

## Cheltenham Peripheral PCN Chaperone Policy

A policy for all staff employed by or working on behalf of any of the five network practices:

### Leckhampton Surgery

17 Moorend Park Road  
Cheltenham  
GL53 0LA

### Sixways Clinic

London Road  
Charlton Kings  
Cheltenham  
GL52 6HS

### Winchcombe Medical Centre

Greet Road  
Winchcombe  
Cheltenham  
GL54 5GZ

### Clevelands Medical Centre

Sapphire Road  
Bishops Cleeve  
Cheltenham  
GL52 7YU

### Stoke Road Surgery

4 Stoke Road  
Bishops Cleeve  
Cheltenham  
GL52 8RP

<b>Version Number:</b>	V1.1
<b>Policy Lead:</b>	Melissa Parsloe – Practice Manager
<b>Approval Committee:</b>	
<b>Ratification Date:</b>	
<b>Next Review Date:</b>	

## Policy Summary Page

<b>Title of Policy:</b>	Cheltenham Peripheral PCN Chaperone Policy
<b>Is this a new or existing policy:</b>	Existing
<b>Disclosure status:</b>	Can be disclosed on the Internet
<b>Approval Group/Committee:</b>	

### What is the purpose of this document?

Cheltenham Peripheral PCN (hereby known as CP PCN) has developed this policy to provide all staff at the network practices with clear guidance on the appropriate procedures for chaperone use during consultations, examinations, and procedures, ensuring patient safety and clinician protection.

### Which areas of service does this document apply to?

This policy applies to all network staff involved in patient care and administrative functions across the five network practices, including General Practitioners (GPs), nurses, administrative teams, locums, agency staff, and contractors.

### What other policies, guidance and directives both locally and nationally should this document be read in conjunction with

#### National Policies and Guidance

- [See CQC Nigel's Surgery Number 15](#)
- [Intimate examinations and chaperones - professional standards - GMC](#)
- [Decision making and consent - professional standards - GMC](#)
- [General Medical Council \(GMC\) Intimate examinations and chaperones guidance](#)

#### Local Policies

- Safeguarding Policy
- Consent Policy
- Health and Safety Policy
- Confidentiality and Data Protection Policy
- Equality and Diversity Policy
- Infection Prevention and Control Policy

## Version and Amendment History

Version	Date	Details of Change
V1.1	May 2025	<ul style="list-style-type: none"><li>• Document updated by merging with the latest version available on Practice Index to ensure alignment with national guidance.</li><li>• All original content from the previous version has been retained.</li><li>• Several sections have been reworded for improved clarity, readability, and consistency, without altering the original meaning.</li><li>• CPN branding and surgery locations added to the front page.</li><li>• Page numbering added for easier citation.</li><li>• Policy Summary page introduced, outlining the purpose, scope, and related policies.</li><li>• Version and Amendment History table added.</li><li>• Definitions section added for key terms used in the document.</li></ul>

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## 1. Introduction

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### 1.1. Policy statement

Within the five network practices 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 ensure awareness for patients, the chaperone policy will be clearly advertised. At each network practice, a chaperone poster is displayed in the waiting area and in clinical areas.

### 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 network practices.

### 1.3 Training

All network staff are asked to read and acknowledge the library of network policies as part of their induction and when they are updated.

## 2. Scope

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### 2.1. Who it applies to

This policy applies to all individuals working at any of the five network practices, including employees, agency workers, locums, contractors, and any other personnel carrying out functions on behalf of the practices.

### 2.2. Why and how it applies to them

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

All clinical staff may be asked to act as a chaperone at some point. Therefore, it is essential that they understand their responsibilities and are confident in fulfilling this role in line with professional and organisational standards.

### 3. Definition of terms

Term	Explanation
<b>Chaperone</b>	<p>A chaperone can be defined as 'an independent person, appropriately trained, whose role is to observe independently the examination/procedure undertaken by the doctor/health professional to assist the appropriate doctor-patient relationship'.</p> <p>The term implies that the person may be a healthcare professional. However it can also mean an appropriate non-clinical staff member.</p>

### 4. Policy

#### 4.1. Who can act as a chaperone

Across the network, all patients should routinely be offered a chaperone prior to any intimate examination or procedure.

