The Village Practice, Cowplain

Chaperone Policy

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1 Introduction

1. Policy statement

It is a requirement that, when necessary, chaperones are provided to protect and safeguard both patients and clinicians during intimate examinations or procedures. This policy adheres to the guidance detailed in CQC GP mythbuster 15: Chaperones.

To raise awareness, the chaperone policy will be clearly advertised. At this organisation, a chaperone poster is displayed in the waiting area, all clinical areas and annotated in the organisation leaflet as well as on the organisation website.

1.1 Status

In accordance with the Equality Act 2010, we have considered how provisions within this policy might impact on different groups and individuals. This document and any procedures contained within it are non-contractual, which means they may be modified or withdrawn at any time. They apply to all employees and contractors working for the organisation.

2 Policy

2.1 Who can act as a chaperone

At this organisation, it is policy that only members of the clinical team can act as a chaperone as non-clinical staff have not have the relevant training or DBS routinely carried out.

2.2 General guidance

The General Medical Council (GMC) Intimate examinations and chaperones guidance explains that the patient should be given the option of having an impartial observer (a chaperone) present whenever possible.

As per the GMC guidance, relatives or friends of the patient are not considered to be an impartial observer so would not usually be a suitable chaperone but staff at this organisation should comply with a reasonable request to have such a person present in addition to the chaperone.

The GMC guidance also provides detailed guidance on what the clinician should do before and during the examination, including adhering to the GMC Decision making and consent guidance.

NHS organisations should use NHSE guidance to support their review and improvement of local chaperoning practices.

https://www.england.nhs.uk/long-read/improving-chaperoning-practice-in-the-nhs-key-principles-and-guidance/

When a chaperone is present, the details of the chaperone must be recorded in the patient's clinical record, and the chaperone should note in the record what part of the consultation/examination they were present for.

2.3 Role and expectations of a chaperone

Staff at this organisation acting as a chaperone are to adhere to the guidance referenced at 2.2. CQC GP mythbuster 15: Chaperones advises that for most patients and procedures, respect, explanation, consent and privacy are all that are needed. These take precedence over the need for a chaperone. A chaperone does not remove the need for adequate explanation and courtesy. Neither can a chaperone provide full assurance that the procedure or examination is conducted appropriately. However, they have a duty of care to identify and raise concerns about any unusual or unacceptable behaviour by the healthcare practitioner.

Chaperones are not required to be registered clinicians. It is outside their remit to challenge the clinical decision to perform an examination or procedure. However, they have a duty of care to raise concerns about unsafe practices.

The chaperone should be sensitive to the patient's needs, respecting and maintaining their privacy and dignity and always be courteous and professional.

The chaperone should also be alert to signs of patient distress, both verbal and non-verbal.

2.4 When a chaperone is unavailable

The GMC further advises that if either the clinician or the patient does not want the examination to go ahead without a chaperone present, or if either is uncomfortable with the choice of chaperone, the clinician may offer to delay the examination until a later date when a suitable chaperone will be available providing the delay would not adversely affect the patient's health.

2.5 When a patient refuses a chaperone

If the clinician does not want to proceed with the examination without a chaperone but the patient has refused a chaperone, the clinician must clearly explain why they want a chaperone to be present. The GMC states that ultimately the patient's clinical needs must take precedence. The clinician may wish to consider referring the patient to a colleague who would be willing to examine them without a chaperone providing a delay would not adversely affect the patient's health.

Any discussion about chaperones and the outcome should be recorded in the patient's medical record, and in particular:

- Who the chaperone was
- Their title
- That the offer was made and declined

2.6 Disclosure and Barring Service (DBS) check

Clinical staff who undertake a chaperone role at this organisation will already have a DBS check.

2.7 Using chaperones during a video consultation

While it is widely accepted that many intimate examinations will not be suitable for a video consultation, should such a consultation be agreed, staff at this organisation are to adhere to the guidance detailed in CQC GP mythbuster 15.

2.8 Practice procedure

If a chaperone was not requested at the time of booking the appointment, the clinician will offer the patient a chaperone explaining the requirements:

- Contact reception and request a chaperone
- Record in the individual's healthcare record that a chaperone is present and identify them
- The chaperone should be introduced to the patient
- The chaperone should assist as required but maintain a position so that they are able to witness the procedure/examination (usually at the head end)
- The chaperone should adhere to their role at all times
- Post procedure or examination, the chaperone should ensure they annotate in the patient's healthcare record that they were present during the examination and there were no issues observed
- The clinician will annotate in the individual's healthcare record the full details of the procedure

2.9 Core responsibilities of the chaperone

- Receive appropriate and necessary training.
- Be sensitive to the patient's needs, respecting and maintaining their privacy and dignity.
- Provide emotional comfort and reassurance.
- Be courteous and professional at all times.
- Encourage patients to ask questions and seek clarification.
- Be alert to signs of patient distress – both verbal and non-verbal.
- Understand the clinical context and be able to appropriately observe the examination or procedure.
- Act as the patient's advocate when required.
- Identify and raise concerns about any unusual or unacceptable behaviour by the healthcare practitioner.
- Assist with undressing or dressing if requested by the patient.
- Help the patient understand what is being communicated to them.
- While chaperones may support clinicians, this is not their primary role.
- Chaperones are not required to be registered clinicians. It is outside their remit to challenge the clinical decision to perform an examination or procedure. However, they have a duty of care to raise concerns about unsafe practices, in line with wider NHS policies.
- The formal chaperone should document their presence in the clinical record, noting the date, time and nature of the examination or procedure.