

Chaperoning for Primary Care

January 2023

Contents

Background	3
Why Use Chaperones.....	3
The Current Model of Chaperone Use.....	3
Intimate Examinations	4
Patient Groups Requiring Special Consideration	4
Conclusions about the Extent of Chaperone Usage	5
Formal and Informal Chaperoning.....	5
Your Role.....	6
Implied, Verbal and Written Consent to Examination.....	6
Your Role regarding Consent	6
The Environment.....	6
The Positioning of the Patient.....	7
Your Position in the Examination.....	7
During the Examination	7
How Long Should You Stay	7
If You Have Concerns.....	7
Key Learning.....	9
Tick List for Chaperones.....	9
On entry.....	9
Positioning	9
Interaction.....	9
End of Examination	9
Chaperone Examination Template	9
Tick List for Clinicians	10
Policy Thoughts for Clinicians	10
Course Evaluation	12

Background

Why Use Chaperones

The NHS has identified that it is absolutely best-practice for clinicians to offer a chaperone.

1.	Why might a chaperone be beneficial for a patient?
2.	Why might a chaperone be beneficial for a clinician?
3.	From your discussions on the previous two questions, what would you say is your definition of a chaperone (there is no specific definition offered by the NHS policies).

The Current Model of Chaperone Use

For each of the following 4 pairs, choose the one who is more likely to use a chaperone or be examined with a chaperone present.

1. Older GP	Younger GP
2. Male GP	Female GP
3. Male patient	Female patient
4. GP	Nurse

What are the assumptions that seem to be present from the above?

--

Intimate Examinations

Chaperones are particularly essential when a clinician undertakes an intimate examination on a patient.

4. What specific areas of the body do you think the NHS guidance refers to as being 'intimate' and **should therefore always require that a clinician considers a chaperone.**

4a. How would you improve the words highlighted in bold?

5. As well as intimacy being created by specific physical examinations, how else might a sense of intimacy be created, potentially inadvertently, and therefore leave the patient feeling vulnerable?

Patient Groups Requiring Special Consideration

Clinicians need to be aware that certain groups of patients may feel/be particularly vulnerable and will therefore consider that a chaperone might be beneficial to everyone.

6. Which groups of people may specifically require the clinician to suggest that a chaperone may be worth considering?

Conclusions about the Extent of Chaperone Usage

--

Formal and Informal Chaperoning

Chaperones can be formal or informal. An informal chaperone would be someone who has not had chaperone training, whereas a formal chaperone will have had training.

7.	In a typical consultation, who might act as an 'informal chaperone'?
8.	Why might an informal chaperone be a good thing for a patient compared to a formal chaperone?
9.	What are the limitations of an informal chaperone in a hearing? And of a formal chaperone?

This QR code takes you to the GMC's guidance on Chaperoning and Intimate Examinations.



Your Role

Having been asked to act as a chaperone, you should be very clear as to your role in the consultation. It is a position of importance (recognized that traditionally chaperoning was always undertaken by a person with a clinical qualification), and one in which you are there to protect the patient and the doctor, to reassure and to assist.

Implied, Verbal and Written Consent to Examination

The way in which consent is gathered can vary. The act of attending a surgery and presenting with a medical problem provides an implied consent to examination generally. When the examination is 'intimate' or involving a person with vulnerability it is better to seek verbal or written consent rather than accept the concept of implied consent.

1. Verbal consent should be obtained prior to all examinations and following explanation, discussion and information giving.
2. Written consent should be obtained prior to any examination where the patient is a victim of alleged sexual assault and forensic evidence may be taken.

Your Role regarding Consent

When you are invited to attend an examination as a chaperone, the clinician should ask the patient to clarify that they consent to treatment in your presence. This allows you to ascertain whether the patient is freely consenting and to gauge if the patient understands competently to what the examination will be. If the clinician has already asked if the patient consents before you are present, you should act and confirm that the clinician has sought consent with the patient. This is a double check mechanism to protect both parties against false allegations.

*The act of accepting the presence of a chaperone, or declining it, should be recorded within the notes.

The Environment

Intimate examination should take place in a closed room or well screened bay that cannot be entered while the examination is in progress. Examination should not be interrupted by phone calls or messages.

When you are invited to attend an examination as a chaperone, ensure that you feel that the environment is secure and free from interruption.

The Positioning of the Patient

During speculum/bi-manual examinations of a patient, there are a variety of positions that can be adopted by the patient which may give more comfort, or make the patient feel less exposed or vulnerable:

- Dorsal position (usually women only)

The woman lies on her back with her head on one pillow. The knees are flexed and dropped to the sides.

- Lateral position – side position

The person lies on the side with both knees flexed (foetal position) or the person lies on their side with both legs straight

- Sims position

The person lies on the side, but the lower leg is kept extended while the upper knee and leg is flexed.

- Lithotomy position

A modified 'dorsal position' where the feet are held in stirrups, the thighs are abducted and flexed.

Your Position in the Examination

You should be trained as to where the most appropriate position to take is depending on the nature of the examination that you are witnessing. Primarily you should be able to witness whether the patient is comfortable or in need of a moment, and to witness the examination.

