

# **Communication skills with women, intimate examination and Chaperon**

## **What is 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.

## **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.

## **Chaperone's 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.

## **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.

## **What to note in the records**

We advise members to document both 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, you should record that you offered a chaperone but the patient declined.

## **If the patient refuses 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.

## **No chaperone available/patient unhappy with choice of chaperone**

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.

## **Chaperone policy**

It is advisable to publish a chaperone policy to define what happens when a patient refuses a chaperone or prefers a same-sex chaperone. This can help manage patients' expectations and encourage them to make their wishes known at an early stage.

## **Checklist for intimate examinations**

### **Before the examination**

- Explain to the patient why the particular examination is necessary and what it entails so they can give fully informed consent.
- Record the consent discussion in the notes, along with the identity of the chaperone or if a chaperone was offered but declined.
- If possible, use a chaperone of the same gender as the patient.
- Allow the chaperone to hear the explanation of the examination and the patient's consent.

### **During the examination**

- Ensure patients' privacy during the examination and when they are dressing and undressing, for example by using screens and gowns/sheets.

- Position the chaperone where they can see the patient and how the examination is being conducted.
- 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 the examination if the patient asks you to.
- Avoid personal remarks.

### **After**

- The chaperone should leave the room following the examination so the consultation can continue in private.  
For expert advice relating to your individual circumstances, please call the MDU advisory helpline on **0800 716 646**.

## **Background to the present guidance on chaperones**

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.

Reference:

<https://www.themdu.com/guidance-and-advice/guides/guide-to-chaperones>