Pioneer Medical Group



Chaperone Policy

Created: Date created

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Job Title: GP Partner

Version: Version number Vn1.2

Reviewed on: 18.06.21

Next review date: 18.06.23

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**Document Control**

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| **Date** | **Version** | **Author** | **Comments** |
| …… | Vn 1.0 | Initials of creator of document | Base Version |
| …… | Vn 1.1 |  | Additions/amendments to be detailed with initials of person who has made them e.g. SN/DH |
| 18.06.21 | Vn 1.2 | JL | Reviewed. GMC advice and link updated. SNOMED codes updated. |
| ……. | Vn 1.3 |  |  |
| …… | Vn 1.4 |  |  |

**WHEN TO USE A CHAPERONE**

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.

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. Whilst exercising clinical judgement, clinicians are advised that they should always consider being accompanied by a formal chaperone when the patient:

* Requires intimate examination, treatment or care
* Is semiconscious or unconscious
* Is intoxicated with alcohol or has taken anxiolytics, hypnotics, and opioid analgesics or any drug or substances known to have an hallucinogenic effect.
* Is confused/disorientated
* Does not use English as their first language. Intimate examinations should never be carried out for non-english speaking patients (except in an emergency) without an interpreter/advocate (taking account of gender) being present
* Has hearing, visual or speech difficulties
* Is a vulnerable adult e.g. an older person or a patient with a learning disability or any cognitive impairment. For these patients, a familiar individual such as a family member or carer may be the best chaperone. A careful simple and sensitive explanation of the technique is vital.
* Has a history of abuse, or where abuse is suspected. Great care and sensitivity must be used to allay fears of repeated abuse.
* Specific issues must be taken into account when considering the use of chaperones when the examination of children is involved.
* If 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.
* 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.

**WHAT SHOULD THE PATIENT BE TOLD**

• 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.

This should remove the potential for misunderstanding.

**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. However in some situations a patient or doctor may like a chaperone to be present for the whole consultation, confidentiality would then apply as with the examination to the whole consultation.

• 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-guidance-for-doctors/intimate-examinations-and-chaperones>

**PROCEDURE**

If it is felt that a chaperone should be present the following will occur:

* The clinician will contact the reception, who will arrange for one of the trained staff who is available to attend
* The clinician will record in the notes that the chaperone is present, and identify the chaperone using name, nature and status.
* Code: Chaperone Offered1104081000000107
* Code: Chaperone Present 314231002
* The chaperone will enter the room discreetly and remain in room until the clinician has finished the examination. Once the formal chaperone has entered the room or area, the patient must be given privacy to undress, using curtains or other means to maintain dignity.
* The chaperone will normally attend inside the curtain at the head of the examination couch.
* The chaperone should introduce themselves, check patients understanding of procedure etc-please see advice below.
* The patient can refuse a chaperone, and if so this must be recorded in the patient’s medical record. If this occurs then the clinician cannot insist that a chaperone is present. If the clinician is unhappy to proceed without a chaperone it may be possible to arrange for the patient to see another clinician.
* Code: Chaperone Refused 763380007
* If a patient requests a chaperone but none are available, then a joint decision to continue or book another appointment when a chaperone is available should be reached.
* Code: Chaperone not available 428929009
* 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. Nurses and Healthcare Assistants are obviously ideal but it is possible that they will not be available. Trained Receptionists can also act as chaperones. However, we do not expect that all staff will automatically be comfortable with doing this – and if the staff member is uncomfortable, then almost certainly the patient will be as well.

The practice therefore holds a register of staff who have been trained to act as chaperones, these members will be wearing chaperone badges to identify them as having been appropriately trained.

We ensure that our trained staff members are kept up to date with refresher training courses every 18-24 months.

We also provide an area where chaperones can ask questions about procedures that there are unsure of, or to discuss any concerns that may have been raised. There is also a nominated chaperone lead, Dr Elaine Lunts, so that if there any concerns or questions raised, all staff are aware of who they can ask.