



Policy Title	Chaperone Policy, Procedure & Notice
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CQC Key Question	Safe Caring Responsive
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Ratified By	Dr Vanessa Barrett – GP Partner Lead
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Target Audience	All Partners and Practice staff

*This policy will be reviewed according to the specified timescale, or sooner if there are changes in circumstances or legislation.

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Appendix A – Chaperone Notice

Chaperone Policy and Procedure

1 Introduction

1.1 Policy statement

At Jorvik Gillygate Practice, 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.

To raise awareness, the chaperone policy will be clearly advertised. At this organisation, a chaperone notice (see **Appendix A**) is displayed in the waiting area, all clinical areas 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 This document and any procedures contained within it are non-contractual, which means they may be modified or withdrawn at any time.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 Jorvik Gillygate Practice it is policy that any member of the team can act as a chaperone. However, they must have undertaken chaperone training. Additionally, **all staff** must complete chaperone awareness training which covers the role of the chaperone.

2.2 General guidance

Clinicians should establish whether an intimate or personal examination of the patient is justified, or whether the nature of the consultation poses a risk of misunderstanding.

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. 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 Confidentiality

The chaperone should only be present for the examination itself, and most discussion with the patient should take place while the chaperone is not present.

Patients should be reassured that all Practice staff understand their responsibility not to divulge confidential information.

2.5 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.

2.6 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.

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

2.7 Disclosure and Barring Service (DBS) check

Clinical staff who undertake a chaperone role at this organisation will already have a DBS check. 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.

2.8 Using chaperones during a home visit or video consultation

There may be rare occasions when a chaperone is needed for a home visit or a video consultation (although it is widely accepted that many intimate examinations will not be suitable for a video consultation) and staff at this organisation are to adhere to the guidance detailed in 2.2.

2.9 Practice procedure

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

- Contact reception and request a chaperone
- Record in the individual's healthcare record that a chaperone is present and identify them
- The chaperone should be introduced to the patient
- 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 and should not enter into conversation with the patient or GP unless requested to do so, or make any mention of the consultation afterwards
- Post procedure or examination, the chaperone should ensure they annotate 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

2.10 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.



Having a Chaperone During your Appointment

The Practice is committed to providing a safe and comfortable environment for all patients.

All patients are entitled to have a chaperone present for any consultation, examination or procedure where they feel one is required. This chaperone will be a trained member of staff.

You may additionally request that a family member or friend accompanies you for support.

Wherever possible we would ask you to make this request at the time of booking 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 healthcare professional may also require a chaperone to be present for certain consultations in accordance with our chaperone policy, which is available on request.