

## QUESLETT MEDICAL CENTRE

522 Queslett Road

Birmingham

B43 7DY

## Chaperone Policy

QUESLETT MEDICAL CENTRE is 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 policy applies to all intimate examinations and procedures to visitors, patients, guests and other members of the public, and adheres to local and national guidance and policy –i.e.:-

*'NCGST Guidance on the role and effective use of chaperones in Primary and Community Care settings'.*

This Chaperone Policy adheres to local and national guidance and policy –i.e.:-

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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 may be a family member or friend, but on occasions a formal chaperone may be preferred.

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)

### **Chaperoning after the Pandemic**

The COVID-19 pandemic accelerated the use of online and video consultations as part of core clinical practice. However, having an online/video/telephone consultation still means that the same principles apply for chaperoning.

The General Medical Council (GMC) have published guidance on how to provide appropriate patient care in online, video or telephone consultations. The guidance includes appropriate use of photographs and video consultations as part of patient care.

<https://www.gmc-uk.org/ethical-guidance/ethical-hub/covid-19-questions-and-answers#Remote-consultations>

The Royal College of Nursing have produced a publication on genital examination in women. It includes some useful information on chaperoning which is applicable regardless of gender.

<https://www.rcn.org.uk/professional-development/publications/rcn-genital-examination-in-women-pub007961>

NHS England have produced some key principles for intimate clinical assessments undertaken remotely in response to COVID-19. They include how to conduct intimate examinations by video and the use of chaperones.

<https://www.gmc-uk.org/->

[/media/files/key\\_principles\\_for\\_intimate\\_clinical\\_assessments\\_undertaken\\_remotely\\_in\\_response\\_to\\_covid19\\_v1-\(1\).pdf?](https://www.gmc-uk.org/-/media/files/key_principles_for_intimate_clinical_assessments_undertaken_remotely_in_response_to_covid19_v1-(1).pdf?la=en&hash=0A7816F6A8DA9240D7FCF5BDF28D5D98F1E7B194)

[la=en&hash=0A7816F6A8DA9240D7FCF5BDF28D5D98F1E7B194](https://www.gmc-uk.org/-/media/files/key_principles_for_intimate_clinical_assessments_undertaken_remotely_in_response_to_covid19_v1-(1).pdf?la=en&hash=0A7816F6A8DA9240D7FCF5BDF28D5D98F1E7B194)

The GMC has published guidance on intimate examinations and chaperones. It provides a framework for all health care professionals. This sets out when and why a patient may need a chaperone and considerations that should be given. It is guidance only and not a mandate. If a GP wishes not to follow this guidance they should risk-assess the situation. They should record their logic or discussion clearly. Even by doing this rather than following the guidance, they will put themselves at risk.

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/intimate-examinations-and-chaperones>

### **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) is needed.
- Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions. The chaperone would

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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 chaperone or invite the patient to have a family member / friend present.
- If the patient does not want a chaperone, record that the offer was made and declined in the patient's notes.
- 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.
- If a chaperone has been present, record that fact and 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.
- 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.
- All staff have been involved in chaperoned need to document to say that they have chaperoned.
- **READ CODES**
  - Chaperone Offered: 9NP0
  - Chaperone Refused: 9NP2
  - Chaperone Present: 9NP1
  - Presence of Chaperone: 9NP
  - Nurse Chaperone: 9NP3

**Chaperone Poster for use in Waiting Area**

**Appendix A - Example Chaperone Posters for use in Waiting Area**