

Chaperone Policy

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B. Document Details:

Policy:	Chaperone Policy
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Organisation:	Wootton Medical Centre
Document Reference:	CP/SB/3
Current Version Number:	3
Current Document Approved By:	Dr Sarah Moore
Date Approved:	19.07.21

C. Document Revision & Approval History

Version	Date	Version Created By:	Version Approved By:	Comments
1	Pre 11/17	S Connolly	Dr C Moore	
2	30.01.19	S Bailey	Dr S Moore	Review Jan 2021
3	19.07.21	S Bailey	Dr S Moore	Review July 2023
4	07.12.23	J Michie	Lisa Marotta	No changes made

1. Introduction:

1.1 Policy statement:

The purpose of this document is to ensure conformity to achieve a good standard of medical practice. This is achieved by enabling the patient to have a chaperone present during the consultation and clinical examination of the patient. Medical examinations can, at times, be perceived as intrusive by the patient, having a chaperone present protects both the patient and staff member.

1.2 Status:

The surgery aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have in respect to the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

1.3 Training & support:

The surgery will provide guidance and support to help those to whom it applies understand their rights and responsibilities under this policy.

2. Scope:

2.1 Who it applies to:

This document applies to all employees of the surgery and other individuals performing functions in relation to the surgery, such as agency workers, locums and contractors.

2.2 Why & how it applies to them:



It is a requirement that, where necessary, chaperones are provided to protect and safeguard both patients and clinicians during intimate examinations and or procedures.¹

All clinical staff may at some point be asked to act as a chaperone at WMC. Therefore, it is essential that clinical personnel are fully trained and aware of their individual responsibilities when performing chaperone duties.

3. Definition of Terms:

3.1 Chaperone:

A chaperone can be defined as 'an independent person, appropriately trained, whose role is to independently observe the examination / procedure undertaken by the doctor / health professional to assist the appropriate doctor-patient relationship'.²

The term implies that the person may be a healthcare professional. However, it can also mean a specifically trained non-clinical staff member.

4. Policy:

4.1 Raising Patient Awareness:

At WMC, the chaperone policy is clearly displayed in the waiting area, in all clinical areas and annotated in the practice leaflet as well as on the practice website.

All patients should routinely be offered a chaperone, ideally at the time of booking the appointment. The importance of a chaperone should not be underestimated nor understated.

A chaperone poster is available at Appendix A.

4.2 Personnel authorised to act as chaperones:

It is policy that any member of the practice team can act as a chaperone provided that they have undertaken appropriate chaperone training. If a chaperone is not available, the examination should be postponed until a suitable chaperone is present.

Patients must be advised that a family member or friend is not permitted to act as a chaperone as they are not deemed to be impartial even if they have the requisite

¹ [CQC GP Mythbuster 15: Chaperones](#)

² [GMC Ethical Guidance Intimate examination and chaperones](#)

training or clinical knowledge. However, they may be present during the procedure / examination if the patient is content with this decision.

4.3 General Guidance:

It may be appropriate to offer a chaperone for a number of reasons. All clinicians should consider using a chaperone for some or all the consultation and not solely for intimate examinations or procedures. This applies to whether the clinician is the same gender as the patient or not.

Before conducting any intimate examination, the clinician must obtain the patient's consent and:³

- Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions
- Explain what the examination will involve, in a way the patient can understand, so that the patient has a clear idea of what to expect, including any pain or discomfort
- Obtain the patient's consent before the examination and record that the patient has given it
- Offer the patient a chaperone
- Give the patient privacy to undress and dress, and keep them covered as much as possible to maintain their dignity; do not help the patient to remove clothing unless they have asked you to, or you have checked with them that they want you to help
- If the patient is a young person or child, you must:
 - Assess their capacity to consent to the examination;
 - If they lack capacity, seek parental consent.

Ensuring the patient fully understands the whys, what's and how's of the examination process should mitigate the potential for confusion.

4.4 The Role of The Chaperone:

The role of the chaperone varies on a case by case basis, taking into consideration the need of the patient and the examination or procedure being carried out. A chaperone

³ [NHS England Consent to treatment](#)

is present as a safeguard for all parties and is a witness to continuing consent of the examination or procedure.

Expectations of chaperones are listed in the GMC guidance. It states chaperones should:

- Be sensitive and respect the patient's dignity and confidentiality
- Reassure the patient if they show signs of distress or discomfort
- Be familiar with the procedures involved in a routine intimate examination
- Stay for the whole examination and be able to see what the doctor is doing, if practical
- Be prepared to raise concerns if they are concerned about the doctor's behaviour or actions

In addition, the chaperone may be expected to:

- Act as an interpreter
- Provide emotional comfort and reassurance to patients
- Assist in the examination (handing equipment to clinicians)
- Assist with undressing or dressing the patient but only should a patient require assistance
- Provide protection for the clinician (against unfounded allegations or attack)
- Witness the procedure (ensuring that it is appropriately conducted)

4.5 Competencies & Training:

Chaperones should undergo training which enables them to understand:

- What is meant by the term chaperone
- What an 'intimate examination' is
- A knowledge of the range of examinations or procedures they may be expected to witness
- Why they need to be present, including positioning inside the screened-off area
- Their role and responsibilities as a chaperone. Note that it is important that chaperones place themselves inside the screened-off area rather than outside of the curtains / screen (if outside, they are then not technically chaperoning)
- How to raise concerns in conjunction with practice policy
- The rights of the patient
- The requirement to annotate their presence on the individual's healthcare record post consultation

Training will be undertaken by all staff who may be required to act as a chaperone at WMC.



