

Plymouth University

Peninsula Schools of Medicine and Dentistry

Policy for Intimate Examinations 2016/17

It is the intention of the Plymouth University Peninsula School of Medicine and Dentistry (PU PSMD) that the highest ethical standards are applied by staff and students in relation to the performance of intimate examinations by students on relevant clinical programmes of study.

1. Intimate examinations

1.1 It is important to note that although special care must be given to **all** patients who may undergo intimate examinations, the definition of 'intimate' is highly personal. For example, in some religions it is forbidden to look at the feet or to remove headscarves. These cultural differences must be considered important and treated sensitively when consent is gained.

1.2 For the purpose of these guidelines the list below indicates the range of intimate examinations that students might reasonably be expected to encounter:

Female

Inspection of the external genitalia

Vaginal examination

Bimanual examination

Breast examination

Rectal examination

Specific investigative/therapeutic procedures (performance or observation):
e.g. vaginal speculum examination, microbiological sampling, colposcopy, proctoscopy, mammography, etc.

Male

Inspection of the external genitalia

Testicular and scrotal examination

Penile examination

Rectal examination

Prostate examination

Specific investigative/therapeutic procedures (performance or observation):
e.g. proctoscopy, microbiological sampling, etc.

1.3 Before undertaking any of the examinations under consideration all students must have undertaken learning of the skill involved in the Clinical Skills Resource Centres and must have passed the most recent clinical competency test of that skill. Students are responsible for maintaining their own record of

past clinical competencies and must be able to provide evidence of previous satisfactory performance if requested. Some specific investigative/therapeutic procedures (e.g. mammography) may only be encountered for the first time in the clinical environment. It is unlikely that students would conduct these examinations but the guidance for observation would apply.

2. Consent for students observing and performing intimate examinations

2.1 Intimate examination and observations of intimate examinations by students must **never** be conducted without the consent of the patient.

2.2 All students undertaking or observing intimate examinations must be supervised by a healthcare professional.

2.3 For all observations and intimate examinations students and doctors must follow the GMC guidance in "[Consent: patients and doctors making decisions together](#)" and "[Intimate Examinations and Chaperones \(2013\)](#)"

2.4 Consent must be obtained by a suitably trained and qualified clinician.

The clinician should explain, in a way the patient can understand, what the examination involves and the purpose of the examination, so that the patient has a clear idea of what to expect, including any potential pain or discomfort. Where the student will be conducting the examination for educational purposes, rather than as part of the person's care, then it is essential that this is made clear to the patient.

Wherever possible, the patient should be given the opportunity to consider this request without the student present. Patients should be encouraged to ask any questions. Patients must be given the right to refuse and it should be made clear that this will in no way affect their care. They must also be given the opportunity to withdraw their consent at any stage.

2.5 **The patient must have capacity to give consent** and if there is any doubt about this the examination or observation must not go ahead.

2.6 It is the responsibility of the supervising healthcare professional to ensure that the patient is fully informed about the nature and purpose of the examination and has given consent for the students to observe or perform this.

The student must be confident that the patient has capacity and has given informed consent. If the student has any uncertainty about this they must refer to the supervising healthcare professional and should not undertake the examination.

It is good practice to record in the notes that consent has been obtained. For intimate examinations under anaesthesia, consent for students to undertake intimate examinations should normally be in writing.

If the health care professional or student is not confident that consent has been obtained, the intimate examination or observation should not go ahead.

- 2.7 For intimate examinations, **no more than one student** should undertake the examination. The consent form/documentation should include the name of the student who will undertake the examination.

3. Observation of intimate examinations

- 3.1 Observation of intimate examination may take place in a variety of settings, including wards, outpatient clinics, consulting rooms and domestic locations.
- 3.2 Where more than one student is present due consideration needs to be given to the size of the observing group. It is extremely unlikely that there will be much beneficial educational experience where more than one student is observing and the maximum number should **not usually exceed two** for intimate examinations. Patients must be fully informed as to the number of students when giving consent.

