AVON LOCAL MEDICAL COMMITTEE

Use in Children & Young People (<18)

GP Practice Guidance (Pragmatic, GMC- and NHS England–Aligned Approach)

NHS England guidance recommends that a **formal chaperone should be offered for intimate examinations, including in children and young people under 18**, with local implementation adapted to clinical setting, context and service configuration.

This policy adopts a **risk-based approach consistent with GMC guidance and primary care practice**.

In routine paediatric care, a parent or carer is usually present and provides appropriate reassurance and safeguarding support.

A trained chaperone is used where the examination is **intimate, higher-risk, or where clinical judgement** indicates it is required.

Intimate Examinations

Intimate examinations include:

- breast examination
- genital examination
- rectal examination
- any examination involving exposure or close physical contact that may reasonably be perceived as sensitive or intimate.

In paediatric practice, brief genital inspection as part of routine examination (e.g. checking testes descended, hernia, hypospadias screening) is generally considered part of a normal clinical examination when:

- it is brief and clinically indicated
- undertaken in the presence of a parent/carer
- not conducted in a forensic, safeguarding, or sexually sensitive context

This does not automatically require a trained chaperone in routine primary care settings, but clinical judgement must always be applied.

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Practical Challenges in General Practice

In primary care:

- many paediatric assessments are routine developmental examinations
- brief genital inspection may form part of normal screening in infants and children
- consultations are often one-to-one with parental presence rather than additional staff

A rigid requirement for a trained chaperone for all examinations involving brief, clinically indicated genital inspection is not operationally feasible in primary care and is not mandated in GMC guidance as a blanket requirement in all circumstances, provided appropriate safeguards are in place.

Therefore:

- the **default expectation is parental/carer presence throughout**
- a trained chaperone should be offered for intimate examinations
- a trained chaperone should be used selectively based on risk, sensitivity, or safeguarding concerns
- clinicians must apply professional judgement

Pragmatic, Risk-Based Approach

A proportionate approach is recommended to balance national guidance with clinical practice in primary care:

A. Routine Paediatric Examinations

For common, low-risk examinations (e.g. infant checks, developmental reviews, general physical examination):

- **Parent/carer present** throughout
- **Child assent** (where developmentally appropriate)

This is generally sufficient **provided there are no safeguarding concerns**

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B. When to Use a Formal Chaperone

A **trained chaperone should be used** where:

- the examination is clearly intimate in nature (beyond routine brief inspection)
- there are safeguarding concerns or increased vulnerability
- the examination is prolonged, complex, or sensitive
- there is risk of misunderstanding or misinterpretation
- the child, young person, or parent requests a chaperone
- the clinician judges it clinically or professionally appropriate

C. Safeguarding / Forensic Examinations:

In safeguarding, sexual health, or forensic contexts:

- a trained chaperone should be present wherever possible
- same-gender chaperone may be considered where appropriate
- clear documentation is essential
- any absence of a chaperone should be explicitly justified

These situations align most closely with the **formal NHS expectation of chaperone presence in under-18 intimate examinations**.

Consent, Assent & Communication

- Obtain **parental consent** where appropriate
- Involve the child/young person according to developmental understanding
- Seek **child assent** where appropriate
- Explain clearly:
    - What the examination involves
    - Why it is needed
    - Who will be present

Patients and families may decline a chaperone. This should be respected, however if declined, clinicians should document this and use professional judgement on whether to proceed, defer, or modify the examination, taking into account clinical need and safeguarding considerations.

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Documentation

Record clearly:

- Who was present (parent/carer/ trained chaperone)
- Whether a chaperone was offered/accepted/declined or not available
- The name of the chaperone, if used
- Any relevant discussion or concerns
- Child/young person assent where applicable
- Safeguarding considerations where applicable

Summary

- A chaperone should be offered for all intimate examinations in children and young people
- NHS guidance states that a formal chaperone should be present for intimate examinations in under-18s, but implementation is **context- and setting-dependent**
- Routine primary care paediatric examinations, including brief genital inspection as part of normal clinical assessment, do **not routinely require a trained chaperone in primary care when a parent/carer is present and there are no safeguarding concerns,** although clinical judgement should be applied and a chaperone used where appropriate.
- Trained chaperones should be used for higher-risk, sensitive, prolonged, or safeguarding-related examinations
- Safeguarding or forensic contexts require the highest level of chaperone oversight wherever possible
- Clear communication, consent/assent, and documentation are always essential

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