

## **Ridge Medical Practice**

### **Chaperone Policy**

The Ridge Medical Practice is committed to providing a safe, comfortable environment for patients and staff. Patients undergoing consultation, examination and investigations need to feel safe and experience minimal discomfort.

Equally health professionals are at an increased risk of their actions being misconstrued or misrepresented if they conduct examinations without another person being present. The presence of a chaperone minimizes the risk of false accusations of inappropriate behavior.

This policy outlines the procedures in place for the use of chaperones during examination. It is based on the GMC Guidance –Intimate Examinations and Chaperones (2013) and National Clinical Governance Support Team -The Role and Effective Use of chaperones in Primary and Community Care settings. (2005)

All staff are aware of, and have received appropriate information in relation to this chaperoning policy and the chaperone policy is clearly advertised through patient information leaflets, websites and on notice boards.

#### **Intimate examinations**

Intimate examinations can be embarrassing or distressing for patients; whenever a patient is examined the clinician 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 also include any examination where it is necessary to touch or even be close to the patient.

#### **Before conducting an intimate examination, the clinician will:**

- Explain why an examination is necessary and give the patient an opportunity to ask questions.
- Explain what the examination will involve, in a way the patient can understand, so that the patient has a clear idea of what to expect, including any likely pain or discomfort.
- Ask for the patient's permission before the examination and record that the patient has given their positive consent.
- Offer the patient a chaperone (see below for further information).
- When consulting with a child or young person the clinician will assess their capacity to consent to the examination, if they lack the capacity to consent, their parent or guardian's consent will be sought.
- Give the patient privacy to undress and dress, and keep them covered as much as possible to maintain their dignity; they will not help the patient to remove clothing unless they have been asked for assistance, or the clinician has checked with them that they want them to help.

#### **During the examination the clinician will:**

- Explain clearly what he/she is going to do before doing it.
- Stop the examination whenever the patient asks them to.
- Keep any discussion relevant and won't make unnecessary personal comments.

#### **Chaperones**

A chaperone is an impartial witness to the intimate examination and is there to safeguard all parties. Clinicians should offer the patient the option of having a chaperone present wherever possible. This applies equally for both genders.

A chaperone should usually be a health professional, but may be a non-clinical staff member such as a receptionist who has been trained to perform this role

The Chaperone will:-

- Be sensitive and respect the patient's dignity and confidentiality.
- Reassure the patient if they show signs of distress or discomfort.
- Be made familiar with the procedures involved in a routine intimate examination.
- Stay behind the curtain for the whole examination and be able to see what the clinician is doing, as much as is practical.
- Be prepared to raise concerns if they are concerned about either the clinician's behaviour or actions, or the patient's behaviour or actions.

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

If either the clinician or the patient does not want the examination to go ahead without a chaperone present, or if either is uncomfortable with the choice of chaperone, the examination may be delayed to a later date when a suitable chaperone will be available, as long as the delay would not adversely affect the patient's health.

If the clinician does not feel comfortable examining without a chaperone present but the patient has refused to have one, clear explanation will be given as to why one is needed. Ultimately the patient's clinical needs must take precedence, but it may be necessary to refer the patient to a colleague who would be willing to examine them without a chaperone, as long as a delay would not adversely affect the patient's health.

Discussion about chaperones and the outcome must be recorded in the patient's medical record. If a chaperone is present, the clinician will record that fact and make a note of their identity. If the patient does not want a chaperone, the clinician will record that the offer was made and declined.

## References

General Medical Council (2013) *Good medical practice* London, GMC.

*Protecting children and young people: the responsibilities of all doctors*. General Medical Council (2012) London, GMC

When assessing a young person's capacity to consent, a clinician should bear in mind that:

- at aged 16 a young person can be presumed to have the capacity to consent
- a young person under the age of 16 may have the capacity to consent, depending on their maturity and ability to understand

General Medical Council (2007) *0–18 years: guidance for all doctors* London, GMC, [paragraphs 24–26](#).

General Medical Council (2007) *0–18 years: guidance for all doctors* London, GMC, [paragraphs 27–28](#).

NHS Clinical Governance Support Team (2005) *Guidance on the role and effective use of Chaperones in primary Care Settings*

## Appendix A

### Checklist for Consultations involving intimate examinations

1. Establish there is a genuine need for an intimate examination and discuss this with the patient.
2. Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions.
3. Offer a chaperone or invite the patient to have a family member/friend present. If the patient does not want a chaperone, record that the offer was made and declined in the patient's notes (Read Code XaEis).
4. Obtain the patient's consent before the examination and be prepared to discontinue the examination at any stage at the patient's request.
5. Record that permission has been obtained in the patient's notes (Read code XaKFs)
6. Once the chaperone has entered the room give the patient privacy to undress and dress.
7. Explain what you are doing at each stage of the examination, the outcome when it is complete and what you propose to do next. Keep discussion relevant and avoid personal comments.
8. If a chaperone has been present record that fact and the identity of the chaperone in the patient's notes (Read Code XaEir).
9. Record any other relevant issues or concerns immediately following the consultation.