

# The Mill Practice Chaperone Policy

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## 1 Introduction

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### 1.1 Policy statement

At this practice, all patients will routinely be offered a chaperone, ideally at the time of booking their appointment. It is a requirement that, when necessary, chaperones are provided to protect and safeguard both patients and clinicians during intimate examinations and/or procedures.

This policy adheres to the guidance detailed in the GMC's Good Medical Practice and Intimate examinations and chaperones, as well as the principles of dignity, respect, responsive care and support described in the Scottish Government's Health and Social Care Standards.

To raise awareness, the chaperone policy should be clearly advertised. At this practice, a chaperone poster is therefore displayed in the waiting area, in all clinical areas and annotated in the practice leaflet as well as on the practice 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 This document and any procedures contained within it are non-contractual, which means they may be modified or withdrawn at any time.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 practice.

## **2 Policy**

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### **2.1 Who can act as a chaperone**

It is the policy of this practice that any member of the clinical team can act as a chaperone, provided they have undertaken appropriate chaperone training.

### **2.2 General guidance**

GMC guidance on intimate examinations and chaperones explains that the patient should be given the option of having an impartial observer (a chaperone) present whenever possible. Relatives or friends of the patient are not considered to be an impartial observer so would not usually be a suitable chaperone, but staff should accept a request to have such a person present in addition to the chaperone.

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**

Patients consenting to a chaperone being present do so on the basis that they believe the chaperone is properly trained. Training is therefore undertaken by all staff who may be required to act as a chaperone at this practice, ensuring adherence to GMC guidance.

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 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.

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 Protecting Vulnerable Groups (PVG) checks**

Following the changes to the Protecting Vulnerable Groups scheme introduced in 2025 which resulted in practically all staff within a general practice requiring membership of the scheme, those who undertake a chaperone role at this practice will already have had a PVG check. This includes clinical and non-clinical staff.

## **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, it is important that a chaperone is offered. Documentation should clearly reflect this, to include who provided the chaperoning and what part of the consultation they were present for.

## **2.8 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:

- 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
- Post procedure or examination, the chaperone should ensure they annotate in the patient's healthcare record if there were any concerns noted
- The clinician will annotate in the individual's healthcare record the full details of the procedure as per current medical records policy