During the Examination

- **Be courteous**
- **Offer reassurance**
- **Keep discussion relevant**
- **Avoid unnecessary personal comments**
- **Encourage questions and discussion**
- **Remain alert to verbal and non-verbal indications of distress from the patient. If you believe the patient is distressed, you should ask them gently if they are happy to continue. Any requests that the examination be discontinued should be respected**

How Long Should You Stay

You should stay during the examination, and you should offer the patient support with getting redressed.

If You Have Concerns

In the event that you have concerns about the examination, from either the patient or clinician perspective, **you should request that the examination is halted**. You should immediately refer to the practice clinical governance policy and report accordingly. If you feel that this avenue does not

Chaperoning for Primary Care
Tell us what you think on Twitter @ stridingedge1

provide adequate protection, or the issue has not been investigated, then escalate it to either your local PCN/Health Board, or potentially the police.

@Stridingedge

Key Learning

Tick List for Chaperones

On entry

- Check if the patient consents to your presence (unless the clinician has asked you to be present because the patient is a known threat)
- Reassure the patient that you are bound by strict confidentiality
- Check if the patient requires any more information about the nature of the examination/treatment
- Check if the patient consents to the examination/treatment

Positioning

Position yourself as per the template.

Interaction

Check that the patient is comfortable. If you have any doubts, ask if the patient is happy for the examination to continue.

If you are unsure about any aspect of the clinician's work, you have a right to ask for clarification/reassurance or to ask for the procedure to stop.

End of Examination

- Ask if the patient requires any assistance in getting dressed (if relevant).
- Ask the patient and doctor if they are happy for you to leave.
- Don't return to the reception until the patient has left the building: create the differential between being a receptionist and chaperone as much as is practicable.
- Complete the chaperone examination template (see following)

Chaperone Examination Template

Try to set this up on your computer system. The green shaded boxes will not be necessary if the template is part of the computer system. The template should be added to the patient consultation if computerised. If not, use a log book.

Date of examination:	
Time of examination:	
Your name:	
Patient name:	
Patient dob:	
Did the patient consent to your presence? (Please select)	(Yes/No/Clinician required and therefore not asked)
Did the patient require your support in dressing or undressing?	(Yes/No)
Was the patient already undressed when you arrived?	(Yes/No)
Did you ask if the patient required any further information or clarity from the clinician as to why the examination or treatment is necessary?	(Yes/No)

If yes, did you check again for clarity?	(Yes/No)
Did you ask if the patient consented to the treatment or examination taking place?	(Yes/No)
What was the examination or treatment that you observed?	
Was the treatment or examination one that you have been given some training/information about?	(Yes/No)
Was the examination or treatment as you would have expected? Were there any unusual aspects (if so, please detail)?	(Yes/No) Comments:
Did you notify anyone that there were any unusual aspects (if so, please detail)	(Yes/No) Who did you notify?

Tick List for Clinicians

- Ask the patient if they would prefer a chaperone. Explain that the chaperones used are fully trained and bound by confidentiality.
- If the patient accepts, invite the chaperone in, but give the chaperone warning of what the procedure is they are going to be viewing (many chaperones don't even know the gender of the patient before entering).
- Whilst getting the chaperone, give the patient the information sheet about chaperoning to read.
- Consider if a suitable uniform/medical coat would enhance the professional image of the chaperone. At worst, a badge that clearly identifies the person as being a chaperone.
- Allow the chaperone to work through their questions before you commence.
- At the end of the examination the clinician should record if a chaperone was used and who it was. If the patient declined, then record this also.

Policy Thoughts for Clinicians

- Consider if all chaperones should be Disclosure and Barring Service checked.
- All clinicians should use chaperones consistently, including nurses.
- Offer chaperones when patients make appointments, but also check in consultation too.
- Only chaperones that have had formal training should be used.
- A review of chaperone use should be an integral reporting point. Why might a clinician never use a chaperone.
- There needs to be a governance structure for chaperones to pursue if they have concerns.
- Train all chaperones on common examinations and treatments that they will be expected to witness
- Be conscious of your unconscious bias towards same gender consultations.

Patient Information Sheet:

What is a Chaperone?

A chaperone is a fully trained member of staff who has been specifically trained in the role. Chaperones may also fulfil other roles in the practice, such as reception work, nurses or health care assistants.

Chaperones are all bound by confidentiality in the way that any clinician or staff member is.

The chaperone is there to provide support to you and the doctor or nurse who will be examining you.

When the chaperone arrives, they will check if you have any more questions to ask of the doctor or nurse and if you are happy for the examination to take place. The chaperone will then observe the examination discreetly. This helps to remove the risk of any misunderstanding.

The chaperone can help you dress and undress if required.

Course Evaluation

Trainer:	Paul Edwards	Course:	Chaperoning for Primary Care
Date:		Your Name:	
Job Role:			

Complete the following question at the start of the day please.

What are your key learning goals for today?

Review of the Day

1=very poor, 6=excellent

	Score /6
To what extent were your learning goals met?	
How effective was the trainer in communicating with the group?	
How useful are the training materials you have received?	
Was the day enjoyable?	

Your Comments

Please detail any comments about any aspect of the course or feelings that you have in the box below. What would you say to other people about this course?

--

<p>Need a certificate <input type="checkbox"/></p> <p>Would you like information on our other courses <input type="checkbox"/></p>	<p>Then please insert an email here clearly & we will send it to you.</p>
--	---

Thank you for your time in completing this evaluation.