

Background and Purpose of the Policy

All medical consultations, examinations and investigations are potentially distressing. Patients can find examinations, investigations or photography involving the breasts, genitalia or rectum particularly intrusive (these examinations are collectively referred to as 'intimate examinations'). Consultations involving dimmed lights, when patients have to undress or if they need to be touched may make them feel vulnerable.

For most patients, respect, explanation, consent and privacy take precedence over the need for a chaperone. The presence of a chaperone does not remove the need for adequate explanation and courtesy and neither can it provide full assurance that the procedure or examination is conducted appropriately.

Any intimate examination on children or young people under 18 years should be carried out in the presence of a formal chaperone. The GMC guidance states that a relative or friend of the patient is not an impartial observer and so would not usually be a suitable chaperone. There may be circumstances when a young person does not wish to have a chaperone. The reasons for this should be made clear and recorded.

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.

When to Use a Chaperone

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.

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.

For children and young people, their parents, relatives and carers should be made aware of the policy and why this is important.

Where a patient is offered but does not want a chaperone, it is important that the practice has recorded that the offer was made and declined.

If the patient has requested a chaperone and none is available at that time, the patient must be given the opportunity to reschedule their appointment within a reasonable timeframe. If the seriousness of the condition would dictate that a delay is inappropriate, then this should be explained to the patient and recorded in their notes. A decision to continue or otherwise should be reached jointly and recorded.

This policy should also be applied to video, telephone and online consultations.

There may be rare occasions when a chaperone is needed for a home visit and the following chaperone procedure should still be followed.

Who Can Act as a Chaperone?

The presence of a family member, parent or carer does not replace the need for a chaperone. A variety of people can act as a chaperone in the workplace. Ideally, the chaperone will be a Nurse or Healthcare Assistants. Trained Admin Staff and Receptionists can also act as chaperones. However, we do not expect that all staff will automatically be comfortable with doing this.

This training would include:

- What is meant by the term chaperone.
- What are the responsibilities of a chaperone.
- What is an 'intimate examination'.
- Why chaperones need to be present.
- The rights of the patient.
- Their role and responsibilities. It is important that chaperones should place themselves inside the screened-off area as opposed to outside of the curtains/screen (as they are then not technically chaperoning).
- Policy and mechanism for raising concerns.
- Record management procedures related to chaperoning including all documentation and recording process
- Relevant safeguarding policies and national guidance

Staff who undertake a chaperone role will already have a Disclosure and Barring Service (DBS) check.

Induction of new clinical staff should include training on the appropriate conduct of intimate examination. As part of the training, trainees should be observed and given feedback on their technique and communication skills in this aspect of care.

Training can be delivered externally or provided in-house by an experienced member of staff so that all formal chaperones understand the competencies required for the role.

All staff should have an understand the role of the chaperone and the procedures for raising concerns.

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.

Procedures

The procedure is as follows:

- The clinician should offer a chaperone to patients undertaking the examination. In all cases of intimate examinations, a chaperone should be offered and consent taken. This should be clear to the patient before any consultation and if declined should be reinforced at the time of examination.
- The clinician will arrange a chaperone on request
- When requesting a chaperone: clinician should consider the patient's preferences in relation to choice of chaperone, which might include considerations relating to sex,

religious beliefs or other personal circumstances. The clinician should also identify where patients may have additional needs, such as communication difficulties or learning disabilities, and make reasonable adjustments to ensure they understand the offer and feel supported. This may include using accessible information, involving carers or advocates, or allowing extra time for discussion.

- 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 room until the clinician has finished the examination.
- The chaperone will normally attend inside the curtain at the head of the examination couch.
- 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.

The Chaperone will:

- sensitive and respect the patient's 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 examining clinician is doing, if practical
- be prepared and supported to raise concerns if they are concerned about any behaviours or actions they observe