

THE VALLEY SURGERY AND CHILWELL MEADOWS SURGERY

INTIMATE EXAMINATIONS (Chaperone) POLICY

Intimate examinations

These are examinations of rectal, genital or breast area. However for patients with certain cultural or religious beliefs any examination requiring shedding of clothing may be abhorrent and when dealing with such patients GPs need to approach the subject with particular sensitivity. Examinations by a member of the opposite sex are in some religions effectively taboo.

Whenever such an intimate examination is required doctors and practice nurses will

- 1) Explain why it 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

Chaperones

Studies have shown that many people are unconcerned as to whether a chaperone is present or not. However chaperones should be considered whenever intimate examinations are carried out by either a nurse or doctor, whether this is at home or in the surgery.

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 especially if the same sex. Sometimes the patient's friend or relative may be appropriate but if the patient being examined has a history of unpredictable behaviour it may be better to have a member of the practice team present as well.

Examinations on home visits

GPs are 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.

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

Examinations on 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.

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.

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.

Clinical examinations of the breast

In 1998 The Chief Medical and Nursing officer published a letter to all doctors and nurses advising that routine examination of the breast should not be part of routine health screening for women. Clearly when the patient has attended for a possible lump or other breast problem an examination may be required. The GP should discuss this with the patient, ensure that they consent to this and consider whether or not the offer of a chaperone being present would be appropriate.

The chaperone policy is also available on the website and other patient information.

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