

CHAPERONE POLICY

**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**

All examinations will place patients in a situation in which they may feel uncomfortable and this may be compounded further by the need to undress, consent to intimate touching or intrusive examination. The presence of a third party may alleviate some of these concerns and provide protection for both patient and clinician.

Where a chaperone is not routinely provided, patients must be aware that they are able to ask for one without feeling difficult.

It is often not known prior to an examination commencing whether a chaperone will be desirable. Often, staff may be called upon to undertake this role without prior warning enabling them to prepare. It is essential therefore that chaperones have completed training for this role, are familiar with what is expected of them in carrying this out and understand the support aspects of the role for the patient.

* 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.

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

It is important that children and young people are provided with chaperones. 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.

All staff must be aware that chaperones are used to protect both patients and staff.

**WHO CAN ACT AS A CHAPERONE?**

A formal chaperone, implies a clinical health professional eg. a nurse. In General Practice, it can also mean a trained non-clinical member of staff. Members of staff who are trained to act as a chaperone will develop competencies in:

* What is an 'intimate examination'.
* Why chaperones need to be present.
* The rights of the patient.
* Their role and responsibilities.
* Policy and mechanism for raising concerns.
* The use of “informal”, casual or one-off chaperones drawn from the general practice staff is discouraged.

Non-clinical staff should not be involved in the procedure itself and should not normally enter into conversation with the patient in relation to this. Where non-clinical staff will act as chaperones, 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.

**Role**

This will vary a great deal and may be passive (simply a presence in the room) or active (assisting with patient preparation or the procedure itself). It may involve:

* Providing patient reassurance
* Helping the patient to undress or prepare, or helping with clothing or covers
* Assist with procedures (if a nurse or healthcare assistant)
* Helping with instruments
* Witnessing a procedure
* Protecting a clinician
* Being able to identify unusual or unacceptable behaviour relating to a procedure or the consultation
* Being 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
* To be in the best position to form a judgement as to whether the actions are appropriate to the investigation or not, the chaperone should be of the same sex as the patient.

As a chaperone you should bear in mind that the patient may decline to have you present (as an individual) whilst still requiring a chaperone generally. This is within the rights of the patient and should be considered as usual, and not a personal slight on your abilities.

**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.

**PROCEDURE**

* The clinician will contact Reception to request a chaperone.
* The clinician will record in the notes that the chaperone is present and identify the chaperone.
* If the patient has requested a chaperone but 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.
* The chaperone will enter the room discreetly and remain in the 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 GP unless requested to do so, or make any mention of the consultation afterwards.
* **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.

**Training**

All staff who undertake a chaperone role will have a Disclosure and Barring Service (DBS) check (as per Lightwater Surgery Recruitment and DBS Policies).

Induction of new clinical staff will include training on the appropriate conduct for intimate examinations. Trainees should be observed and given feedback on their technique and communication skills in this aspect of care.

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

Formal training will be given in house or externally.

You should be comfortable in your role across a range of examination types, and 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, perhaps externally.

**Considerations**

In some cultures, examinations by men, on women, may be unacceptable. Some patients may be unwilling to undress, or raise concerns related to culture. These concerns should be respected and recorded, and in a similar way, if there is a language difficulty, it may be best to defer an examination until an interpreter is available.

Where mental health patients are concerned, or those who may have difficulty in understanding the implications of an examination, it may be inappropriate to proceed until more secure arrangements can be made.

There may be instances where, as a chaperone, you may be required to act in this capacity outside the practice (e.g. on a home visit). Where a GP wishes to examine a patient in their own home where another family member may not be present, it may be more important that a chaperone is present and you need to be aware of your responsibilities in these circumstances.

During a Pandemic

The Covid-19 pandemic has fast-tracked the use of online and video consultations as part of regular patient appointments and interactions, but the same chaperone principles will still apply. An online/phone consultation does not negate the need to offer a chaperone.

The General Medical Council (GMC) published guidance for GP Practices on how to provide appropriate patient care in online, video or telephone consultations. The guidance includes appropriate use of photographs and video consultations as part of patient care.

The Royal College of Nursing published genital examination in women. It includes some useful information on chaperoning which is applicable regardless of gender.

NHS England have produced guidance on key principles for intimate clinical assessments undertaken remotely in response to COVID-19, including how to conduct intimate examinations by video and the use of chaperones.

The GMC published guidance on intimate examinations and chaperones. It provides a framework for all health care professionals, and sets out when and why a patient may need a chaperone and what should be taken into consideration.

If a GP wishes not to follow this guidance they should risk-assess the situation. They should record their logic or discussion clearly. Even by doing this rather than following the guidance, they will put themselves at risk.