**Chaperone: essential knowledge**

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **1** | **Chaperones understand their role and responsibilities** |
|  | Chaperones are aware of the history and developments around the chaperone role and why they are required (resources might include GMC guidance and local area protocols). |[ ] [ ]        |
|  | Chaperones should understand the impartial, dual nature of the role – to protect and support the patient and to safeguard the clinician against unfounded allegations or potentially abusive patients. |[ ] [ ]   |
|  | Chaperones should be equipped to provide courtesy, comfort and reassurance to patients within defined professional boundaries. |[ ] [ ]   |
|  | Chaperones should understand the importance of: * being present in the room from the patient undressing until re-dressing.
* being present throughout the entire physical examination.
* leaving the room before the clinical consultation resumes following the procedure.
 |[ ] [ ]   |
|  | Where requested by the patient, the chaperone can aid the patient in undressing/ dressing if required. |[ ] [ ]   |
|  | Chaperones understand the importance of patient confidentiality. |[ ] [ ]   |
|  | Chaperones should be involved in relevant audit and CPD activities which are fully documented by the practice. |[ ] [ ]   |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **2** | **Chaperones must have knowledge of the procedures around an intimate examination** |
|  | Chaperones should be aware of methods which protect a patient’s dignity i.e. appropriate levels of undress, use of sheets/gowns to protect a patient’s modesty where appropriate. |[ ] [ ]        |
|  | Chaperones should have an understanding of what constitutes an appropriate intimate examination, including:* breast examination.
* genital examination – male and female.
* rectal examination.
 |[ ] [ ]   |
|  | Chaperones should be aware that any procedure which involves the patient undressing or having close contact with the clinician can constitute a sensitive consultation. |[ ] [ ]   |
|  | Chaperones must understand that they should at all times be positioned where they can view the procedure. |[ ] [ ]   |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **3** | **Chaperones are aware of differing needs across specific groups** |
|  | Chaperones should have a relevant understanding of issues specific to children including Fraser competence/Age of Legal Capacity Act. |[ ] [ ]        |
|  | Chaperones should have an understanding of specific sensitivities relating to religion, ethnicity and culture. |[ ] [ ]   |
|  | Chaperones should have an awareness of issues involving vulnerable groups i.e. patients with mental health problems or learning difficulties. |[ ] [ ]   |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **4** | **Chaperones understand the consent process** |
|  | The chaperone should be present for the clinician’s explanation of the examination and the patient’s consent to the procedure. |[ ] [ ]        |
|  | Chaperones should have an understanding of implied and express consent.  |[ ] [ ]   |
|  | Chaperones should be aware of the continuing consent process throughout the procedure. |[ ] [ ]   |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **5** | **Chaperones understand their responsibilities in relation to raising concerns** |
|  | Chaperones must be able to recognise distress signals – verbal and non-verbal – from patients. |[ ] [ ]        |
|  | Chaperones must feel empowered to raise concerns where appropriate and via recognised channels (knowledge of local policy procedures). |[ ] [ ]   |