

**Guidance and Policy for Intimate Examinations or the Awake and Anaesthetised patient by Undergraduate Medical Students and Student Physician Associates**

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| **Unique Identifier:** | CORP/MAN/002 |
| **Version Number:** | 4 |
| **Type of Update / Status:** | Ratified with Minor / No Technical Changes |
| **Divisional and Department:** | **Human Resources - Medical Education** |
| **Author / Originator and Job Title:** | **Mr Jonathan Barker – Clinical Sub Dean (Undergraduate Education) and Consultant Surgeon****Kate Goldberg – Associate Director of Medical Education** |
| **Replaces:** | **CORP/MAN/002, Version 3, Guidance and Policy for Intimate Examinations or the Awake and Anaesthetised patient by Undergraduate Medical Students and Student Physician Associates** |
| **Description of amendments:** | **No amendments following review of previous version** |
| **Approved by:** | **Undergraduate Medical Education Committee** |
| **Approved Date:** | **17/08/2023** |
| **Issue Date:** | **17/08/2023** |
| **Review Date from Date of Approval:** | **1 Year**[ ]  | **2 Years**[ ]  | **3 Years**[x] **17/08/2026** | **4 Years**[ ]  | **5 Years**[ ]  |

| Version Control Sheet |
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| This must be completed and form part of the document appendices each time the document is updated and approved |
| **Datedd/mm/yy** | **Version** | **Author** | **Reason for changes** |
|  | 4 | Mr Jonathan Barker – Clinical Sub Dean (Undergraduate Education) and Consultant SurgeonKate Goldberg – Associate Director of Medical Education | **No amendments following review of previous version** |

| Consultation / Acknowledgements with Stakeholders |
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| **Name** | **Designation** | **Date Response Received** |
| Julie Summers | Undergraduate Manager  | 17/08/23 |

# Introduction / Purpose

To ensure that undergraduate students are able to meet the requirements of the curriculum with regard to intimate examinations whilst at the same time protecting our patients from any unnecessary harm. The guidance calls upon the following references:

* General Medical Council (GMC) guidance on Intimate examinations and chaperones published March 2013 (1) provides new level of clarity for doctors and consequently medical students and their supervisors.
* The blanket policy of the school may pose a challenge for integration of students within clinical teams (e.g., the theatre team) and exclude them from participating in activities that provide learning opportunities. For instance, not permitting students to undertake examination under anaesthesia may be considered a reason to exclude them from scrubbing in for a procedure.

## GMC Guidance and Intimate Examination

In Tomorrow’s Doctors (2), the GMC refers to patient examination as a component of the consultation with patient; this appears under the heading

Outcomes 2 - The doctor as a practitioner:

* The graduate will be able to carry out a consultation with a patient:
* (C) Perform a full physical examination

Also, in April 2019 the GMC updated its guidance document, Good Medical Practice and the associated guidance on intimate examination and chaperones.

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors>

Summarising Points from this Guidance that should inform School Policy

An ‘intimate examination’ is difficult to define but generally includes examination of the breasts, male and female genitalia, and rectal examination. It could also include any examination when it is necessary to touch or be close to the patient.

To undertake such an examination:

* A full explanation must be given to the patient prior to the examination.
* Informed consent should be obtained regarding examination and the presence of students.
* The examination should be undertaken in an appropriate private room.
* All students should be directly supervised during the examination.
* Patient should be kept informed during the examination.
* Patients' wishes are to be respected at all times.
* In the operating theatre, consent for examination should have been obtained from any patients prior to any pre-medication or anaesthesia being administered.

## The School’s Policy on Intimate Examinations under Anaesthesia, including Sedation

One of the main aims of the undergraduate curriculum is to teach and train students in the principles and methods of clinical examination. One of the areas that are more difficult to teach is training in intimate examination skills such as breast, vaginal and rectal examinations. It is, however, important that students are taught and are able to perform these examinations under supervision, as these skills will be very important in their future professional careers. It is also sometimes difficult for a student to be taught on pathological finding of such procedures such as the palpation of a rectal tumour on the awake patient where the patient may find this procedure very uncomfortable.

