

CHAPERONE POLICY

A chaperone is there for the patient and clinician for reassurance and support.

This policy is designed to assist patients to make an informed choice about their examinations and consultations.



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GMC Good Medical Practice:

The clinician must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:

-where necessary, examine the patient
- You must treat patients as individuals and respect their dignity and privacy

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 the waiting room, at the reception desk and in each consulting or treatment room offering the chaperone service if required.

This should remove the potential for misunderstanding. If either the clinician, or the patient, feels uncomfortable they should 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.

Consideration should also be given to the possibility of a malicious accusation by a patient

There may be rare occasions when a chaperone is needed for a home visit. The above procedure should still be followed.

Always record in the patients notes that the patient has been asked if they would like a chaperone and if accepted or declined this should also be recorded.

WHEN SHOULD A CHAPERONE BE OFFERED?

- Intimate examination
- Where patients need to undress
- Intensive periods of being touched

WHO CAN ACT AS A CHAPERONE?

Where possible, our chaperones are clinical staff familiar with procedural aspects of personal examination. Where suitable clinical staff members are not available the examination should be deferred.

Two members of the Reception team have had Chaperone training including procedural aspects of personal examinations and will act as Chaperone if the patient agrees to the presence of a non-clinician in the examination, and are at ease with this.

WHAT IS THE CHAPERONES ROLE?

A chaperon is an 'impartial observer'

- They will at all times be sensitive and respect the patients dignity and confidentiality.
- Reassure the patient if they show signs of distress or discomfort
- Be familiar with the procedures involved in a routine intimate examination
- Stay for the whole examination and be able to see what the doctor is doing, if practical.
- Be prepared to raise concerns if they are concerned about any aspect of the examination.

CONFIDENTIALITY

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

PROCEDURE

- The clinician must explain why the examination is needed and the nature of the examination so that the patient understands what to expect, enabling them to make an informed decision whether they wish for a chaperone to be present. The clinician will give the patient an opportunity to ask questions.
- The clinician should 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 pain or discomfort.
- The clinician must get the patients permission before the examination and record that the patient has given it.
- The clinician must explain why they are asking if the patient would like a chaperone. A relative or friend of the patient is not suitable as a chaperone as they are not an impartial observer. However the clinician will comply with a reasonable request to have such a person present as well as a chaperone.

- There are occasions that a clinician needs to have a chaperone present and they will explain to the patient why.
- The clinician will contact the reception team to request a chaperone.
- The patient must not undress until the chaperone is present and must be given privacy to undress. The chaperone can help the patient undress but only if asked by the patient to do so. The patients' dignity will be maintained at all times.
- The clinician will record in the notes that the chaperone is present, and identify the chaperone.
- Where no chaperone is available the examination will not take place. The examination will be offered at a later date as long as the delay does not adversely affect the patients' health. The patient should not normally be permitted to dispense with the chaperone once a desire to have one present has been expressed.
- The chaperone will enter the room discreetly and remain in room until the clinician has finished the examination.
- The chaperone will normally 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 clinician unless requested to do so, or make any mention of the consultation afterwards.
- During the examination the clinician will explain what they are going to do before they do it and, if this differs from what the patient had been told before the examination, they will explain why and seek the patients' permission.
- The clinician will stop the examination if the patient asks them to.
- 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 patient can refuse a chaperone, and if so this must be recorded in the patient's medical record.
- If dealing with a child or young person, the clinician must assess their capacity to consent to the examination. If they lack the capacity to consent, the clinician should seek the parent/guardian consent.

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