

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 for clinical staff

For detailed guidelines, please read the document 'Guidelines for Chaperones' in Essential Info.

Whenever possible you should offer the patient the security of having an impartial observer (a "chaperone") present during an intimate examination. This applies whether or not you are the same gender as the patient.

Intimate examinations are likely to include breasts, genitals and rectum, but could also include any examination where it is necessary to touch or even be close to the patient. Patients who request a chaperone should never be examined without a chaperone present.

Before conducting the examination you should:

- give the patient a clear explanation of why the examination is necessary and what it will involve
- obtain the patient's permission before the examination and record that permission has been obtained (you must assess their capacity to consent to the examination)
- offer the patient a chaperone (each consulting / treatment room should have a suitable sign clearly on display offering the chaperone service if required)
- always adopt a professional and considerate manner
- give the patient privacy to undress and dress, and keep the patient covered as much as possible to maintain their dignity. Do not help the patient to remove clothing unless you have checked with them that they want you to help.

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.

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.

A variety of people can act as a chaperone in the practice. In general, it is preferable that chaperones should be clinical staff familiar with procedural aspects of personal examination. However, at a very busy practice such as ours, suitable clinical staff members are often busy with patients of their own. The partners have therefore determined that in these circumstances chaperone-trained non-clinical staff may act in this capacity, subject to the patient agreeing to and being at ease with the presence of a non-clinician in the examination.

Formal training is available through our e-learning provision (please refer to the staff intranet or the Staff Training section of our website).

A relative or friend of the patient is not an impartial observer and so would not usually be a suitable chaperone, but you should comply with a reasonable request to have such a person present as well as a chaperone.

Role of a chaperone

A chaperone's role includes to:

- be sensitive and respectful of the patient's dignity and confidentiality
- allow the patient to undress and dress in private, giving assistance only when permission has been given
- reassure the patient if they show signs of distress or discomfort
- be familiar with the procedural aspects of personal examinations (i.e. understand what you are expected to hear and observe)
- ensure only the area to be examined is exposed to maintain the patient's dignity; use clothing or a paper towel to cover up
- be present as a witness to a procedure
- protect the clinician and the healthcare professional from unacceptable behaviour
- be comfortable and confident in acting in the role of chaperone
- be prepared to raise concerns about a doctor if misconduct occurs
- stay for the minimum period necessary
- be able to identify unusual or unacceptable behaviour relating to a procedure or the consultation
- be able to identify whether the implied or implicit consent given at the start of the procedure remains valid throughout, and determine whether the attitude of the patient or the clinician has changed.

If you do not feel confident in what you are being asked to observe, or how to do it, ask for guidance or further training.

Chaperones should not be involved in the procedure itself and not normally enter into conversation with the patient in relation to this. It is expected that, in general practice, you will be specially and formally trained in your role, either through professional competencies (e.g. nurses) or through formal

training courses that the practice will arrange for you (please refer to the Staff Training Matrix on the intranet). It is essential that you thoroughly understand what is expected from you, not only what the practice or the GP expects, but also what a patient may reasonably expect by virtue of your presence.

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.

Click here to link to the latest GMC guidelines for intimate examinations:

www.gmc-uk.org/guidance/ethical_guidance/21170.asp

Procedure

- Ideally the clinician should approach a trained Receptionist to act as a chaperone; check with the Reception Team Leader on duty. If this is not possible, you may ask our Assistant Practice Manager, or another clinician.
- 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 a chaperone was offered, that a chaperone is present, and identify the chaperone
- The chaperone will enter the room discreetly and should always introduce him/herself, then remain **inside the curtained off area** at the head of the 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 patient can refuse a chaperone, and if so this **must** be recorded in the patient's medical record
- There may be rare occasions when a chaperone is needed for a home visit. The above procedure should still be followed.
- 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.

See next page for the appropriate coding.

Raising concerns

If you are concerned about the behaviour of a clinician or of any other member of staff, or if you have concerns about any issue that you feel puts the interests of others or of the practice at risk, then you must raise your concerns.

Concerns can often be resolved simply. Speak to Senior Partner and/or Practice Manager in the first instance. To find out more please refer to the practice **Whistle Blowing Policy**, available in the staff handbook, the staff area of our website, and the staff intranet.

RAISE YOUR CONCERNS EVEN IF YOU ARE UNSURE

Coding

The codes below must be used in **all** cases. Please note that these Read codes convert to Snomed.

9NP1 Chaperone present

9NP2 Chaperone refused

9NP4 Chaperone not available - **NB you MUST click the appropriate description for this code!**

A regular audit of the use of each read code by clinicians will be undertaken, and it is expected that a high level of usage will be demonstrated.

A copy of this policy is also available in the Patient Information folder on Reception and in the Essential Info folder on the staff network.

To view the latest GMC guidelines for intimate examinations go to:

http://www.gmc-uk.org/guidance/ethical_guidance/21170.asp