

RACGP position on the use of chaperones in general practice

General practitioners are generally perceived as being trustworthy, and patients commonly accept and expect that part of medical treatment involves physical examination. At times, this includes breast or genital examinations, as well as discussions about sexual health.

A chaperone is an observer to a consultation between a GP and a patient who should be, wherever possible, impartial.

In a general practice setting, there are a number of situations where a GP or a patient may wish, or need, to have a chaperone present during a consultation. This includes where a chaperone may be legally required. Most of these situations will involve a patient undergoing a physical examination. However, there are also situations where a physical examination is not required where a GP or a patient may wish or need to have a chaperone present.

The use of a chaperone can be considered a risk management strategy and may assist in protecting:

- the patient from feelings of discomfort; and
- both the patient and the doctor from allegations of inappropriate behaviour and misconduct.

Chaperones should understand the nature of the consultation that they are observing, any procedures that may be required and the normal way in which these are performed. This allows them to be effective in providing a level of support and protection to the GP or the patient.

Unless specifically required, GPs should consider whether to involve a chaperone in a consultation on a case-by-case basis. There are no firm guidelines on specific situations when a chaperone should be involved in a consultation, except where legally required.

GPs should respect patient requests for the presence and, if requested, the gender of a chaperone and document them accordingly.

Clear documentation must occur when a chaperone is used or the offer of a chaperone is declined by the patient.

Where a chaperone has been determined as appropriate or required and a suitable one is not available, a GP should not feel pressured into proceeding with the consultation unless considered to be a medical emergency. The patient's response in these situations should be clearly documented.

If a GP is legally required to have a chaperone for particular types or nature of consultations for whatever reason, the GP must ensure a chaperone that satisfies that requirement is available. If one is not, or if those available are unsatisfactory, the GP must not conduct that consultation.

GPs may wish to consider discussing the issue of using chaperones in general practice with their medical defence organisation.