



Chaperoning

Jeshni Amblum-Almer

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Session Aims and Objectives

Aims : This session aims to provide you with current guidance on chaperoning in primary care.

Session Objectives

- To understand the role of the chaperone.
- Understand what is meant as intimate examinations
- Be able to identify situations when to offer a chaperone.
- Recognise the importance of documentation
- Understand the importance of consent and confidentiality.
- Consider lone working, best interests and refusal of treatment

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Background

- In 2000, GP Clifford Ayling was convicted of sexual assault on 10 female patients during intimate examinations. At the time, the GMC's guidance on intimate examinations (1996) suggested that 'whenever possible' doctors should offer a chaperone or invite the patient to bring a relative or a friend.
- The inquiry that followed the Ayling case found that he usually carried out intimate examinations without the presence of a chaperone. It called for trained chaperones to be routinely offered in these situations. Patients would have the right to decline if they wished.
- It also recommended that each NHS trust produce its own chaperone policy, and resource and manage it effectively

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Role of a Chaperone

A chaperone is an impartial observer present during an intimate examination of a patient.

- He or she will usually be a health professional who is familiar with the procedures involved in the examination. The chaperone will usually be the same sex as the patient.
- A chaperone is present as a safeguard for all parties (patients and practitioners), and is a witness to continuing consent of the procedure. In order to protect the patient (male or female) from vulnerability and embarrassment, a chaperone should be of the same sex as the patient. An opportunity should always be given to the patient to decline a particular person if that person is not acceptable to them for any reason.
- The designation of the chaperone will depend on the role expected and the wishes of the patient i.e. either a passive/informal role or an active/formal role. Equality team may be consulted regarding the wishes of transgender patients in their choice of chaperone.

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What are Intimate Examinations

- Intimate examinations are examinations of the breast, genitalia and rectum.
- However, some patients may regard any examination in which the doctor needs to touch or be very close to them as intimate.
- Example: examination of the fundi using an ophthalmoscope in a darkened room.
- Intimate examinations and procedures can be stressful and embarrassing for patients.
- For patients with certain cultural or religious beliefs an examination requiring the removal of clothing may be abhorrent and in such circumstances there is the need to approach the subject with particular sensitivity.
- Examinations by a member of the opposite gender in some religions are effectively taboo.
- It is important for staff to be sensitive to differing expectations associated with patient's cultural, ethnic and racial background as a lack of understanding may lead to confusion and poor communication.

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What is intimate care?

Intimate care involves tasks associated with bodily functions and personal hygiene which necessitate direct or indirect contact with, or exposure of intimate parts of the body. Examples include:

Dressing or undressing a patient
 Changing continence pads
 Showering / bathing a patient
 Changing sanitary towels or tampons Measuring for mobility appliances Undertaking diagnostic treatments or interventions
 Helping someone to use the toilet, bedpan or urinal
 Washing and drying intimate parts of the body
 Providing catheter care
 Giving enemas, suppositories or pessaries Fitting prosthesis
 Applying dressings or treatments to intimate parts of the body

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Chaperones Role

- A chaperone is there for the patient. Their function is to:
- reassure the patient if they experience distress
- protect the patient's dignity and confidentiality at all times
- offer emotional support at an embarrassing or uncomfortable time
- facilitate communication, especially if there is a language barrier.
- A chaperone also provides a safeguard for both patient and doctor, and can discourage unfounded allegations of improper behaviour.
- In rare circumstances, the chaperone may also protect the doctor from physical attack. Most commonly this happens when the patient is in custody

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Who can be a Chaperone?

- Requesting a colleague to act as a chaperone can sometimes involve a delay and disrupt other schedules however it is important that wherever possible staff plan ahead to allow for staff to act as chaperones.
- Friends or family members who may be present must not be expected to take on a chaperoning role as this may not be what the patient wants.
- Care must be taken to ensure that if a patient doesn't speak English then an interpreter or Language Line should be used (not a family member).

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When to offer a chaperone

Offer a chaperone routinely before conducting an intimate examination. This applies to both female and male patients.

Some patients may require a chaperone for other examinations too. For example, particularly vulnerable patients or those who have suffered abuse may need a chaperone for examinations that where it is necessary to touch or be close to them.

In these circumstances, you should use your professional judgement about whether to offer a chaperone, depending on the patient's views and level of anxiety.

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Who should be offered a chaperone?

