

## Chaperones for examinations

Doctors should always be cognisant of patients' privacy and dignity, and it is important to be aware of the obligations surrounding physical and intimate examinations. What might be categorised as an intimate examination may well depend on the patient and it is important to bear this in mind at all times. Similarly, if a patient is vulnerable in any way, it may be appropriate for the doctor to offer a chaperone.

The Medical Council's *Guide to Professional Conduct and Ethics for Registered Medical Practitioners, 9<sup>th</sup> Edition, 2024* (available on the Medical Council website) states:

### 24 Physical and intimate examinations

- 24.1 *Clinical assessment of patients may involve a physical examination as well as relevant history-taking.*
- 24.2 *Before undertaking any physical examination, including an intimate examination, you should discuss this with the patient, explaining why it is needed, what will be involved and addressing any concerns that the patient may have, and obtain consent.*
- 24.3 *Intimate examinations include examinations of breasts, genitalia and rectum. Consent for intimate examinations must be documented in the patient's medical record.*
- 24.4 *You should respect patients' dignity by giving them privacy to undress and dress, and keeping them covered as much as possible. You should not help the patient to remove clothing unless they have asked you to do so, or you have checked with them that they want your help.*
- 24.5 *A chaperone can act as a safeguard for both the doctor and the patient during an intimate examination. You should ask the patient if they would like a chaperone to be present and record their wishes.*
- 24.6 *If a chaperone is not available, you should confirm if the patient wishes to proceed or make alternative arrangements, as long as the delay would not adversely affect the patient's health.*
- 24.7 *You must not carry out intimate examinations on anaesthetised patients unless the patient has given explicit (usually written) consent to this in advance.*

We recommend you also record the identity of the chaperone if one is present.

We suggest you speak to your software provider to put in place relevant templates on your system to record the patient's relevant decision. It may be helpful to prepare a template in your practice software for ease of recording this.

### If a chaperone is not available

On occasions such as a home visit, or in an out of hours setting, a chaperone may not always be available. In these circumstances you should consider whether the examination is urgent and necessary. If it is not urgent and the patient requests a chaperone, you could reschedule the appointment for a time when a chaperone is available.

Where possible, doctors should make every effort to ensure the availability of a chaperone at certain times in the working week so one will be available to offer to patients, particularly where an intimate examination is required.

## If a patient declines a chaperone

The presence of a chaperone protects both the doctor and the patient. Even if a patient declines a chaperone, the doctor may feel it would be more prudent to have one present for their own protection and / or comfort.

In such circumstances, the doctor should explain their position to the patient. If the patient still declines the offer of a chaperone, the doctor will need to determine whether they are happy to proceed with the examination or not. This is a personal decision that the doctor will need to make exercising their own clinical skills and judgement. In the event that the doctor does proceed in the absence of a chaperone, they should carefully document that a chaperone was offered and declined. Medisec recommends that the doctor also makes a note detailing their rationale for commencing with the examination in the absence of a chaperone.

## Who should be a chaperone?

Although the chaperone could be a family member, nurse or other staff member, it is advisable that family members or friends of either the patient or the doctor should not undertake the chaperoning role. They may not fully appreciate the nature of the physical examination performed, and may not be completely impartial.

If non-medical staff members at the practice are to undertake the chaperone role, you should ensure that they are fully trained which includes training in maintaining patient confidentiality, familiarity of the procedure, where to stand and how to raise concerns about a doctor if misconduct occurs.

Medisec cannot provide an exhaustive definition of an intimate examination. Each doctor must use clinical judgement to decide if an examination is intimate depending on the individual circumstances of each examination including age, gender and culture. The Medical Council Guide states that intimate examinations include examinations of breasts, genitalia and rectum, but this list is not exhaustive.

## Precedent chaperone policy for a practice

*“ xxxxx is committed to providing all patients with a safe, comfortable environment. If you would like a chaperone present during your consultation, please advise the receptionist when booking your appointment.*

*You may also ask for a chaperone on arrival for an appointment, although the practice cannot guarantee a chaperone being available at short notice. If this is the case your examination will be cancelled.”*

We can offer you a poster (available on our website) for your waiting room and / or consulting room door informing patients that they can avail of a chaperone service.

Please contact Medisec’s team of medico-legal advisers if you have queries about this factsheet or implementing a chaperone policy.

**The contents of this publication are indicative of current developments and contain guidance on general medico legal queries. It does not constitute and should not be relied upon as definitive legal, clinical or other advice and if you have any specific queries, please contact Medisec for advice.**

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