306 Medical Centre

Chaperone Policy

Policy status: Practice Policy
Effective date: August 2026

Review Due: August 2026 **Next Review: 31 Aug 2029**

1. Introduction

306 Medical Centre is committed to providing a safe, professional and respectful environment in which patients and staff can have confidence that appropriate standards of care, dignity, privacy and professional conduct are maintained.

This policy provides guidance on the appropriate use of chaperones during consultations, examinations and procedures, particularly where an examination is intimate or where there may be a risk of misunderstanding.

The purpose of a chaperone is to provide appropriate support and reassurance to the patient and, where appropriate, to assist the clinician and provide an independent witness to the consultation, examination or procedure.

The presence of a chaperone can also provide protection for both the patient and healthcare professional against misunderstandings or allegations of inappropriate behaviour.

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2. Patient choice and consent

Patients should be offered the opportunity to have a chaperone for an intimate examination.

A patient may request a chaperone at any stage before or during a consultation or examination.

A patient may also ask for a particular person not to act as their chaperone where they have a reasonable concern about that individual.

A friend or family member may be present at the patient's request as a companion or source of support. However, they should not normally be regarded as a **formal chaperone**, as they may not have the appropriate training or understanding of the chaperone role.

Where a patient specifically requests a **formal chaperone**, the practice will make reasonable efforts to provide one.

Where possible, patients are encouraged to advise the practice when booking their appointment if they would like a formal chaperone. This allows appropriate arrangements to be made and helps minimise delays.

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3. Intimate examinations

An intimate examination may include, but is not limited to, examination of:

- breasts;

- genitalia;
- rectum and anus;
- pelvic area; or
- any examination involving significant physical contact or which the patient may reasonably regard as intimate.

Clinicians should use their professional judgement about whether an examination is intimate and whether a chaperone should be offered.

Patients should be treated sensitively and with respect for their dignity, privacy and individual circumstances.

Before undertaking an intimate examination, the clinician should:

1. Explain why the examination is necessary.
2. Explain what the examination will involve and what the patient should expect.
3. Explain any potential discomfort or pain.
4. Offer the patient a chaperone.
5. Give the patient an opportunity to ask questions.
6. Obtain the patient's consent before proceeding.
7. Ensure that the patient has appropriate privacy to undress and dress.
8. Keep the patient appropriately covered wherever possible.

Consent should be ongoing. A patient may ask for the examination to stop at any point, and this request must be respected.

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4. When a patient declines a chaperone

A patient has the right to decline the offer of a chaperone.

Where an intimate examination proceeds without a chaperone because the patient has declined one, this should normally be documented in the patient's medical record.

The clinician should consider whether it is clinically and professionally appropriate to proceed without a chaperone, taking into account the circumstances, the nature of the examination and any potential risks.

Where the clinician considers that an examination should not proceed without a chaperone, the reasons should be explained to the patient and the examination may be rearranged when an appropriate chaperone is available.

A patient who initially requests a chaperone may subsequently change their mind. Their decision should be respected, subject to the clinician's professional judgement about whether it remains appropriate to proceed.

5. Who can act as a formal chaperone?

A formal chaperone should normally be a suitably trained member of the practice healthcare team.

At 306 Medical Centre, formal chaperones will usually be provided by members of the **practice nursing team** or another appropriately trained clinical member of staff.

Where appropriate and where a suitable clinical chaperone is not available, a suitably trained member of the practice administrative team may act as a chaperone, subject to the practice's assessment of their suitability and the circumstances of the examination.

Any member of staff undertaking a formal chaperone role should have appropriate training and, where required by the practice's employment and safeguarding arrangements, an appropriate DBS check.

The practice will take reasonable account of patient preference, including preference regarding the sex of the chaperone, wherever practicable.

A patient should not be made to feel embarrassed or uncomfortable for requesting a particular chaperone or declining a particular individual.

6. Role of the chaperone

The role of the chaperone will depend on the circumstances and may include:

- providing emotional support and reassurance;
- helping to protect the patient's dignity;
- acting as an impartial observer;
- assisting the clinician where appropriate;
- assisting with equipment or procedures where appropriately trained;
- supporting communication;
- raising any concerns about the conduct of the consultation or examination;
- helping protect both the patient and clinician from allegations or misunderstandings.

The chaperone should not normally participate in an examination unless appropriately trained and specifically required to do so.

The chaperone should remain throughout the relevant examination or procedure and should position themselves so that they can appropriately observe the patient and clinician.

The chaperone should not be obscured by curtains or other equipment where this would prevent them from fulfilling their role.

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7. Responsibilities of the chaperone

A member of staff acting as a chaperone should:

- introduce themselves to the patient;
- explain that they are present as a chaperone;
- maintain the patient's dignity and privacy;
- respect confidentiality;
- remain alert to signs of distress or discomfort;
- avoid unnecessary conversation;
- provide reassurance where appropriate;
- remain for the duration of the examination or procedure;
- raise any concerns promptly with the clinician or Practice Manager;
- document their involvement where required.

A suggested introduction is:

“My name is [name] and I am a [role] at the practice. I am here to act as a chaperone during your examination.”

The chaperone is an impartial observer and should not express personal opinions about the examination or clinical management.

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8. Confidentiality

Chaperones are required to respect patient confidentiality at all times.

Only information necessary for the chaperone to fulfil their role should be disclosed.

The chaperone should not discuss the patient's consultation or examination with anyone other than those who have a legitimate professional need to know.

