

Published 25 March 2013 | Comes into effect 22 April 2013

Intimate examinations and chaperones

1 In *Good medical practice*¹ we say:

- 15 You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:
 - a ...where necessary, examine the patient.
- 47 You must treat patients as individuals and respect their dignity and privacy.

2 In this guidance, we explain how doctors can put these principles into practice. Serious or persistent failure to follow this guidance will put your registration at risk.

Intimate examinations

3 Intimate examinations can be embarrassing or distressing for patients and whenever you examine a patient you should be sensitive to what they may think of as intimate. This is likely to include examinations of breasts, genitalia and rectum, but could also include any examination where it is necessary to touch or even be close to the patient.

4 In this guidance, we highlight some of the issues involved in carrying out intimate examinations. This must not deter you from carrying out

intimate examinations when necessary. You must follow this guidance and make detailed and accurate records at the time of the examination, or as soon as possible afterwards.

5 Before conducting an intimate examination, you should:

- a explain to the patient why an examination is necessary and give the patient an opportunity to ask questions
- b explain what the examination will involve, in a way the patient can understand, so that the patient has a clear idea of what to expect, including any pain or discomfort
- c get the patient's permission before the examination and record that the patient has given it
- d offer the patient a chaperone (see paragraphs 8–13 below)
- e if dealing with a child or young person²
 - you must assess their capacity to consent to the examination³
 - if they lack the capacity to consent, you should seek their parent's consent⁴

- f give the patient privacy to undress and dress, and keep them covered as much as possible to maintain their dignity; do not help the patient to remove clothing unless they have asked you to, or you have checked with them that they want you to help.
- 6** During the examination, you must follow the guidance in *Consent: patients and doctors making decisions together*. In particular you should:
- a explain what you are going to do before you do it and, if this differs from what you have told the patient before, explain why and seek the patient's permission
 - b stop the examination if the patient asks you to
 - c keep discussion relevant and don't make unnecessary personal comments.
 - a be sensitive and respect the patient's dignity and confidentiality
 - b reassure the patient if they show signs of distress or discomfort
 - c be familiar with the procedures involved in a routine intimate examination
 - d stay for the whole examination and be able to see what the doctor is doing, if practical
 - e be prepared to raise concerns if they are concerned about the doctor's behaviour or actions.
- 10** A relative or friend of the patient is not an impartial observer and so would not usually be a suitable chaperone, but you should comply with a reasonable request to have such a person present as well as a chaperone.

Intimate examinations of anaesthetised patients

- 7** Before you carry out an intimate examination on an anaesthetised patient, or supervise a student who intends to carry one out, you must make sure that the patient has given consent in advance, usually in writing.

Chaperones

- 8** When you carry out an intimate examination, you should offer the patient the option of having an impartial observer (a chaperone) present wherever possible. This applies whether or not you are the same gender as the patient.
- 9** A chaperone should usually be a health professional and you must be satisfied that the chaperone will:
- 11** If either you or the patient does not want the examination to go ahead without a chaperone present, or if either of you is uncomfortable with the choice of chaperone, you may offer to delay the examination to a later date when a suitable chaperone will be available, as long as the delay would not adversely affect the patient's health.
 - 12** If you don't want to go ahead without a chaperone present but the patient has said no to having one, you must explain clearly why you want a chaperone present. Ultimately the patient's clinical needs must take precedence. You may wish to consider referring the patient to a colleague who would be willing to examine them without a chaperone, as long as a delay would not adversely affect the patient's health.
 - 13** You should record any discussion about chaperones and the outcome in the patient's medical record. If a chaperone is present, you should record that fact and make a note of their identity. If the patient does not want a chaperone, you should record that the offer was made and declined.

References

- 1 General Medical Council (2013) *Good medical practice* London, GMC.
- 2 You must also follow our guidance on *Protecting children and young people: the responsibilities of all doctors*. General Medical Council (2012) London, GMC
- 3 When assessing a young person's capacity to consent, you should bear in mind that:
 - a at 16 a young person can be presumed to have the capacity to consent
 - b a young person under 16 may have the capacity to consent, depending on their maturity and ability to understand what is involved. General Medical Council (2007) *0–18 years: guidance for all doctors* London, GMC, paragraphs 24–26.
- 4 General Medical Council (2007) *0–18 years: guidance for all doctors* London, GMC, paragraphs 27–28.