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Information paper

Chaperoning and related issues

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Introduction

This guidance paper replaces CSP information paper ERUS-IP 24 (2003). The aim of this updated paper is to be a unified source of professional practice and employment relations advice to members in providing appropriate chaperoning services to patients.

This guidance sets out the framework upon which respect and dignity for patients and good clinical and managerial decision making should be based, and covers the many factors that may be considered when thinking about the use of chaperones, as well as a number of contexts that may require special thought.

This paper is particularly aimed at

- Working physiotherapists
- Student physiotherapists

This paper will, in places, make clear recommendations to discrete groups of the CSP membership e.g. male physiotherapists, where there is clear evidence that such groups may benefit from specific advice.

This paper also applies to

- Physiotherapy support workers who may be asked to be a chaperone
- CSP workplace stewards who support CSP members with workplace employment relations
- Those who manage physiotherapists, who may need to understand the framework within which physiotherapists work.

This paper does not give clinical information but it does make reference to a range of clinical techniques that may, depending on context and patient choice, require a chaperone.

The purpose of this information paper is:

- To ensure that patients' safety, privacy and dignity are protected during intimate and/or close examinations by physiotherapists
- To minimise the risk of a physiotherapist's professional actions being misinterpreted or misunderstood as inappropriate
- To provide clear professional guidance to physiotherapists on good practice with use of chaperones
- To provide clear professional guidance on the use of chaperones to those who wish to understand the professional practice framework of physiotherapy
- To provide information comparable to that issued by other health regulators, so that physiotherapists work within the same guidance framework as other professionals

Scope of guidance

This guidance on the use of chaperones applies to any professional context where treatment is provided, by therapists of any gender, involving:

- 'Intimate' examinations, defined as
    - any invasive examination which involves the pelvic floor complex (vaginal and/or ano-rectal areas)
    - any examination involving the genitalia or breasts
- 'Close' examinations, defined as
    - Examinations and/or interventions that may involve close bodily contact between patient and therapist, especially where the patient may be partially undressed
    - Examinations and/or interventions that may involve therapist handling of the patient close to intimate areas, the lumbo-sacral areas, and thoracic areas of female patients, especially where the patient may be partially undressed

- Examinations involving complete removal of a patient's outer clothing down to underwear
- Examinations involving the partial undoing or total removal of a patient's underwear e.g. bras
- Any examination where the patient has requested a chaperone to be present.

It is very important to consider the types of examinations that could also be deemed intimate by some patients. Physiotherapists need to be aware of the cultural and/or religious requirements of patients and what may constitute an intimate and/or close examination to any individual patient. Moreover, different patients have different degrees of personal boundaries.

It may not be mandatory to have a chaperone present for all types of examination; however, it is important that some form of risk assessment is considered. There is strong evidence to support that the following contexts may have higher risks:

- Lone-working
- Male therapists treating female patients
- Close techniques in a state of undress
- Failure to communicate techniques with adequate explanation to patients.

This paper does not give legal advice. If, after reading this paper and any other documents referred to, you are unsure how to proceed you should seek professional advice and, if necessary, formal legal advice.

Members may also wish to read the following CSP information papers:

- Consent (PD078)[(1)]
- Duty of care (PD101)[(2)]
- Pelvic floor examination – CSP expectations (PD092)[(3)]
- HCPC investigations: a member guide (ERUS IP 40)[(4)]
- Personal Safety for Lone Workers (ERUS H&S IP 07)[(5)]

Section 1: Underpinning principles

Legal framework

Many aspects of physiotherapy practice involve touching patients, often with patients partially undressed. In the vast majority of cases this creates no cause for concern, but it may do where the physiotherapist does not adequately explain what they are doing, or when the patient misinterprets the often close handling of physiotherapy without receiving or asking for an explanation.

Where the nature and purpose of the touching involved in examination and/or intervention are not adequately explained in advance to the patient, this may lead to a patient bringing a complaint against the physiotherapist. Complaints may be made to the police, employers and/or the professional regulator, the Health and Care Professions Council (HCPC). Touching a person without their consent may be a civil offence of 'battery' and may also be the criminal offences of 'assault' or 'sexual assault' depending on the nature and location of the touching.

The police will investigate any complaint made to them if it is suspected that a crime has been committed. The Crown Prosecution Service will bring criminal charges if it is in the public interest to do so and there is a realistic prospect of a conviction. The burden of proof is on the complainant and the standard of proof is the criminal standard of 'beyond all reasonable doubt.'

It is important to note that, even if the CPS does not bring criminal charges, the fact that allegations have been made to the police will still be recorded and will be disclosed during any future enhanced criminal records check. The information included can only be challenged on the grounds of factual accuracy.