Any concerns regarding confidentiality should be reported to the Practice Manager or appropriate clinical lead.

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9. Recording the use of a chaperone

The clinician should record the offer and outcome of chaperoning in the patient's medical record where appropriate.

The record should normally include:

- whether a chaperone was offered;
- whether the patient accepted or declined;
- the name and role of the chaperone;
- the nature of the examination where clinically relevant;
- confirmation that appropriate consent was obtained;
- any relevant concerns or incidents.

The practice should use the appropriate current clinical coding available within its clinical system.

Examples include:

- **Chaperone offered**
- **Chaperone present**
- **Chaperone declined/refused**
- **Nurse/clinical chaperone present**

The practice should avoid relying solely on historic Read codes where an appropriate current coding option is available within the clinical system.

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10. Chaperones during home visits

On rare occasions, a chaperone may be appropriate during a home visit.

The same principles of dignity, consent, confidentiality and professional conduct apply.

Where a formal chaperone is required or specifically requested, the clinician should consider whether this can reasonably be facilitated.

Where an appropriate chaperone cannot be provided, the clinician should consider the circumstances and whether the examination can safely and appropriately proceed or should be rearranged.

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11. Children and young people

The clinician should consider the patient's age, maturity, capacity and individual circumstances when undertaking an examination of a child or young person.

Consent should be obtained in accordance with the applicable legal and professional framework.

A parent, guardian or other appropriate adult may be present where appropriate and where this is in the child's best interests, but their presence does not necessarily constitute a formal clinical chaperone.

Where an intimate examination is being undertaken, particular care should be taken to ensure appropriate consent, privacy, safeguarding and professional boundaries.

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12. Professional conduct during intimate examinations

All clinicians must maintain appropriate professional boundaries.

Clinicians should:

- explain what they are doing before and during the examination;
- avoid unnecessary physical contact;
- keep discussion relevant to the clinical purpose;
- use clear and professional language;
- avoid humour or comments that could be misunderstood;
- remain alert to verbal and non-verbal signs of distress;
- stop the examination if the patient asks for it to stop;
- obtain further consent if the proposed examination changes materially;
- ensure that the patient is given appropriate privacy to dress following the examination.

Where appropriate, the patient should be offered a choice of examination position.

The clinician should communicate the findings and next steps to the patient following the examination.

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13. Training

Staff undertaking a formal chaperone role should receive appropriate information, training or instruction relevant to their responsibilities.

Training should cover:

- the purpose of a chaperone;

- what constitutes an intimate examination;
- patient dignity and privacy;
- consent;
- confidentiality;
- professional boundaries;
- the responsibilities of the chaperone;
- recognising distress or inappropriate behaviour;
- raising concerns;
- appropriate documentation.

Clinical staff who undertake chaperone duties should maintain an appropriate understanding of their professional responsibilities.

Administrative staff who may undertake a chaperone role should receive appropriate practice-based training before doing so.

New clinical and administrative staff should be made aware of this policy as part of their induction where relevant to their role.

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14. Raising concerns

Any patient or member of staff who has concerns about the conduct of an examination, procedure or chaperone should raise the concern with the Practice Manager or appropriate clinical lead.

Concerns should be taken seriously and managed in accordance with the practice's complaints, incident reporting and safeguarding procedures as appropriate.

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15. Equality and individual circumstances

The practice will seek to provide chaperone arrangements that are sensitive to individual patient circumstances.

This may include consideration of:

- sex of the patient and chaperone;
- age;
- disability;
- communication needs;
- cultural or personal preferences;
- previous experiences that may affect the patient's comfort;
- safeguarding considerations.

Reasonable adjustments should be made where required.

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16. Brief guide for staff

Remember: the chaperone is there to safeguard everyone.

A chaperone should:

DO

- Introduce yourself.
- Explain your role.
- Respect the patient's dignity and confidentiality.
- Remain throughout the examination.
- Position yourself appropriately to observe the examination.
- Be alert to distress or concerns.
- Speak up if you have concerns.
- Record your involvement where required.

DO NOT

- Make unnecessary comments.
- Become involved in unrelated conversation.
- Express personal opinions about the examination.
- Breach confidentiality.
- Leave during the examination unless there is an appropriate reason and another chaperone is arranged.
- Ignore behaviour that causes concern.

If you are uncomfortable about anything you observe, raise it with the clinician and/or Practice Manager.

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17. Brief guide for clinicians – intimate examinations

Before an intimate examination:

1. Explain why it is necessary.
2. Explain what you are going to do.
3. Explain any anticipated discomfort.
4. Offer a chaperone.

5. Consider any patient preference regarding the chaperone.
6. Obtain consent.
7. Provide appropriate privacy for undressing.
8. Keep the patient covered as much as possible.

During the examination:

- Explain what you are doing.
- Maintain professional boundaries.
- Keep conversation relevant.
- Observe verbal and non-verbal signs of distress.
- Stop if the patient asks you to stop.
- Obtain further consent if the examination changes.

Afterwards:

- Allow the patient to dress in privacy.
- Explain your findings and any next steps.
- Record the relevant details in the clinical record, including chaperone arrangements and consent.

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18. Related policies and guidance

This policy should be read alongside relevant practice policies and current professional guidance relating to:

- consent;
- confidentiality;
- safeguarding;
- professional boundaries;
- complaints;
- equality and reasonable adjustments;
- infection prevention and control.

The practice will review this policy against current **GMC, NMC and NHS guidance** as part of its scheduled review and whenever significant relevant guidance changes.