4. Intimate examination by students

- 4.1 Students must follow the guidance on consent in 2 above.
- 4.2 The student must introduce themselves to the patient properly and fully. This introduction should include their name, their status and seniority (e.g. 3rd year medical student) and their place in the healthcare team (e.g. attached to the surgical team). They must avoid the use of ambiguous terms e.g. “a young doctor in training” or misleading terms e.g. “I’m one of the team looking after your care”.
- 4.3 The student must gain additional verbal agreement/consent from the patient before proceeding any further. The student should refer to the supervising healthcare professional if there are any questions about which they feel unsure or are not competent to answer correctly.
- 4.4 Any examination should be performed in a suitable location with adequate heating, lighting and privacy. The student should give the patient privacy to undress and dress and keep the patient covered as much as possible to maintain their dignity. They should not assist the patient in removing clothing unless they have clarified with them that their assistance is required
- 4.5 The presence of a chaperone is required for all intimate examinations undertaken by students. The chaperone should usually be a healthcare professional acting in accordance with GMC [guidelines](#). The chaperone should, where possible, be the same gender as the patient.
- 4.6 The student should ensure the comfort of the patient at all times and make sure that they are properly positioned for the examination (students should be aware of the need to help some patients into position and be mindful of the

need for proper manual handling techniques – this may require advice from an experienced healthcare professional).

- 4.7 The student must practice the highest standard of clinical hygiene and waste disposal throughout the examination. In addition, students should at all times maintain the highest standards of ethical practice, such as, showing respect for the patient and maintaining confidentiality.
- 4.8 Throughout the examination the student should maintain good communication with the patient, explaining what they are going to do before they do it and, if this differs from what the student has already outlined, they should explain why and seek the patient's permission. The student should be aware of and sensitive to both verbal and non-verbal cues to distress and discomfort and be prepared to discontinue the examination if the patient asks for this.
- 4.9 In the case of students being taught within the Gynaecology Teaching Specialist Programme the above principles apply. However in this exceptional setting the trained Gynaecology Teaching Specialists will act as healthcare professionals and as chaperones for consent and supervisory purposes. They will in turn be supervised in this role by a named Gynaecology Consultant and responsible to the Clinical Skills Module lead.

5. Intimate examinations under anaesthesia

- 5.1 The examination should normally relate to the procedure being undertaken.
- 5.2 Consent for the examination should be obtained before the patient has been prepared for theatre (before any sedation has been given). If possible, time should elapse between broaching the subject and the patient signing the consent. This will give the patient time to reflect on their decision.
- 5.3 Where possible the student should meet the patient prior to the examination and gain additional verbal consent. They should introduce themselves to the patient properly and fully. This introduction should include their name, their status and seniority (e.g. 3rd year medical student) and their place in the healthcare team (e.g. attached to the surgical team). They must avoid the use of ambiguous terms e.g. "a young doctor in training" or misleading terms e.g. "I'm one of the team looking after your care".
- 5.4 The student must practice the highest standard of clinical hygiene and waste disposal throughout the examination. In addition, students should at all times maintain the highest standards of ethical practice, such as showing dignity and respect for the patient and maintaining confidentiality.

6. Monitoring and reporting

- 6.1 Students are responsible for adhering to these guidelines. If students feel coerced or bullied into breach of guidelines they can follow the guidance in the PU PSMD Raising Concerns Policy. Similarly, if students witness breach of these guidelines they may do the same.

- 6.2 These guidelines do not include paediatric (aged under 16 years) intimate examinations. It is considered that the **intimate examination of children is not usually appropriate for students**. The observation of intimate examinations in children may however occur. In these cases it is the responsibility of the supervising healthcare professional to ensure consent is obtained from the parent(s) or legal guardian, and where appropriate from the child him- or herself.

7 References

- GMC, 2008. [Consent: patients and doctors making decisions together](#)
- GMC, 2013. [Maintaining boundaries: Intimate examinations and chaperones](#)
- DoH, 2009. [Reference guide to consent for examination or treatment; Second edition](#)
- RCOG, 2002. **Gynaecological Examinations: Guidelines for Specialist Practice**
- RCOG, 2015. [Obtaining Valid Consent](#)
- GMC, 2009. [Professional behaviour and fitness to practise: guidance for medical schools and their students](#)
- GMC, 2013. [Good Medical Practice](#)
- BMA, 2009. [Consent toolkit](#)
- Coldicott Y et al, 2003; **The ethics of intimate examinations—teaching tomorrow's doctors** *BMJ* 326 : 97
- Rees CE & Monrouxe LV, 2011. **Medical students' learning intimate examinations without valid consent: a multi-centre study**. *Medical Education* 45: 261-272.

Version	Date	Author(s)	Replaces	Comment
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v2.0 (GEN018.2)	January 2014	Terry Vallance	GEN018.1	
v2.0 (GEN018.3)	April 2017	Hannah Wisdom	GEN018.2	Removal of term 'medical students' to incorporate Physician Associate students. Updated paragraph 4.5 in line with GMC guidance. Added paragraph 4.9. Updated references. Approved HN/TD 23.04.17