

Queen Camel Medical Centre

Chaperone Policy

(Adapted from Medical Protection Society Guidance Notes)

Background

In 2004 the Committee of Inquiry looked at the role and use of chaperones, following its report into the conduct of Dr Clifford Ayling. It made the following recommendations:

- Each Health Provider should have its own chaperone policy and this should be made available to patients
- There should be an identified managerial lead (with appropriate training)
- Family members or friends should not undertake the chaperone role
- Chaperones should receive training

Why use chaperones?

It is very rare for a doctor to receive an allegation of assault if there is a chaperone present

- Their presence adds a layer of protection for the doctor
- Provides acknowledgement of the patient's vulnerability
- Provides emotional support and reassurance
- Assists in the examination
- Assists with undressing patients
- Enables them to act as an interpreter

What is an intimate examination?

Obvious examples include examinations of the breasts, genitalia, and rectum, but it also extends to any examination where it is necessary to touch or be close to the patient, for example, conducting an eye examination in dimmed lighting, palpating the apex beat. The GMC and NMC give further advice on intimate examinations.

QCMC Policy:

- Establish there is a need for an intimate examination and discuss this with the patient
- Explain why an examination is necessary and give the opportunity to ask questions; obtain and record the patient's consent.

- Offer a chaperone to all patients for intimate examinations (or examinations that may be construed as such). If the patient declines, record this in the notes
- If the patient declines a chaperone but the clinician prefers to have one, explain to the patient that you would prefer to have a chaperone present and, with the patient's agreement, arrange for a chaperone.
- Be aware and respect cultural differences. Religious beliefs may also have a bearing on the patient's decision over whether to have a chaperone present
- Give the patient privacy to dress and undress. Disposable paper sheets are available in all consulting rooms and should be offered to patients wherever possible to maintain dignity. All rooms have curtains that should be employed.
- Explain what you are doing at each stage of the examination, the outcome when it is complete and what you propose to do next. Keep the discussion relevant and avoid personal comments
- Record the identity of the chaperone in the patient notes
- Record any other relevant issues or concerns immediately after the consultation.
- In addition, keep the presence of the chaperone to the minimum necessary period. There is generally no need for them to be present for any subsequent discussion of the patient's condition or treatment.
- Written information on this policy is available on the practice Website www.queencamelmedicalcentre.co.uk and a printed copy is available to patients on request.

Issues arising from the policy:

1. When no chaperone is available.

- The practice nurses are the preferred chaperones and there are rare occasions when they are not in surgery at the same time as doctors, and there are always home visits. In those circumstances the clinician must consider the degree of urgency of the examination. If it is not urgent, it may be possible to rearrange the appointment for a time when a chaperone is available.
- If the examination is clearly indicated on an urgent basis but the clinician has enough information from the history etc to have already decided on admission, it may be appropriate to admit them without performing an intimate examination and allow it to be performed in hospital.
- If the examination is indicated urgently but the patient is not requiring admission, the clinician may proceed in the absence of a chaperone. In such circumstances, the patient's consent should be obtained and recorded, as well as the absence of a chaperone and the rationale for proceeding.

2. Chaperone training:

Queen Camel Medical Centre uses practice nurses as chaperones and avoids the use of untrained staff in the role. Trained nurses have the skills required for the role as a core part of their qualification and experience. One of our phlebotomists has received chaperone training and would be part of the team that would be available to provide this service. The key elements of the role that we emphasize are:

- Sensitivity to patient confidentiality
- Willingness to reassure the patient
- Familiarity with the procedures involved in intimate examinations
- Willingness to raise concerns with other professionals should misconduct occur

3. When patients decline a chaperone:

- Even if a patient declines a chaperone, the clinician may deem it advisable to have one for their own protection.
- This need should be explained to the patient and, if they still decline, the reasons for the patient's avoidance should be explored and concerns addressed.
- Should the patient still decline the clinician needs to weigh up the risks of not performing the examination against the requirement for protection against allegations of assault.
- The clinician should document the offer and denial of the chaperone and the rationale for proceeding.

4. Same gender examinations.

The most common scenario of allegations of assault is by female patients against male doctors. Such allegations are rare against doctors of the same gender but have been recorded. The MPS and the GMC both advise chaperones be offered for same gender examinations. This is considered best practice at Queen Camel but is not routinely offered unless clinicians have concerns as it is felt that the risk is very small, whereas there is an unnecessary intrusion into the doctor/patient relationship by such routine offers.

5. Language barriers

It is considered unwise to proceed with an intimate examination unless the clinician is satisfied that the patient has a full understanding of the intended procedure and has given informed consent. In such cases the clinician should not proceed unless an interpreter has explained things fully. It is possible that an interpreter may act as a chaperone with the patient's consent, even if it is a friend of the patient as this may be the only way to provide reassurance in these cases.

6. Learning disability

In patients with a learning disability it may be preferable to allow a friend or family member to be the chaperone as they may provide the best reassurance in such cases. Many such patients still have capacity to give consent themselves and if they do not, decisions should be made on 'best interest principles'.

7. Printed information for patients:

If requested or required, this whole document is available via our practice website or the following printed information can be offered to patients when needed. It is not offered to all patients as a matter of routine.

- We will explain to you why the examination is needed and give you the opportunity to ask questions
- We will explain what the examination will involve
- We will obtain your permission before we carry out the examination
- You can request a chaperone to be present during the examination
- At all times we will respect your privacy during the examination and while dressing and undressing
- All examination rooms have curtains, paper sheets and door locks to prevent interruptions.