The importance of offering a chaperone must not be underestimated or overlooked, as it plays a key role in safeguarding both patients and clinicians. A chaperone must be appropriately trained to carry out this role effectively and have a current DBS certificate.

#### 4.2. 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.

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

Before conducting any examination or procedure, the clinician must obtain the patient's consent and:

- Explain to the patient why an examination is necessary and give them an opportunity to ask questions
- Explain what the examination will involve, using language the patient can understand, so that they have a clear idea of what to expect, including any potential pain or discomfort
- Obtain the patient's consent before the examination and record that it has been given
- Offer the presence of a trained chaperone
- Provide the patient with privacy to undress and dress, and keep them covered as much as possible to maintain their dignity
- Only assist the patient with removing clothing if they request help, or if you confirm with them that assistance is wanted

If the patient is a child or young person, you must:

- Assess their capacity to consent to the examination
- Seek parental or guardian consent if they lack capacity

Ensuring that the patient clearly understands the purpose, nature, and process of the examination helps to minimise confusion and safeguard both patient and clinician.

#### 4.3 The role of the chaperone

The role of the chaperone may vary based on the specific needs of the patient and the examination or procedure being conducted. A chaperone is primarily present as a safeguard for all parties, providing an impartial witness to ensure continuing consent throughout the examination or procedure. Chaperones may be expected to:

- Provide emotional comfort and reassurance to patients
- Assist in the examination, such as handing equipment to clinicians
- Assist with the patient's undressing, if required
- Provide protection for the clinician against unfounded allegations or attacks
- Witness the procedure to ensure it is conducted appropriately
- Act as an interpreter, if applicable

#### Chaperone Responsibilities

The clinician carrying out the examination or procedure must ensure that the chaperone meets the following requirements:

- 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 routine examinations or procedures
- Stay for the entire examination and be able to see what the clinician is doing, if practical

- Be prepared to raise concerns if they are worried about the clinician's behaviour or actions

If there is any doubt regarding the appropriateness of the chaperone, the clinician must discuss the sensitivity of the role and expectations with the chaperone prior to the procedure or examination.

#### **4.4 Considerations such as availability or refusal of chaperones**

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

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.

#### **4.5 Confidentiality**

Chaperones must adhere to Caldicott principles and information governance policies at all times. 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 and protect the patient's personal and medical information at all times.

#### **4.6 Practice procedure**

If a chaperone was not requested at the time of booking, the clinician will offer the patient a chaperone and follow the procedure below:

- Contact reception to request a chaperone
- Record in the patient's healthcare record that a chaperone is present and identify them
- Introduce the chaperone to the patient
- The chaperone should assist as required but maintain a position where they are able to witness the procedure or examination (typically at the head end)

- The chaperone should adhere to their defined role at all times
- After the procedure or examination, the chaperone must annotate in the patient's healthcare record that they were present during the procedure and that no issues were observed
- The clinician will record the full details of the procedure in the patient's healthcare record

## 4.7 Summary

The clinician-patient relationship is built on trust, and the chaperone serves as an important safeguard for both parties across the five network practices. The chaperone role is essential in ensuring examinations and procedures are conducted professionally, protecting patient dignity and clinician integrity.

Chaperones help maintain high standards of practice, ensure transparency, and prevent misunderstandings or allegations. This policy applies not only to intimate exams but also to any situation where reassurance or protection is needed.

To uphold this policy, all clinical staff must receive regular training on their chaperone responsibilities, and patients should be informed about the importance and availability of chaperones. This ensures a safe, respectful environment for both patients and clinicians.

## Annex A – Example of a chaperone policy poster

# [INSERT PRACTICE NAME] CHAPERONE POLICY

This practice is committed to providing a safe and comfortable environment and strives to achieve good practice at all times.

**All** patients are entitled to have a chaperone present during any consultation, examination or procedure. Clinicians at this practice will advise patients that a chaperone is necessary during any intimate examination. This is to safeguard both the clinician and you, the patient.

Where a chaperone is not available, the clinician will ask you to make an appointment and request the presence of a chaperone at the time of booking.

Family and friends are not permitted to act as chaperones as they are not deemed impartial, do not have the knowledge required and nor do they have the necessary training.

Should you wish to see the full chaperone policy, please ask to speak to the practice manager.

If you have any questions, please speak to the reception staff who will direct you to an appropriate member of the team.