

# WANDSWORTH MEDICAL CENTRE

## Chaperone Policy

Policy title	Chaperone Policy
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Policy owner	Practice Manager
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### 1) Purpose and scope

This policy sets out how Wandsworth Medical Centre (Wandsworth Medical Centre) offers and provides chaperones during consultations, examinations and procedures to ensure patient safety, dignity and staff protection across all settings (on-site, home visits and virtual consultations). It applies to all clinicians and all staff (clinical and non-clinical) and to all patients, including children and young people, and adults with additional support needs.

This policy aligns with:

(a) NHS England, Improving Chaperoning Practice in the NHS: Key Principles and Guidance (PRN02280\_ii); and

(b) the General Medical Council (2024), Intimate examinations and chaperones.

### 2) Definitions

**Chaperone:** An appropriately trained Wandsworth Medical Centre staff member present during an examination or procedure to support the patient, act as their advocate, and help maintain privacy and dignity. A chaperone must have completed Wandsworth Medical Centre chaperone training.

**Intimate examination:** Examinations of the breasts, genitalia or rectum, and any examination that requires touching intimate body parts or being close in a way that may feel intimate to the patient (as per GMC 2024 guidance).

**Family member/carer:** May attend for reassurance but does not replace a formal chaperone. The patient may still decline a chaperone if they prefer their family/carer only.

### 3) Policy statement (what patients can expect)

**Active offer:** Wandsworth Medical Centre will proactively offer a trained chaperone for examinations at booking (where an examination may be required) and again at the time of consultation/examination.

**Choice and preferences:** We respect patient preferences regarding chaperone sex, cultural or religious considerations, and make reasonable adjustments for communication, sensory, or learning needs.

**Consent:** We explain the purpose of the examination and the role of the chaperone in plain, culturally sensitive language and obtain informed consent.

**Declining a chaperone:** Patients may decline a chaperone. If the clinician assesses that proceeding without a chaperone would compromise safety or professional standards, the examination will be deferred until a suitable chaperone is present.

**Availability:** If a requested chaperone (or specific preference) is not immediately available, the patient will be offered a timely re-arranged appointment unless delay poses clinical risk, in which case the risk/benefit is explained and documented.

**Settings:** This policy applies on-site, in community/home visits (including lone working), and to virtual care (video/telephone/photo).

**Safeguarding and raising concerns:** Staff and chaperones are supported to raise concerns (including via Freedom to Speak Up) and follow safeguarding procedures.

### Definitions

**Executive lead (Practice Manager):** Ensures policy implementation; adequate staffing/training; DBS compliance; systems for documentation, audit and feedback; timely review.

**Clinical lead (e.g., GP Partner):** Oversees clinical practice, GMC standards; supports clinical supervision; ensures clinicians know when and how to use chaperones.

**All clinicians:** Offer a chaperone; explain the examination and chaperone role; obtain consent; risk-assess if declined; defer where appropriate; document fully; ensure the chaperone can observe and support the patient.

**Chaperones (trained Wandsworth Medical Centre staff):** See Annex A. Must be able to observe the examination, provide reassurance, respect confidentiality, and raise concerns about unusual or unsafe practice.

**Reception/admin team:** Communicate the offer at booking, capture preferences, arrange a trained chaperone; signpost policy in waiting areas and on the website.

**All staff:** Promote awareness of the policy; uphold dignity, privacy and respect at all times.

### 5) Eligibility, training & vetting

**Who can be a chaperone:** Preferably clinical staff; trained non-clinical staff may act where service needs require, and the patient is comfortable.

**Training:** Mandatory initial and refresher training covering: purpose and role; intimate examinations; privacy/dignity; consent and capacity; communication skills; cultural competence; safeguarding; professional boundaries; documentation; raising concerns; scenarios for primary care, home visits and virtual care.

**DBS:** At least a Standard DBS check for staff acting as chaperones (eligibility assessed by role).

## 6) Process and procedures

### 6.1 Before the appointment (booking and pre-visit)

- Triage/booking teams identify appointments likely to involve examination and offer a chaperone, recording the patient's wishes and preferences (e.g., chaperone sex).
- For home visits/lone working, attempt to pre-arrange a chaperone where intimate examination may be required. If not feasible, plan alternatives (joint visit or re-book in practice) unless time critical.

### 6.2 At the consultation/examination

- Explain: Clinician explains the reason for examination, what it involves, and the chaperone role.
- Offer & consent: Re-offer a chaperone and document consent to both the examination and the presence (or not) of a chaperone.
- Privacy: Provide adequate privacy for undressing/dressing; use clear, respectful language.
- Positioning: The chaperone is inside any curtained/screened area, positioned to observe the procedure and patient's cues.
- Children & young people: For under-18s, a formal chaperone should be present for intimate examinations. A parent/carer or trusted adult may also attend for reassurance. Obtain parental consent if the young person lacks capacity; otherwise obtain the young person's consent in line with Gillick competence.
- If the patient declines a chaperone: Proceed only if professionally appropriate; otherwise defer and explain why. Record the discussion, capacity assessment (where relevant), and decision.
- If a chaperone is requested but unavailable: Offer to re-schedule promptly; if postponement poses clinical risk, explain and document the shared decision to proceed or defer.
- Time-critical/life-threatening: A clinician may proceed without a chaperone where delay would risk harm. Document the rationale and the patient's agreement.

