



GCR10 - Chaperone Policy and Procedure

Clinical Governance - Risk Management and Safeguarding

Lister House Surgery
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Review Sheet



Last Reviewed
16 Oct '22



Last Amended
16 Oct '22



Next Planned Review in 12 months, or
sooner as required.

Business impact



Minimal action required circulate information amongst relevant parties.

Reason for this review

Scheduled review

Were changes made?

Yes

Summary:

This policy explains the role of a chaperone when they are present during consultations to provide support to the patient and to protect the healthcare professional against allegations of improper behaviour during such consultations. It has been reviewed and updated with minor wording changes, including the addition of the term healthcare professional to cover the varied roles in primary care. A definition of healthcare professional has been added and references reviewed and updated.

Relevant legislation:

- Crime and Disorder Act 1998
- Public Interest Disclosure Act 1998
- Sexual Offences Act 2003
- The Care Act 2014
- Children Act 2004
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015
- Human Rights Act 1998
- Safeguarding Vulnerable Groups Act 2006

Underpinning knowledge - What have we used to ensure that the policy is current:

- Author: CQC, (2022), *GP mythbuster 15: Chaperones*. [Online] Available from: <https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-15-chaperones> [Accessed: 16/10/2022]
- Author: GMC, (2013), *Intimate examinations and chaperones*. [Online] Available from: https://www.gmc-uk.org/-/media/documents/maintaining-boundaries-intimate-examinations-and-chaperones_pdf-58835231.pdf [Accessed: 16/10/2022]
- Author: RCN, (2021), *Remote consultations guidance under COVID-19 restrictions*. [Online] Available from: <https://www.rcn.org.uk/professional-development/publications/rcn-remote-consultations-guidance-under-covid-19-restrictions-pub-009256> [Accessed: 16/10/2022]

Suggested action:

- Encourage sharing the policy through the use of the QCS App

Equality Impact Assessment:

QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.



1. Purpose

1.1 To ensure that Patients and staff are aware of how Lister House Surgery will use chaperones to provide a safe environment throughout the examination.

1.2 To show how the use of chaperones promotes respect, dignity and confidentiality for Patients and limits them from experiencing distress during any examination.

1.3 To support Lister House Surgery in meeting the following Key Lines of Enquiry/Quality Statements (New):

Key Question	Key Lines of Enquiry	Quality Statements (New)
CARING	HC1: How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed?	QSC1: Kindness, compassion and dignity QSC4: Responding to people's immediate needs QSC5: Workforce wellbeing and enablement
CARING	HC3: How are people's privacy and dignity respected and promoted?	QSC1: Kindness, compassion and dignity QSC3: Independence, choice and control
EFFECTIVE	HE6: Is consent to care and treatment always sought in line with legislation and guidance?	QSE6: Consent to care and treatment
SAFE	HS1: How do systems, processes and practices keep people safe and safeguarded from abuse?	QSS2: Safe systems, pathways and transitions QSS3: Safeguarding
WELL-LED	HW5: Are there clear and effective processes for managing risks, issues and performance?	QSW3: Freedom to speak up QSW5: Governance, management and sustainability

1.4 To meet the legal requirements of the regulated activities that {Lister House Surgery} is registered to provide:

- Crime and Disorder Act 1998
- Public Interest Disclosure Act 1998
- Sexual Offences Act 2003
- The Care Act 2014
- Children Act 2004
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015



- Human Rights Act 1998
- Safeguarding Vulnerable Groups Act 2006



2. Scope

- 2.1** The following roles may be affected by this policy:
- All staff
- 2.2** The following Patients may be affected by this policy:
- Patients
- 2.3** The following stakeholders may be affected by this policy:
- Family
 - Advocates
 - Representatives
 - Commissioners
 - Local Authority



3. Objectives

- 3.1** There is a full understanding of when a chaperone is necessary and what their role is during an examination.
- 3.2** To protect Patients from any risk of assault or mistreatment during an examination or consultation.
- 3.3** To protect the health care professional from the risk of any allegation of assault or other mistreatment during an examination.



4. Policy

4.1 Healthcare professionals must offer the Patient the option of a chaperone before conducting an intimate examination and must be aware of the criteria that a chaperone must satisfy.

4.2 All team members at Lister House Surgery will have an understanding of the role of a chaperone, why a chaperone is necessary and the procedure for raising concerns.

4.3 Individual Patients may have different perceptions of what an intimate examination may mean (especially vulnerable Patients) and it may be appropriate to offer a chaperone during some or all of a consultation, especially when any physical examination or other touching may be indicated. The presence of a chaperone could prove reassuring for the vulnerable Patient as well as the healthcare professional in such circumstances. Cultural factors must be considered.

