

CHAPERONE POLICY THE GREYSWOOD PRACTICE

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. Where possible, it is strongly recommended that chaperones should be clinical staff familiar with procedural aspects of personal examination. Where suitable clinical staff members are not available, a trained member of staff may be used.

EXPECTATIONS OF A CHAPERONE?

If a non-clinical member of staff acts as a chaperone they must 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 will have received instruction on where to stand and what to watch. Instructions to that effect will be laid down in writing by the practice. (See Procedure)

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:

- If another clinician is not available to chaperone then the clinician will contact Reception to request a chaperone.
- The clinician will inform the patient of who will be chaperoning: They must agree to the presence of a non-clinician in the examination and be at ease with this.
- If the chaperone provided is declined or 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.
- Before entering the consulting room the chaperone should be made aware of the procedure taking place.
- 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.
- The chaperone is there to protect the safety of the clinician and patient. During the procedure, if the chaperone feels that either parties safety is being compromised then they should express this and where necessary, stop the procedure. However, to prevent embarrassment, the chaperone should not enter into conversation with the patient or GP if there are no concerns.
- The chaperone should not make any mention of the consultation afterwards.
- The clinician will record in the patient records that a chaperone was present and identify who the chaperone was.
- Where a chaperone has been offered and declined, this must be recorded in the patient's medical record.

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Non- Clinical staff who have undertaken chaperone training on 25/04/2023:

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