Registered physiotherapists must comply with the Health and Care Professions Council's (HCPC) standards of conduct, performance and ethics (SCPE)[(6)], and standards of proficiency.[(7)] Whilst neither document makes specific reference to chaperoning, Standard 13 of the SCPE requires registrants to

> ".. behave with honesty and integrity and make sure that your behaviour does not damage the public's confidence in you or your profession"

HCPC will investigate any complaint made, and conducts a Full Hearing if it is in the public interest to do so and there is a realistic prospect of proving the allegation. The burden of proof is on the complainant and the standard of proof is the civil standard of 'on the balance of probabilities'. Complaints made to HCPC may be:

- With good cause for complaint
- Due to a misunderstanding or lack of appropriate explanation
- Vexatious i.e. without an adequate reason and with the intention of distressing and annoying a professional
- Malicious i.e. done with the deliberate intention of harming a professional.

HCPC has robust investigative processes and procedures in place to ensure that registrants are protected from malicious and vexatious complaints, and that the public is protected from health professionals who are not fit to practise, but the whole process can be stressful and distressing. Complaints due to misunderstanding may be easily avoided by applying good professional practice standards in individual practice.

Employed physiotherapists must abide by the terms of their employment contract. An employer will investigate any complaints made and may conduct a disciplinary investigation. Allegations of misconduct relating to inappropriate touching are usually considered as 'gross misconduct' and, if proven, may result in 'summary dismissal'. Such dismissals also automatically result in a complaint being made to HCPC and will thus trigger an HCPC investigation as well.

Whilst the presence of a chaperone does not offer complete protection from all such complaints, it can offer reassurance to patients that practice is reasonable, responsible and respectful, and provide a robust defence for physiotherapists against whom allegations of misconduct are made.

Professional framework

The CSP provides the overarching body of opinion with regard to standards of professional practice for physiotherapists. Whilst physiotherapists are regulated by HCPC against HCPC's own standards, HCPC will have due

regard to any professional standards and/or guidance that the CSP may publish from time to time.

Members of the CSP must comply with the Society's

- Code of professional values and behaviours[8]
- Quality assurance standards for physiotherapy[9]

Membership of the CSP is open to a wide range of eligible individuals. However, individuals can be removed from the membership under certain circumstances.

Working physiotherapists must work within the following framework of practice

- The legal framework of the country in which they practise
- The legal regulatory standards of HCPC
- Their legal employment contract or contract-for-services if they are self-employed
- The professional standards and guidance of the CSP if they are a member
- Any local employer polices that may be in place.

Role of the CSP Practice & Development (P&D) function

P&D provides members with a range of services to support them in their everyday professional practice. For example, P&D publishes a range of information papers on practice topics and has a dedicated Professional Advice Service (PAS), offering predominantly e-mail based individual advice to members.

Role of the CSP Employment Relations and Union Services (ERUS)

ERUS provides members with a range of employment support and representation services. The services provided are outlined in the information paper CSP union services to members (ERUS IP45).[10] In this context, ERUS provides full support for any physiotherapist member who is subject to

an HCPC regulatory investigation, or a physiotherapist or associate member subject to an internal disciplinary process.

Role of the employer/organisation

The employer/ organisation providing physiotherapy services must provide a chaperone when a patient or therapist reasonably asks for one.

It should have a robust chaperoning policy in place that is freely available for staff and patients to read.

It should consider the services offered and workplace operating procedures, and ensure that appropriate consideration of the risks has been completed and appropriate chaperones are available.

In particular, where there is lone-working, isolated working or male therapists providing close treatment to female patients, then chaperones should always be available.

Section 2: Chaperones

What is a chaperone?

There is no common definition of a chaperone, and their role varies considerably depending on the needs of the patient, the healthcare professional and the procedure being carried out.

In essence, a chaperone is an impartial third party person who is present during a patient examination and/or treatment for the benefit of both the patient and physiotherapist. A chaperone is an adult person. Children should not be used as chaperones, even in exceptional circumstances.

It may be helpful for the chaperone to be the same gender as the patient, but this is not mandatory. The patient should have the opportunity to decline a particular person as a chaperone, but remember that it is unlawful to discriminate against a person purely on the basis of their gender or religious grounds.

Role and responsibilities of a chaperone

Chaperones may have a variety of roles and responsibilities for the benefit of both patients and therapists, which can be considered in any of the following areas:

- To directly observe an interventional procedure.
  In this case the chaperone must be able to clearly observe the area being treated and see the practitioner performing the task; be familiar with the task in question, and observe the whole of the procedure
- To take an active role in delivery of treatment by the therapist, such as assisting with equipment or helping patients to dress /undress
- To act as a witness to continuing and ongoing consent to treatment
- To be sensitive and respect a patient's dignity and confidentiality
- To provide protection to physiotherapists against unfounded allegations of improper behaviour, and from potentially abusive and/or vexatious patients
- To identify unusual or unacceptable behavior on the part of the physiotherapist. The chaperone should immediately report any

incidence of ‘sexualised behaviour’ using the relevant reporting structures

- To take an active role in supporting the patient, such as providing physical and emotional comfort and reassurance to patients during sensitive and intimate examinations or treatment, or when the patient is upset, in pain or distressed
- Any other role where the physiotherapist has a concern for the well-being of their patient.

