

Chaperone Policy

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Related Policies: Dignity and Respect Policy

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Chaperone Policy

Introduction

1 Introduction

This policy is designed to protect both patients and staff from abuse or allegations of abuse and to assist patients to make an informed choice about their examinations and consultations.

Also see: **Chaperone (Guidelines for)**

<https://www.england.nhs.uk/long-read/improving-chaperoning-practice-in-the-nhs-key-principles-and-guidance/>

1.1 Policy statement

At this organisation, all patients will routinely be offered a chaperone, ideally at the time of booking an appointment. It is a requirement that, when necessary, chaperones are provided to protect and safeguard both patients and clinicians during intimate examinations or procedures. This policy adheres to the guidance detailed in [CQC GP mythbuster 15: Chaperones](#) and NHS England's [Improving chaperoning practice in the NHS: key principles and guidance](#).

To raise awareness, the chaperone policy will be clearly advertised. At this organisation, a chaperone poster is displayed in the waiting area, Shown on waiting room screens, all clinical areas and annotated in the organisation leaflet as well as on the organisation website.

1.2 Status

In accordance with the [Equality Act 2010](#), we have considered how provisions within this policy might impact on different groups and individuals. This document and any procedures contained within it are non-contractual, which means they may be modified or withdrawn at any time. They apply to all employees and contractors working for the organisation

2 Policy

2.1 Who can act as a chaperone

At this organisation, it is policy that any member of the team can act as a chaperone. However, they must have undertaken chaperone training as detailed in [CQC GP mythbuster 15](#). Additionally, all staff must complete chaperone awareness training which covers the role of the chaperone.

2.2 General guidance

The [General Medical Council \(GMC\) Intimate examinations and chaperones guidance](#) explains that the patient should be given the option of having an impartial observer (a chaperone) present whenever possible.

As per the GMC guidance, relatives or friends of the patient are not considered to be an impartial observer so would not usually be a suitable chaperone but staff at this organisation should comply with a reasonable request to have such a person present in addition to the chaperone.

The GMC guidance also provides detailed guidance on what the clinician should do before and during the examination, including adhering to the GMC [Decision making and consent guidance](#). When a chaperone is present, the details of the chaperone must be recorded in the patient's clinical record.

2.3 Role and expectations of a chaperone

Staff at this organisation acting as a chaperone are to adhere to the guidance referenced at 2.2. [CQC GP mythbuster 15: Chaperones](#) advises that for most patients and procedures, respect, explanation, consent and privacy are all that are needed. These take precedence over the need for a chaperone. A chaperone does not remove the need for adequate explanation and courtesy. Neither can a chaperone provide full assurance that the procedure or examination is conducted appropriately.

2.4 When a chaperone is unavailable

The GMC further advises that if either the clinician or the patient does not want the examination to go ahead without a chaperone present, or if either is uncomfortable with the choice of chaperone, the clinician may offer to delay the examination until a later date when a suitable chaperone will be available providing the delay would not adversely affect the patient's health.

2.5 When a patient refuses a chaperone

If the clinician does not want to proceed with the examination without a chaperone but the patient has refused a chaperone, the clinician must clearly explain why they want a chaperone to be present. The GMC states that ultimately the patient's clinical needs must take precedence. The clinician may wish to consider referring the patient to a colleague who would be willing to examine them without a chaperone providing a delay would not adversely affect the patient's health.

The Maples Health Centre

Any discussion about chaperones and the outcome should be recorded in the patient's medical record, and in particular:

- Who the chaperone was
- Their title
- That the offer was made and declined

2.6 Disclosure and Barring Service (DBS) check

Clinical staff who undertake a chaperone role at this organisation will already have had a DBS check. [CQC GP mythbuster 15: Chaperones](#) states that non-clinical staff who carry out chaperone duties may need a DBS check. This is due to the nature of chaperoning duties and the level of patient contact. Should the organisation decide not to carry out a DBS check for any non-clinical staff, then a clear rationale for this decision must be given including an appropriate risk assessment.

2.7 Using chaperones during a video consultation

While it is widely accepted that many intimate examinations will not be suitable for a video consultation, should such a consultation be agreed, staff at this organisation are to adhere to the guidance detailed in [CQC GP mythbuster 15](#).

2.8 Home visits and chaperones

[NHS England guidance](#) states that patients should be offered a chaperone in advance of a home visit appointment. This will enable a chaperone to accompany the clinician during the visit. When this is not possible, clinicians must ensure there is clear communication and thorough documentation explaining why the examination proceeded without a chaperone being present and that this was agreed with the patient.

2.9 Vulnerable patients

It is important that children and young people are provided with chaperones.

Any intimate examination on children and young people under 18 years should be carried out in the presence of a formal chaperone. A parent, carer or someone known and trusted by the child may also be present during the examination or procedure to provide reassurance. The GMC guidance states that a relative or friend of the patient is not an impartial observer. They would not usually be a suitable chaperone.

There may be circumstances when a young person does not wish to have a chaperone and this will be respected. The reasons for this should be clear and recorded in the clinical record. The Chaperone template has an option to record Gillick competency to reinforce this decision. Parents or guardians must receive an appropriate explanation of the procedure to provide informed consent when the young person is unable to do so themselves. There is an option on the template for the clinician to record they have assessed the risk of examining without a chaperone being present, for example, 6 week checks, nappy rash and hip examinations in younger children.

