

Summary of NHSE Guidance on Chaperones published December 2025

NHS England has [published guidance](#) outlining **key principles to strengthen chaperoning practice across all healthcare settings**.

Key recommendations

- **Offer of a chaperone:** Patients of all ages should be offered a chaperone before examinations, particularly **intimate examinations** (e.g. breast, genital or rectal examinations). The offer should ideally be made **at the time of booking and again before the examination**.
- **Role of the chaperone:** A chaperone is an **appropriately trained member of staff** present during an examination or procedure. Their role is to support the patient, maintain privacy and dignity, observe the examination and raise concerns if necessary.
- **Who can act as a chaperone:** Local policies should clearly define who can undertake this role. Chaperones should be **appropriately trained staff members** (clinical or non-clinical where appropriate) who understand the examination and the responsibilities of the role. Individuals acting as chaperones should receive **relevant training and competency assessment**, and organisations should ensure appropriate **Disclosure and Barring Service (DBS) checks** are completed.
- **Children and young people:** For **intimate examinations of patients under 18**, the guidance recommends the presence of a **formal chaperone**. A **parent, guardian, carer or trusted adult may also be present**, but **their presence does not replace the requirement for a formal organisational chaperone**.
- **Patient choice:** Patients **retain the right to decline a chaperone**. However, clinicians may decide to **defer an examination** if they believe proceeding without a chaperone could **compromise patient safety or professional standards**.
- **Documentation:** The guidance recommends clear documentation of chaperone use, including:
 - confirmation that a **chaperone was offered**
 - whether the patient **accepted or declined**
 - the **name and role of the chaperone**

It also recommends that where possible **the chaperone should confirm and document their presence in the clinical record themselves**, including the date and nature of the examination.

- **Lone working:** The guidance recognises that chaperoning can be more challenging in **lone working environments**, such as home visits or one-to-one consultations. In these situations, clinicians should offer a chaperone in advance where possible and ensure **clear communication and thorough documentation** if one is not present.
- **Virtual consultations:** Chaperoning policies should also apply to **video, telephone or online consultations**, particularly where images or remote assessment may be required.

Practical considerations

Some elements of the guidance may be **challenging to implement in clinical practice**, particularly in General Practice. For example:

- The recommendation that **intimate examinations in children should involve a formal chaperone in addition to parents/carers**, which may be difficult during routine consultations such as **baby checks**.
- The expectation that where possible **chaperones document their presence in the clinical record themselves**, in addition to the clinician's documentation.

It is important to note that **these points are presented as recommendations within national guidance rather than mandated requirements**, and local policies may need to consider how best to implement them within existing workforce and workflow constraints.

Further guidance specific to chaperone use in children and young people can be found [here](#).