Practical experience of these skills in a simulation setting consists of only one of the methods to teach these skills. As future doctors students require to be taught and gain experience where possible with real patients. The operating theatre should be considered one of the environments that provide that opportunity with senior clinician input and supervision being available. Therefore the School wishes to encourage and support clinical staff (doctors and senior nursing staff) and students to increase opportunities of intimate examination skills by asking for the involvement of patients planned for procedures under anaesthetic in teaching these skills. Students should know how to give due respect and consideration to the patients and should be aware of ethical issues surrounding these examinations so that they can be dealt with in an appropriate manner.

Doctors supervising students should ensure that valid consent has been obtained and is documented on a Trust consent form (3) and / or the patient records before students carry out any intimate examination under anaesthesia. It is at the lead clinician’s discretion to select appropriate patients and decide when such an examination would not be appropriate given the patient’s clinical situation and personal circumstances. Consent for the intimate examination of anaesthetised patients should be obtained by the clinical staff (Specialist Training Year 5 (ST5) or above), in the presence of the student that will be undertaking the examination prior to administration of a pre-medication or any anaesthetic drugs and preferably during the operating team’s pre-operative ward round. The actual consent is a useful experience for the student to witness; even in the cases it is declined. It is part of the patients’ rights to choose who will or will not operate / examine them. Therefore it should be taken in the presence of the student that will be examining the patient under anaesthesia. In order for the examination to be undertaken by the student, a senior member of the clinical team operating (ST5 or above), will need to be physically present and supervising the student during the procedure.

A senior member of the clinical team operating (ST5 or above), is responsible for ensuring that patient consent has been obtained and documented appropriately and in writing; students should not proceed, however, if they are in any doubt of the process.

The complexity of consenting a child is an experience that students should witness. However, students should not undertake examination of the paediatric patient under anaesthesia as this is a highly specialised skill that extends beyond a student’s level of clinical competence.

Adherence to these protocols by students and staff will be monitored by the use.

# General Principles / Target Audience

All employees of Blackpool Teaching Hospitals NHS Foundation Trust.

# Definitions and Abbreviations

GMC General Medical Council

PPE Personal Protective Equipment

ST5 Specialist Training Year 5

# Procedure

## Blackpool Teaching Hospitals Consent procedure for intimate examination of the anaesthetised patient by medical students

* A suitable patient is selected by the lead clinician to be approached.
* The student(s) review the case notes and are familiar with the patient’s history.
* A senior member of the clinical team ensures that the patient is happy for the students to be involved in their care before they enter the room.
* With the medical students present the ST5 or above consents the patient on consent form 1 for the intended procedure. At this time the patient is asked if he/she will permit intimate examination by the students. The ST5+ should indicate the area to be examined and the education benefit that the student will gain from this. If this is agreed this is added to the consent form 1 at this time and the patient reminded that they can withdraw their consent at any time.
* At the time of the procedure the student is present for the WHO checklist. The ST5 or above will indicate that consent has been obtained for the students to perform an intimate examination and how and when this will be carried out. The appropriate level of PPE should be worn as applicable to the case.
* The ST5+ is physically present in the operating room and supervises the students whilst the procedure is performed.
* The student(s) records in their logbook (paper or digital) the details of the patient, what examination has been carried out and what the finding were.
* The senior surgeon records in the operation note that a student has undertaken an intimate examination and the type of examination that was performed.

Exceptions

* Intimate examination is not to be carried out on a child less than 16 years of age.
* Intimate examinations are not to be carried out on patients who lack capacity to consent i.e. any patient whose consent is carried out on a consent form 4.

## Blackpool Teaching Hospitals Consent procedure for intimate examination of the awake patient by medical students

* A suitable patient is selected by the lead clinician to be approached.
* The student(s) review the case notes and are familiar with the patient’s history.
* A senior member of the clinical team ensures that the patient is happy for the students to be involved in their care before they enter the room.
* With the medical students present, the ST5 or above obtains verbal consent for the intended procedure by himself/herself and if the medical students can also carry out the procedure. The ST5+ should indicate the area to be examined and the education benefit that the student will gain from this. A chaperone should be present at all times and there name recorded in the medical notes (see Section 7).
* The examination should be undertaken in an appropriate private room.
* All students should be directly supervised during the examination.
* Patient should be kept informed during the examination.
* Patients' wishes are to be respected at all times.
* The student(s) records in their logbook the details of the patient, what examination has been carried out and what the finding were.
* The senior doctor records in the patient’s notes that verbal consent was obtained and that a student has undertaken an intimate examination and the type of examination that was performed.