- 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 third party present. The offer of a chaperone should be made clear to the patient prior to any procedure.
- The organisation advises that use of a chaperone is considered particularly:
 - During gynaecological/intimate examinations or procedures.
 - When examining the upper torso of a female patient.
 - For patients with a history of difficult or unpredictable behaviour.
 - For unaccompanied children.
 - For adults who lack mental capacity to consent to the procedure.
 - For patients who have a history of being abused
 - For patients who may have a history of making allegations

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Documentation

- Document the presence of a chaperone and their identity (name and full job title) in the records.
- If an accusation of improper behaviour is made several years later and there is no record of who acted as chaperone, it would be difficult to recall who witnessed the examination.
- For patients who refuse a chaperone, record that you offered a chaperone but the patient declined.
- Good communication
- Note if chaperone present
- Complete a risk assessment

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Consent

- Consent is a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally, orally or in writing. For the consent to be valid, the patient must:
- Be assessed as having the mental capacity to take the particular decision
- Have received sufficient information to make it; and
- Not be acting under duress
- Valid consent must be obtained relevant to the procedure being undertaken. The health professionals carrying out the procedure is ultimately responsible for ensuring that the patient is making a capacitous decision to consent to what is being done.

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Consent in Children

- For children under the legal age of consent (16years), they and their parents or guardians must receive an appropriate explanation of the procedure in order to obtain their co-operation and consent. There is a legal requirement to obtain consent from their legal guardian. However, in light of the Children Order (1995) and the Frazer principle, regard must be given to the 'ascertainable' wishes and feelings of the child concerned considered in light of their age and understanding.
- For patients with learning difficulties or mental illness a familiar individual such as a family member or carer may be the best chaperone. A careful and sensitive explanation of the technique is vital. Adult patients with a learning difficulties or mental illness who cannot give consent or consequently resist any intimate examination or procedure must be interpreted as refusing to give consent and the procedure must be abandoned, and the principles of MCA (2005) applied

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Safeguarding

- In the case of any victim of an alleged sexual attack, valid written consent must be obtained for the examination and collection of forensic evidence. Any forensic evidence or examination must only be carried out once the police have confirmed actions to be taken – it should be considered if this evidence is required should the patient be transferred to a more suitable facility such as Jupiter House. In situations where abuse is suspected, great care and sensitivity must be used to allay fears of repeat abuse –this disclosure must be shared appropriately
- Safeguarding Policy and discussed with the relevant agencies such as Police, Social Care and the relevant Safeguarding Team.
- Consideration must be given to patients that may have been previously subjected to abuse that additional measures may be required to support the individual for any intimate procedures.

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Chaperoning Children

- A chaperone would normally be a parent or carer, or someone trusted and chosen by the child.
- However, good practice would indicate a staff member should act as chaperone in all settings, where intimate or complicated examinations are being undertaken, as parents do not always have an understanding of procedures.
- The age of consent is 16 years, but for a minor who is assessed as competent to make the decision, the guidance relating to adults applies.
- In situations where Child Protection issues are a concern, health professionals should refer to Local Safeguarding Children's procedures.
- Wherever possible a chaperone should be available, however, if one cannot be provided a careful explanation of procedures carried out should be given to the parents and documented.

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Adult Refusal

- Use MCA to establish capacity
- Best Interests principle
- Use of informal chaperones
- Any resistance to an intimate examination by an adult who is assessed as lacking capacity to consent to this procedure should be interpreted as a refusal to give consent. In such circumstances the procedure must be abandoned.

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Patient refusal of a chaperone

- Patients have a right to refuse a chaperone.
- If you are unwilling to conduct an intimate examination without a chaperone, you should explain to the patient why you would prefer to have one present.
- You may need to offer an alternative appointment, or an alternative doctor, but only if the patient's clinical needs allow this
- If the seriousness of the condition means that a delay is inappropriate then this should be explained to the patient and recorded in their notes. A decision to continue or otherwise should be jointly reached. A less restrictive option needs to be considered and recorded
- It is acceptable for a health professional to perform an intimate examination without a chaperone if the situation is life threatening or speed is essential in the care of the patient and this should be recorded in their notes.

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What to do if no chaperone available

- When no chaperone is available or the patient is unhappy with the chaperone offered (for example, they will only accept someone of the same gender), you can ask the patient to return at a different time, if this is not against their clinical needs.
- However, this could make the patient feel under pressure to proceed without a chaperone, causing them anxiety or to feel that they are inconveniencing you.

