

## Chaperone guidance

Doctors in training must ensure that they maintain the high professional standards expected of doctors as detailed by the General Medical Council (GMC) in *Good Medical Practice*.

There have been a number of instances of complaints by patients of inappropriate physical contact by doctors particularly related to some examinations and other situations that may be considered “higher risk” for misinterpretation. To ensure that the required standards are maintained and to reduce the risk of complaint to trainees and host organisations it is very important that you follow this guidance.

- You **MUST** read, and understand the host chaperone policy (including general practice placements) at the beginning of each post in your programme track or rotation. This may include how the use of chaperones is documented in the clinical record.
- You **MUST** follow the host chaperone policy on all occasions when you examine a patient.
- When moving between host organisations do not assume the policies will be the same – this is particularly important when moving from secondary care hospital placements to community/GP placements.
- Ensure that you understand the definition of intimate examinations and how this is applied locally. Intimate examinations are not confined to male and female genital and rectal examinations and may include abdominal and chest examinations in some contexts.

Be aware of higher risk examinations where a chaperone must be considered such as:

- Cardiovascular and respiratory examinations – for example if listening to heart sound requires you to touch or move the breast. Both a clear and thorough communication with the patient about what you are doing and why is helpful together with the use of a chaperone.
- Ophthalmology examinations – a darkened room where you are required to get very close to the patient is a potential area of risk.
- Children and teenagers should not be examined in the absence of a parent and where an intimate examination is required (for any child including teenagers) a chaperone should be used.
- Vulnerable patients such as those with mental health problems, learning difficulty, domestic violence or abuse.

It is your responsibility to assess the risk, but if in any doubt a chaperone should be used.

The role of the chaperone is to act as an impartial observer and patient advocate. It is not that of clinical assistant for the procedure. The chaperone role is to act as advocate for the patient, helping to explain what will happen during the procedure and the reason why. An experienced chaperone will identify unusual or unacceptable behaviour on the part of the health care professional. They will be a reassuring presence during the examination, safeguarding against any unnecessary discomfort, pain, humiliation or intimidation.

Please ensure that you are familiar with the guidance as set out in the GMC *Good Medical Practice* and update regularly. This guidance clearly sets out the roles and responsibilities of a chaperone and clinician.

[http://www.gmc-uk.org/guidance/ethical\\_guidance/21168.asp](http://www.gmc-uk.org/guidance/ethical_guidance/21168.asp)

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