Unsworth Group Practice

CHAPERONE POLICY

Introduction

All medical consultations, examinations and investigations are potentially distressing. Intimate examinations can be embarrassing or distressing for patients and whenever a clinician examines a patient they should be sensitive to what the patient may think of as intimate. This is likely to include examinations of breasts, genitalia and rectum but could include any examination where it is necessary to touch or even be close to a patient.

This policy is designed to protect both patients and staff from abuse or allegations of abuse and to assist patients to make an informed choice about their examinations and consultations.

The presence of a chaperone does not remove the need for adequate explanation and courtesy and neither can it provide full assurance that the procedure or examination is conducted appropriately.

It is also important that children and young people are provided with chaperones. GMC guidance states that a relative or friend of the patient is not an impartial observer and so would not usually be a suitable chaperone.

Personnel

- Although a clinical staff member is preferred as a chaperone, one is not always available and therefore it is acceptable that a non-clinical staff member act as chaperone, once trained, with consent of the patient.

- Initial training will incorporate completion of an online module followed by face to face training with a designated senior clinician. Subsequently staff should undergo online training every 3 years. The staff member should be trained in the procedural aspects of personal examinations, comfortable in acting in the role of chaperone, and be confident in the scope and extent of their role. Training will include what is meant by the term chaperone, what is an 'intimate examination', why chaperones need to be present, the rights of the patient, the chaperone's role and responsibilities (for example it is important they place themselves inside the screen observing) and the mechanism for raising concerns.

- No staff member should act as chaperone without a DBS check in the last three years.

Confidentiality

- The chaperone should only be present for the examination itself, with most discussion with the patient taking place while the chaperone is not present.

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- Patients should be reassured that all practice staff understand their responsibility not to divulge confidential information.

PROCEDURE

- The clinician will contact reception to request a chaperone.
- Where no chaperone is available, a clinician may offer to delay the examination to a date when one will be available, as long as the delay would not have an adverse effect on the patient's health.
- If a clinician wishes to conduct an examination with a chaperone present but the patient does not agree to this, the clinician must clearly explain why they want a chaperone to be present. The clinician may choose to consider referring the patient to a colleague who would be willing to examine them without a chaperone, as long as the delay would not have an adverse effect on the patient's health.
- The clinician will record in the notes that the chaperone is present, and identify the chaperone.
- The chaperone will enter the room discreetly and remain in the room until the clinician has finished the examination.
- The chaperone will attend inside the curtain at the head of the examination couch and watch the procedure.
- To prevent embarrassment, the chaperone should not enter into conversation with the patient or GP unless requested to do so, or make any mention of the consultation afterwards.
- The patient can refuse a chaperone, and if so this **must** be recorded in the patient's medical record.
- No member of the clinical staff (partner, salaried GP, locum GP etc) should insist on a staff member being a chaperone if the non-clinical staff member has not completed the necessary training.