



CLINICAL GUIDELINE

Clinical (Patient) Photography & Video Policy

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Does this version include changes to clinical advice:	N/A
Date Approved:	16 th May 2024
Date of Next Review:	31 st March 2027
Lead Author:	Kathy McFall
Approval Group:	Acute Services Division Clinical Governance Forum

Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Clinical (Patient) Photography & Video Policy

Version 6.0

Lead Manager:	Head of Medical Illustration Services
Responsible Director:	Diagnostics Director
Approved by:	Corporate Management Team
Date approved:	March 2024
Date for Review:	March 2027
Replaces previous version: [if applicable]	5.0 (October 2018)

This policy has been prepared and adopted by the following Health Boards in NHS Scotland:

NHS Ayrshire and Arran, NHS Fife, NHS Greater Glasgow and Clyde, NHS Highland, NHS Lanarkshire, NHS Lothian and NHS Tayside.

For the purposes of this policy these Health Boards are referred to collectively as the National Health Service in Scotland (NHSiS), except in relation to copyright where this can only be retained by the governing Health Board.

1. Introduction

Making clinical photographic and video recordings of patients for treatment planning, diagnosis, monitoring progress, teaching, quality assurance, clinical governance, legal evidence, research and publication is common practice within Health Boards.

This policy sets out the framework for staff making clinical recordings, to ensure they act in the best interests of patients and are compliant with the law. The term ‘recording’ refers to all photographic images and video recordings of patients, regardless of format or recording medium.

This policy should be read in conjunction with the associated Clinical (Patient) and Video Recordings Procedures document [here](#).

2. Scope

This policy applies to:

- all clinical recordings in the possession of the governing Health Board, including recordings originating from outside the governing Health Board
- all individuals employed by the governing Health Board, including employees, staff with honorary contracts, volunteers, students and contractors

This policy overrules any other related guidelines or policies.

It does not cover diagnostic audio recordings or recordings made by Forensic Services SPA, though the general principles of the policy can be applied.

All breaches or suspected breaches of this policy are viewed as serious misconduct and must be reported to Information Governance via DATIX. Where it is suspected that a breach has occurred, then the NHSGGC IT Security Policy, NHSGGC Mobile Devices and Data Breach Policy should also be consulted.

Any breaches or suspected breaches will be considered in accordance with NHS Scotland’s Conduct Policy and NHS Scotland’s Guide to Expected Standards of Behaviour. Where the breach or suspected breach is deemed serious an investigatory process will be appropriate in accordance with NHS Scotland Workplace Investigation Policy to establish facts. Where there is information to support that a serious breach has occurred then a conduct sanction may be issued in accordance with NHS Scotland’s Conduct Policy and a referral may be made to any professional regulatory bodies.

Further advice can be sought from Human Resources Support and Advice Unit.

3. Roles and responsibilities

Scottish Clinical Photography & Video Network (SCPVN)	Responsible for developing, reviewing and maintaining this policy and associated guidelines; providing expert advice and guidance; formally agreeing any exceptions to the policy; and setting an example of good practice for all staff, ensuring compliance in terms of consent, confidentiality and data processing.
Caldicott Guardian	Responsible for ensuring the implementation of the Caldicott Principles with respect to patient identifiable information.
Information Governance	Responsible for monitoring and assisting the investigation of any relevant incidents reported through DATIX.
Directors and General Managers	Responsible for ensuring that the policy and its supporting standards and guidelines are built into local processes and that there is ongoing compliance. They must ensure that any breaches of the policy are reported, investigated and acted upon via DATIX.
Line Managers	Responsible for ensuring that the policy and any local protocols are accessible for their staff and identifying staff training needs in relation the policy.
Employees	Responsible for ensuring their practice is in line with the policy and local protocols.

4. Framework

This section describes the broad framework for making recordings of patients. Detailed processes and procedures are provided in the associated guidance documents.

- Recordings must only be made, stored and used when they will benefit the patient, either directly or indirectly, or through the training and education of others (or another fully justifiable purpose).
- Anyone making recordings must do so on the understanding that the recordings produced form part of the patient's health record (either physical or electronic).

- All recordings must be retained in line with the national guidelines for health records and made available upon request from a patient or their representative.
- Anyone making recordings of patients should be authorised to do so.
- Anyone making recordings should obtain consent from the patient; they should explain why the recording is being made, how it will be stored, and how it will be used. This should be documented in the patient's health record.
- Recordings should only be made by approved methods of capture using NHSiS approved equipment.
- Recordings should be uploaded to an approved secure storage system at the earliest opportunity (where possible, within 48 hours of being taken).
- Anyone making recordings of patients must respect the dignity, ethnicity and religious beliefs of patients at all times.

5. Copyright

The governing Health Board holds the copyright, reproduction and moral rights of all recordings made of its patients and staff.

6. Resource implications

All recording equipment must produce images of sufficient quality to be fit for purpose.

7. Monitoring and review

A. Communication and Implementation Plan

The policy and procedures documents will be made available on the NHSGGC website and widely circulated to Directors, Clinical Directors and Senior Managers for application in their local area as required. The Policy Lead is responsible for training, ongoing communication and review.

B. Monitoring

The effectiveness of the policy will be monitored and have a structured approach to the evaluation methods within a reasonable time period. This will be done by the following evaluation methods:

- Observation
- Consultation via various staff groups undertaking photographic and video recordings

- Consultation with governance groups

C. Impact Assessment

Confirmed as out of scope for EQIA by the Equalities and Human Rights Team.