

THE BLUNDELLSANDS SURGERY

Title of policy/protocol: Chaperone and Intimate Examination Policy	
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Author: Barbara Oliver	
In consultation with:	
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To be read in conjunction with:	
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Changes to policy from previous version: (e.g. page number – paragraph number – text Added Chaperone Lead Added when chaperone is to leave the room	

CHAPERONE POLICY

WHEN TO USE A CHAPERONE

The Practice has an identified Chaperone Lead, Sue Hancock, Practice Nurse.

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, and of any age) is justified, or whether the nature of the consultation poses a risk of misunderstanding.

- The purpose and nature of the intended examination should be explained fully. If there is any doubt about the patient's understanding, then it may be necessary to obtain written consent from a patient, parent or guardian. Give the patient an opportunity to ask questions.
- Explain what the examination will involve in a way that the patient can understand so that the patient has a clear idea of what to expect, including any potential pain and discomfort.
- Always adopt a professional and considerate manner.

This should remove the potential for misunderstanding. However, there will still be times when either 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.

Patients should be encouraged to accept the presence of a chaperone. At times, it may be necessary if clinically appropriate, to schedule a further appointment for examination.

Patients can be offered a joint appointment with a nurse and a doctor.

If a patient declines the offer of a Chaperone this should always be documented in the consultation notes in their clinical record.

Even if the offer of a chaperone is declined there may be circumstances where the doctor would prefer to have one present.

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, Health Care Assistants and Phlebotomists. A Chaperone does not have to be medically qualified though they should be sensitive to the patient's confidentiality. Experienced Receptionists who have undertaken the relevant training can 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 trained to act as chaperones.

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.
- 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: [Intimate examinations and chaperones - ethical guidance - GMC \(gmc-uk.org\)](#)

PROCEDURE

- The clinician will contact Reception/Nursing team to request a chaperone.
- The clinician will record in the notes that the chaperone is present, and identify the chaperone by name.
- The chaperone will enter the room discreetly and introduce themselves.
- To prevent embarrassment, the chaperone should not enter into conversation with the patient or GP unless requested to do so, or make any mention of the consultation afterwards
- Give the patient privacy to undress and dress and use drapes to maintain the patient's dignity.
- Do not assist the patient in removing clothing unless this has been clarified and the need for assistance has been ascertained.
- Be prepared to discontinue the examination if the patient so asks.
- The chaperone should only leave the room once the patient is fully dressed and ready to discuss the examination findings with the clinician.