

Chaperone Policy – Tieve Tara Medical Centre

Document Control

A. Confidentiality Notice

This document and the information contained therein is the property of Tieve Tara Medical Centre.

This document contains information that is privileged, confidential or otherwise protected from disclosure. It must not be used by, or its contents reproduced or otherwise copied or disclosed without the prior consent in writing from Tieve Tara Medical Centre.

This policy should be read in conjunction with Spectrum Community Health Chaperone Policy

B. Document Details

Classification:	CQC Outcomes 1A,1C,1G,1I,2A,7A
Author and Role:	Jane Herbert – Practice Administration Manager
Organisation:	Tieve Tara Medical Centre
Current Version Number:	1.1
Current Document Approved By:	Wendy Middleton
Date Approved:	Aug 2018

C. Document Revision and Approval History

Version	Date	Version Created By:	Version Approved By:	Comments
1.1	Oct. 2012	J. Herbert	R. Potts	Review Date Oct. 2014
	Aug 2016		Dr B Young	Contents reviewed. Review Aug 2018
	Aug 2018		W Middleton	Review date Aug 2020
	August 2020		S Gilbert	NO changes review August 2020
1.2	July 2021	Adopted by Spectrum Community Health	T Cooper	Review July 2023

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.

Tieve Tara Medical Centre 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.

This Chaperone Policy adheres to local and national guidance and policy –i.e.:– ‘NCGST Guidance on the role and effective use of chaperones in Primary and Community Care settings’.

The Chaperone Policy is clearly advertised through the practice website (when available) and can be read at the Practice upon request. A Poster is also displayed in the Practice Waiting Areas and on Waiting Areas information screens (See example in Annex A).

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?

All patients are entitled to have a chaperone present for any consultation, examination or procedure where they consider one is required. The chaperone may be a family member or friend, but on occasions a formal chaperone may be preferred.

Patients are advised to ask for a chaperone if required, at the time of booking an appointment, if possible, so that arrangements can be made and the appointment is not delayed in any way. The Healthcare Professional may also require a chaperone to be present for certain consultations.

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 the examination should be deferred.

Where the practice determine that non-clinical staff will act in this capacity 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. They will have received instruction 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.

The latest GMC guidelines for intimate examinations can be found at:
http://www.gmc-uk.org/guidance/ethical_guidance/21170.asp#10

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.
- The patient can refuse a chaperone, and if so, this **must** be recorded in the patient's medical record.

Checklist for consultations involving intimate examinations

- Chaperones are most often required or requested where a male examiner is carrying out an intimate examination or procedure on a female patient, but the designation of the chaperone will depend on the role expected of them, whether participating in the procedure or providing a supportive role.
- Establish there is a genuine need for an intimate examination and discuss this with the patient and whether a formal chaperone (such as a nurse) is needed.
- Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions. The chaperone would normally be the same sex as the patient and the patient will have the opportunity to decline a particular person as a chaperone, if that person is considered not acceptable for any reason.
- Offer a chaperone or invite the patient to have a family member / friend present.
- If the patient does not want a chaperone, record that the offer was made and declined in the patient's notes.
- Obtain the patient's consent before the examination and be prepared to discontinue the examination at any stage at the patient's request.
- Record that permission has been obtained in the patient's notes.
- Once the chaperone has entered the room, they should be introduced by name and the patient allowed privacy to undress / dress. Use drapes / curtains where possible to maintain dignity. There should be no undue delay prior to examination once the patient has removed any clothing.
- Explain what is being done at each stage of the examination, the outcome when it is complete and what is proposed to be done next. Keep discussion relevant and avoid personal comment.
- If a chaperone has been present, record that fact and the identity of the chaperone in the patient's notes.
- During the examination, the chaperone may be needed to offer reassurance, remain alert to any indication of distress but should be courteous at all times.
- Record any other relevant issues or concerns in the patient's notes, immediately following the consultation.
- Chaperones should only attend the part of the consultation that is necessary – other verbal communication should be carried out when the chaperone has left.
- Any request that the examination be discontinued should be respected.
- Healthcare professionals should note that they are at an increased risk of their actions being misconstrued or misrepresented, if they conduct intimate examinations where no other person is present.

Annex A

Example Chaperone Poster for use in Waiting Area

Chaperones

If you feel you would like a Chaperone present at your Consultation, please inform your Doctor / Nurse, who will be more than happy to arrange this for you.

