MBChB Programme - Guidance for Students on Intimate Examinations

Introduction

These guidelines must be read in conjunction with the MB ChB Programme guidance on acting as a chaperone.

As a medical student, you need to acquire the skills for intimate examinations. These may be rectal, genitalia, vaginal and breast examinations. Where appropriate you will first learn techniques using models initially but you will be given the opportunity to practice these on patients. Learning these examinations is a requirement from the GMC for a graduating doctor. As you realise, it is very important that these are conducted appropriately, professionally and with a patient that has given full informed consent. In performing an intimate examination, you will require an appropriate chaperone.

These guidelines from the MB ChB Programme are concerned with you performing intimate examinations and the need for you to have a chaperone. They **must** be read in conjunction with the General Medical Council (UK) advice on intimate examinations and chaperones:

http://www.gmc-uk.org/guidance/ethical_guidance/21168.asp

And also with the GMC's guidance on maintaining professional boundaries:

Maintaining personal and professional boundaries 2024 - GMC (gmc-uk.org)

Similarly, the GMC has published guidance on consent:

http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_index.asp

In addition, each Trust, including your main Clinical Education Campus (CEC) Trust, has its own guidelines on these matters. You must also regard yourself as being bound by these and you should consult them where necessary. Similarly, when you are on placement with a general practitioner you must adhere to any GP Practice guidelines.

Remember:

- The presence of a chaperone protects you and the patient.

- The requirement for a chaperone includes examinations of patients who are the same gender as you.

- Any examination, intimate or not, must have the patient's informed consent, which is usually verbal (see table). The patient has the right to decline examination so your clinical supervisor must ask for the patient's consent for you to perform an intimate examination before you confirm this consent **personally** with the patient.

- The discussion must ensure that the patient really understands the purpose of the intimate examination.

- Discussion can be supported by the use of accessible information e.g. 'easy read leaflets' for patients with communication difficulties

- In the case of anaesthetised patients, written and signed consent must be obtained prior to the procedure.

- An examination of any part of the body that the patient considers intimate requires a chaperone who, for you as a medical student, **must be clinically qualified**.

- The patient may request the presence of another person (for example a relative or an interpreter) for support.

- The nature of the consent and who took it should be recorded in the patient's notes.

- The findings of any examination and who conducted it must be recorded in the patient record. In the case of an intimate examination this information should include the name of the person who performed it and who was the chaperone.

You **cannot**

- Proceed with an examination without clear consent

- Conduct **intimate** examinations on a patient without a clinically qualified chaperone being present (i.e. doctor or nurse)

- Act as chaperone to another medical student for **intimate** examinations.

- Conduct any **intimate** examination unsupervised even if the patient is happy for you to proceed with the examination.

- Conduct an intimate examination on a child or an adult who lacks capacity to consent to this. If in any doubt, this specific capacity must be ascertained and recorded by a qualified health professional prior to proceeding.

Maintaining a Professional Boundary:

In general, and particularly with clinical (intimate) examination, you must ensure that you have an appropriate professional boundary between you and the patient. This is based on trust that you will behave professionally

to any patient. This means that:

- You should not enter into a personal relationship
- This also applies to anyone close to a patient
- If a patient seeks such a relationship, you should remain polite and re-establish a professional relationship.
- You must be particularly vigilant when dealing with vulnerable patients
- You should also be vigilant in any use of social media as it is very easy to blur boundaries

If you become concerned about a relationship with any patient or someone close to them, you must talk to someone from the Programme.

Intimate Examination

In most cases intimate examinations are vaginal, rectal, genitalia and breast examinations. However some patients may consider other parts of their body to be intimate from their own cultural or personal perspective and may refuse examination or require a chaperone.

You should remember that such examinations can be distressing and embarrassing for patients, you must at all times be sensitive to the views and feelings of the patient. In proceeding with an intimate examination, you must:

- Ensure that the doctor supervising your practice has sought consent from the patient
- Explain to the patient the reason for the examination (learning the specific clinical skill that you need as part of your education) and give the patient the opportunity to ask you about this
- Explain what the examination entails including any potential distress or discomfort (again the patient may want to question you about this)
- Ensure that an appropriate chaperone will be present during the examination (see MB ChB Programme guidance on acting as a chaperone.)
- Ensure you have the clear consent from the patient to do the examination and record this in the patient's record.

You should not agree or seek permission to perform an intimate examination on a child or an adult who lacks capacity to consent to this (see above).

