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Chaperone Policy

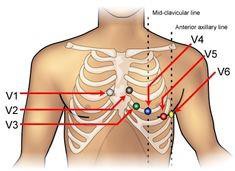
It is important to maintain the dignity of all clients being examined and this is potentially more difficult when the person being examined is of the opposite gender of the examining doctor. Both males and females can request a chaperone.

Your examiner is a male doctor who is bound by the principles set out in the General Medical Council’s guidance “Maintaining Boundaries”. ([download by clicking here](https://www.gmc-uk.org/-/media/documents/Maintaining_boundaries_Intimate_examinations_and_chaperones.pdf_58835231.pdf))

The medical examinations required by the CAA, HSE and OGUK includes several tests which would not normally be considered in any way intimate such as testing eyesight and hearing.

Other parts of the examination do require a closer physical examination. It is required to listen to the heart and lungs with a stethoscope which should be placed directly onto bare skin. It also requires palpation of the abdomen (pressing on the bare skin surface of the tummy to feel for the organs inside) Finally it involves checking for hernias right at the top of the front of the leg just below the belt line.

If suitably loose-fitting clothes are worn, then it isn't necessary to fully undress to perform a competent examination. For example, the stethoscope can be introduced between clothes and skin without the need to remove all garments worn or to expose the chest.



For some examinations an ECG is required, and this does require removing clothing from the chest to allow electrodes to be connected. For female clients this doesn't normally require removal of the bra (it may require loosening) but the outer clothing must be removed in order to connect the chest electrodes as shown in the above picture.

The purpose of a chaperone is as a safeguard for all parties (patients and doctor) and is witness of the procedure.

A chaperone is not routinely available for all appointments, but this can be arranged if requested in advance at the time of booking. This chaperone will normally be the wife of the examining doctor who is a trained nurse practitioner.

A relative or friend of the patient is not an impartial observer and so would not usually be a suitable chaperone, but I am happy to comply with a reasonable request to have such a person present as well as a chaperone if the patient wishes it.

If a chaperone is not available and the doctor or client feels that one is required, the medical maybe terminated and a further appointment made when a chaperone is available.

I do not have access to a female doctor and the medicals must be undertaken by a suitably trained doctor. This cannot be delegated to a nurse. (Although the ECG maybe able to).

**Specific Circumstances**

**Children under the Age of 16.**

The age of consent is 16, therefore any medical in a child less than 16 must have a parent/guardian present.

Over the age of 16, the young adult can make their own decision, however I would insist on a chaperone for a female between 16 and 18.

**Religious, Background or Ethnicity Concerns**

Some clients with ethnic, religious and cultural background considerations may have specific requirements e.g. women may not like to be touched by others of a male gender.

Whilst I can limit the degree of undercovering and be as sensitive as possible, the medical must be undertaken to required standards.

If there are concerns, it would be useful to explain these before committing to the medical, as it maybe appropriate to try and find a female doctor who is qualified to undertake the medical.

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