In any case where the presence of a chaperone may intrude upon or interrupt a confiding patient-therapist relationship, the presence of the chaperone should be limited to the elements of the examination that specifically require chaperoning.

Types of chaperone

The designation of the chaperone will depend upon the role expected of them and the wishes of the patient.

Informal chaperone

An example of an informal chaperone may be a family member or friend of the patient. An informal chaperone would not be expected to take an active part in the examination or delivery of treatment or observe any interventions directly. Children should not act as informal chaperones for their adult family members.

The presence of an informal chaperone does not provide complete protection against allegations of malpractice. Family members are not impartial observers and will not be able to comment appropriately on accepted practice. In some circumstances a formal chaperone may be required as well as an informal chaperone. However, you should comply with a reasonable request if a patient asks to have an adult family member present during their treatment.

Formal chaperone

Formal chaperoning should be carried out by a health professional or staff member such as a physiotherapy support worker, health care assistant or receptionist who is specifically trained as a chaperone.

A formal chaperone will have a specific role to play during the consultation, and this role should be made clear to both the patient and chaperone at the outset.

If the role of the chaperone is to provide comment on the appropriateness of the manner of practice of a physiotherapist, then the chaperone should be educated, trained and competent to so do. In this case it is unlikely that non-clinical staff would be able to fulfil this role, and it may be that another qualified physiotherapist is required to be a chaperone in this instance.

If the role of the chaperone is to protect the patient from vulnerability and/or embarrassment, then the patient may prefer the chaperone to be the same gender as the patient. Where possible this request should always be accommodated.

Training for chaperones

All people undertaking formal chaperoning roles should be educated, trained and competent in the task. The competencies required for chaperoning may vary according to the exact nature of the chaperoning role to be performed but may include:

- Equality, diversity and cultural awareness
- Communication skills including active listening and advocacy
- Observational skills, including noting verbal and non-verbal signals from either the patient or therapist that may require action
- Role and responsibilities of chaperones
- Role and responsibilities of patients
- Consent and confidentiality
- Safeguarding polices for both vulnerable adults and children
- Raising concerns about standards of practice
- Task-specific competencies if an active role in treatment provision is required
- Responding to patient privacy and dignity needs

- Record keeping
- Any employer /local chaperoning polices that may be in place.

Providing a chaperone

All patients who ask for a chaperone should be provided with one.

All patients should be offered a chaperone when the nature of the examination and/or treatment to be given falls within the scope of this guidance. This does not mean that the flow of the consultation needs to be interrupted in order to ask if the patient wants a chaperone present. The offer of a chaperone ideally should be made at the time of appointment booking, or otherwise in advance of treatment. However, it is not always clear ahead of the consultation that an intimate and/or close examination will be required, and in that case the offer of a chaperone should be made during the consultation but before the patient is required to undress.

- The CSP advises that all male physiotherapists treating female patients should make every effort to provide a chaperone, especially at the first attendance for physiotherapy.

Many patients will not take up the offer of a chaperone, especially where a professional relationship of trust has already been established. Many female patients are quite happy to be closely treated alone by male physiotherapists, and many therapists – of any gender – have no concerns about patients they have known a long time, to the extent that they do not feel a formal chaperone is necessary.

However, this should not detract from the fact that any patient, or therapist, may ask for a chaperone at any time, and they may decline to receive/deliver treatment until such time as one can be provided.

If either you or the patient do not want the examination to go ahead without a chaperone present, or if either of you is uncomfortable with the choice of chaperone, you may offer to delay the examination to a later date when a suitable chaperone will be available, as long as the delay would not adversely affect the patient's health.

If you do not want to go ahead without a chaperone present, for example because of your own safety concerns, but the patient has said no to having one, you must explain clearly why you want a chaperone present. Ultimately

the patient's clinical needs should take precedence. You may wish to consider referring the patient to a colleague who would be willing to examine them without a chaperone, as long as a delay would not adversely affect the patient's health.

You should record any discussion about chaperones and its outcome in the patient's medical record. If a chaperone is present, you should record that fact and make a note of their identity. If the patient does not want a chaperone, you should record that the offer was made and declined.