### 6.3 Virtual consultations (video/telephone/online images)

- Apply the same principles: offer a chaperone, explain roles, and document consent if images/video are required.
- Ensure secure transmission and storage of images in line with Information Governance policies.
- Consider a three-way call/video where a formal chaperone attends remotely, if appropriate.

### 6.4 Home visits and lone working

- Plan for chaperoning; consider joint visits where intimate examinations are likely.
- If unplanned intimate examination becomes necessary and no chaperone is available, risk assess, proceed only if necessary, and document carefully including the rationale and patient's agreement.

### 7) Records management (minimum documentation standard)

Clinicians should record the following in the clinical record:

- Date/time and type of examination/procedure.
- Indication/justification for the examination.
- Capacity and consent to the procedure; whether a chaperone was offered; details of the discussion; patient's decision.
- Chaperone details: name and role (or reason none was present, including if declined).
- Others present (e.g., parent, carer).
- Any concerns, incidents or complaints and actions taken.
- Where feasible, the chaperone confirms their presence in the record (e.g., by initials/code in the template).

A structured electronic Ardens template is available on EMIS to support completeness and audit (see Annex B).

### 8) Escalation, concerns and safeguarding

**Raising concerns:** All staff and chaperones are supported and expected to raise any concern immediately to the clinician or senior on duty and through formal routes (incident reporting, Freedom to Speak Up).

**Safeguarding:** Follow Wandsworth Medical Centre safeguarding policies for children and adults, including MCA/Best Interests where capacity is in question.

**Complaints:** Patients and families are signposted to the Wandsworth Medical Centre complaints process.

**Professional challenge:** While chaperones do not provide a clinical second opinion, they have a duty of care to flag unusual, unacceptable, or unsafe behaviour.

### 9) Patient information and accessibility

Wandsworth Medical Centre will display chaperone information in waiting areas and consultation rooms and publish it on the Practice website.

Accessible formats will be available (easy read, large print, translations).

Staff will use respectful, culturally appropriate language and offer interpretation where needed.

### 10) Governance, monitoring and review

**Feedback:** Gather feedback from patients and staff; triangulate with incidents/complaints for learning.

Training compliance: Maintain and review the Chaperone training/DBS status.

Policy review: Annually (or earlier if national guidance changes) with updates communicated to all staff and reflected in induction.

### 11) Equality, diversity and inclusion

Wandsworth Medical Centre will make reasonable adjustments under the Equality Act to support patients with disabilities or additional needs, and will respect religious, cultural and gender preferences wherever practicable.

#### Annex A – Role and responsibilities of the chaperone (formal)

A trained Wandsworth Medical Centre chaperone will:

- Introduce themselves, check the patient understands why they are present, and confirm consent.
- Be sensitive, uphold dignity and privacy, and offer reassurance.
- Be familiar with routine examination processes; be positioned to observe the procedure and the patient's cues.
- Remain present throughout the examination.
- Speak up if concerned about any behaviour or patient distress; follow safeguarding and Freedom to Speak Up routes.
- Assist practically if requested by the patient (e.g., gowns, positioning) within their competence.
- Maintain confidentiality.
- Document their presence (or confirm in the clinician's note) according to Section 7.

#### Annex B – Structured note template

See the Ardens template on EMIS available on the template picker.

#### Annex C – Patient-facing notice (for rooms/website)

Your dignity, privacy and safety

We offer a trained chaperone for examinations or procedures. You can ask for a chaperone at any time. If you prefer a male or female chaperone, please tell us and we will do our best to arrange this. If a chaperone is not immediately available, we can re-book your appointment unless it is clinically urgent.

#### Annex D – Booking script (example)

“I would like to let you know that we offer a trained chaperone for examinations. Would you like a chaperone present? If you have a preference (for example, the sex of the chaperone), please tell me and we will try to arrange this.”

### Annex E – Minimum training content for Wandsworth Medical Centre chaperones

- Purpose and role of a chaperone; boundaries and professionalism.
- GMC definition of intimate examinations (2024) and how patient perception varies.
- Communication skills; cultural competence; privacy and dignity.
- Consent and capacity; best-interest decisions; documentation standards (Section 7).
- Safeguarding, incident reporting, and Freedom to Speak Up.
- Practical positioning and observation; recognising and responding to distress.
- Scenarios: primary care, home visits/lone working, and virtual consultations.

### References

NHS England – Improving Chaperoning Practice in the NHS: Key Principles and Guidance (PRN02280\_ii).

GMC (2024) – Intimate examinations and chaperones.