

## When to use a chaperone

A Nottinghamshire LMC Ltd guide to conducting Intimate Examinations in general practice



## What are ‘intimate examinations’?

“Whenever you examine a patient you should be sensitive to what they perceive as intimate.”  
GMC, *Maintaining Boundaries*, 2006

All medical consultations, examinations, and investigations are potentially distressing, but none so more than ‘intimate examinations’.<sup>1</sup> These can be highly embarrassing and upsetting to the patient, and normally refer to the examination of the breasts, genitalia or rectum, but can also include any examination where it is necessary for the GP to be close to, or to touch the patient, such as examining the eyes in dim light, or palpating the apex beat, which can make the patient feel vulnerable.<sup>2</sup>

GPs should also be mindful that for some patients their culture, religion, or sexual orientation may make intimate examinations particularly difficult, and when dealing with such patients, GPs should approach the subject with particular sensitivity.

## So how can GPs ensure that best practice is followed when conducting an intimate examination?

The GMC advises that “wherever possible, you should offer the patient the security of having an impartial observer (a ‘chaperone’) present during an intimate examination”. More crucially, the GMC states that “this applies whether or not you are the same gender as the patient”.<sup>3</sup>

## What is a chaperone?

Chaperones fulfil a number of roles, and can be described as “a safeguard for all parties (patient and practitioners)” and as “a witness to continuing consent of the procedure”.<sup>4</sup>

Chaperones do not need to be medically qualified, but they should be properly trained to ensure that they are aware of what is involved in the intimate examination they may be asked to observe, familiar with the routine procedure, and prepared to raise concerns about a doctor if misconduct occurs.<sup>5</sup> As such, administrative and clerical staff should not be used for this purpose *unless* they have had the appropriate training.<sup>6</sup> For further information on available training, please contact your PCT or PLT provider.

Chaperones are able to provide reassurance, and maintain communication with an anxious patient if the doctor’s attention is focused on the examination or procedure. They are also able to assist the elderly or infirm patient in dressing and undressing.<sup>7</sup>

It is recommended, as a general rule, that GPs conducting intimate examinations should always *offer* the patient a trained chaperone of the same sex. If the patient would like a chaperone present, but one is not available, or the GP or patient is uncomfortable with the choice of chaperone, the GP should offer to postpone the examination to a later date when one is available, but only if this is compatible with the patient’s best interests.<sup>8</sup> At all times the GP should record any discussion about chaperones and its outcome in the patient’s notes. If a chaperone is present during an intimate examination, this fact, along with the name of the chaperone should be recorded. Similarly, if a patient is offered a chaperone, but declines to have one, this too should be noted.<sup>9</sup> It is not uncommon for patients to decline the offer of a chaperone, as many will have built

up a relationship of trust with their GP, and their level of embarrassment may increase with the number of people in the room. GPs should remember that patients have the right to decline the offer of a chaperone.<sup>10</sup> However, GPs also have the right to protect themselves, and if a GP feels uncomfortable conducting an intimate examination without a chaperone present, this should be explained to the patient, and if the patient still insists on not having a chaperone present, should be referred to another colleague.<sup>11</sup>

## Before, during and after conducting an intimate examination

Below is a checklist of suggested actions, based on the GMC's *Maintaining Boundaries* guidance, which GPs should follow before, during, and after conducting an intimate examination:

### Before the examination

- ✓ **Talk to the patient – good communication is crucial.** Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions
- ✓ Explain what the examination will involve, in a way the patient can understand, so that they have a clear idea of what to expect, including any pain or discomfort
- ✓ Gain the patient's permission before the examination and record that this has been obtained in their notes
- ✓ Give the patient privacy to undress and dress, keeping them covered as much as possible to maintain their dignity. Do not assist the patient in removing clothing unless you have clarified with them that your assistance is necessary
- ✓ **Don't forget** to offer the patient a chaperone and record this discussion and the outcome in the patient's notes. If the patient accepts the offer of a chaperone, make sure that both the patient and chaperone are happy with the choice (there may be the odd occasion where a patient or chaperone feels uncomfortable being present due to a personal friendship for example) and make sure to introduce the patient and chaperone to each other.

