

**DARWEN HEALTHCARE**  
**CHAPERONE POLICY No. C001**

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1	01 Sept 2014	Richard Halstead	GP Partners	New Policy
2	01 Nov 2016	Ann Neville	GP Partners	Policy Reviewed
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**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**

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 if required.

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. 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 male doctors with female patients - there are many examples of alleged homosexual assault by female and male doctors. 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 following procedure should still be followed.

## 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. The practice has adopted this role for both Clinical and Non-Clinical staff to assist.

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 all will have received instruction and training on where to stand and what to watch and instructions to that effect will be laid down in writing by the practice.

## 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: [http://www.gmc-uk.org/guidance/ethical\\_guidance/21170.asp](http://www.gmc-uk.org/guidance/ethical_guidance/21170.asp)

## 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.
- Where no chaperone is available the examination will not take place – 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 attend inside the curtain/screened off area at the head of the examination couch and observe 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 and the chaperone must place their initials after the consultation. The code: 9NP1 should be used. The chaperone must be aware of the procedure to follow if they wish to raise a concern.
- The patient can refuse a chaperone, and if so this **must** be recorded in the patient's medical record.

## **CHAPERONE GUIDELINES**

These guidelines are intended as an information resource for staff who may be asked to become chaperones, either on a casual or one-off basis, or as a routine role.

All examinations may place patients in a situation in which they will 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. The READ codes below must be used in all cases.

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 are trained in their role, familiar with what is expected of them in carrying this out, and understand the support aspects of the role for the patient.

Ideally, the clinician will have explained the nature of the examination, the reasons for it, and what is involved prior to it commencing, and will have given the patient the opportunity to have a chaperone present. Alternatively, the clinician may themselves have elected to have a chaperone present for their own security. Either way, it is important for at least one of the persons present that the third party is also there.

## **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

Non-clinical staff should not be involved in the procedure itself and not normally enter into conversation with the patient in relation to this. It is expected that, in general practices, you will be:

- Specially and formally trained in your role, either through professional competencies (e.g. nurses) or through formal face to face or on-line training courses (reception or other staff). It is essential that you thoroughly understand what is expected from you, not only what the practice / the GP expects, but also what a patient may reasonably expect by virtue of your presence.
- A 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.

The use of “informal”, casual or one-off chaperones drawn from the general practice staff should be discouraged.

### **COMPETENCIES**

You may only act as a chaperone for Darwen Healthcare if you have had appropriate training to do so.

- Understand your duties
- Understand where you are expected to be at each stage of the examination, and what you are expected to hear, and observe
- Understand the rights of the patient relating to your presence, and their ability to halt an examination
- Understand how to identify concerns and raise them within the practice so that they are given a fair hearing in an objective manner, perhaps with other clinician, without causing offence. This should be done immediately following the consultation.

### **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.

When treating mental health patients, 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.

## **TRAINING**

Formal training is recommended, either by an in-house clinician or via online Blue Stream Academy. Training is required to ensure that it:

- Formalise your role, and give you post-course support
- Incorporate your training and views into your job description
- Establish the practice's expectations of you based on what you have learned
- Establish a recognised mechanism whereby you can discuss cases and concerns with another member of the clinical team (perhaps another GP) without awkwardness
- Agree refresher training at an appropriate interval

## **CODING**

9NP0 Chaperone offered

9NP2 Chaperone refused

9NP1 Chaperone present

9NP4 Chaperone not available

## **AUDIT**

The practice completes a 6 monthly audit to ensure that the policy is being adhered to.

**APPENDIX A CHAPERONE POSTER**



Chaperone Poster  
2019.pdf