

Chaperone Policy

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Owner: Dr Andrew Perrett	

Introduction

This policy is designed to keep both patients and staff safe from abuse or allegations of abuse, and to assist patients to make an informed choice about their examinations and consultations.

Guidelines

Chaperones are provided to support both patients and staff.

Chaperones should routinely be offered before intimate examinations.

The patient's acceptance or refusal of a chaperone should be recorded in the records.

Patients may request a chaperone to be present for any consultation. A suitable sign should be on display in each consulting or treatment room offering the chaperone service if required.

Intimate Examinations

Intimate examinations include physical examinations of the breast, genitalia and rectum, and visual examination of breast or genitalia by remote teleconsultation.

Other types of physical examination may be considered intimate depending on the circumstances, particularly examination of the axilla, chest, heart or groin area. If the clinician thinks that the patient may misunderstand their actions during examination, or may consider the planned examination to be embarrassing, it should be treated as an intimate examination.

- All clinicians (regardless of gender) should consider whether intimate examination of the patient (regardless of gender) is justified.
- The clinician should explain clearly what the examination will involve.
- A chaperone should be offered for any intimate examination.
- Consent for the examination should be obtained before beginning.
- Consent is dynamic: the examination should be stopped or paused at the patient's request and adjustment made as appropriate.
- Clinicians should maintain a professional and considerate manner, mindful that humour can be misinterpreted.
- Patients should be provided with adequate privacy to undress and dress.

Examination of Children

Examination of children who do not have capacity to consent to examination should always be conducted in the presence of a person with parental responsibility or their delegated proxy. A

chaperone should be offered when intimate examination is required. Persons with parental responsibility may consent or decline to this examination and may accept or decline a chaperone.

Chaperone Requested

Patients who request a chaperone should not be examined without a chaperone being present. If necessary, where a chaperone is not available, the consultation/examination should be rearranged for a mutually convenient time when a chaperone can be present.

Patients may specifically request a chaperone of their own gender.

The identity of the chaperone should be recorded in the medical record.

This applies equally to home visits as to consultations on surgery premises.

Chaperone Declined

When both patient and clinician are comfortable to proceed without a chaperone, “chaperone declined” may be recorded in the medical record and the examination continue.

Clinicians may feel unable to proceed with intimate examination, or sometimes with any physical examination or consultation, safely in the absence of a chaperone, due to the risk of misunderstanding or malicious accusation. Clinicians should be particularly mindful when caring for patients with a history of sexual assault or mental health disorders. Clinicians should also be aware that allegations of both heterosexual and homosexual assault have been made against both female and male doctors.

When intimate examination is needed but cannot be provided by the lone clinician safely and a chaperone is declined, options for care provision should be discussed. The patient may agree to proceed after further explanation of the need for a chaperone and the reasons for examination. Options include arranging for another clinician to provide the examination (for example, a clinician of the patient’s gender may be preferred) or scheduling a separate appointment for intimate examination with a chaperone, so the patient can prepare and bring a supportive third party if preferred.

Who Can Act as a Chaperone?

Chaperones are either:

- 1) clinical staff familiar with procedural aspects of personal examination;
- 2) administrative staff trained as chaperones to:
 - a. be sensitive and respect the patient’s dignity and confidentiality
 - b. reassure the patient if they show signs of distress or discomfort
 - c. be familiar with the procedures involved in routine intimate examinations
 - d. remain present for the whole of the examination
 - e. raise concerns if they are concerned about the clinician’s behaviour.

At Lensfield Medical Practice the chaperone will be a trained member of the administrative staff, or one of the Advanced Clinical Practitioners, Practice Nurses, Healthcare Assistants or Doctors. When a suitable chaperone is not available, the examination will be deferred and re-scheduled with appropriate clinical urgency.

Chaperone Procedure

- The clinician requests a chaperone with the patient's consent.
- The chaperone witnesses the patient give consent to examination.
- The chaperone must remain in the room with direct sight of the patient during the examination.
- The chaperone may be able to act as an assistant for procedures.
- The name of the chaperone is recorded in the medical record with the examination findings.