

## Chaperones in Medical Care



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As part of the obligation to provide a good standard of practice and care, doctors must manage and maintain appropriate professional boundaries.

The appropriate and effective use of chaperones is an important part of this process and for ensuring that relations remain on a professional footing.

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- This presentation aims to equip non-clinical staff with the knowledge and skills to be able to act as chaperone in a primary care or care home setting.
- This is particularly aimed at those staff who may be asked to perform the role of chaperone e.g. reception staff, administration staff and healthcare assistants or support workers.

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Learning Outcomes: To be able to -

- Clarify the definition of a chaperone
- Understand why a chaperone may be required or requested
- Explain the role and responsibilities of the chaperone
- Recognise what an “intimate” examination is
- Understand how to adopt a personalised approach, in order to respect the diverse needs of different ages, cultures, religions, gender and abilities
- Practise communicating with the patient verbally and non-verbally
- Identify how and when to raise concerns

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**Definitions:**

**Chaperone** – A person, especially an older or married woman, who accompanies a young unmarried woman in public; an older person who attends and supervises a social gathering for young people. (Webster’s II New Riverside University Dictionary)

**Medical Chaperone** – A third party, usually the same gender as the patient, who maintains a presence during an examination or treatment

- Promotes patient/provider comfort and safety
- Guards against professional impropriety and/or unethical treatment

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Although a chaperone does not have to be medically qualified they must be:

- A health professional
- Sensitive to the patient’s confidentiality
- Prepared to reassure the patient
- Familiar with the procedures involved in an intimate examination
- Prepared to raise concerns about a doctor if misconduct occurs

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- Using a chaperone during some patient examinations can be beneficial for both the patient and the provider
- Making chaperones available is often reassuring for many patients, and lets the patient know that the practice is sensitive to his or her needs
- In addition, the presence of a chaperone increases the defensibility of a claim alleging inappropriate advances toward the patient, while lending a professional quality to the examination

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..... Medical ..... Practice is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed at all times and the safety of everyone is of paramount importance.  
Staff have received training and an annual audit of the use of chaperones is undertaken and feedback to all the Clinicians. Please contact the surgery if you require any additional information.



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**Chaperones**  
If you feel you would like a Chaperone present at your Consultation, please inform your Doctor / Nurse, who will be more than happy to arrange this for you.

**May be offered  
when you  
arrange an  
appointment**



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**Chaperones**

**If you feel you would like a Chaperone present at your Consultation, please inform your Doctor / Nurse, who will be more than happy to arrange this for you.**



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**Suggested Poster For Waiting Room**

Are you nervous about being examined?  
There are occasions when the doctor or nurse needs to give you a full examination.  
If you feel embarrassed about this we can arrange for someone to be there with you.  
Please ask for our chaperone leaflet to find out more.  
If we can't provide someone straight away you may need to return for the examination.  
Trust is important in the relationship between GP and patient and we would, at all times, wish you to feel able to ask for a chaperone, should you require it

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- It is important that children and young people are provided with chaperones
- The GMC guidance states that a relative or friend of the patient is not an impartial observer and so would not usually be a suitable chaperone
- There may be circumstances when a young person does not wish to have a chaperone. The reasons for this should be made clear and recorded

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- If necessary make time available for patient and doctor to speak privately when the chaperone is not present (before or after the exam) so that more sensitive matters may be discussed
- All staff must be aware that chaperones are to protect both patients and staff. (The hospital investigation where a consultant was found guilty of abusing children and young people found staff believed that a chaperone was to protect the medical professional. They did not realise a chaperone was there to protect the child as well.)