During the examination, you should:

- Ensure that you know the steps involved in conducting the examination (you **must** have practiced this beforehand on a model)
- Give the patient privacy to undress (and dress) as this maintains professional boundaries and the patient's dignity. Do not help the patient remove clothes unless clearly asked (with the chaperone present)
- Offer reassurance to the patient during the examination in a way that the patient will understand
- Be sensitive to any distress or discomfort of the patient and be prepared to discontinue temporally or stop completely.
- Refrain from making any personal comments (see maintaining professional boundaries) and keep the discussion focused on the examination

For an examination under anaesthesia, the procedure outlined above must be followed and including:

- Your supervisor obtaining initial consent,
- You confirming the agreement of the patient
- The patient signing a consent form that is filed in the patient's record.

The findings of any examination and who conducted that examination must be recorded in the patient record. In the case of an intimate examination this information must include the name of the person who performed the examination and who acted as chaperone.

What is the role of the chaperone?

In their guidance (see above), the GMC describe the role of the chaperone. You must also read the MB ChBProgramme guidance on acting as a chaperone.

What is appropriate informed consent?

Consent is something that is covered at many points during your course. The basic principles are set out below (also see above for GMC guidance). You should not regard obtaining consent as a barrier to learning, but as a requirement of good professional practice.

The important points about consent are:

- It is good practice for the responsible doctor (consultant, general practitioner or member of the relevant clinical team) to obtain the permission of the patient for you to be involved in his/her care. It is better for this to be sought prior to you seeing the patient.
- *Only the patient can give consent.* It is the patient's absolute right to give or withhold consent.
- *Capacity to consent relates specifically to what the person is being asked to do or agree to.*
- *Relatives or significant others cannot consent on the patient's behalf* (except in particular circumstances where power of attorney exists that covers health and welfare decisions)
- For a child, both the parent(s) and the child (where able to understand what is being required) must be involved in giving consent.
- For a patient who lacks capacity to consent (e.g. a person with significant dementia), you should obtain clear direction about approaching the patient from the responsible clinical team, whose duty is to act in the best interest of the patient. If in doubt, do not go ahead with any planned activity
- You must not perform an intimate examination on a patient who lacks capacity to consent specifically to this.
- *Consent must be informed and specific*. This means the patient must understand the procedure, benefits and risks. You must always make it clear that you are a medical student, not a qualified doctor.
- *Consent is required for every procedure.* This includes examining patients. For non- intimate examination, you do not need written consent, but you must still seek oral consent.

- *How does this apply to you as a student?*

    - You should ask a patient for his/her permission whenever you want to do something i.e. take a history, perform a clinical examination or carry out practical procedures such as taking blood.

- You should make it clear that the primary purpose of their consent relates to your education.
- For completing patient assessments (eliciting histories or performing clinical examinations), you do not normally have to get signed consent from patients.
- For simple procedures such as putting up a drip (I.V. infusion), a doctor or nurse should first obtain his/her consent for you to carry it out. You should then obtain a further consent, remembering that you must feel competent to do the procedure and can explain the risks and benefits.
- As with patient assessments, procedures like venepuncture, I.V. infusion or measuring peak flow rate do not normally require written consent.

- If the patient is unconscious (e.g. under anaesthesia) and permission has not clearly been given (in writing), then do **not** carry out the examination. If this causes you any difficulty with a member of staff, let us know and we will support you.
- *Accept that patients may refuse.* This is their right and is entirely understandable.
- *Avoid repeated examinations or procedures.* At the least, these are uncomfortable and may be painful.

If you encounter problems relating to consent and what you should or should not do, **discuss it urgently** with the Hospital Dean or your CEC Year Lead. You should also be familiar with the MB ChB Programme guidance on raising serious concerns: MB ChB Programme Handbook Contacts: See 'Educational Alert' section.

Table: Examples of some examinations and procedures with the nature of consent to be obtained. This is not exhaustive, but is illustrative. It also has to be interpreted in the light of your local Trust policy. For the most part, as indicated, consent will be verbal.

Consultation, Examination or Procedure	**Consent**
Taking a history from a patient	Verbal
Examination of the abdomen	Verbal
Examination of the respiratory system	Verbal
Examination of the joints	Verbal
Examination of the cardiovascular system	Verbal
Examination of breasts	Verbal
Venepuncture for a blood sample	Verbal
Rectal examination	Verbal
Genitalia (male and female)	Verbal
Groin (hernia) examination	Verbal
Breast examination	Verbal
Testicular examination	Verbal
Examination under anaesthesia	Written
Vaginal speculum examination including cervical smear	Written

Document control box	
Policy/procedure title	MB ChB Programme – Guidance for Students on Intimate Examinations
Date approved	13 August 2019
Approving body	
Implementation date	August 2019
Version	V6.2
Supersedes	V5.0
Previous review dates	December 2016, May 2021, June 2022, October 2023, June 2024, July 2025
Next review date	July 2026
Policy owner	Matthew Jones & Kurt Wilson MBChB Senior Lecturers