Section 3: Healthcare sector issues

Any CSP member may be at risk of a complaint being made against them, particularly because the nature of physiotherapy involves touching and handling people, often in a state of undress. Some types of member are however at greater risk than others.

Lone workers / isolated working

Lone workers can occur in many professional contexts and include community, domiciliary and/or clinic based employees and self-employed members.

Isolated working can occur in conjunction with lone-working, but may also occur, for example, when working in a clinic room at the end of a corridor, a room with a closed door, or a room with no receptionist within sight or earshot.

Physiotherapists who conduct intimate and/or close examinations where no other person is present are at increased risk of their actions being misconstrued or misrepresented. This group of members may be vulnerable to complaint, as the very nature of their work may mean that there are only two people present during examination or treatment, which may lead to a case of one person's word or recollection of events versus another's.

Where it is appropriate family members/friends may take on the role of informal chaperone, but in cases where a formal chaperone would be appropriate, e.g. invasive intimate examinations, alternative treatment options must be considered when a chaperone cannot immediately be provided.

Employed lone-workers must ensure that they understand and comply with their employer's policy for both lone-working and chaperoning.

Self-employed lone workers should have due consideration to the risks of lone-working, and in particular risks posed by not being able to offer appropriate chaperoning services; and if necessary should consider their ability (or inability) to offer safe services to both their patients and themselves.
In particular, sole-traders must ensure that they have robust and appropriate clinical governance procedures in place, and ensure that they can clearly demonstrate that they comply with HCPC standards.

Male lone-workers in any setting should have particular regard to their working context (see also below: Gender issues).

Private practice / independent (non-NHS) practice / self-employed members

The majority of physiotherapy staff are employed in NHS organisations and should comply with the policies and clinical governance procedures covering the use of chaperones.

Due to the changing provider structures of NHS health services, particularly in England, private health care provision is providing an increasing share of overall healthcare provision. Some providers are large corporate entities, with a large number of employees, and physiotherapists employed or contracted to such companies should follow the clinical governance procedures in place for the use of chaperones.

Smaller private practices may have few staff, and in some cases may be, in effect, lone workers. The advice in such circumstances is the same as for lone-workers, but is worth repeating here, to avoid any professional doubt:

Where it is appropriate family members/friends may take on the role of informal chaperone, but in cases where a formal chaperone would be appropriate, e.g. invasive intimate examinations, alternative treatment options must be considered.

Private practitioners should have due consideration to the risks of lone-working, and in particular risks posed by not being able to offer appropriate chaperoning services, and if necessary consider their ability (or inability) to offer safe services to both their patients and themselves.
In particular, sole-trader private practitioners must ensure that they have robust and appropriate clinical governance procedures in place and ensure that they can clearly demonstrate that they comply with HCPC standards.

Male private practitioners in any setting should have particular regard to their working context (see also below: Gender issues).

Gender issues

In 2012, 30,692 women and 8,243 men were ‘full practising’ members of the CSP. In that year 118 complaints were made to HCPC, of which 22 went to a

Full Hearing, 14 of which were against men. Therefore men make up 27 per cent of the CSP membership but 63 per cent of HCPC final hearings.

A disproportionate number of such complaints are made by female patients complaining of inappropriate examination, particularly relating to state of undress, and inadequate explanation of what to expect during treatment by male physiotherapists.
In some cases these complaints arise despite a family member or friend being present in the treatment room, but in all cases, no formal chaperone is present, and inadequate explanation of what to expect is cited by the patient as an additional cause for their complaint.

The gender contexts that require particular attention are:

- Male physiotherapist and female patient
- Wherever there is a difference in gender between therapist and patient.

However, there have also been a small number of complaints against female therapists by female patients.

Whilst the CSP treats all members equally, in the matter of chaperoning it is appropriate that the CSP distinguishes the issues disproportionately affecting its male members. It therefore issues the following guidance:

- The CSP advises that all male physiotherapists treating female patients should make every effort to provide a chaperone, especially at the first attendance for physiotherapy.

Section 4: Professional practice

Many members think that as long as they believe they are acting appropriately, they will not have a complaint made against them, or they will quickly be able to refute any allegations made. However, this is often not the case. Complaints made may be:

- With good cause for complaint
- Due to a misunderstanding or lack of appropriate explanation
- Vexatious i.e. without an adequate reason and with the intention of distressing and annoying a professional
- Malicious i.e. done with the deliberate intention of harming a professional

Allegations can be made to either the police, or to employers or to the regulator, HCPC. Allegations are particularly difficult to defend if certain actions have not been taken. The very nature of a physiotherapist's work may mean that there are only two people present during examination or treatment, which may lead to a case of one person's word or recollection of events versus another's.

The following points reflect good professional practice in a number of areas, but are particularly highlighted in this paper because it is failure to adhere to the points raised that lies at the root of many complaints to HCPC.

