



The Group Practice, Stornoway

Chaperone Policy

The GMC and Royal College of Nursing and Midwifery have both published guidance on intimate examinations and chaperones. This sets out the details around circumstances when and why a patient may require a chaperone and considerations that should be given.

If a GP or Healthcare Professional wishes not to follow this guidance they should risk-assess the situation and record their logic or discussion clearly.

However, even by doing this rather than following the guidance, they will put themselves at risk.

GMC guidance: Intimate examinations and chaperones
[http://www.gmc-uk.org/guidance/ethical_guidance/21168.asp]

Why is a chaperone needed?

The Group Practice has a chaperone policy in place for the benefit of both patients and staff.

GMC Guidance advises:

When you carry out an intimate examination, you should offer the patient the option of having an impartial observer (a chaperone) present wherever possible. This applies whether or not you are the same gender as the person.

All medical consultations, examinations and investigations are potentially distressing. Patients can find examinations, investigations or photography involving the breasts, genitalia or rectum particularly intrusive (these examinations are collectively referred to as 'intimate examinations'). Also consultations involving dimmed lights e.g. during ophthalmoscopy, when patients have to undress or if they need to be touched may make them feel vulnerable.

For most patients, respect, explanation, consent and privacy take precedence over the need for a chaperone. The presence of a chaperone does not remove the need for adequate explanation and courtesy and neither can it provide full assurance that the procedure or examination is conducted appropriately.

It is important that children and young people are provided with chaperones.

The GMC guidance states that a relative or friend of the patient is not an impartial observer and so would not usually be a suitable chaperone. There may be circumstances when a young person does not wish to have a chaperone. The reasons for this should be made clear and recorded.

All staff must be aware that chaperones are to protect both patients and staff.

Offering a chaperone

This chaperone policy is clearly advertised through patient information leaflets, the practice website and on notice boards.

All patients should routinely be offered a chaperone during any consultation or procedure. This does not mean that every consultation needs to be interrupted in order to ask if the patient wants a chaperone to be present. The offer of chaperone should be made clear to the patient before any procedure.

For children and young people, their parents, relatives and carers should be made aware of the policy and why this is important.

Where a patient is offered but does not want a chaperone, it is important that the practice has recorded that the offer was made and declined.

If the patient has requested a chaperone and none is available at that time, the patient must be given the opportunity to reschedule their appointment within a reasonable timeframe. If the seriousness of the condition would dictate that a delay is inappropriate, then this should be explained to the patient and recorded in their notes. A decision to continue or otherwise should be reached jointly.

Chaperone training

A formal chaperone implies a clinical health professional, such as a nurse. In a GP practice it can also mean a specifically trained nonclinical staff member, such as a receptionist. This individual has a specific role in the consultation and this should be made clear to both the patient and the person undertaking the chaperone role.

Members of staff who undertake a formal chaperone role must have been trained so that they develop the competencies required.

Training should include:

- What is meant by the term chaperone.
- What is an 'intimate examination'.
- Why chaperones need to be present.
- The rights of the patient.
- Their role and responsibilities.

It is important that chaperones should place themselves inside the screened-off area as opposed to outside of the curtains/screen (as they are then not technically chaperoning).

Policy and mechanism for raising concerns

Clinical staff who undertake a chaperone role will usually already have a Disclosure check.

Similarly if any non-clinical staff act as chaperones, they will normally require a disclosure check – whether they do and at what level will depend on their specific duties as a chaperone and the contact they have with patients, particularly children and vulnerable adults.

Induction of new clinical staff should include training on the appropriate conduct of intimate examination. Trainees should be observed and given feedback on their technique and communication skills in this aspect of care.

All staff should have an understanding of the role of the chaperone and the procedures for raising concerns.

Training can be delivered externally or provided in-house by an experienced member of staff so that all formal chaperones understand the competencies required for the role.

In summary a chaperone should:

- Usually be a health professional
- Be familiar with the examination or procedure being carried out
- Be sensitive and respect the patients dignity and confidentiality
- Be present throughout the entirety of the examination
- Be positioned so that they have a clear view of what the doctor is doing, as well as being able to hear clearly everything the doctor is saying to the patient
- Reassure the patient if they show signs of distress or discomfort
- Be prepared to raise concerns if they are concerned about the Doctor or HCP's behaviour and actions

GROUP PRACTICE APPROVED CHAPERONES:

GP

Advanced Nurse Practitioner

Practice Nurse

Healthcare Assistant

Receptionist (if chaperone trained)