

Station Drive Surgery

Partners:
Dr G P Cook
Dr J Harris
Dr C Morton

www.stationdrivesurgery.co.uk

Station Drive
Ludlow
Shropshire
SY8 2AB
Tel 01584 872461
Fax 01584 877972

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This policy is based on the GMC guidance "Maintaining Boundaries" (2013) and RCGP guidance on 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.
- In order to avoid the risk of a doctor not realising that a patient might find an examination intimate (eg ophthalmoscopy or abdominal palpation) practitioners will have a sign in their room reminding patients of the option of having a chaperone.
- Information on chaperones will be clearly displayed in the waiting room, in the patient leaflet and on the Practice website.
- At least 3 members of the Nursing or Reception team will be competent to carry out chaperone duties, to try to ensure that a chaperone is available during all daytime surgeries. It may not be possible to provide chaperone service during extended hours, but this will be made clear in notices and other publicity.
- The patient may choose to have a friend or relative as chaperone, but the Practice retains the right to have a trained Practice chaperone in addition.

- If either the clinician or the patient does not wish the examination to proceed without a chaperone present, or if either is uncomfortable with the choice of chaperone, the examination may be delayed to a later date when a chaperone (or an alternative chaperone) will be available, if this is compatible with the best interests of the patient.
- All discussion about chaperones must be recorded
 Chaperone offered - 9NP0
 Chaperone present - 9NP – and the name of the chaperone.
 Chaperone refused - 9NP2

Intimate examinations - The role of the Clinician:

Before conducting an intimate examination you should:

- explain to the patient why an examination is necessary and give the patient an opportunity to ask questions ;
- explain what the examination will involve, in a way the patient can understand, so that the patient has a clear idea of what to expect, including any potential pain or discomfort;
- obtain the patient's permission before the examination and record that permission has been obtained.
- give the patient privacy to undress and dress and keep the patient covered as much as possible to maintain their dignity. Do not assist the patient in removing clothing unless you have clarified with them that your assistance is required, in which case this should also be recorded.

During the examination you must follow the GMC guidance on consent: patients and doctors making decisions together:

- explain what you are going to do before you do it and, if this differs from what you have already outlined to the patient, explain why and seek the patient's permission;
- be prepared to discontinue the examination if the patient asks you to;
- keep discussion relevant and do not make unnecessary personal comments.

Intimate examinations - The role of the Chaperone

The clinician should introduce the chaperone to the patient, and give a brief explanation of the examination required.

The chaperone can offer to assist the patient to get ready for the examination.

The chaperone must remain behind the curtain (with the doctor and patient) while the examination occurs.

The chaperone may be required to assist in the examination eg handling Instruments or moving a light.

Prior to leaving the consultation room, check with the patient and doctor that all is well - "Is everything okay - do you need me for anything else?"

Above all try to be sensitive, and respectful of the patient's dignity and confidentiality throughout.

Please see additional documents under chaperone on website

Chaperone Statement for Clinical Rooms
Chaperone Poster for Waiting Room

Background Information for Clinicians and Chaperones.

Station Drive Surgery has the care of the patient as its first concern. It aims to treat patients as individuals and respect their dignity. Intimate examinations can be embarrassing or distressing for patients as a result we must strive to give our patients the security of a clear policy with regard chaperones - providing support to patient and doctor during intimate examinations.

A lot of what we do in health care relates to assessing a situation, thereby evaluating the level of risk attached to that situation and making a management decision on the basis of that risk.

The risk here is that a patient may feel that an intimate examination has occurred inappropriately, insensitively or unnecessarily. Alternatively, a patient may feel unsupported during what could be a difficult examination. Such feelings may be reasonable, unfounded or most likely related to a misunderstanding due to sub-standard or rushed communication. Nevertheless such a scenario could result in a serious complaint being made against a doctor. Such a process would clearly be devastating for both patient and doctor. Adherence to a chaperone policy will hopefully reduce the risk of any such episodes.

Communication is key to avoiding complaints. Problems may occur because of failure to provide an adequate explanation about the nature of the examination, a lack of appropriate consent, a lack of privacy, or following inappropriate comments made during the examination.

If a doctor feels uncomfortable carrying out an examination without a chaperone being present and the patient has refused one, the doctor might explore the reasoning behind this and use his/ her discretion as to the outcome. Patients decline the offer of a chaperone for a number of reasons: because they trust the clinician, think it unnecessary, require privacy, or are too embarrassed. This would clearly be a sensitive situation from which good communication will be required to reach a shared management plan. The doctor might ask a colleague to see the patient, unless there is a serious and immediate clinical need for the examination. In which case the doctor clearly needs to act in the patients best interests.

By highlighting some of the issues associated with intimate examinations, this guidance does not intend to deter you from carrying them out when necessary. Following this guidance and making detailed and accurate records at the time of examination, or shortly afterwards, will help you to justify your decisions and actions.