

Chaperone Policy

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There is no common definition of a chaperone and their role varies considerably depending on the needs of the patient and the examination or procedure being carried out. The main components are:

- Act as the patient's advocate
- Safeguard the patient
- Safeguard the clinician

Training for chaperones

Members of staff who undertake a formal chaperone role should have undergone training such that they develop the competencies required for this role. Non-clinical members of staff such as administrators and receptionists can be effective chaperones. Training will include an understanding of:

- What is meant by the term chaperone
- What is an "intimate examination"
- Why chaperones need to be present
- The rights of the patient
- Their role and responsibility
- Ethical, religious, and cultural aspects
- Physical or learning disabilities

During an intimate examination the chaperone would:

- Offer reassurance
- Be courteous
- Keep discussion relevant, avoiding any unnecessary personal comments
- Remain alert to verbal and non-verbal indications of distress from the patient

Intimate examination should take place in a closed room that cannot be entered while the examination is in progress. Examination should not be interrupted by phone calls or messages.

All members of staff taking on chaperoning roles should have an up to date fully enhanced DBS check on their HR records.

Policy and mechanism for raising concerns

Induction of new clinical staff should include training on the appropriate conduct of intimate examination. Trainees should be observed and given feedback on their technique and communication skills in this aspect of care.

All staff should have appropriate training and understanding of the Chaperone Protocol and the procedures for raising concerns.

Offering a chaperone

All patients should be routinely offered a chaperone during any consultation or procedure. This does not mean that every consultation needs to be interrupted in order to ask if the patient wants a third-party present. The offer of chaperone should be made clear to the patient prior to any procedure, ideally at the time of booking the appointment.

Most patients will not take up the offer of a chaperone, especially where a relationship of trust has been built up or where the examiner is the same gender as them.

If the patient is offered and does not want a chaperone it is important to record that the offer was made and declined. If the clinician feels that a chaperone is required, and there is no one available, it is reasonable to reschedule the appointment, and this should be explained to the patient.

Patients decline the offer of a chaperone for several reasons: because they trust the clinician, think it unnecessary, require privacy, or are too embarrassed.

In certain instances, the clinician may feel that a chaperone is necessary to ensure best safe practice, and this should be explained to the patient.

Details of the examination including presence/absence of chaperone and information given must be documented in the patient's medical records.

In any situation where concerns are raised, or an incident has occurred and a report is required, this should be completed immediately after the consultation.

References

GMC-Intimate examinations

[Intimate examinations and chaperones - professional standards - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/guidance/for_consumers/intimate_examinations_and_chaperones_professional_standards.aspx)