**Dr Syed Zaidi & Associates**

**CHAPERONE POLICY**

Our chaperone policy upholds the practice’s policy on equity and diversity.

**A chaperone may be required in the following situations:**

1) **Intimate examinations**. These are examinations of rectal, genital or breast area.

2) **For patients with certain cultural or religious beliefs** any examination requiring

shedding of clothing. This alone may be abhorrent and when dealing with such

patients GPs need to approach the subject with particular sensitivity.

3) **Patients with disabilities.** A patient with a severe mental or physical disability is

unlikely to attend surgery unaccompanied. GPs should endeavour to communicate

with the patient with the assistance of the relative or carer accompanying them.

Particular care should be taken to ensure the patient is not made to feel that their

wishes are being ignored.

4) **Examinations by a member of the opposite sex** are in some religions effectively

taboo.

5) **Examinations on patients with poor English.** It would be unwise to proceed with

any examination unless the GP is satisfied that the patient understands and can give

informed consent. If an interpreter is present they may be able to double as a

chaperone. If an urgent clinical need for an examination is evident, every effort

should be made to communicate with the patient by whatever means are available

before proceeding with the examination

6) **Examinations on children.** Children are expected to be accompanied by a parent

or adult relative to whom the need for the examination will be explained and

consent obtained. They will be expected to remain with the child during the

examination, so a further chaperone will not normally be necessary. The GP will

obviously see to reassure the child and explain the examination if appropriate to the

child.

7) **Teenagers aged 13 and upwards** can consent to examinations provided the GP is

sure that they have sufficient competence to understand the nature and purpose of

the examination. It would be advisable for a chaperone to be present or in the case

of a female patient for the examination to be carried out by a female doctor.

Under all these situations the doctor or nurse will

1) Explain why the examination is needed and what it will involve.

2) Obtain the verbal expressed permission before proceeding.

3) Give the patient privacy to dress and undress

4) Allow the patient to postpone or decline to be examined.

5) If appropriate offer a chaperone and document the fact that the patient has

been offered a chaperone and that permission has been given or declined

**Who should act as a chaperone?**

Either a practice nurse or community nurse ideally. If they are not available in the

surgery than one of the administration staff may be acceptable (Practice has 4 trained chaperones). Sometimes the patient’s friend or relative may be appropriate but if the patient being examined has a history of unpredictable behaviour it may better to have a

member of the practice team present as well.

**Examinations on home visits**

GPs are at an at an increased risk of their actions being misconstrued or

misrepresented if they conduct intimate examinations at patient’s homes and it

would be better to encourage these to be done at the surgery where “ the facilities

are better” if at all possible.

**NOTICE FOR THE WAITING ROOM**

**IT IS THE POLICY OF THIS PRACTICE TO RESPECT THE PRIVACY, DIGNITY, RELIGIOUS AND CULTURAL BELIEFS OF OUR PATIENTS.**

**IF YOU FEEL YOU WOULD LIKE A CHAPERONE TO BE PRESENT DURING A PHYSICAL EXAMINTION BY A DOCTOR OR ANY OTHER HEALTH PROFESSIONAL YOU MAY BE CONSULTING AT THE SURGERY (OR IF YOU WOULD PREFER TO BE EXAMINED BY A DOCTOR OR HEALTH PROFESSIONAL OF THE SAME SEX AS YOURSELF) PLEASE LET US KNOW AND WE WILL DO OUR BEST TO COMPLY WITH YOUR WISHES.**

The chaperone policy is available on the website.

**Reviewed on: 20/07/2015**