### During the examination

- ✓ Make sure there are no disruptions from phone calls, emails, or messages, and that the room is private, secure, and cannot be entered whilst the examination is in progress
- ✓ Explain what you are going to do before you do it and, if this is different from what you have already discussed with the patient, explain why and seek their permission
- ✓ Be prepared to stop the examination if the patient or chaperone (if present) asks you to
- ✓ Keep discussion relevant and do not make unnecessary personal comments
- ✓ **Don't forget** to wear surgical gloves when conducting an intimate examination. They not only prevent cross infection, but also act as a physical barrier that keeps the examination on a clinical level and limits the possibility of sexual connotation

### After the examination

- ✓ Ask the patient to dress and for the chaperone, if present, to leave before discussing your findings, so that the patient is reassured and doctor-patient confidentiality is not compromised.



## Questions

### What if a chaperone is not available?

If either the patient or GP does not wish for the intimate examination to proceed without a chaperone present, it may be appropriate to postpone the examination until a chaperone is available. However, if the seriousness of the patient's condition dictates that a delay is inappropriate, this should be explained to the patient and recorded in the notes. If a GP does not wish to conduct an intimate examination without a chaperone present, but the patient has refused to have one, the GP should ask another colleague to see the patient.

### Who is suitable to act as a chaperone?

Chaperones do not need to be medically qualified, but they should be properly trained for the role and of the same sex to the patient being examined. The use of untrained administrative staff as chaperones is not acceptable.<sup>12</sup>

### What if a relative or friend of the patient offers to be a chaperone?

If it reassures the patient to have a relative or friend present during the examination and it is their expressed wish, then this should be allowed, but they should not act as a substitute for a formal chaperone who has been properly trained. GPs should consider the appropriateness of a relative or friend being present, as in some cases this could prevent the patient from disclosing important, relevant and sensitive information.

GPs should also be careful not to assume that because a patient has attended an appointment with a relative or friend that they would like them to stay during an intimate examination.

### What if a request for an examination is made, or the need for one determined by a GP, during a home visit?

Unless it is clinically necessary to conduct the examination immediately, it would be best for the GP to recommend that the patient attends the surgery where facilities are better suited for such examinations. GPs should bear in mind that they are at an increased risk of their actions being misconstrued or misrepresented if they conduct an intimate examination for a patient at their home when no one else is present.

### What if the patient does not speak English or has a poor understanding of it?

It would be unwise to proceed with any examination unless the GP is satisfied that the patient understands and can give informed consent. It should be noted that even if an interpreter is available and present for the examination, it is not appropriate to expect them to act as a formal chaperone. However, if an examination is urgently required, every effort should be made to communicate with the patient before proceeding with the examination, and all discussions and actions should be recorded in the patient's notes.

## What if the patient suffers with a disability?

A patient with a severe mental or physical disability is unlikely to attend surgery unaccompanied. As with the previous heading, the GP should endeavour to communicate with the patient with the assistance of the relative or carer accompanying them. Particular care should be taken to ensure that the patient is not made to feel that their wishes are not being considered.

## What if a patient is a minor?

Children are expected to be accompanied by a parent or adult relative, and the need for an examination should be explained to both and consent obtained. The parent would be expected to remain with the child during the examination. The GP should explain what will be involved and reassure the child in a sympathetic manner. Problems are more likely to arise if a teenager under the age of 16 (the legal age for consent) attends an appointment without a parent or guardian and requires an examination. If the GP considers the patient is 'Gillick competent' and capable of giving informed consent a trained chaperone should be present.

**Disclaimer:** This brieflet is intended as guidance only, and the GP should always make the final decision for treatment and the use of chaperones in intimate examinations. The principles outlined in this brieflet are also applicable to other healthcare professionals conducting intimate examinations, but for nurses, separate advice is available from the Royal College of Nursing (RCN) and online at [www.rcn.org.uk](http://www.rcn.org.uk).





## References

(All reference pages were last accessed on 21 April 2010).

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If you would like to provide feedback, require further information or additional copies of this brieflet, please contact us at:

Nottinghamshire LMC Ltd  
Duncan Macmillan House  
Porchester Road  
Mapperley  
Nottingham NG3 6AA

Tel: 0115 955 5440

Fax: 0115 955 5441

Email: [office@nottslmc.co.uk](mailto:office@nottslmc.co.uk)

Website: [www.nottinghamshirelmc.co.uk](http://www.nottinghamshirelmc.co.uk)