**Chaperone Policy**

Bridges Medical Practice has a chaperone policy in line with the General Medical Council guidelines from December 2001 and following on from the Ayling report September 2004.

1. Chaperones will be offered routinely to every patient for an intimate examination involving the breasts, genitalia or rectum.
2. For every intimate examination, the reason for it should be explained and what the examination involves. This is also good practice for other less intimate examinations such as fundoscopy or examining the axillae for lymphadenopathy.
3. Permission should then be obtained from the patient to perform the examination.
4. A trained chaperone should then be offered to the patient. Untrained administration and medical staff or friends should not be expected to be used as chaperones. Bridges Medical Practice will offer training to all admin and nursing staff as chaperones.
5. Explain to the patient the role of the chaperone, and that they will be standing inside of the curtain and document in the notes the name of the person doing the chaperone.
6. The patient however, can decline having a chaperone, many will, but that needs to be documented in the notes as well.
7. The chaperone should be available both whilst the patient undresses and then re-dresses after the examination. The patient needs to be given privacy to do this - this means practically placing them behind the screen and they should have the use of drapes to maintain privacy. Unless the patient is frail they should not be helped by the doctor to undress. During the examination the doctor needs to be cautious what they say and best practice would be to make no clinical comments during the examination except enough to put the patient at ease. Then wait until the chaperone is out of the room until the clinical case is discussed for confidentiality reasons.
8. The chaperone should also make a note in EMIS that they have been present during the examination.
9. All the above applies to home visits but clearly on some occasions there may be no chaperone available and the clinical situation may demand an urgent intimate examination but again everything should be documented in the computer notes on return.

**Further information**

* GMC, *Good Medical Practice* 2013 – Explanatory guidance, [*Intimate Examinations and Chaperones*](http://www.gmc-uk.org/guidance)
* Department of Health, [*Independent investigation into how the NHS handled allegations about the conduct of Clifford Ayling*](http://www.dh.gov.uk) 15 July 2004
* NHS Clinical Governance Support Team, [*Guidance on the Role and Effective Use of Chaperones in Primary and Continuity Care*](http://www.lmc.org.uk) 2005
* General Medical Council, [*Maintaining Boundaries*](http://www.gmc-uk.org/guidance) 2006
* Royal College of Nursing, [*Chaperoning: The Role of the Nurse and the Rights of Patients*](http://www.rcn.org.uk) 2002, reprinted 2006