

DR J CARTER PROTOCOLS AND PROCEDURES

CHAPERONE POLICY

Clinicians (male and female) should consider whether an intimate or personal examination of the patient (either male or female) is justified, or whether the nature of the consultation poses a risk of misunderstanding.

A chaperone is present as a safeguard for all parties (patients and practitioners) and is witness of the procedure.

The following procedure should be followed.

- The clinician should give the patient a clear explanation of what the examination will involve. Adequate information and explanation as to why the examination or procedure is required.
- Always adopt a professional and considerate manner - be careful with humour as a way of relaxing a nervous situation as it can easily be misinterpreted.
- Always ensure that the patient is provided with adequate privacy to undress and dress.
- Ensure that all patients / service users are aware of the availability of a chaperone service (via multiple means outlined below) including a suitable sign is clearly on display in each clinic room offering the chaperone service.

This should remove the potential for misunderstanding. However, there will still be times when either the clinician, or the patient, feels uncomfortable, and it would be appropriate to consider using a chaperone. Patients who request a chaperone should never be examined without a chaperone being present. If necessary, where a chaperone is not available, the consultation / examination should be rearranged for a mutually convenient time when a chaperone can be present.

Issues Specific to Religion/Ethnicity or Culture

The ethnic cultural and religious background of some women can make intimate examinations practically difficult, for example some patients may have strong cultural or religious beliefs that restrict them from been touched by others. Patients undergoing examinations should be allowed the opportunity to limit the degree of nudity, for example uncovering only the part of anatomy that needs examining.

It would be unwise to proceed with any examinations if the healthcare professional is unsure that the patient understands due to a language barrier. If an interpreter is available they may be able to double as a chaperone.

Issues Specific to Learning Difficulties/Mental Health Problems.

For patients with learning difficulties or mental health problems a family member or carer may be the best to chaperone. Adult patients with learning difficulties or mental health problems who resist any intimate examination or procedure must be interpreted as refusing to give consent and the procedure must be abandoned

WHO CAN ACT AS A CHAPERONE?

A variety of people can act as a chaperone in the Clinic. Where possible, it is strongly recommended that chaperones should be clinical staff familiar with procedural aspects of personal examination. Where suitable clinical staff members are not available the examination should be deferred.

Where the practice determines that non-clinical staff will act in this capacity the patient must agree to the presence of a non-clinician in the examination, and be at ease with this. The staff member should be trained in the procedural aspects of personal examinations, comfortable in acting in the role of chaperone, and be confident in the scope and extent of their role. They will have received instruction on where to stand and what to watch and instructions to that effect will be laid down in writing by the practice.

CONFIDENTIALITY

- The chaperone should only be present for the examination itself, and most discussion with the patient should take place while the chaperone is not present.
- Patients should be reassured that all practice staff understand their responsibility not to divulge confidential information.

PROCEDURE

- Patients / Service users are made aware of the chaperone policy and are encouraged to request a chaperone via five means outlined below:
 1. The Chaperone policy is published on the service website: www.pilotmedical.co.uk
 2. A printed copy of the chaperone policy is available in the clinic waiting area and clinic room(s).
 3. Posters relating to the chaperone policy are displayed at the entrance to the clinic, on the walls of the clinic waiting area and in the clinic room(s).
 4. A copy of the chaperone policy and invitation to request a chaperone forms part of the email communication with all patients in the initial booking appointment booking contact.

5. At the outset of all appointments and before any physical examination, the clinician will ask the patient / service user whether they wish to have a chaperone present.
- Having been made aware of the policy, patients / service users are invited to request a chaperone at any time, in advance or at the time of the appointment. The request should be made in advance by email, telephone or at the time of the appointment in person to the clinician.
 - The clinician will arrange a chaperone.
 - The clinician will record in the notes that the chaperone is present, and identify the chaperone.
 - Where no chaperone is available the examination will not take place – the patient should not normally be permitted to dispense with the chaperone once a desire to have one present has been expressed.
 - The chaperone will enter the room discreetly and remain in the room until the clinician has finished the examination.
 - The chaperone will normally attend inside the curtain at the head of the examination couch and watch the procedure.
 - To prevent embarrassment, the chaperone should not enter into conversation with the patient or Clinician unless requested to do so, or make any mention of the consultation afterwards.
 - The chaperone will make a record in the patient's notes after examination. The record will state that there were no problems, or give details of any concerns or incidents that occurred.
 - If patient declines a chaperone, this will be recorded in the patient's medical record.
 - Chaperones should be DBS checked and familiar with the work of the clinic, have an understanding of the physical examination performed, have an understanding of the clinical records system and understand the confidential nature of the consultation / physical examination.

CORONAVIRUS (COVID-19)

The COVID-19 pandemic has fast-tracked the use of online and video consultations as part of regular patient appointments and interactions, but the same chaperone principles will still apply - an online/video/phone consultation does not negate the need to offer a chaperone.

The General Medical Council (GMC) published guidance for GP Practices on how to provide appropriate patient care in online, video or telephone consultations. The guidance includes appropriate use of photographs and video consultations as part of patient care.

The Royal College of Nursing published genital examination in women. It includes some useful information on chaperoning which is applicable regardless of gender.

NHS England have produced guidance on key principles for intimate clinical assessments undertaken remotely in response to COVID-19, including how to conduct intimate examinations by video and the use of chaperones.

The GMC published guidance on intimate examinations and chaperones. It provides a framework for all health care professionals, and sets out when and why a patient may need a chaperone and what should be taken into consideration.

If a Clinician wishes not to follow this guidance they should risk-assess the situation. They should record their logic or discussion clearly. Even by doing this rather than following the guidance, they will put themselves at risk.

FURTHER INFORMATION

Coronavirus : Your Frequently Asked Questions (GMC) : <https://bit.ly/3DWOfT5>

Genital Examination in Women (Royal College of Nursing) : <https://bit.ly/3l09tXN>

Key principles for intimate clinical assessments undertaken remotely in response to COVID-19 (NHS England) : <https://bit.ly/3tnM3Pz>

GMC Guidance: Intimate examinations and chaperones: www.gmc-uk.org/guidance

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Attention:

Clients / Patients attending Aviation Medicine Appointments

If you would like a chaperone to be present during your examination please ask at the beginning of the appointment or at any point during your assessment.

Trained staff are available for this purpose and are here to put you at ease.



Dr J Carter