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## Chaperone Framework

In June 2005, the NHS Clinical Governance Support Team published guidance on the role and use of chaperones in primary and community care settings. Although the guidance is not mandatory, it is very helpful as it distils many examples of good practice into a single document that is applicable across a wide range of providers. The full framework can be accessed on:

[http://www.cgsupport.nhs.uk/downloads/Primary\\_Care/Chaperone\\_Framework.pdf](http://www.cgsupport.nhs.uk/downloads/Primary_Care/Chaperone_Framework.pdf)

The guidance is essential reading for any healthcare professional who undertakes intimate examinations, (which include examinations, investigations or photography involving the breasts, genitalia or rectum) but for most community pharmacies, in which intimate examinations do not take place, a general overview may be sufficient. If, however, it is possible that any intimate examinations will be performed (which may occur, for example, if the pharmacist is a supplementary or independent prescriber), or if the pharmacist is offering a range of enhanced services, then the NHS guidance provides more comprehensive information.

A Medicines Use Review should not involve any intimate examination, and it is also unlikely to involve any physical examination of the patient, since the aim of the MUR is to increase the patient's understanding and use of medicines. Therefore, a chaperone policy may be unnecessary. But, as pharmacists develop their clinical roles, and participate in newer areas of practice, they should consider how their pharmacy practices should develop to ensure that patients and the public continue to have confidence in the profession. PSNC has therefore summarised the NHS guidance, to provide pharmacy contractors with a starting point for the development of their own chaperone policies, if identified as desirable in their risk assessment.

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## INTRODUCTION

This briefing sets out guidance for the use of chaperones and procedures that should be considered for consultations, examinations and investigations in community pharmacy. It is also aimed at providing practical advice to community pharmacists working in a variety of locations where availability of a chaperone may not always be possible.

Intimate examinations are not likely to occur in community pharmacy, but as community pharmacists develop their roles as supplementary or independent prescribers, they may become involved in intimate examinations, but this is outside the scope of this briefing.

All consultations, examinations and investigations are potentially distressing. For most patients respect, explanation, consent and privacy take precedence over the need for a chaperone. The presence of a third party does not negate the need for adequate explanation and courtesy and cannot provide full assurance that the procedure or examination is conducted appropriately.

Every community pharmacy that has procedures which may involve physical contact with patients, or consultations carried out in confidential consultation areas should consider having a chaperone policy in place for the benefit of both patients and staff. Primary care organisations that are responsible for primary care contractors may have model frameworks in place for local dissemination, and community pharmacists are advised to contact their Primary Care Trust to establish if there is a local model framework suitable for their pharmacy.

## SCOPE OF GUIDANCE

This briefing applies to all community pharmacists working with individual patients in pharmacies, consultation areas outside the pharmacy and in the patient's home.

## BACKGROUND

Public inquiries, such as the Clifford Ayling Inquiry, have made a number of recommendations into the use of chaperones in primary and community care settings, specifically around who should undertake the role of chaperone and the training for the role. These recommendations have been discussed in the light of practicality and suitability for primary and community care and with a wide range of stakeholders, and the NHS Clinical Governance guidance reflects those discussions.

From research available to the NHS Clinical Governance team the use of chaperones is increasing, with male doctors use of chaperones recorded at 68%, although use of chaperones by female doctors remains low at 5%. About one third of GP practices have a chaperone policy in place, although it is not clear what this entails. Practice nurses are the most commonly used chaperones (78%) with family member/friend (47%) and non-clinical staff (43%) listed as alternatives. In 60% of cases the chaperone is stationed beside the patient, whilst in 36% the chaperone remains outside the curtain. The offer of a chaperone and their presence is recorded in medical notes in less than a third of cases. These simple statistics show that as only one third of GP practices have a chaperone policy in place, having a chaperone policy cannot be considered to be a mandatory requirement for pharmacy, although the availability of chaperones and implementing chaperoning policies is being encouraged as best practice. Similarly, the number of consultations in GP surgeries that take place without a chaperone suggests that the use of chaperones in pharmacy should not be considered to be mandatory. However, pharmacists should keep their practices under review, and carry out periodic risk assessments to establish whether it would be prudent to implement or revise chaperone policies.

