

## Chaperone Policy

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**Reviewed:** Dr Melissa Adams 18/10/21  
**Next review due:** October 2024

### **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.

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.

### **GUIDELINES.**

Clinicians (male and female) should consider whether an intimate or personal examination of the patient (either male or female) is justified, and whether the nature of the consultation poses a risk of misunderstanding. All patients should be offered a chaperone for such examinations.

- 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.
- If a patient does not want a chaperone it is good practice to record 'chaperone declined' in the medical record.

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.

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?**

In this practice chaperones will be provided by the Practice Nursing team. Health Care Assistants can act as chaperones and may be the most appropriate first port of call. Please consider the impact on the clinic/ surgery/ admin session of the chaperone when thinking about who is the most appropriate person to chaperone the examination. Where suitable nursing staff members are not available a GP colleague should be sought or the

examination should be postponed, though should a GP not be busy they may be the most appropriate person to ask to chaperone in the first instance. Trainees should ask their nominated supervisor to perform any necessary chaperoning duties where appropriate, as supervisors have protected time within a surgery to aid a trainee and observed examinations can be a good learning opportunity. All chaperones will have up to date enhanced DBS checks in place.

## 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.
- The chaperone should not make any mention of the consultation afterwards.

## PROCEDURE

- The clinician will contact the most appropriate clinical staff member to request a chaperone.
- The clinician will record in the notes that the chaperone is present, and identify the chaperone.
- Where a patient has requested a chaperone and no chaperone is available the examination should not take place until one is available. The patient should not be permitted to dispense with the chaperone once a desire to have one present has been expressed.
- The chaperone must be able to witness the examination process and not be obscured by the couch curtain.
- The patient can refuse the offer of a chaperone, and this should be recorded in the patient's medical record.
- If either the clinician or the patient does not want an examination to go ahead without a chaperone present, or if neither one is comfortable with the choice of chaperone, the clinician may offer to delay the examination to a later date when a suitable chaperone will be available, as long as the delay would not adversely affect the patient's health.
- If the clinician does not want to go ahead without a chaperone present, but the patient has declined a chaperone, the clinician must explain clearly why there is a need for a chaperone to be present. Ultimately the patient's clinical needs must take precedence. The clinician may wish to consider referring the patient to a colleague who would be willing to examine them without a chaperone, as long as a delay would not adversely affect the patient's health.
- The following terms can be used and coded: Chaperone offered, Chaperone present, Nurse chaperone, Presence of chaperone, Chaperone present inside curtain, Provision of chaperone refused, Chaperone not available.
- The consultation record must be recorded with the presence of a chaperone where appropriate

## TRAINING

The nursing staff who act as a chaperone must have undergone the relevant training.

*From 'Maintaining Boundaries' GMC Nov 2006'.*

## **Intimate Examinations**

- It is particularly important to maintain a professional boundary when examining patients: intimate examinations can be embarrassing or distressing for patients. Whenever you examine a patient you should be sensitive to what they may perceive as intimate. This is likely to include examinations of breasts, genitalia and rectum, but could also include any examination where it is necessary to touch or even be close to the patient.
- Wherever possible, you should offer the patient the security of having an impartial observer (a 'chaperone') present during an intimate examination. This applies whether or not you are the same gender as the patient.
- A chaperone does not have to be medically qualified but will ideally:
  - be sensitive, and respectful of the patient's dignity and confidentiality
  - be prepared to reassure the patient if they show signs of distress or discomfort
  - be familiar with the procedures involved in a routine intimate examination
  - be prepared to raise concerns about a doctor if misconduct occurs.
- You should record any discussion about chaperones and its outcome. If a chaperone is present, you should record that fact and make a note of their identity. If the patient does not want a chaperone, you should record that the offer was made and declined.

In some circumstances, a member of practice staff, or a relative or friend of the patient may be an acceptable chaperone.