

TMA

CHAPERONE PROTOCOL

INTRODUCTION

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.

This policy should be read in conjunction with the TMA Consent Protocol and TMA Complaints Policy.

The following guidance is based on best practice as set out in the GMC guidance 2013 on Intimate Examinations and Chaperones (http://www.gmc-uk.org/guidance/ethical_guidance/21168.asp)

GUIDELINES

Intimate examinations can be embarrassing or distressing for patients and whenever you examine a patient you should be sensitive to what they may think of as intimate. This is likely to include examinations of breasts, genitalia and rectum, but could also include any examination where it is necessary to touch or even be close to the patient. Clinicians (male and female) should consider whether an intimate or personal examination of the patient (either male or female) is justified, or whether the nature of the consultation poses a risk of misunderstanding.

- The clinician should give the patient a clear explanation of what the examination will involve and give the patient an opportunity to ask questions.
- Explain what the examination will involve, in a way the patient can understand, so that the patient has a clear idea of what to expect, including any pain or discomfort.
- Always adopt a professional and considerate manner - be careful with humour as a way of relaxing a nervous situation as it can easily be misinterpreted.
- Get the patient's permission before the examination and record that the patient has given it. If the patient does not have the capacity to make the decision, permission must be sort from the parent, carer or advocate as per the TMA Consent Protocol.
- Offer the patient a chaperone. Suitable signs are clearly on display in the waiting areas and clinical rooms offering the chaperone service.

If either the clinician or the patient does not want the examination to go ahead without a chaperone present, or if either of them is uncomfortable with the choice of chaperone, the clinician may offer to delay the examination to a later date when a suitable chaperone will be available, as long as the delay would not adversely affect the patient's health. Patients who request a chaperone should never be examined without a chaperone being present.

If the clinician does not want to go ahead without a chaperone present but the patient has said no to having one, the clinician must explain clearly why they want a chaperone present. 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, as long as a delay would not adversely affect the patient's health. If a patient has refused a chaperone and the examination goes ahead this should be documented in the medical records.

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. Therefore a patient being the same sex as the clinician should not be a justification for not offering a chaperone.

There may be rare occasions when a chaperone is needed for a home visit. The above and below principals should still be followed.

WHO CAN ACT AS A CHAPERONE?

The practice uses non-clinical staff as chaperones. The patient must agree to the presence of a non-clinician in the examination, and be at ease with this. The staff member should be trained in the procedural aspects of personal examinations, comfortable in acting in the role of chaperone, and be confident in the scope and extent of their role. Online training will occur yearly for clinical and non-clinical chaperones. In addition non-clinical staff will have face to face training on a yearly basis. They will also have up to date DBS checks carried out. New staff members will be taught about chaperone.

A relative or friend of the patient is not an impartial observer and so would not usually be a suitable chaperone, but you should comply with a reasonable request to have such a person present as well as a chaperone. An example of this is a learning disability patient that may only be comfortable with his/her carer being present.

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.
- A patient is able to have a family member or friend present in addition if they request it.

PROCEDURE

- The clinician will contact Reception to request a chaperone. The chaperone will enter the room discreetly and remain in room until the clinician has finished the examination. The chaperone will normally attend inside the curtain at the head of the examination couch and watch the procedure.
- The clinician will record in the notes that the chaperone is present, and identify the chaperone.
- Give the patient privacy to undress and dress, and keep them covered as much as possible to maintain their dignity. Neither the clinician or chaperone will help the patient to remove clothing unless they have been asked to, or they have checked with them that they want help.
- The clinician should explain what they are going to do before they do it and, if this differs from what they have told the patient before, explain why and seek the patient's permission. Stop the examination if the patient asks you to. Keep the discussion relevant and do not make unnecessary personal comments.

- To prevent embarrassment, the chaperone should not enter into conversation with the patient or clinician unless requested to do so, or make any mention of the consultation afterwards.
- **The chaperone will make a record in the patient's notes after examination.** The record will state that there were no problems noted if no issues occurred.
- If the Chaperone has concerns during the consultation that the principals of this policy are not being followed (intentionally or unintentionally) and the patient is in distress, they can raise this concern in the consultation if appropriate and proportionate. After the consultation they should inform their line manager of any concerns noted and document these in the patients records after discussion with their line manager if appropriate. The line manager will be the practice manager or one of the GP partners. They will then speak to those involved in the case to understand the material facts and make a decision if any further action is required. Any follow up comments that relate to this outcome will be placed in the medical records. If the chaperone retrospectively has concerns regarding the examination i.e. after the examination has concluded, the above procedure should still be followed.
- If a patient raises concerns regarding an intimate examination that occurred at the practice to the practice team, even if the chaperone noted not concerns, the practice manager will investigate the complaint as per the TMA Complaints Policy.