**LADYWELL MEDICAL CENTRE EAST**

**CHAPERONE POLICY**

**Policy and Procedure**

Reviewed and updated: 16/12/24 by W Gaffney

**Introduction**

This Chaperone Policy is designed to protect both patients and staff from abuse or allegations of abuse, and to assist patients in making an informed choice about their examinations and consultations.

**Guidelines**

Clinicians will consider whether an intimate or personal examination of the patient is justified, or whether the nature of the consultation poses a risk of misunderstanding. Clinicians will always respect the patient’s privacy, dignity and religious and cultural beliefs particularly when intimate examinations are advised. These will only be carried out with the patient’s express agreement and the patient will be offered a chaperone to attend the examination if they so wish.

The patient may also request a chaperone when making the appointment or on arrival at the surgery (please let the receptionist know) or at any time during the consultation (please let the clinician know).

The clinician may also feel it is relevant to ask for a chaperone to attend during a consultation and will do so if relevant.

* The Clinician will give the patient a clear explanation of what the examination will involve
* They will always adopt a professional and considerate manner and be careful with humour as a way of relaxing a nervous situation, as it can easily be misinterpreted
* The patient will always be provided with adequate privacy to undress and dress
* A suitable sign will be clearly on display in each Consulting or Treatment Room offering the Chaperone Service

The above guidelines are to remove the potential for misunderstanding. However, there will still be times when either the Clinician or the patient feels uncomfortable and it would then be appropriate to consider using a Chaperone.

Patients who request a Chaperone will never be examined without a Chaperone being present. If necessary, where a Chaperone is not available, the consultation/examination will be rearranged for a mutually convenient time when a Chaperone can be present.

Complaints and claims have not been limited to clinicians treating/examining patients of the opposite gender – there are many examples of alleged assault by clinicians on people of the same gender.

Consideration will always be given, by staff, to the possibility of a malicious accusation by a patient, and a Chaperone organised if there is any potential for this.

**Who can act as a Chaperone?**

A variety of people can act as a Chaperone in the practice but staff undertaking a formal Chaperone role will have been trained in the competencies required. Where possible, Chaperones will be clinical staff familiar with procedural aspects of personal examination.

Where the Practice determines that non-clinical staff will act in this capacity, the patient will be asked to agree to the presence of a non-Clinician in the examination, and for confirmation that they are at ease with this. The staff member will be trained in the procedural aspects of personal examinations, be comfortable acting in the role of Chaperone, and be confident in the scope and extent of their role. They will also have received instruction on where to sit/stand and what to watch and listen for.

A Chaperone will document in the patient notes that they were present and detail any issues arising.

**Confidentiality**

* The Chaperone will only be present for the examination itself, with most of the discussion with the patient taking place while the Chaperone is not present
* Patients are reassured that all practice staff understand their responsibility not to divulge confidential information.

**Procedure**

* The Clinician will contact nursing/reception to request a Chaperone
* Where no Chaperone is available, a Clinician may offer to delay the examination to a date when one will be available, as long as the delay would not have an adverse effect on the patient’s health
* If a Clinician wishes to conduct an examination with a Chaperone present but the patient does not agree to this, the Clinician will explain clearly why they want a Chaperone to be present. The Clinician may choose to consider referring the patient to a colleague who would be willing to examine them without a Chaperone, as long as the delay would not have an adverse effect on the patient’s health
* The Clinician will record in the notes that the Chaperone is present, and identify the Chaperone
* The Chaperone will enter the room discreetly and remain in the room until the Clinician has finished the examination
* A Chaperone will attend inside the curtain/screened-off area at the head of the examination couch and observe the procedure
* To prevent embarrassment, the Chaperone will not enter into conversation with the patient or GP unless requested to do so, or make any mention of the consultation afterwards
* The Chaperone will make a record in the patient’s notes after examination. The record will either state that there were no problems or give details of any concerns or incidents that occurred. The Chaperone must be aware of the procedure to follow if any concerns require to be raised
* The patient can refuse a Chaperone, and if so this **must**be recorded in the patient’s medical record.

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