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- All patients should routinely be offered a chaperone during any consultation or procedure
- This does not mean that every consultation needs to be interrupted in order to ask if the patient wants a chaperone to be present
- The offer of chaperone should be made clear to the patient before any procedure, ideally at the time of booking the appointment

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- As part of the obligation to provide a good standard of practice and care, doctors must manage and maintain appropriate professional boundaries
- The appropriate and effective use of chaperones is an important part of this process and for ensuring that relations remain on a professional footing

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**Why Use Chaperones ?**

- Their presence adds a layer of protection for a doctor - It is very rare for a doctor to receive an allegation of assault if they have a chaperone present
- To acknowledge a patient's vulnerability
- Provides emotional comfort and reassurance

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**Why Use Chaperones ?**

- Assists in the examination
- Assists with undressing patients if requested by patient
- May enable them to act as an interpreter

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**During the examination:**

- The patient must be provided with privacy to undress and dress to maintain dignity
- The health professional or chaperone should not assist the patient in removing clothing, unless confirmation has been given by the patient that assistance is required
- Professionals must be prepared to stop if the patient so requests
- Attention must be given to the environment ensuring adequate privacy is afforded to maintain dignity.
- Uncover only that part of the patient's anatomy that requires investigation or imaging

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**What is an Intimate Examination ?**

- Obvious examples include examinations of the breasts, genitalia and the rectum, but it also extends to any examination where it is necessary to touch or be close to the patient
- Other examples - conducting eye examinations in dimmed lighting, applying or removing the blood pressure cuff, palpating the apex beat



Consult GMC and NMC advice on intimate examinations - see further information

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- Intimate examinations may, for some patients, evoke memories of a personal adverse event such as rape or sexual abuse.
- The health professional undertaking the examination and the chaperone, if required, should be aware of increases in anxiety and distress and offer to stop the procedure immediately.
- Continuation of the examination should only occur when the patient feels happy to do so. Any such event must be documented in the patient's notes.

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- **NOTE:** This course does not list all possible intimate examinations and how they should appropriately be carried out
- You will need to work with your team of healthcare professionals to develop that knowledge

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**Chaperone Policy**

- If you work for an organisation, you should make sure you are familiar with their chaperone policy
- Policy should comply with GMC guidance and with the principles in this presentation
- You should also comply with any other provisions it contains

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**Chaperone Policy**

- If you are developing a chaperone policy for your practice or organisation, you should consider incorporating the following points:
- A chaperone should normally be a health professional and you will need to be satisfied that they will respect the patient's dignity and confidentiality, reassure the patient as necessary, are familiar with the procedure in question and can stay for the whole examination and see what the doctor is doing

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**Chaperone Policy**

- They must also be prepared to raise concerns if they are concerned about the doctor's actions or behaviour
- A relative or friend of the patient would not be a suitable chaperone, however you should comply with a reasonable request to have a friend or relative present as well as (but not instead of) a chaperone
- Establish there is a need for an intimate examination and discuss this with the patient

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**Chaperone Policy**

- Explain why an examination is necessary, and what it entails, so that the patient has a clear understanding of what to expect – including whether the examination is likely to be uncomfortable or painful
- Offer a chaperone to all patients for intimate examinations (or examinations that may be construed as such)
- If patient does not want a chaperone, record this in the notes. This should include patients of the same gender as yourself

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**Chaperone Policy**

- If the patient continues to refuse, their clinical needs must take precedence. You may consider referring the patient to a colleague who would be willing to examine them without a chaperone, but only if the delay will not adversely affect their health
- Be aware and respect cultural differences. Religious beliefs may also have a bearing on the patient's decision over whether to have a chaperone present

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**Chaperone Policy**

- Give the patient privacy to undress and dress. Use paper drapes where possible to maintain dignity
- Explain what you are doing at each stage of the examination, the outcome when it is complete and what you propose to do next. Keep the discussion relevant and avoid personal comments
- Record the identity of the chaperone in the patient's notes

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**Chaperone Policy**

- Record any other relevant issues or concerns
- In addition, keep the presence of the chaperone to the minimum necessary period. There is no need for them to be present for any subsequent discussion of the patient's condition or treatment
- Written information detailing the policy should be provided for patients, either on the practice website or in the form of a leaflet

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**Where Should the Chaperone Stand ?**

Exactly where the chaperone stands is not of major importance, as long as they are able to properly observe the procedure so as to be a reliable witness about what happened.

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**Duties of the Chaperone**

- Ensure patient privacy
- Be present at all times during examination or treatment
- Identify and report suspected misconduct
- They will be a reassuring presence during the examination, safeguarding against any unnecessary discomfort, pain, humiliation or intimidation.

