



St Erme Medical

Treating patients as individuals

St Erme Medical

St Erme, Truro TR4 9BW

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CHAPERONE POLICY

Introduction

St. Erme Medical is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is followed at all times and the safety of everyone is of paramount importance.

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

Doctors/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.

All patients are entitled to have a chaperone present for any consultation, examination or procedure where they consider one is required. Clinicians may also request a chaperone at any stage of the consultation. The GMC advise against family members as chaperones as they may be impartial. The chaperone should be a member of staff that has been trained to act as 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.

Patients are advised to ask for a chaperone, if required, at the time of booking an appointment, if possible, so that arrangements can be made, and the appointment is not delayed in any way.



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Healthcare professionals should note that they are at an increased risk of their actions being misconstrued or misrepresented, if they conduct intimate examinations where no other person is present. The clinician may decline to carry out the examination / procedure if the patient declines a chaperone, but the clinician wants one present.

All staff are aware of and have received appropriate information in relation to this Chaperone Policy.

All staff acting as chaperones understand their role and responsibilities and are competent to perform that role.

There is no common definition of a chaperone, and their role varies considerably depending on the needs of the patient, the healthcare professional and the examination being carried out. Their role can be considered in any of the following areas:

- Assist in undressing
- Emotional comfort and reassurance to patients
- Assist in procedure
- Protection to the healthcare professional against allegations / attack

Note: If an interpreter is present as well as a chaperone, this must be recorded in the patient notes alongside the notes relating to the chaperone.

A notice offering a chaperone is displayed in the waiting areas and consulting rooms.

Chaperone training must be recorded in the training matrix and may be undertaken by a suitable healthcare professional e.g. doctor.

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 a suitable clinical staff member is not available, the examination should be deferred.

Where the lead clinician 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.



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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:

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/intimate-examinations-and-chaperones>

PROCEDURE

- Establish there is a genuine need for an intimate examination and discuss this with the patient, and whether a formal chaperone (such as a nurse) is needed.
- Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions. The chaperone would normally be the same gender as the patient and the patient will have the opportunity to decline a particular person as a chaperone, if that person is considered not acceptable for any reason.
- 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, providing 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 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.
- Once the chaperone has entered the room, they should be introduced by name and the patient allowed privacy to undress / dress. Use drapes / curtains where possible to maintain dignity. There should be no undue delay prior to examination once the patient has removed any clothing.
- Explain what is being done at each stage of the examination, the outcome when it is complete and what is proposed to be done next. Keep discussion relevant and avoid personal comment.



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- During the examination, the chaperone may be needed to offer reassurance and remain alert to any indication of distress but should be courteous at all times.
- To prevent embarrassment, the chaperone should not enter into conversation with the patient or Doctor, unless requested to do so, or make any mention of the consultation afterwards.
- Any request that the examination be discontinued should be respected.
- The patient can decline a chaperone and if so, this **must** be recorded in the patient's medical record.