4.4 A chaperone will usually, but not always, be a healthcare professional who is:

- Familiar with the procedures involved in a routine intimate examination
- Sensitive to, and respectful of, the Patient's dignity and confidentiality
- Able to reassure the Patient if they show signs of distress or discomfort
- Able to stay for the whole examination and view the procedure, if this is practical
- Prepared to raise concerns about the conduct, behaviour or actions of the healthcare professional carrying out the procedure

4.5 All chaperones must be trained in the role. Non-clinical staff members who undertake a formal chaperone role must have undergone training to develop the required competencies including:

- What is meant by the term chaperone
- What is meant by "intimate examination"
- Why a chaperone needs to be present
- The rights of the Patient
- The chaperone's role and responsibilities, i.e. to be present for the examination inside the curtains or screen so that they can observe everything that takes place
- How to raise concerns arising from what they have observed

4.6 Non-clinical staff members who have been trained to be a chaperone must also have an up-to-date DBS check at the correct level for the role (dependent on their specific chaperone duties and what contact they have with Patients, especially children and vulnerable adults).

4.7 Lister House Surgery must offer a chaperone for any intimate examination with a healthcare professional, or a chaperone may be requested by a Patient. The offer of a chaperone is without regard to the gender of the Patient and that of the healthcare professional involved. Anyone can ask for a chaperone to be present.

4.8 A chaperone may also be requested by a Patient during a home visit, or provided by Lister House Surgery if they feel that a chaperone is necessary for the protection of the healthcare professional. If it is not possible to offer a chaperone during a home visit an alternative date for a home visit will be arranged so that a chaperone can be present, as long as the delay would not adversely affect the Patient's health.

4.9 All healthcare professionals (regardless of gender) must first consider whether an intimate examination of the Patient is necessary. If an intimate examination is necessary, the Patient will receive an explanation from the healthcare professional setting out the reason for the examination and what will happen during the examination, before asking the Patient for their consent to proceed and recording this in the notes - all in the presence of the chaperone.

4.10 Patients who request a chaperone must not be examined without a chaperone present, unless any delay in examining the Patient might adversely affect the Patient's health. Therefore, in these circumstances, the Patient's written consent will be obtained, and the unchaperoned examination will be recorded in the Patient's notes setting out the reason why the examination was necessary at that time when no chaperone was available.

If the Patient is to be referred immediately to secondary care and examination has not been possible due to the absence of a chaperone, the referral letter must explain the necessity for an examination to be carried out and why it has not already been undertaken.

4.11 If a chaperone is indicated for the examination but the Patient declines, the healthcare professional must:



- Find out why the Patient does not want a chaperone present
- Explain the role of the chaperone
- Explain why it is preferable for the Patient and the healthcare professional to have a chaperone present
- Inform the Patient that a chaperone may be necessary to assist with the examination

If the Patient continues to decline, the healthcare professional must decide on the best way to continue:

- Without a chaperone, based on clinical need and with the written consent of the Patient, and the rationale for the examination going ahead fully documented in the medical record
- Ask a suitable colleague to step in, but only if they and the Patient are both comfortable with this arrangement
- Refer the Patient to secondary care, if this is appropriate
- Postpone the examination until the issue can be resolved

4.12 The chaperone will only be present for the examination itself and can leave the room following the examination so that the consultation can continue in private, unless the Patient requests otherwise.

The chaperone MUST leave whenever the clinician leaves the room and must not stay alone with the patient in the room.

4.13 Any conversations during the examination will be strictly professional and relevant only to the examination.

4.14 Notices and information offering a chaperone will be clear and visible in the waiting area, the consulting and treatment rooms as well as on the website of Lister House Surgery and in the Patient information leaflet.

4.15 A family member or a friend of the Patient is not an impartial observer and so cannot, under any circumstances, act as a chaperone. This will be clear from the displayed and available chaperone information.

4.16 A Patient may prefer to have a chaperone that they have arranged, but this cannot be a family member or friend. This choice will be supported by Lister House Surgery if the person is suitable to be a chaperone.



5. Procedure

5.1 Before conducting an intimate examination, the healthcare professional will routinely offer the Patient a chaperone whether the Patient is male or female.

A Patient, especially if vulnerable in any way, may request a chaperone for any one-to-one setting or event where touching the Patient may be involved.

Wherever possible, the chaperone offered and available will be of the same gender as the Patient.

5.2 Before conducting the intimate examination in the presence of a chaperone, the healthcare professional will:

- Explain why it is necessary to have a chaperone present
- Explain to the Patient why an examination is necessary and give the Patient an opportunity to ask questions
- Explain what the examination will involve so that the Patient understands what to expect, including any pain or discomfort they may experience
- Obtain the Patient's informed consent before the examination and record this in the Patient's medical record (see also the Consent Policy and Procedure)
- Ensure that the Patient's privacy and dignity are respected, for example to undress and dress in private using a screen, curtains etc.

5.3 Before the examination, the chaperone must be present to hear the explanation of the examination and observe the Patient's consent.

The chaperone will be present if the healthcare professional has to seek consent for a second time because the examination or procedure differs from the information that the Patient was given earlier in the process.

5.4 Before the examination, the healthcare professional will record the identity of the chaperone in the Patient's medical record.