There may be occasions when a chaperone is needed for a home visit. The following procedure should still be followed. Healthcare professionals working alone, especially during intimate examinations or in isolated settings like a patient's home, face increased risk of their actions being misinterpreted. To mitigate this, they should offer a chaperone in advance of the appointment where possible. Where this is not possible, they should ensure clear communication and thorough documentation explaining why the examination proceeded without a chaperone present and that this was agreed with the patient.

Consent and reasonable adjustments for vulnerable patients

If the patient cannot make an informed decision, the healthcare professional must use their clinical judgement and be able to justify their course of action. Organisations have a duty to ensure that reasonable adjustments are made for vulnerable patients as per their duty under the Equality Act.

[NHS England guidance](#) explains that when any patient is unable to make an informed decision, the healthcare professional must use their clinical judgement and be able to justify their course of action. This organisation will ensure any necessary reasonable adjustments are made for vulnerable patients.

2.10 Practice procedure (including SNOMED codes)

If a chaperone was not requested at the time of booking the appointment, the clinician will offer the patient a chaperone explaining the requirements.

A SystemOne template has been created with a shortcut on the toolbar to record chaperone





- Contact reception and request a chaperone
 - Complete the required areas on the template, recording patient's consent to have a Chaperone before the examination
- The chaperone should be introduced to the patient and record the use of a chaperone and their identity recorded in the patients notes.
- The chaperone should assist as required but maintain a position so that they are able to witness the procedure/examination (usually at the head end)
- The chaperone should adhere to their role at all times. Chaperone must give the patient privacy to undress and dress using drapes, screens, blankets always.
- Ensure the patient is always offered supported to dress fully after the procedure maintaining his/her full dignity and privacy
- Post procedure or examination, the chaperone should ensure they complete the chaperone template in the patient's healthcare record that they were present during the examination and there were no issues observed
- The clinician will annotate in the individual's healthcare record the full details of the procedure as per current medical records policy

Detail	SNOMED CT ID
Requires chaperone	1218711000000108
Chaperone offered	1104081000000107
The patient agrees to a chaperone	1104081000000107
Provision of chaperone refused	763380007
Chaperone not available	428929009
Presence of chaperone	314229006
Nurse chaperone	314380009

1.11 Other Uses for a Chaperone

There are times when, because of past events and the history of the patient, a clinician wants a chaperone in the consultation. Again, the patient needs to be consulted and a chaperone to attend for the duration of the consultation. At the end of the consultation the chaperone should make an entry into the patient's record.

Escorting of visitors and guests (including VIPs)

There may be, on occasion, a need to ensure that appropriate measures are in place to escort visitors and guests including VIPs. On such occasions, this organisation will follow the recommendations outlined in the [Lampard Report \(2015\)](#).

If media interest is likely, the Practice Manager is to inform the local ICB, requesting that the communication team provides guidance and/or support where necessary.

1.12 Escalation and raising concerns

Ideally, all concerns should be first raised via line management. All staff should feel safe and empowered to raise concerns, supported by a culture and leadership that create psychological safety for everyone.

As per their training, Chaperones should remain alert to verbal and non-verbal signs of distress or discomfort from the patient and intervene if necessary. The chaperone may verbally check with the patient and/or clearly say "STOP" to the clinician to alert them. The Chaperone is in place as an advocate for the patient, as well as the Clinician.

If a chaperone feels uncomfortable or that the clinician's conduct was unprofessional unusual or unacceptable, they have a responsibility to report it through the appropriate channels, such as via line management, a Freedom to Speak Up Guardian or NHS whistleblower helpline.

In the event of any concerns raised the chaperone is able to support patients, by providing clear signposting to standard organisational

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policies for the complaints process.

Complaints and claims have not been limited to doctors treating/examining patients of the opposite gender - there are many examples of alleged assault by female and male doctors on people of the same gender.

Consideration should also be given to the possibility of a malicious accusation by a patient. Chaperones are to protect both patients and staff

When a chaperone is declined, staff should consider appropriate safeguards, such as:

- documenting the discussion and decision
- maintaining clear and respectful communication throughout
- ensuring the examination takes place in a private and appropriate setting

For most patients and procedures, respect, explanation, consent and privacy are all they need. They take precedence over the need for a chaperone. A chaperone does not remove the need for adequate explanation and courtesy. Neither can it provide full assurance that the procedure or examination is conducted appropriately.

FURTHER INFORMATION

[Intimate examinations and chaperones - professional standards - GMC](#)

Coronavirus : [Your Frequently Asked Questions \(GMC\)](#)

[Genital Examination in Women \(Royal College of Nursing\)](#)

[Key principles for intimate clinical assessments undertaken remotely in response to COVID-19 \(NHS England\)](#)

[Remote Consultations \(GMC 2023\)](#)

[Maintaining a professional boundary between you and your patient](#)

<https://www.england.nhs.uk/long-read/improving-chaperoning-practice-in-the-nhs-key-principles-and-guidance/>

(This is also available in the Attachments section on the left menu)