

Dr Steven Kinnear/Dundonald Consulting Rooms - Chaperone Policy

The GMC have published guidance on intimate examinations and chaperones (https://www.gmc-uk.org/-/media/documents/intimate-examinations-and-chaperones_pdf-58835231.pdf) This sets out the details around circumstances when and why a patient may require a chaperone and considerations that should be given.

When is a chaperone needed?

GMC Guidance advises:

When you carry out an intimate examination, you should offer the patient the option of having an impartial observer (a chaperone) present wherever possible. This applies whether or not you are the same gender as the person.

Intimate examinations

1. Intimate examinations or procedures can be embarrassing or distressing for patients. Before you carry out an intimate examination or procedure, it is essential that every effort is made to ensure patients feel as safe and in control of the situation as possible.
2. Intimate examinations can be carried out for a variety of reasons (such as assessment, diagnosis, treatment and screening), and can take place in a variety of settings, including in person and remote consultations, such as by video-link or other digital technology.
3. Intimate examinations are likely to include examinations of breasts, genitalia and rectum, but could also include any examination where it is necessary to touch, examine intimate parts of the patient's body digitally, or even be close to the patient. Some patients may have particular concerns about undressing or exposing parts of their body but feel hesitant to speak up.

Before the examination

1. Whenever you examine a patient, you should be sensitive to what they may think of as intimate and make clear the steps that will be carried out as part of the examination, before it begins
2. Before conducting an intimate examination, you should:
 - a. explain to the patient why an examination is necessary and give the patient an opportunity to ask questions
 - b. consider and address any communication barriers that could impact on the patient's experience or understanding of an intimate examination
 - c. 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
 - d. explain to the patient that they can ask at any time for the examination to stop
 - e. offer the patient a chaperone and explain what the chaperone's role would be during the examination
3. You must obtain the patient's consent or have other valid authority before the examination and record that the patient has given it
4. If an adult patient lacks capacity, you should follow the relevant GMC guidance on Decision making and consent

5. If the patient is a child or young person:
 - a. you must assess their capacity to consent to the examination
 - b. if they lack the capacity to consent, you should seek their parent's consent or make sure you have other valid authority
6. You should give the patient privacy to undress and dress, and keep them covered as much as possible to maintain their dignity. Do not help the patient to remove clothing unless they have asked you to, or you have checked with them that they want you to help

During the examination

1. During the examination, you must follow GMC guidance on Decision making and consent. In particular you should:
 - a. explain what you are going to do before you do it and, if this differs from what you have told the patient before, explain why and seek the patient's permission
 - b. be alert to the patient showing signs of discomfort or distress
 - c. check whether the patient has questions, wants to stop the examination or agrees for the examination to continue
 - d. stop the examination if the patient asks you to
 - e. keep your comments professional and relevant to the clinical examination. Unnecessary personal comments may cause distress or offence.

Chaperones

1. When you carry out an intimate examination, you should, wherever possible, offer the patient the option of having a chaperone who can act as an impartial observer. You should explain what the chaperone's role would be during the examination.
2. A chaperone should usually be a health professional, but where acceptable to the patient a member of admin staff with appropriate chaperone training may be used. Their role is to be:
 - a. sensitive and respect the patient's dignity and confidentiality
 - b. alert to the patient showing signs of distress or discomfort
 - c. aware of the most appropriate route to raise concerns and do so if they are concerned about the medical professional's behaviour or actions
3. You must be satisfied that a chaperone is:
 - a. trained for the role they are undertaking
 - b. familiar with the procedures involved in the proposed examination or briefed in advance
 - c. able to stay for the whole examination and be able to see what you are doing, as much as practical without obstructing the examination or interfering with the patient's dignity
4. A chaperone should be given the chance to ask questions if anything about their role is not clear to them prior to the examination.
5. A relative or friend of the patient is not a trained impartial observer and so would not usually be a suitable chaperone. However, the presence of a chaperone does not override a patient's wish to be supported by a relative, friend or advocate. You should comply with a reasonable request from the patient to have such a person present as well as a chaperone.

6. You should not assume that the patient doesn't want a chaperone. If no suitable chaperone is available, or if either of you is uncomfortable with the choice of chaperone, you may offer to delay the examination to a later date when a suitable chaperone will be available, as long as the delay would not adversely affect the patient's health.
7. If you wish to examine the patient with a chaperone present but the patient has said no to having one, you must explain clearly why you want a chaperone present. If the patient wishes to proceed without a chaperone but you remain uncomfortable with this, you may wish to consider referring the patient to a colleague who would be willing to examine them without a chaperone, as long as the delay would not adversely affect the patient's health. If you feel your personal safety is at risk you should follow the guidance in *Maintaining personal and professional boundaries* or *Ending a professional relationship with a patient*.
8. You should record the detail and outcome of any discussion about chaperones in the patient's medical record. If a chaperone is present during an examination, you should record that fact and make a note of their identity and role. If the patient does not want a chaperone, you should record that the offer was made and declined.