## GENERAL ISSUES

Chaperones are most often required or requested where a male examiner is carrying out an intimate examination or procedure on a female patient. Where allegations of indecent assault during a clinical examination do occur almost all are against a male doctor and a small but significant minority of cases involve a male doctor and a male patient. However, it is good practice for a health organisation to offer all patients a chaperone for any consultation, examination or procedure where the patient feels one is required. This offer can be made through a number of routes including prominently placed posters, practice leaflets and verbal information prior to the actual consultation. When making an appointment for an MUR consultation for example, it may be helpful to mention the pharmacy chaperone policy if there is one, and to inform the patient that if they wish, a chaperone can attend the consultation.

Because intimate examinations are not a part of the regular activities of community pharmacy, the degree of contact or the extent of any examination of the patient will be very low. Even so, patients should be given adequate information and explanation as to why any examination or procedure is required.

It is unwise to assume that the patient understands why certain examinations are being conducted or why they are done in a certain manner.

Attention must be given to the environment ensuring adequate privacy is afforded to maintain dignity.

Staff should be aware that close physical contact or examination might cause anxiety for both male and female patients, whether or not the examiner is of the same gender as the patient.

### ROLE OF THE CHAPERONE

There is no common definition of a chaperone and their role varies considerably depending on the needs of the patient, the community pharmacist and the examination or procedure being carried out. Broadly speaking their role can be considered in any of the following areas:

- Providing emotional comfort and reassurance to patients
- To assist in the examination, for example carrying out blood pressure checks or blood tests
- To act as an interpreter
- To provide protection to healthcare professionals against unfounded allegations of improper behaviour
- In very rare circumstances to protect the community pharmacist against an aggressive incident
- An experienced chaperone will identify unusual or unacceptable behaviour on the part of the community pharmacist

It is wise to gain an understanding from the chaperone as to what they see their role as.

A chaperone is present as a safeguard for all parties (patient and practitioners) and is a witness to continuing consent of the procedure however, a chaperone cannot be a guarantee of protection for either the examiner or examinee.

### TYPE OF CHAPERONE

The designation of the chaperone will depend on the role expected of them and on the wishes of the patient. It is useful to consider whether the chaperone is required to carry out an active role – such as participation in the examination or procedure or have a passive role such as providing support to the patient during the procedure.

#### *Informal chaperone*

Many patients feel reassured by the presence of a familiar person and this request in almost all cases should be accepted. If a child is providing comfort to the parent and will not be exposed to unpleasant experiences it may be acceptable for them to be present. It is inappropriate to expect an informal chaperone to take an active part in the examination or to witness the procedure directly.

#### *Formal chaperone*

A formal chaperone implies a suitably trained individual, such as a nurse, or a specifically trained staff member, which may include a pre-registration trainee, registered pharmacy technician or even a counter assistant if appropriately trained. This individual will have a specific role to play in terms of the consultation and this role should be made clear to both the patient and the person undertaking the chaperone role. This may include assisting in the procedure being carried out. In these situations staff should have had sufficient training to understand the role expected of them. Common sense would dictate that, in most cases, it is not appropriate for a non-clinical member of staff to comment on

the appropriateness of the procedure or examination, nor would they feel able to do so.

Protecting the patient from vulnerability and embarrassment means that the chaperone would usually be of the same sex as the patient. Therefore the use of a male chaperone for the examination of a female patient or of a female chaperone when a male patient is being examined could be considered inappropriate.

The patient should always have the opportunity to decline a particular person as a chaperone if that person is not acceptable to them for any reason.

In all cases where the presence of a chaperone may intrude in a confiding pharmacist-patient relationship their presence should be confined to any physical examination. One-to-one communication should take place after the examination. Discussion with the patient before and after any examination should help set the boundaries for the presence of the chaperone.

### USE OF VIRTUAL CHAPERONES

Virtual chaperone technology enlists the support of electronic and digital recording techniques to provide a record of the consultation. There is possible merit in the use of this, although further investigation and trials would be helpful in determining to what extent. However it is unlikely that it provides a sole solution to the issue of chaperoning. Where a visual record is made the patient must be made aware of the nature and purpose of the recording and have the opportunity to decline to give consent.

Any community pharmacy wishing to offer virtual chaperone technology as a solution, either in part or in full, should ensure that they have explored all risks associated with such technology and put in place safeguards to address these.