The CSP seeks to protect all its members, and aim to reduce the risks of complaints by issuing clear, explicit guidance.

General guidance for good professional practice

The way in which services are offered to patients may need to be reviewed and modified. In particular you may need to consider:

- In clinic-based lone working settings, where a chaperone is required due to the nature of context of the examination/treatment, a suitable chaperone should be arranged.
- In some circumstances, it may be necessary to reschedule the patient's appointment to ensure a suitable chaperone is present.

- In some circumstances, the patient's care may need to be transferred to another practitioner.
- In some circumstances, the patient's care may need to be transferred to another suitable venue.
- In some circumstances, it may be necessary to make arrangement for two professionals to attend the patient.
- In some circumstances, it may not be appropriate to treat the patient, and their care should be transferred to another provider.

Ideally at the time of appointment booking / before attending for treatment:

- Explain in advance if you may require the patient to undress. Many patients do not understand the full nature of how physiotherapists work and do not expect to asked to remove clothing, especially the more peripheral the area.
- Explain to patients any additional items of clothing they could bring to treatment sessions and/or which are more suitable to retain their dignity, but allow you to examine/treat appropriately: e.g. shorts, swimwear, sports bras.
- Explain to patients any items of clothing that are unsuitable for treatment, e.g. G-strings, see-through underwear
- Explain to patients any items of clothing that are definitely required for treatment e.g. underwear should be worn.

During examination and/or treatment:

- Always ensure you explain the nature and purpose of your planned examination and/or treatment *before* carrying it out.
- Always explain very clearly before you start any examination or treatment exactly what items of clothing you require to be moved and/or removed, and give a clear explanation of why this is required.
- Always check with patients before you ask them to undress that they are wearing appropriate underwear.

- Always provide towels and/or blankets for the patient to use to cover up.
- Always offer your patient a ‘cover-up’ if you have asked them to undress to underwear.
- Always ask if the patient is happy to proceed and if they are comfortable with being asked to undress.
- If the patient is uncomfortable with undressing, consider the need to stop the appointment and reschedule, and give a full explanation to the patient.
- Always allow the patient to undress in private, unless you have clearly explained and agreed with the patient that it is part of a functional assessment.
- Ask the patient to remove and/or adjust their own underwear where possible; do not touch a patient’s bra or underwear unless they specifically ask for help. Always get explicit consent before you undo, move, or remove bra clasps or straps.
- If you are uncomfortable with the nature of (or lack of) a patient’s underwear, consider the need to stop the appointment and reschedule, and give a full explanation to the patient.
- Always explain to your female patients why you may need to handle soft tissues in proximity to the breast area, especially the clavicular and axillary areas.
- Always remember that removal or loosening of bras or patient positioning may alter how the breast tissue is situated, and you must ensure you do not inadvertently touch it.
- Provide ongoing explanations of your handling and treatment techniques to your patient.
- Do not assume you patient is comfortable with proceedings, even if they voice no concerns. Be alert to non-verbal cues.

Maintaining appropriate professional and sexual boundaries:

- Keep to relevant personal detail in history taking and be clear to patients why you are asking it
- Provide adequate explanation to avoid misunderstanding and misinterpretation
- Maintain proper appointment systems
- Provide proper facilities for dressing/undressing
- Offer a chaperone for close and/or intimate examinations
- Do not make reference to a patient's breasts or genitalia unless specifically required as part of the presenting condition
- Never use sexually demeaning words
- Never use sexualised language
- Refrain from undue familiarity
- Refrain from undue personal comments about your patients
- Avoid undue reference to sexual matters, unless clearly and directly related to the clinical presenting problem. You must explain to your patient why you are exploring such issues
- Avoid conversation that may have sexual connotation, innuendo or inference
- Be aware of the implications or unintended consequences of accepting gifts from your patients
- Do not contact patients using your own personal mobile phone unless explicitly approved as part of your job; there must be an employer policy in place for this activity
- Do not contact patients outside of your normal working hours unless there is a good reason that is recorded in their notes
- Do not contact your patients in regard to their treatment using social networking sites unless this is part of an employer approved policy

- Be aware that patients may be vulnerable at time of crisis in their lives
- Be aware that you may be vulnerable if you are experiencing a crisis in your personal and/or professional life
- Seek early help for personal crises
- Do not involve your patients, or members of their immediate family, in any aspects of your personal problems.

In addition, considering the following areas of professional practice may lessen the risk of such allegations being made:

Information giving

Members should read the CSP information paper Consent and Physiotherapy Practice (PD078)[1] for comprehensive advice on information giving; this paper does not repeat that information.

The most common cause of patient complaints is with regard to the patient's expectations and understanding of what the physiotherapist was doing in the process of treating them.

