



Version Control

Version	Date	Author	Approver	Notes
Version 2	January 2026	L Russell	Dr Roberts	<i>Align with DBS policy review covering chaperone checks.</i>

Review Date	January 2029
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Chaperone Policy

1. Purpose

The purpose of this policy is to ensure that patients attending the Practice are offered appropriate support, dignity, privacy, and safeguarding during examinations, procedures, or consultations that may be intimate or sensitive in nature.

This policy demonstrates the Practice's commitment to **gold standard safeguarding, patient-centred care, and professional accountability**, and aligns with Care Quality Commission (CQC) expectations, NHS guidance, and professional regulatory standards.

2. Scope

This policy applies to:

- All clinical staff undertaking examinations or procedures
- All staff acting in a chaperoning role (clinical and non-clinical)
- Locums, trainees, and students
- Agency and temporary staff

3. Definition of a Chaperone

A chaperone is a trained member of staff who is present during an examination or procedure to:

- Support and reassure the patient
- Maintain the patient's dignity and comfort
- Act as a safeguard for both the patient and the clinician

4. When a Chaperone Is Required

A chaperone should be offered:

- During any intimate examination or procedure

- When requested by a patient
- Where a clinician feels a chaperone is appropriate

Patients have the right to:

- Accept or decline a chaperone
- Request a chaperone of a specific gender (where reasonably possible)

5. Accommodation of Specific Chaperone Requests (Equality and Inclusion)

5.1 Gender-Specific and Protected Characteristic Requests

Where a patient requests a **male chaperone**, or a chaperone aligned to another protected characteristic, the Practice will:

- Seek to accommodate the request using appropriately trained and DBS-cleared in-house staff where available
- Clearly explain any delays or limitations where immediate provision is not possible

Where in-house staffing arrangements do not allow the request to be met, the Practice will:

- Work collaboratively with a **buddy practice** and/or the **Primary Care Network (PCN)** to explore alternative arrangements
- Consider rescheduling the appointment where clinically appropriate and acceptable to the patient

This approach ensures:

- Patient dignity, respect, and choice are upheld
- Equality and inclusion principles are embedded in practice
- Safe, proportionate, and person-centred care is delivered

Any such request and the outcome must be clearly documented in the patient record.

6. DBS Requirements for Chaperones

6.1 Mandatory DBS Checks

All individuals undertaking chaperoning duties must hold a **current DBS Enhanced Check**, regardless of whether their substantive role is clinical or non-clinical.

No member of staff is permitted to undertake chaperoning duties **until a satisfactory DBS Enhanced Check has been completed and verified**.

Gold Standard Rationale: Chaperones are present during intimate examinations and may support vulnerable patients. Enhanced DBS clearance provides the highest level of safeguarding assurance and is recognised as best practice in healthcare settings.

Agency, Locum, and PCN Staff Assurance

The Practice expects all **external providers**, including employment agencies, locum agencies, and **Primary Care Network (PCN) employers**, to ensure that staff supplied to the Practice hold the **appropriate level of DBS check** relevant to their role.

The Practice reserves the right to:

- Request written confirmation of DBS clearance
- Request sight of DBS certificates or formal assurance documentation
- Seek assurance that DBS checks are current and meet NHS Employment Check Standards

This requirement ensures consistent safeguarding standards across directly employed staff and subsidiary or externally supplied workforce and reflects **gold standard governance and shared accountability for patient safety**.

7. Chaperone Training and Competence

7.1 Initial Training

All chaperones must complete initial chaperone training prior to undertaking the role. Training includes:

- Safeguarding adults and children
- Professional boundaries
- Confidentiality and consent
- Role and responsibilities of a chaperone
- Escalation of concerns

7.2 Ongoing Training

- Chaperones must complete **refresher training every three years**.
- Training may be delivered via:
 - An approved online learning platform, or
 - In-house Practice-led training sessions

This training forms part of the Practice's **mandatory training programme**.

Why this is Gold Standard: Regular updates ensure chaperones remain competent, confident, and aligned with evolving safeguarding guidance and professional expectations.

8. Chaperone Identification and Visibility

To support patient reassurance and transparency:

- All trained chaperones are clearly identifiable through **shield pin identification**
- Identification is worn while undertaking chaperone duties

This visible identification:

- Reassures patients
- Reinforces professionalism
- Promotes trust and confidence in the service

9. Chaperone Tracker

The Practice maintains a **Chaperone Tracker**, which records:

- Staff members trained as chaperones
- DBS status and renewal dates
- Training completion and refresher due dates

Benefits of a Chaperone Tracker:

- Ensures only trained and DBS-cleared staff act as chaperones
- Supports inspection readiness
- Demonstrates strong governance and leadership oversight
- Enables safe and efficient workforce planning

10. Offering a Chaperone – Patient Awareness

10.1 Proactive Offer

The Practice ensures that the offer of a chaperone is:

- Made verbally during consultations where appropriate
- Clearly documented in the patient record
- Promoted **before** the consultation takes place

10.2 Posters and Patient Information

To ensure patients are fully informed of their rights:

- Chaperone posters are displayed:
 - On each clinical room door
 - In reception
 - In the entrance foyer

Why This Is Important (Gold Standard Practice):

- Empowers patients to make informed choices
- Reduces anxiety prior to consultations
- Promotes dignity and consent
- Ensures patients are aware of their rights regardless of who they see or when

11. Recording Chaperone Use – Gold Standard Practice

The Practice adopts a robust and consistent approach to documentation. Clinical records should clearly state:

- That a chaperone was offered
- Whether the chaperone was accepted or declined
- The name and role of the chaperone present

Where a chaperone is declined, this must also be recorded.

Why This Matters:

- Protects patient and clinician
- Provides clear evidence of consent and safeguarding
- Supports professional accountability
- Meets medico-legal and CQC expectations

12. Roles and Responsibilities

Clinicians

- Offer a chaperone where appropriate
- Respect patient choice
- Ensure accurate documentation



Chaperones

- Act professionally and within training
- Maintain confidentiality
- Raise and escalate concerns promptly

Practice Manager / Senior Leadership Team

- Ensure this policy is implemented and monitored
- Maintain oversight of training, DBS checks, and trackers
- Review incidents or concerns related to chaperoning

13. Policy Review

This policy will be reviewed:

- Every three years, or
- Earlier if changes to legislation, guidance, or best practice occur