For example, patients would need to be informed of the storage and deletion policy for recordings and whether they will be shown to any third party (for example for training purposes).

Storage of any digital records must be secure, and agreements made on the period of retention. Records could be subject to inappropriate use if mislaid or lost.

In situations where the lighting has to be dimmed for the examination, visual recording would presumably be of less use.

### TRAINING FOR CHAPERONES

It is advisable that members of staff who undertake a formal chaperone role have undergone training such that they develop the competencies required for this role. These include an understanding of:

- What is meant by the term chaperone
- What is an "intimate examination"
- Why chaperones need to be present
- The rights of the patient
- Their role and responsibility
- Policy and mechanism for raising concerns

All staff should have an understanding of the role of the chaperone and the procedures

for raising concerns.

#### OFFERING A CHAPERONE

The pharmacist may wish to consider whether all patients who are going to be seen in a confidential consultation area should be routinely offered a chaperone. The offer of chaperone should be made clear to the patient prior to any procedure, ideally at the time of booking the appointment. Most patients will not take up the offer of a chaperone, especially where a relationship of trust has been built up or where the examiner is the same gender as them.

If the patient is offered and does not want a chaperone it is important to record in the Patient Medication Record (PMR) or similar that the offer was made and declined. If a chaperone is refused a healthcare professional cannot usually insist that one is present.

Patients decline the offer of a chaperone for a number of reasons: because they trust the clinician, think it unnecessary, require privacy, or are too embarrassed.

However, there are some cases where the pharmacist may feel unhappy to proceed. In these situations it may be possible to arrange for the patient to see another health professional.

Do not forget that for some patients, the level of embarrassment increases in proportion to the number of individuals present.

#### WHERE A CHAPERONE IS NEEDED BUT NOT AVAILABLE

If the patient has requested a chaperone and none is available at that time the patient must be given the opportunity to reschedule their appointment within a reasonable timeframe.

#### CONSENT

Implicit in attending a consultation it is assumed that a patient is seeking treatment and therefore consenting to necessary examinations. However before proceeding with an examination, pharmacists should always seek to obtain, by word or gesture, some explicit indication that the patient understands the need for examination and agrees to it being carried out. Consent should always be appropriate to the treatment or investigation being carried out.

#### ISSUES SPECIFIC TO CHILDREN

In the case of children a chaperone would normally be a parent or carer or alternatively someone known and trusted or chosen by the child. Patients may be accompanied by another minor of the same age. For competent young adults the guidance relating to adults is applicable.

The age of consent is 16 years, but young people have the right to confidential advice on contraception, pregnancy and abortion and it has been made clear that the law is not intended to prosecute mutually agreed sexual activity between young people of a similar age, unless it involves abuse or exploitation. However, the younger the person, the greater the concern about abuse or exploitation. Children under 13 years old are considered of insufficient age to consent to sexual activity, and the Sexual Offences Act 2003 makes it clear that sexual activity with a child under 13 is always an offence.

In situations where abuse is suspected great care and sensitivity must be used to allay fears of repeat abuse. Healthcare professionals should refer to their local Child Protection

policies for any specific issues.

Children and their parents or guardians must receive an appropriate explanation of any procedure in order to obtain their co-operation and understanding. If a minor presents in the absence of a parent or guardian the healthcare professional must ascertain if they are capable of understanding the need for examination.

Further information can be found at:

<http://www.everychildmatters.gov.uk/socialcare/safeguarding/>

#### LONE WORKING

Where a health care professional is working in a situation away from other colleagues, e.g. home visit, out-of-hours centre, the same principles for offering and use of chaperones should apply. Where it is appropriate family members/friends may take on the role of informal chaperone. In cases where a formal chaperone would be appropriate, the healthcare professional would be advised to reschedule the examination to a more convenient location.

Further information on lone working can be found at:

<http://cfsms.nhs.uk/doc/lone.worker/not.alone.pdf>

#### DURING THE EXAMINATION/PROCEDURE

- Offer reassurance
- Be courteous
- Keep discussion relevant
- Avoid unnecessary personal comments
- Encourage questions and discussion
- Examinations should not be interrupted by phone calls or messages.

