT
FOR DISPENSING OPTICIANS

APPENDIX E - GUIDANCE OF LEGISLATIVE ISSUES

[3] MODEL CHAPERONE FRAMEWORK - for Optometry and Opticians

Explanatory notes

AE3.1 This framework is adapted from the: "Guidance on the Role and Effective Use of Chaperones in Primary and Community Care Settings" Model Chaperone Framework, published by the NHS Clinical Governance Support Team in June 2004.

Framework for optometrists and opticians

AE3.2 The NHS framework relates closely to hospitals and NHS establishments where intimate examinations are being carried out. Sight Tests and other procedures carried out by optometrists and opticians are non-invasive and not intimate in nature.

This framework has been written to address the particular circumstances relating to optometrists and opticians, and relates to chaperoning not the separate issues relating to child abuse.

Guidance for optometrists and opticians

AE3.3 Particular attention should be drawn to the following extract from Section 26.05 of the College of Optometrists Guidance:

The practitioner should be aware of the need to protect him/herself against unfounded allegations of inappropriate conduct or assault that may result from the distress or discomfort of a patient at the close physical proximity and contact that is necessary in the conduct of a consultation. The unfamiliar environment of the consulting room may exacerbate feelings of distress or discomfort on the part of a child or vulnerable adult. The steps taken by an individual practitioner to overcome this will depend upon his/her own circumstances and must always take account of the need to preserve patient confidentiality. They may include:

1. Ensuring the presence of a parent or other appropriate carer at all times, even outside the consulting room [*note 26.03 When examining a child or vulnerable adult, a practitioner should normally allow any request for a parent or carer to accompany the patient in the consulting room. However, the practitioner should not allow such a request where it is contrary to the declared wishes of an adult patient or of a "Gillick competent" child.*]

2. An open-access policy – i.e. a policy which means that colleagues are able to simply knock and enter the consulting room at any time without having to wait to be invited in after knocking;

3. Having windows in the consulting room, or keeping the door ajar to enable the parent or carer to hear the consultation if he is not in the consulting room; When a practice or corporate contractor publishes its policy, based on this guidance, the most up to date version of the relevant sections of the College of Optometrists guidance (Sections 1, 19, 24 and 26) and the relevant sections of the Association of British Dispensing Opticians guidance should be appended.

These are available on: www.college-optometrists.org and www.abdo.org.uk

The policy makes mention of a “Gillick-competent” child. The law regards young people aged 16 or 17 to be adults for the purposes of consent to treatment and right to confidentiality. Therefore if a 16 year old wishes a medical practitioner to keep the treatment confidential then that wish should be respected. For example, children under the age of 16 who have the capacity and understanding to take decisions about their own treatment are also entitled to decide whether personal information may be passed on and generally to have their confidence respected, for example if they were receiving counselling or treatment about something they did not wish their parent to know. Case law has established that such a child is known as ‘Gillick Competent’, i.e. where a child is under 16 but has sufficient understanding in relation to the proposed treatment to give, or withhold consent, consent or refusal should be respected. However, good practice dictates that the child should be encouraged to involve parents or other legal guardians in any treatment.

Consent and request issues

AE3.4 Consent for an NHS Sight Test is obtained by the patient signing the GOS 1 form. When a patient requests that the practitioner does not carry out any procedure, it may mean that a Sight Test cannot be completed. The requirements of the patient takes precedence, but if the practitioner judges that the Sight Test has not been completed, then the patient should be informed and the circumstances should be noted on the record card.

Patient notification

AE3.5 The Patient notification (which follows) is not designed as a notice to be displayed at the practice, but rather as a written guide which should be available to patients and their carers on request.

Sample Chaperone Policy

For a sample CHAPERONE POLICY which can be personalised with your practice details, see Appendix E [3] Model Chaperone sample form for personalisation.