5.5 During the examination the healthcare professional will ensure:

- The Patient's privacy using infection, prevention and control (IPC) compliant sheets/covers, although during the COVID pandemic this may be modified to avoid the risk of cross infection
- That the chaperone is positioned where they can see the Patient and how the examination is being conducted
- That if, at any time during the examination, at the explicit request of the Patient, the examination will stop immediately

5.6 The chaperone will leave the room following the examination so that the consultation can continue in private, unless the Patient requests otherwise.

5.7 If the Patient declines a chaperone, this, together with the subsequent actions and supporting rationale, will be recorded in the Patient's medical record.

If the healthcare professional does not want the examination to go ahead without a chaperone present, an offer will be made to postpone to a later date when a suitable chaperone will be available, as long as the delay would not adversely affect the Patient's health.

5.8 Many intimate examinations will not be suitable for a video consultation. Where online, video or telephone consultations take place, [GMC guidance](#) explains how to protect Patients when images are needed to support clinical decision making. This includes appropriate use of photographs and video consultations as part of patient care.

Further guidance is available in the Video Consultations Policy and Procedure and a link is available in the Further Reading section of this policy.



6. Definitions

6.1 Chaperone

- A trained (but not necessarily medically qualified) impartial observer whose principal responsibility is to protect Patients from abuse. A chaperone's role is to be sensitive and respect the Patient's dignity and confidentiality during an examination and to reassure the Patient if they show signs of distress or discomfort
- The presence of a chaperone will also prevent the risk of false allegations of abuse or mistreatment against a healthcare professional

6.2 Intimate Examination

- This is a physical examination by a healthcare professional that may be embarrassing or distressing for Patients and, as such, should be carried out with sensitivity. An intimate examination is likely to include examinations of the breasts, genitalia and rectum. However, the explanation can also extend to any examination where it is necessary to touch or be close to the Patient

6.3 Healthcare Professional

- A person associated with either a specialty or a discipline and who is qualified and allowed by regulatory bodies to provide a healthcare service to a Patient, e.g. medical and dental staff, doctors, nurses, midwives and health visitors



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- A chaperone can reassure or comfort Patients during examinations that they may find embarrassing or distressing. They can also assist with the procedure or examination
- A chaperone may help to protect healthcare professionals from false allegations of abuse
- There are recommended procedures to follow if a Patient declines a chaperone or a chaperone is not available and there is a pressing clinical need for an intimate examination
- A chaperone must be present for the explanation of, and consent to, the examination, as well as during the examination in a place where the examination is clearly visible. They can leave at the end of the examination to provide privacy for the consultation, unless the Patient requests otherwise, or the healthcare professional provides rationale and gets consent from the Patient for the chaperone to remain during the consultation
- A family member or a friend of the Patient is not an impartial observer and so cannot, under any circumstances, act as a chaperone
- The offer of a chaperone must be made whether or not the healthcare professional to carry out the examination is the same gender as the Patient
- An embarrassing or distressing examination may include any consultation or examination where physical closeness or touching are indicated
- A chaperone's principal responsibility is to protect Patients from abuse
- All members of staff must understand the role of a chaperone, know who in Lister House Surgery is trained to undertake chaperone duties and be aware of how to raise concerns



Key Facts - People affected by the service

People affected by this service should be aware of the following:

- A chaperone will be offered by the examining healthcare professional regardless of whether you and the healthcare professional are the same gender
- You can request an examination to stop at any time
- A healthcare professional is unlikely to be willing to proceed with an intimate examination without a chaperone present unless there is a clear and pressing clinical need and a delay could adversely affect your health or prognosis
- A family member or a friend is not an impartial observer and so cannot act as your chaperone
- You can ask for a chaperone to be present during an examination or consultation
- The Chaperone Policy and Procedure will be made available for all Patients together with information about chaperones available in prominent positions in Lister House Surgery and on the website



Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Medical Protection - Chaperones:

<https://www.medicalprotection.org/uk/articles/chaperones>

MDDUS - Using chaperones in remote consultations:

<https://www.mddus.com/resources/resource-library/risk-alerts/2020/july/using-chaperones-in-remote-consultations#:~:text=In%20view%20of%20the%20practical%20difficulties%20in%20arranging,your%20patient%20to%20undertake%20a%20remote%20intimate%20examination.>

RCN - Genital Examination in Women:

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

Online Consultations Policy and Procedure

Video Consultations Policy and Procedure



Outstanding Practice

To be 'outstanding' in this policy area you could provide evidence that:

- The Practice Team is confident in what should be done if no trained chaperone is available or if a Patient declines a chaperone
- All staff who chaperone undertake regular training and can perform all the necessary duties and requirements of the role of chaperone and understand when and why it is important for both the Patient and the healthcare professional
- All staff understand the purpose of a chaperone and when, or in what circumstances, one should be offered and present
- All staff who chaperone are fully trained and have an up-to-date DBS check specific to their role and responsibilities
- The wide understanding of the policy is enabled by proactive use of the QCS App



Forms

Currently there is no form attached to this policy.