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**Duties of the Chaperone**

- Chaperones should place themselves inside the screened-off area as opposed to outside of the curtains/screen (as they are then not technically chaperoning)
- The role of the chaperone is not that of clinical assistant for the procedure
- The chaperone role is to act as advocate for the patient, helping to explain what will happen during the procedure and the reason why

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**Suspected Misconduct ?**

- The nature or purpose of the examination or treatment and extent or purpose of disrobing not fully explained to the patient prior to the procedure.  
Explain what the patient can expect and feel during exam or treatment; avoid surprising patient.
- Patient not provided privacy during undressing and dressing.  
At a minimum, draw privacy curtain; shut door if possible
- The extent of required disrobing inconsistent with exam or treatment.  
A patient need not disrobe usually for a foot examination
- Examination inconsistent with patient's complaint or purpose of visit.  
Every woman does not need a breast exam every visit

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**Provider's Comments Unprofessional**

- Comments should not be obscene or demeaning
- Off-coloured jokes or comments about patient's anatomy are inappropriate
- Excessive flattery about patient's body or body parts inappropriate

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**Patient Misconduct ?**

- Chaperones protect provider as well as patient
- Provider responsible for managing inappropriate patient behavior.  
Serious consideration should be given to documentation of patient behavior
- Recommend documenting name of chaperone when present.  
Concerns may arise long after issue and name of witnessing chaperone has been forgotten

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**Chaperone Training**

- A formal chaperone implies a clinical health professional, such as a nurse.
- In a GP practice it can also mean a specifically trained non-clinical staff member, such as a receptionist.
- This individual has a specific role in the consultation and this should be made clear to both the patient and the person undertaking the chaperone role.

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**Chaperone Training**

- Members of staff who undertake a formal chaperone role must have been trained so that they develop the competencies required.
- Training can be delivered externally or provided in-house by an experienced member of staff so that all formal chaperones understand the competencies required for the role.

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**Chaperone Training**

- Clinical staff who undertake a chaperone role will usually already have a Disclosure and Barring Service (DBS) check.
- If non-clinical staff act as chaperones, they will normally require a DBS check – whether they do and at what level will depend on their specific duties as a chaperone and the contact they have with patients, particularly children and vulnerable adults.

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**Chaperone Training**

- An understanding and awareness of the various examinations and procedures where a chaperone may be required.
- An awareness of the patients perspective in supporting the patient before during and after the examination or procedure and in monitoring the patients physical or emotional well being.

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**Chaperone Training**

- An understanding of the concept of informed consent and their role in ensuring that patient's understand and give informed consent.
- An understanding of patient advocacy and a willingness to assert patient's rights if required.
- Reassuring the patient before, during and after the examination.

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**Chaperone Training**

- An awareness of their role as a witness to the procedure in safeguarding the health professional.
- An awareness of cultural differences and diverse needs.
- An understanding of complaints and whistle blowing policies.

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**Chaperone Training**

- Induction of new clinical staff should include training on the appropriate conduct of intimate examination.
- Trainees should be observed and given feedback on their technique and communication skills in this aspect of care.
- All staff should have an understanding of the role of the chaperone and the procedures for raising concerns.

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**Key Points to Remember**

- Inform your patients of the practice's or organisation's chaperone policy.
- Record the use, offer and declining of a chaperone in the patient's notes.
- Ensure training for all chaperones.
- GPs do not have to undertake an examination if a chaperone is declined, providing a delay will not adversely affect the patient's health.

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**Key Points to Remember**

- Be sensitive to a patient's ethnic, religious and cultural background. The patient may have a cultural dislike to being touched by a man or undressing.
- Do not proceed with an examination if you feel the patient has not understood due to a language barrier.

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**Case Study**

While it is common practice for GPs to routinely offer chaperones for intimate examinations, they may not necessarily be aware of the dangers of other types of examinations, for example, where dim light is required or where the doctor needs to get very close, such as in this fictional scenario.

