



**University of
Nottingham**
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School of Medicine: Intimate Examinations of Patients Policy

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The following protocol was agreed by Curriculum Policy Group and is applicable across all clinical attachments.

Policy

It is important that students seek verbal consent from patients for any form of examination. For intimate examinations, informed consent is particularly important. Intimate examinations include the following:

- Vaginal examination
- Rectal examination
- Examination of external genitalia
- Breast examination
- Any other examination that might embarrass patients through the removal of clothes, particularly those examinations that might expose external genitalia or breasts.

The recommended approach to dealing with anaesthetised and conscious patients is outlined below and this is followed by some comments on consent.

Anaesthetised patients

For anaesthetised patients, intimate examinations by medical students should be restricted to situations where there are genuine educational benefits and:

1. The student has clerked the patient that they are proposing to examine
2. The patient has given written consent to the **named** student conducting a **specified** examination whilst they are under anaesthetic.

In terms of the written consent we recommend that the “additional procedures” part of the standard consent form is used. We recommend that the doctor involved in seeking patient consent for the surgical procedure is the one that seeks consent for the student to undertake the examination under anaesthetic. It is, however, good practice for students to seek verbal consent in these circumstances, particularly in terms of checking the patient’s understanding and acceptance of the proposed procedure or examination.



Conscious patients

For conscious patients it is recommended that:

- Students do not carry out any form of intimate examination without explicit verbal consent
- A chaperone should be present for any intimate examination
- Students should record verbal consent to examination in patients' notes
- Students should perform the examination under the **DIRECT** supervision of a doctor.

For examinations of the breasts, external genitalia, vagina and rectum, we recommend that students are supervised by a health care professional (usually a doctor) with experience of carrying out that examination.

For other examinations that might embarrass patients through the removal of clothes, it is acceptable for another student to act as a chaperone provided that the patient agrees that this is acceptable to them.

Vulnerable adults

Wherever possible, vulnerable adults should be included in any discussion that involves examination or procedures being performed by a student. It is good practice to include main carers in any discussion, and if there is any concern or doubt, it is recommended that students should not examine the patient. All health professionals and students should work to the best interests of the patient.

What do we mean by informed consent?

A patient can only provide valid consent if they are competent to make the decision at hand. This consent must be voluntary. A signature alone is not an indication of consent. In terms of intimate examinations by medical students the following points should be considered:

1. The nature of the procedure/examination should be explained
2. The purpose of the procedure/examination should be clearly stated, e.g. "it is to help me learn how to..."
3. There should be an explanation (where relevant) of what will happen to the information collected, e.g. "I will record my findings in the medical notes..."
4. The patient's understanding and acceptance of the procedure/examination should be assessed.