Remember, physiotherapists are very aware of what physiotherapy involves, have performed techniques many times before, and their professional peers understand that a requirement for the patient to undress is a reasonable expectation of some aspects of clinical practice.

However, patients often do not have this experience, and it is wrong to assume that patients understand what is expected during physiotherapy treatment. It is a reasonable expectation that a physiotherapist will explain clearly to a patient what is going to happen.

It is important that patients are given the following information:

- The nature and purpose of any proposed examination and treatment
- The level of undress required
- Any items of clothing that are more suitable during treatment
- Any items of clothing that are not suitable during treatment

- If any invasive examination is required
- If any close body contact and/or handling close to intimate areas is required
- Any particular positions that may be required to be used during treatment, particularly if the patient may feel vulnerable

Such information may be suitable for generic patient information booklets/ leaflets that can sent out with appointment letters, or can be prominently displayed in waiting areas or on clinic websites. In any event, the therapist must ensure that the patient has understood the information prior to starting treatment.

In addition, patients should always be advised that they may request a formal or informal chaperone to be present, and the alternatives for treatment that may need to be considered if this request cannot be met.

Consent

Members should also read the information paper Consent and Physiotherapy Practice[(1)] for comprehensive advice on consent; this paper does not repeat that information.

It is imperative that the therapist checks ongoing consent to treatment.

Consent to one action e.g. moving a bra strap off a shoulder does not necessarily mean consent for another related task e.g. undoing a bra clasp.

If ongoing consent to treatment may be disputed, the presence of a formal chaperone may be required to verify and confirm the patient's wishes.

Record keeping and documentation

Good clinical record keeping is essential. Details of every examination should be clearly documented, including whether a chaperone was available, offered, present or declined etc.

If the patient expresses any doubts, reservations and/or concerns these should be clearly documented in addition to any action taken by the therapist to address those concerns.

Any situation where a clinical incident and/or complaint is made should be dealt with according to the relevant clinical governance policies and procedures, which should be in place regardless of practice setting.

Clinical examination

Patients should always be provided with a chaperone if they request one. Depending on the type of planned examination or treatment, a chaperone should be offered. In addition the following considerations should help ensure patient dignity and provide reassurance.

Environment:

- Facilities should be available for patients to undress in a private undisturbed area
- There should be no undue delay prior to examination once the patient has removed any clothing
- Intimate examination should take place in a closed room or well-screened area that cannot be overheard and/or entered while the examination is in progress
- During an intimate examination the patient should be offered a gown or other cover for themselves
- During close examinations towels and/or blankets should be available for the patient to cover themselves

During examination/treatment:

- Offer reassurance
- Be courteous
- Keep discussion and conversation relevant
- If you need to ask questions related to breasts, keep the questions factual and related to clinical need
- Avoid unnecessary personal comments
- Encourage questions and discussion

- Remain alert to verbal and nonverbal indications of discomfort, anxiety or distress
- You should not be interrupted by phone calls or messages
- You should not leave the treatment room without giving an explanation to the patient, and providing the patient the opportunity to get dressed or cover up.

Manual therapy techniques

Some assessment and treatment techniques may feel unusual to patients or make them feel vulnerable, particularly if they are undressed.

In particular, the handling techniques used in the following physiotherapy interventions may need to be clearly explained to the patient:

- Straight leg raise, and hand placement for stabilisation
- Palpation around the pelvic area, groin and lower lumbar spine
- Positioning and close handling for manual and/or manipulative techniques of the pelvis, lumbar and thoracic spine.

A formal chaperone is not mandatory for the performance of close manual therapy techniques but should be provided when the patient requests a chaperone.

Clearly, wearing examination gloves is not required, but all therapists should ensure their handling and examination techniques are clearly explained to patients to limit the possibility of misinterpretation or sexual connotations, particularly when patient and therapist are of different genders.

- Male physiotherapists performing close examination on a female patients should consider whether a chaperone is required.

Intimate examination

Since December 2012 the CSP has set the educational expectations for all physiotherapists who wish to perform intimate examination as part of physiotherapy practice.

The information paper Pelvic Examination (PD092)[3] makes reference to information giving, consent and chaperoning in the context of intimate examination.

A formal chaperone is not mandatory for the performance of intimate examination but should be considered necessary, and provided, when:

- The patient requests a chaperone
- A male physiotherapist is performing an intimate examination on a female patient.

Examination gloves ***must*** be worn during intimate examination as, amongst other reasons, gloves act as a physical barrier, keeping the examination on a clinical basis and limiting the possibility of sexual connotations.

Section 5: Special circumstances

Children

Children receiving physiotherapy treatment are usually accompanied to their appointments by a parent, person with parental responsibility, or carer. This is usually to provide both consent for treatment and chaperoning for the child.