Exceptions

* Intimate examination is not to be carried out on a child under 16 years of age.
* Intimate examinations are not to be carried out on patients who lack capacity to consent.

# References and Associated Documents

1. **GMC.** Intimate examinations and chaperones. [Online] 25 03 2013. [Cited: 16 08 2023.] https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/intimate-examinations-and-chaperones.

2. —. Outcomes for graduates [Online] 11 2020 [Cited: 16 08 2023.] [Outcomes for graduates (gmc-uk.org)](https://www.gmc-uk.org/-/media/documents/outcomes-for-graduates-2020_pdf-84622587.pdf)

3. **BTHFT - Procedure.** Consent to Examination or Treatment. [Online] 18 08 2021. [Cited: 16 08 2023.] http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-102.docx.

4. —. Chaperones Accompanying Patients During An Intimate Procedure / Treatment. [Online] 06 06 2022. [Cited: 16 08 2023.] http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-140.docx.

5. **GMC.** Good medical practice. [Online] 29 04 2019. [Cited: 07 09 2020.] [Professional standards for doctors - GMC (gmc-uk.org)](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors).

University of Liverpool (2014) *The use of intimate examination policy*. Liverpool: University of Liverpool

| Appendix 1: Equality Impact Assessment Form |
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| **Department** | Medical Education  | **Service or Policy** | Intimate Examination  | **Date Completed:** | 3 February 2015  |
| **GROUPS TO BE CONSIDERED**Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders. |
| **EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED**Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation. |
| **QUESTION** | **RESPONSE** | **IMPACT** |
| Issue | Action | Positive | Negative |
| What is the service, leaflet or policy development?What are its aims, who are the target audience? | To ensure privacy for adult patients undergoing intimate examinations. The policy is aimed at student doctors and their clinical supervisors.  | N/A | Yes |  |
| Does the service, leaflet or policy/ development impact on community safety* Crime
* Community cohesion
 | N/A | N/A | N/A | N/A |
| Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need. | The policy is applicable to all adult patients with exception of those patients who lack capacity and therefore cannot consent to an examination  | N/A | Yes |  |
| Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population? | No | N/A | Yes |  |
| How does the service, leaflet or policy/ development promote equality and diversity? | It is applicable to all adult patients and is designed to ensure their privacy and dignity at all times  | N/A | Yes |  |
| Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact? | Following consent to an examination, all patients’ needs are to be met, and their privacy and dignity is to be safeguarded at all times.  | N/A | Yes |  |
| Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups | N/A  | N/A | N/A | N/A |
| Will the service, leaflet or policy/ development1. Improve economic social conditions in

deprived areas1. Use brown field sites
2. Improve public spaces including creation of green spaces?
 | N/A | N/A | N/A | N/A |
| Does the service, leaflet or policy/ development promote equity of lifelong learning? | N/A | N/A | N/A | N/A |
| Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health? | N/A | N/A | N/A | N/A |
| Does the service, leaflet or policy/ development impact on transport?What are the implications of this? | N/A | N/A | N/A | N/A |
| Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person’s ability to remain at home? | N/A | N/A | N/A | N/A |
| Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups? | The policy is applicable to all patient groups with the exception of children under the age of 16 and adult patients who lack capacity (and are therefore unable to consent to an examination).  | N/A | Yes |  |
| Does the policy/development promote access to services and facilities for any group in particular? | N/A | N/A | N/A | N/A |
| Does the service, leaflet or policy/development impact on the environment* During development
* At implementation?
 | N/A | N/A | N/A | N/A |
| **ACTION:** |
| **Please identify if you are now required to carry out a Full Equality Analysis** | **Yes** |  | **(Please delete as appropriate)** |
| **Name of Author:****Signature of Author:** |  | **Date Signed:** |  |
|  |  |
| **Name of Lead Person:****Signature of Lead Person:** |  | **Date Signed:** |  |
|  |  |
| **Name of Manager:****Signature of Manager** |  | **Date Signed:** |  |
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