



# CHAPERONE POLICY

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## **Introduction**

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.

## **Guidelines**

Clinicians (male and female) should consider whether an intimate or personal examination of the patient (either male or female) is justified, or whether the nature of the consultation poses a risk of misunderstanding.

- The clinician should give the patient a clear explanation of what the examination will involve.
- Always adopt a professional and considerate manner - be careful with humour as a way of relaxing a nervous situation as it can easily be misinterpreted.
- Always ensure that the patient is provided with adequate privacy to undress and dress.
- Ensure that a suitable sign is clearly on display in each consulting or treatment room offering the chaperone service.

This should remove the potential for misunderstanding. However, there will still be times when either the clinician, or the patient, feels uncomfortable, and it would be appropriate to consider using a chaperone. Patients who request a chaperone should never be examined without a chaperone being present. If necessary, where a chaperone is not available, the consultation/examination should be rearranged for a mutually convenient time when a chaperone can be present.

Complaints and claims have not been limited to doctors treating/examining patients of the opposite gender - there are many examples of alleged assault by female and male doctors on people of the same gender.

Consideration should also be given to the possibility of a malicious accusation by a patient. There may be occasions when a chaperone is needed for a home visit. The following procedure should still be followed.

## **Who Can Act as a Chaperone?**

A variety of people can act as a chaperone in the practice, but staff undertaking a formal chaperone role must have been trained in the competencies required. Where possible, it is strongly recommended that chaperones should be clinical staff familiar with procedural aspects of personal examination. Where suitable clinical staff members are not available, the examination should be deferred.

Where the practice determines that non-clinical staff will act in this capacity, the patient must agree to the presence of a non-clinician in the examination and be at ease with this. 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. They will have received instruction on where to stand and what to watch and instructions to that effect will be laid down in writing by the practice.

### **Key Actions for Chaperones**

- Obtain the patient's consent to have a Chaperone before the examination and record that it has been received in the patient's notes.
- Follow relevant policies and procedures where there are issues relevant to patient capacity.
- Chaperone must give the patient privacy to undress and dress using drapes, screens, blankets always.
- Record the use of and the identity of the chaperone in the patient's notes: use the Chaperone stamp when using paper records.
- Ensure the patient is always supported to dress fully after the procedure maintaining his/her full dignity and privacy.

### **Confidentiality**

- The chaperone should only be present for the examination itself, and most discussion with the patient should take place while the chaperone is not present.
- 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/screened-off area at the head of the examination couch and observe 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 chaperone will make a record in the patient's notes after examination.** The record will state that there were no problems or give details of any concerns or incidents that occurred. The chaperone must be aware of the procedure to follow if they wish to raise concerns.
- The patient can refuse a chaperone, and if so, this **must** be recorded in the patient's medical record.
- Signage in each consulting room along with details on the web site and in reception offering a chaperone should a patient need one be clear.
- Chaperones should be DBS checked.

### **CORONAVIRUS (COVID-19)**

The COVID-19 pandemic has fast-tracked the use of online and video consultations as part of regular patient appointments and interactions, but the same chaperone principles will still apply - an online/video/phone consultation does not negate the need to offer a chaperone.

The General Medical Council (GMC) published guidance for GP Practices on how to provide appropriate patient care in online, video or telephone consultations. The guidance includes appropriate use of photographs and video consultations as part of patient care.

The Royal College of Nursing published genital examination in women. It includes some useful information on chaperoning which is applicable regardless of gender.

NHS England have produced guidance on key principles for intimate clinical assessments undertaken remotely in response to COVID-19, including how to conduct intimate examinations by video and the use of chaperones.

The GMC published guidance on intimate examinations and chaperones. It provides a framework for all health care professionals and sets out when and why a patient may need a chaperone and what should be taken into consideration.

If a GP wishes not to follow this guidance they should risk-assess the situation. They should record their logic or discussion clearly. Even by doing this rather than following the guidance, they will put themselves at risk.