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Conducting an Intimate Examination

- a. Explain examination to the patient and offer opportunity to ask questions.
- b. Explain what the examination will involve, in a way the patient can understand, so that the patient has a clear idea of what to expect, including any pain or discomfort
- c. Gain consent and record it.
- d. Offer the patient a chaperone
- e. if dealing with a child or young person
 - you must assess their capacity to consent to the examination
 - if they lack the capacity to consent, you should seek their parent's consent⁴
- f. 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

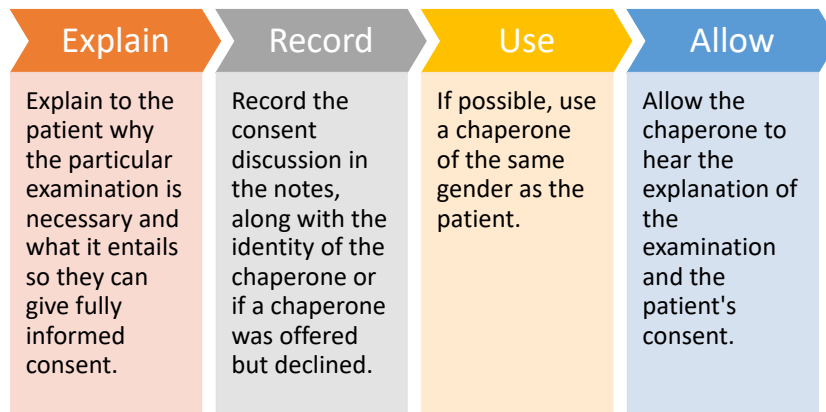
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Role of a Chaperone

- Be sensitive and respect the patients dignity and confidentiality
- Reassure the patient if they show signs of distress
- Be familiar in the procedures involved in a routine intimate examination
- Stay for the whole examination, and if practical, direct observation of the clinician
- Be prepared to raise concerns if concerned about the clinician's behaviour or conduct.

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Before the Examination



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Ensure	Ensure patients' privacy during the examination and when they are dressing and undressing, for example by using screens and gowns/sheets.
Position	Position the chaperone where they can see the patient and how the examination is being conducted.
Explain	Explain what you are going to do before you do it and seek consent if this differs from what you have told the patient before.
Stop	Stop the examination if the patient asks you to.
Avoid	Avoid personal remarks.

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Principles of Safe Practice

- Always give the patient privacy to dress and undress and use drapes to maintain the patient's dignity.
- Do not assist the patient in removing clothing unless it has been established and agreed by the patient that assistance is needed.
- Only the parts of the patient's body necessary to carry out the examination should be exposed. It is seldom necessary that an individual be completely naked or exposed other than in showering/ bathing.
- The use of protective clothing should be used for infection control purposes
- During the examination / delivery of intimate care keep the conversation relevant and avoid unnecessary personal comments or discussion with other staff members.
- On completion of the examination / procedure ensure the patients privacy and dignity is protected and address any queries relating to the examination.

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Community staff and lone workers

Community staff and lone workers who are required on occasions to undertake intimate care alone in a patient's home must conduct and document a risk assessment.

The risk assessments must be examined by the Line Manager / Clinical Teams in order to satisfy that the practitioner has considered the risks from both the patient and practitioner's perspective.

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Students or Trainee Healthcare Professionals

- acknowledged that this is a requirement as part of their training:
- The patient should be informed that a student will be present for the examination and consent should be obtained.
- The procedure must be carried out in an appropriate structured, supervised and consented way
- No more than one student should be present for an intimate examination
- The chaperone on these occasions should always be a member of staff
- Date, time, location of the examination, names of the students, the supervisory
- chaperone and the consent obtained should be recorded in the patients' records.

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- Whenever practitioners perform an intimate examination or procedure it is their responsibility to ensure the patients has consented to the procedure and that the care is delivered in a safe, efficient and respectful manner.
- The patient's privacy and dignity must always be upheld at all times.

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References

- The COVID-19 pandemic has accelerated the use of online and video consultations as part of core clinical practice. An online, video or telephone consultation does not negate the need to offer a chaperone. The same principles would apply.
- The GMC have published guidance on how to provide appropriate patient care in online, video or telephone consultations. The guidance includes appropriate use of photographs and video consultations as part of patient care.
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CONTACT INFO

+44 207 692 8709

admin@belmatt.co.uk
info@belmatt.co.uk

www.belmatt.co.uk

Suite 570, 405 Kings Road
Chelsea
SW10 0BB