Children aged 16 or over can consent to their own treatment and so do not require a parent to attend treatment. If a child aged 16-18 years requests or requires a chaperone, then one should be provided as in the case of provision of adult services.

If a child under 16 years of age attends for treatment unaccompanied, they must be able to consent to their own treatment. The capacity for a child under 16 to give consent for treatment is covered in the CSP information paper Consent and Physiotherapy Practice.[1] Similarly, children under 16 years of age do not necessarily require a chaperone, but the younger the child, the greater the need to have someone else present.

- The CSP recommends that all children under 13 years of age have a chaperone present during treatment if they are not accompanied by a parent or carer.

Children as chaperones

Physiotherapists have a duty to consider the welfare, protection and capacity issues of the children themselves, and understand that even in exceptional circumstances, it may not be in the best interests of the child for them to be used as a chaperone.

The younger the child, and the more intimate the nature of the procedure requiring chaperoning, the more difficult it is to justify the use of child chaperones. If in any doubt, you must consider rescheduling the patient's appointment until an appropriate chaperone can be found

- The CSP recommends that children are not used as chaperones if they attend for treatment with adult family members.

Religious beliefs / ethnic identity

It is unlawful to discriminate against a person on the grounds of their religious beliefs. This may also include affecting their ability to access and/or provide healthcare services on the grounds of such beliefs.

The patient

The religious and cultural identity of some female patients mean that they may either require a chaperone to be present at all times during any treatment, or they will be unable to be treated by male physiotherapists, even when a chaperone is present.
For example, Muslim and Hindu women may have a strong aversion to being touched by a man other than their husband.

- Always provide a chaperone if the patient requests one.
- Always offer a chaperone, even if the patient does not request one.
- Ensure that the patient understands the nature and purpose of what is planned.
  If necessary, ensure an appropriate interpreter is present.
  The interpreter may be able to act as an informal chaperone.
- Limit the degree of undress required, even if this requires some modification to your planned assessment and/or treatment, provided that your clinical reasoning and decision making is not impaired by limiting the amount of undress.
- Where possible, ensure a female therapist treats the patient.
- Where no female therapist is available, and no chaperone is available e.g. single-handed male physiotherapist in private practice, consider the need to refer the patient on to another service provider who can offer a female therapist and chaperone.

Adult family members can, where the patient agrees, act as an informal chaperone, but not as an interpreter or formal chaperone.

Formal chaperones and/or interpreters (depending on the situation) need to be provided in accordance with the policies of the provider organisation, which should safeguard both the patient and the physiotherapist in that the

chaperone/interpreter will have specific skills and training to ensure that requirements around ongoing consent are satisfied.

The physiotherapist

The religious and cultural identity of some physiotherapists may mean that they feel they are unable to treat certain groups of patients. For example, some female physiotherapists may not be able to treat male patients unchaperoned, or male physiotherapists may be unable to treat female patients in a state of undress.

In large organisations, it is reasonable to expect that religious and cultural requirements will be respected.

- Ensure that your employer (if you have one) is aware in advance of any religious belief that influences your ability to treat certain groups of patients.
- Ensure that your patients are made aware at the earliest opportunity if you are unable to treat them because of your religious beliefs.
- Have a process in place for referring patients on to to other service providers if you are unable to treat them.

Mental capacity and mental health

Some patients with conditions that may affect their mental capacity or mental health may have specific requirements to be chaperoned during treatment. These patients may also have specific considerations with regard to their ability to consent to treatment (covered in Consent and Physiotherapy Practice[1]).

- Always provide a chaperone if the patient requests one.
- Always offer a chaperone, even if the patient does not request one.
- Always provide a careful, simple and sensitive explanation of what you plan to do.
- Ensure the patient understands the nature and purpose of what is planned. If necessary, ensure an appropriate advocate is available. The advocate may be able to act as an informal chaperone.

- Limit the degree of undress required, even if this requires some modification to your planned assessment and/or treatment, provided that your clinical reasoning and decision making is not impaired by limiting the amount of undress.

This group of patients is particularly vulnerable and you must particularly consider:

- The patient's reaction to being touched
- Boundary-setting and personal physical boundary encroachment
- Social skills, in particular ability to judge the purpose and intention behind being touched, particularly whilst in a state of undress.
- Verbal and non-verbal reactions to treatment.

Section 6: What should I do if…?

…I feel I need a chaperone?

- You should arrange for a formal chaperone to be available during the consultation

…my patient asks for a chaperone?

- You should provide a chaperone for the patient.
- …there is no chaperone available?
- If an appropriate chaperone is not immediately available you should reschedule the appointment until such time that a chaperone can be provided.

…my female patient is not wearing suitable underwear and I need to perform a close examination?