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**Case Study**

One afternoon a teenage girl, accompanied by her mother, consulted a male GP because of pain in her ear. The mother left when her mobile phone rang and the GP continued an examination, which included an otoscopic examination of the girl's eardrum.

A week later the GP was distressed to learn that the girl had alleged he 'had got much too close'. She accused the doctor of deliberately brushing against her breasts and of looking down her top.

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**Case Study**

The worried GP contacted the MDU. He said he felt the examination of an ear was such a routine part of general practice that he had not even considered waiting for the mother to return.

While he thought it was possible he may have accidentally brushed against the girl while examining her, he vehemently denied her allegations of inappropriate behaviour.

With the MDU's help, the GP responded to the complaint by apologising for the distress caused.

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**Case Study**

He explained that the examination had taken longer than expected because of the difficulty in viewing the eardrum due to the swelling in the ear canal.

He said that, with hindsight, he should have waited for the mother to return and should have explained the nature of the examination.

He said that he would bear this in mind for the future. The mother and daughter accepted the explanation and it went no further.

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Training should have included and you should understand:

- What is meant by the term chaperone
- What is an 'intimate examination'
- Why chaperones need to be present
- The rights of the patient
- Their role and responsibilities
- Need to read and know their chaperone policy especially outlining the mechanism for raising any concerns

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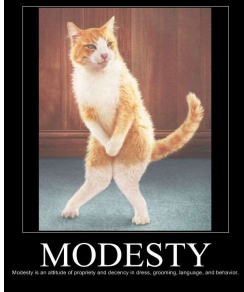
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**Further Information**

■ GMC, Good Medical Practice 2013 – Explanatory guidance, Maintaining Boundaries: Intimate Examinations and Chaperones – [www.gmc-uk.org/guidance/](http://www.gmc-uk.org/guidance/) ■ NHS Clinical Governance Support Team, Guidance on the Role and Effective Use of Chaperones in Primary and Community Care 2005 – [www.lmc.org.uk](http://www.lmc.org.uk) ■ GMC, Good Medical Practice 2013 – Explanatory guidance, Maintaining Boundaries: Maintaining a Professional Boundary Between You and Your Patient [www.gmc-uk.org/guidance/](http://www.gmc-uk.org/guidance/) ■ Royal College of Nursing, Chaperoning: The Role of the Nurse and the Rights of Patients 2002, reprinted 2006 – [www.rcn.org.uk](http://www.rcn.org.uk) ■ MPS factsheet, Chaperones FAQs – [www.medicalprotection.org/uk/factsheets](http://www.medicalprotection.org/uk/factsheets)

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**PLEASE ASK**

**Questions**



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**Issues Specific to Children**

- In the case of children a chaperone would normally be a parent or carer or alternatively someone known and trusted or chosen by the child.
- Patients may be accompanied by another minor of the same age. For competent young adults the guidance relating to adults is applicable.

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**Issues Specific to Children**

- The Age of Consent is 16 years, but young people have the right to confidential advice on contraception, pregnancy and abortion and it has been made clear that the law is not intended to prosecute mutually agreed sexual activity between young people of a similar age, unless it involves abuse or exploitation.
- However, the younger the person, the greater the concern might be about abuse or exploitation.

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**Issues Specific to Children**

- Children under 13 years old are considered of insufficient age to consent to sexual activity, and the Sexual Offences Act 2003 makes clear that sexual activity with a child under 13 is always an offence.
- In situations where abuse is suspected great care and sensitivity must be used to allay fears of repeat abuse.

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**Issues Specific to Children**

- Healthcare professionals should refer to the NHS Medway Safeguarding Team Safeguarding Children's Team and/ or local Safeguarding Children policies and guidelines for any specific issues.
- Children and their parents or guardians must receive an appropriate explanation of the procedure in order to obtain their co-operation and understanding.

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**Issues Specific to Children**

- If a minor presents in the absence of a parent or guardian the healthcare professional must ascertain if they are capable of understanding the need for examination. (Fraser Guidelines/ Gillick competencies)
- In these cases it would be advisable for consent to be secured and a formal chaperone to be present for any intimate examinations.