In addition to training, employees conducting chaperone duties should have a Disclosure and Barring Service (DBS) Certificate as below.

4.6 Disclosure & Barring Service (DBS) Certificate:

To act as a chaperone, staff who undertake this role should have a DBS Certificate. This is further supported and is detailed in [GP Mythbuster 2](#).

Whilst clinical staff who undertake this role will already have a DBS check, the CQC has recently determined that non-clinical staff *may* also need a DBS check in order to act as a chaperone due to the nature of chaperoning duties and the level of patient contact.

It should be noted that if WMC decide that a DBS check will not be conducted for any non-clinical staff, then the organisation needs to provide a clear rationale for the decision. This should be supported by an appropriate risk assessment and as further detailed within the DBS Policy.

It is also the case that once a member of staff has a DBS check in place, there is no requirement to repeat it as long as there are no changes to their employment and it is up to this organisation to decide if and when a new check is needed.

For any staff that has not received a repeat DBS check, WMC will provide evidence that they have appropriately considered this and that it is supported by a risk assessment that details any mitigating actions.

4.7 Considerations:

In a diverse multicultural society, it is important to acknowledge the spiritual, social and cultural factors associated with the patient population. Clinicians must respect the patient's wishes and where appropriate refer them to another practitioner to have the examination or procedure undertaken.

Local guidance should be sought regarding patients suffering from mental illness or those with learning difficulties. A relative or carer will prove to be a valuable adjunct to a chaperone.

4.8 Confidentiality:

Chaperones are to ensure they adhere to the practice Caldicott and information governance policies. The clinician carrying out the examination or procedure should reassure the patient that all clinical staff within the practice fully understand their obligation to maintain confidentiality at all times.

4.9 Using chaperones during a video consultation:

See extract from [CQC Nigel's surgery 15](#).

Many intimate examinations will not be suitable for a video consultation. Where online, video or telephone consultations take place, [GMC guidance](#) explains how to protect patients when images are needed to support clinical decision making. This includes appropriate use of photographs and video consultations as part of patient care.

Where intimate examinations are performed, it is important that a chaperone is offered. Documentation should clearly reflect this. It is important to document who provided the chaperoning. It should also state what part of the consultation they were present for. For further advice on audio and video consultations, plus the management of any imagery, refer to the Audio, Visual & Photography Policy.

4.10 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 (read code 9NP0):

- Contact Reception and request a chaperone
- Record in the individuals' healthcare record that a chaperone is present and identify them (read code 9NP1)
- The chaperone should be introduced to the patient
- The chaperone should assist as required, but maintain a position so they are able to witness the procedure / examination (usually at the head end)
- The chaperone should adhere to their role at all times
- Post procedure or examination 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 full details of the procedure as per current medical records policy

4.11 Escorting of visitors & guests:

There may be, on occasion, a need to ensure that appropriate measures are in place to escort visitors and guests including Very Important People (VIPs). WMC will follow the recommendations outlined in the Lampard Report (2015)⁴:

⁴ [Lampard Report \(2015\)](#)

- Ensure that any visitors are escorted by a permanent member of staff at all times throughout the duration of their visit
- The individual organising the visit must arrange for a suitable member of staff to act as an escort. Furthermore, the reason for the visit must be documented, giving details of the areas to be visited and if patients are to be contacted during the visit
- The escort is to ensure that no visitors enter clinical areas where there may be intimate examinations or procedures taking place. This protects and promotes the privacy, dignity and respect of patients
- The person arranging the visit must ensure that there is sufficient time for the practice team to advise patients of the visit and offer patients the opportunity to decline to interact with the visitor(s)
- Given the diverse nature of the patient population, some patients may not understand or may become confused as to why visitors or guests (including VIPs) are present. To minimise any confusion or distress, such patients as well as the visitor(s) are to be offered an escort
- The person arranging the visit must ensure that the visitor(s) has produced photographic ID prior to the visit taking place
- The escort is to accept responsibility for the visitor(s) at all times. They must also be prepared to challenge any unacceptable or inappropriate behaviour, reporting such incidences to the practice manager immediately
- The escort must ensure that no patient records or other patient-identifiable information are disclosed to the visitor(s). Escorts are to ensure that the visitor(s) is aware of the need to retain confidentiality should they overhear clinical information being discussed. Any breaches of confidentiality are to be reported immediately to the Practice Manager
- If media interest is likely, the Practice Manager is to inform Northamptonshire CCG, requesting that the communication team provides guidance
- Under no circumstances is the escort to leave the visitor(s) alone with any patient or patient-identifiable information. This is to ensure that both the patient and visitor(s) are appropriately protected

4.12 Summary:

The relationship between the clinician and patient is based on trust and chaperones are a safeguard for the both parties at WMC.



The role of a chaperone is vital in maintaining a good standard of practice during consultations and examinations. Regular training for staff and raising patient awareness will ensure this policy is maintained.

Appendix A – Chaperone Poster:

WOULD YOU LIKE A CHAPERONE?

If you feel you would like a chaperone present at your consultation, please inform the Clinician you are seeing or Reception, who will be more than happy to arrange this for you.

Thank you.

