Summary

- When on clinical placements in hospital and community you will see patients who require intimate examinations.
- The presence of a chaperone protects you and the patient.
- Any examination, intimate or not, must have the patient’s informed consent. 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. In the case of anaesthetised patients this must be written consent for you personally to examine the patient.
- An examination is of any part of the body which is considered intimate by the patient requires a chaperone to be present, who, for you as a medical student, must be a clinically qualified person.
- The findings of any examination and who conducted that examination should always be recorded in the patient record. In the case of an intimate examination this information should include the name of the person who performed the examination and who acted as chaperone.

You cannot

- Conduct intimate examinations on a patient without a clinically qualified chaperone being present (i.e. doctor or nurse)
- Act as chaperone to your clinical partner for intimate examinations.
- Conduct any intimate examination unsupervised even if the patient is happy for you to proceed with the examination.

You can

- Act as a chaperone for patients examined by your clinical supervisor
- Conduct non-intimate examinations on patients with your clinical partner present, or on your own during year 5 placements.

What is an intimate examination?

In most cases intimate examinations are vaginal examinations, rectal examinations, examination of the male 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 any examination by a person of the opposite sex. The General Medical Council has clear guidance for doctors but this cannot be applied in quite the same way for medical students. You require a clinically
qualified chaperone as you are not only examining an intimate part of a person’s body, but also you will not be proficient in that examination.

**What is the role of the chaperone?**

A chaperone for conduct of an intimate examination should –

- be sensitive, and respectful of the patient’s dignity and confidentiality
- be prepared to reassure the patient if they show signs of distress or discomfort
- be familiar with the procedures involved in a routine intimate examination
- be prepared to raise concerns about the person conducting an intimate examination if misconduct occurs.

A chaperone protects you from misinterpretation of your actions by the patient during an intimate examination. A chaperone protects the patient from students and doctors who behave inappropriately during intimate examinations.

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

**What is appropriate informed consent?**

Consent is something that often causes a lot of concern and will be discussed at length during the course. However, there are a few basic principles that will help you. This is not the definitive guide, but covers the basic issues only. The GMC provides clear guidance on issues of consent. You should also read our guidance remembering that to become a good doctor requires experience and you should not regard obtaining consent as a barrier to learning, but as good professional practice.

The important points about consent are:

**The responsible doctor (consultant or member of the relevant clinical team) must obtain the specific permission of the patient for you to see the patient and also to be involved in his/her care in whatever way. It is good practice for this permission to be sought before a student sees the patient.**

*Only the patient can give consent.* It is the patient’s absolute right to give or withhold consent.

*Relatives cannot consent on the patient’s behalf (with the exception of children).* In emergencies a doctor gives treatment on the basis of their duty of care. It is helpful if the relatives agree, but it is not essential. 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), then 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.

*Consent must be informed.* 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 this type of interaction, you do not need written consent, but you must ask for consent.

**How does this apply to you as a student?** You should get into the habit of asking patients for his/her permission every time you need to approach them to carry out a clinical procedure i.e. interview him/her, perform a clinical examination or carry out a practical procedures such as taking blood. You should make it clear that the primary purpose of their consent relates to your education. For 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 responsible for the patient 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 carry the procedure out and can explain all the risks and benefits adequately. As with history and examination, simple procedures like venepuncture, I.V. infusion or measuring peak flow rate do not normally require signed 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.* At the least these are uncomfortable and may be painful. You will do much of your learning on models to avoid this.

If you have encounter problems relating to the above **discuss it urgently** with the hospital dean or local tutor/module leader.

**Further Information and Guidance**

Ethical Guidance is available from the GMC on maintaining boundaries; including guidance to doctors on intimate examinations, chaperones, improper relationships with patients and a doctor’s duty to report sexualised behaviour which can be found at [http://www.gmc-uk.org/guidance/current/library/maintaining_boundaries.asp](http://www.gmc-uk.org/guidance/current/library/maintaining_boundaries.asp)

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