

Chaperones in General Practice

A chaperone is “an independent person, appropriately trained, whose role is to independently observe the examination” being conducted by a medical practitioner.

It is a requirement of good professional practice to offer a chaperone when undertaking an intimate examination (Irish Medical Council Guide to Professional Conduct and Ethics (GPCE) 2016, Section 35, and HIQA Safer Better Healthcare Standards).

What delineates an intimate examination?

The Irish Medical Council (IMC) GPCE does not define an intimate examination. However the UK General Medical Council (GMC) describe a very patient centred approach:

“You should be sensitive to what (patients) may think of as intimate. This is likely to include examinations of breasts, genitalia and rectum, but could also include any examination where it is necessary to touch or even be close to the patient... whether or not you are the same gender as the patient”.

Why and when to use a chaperone?

Chaperones are essential when conducting intimate examinations. A chaperone supports patient safety, while providing an additional layer of protection for the clinician, should the patient later raise concerns. A chaperone should always be considered for vulnerable patients, where prior misunderstandings exist, or where religious/cultural issues arise. Chaperones and examination of children is outside the scope of this article, but addressed in GMC advice.

Consent: Before conducting an intimate examination carefully explain to the patient why it is needed and what will be involved. You **must** offer the patient a chaperone and record if a chaperone was refused, present or not available but the patient was happy to proceed (GPCE page 28).

The IMC GPCE advise “When an intimate examination is necessary, you **must** explain to patients

- why an intimate examination is necessary
- what it entails,
- offer a chaperone
- write accurate and detailed records

Who can be a chaperone?

The IMC GPCE suggest a nurse or family member as possible chaperones. The MPS and Medisec suggest a health care professional. The GMC consider the chaperone “should usually be a health professional...A relative or friend of the patient is not an impartial observer and so would not usually be a suitable chaperone”. The relative/friend may however be present if the patient wishes. Chaperones should:

- be familiar with the procedures involved in an intimate examination
- stay with the patient for the whole examination
- see what the doctor is doing

- be prepared to raise concerns about the doctor in instances if necessary

The chaperone has a complex, impartial role. It is challenging for relatives/friends to achieve this.

Chaperone unavailable?

There are many situations in GP when a suitable chaperone is unavailable (out of hours, home visit, single GP practice etc). If the patient or doctor wants a chaperone present, and no suitable chaperone is available, then regulatory advice is to delay the intimate examination, and arrange a suitable chaperone (provided the patients' health is not compromised by the delay). In an emergency, referral to an emergency department may be a valid solution.

Medical records should be detailed, accurate and contemporaneous. Document that a chaperone was offered/declined/present. Always record the identity of the chaperone by name and title. Consider incorporating chaperones into "clinical note templates" for smear tests/LARC.

Patient awareness: Consider how best to inform patients that a chaperones is available in your practice: your website, and "chaperone posters" improve patient awareness of chaperones. Many clinicians hang such "chaperone posters" near the examination couch.

Key issues around chaperones in GP:

- Discuss, agree, implement a practice chaperone policy, as a practice quality improvement activity (use this article to draft a practice chaperone policy).
- **Always offer** a chaperone when conducting intimate examinations: breasts, genitalia, rectal...or what patient thinks intimate?
- Gender of clinician and patient is irrelevant
- Consent is crucial :Explain why and what is involved. Always offer a chaperone.
- Chaperones should ideally be a health professional, familiar with process, and directly observe the entire procedure: No standing outside the curtain!!
- Family member as a chaperone is not ideal: they are neither trained nor impartial.
- Detailed and accurate medical record is imperative
- Audit your chaperone use, and record it as your CPD.

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References:

1. Guide to Professional conduct and ethics 2016
<https://www.medicalcouncil.ie/News-and-Publications/Reports/Guide-to-Professional-Conduct-and-Ethics-8th-Edition-2016-.pdf>
2. "Intimate examinations and chaperones: GMC"
http://www.gmc-uk.org/static/documents/content/Maintaining_boundaries_Intimate_examinations_and_chaperones.pdf
3. Chaperones MPS Casebook April 2016
<http://www.medicalprotection.org/uk/resources/factsheets/england/england-factsheets/uk-eng-chaperones>