ROOKERY MEDICAL CENTRE

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

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?

At the Rookery the role of chaperone is restricted to clinical staff as they will be familiar with procedural aspects of personal examination. Non-clinical members of staff are able to act as Chaperones if they have had the appropriate training and should be DBS checked. Where trained staff members are not available the examination should be deferred.

Key Actions for Chaperones

- Obtain the patient's consent to have a Chaperone before the examination and record that it has been received in the patient's notes.
- Follow relevant policies and procedures where there are issues relevant to patient capacity.
- Chaperone must give the patient privacy to undress and dress using drapes, screens, blankets always.
- Record the use of and the identity of the chaperone in the patient's notes: use the Chaperone stamp when using paper records.
- Ensure the patient is always supported to dress fully after the procedure maintaining his/her full dignity and privacy.

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: https://www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations

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 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.
- <u>The patient's record must be noted by the chaperone</u> 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.
- Signage in each consulting room along with details on the web site and in reception offering a chaperone should a patient need one be clear.
- Chaperones should be DBS checked.

FURTHER INFORMATION

Genital Examination in Women (Royal College of Nursing) : https://bit.ly/3l09tXN

Key principles for intimate clinical assessments undertaken remotely in response to COVID-19 (NHS England) : https://bit.ly/3tnM3Pz

Remote Consultations (GMC): https://www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations Maintaining a professional boundary between you and your patient (summary); www.gmc-uk.org/guidance/ethical_guidance/21170.asp

CHAPERONE POLICY

This organisation is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed at all times and the safety of everyone is of paramount importance.

All patients are entitled to have a chaperone present for any consultation, examination or procedure where they feel one is required. This chaperone may be a family member or friend. On occasions you may prefer a formal chaperone to be present, i.e. a trained member of staff.

Wherever possible we would ask you to make this request at the time of booking appointment so that arrangements can be made and your appointment is not delayed in any way. Where this is not possible we will endeavour to provide a formal chaperone at the time of request. However, occasionally it may be necessary to reschedule your appointment.

Your healthcare professional may also require a chaperone to be present for certain consultations in accordance with our Chaperone Policy.

If you would like to see a copy of our Chaperone Policy or have any questions or comments regarding this please contact the Practice Manager.