Once an examination or procedure is complete the findings must be communicated to the patient. If appropriate this can be used as an educational opportunity for the patient. The pharmacist must consider (asking the patient as necessary) if it is appropriate for the chaperone to remain at this stage.

Any requests that the examination or procedure be discontinued should be respected.

#### COMMUNICATION AND RECORD KEEPING

The most common cause of patient complaints is a failure on the patient's part to understand what the practitioner was doing in the process of treating them. It is essential that the pharmacist explains the nature of the examination to the patient and offers them a choice whether to proceed with that examination at that time. The patient will then be able to give an informed consent to continue with the consultation.

##### *Recording in Patients' notes*

Details of the examination including presence/absence of chaperone and information given should be documented in the Patient Medication Records.

If the patient expresses any doubts or reservations about the procedure and the healthcare professional feels the need to reassure them before continuing then it would be good practice to record this in the patient medication record. The records should make clear from the history that an examination was necessary.

In any situation where concerns are raised or an incident has occurred and a report is required this should be completed immediately after the consultation. Please refer to local policy on Raising Concerns.

There is currently no formal requirement to monitor the offer and use of chaperones. However some community pharmacies may find it helpful as a measure of good practice. It would be simple to carry out an audit of chaperone use, looked at in conjunction with the policy of the pharmacy.

#### SUMMARY

The relationship between a patient and their pharmacist is based on trust. A pharmacist may have no doubts about a patient they have known for a long time and feel it is not necessary to offer a formal chaperone. Similarly studies have shown that many patients are not concerned whether a chaperone is present or not. However this should not detract from the fact that any patient is entitled to a chaperone if they feel one is required.

Chaperone guidance is for the protection of both patients and staff and pharmacists are advised to adopt a suitable policy and ensure that it is followed. The key principles of communication and record keeping will ensure that the pharmacist/patient relationship is maintained and act as a safeguard against formal complaints, or in extreme cases, legal action.

A sample chaperoning policy is attached at Appendix A and a sample patient information notice is attached at Appendix B. These are generic and could be adjusted for individual use. All primary care organisations should have a chaperoning policy in place, and may have a template for use in community pharmacy.

Appendix A SAMPLE CHAPERONE POLICY

XYZ Community Pharmacy

This pharmacy is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed at all times and the safety of everyone is of paramount importance.

This chaperone policy adheres to local and national guidance and policy – e.g. “NCGST Guidance on the Role and Effective Use of chaperones in Primary and Community Care settings”.

The chaperone policy is clearly advertised through patient information leaflets, websites (where available) and on notice boards.

Patients are encouraged to ask for a chaperone if required at the time of booking appointment wherever possible.

All staff are aware of, and have received appropriate information in relation to, this chaperoning policy.

**[If applicable]** All formal chaperones understand their role and responsibilities and are competent to perform that role.

**[If applicable – if intimate examinations are carried out, this paragraph should be amended having considered the NCGST Guidance]** No intimate examinations are performed by the pharmacist, but for all examinations or procedures, such as blood pressure testing, blood tests or other procedures where there is physical contact with the patient or confidential consultations are carried out in our confidential consultation area, the pharmacist will adhere to this policy.

Signed	
Policy to be reviewed (date)	

Appendix B SAMPLE PATIENT NOTIFICATION

CHAPERONE POLICY

This organisation is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed at all times and the safety of everyone is of paramount importance.

A chaperone provides a safeguard against allegations or risks of verbal, physical or sexual abuse for both patients and pharmacy staff.

All patients are entitled to have a chaperone present for any consultation, examination or procedure where they feel one is required. This chaperone may be a family member or friend. On occasions you may prefer a formal chaperone to be present, i.e. a trained member of staff.

Wherever possible we would ask you to make this request at the time of booking an appointment so that arrangements can be made and your appointment is not delayed in any way. Where this is not possible we will endeavour to provide a formal chaperone at the time of request. However occasionally it may be necessary to reschedule your appointment.

Your pharmacist may also require a chaperone to be present for certain consultations in accordance with our chaperone policy. If a chaperone is present the patient may also be given the opportunity for a private conversation if required.

If you would like to see a copy of our Chaperone Policy or have any questions or comments regarding this please contact the pharmacist.

**[Note: where formal chaperones are not available, the text should be amended as required, to remove reference to the availability of a formal chaperone]**