- If necessary arrange for a formal chaperone to observe the treatment session; if one is not available, consider rescheduling the patient's appointment.
- Advise the patient on appropriate items of clothing for treatment.
  All patients attending for outpatient appointments should be advised about appropriate items of clothing for assessment and treatment in advance of their initial appointment, either verbally or preferably in writing.
- If the patient continues to wear unsuitable underwear, particularly if accompanied by other potentially suggestive or provocative behaviour, consider the need to transfer care to another therapist.

…a complaint is made against me to HCPC?

- You must contact ERUS at the CSP as soon as you are notified by HCPC of an allegation against you.
  This is because there is a deadline within which you will need to respond, and ERUS will assist you in formulating a response.
  There is an ERUS Information Paper that provides further information about the complaints process and the support available to CSP members in these circumstances.[4]

I have read Chaperoning and other issues, and I am concerned that I may be vulnerable to a complaint.
I am a male physiotherapist and my manager has never mentioned the issue of chaperones.
I don't even know whether my employer has a policy about this, what should I do?

- Your CSP steward is the first port of call if you are unable to find an employer policy on the use of chaperones.
  The steward should be familiar with what employment policies exist in the organisation and, if one has not been developed already, will raise this issue via the employer's policy development mechanism.
  In organisations with no steward you will need to contact the Enquiry Handling Unit at the CSP for further advice.

- If there is no policy in place, it is important to raise your concerns about the lack of a policy and your potential vulnerability by highlighting these to your manager in writing.
  This information paper can provide a useful basis for discussion at a meeting with the manager/employer and drafting any communication with them.

I have read Chaperoning and other issues and I am concerned that my employer's policy does not reflect this guidance. What should I do?

- Ask your line manager for a copy of the organisation's chaperoning policy, and compare it with the CSP guidance.

- Get your CSP steward involved in reviewing the policy.

- Highlight any specific concerns you have about perceived gaps in the policy.

- Consider the perceived gaps in the policy: provided the issue has been properly considered and justified, there may be a good reason for the policy standing as it is, but if a review of working context highlights a risk to either staff or patients that can be mitigated by reviewing the chaperoning policy, then changes should be considered.

My employer does not have a chaperoning policy. What should I do?

- Ask your CSP steward to get involved in the development of an organisational policy.
- Your steward can raise awareness of the CSP guidance and use it to inform the creation of a suitable organisational policy.

References

1. The Chartered Society of Physiotherapy. Consent and physiotherapy practice (PD078). London: The Chartered Society of Physiotherapy; 2012.
   Available from: http://www.csp.org.uk/publications/consent

2. The Chartered Society of Physiotherapy. Duty of care (PD101). London: The Chartered Society of Physiotherapy; 2013.
   Available from: http://www.csp.org.uk/publications/duty-care

3. The Chartered Society of Physiotherapy. Pelvic floor examination – CSP expectations. CSP expectations of educational programmes in vaginal and/or ano-rectal examination and/or interventional procedures for physiotherapists (PD092). London: The Chartered Society of Physiotherapy; 2012.
   Available from: http://www.csp.org.uk/publications/pelvic-floor-examination-%E2%80%93-csp-expectations

4. The Chartered Society of Physiotherapy. HCPC investigations: a member guide (IP 40). London: The Chartered Society of Physiotherapy; 2010.
   Available from: http://www.csp.org.uk/publications/hcpc-investigations-member-guide

5. The Chartered Society of Physiotherapy. Personal safety for loneworkers (HS07). London: The Chartered Society of Physiotherapy 2005.
   Available from: http://www.csp.org.uk/publications/personal-safety-loneworkers-hs07

6. Health and Care Professions Council. Standards of conduct, performance and ethics: your duties as a registrant. London: Health and Care Professions Council; 2012.
   Available from: http://www.hpc-uk.org/publications/standards/index.asp?id=38

7. Health and Care Professions Council. Standards of proficiency: physiotherapists. London: Health and Care Professions Council; 2013.
   Available from: http://www.hpc-uk.org/publications/standards/index.asp?id=49

8. The Chartered Society of Physiotherapy. Code of members' professional values and behaviour. London: The Chartered Society of Physiotherapy; 2011.

Available from: http://www.csp.org.uk/professional-union/professionalism/csp-expectations-members/code-professional-values-behaviour

9. The Chartered Society of Physiotherapy. Quality assurance standards: for physiotherapy service delivery. London: The Chartered Society of Physiotherapy; 2012.
Available from: http://www.csp.org.uk/publications/quality-assurance-standards

10. The Chartered Society of Physiotherapy. CSP union services to members. London: The Chartered Society of Physiotherapy; 2011.
Available from: http://www.csp.org.uk/documents/csp-union-services-members