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**Issues Specific to Religion/Ethnicity or Culture**

- The ethnic, religious and cultural background of some women can make intimate examinations particularly difficult, for example, some patients may have strong cultural or religious beliefs that restrict being touched by others.
- Patients undergoing examinations should be allowed the opportunity to limit the degree of nudity by, for example, uncovering only that part of the anatomy that requires investigation or imaging.

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**Issues Specific to Religion/Ethnicity or Culture**

- Wherever possible, particularly in these circumstances, a female healthcare practitioner should perform the procedure.
- It would be unwise to proceed with any examination if the healthcare professional is unsure that the patient understands due to a language barrier.

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**Issues Specific to Religion/Ethnicity or Culture**

- If an interpreter is available, they may be able to double as an informal chaperone.
- In life saving situations every effort should be made to communicate with the patient by whatever means available before proceeding with the examination.

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**Issues Specific to Vulnerable Adults**

- For patients with learning disabilities or mental health problems that affect their mental capacity, a familiar individual such as a family member or carer may be the best chaperone.
- A careful, simple and sensitive explanation of the technique is vital.

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**Issues Specific to Vulnerable Adults**

- Adult patients with learning disabilities or mental health problems who resist any intimate examination or procedure must be interpreted as refusing to give consent and the procedure must be abandoned, unless the patient has been sectioned.
- In life-saving situations the healthcare professional should use professional judgement and where possible discuss with a member of the Mental Health Care Team.

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**Issues Specific to Vulnerable Adults**

- Professionals now need to be aware of the implications of the Mental Capacity Act 2005.
- The Mental Capacity Act 2005 came fully into force on 1 October 2007. It aims to protect people who cannot make decisions for themselves, when those decisions need to be made, due to a medical condition, learning disability or a mental health condition, for example Alzheimer's disease, or for any other reason.

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**Issues Specific to Vulnerable Adults**

- It provides clear guidelines for carers and professionals about who can take decisions in which situations.
- The Act states that everyone should be treated as able to make their own decisions until it is shown and documented that they can't.
- It also aims to enable people to make their own decisions for as long as they are capable of doing so.

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**Issues Specific to Vulnerable Adults**

- A person's capacity to make a decision will be established at the time that a decision needs to be made (time specific – decision specific).
- A lack of capacity, which may not be permanent, could be because of a severe learning disability, dementia, mental health problems, a brain injury, a stroke or unconsciousness due to an anaesthetic or a sudden accident.

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**Issues Specific to Vulnerable Adults**

- There is also a new criminal offence of wilful neglect or ill-treatment of a person who lacks capacity.
- The Act intends to protect people who lose the capacity to make their own decisions.

**It will:**

- allow the person, while they are still able, to appoint someone (for example a trusted relative or friend) to make decisions on their behalf once they lose the ability to do so.

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**Issues Specific to Vulnerable Adults**

- This will mean they can make decisions on the person's health and personal welfare.
- Previously, the law only covered financial matters.
- Ensures that decisions that are made on the person's behalf are in their best interests. The Act provides a checklist of things that decision makers must work through.

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**Issues Specific to Vulnerable Adults**

- Introduce a Code of Practice for people such as healthcare workers who support people who have lost the capacity to make their own decisions.
- People with no one to act for them will also be able to leave instructions for their care under the new provisions.

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**Lone Working**

- Where a health care professional is working in a situation away from other colleagues e.g. home visit, out-of-hours centre, the same principles for offering and use of chaperones should apply.
- In some cases appropriate family members or friends can take on the role of informal chaperone, particularly when the patient is a child.

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**Lone Working**

- In cases where a formal chaperone would be appropriate, i.e. more intimate examinations, the healthcare professional would be advised to reschedule the examination to a more convenient location.
- Where it is felt the examination could be misinterpreted by the patient it is always recommended you ensure an independent chaperone is available.

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**Lone Working**

- However in cases where this is not an option, for example due to the urgency of the situation, then good communication skills, explicit consent and record keeping are paramount.

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**Any Questions ?**

[www.siriusbusinessservices.co.uk](http://www.siriusbusinessservices.co.uk)

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