

It is the policy at Adderley Green Surgery that no intimate examinations are carried out by clinicians who are the opposite sex of the patient being examined, without a formal chaperone being present.

We are 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 GMC guidance.

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

All patients are entitled to have a chaperone present for any consultation, examination or procedure where they consider one is required. The chaperone **must not** be a family member or friend, but a clinical or trained member of the practice team.

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.

All staff are aware of and have received appropriate information in relation to this Chaperone Policy.

All trained chaperones understand their role and responsibilities and are competent to perform that role.

There is no common definition of a chaperone and their role varies considerably depending on the needs of the patient, the healthcare professional and the examination being carried out.

Their role can be considered in any of the following areas:

- Emotional comfort and reassurance to patients
- Assist in examination (e.g. during IUCD insertion)
- Assist in undressing
- Act as interpreter
- Protection to the healthcare professional against allegations / attack)

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 or trained administration staff if no nurse is available) 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 formal chaperone. If the patient requests it a family member / friend may also be present at the same time.
- If the patient does not want a chaperone, advise the patient that the examination may not be carried out.
- 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.
- Record 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.
- Chaperones should record in the patient record that they were present during an examination, noting their observations for e.g. nothing untoward noted.
- 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.

Chaperones

Please be aware that the GP or Practice Nurse will NOT be able to perform intimate examinations for patients of the opposite sex as the clinician without the presence of a formal, practice trained chaperone.

If you feel that you would like a chaperone present under any other circumstances, please let your GP or Nurse know and we will be happy to arrange this for you.

Please note that all of our staff have received the appropriate Chaperone Training.

