

Intimate examinations and chaperones



Summary

This guidance sets out the necessary considerations when carrying out intimate examinations and the sensitivity with which they should be approached. It covers the things you should discuss with patients prior to an examination, what to do during an examination and the role of chaperones.

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Professional standards: more detailed guidance

This guidance was published 4 December 2023.

This guidance came into effect on 30 January 2024.

This guidance was last updated on 13 December 2024.

You can find the latest version of all our professional standards at www.gmc-uk.org/guidance.

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1. *Good medical practice* sets out the principles, values, and standards of care and professional behaviour expected of all medical professionals registered with us. The standards of good practice apply to doctors, physician associates and anaesthesia associates (collectively referred to as medical professionals and whom we address directly as ‘you’ throughout the guidance). As with all our professional standards, this guidance applies to all our registrants to the extent it is relevant to the individual’s practice. *Intimate Examinations and chaperones* builds on *Good medical practice* to provide more detail on our expectations of medical professionals in this area.
 2. The professional standards describe good practice, and not every departure from them will be considered serious. You must use your professional judgement to apply the standards to your day-to-day practice. If you do this, act in good faith and in the interests of patients, you will be able to explain and justify your decisions and actions. We say more about professional judgement, and how the professional standards relate to our fitness to practise processes, appraisal and revalidation, at the beginning of *Good medical practice*.

Intimate examinations

3. Intimate examinations or procedures can be embarrassing or distressing for patients. Before you carry out an intimate examination or procedure, it is essential that every effort is made to ensure patients feel as safe and in control of the situation as possible.
4. Intimate examinations can be carried out for a variety of reasons (such as assessment, diagnosis, treatment and screening), and can take place in a variety of settings, including in person and remote consultations, such as by video-link or other digital technology.
5. Intimate examinations are likely to include examinations of breasts, genitalia and rectum, but could also include any examination where it is necessary to touch, examine intimate parts of the patient’s body digitally, or even be close to the patient. Some patients may have particular concerns about undressing or exposing parts of their body but feel hesitant to speak up.
6. 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 (see *Good medical practice*, paragraphs 69–70).

Before the examination

7. Whenever you examine a patient, you should be sensitive to what they may think of as intimate and make clear the steps that will be carried out as part of the examination, before it begins.
8. 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. consider and address any communication barriers that could impact on the patient's experience or understanding of an intimate examination
 - c. explain what the examination will involve in a way the patient can understand, so that they have a clear idea of what to expect, including any pain or discomfort
 - d. explain to the patient that they can ask at any time for the examination to stop
 - e. offer the patient a chaperone (see paragraphs 16– 22) and explain what the chaperone's role would be during the examination.
9. You must obtain the patient's consent or have other valid authority before the examination and record that the patient has given it (see [Decision making and consent](#) for more information).
10. If an adult patient lacks capacity, you should follow the guidance in paragraphs 76 – 91 of [Decision making and consent](#).
11. If the patient is a child or young person:
 - a. you must assess their capacity to consent to the examination
 - b. if they lack the capacity to consent, you should seek their parent's consent or make sure you have other valid authority (see [0–18 years](#) for more information).
12. You should 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.

During the examination

13. During the examination, you must follow the guidance in [Decision making and consent](#). In particular you should:

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- 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. be alert to the patient showing signs of discomfort or distress
 - c. check whether the patient has questions, wants to stop the examination or agrees for the examination to continue
 - d. stop the examination if the patient asks you to
 - e. keep your comments professional and relevant to the clinical examination. Unnecessary personal comments may cause distress or offence.

Intimate examinations of anaesthetised patients

14. If you carry out, or supervise, an intimate examination on an anaesthetised patient, you must be sure that the patient has given consent to all aspects of the proposed examination, or that it is in the best interests of the patient if they are not able to give consent. You must not carry out, or supervise, an intimate examination on an anaesthetised patient for educational purposes, without checking that the patient has given consent in writing or as a signed entry in their records. See our guidance on [Decision making and consent](#), especially paragraphs 13d and 31.
15. You must make sure that the patient's privacy and dignity is maintained even while under anaesthesia.

Chaperones

16. When you carry out an intimate examination, you should, wherever possible, offer the patient the option of having a chaperone who can act as an impartial observer. You should explain what the chaperone's role would be during the examination.
17. A chaperone should usually be a health professional and their role is to be:
 - a. sensitive and respect the patient's dignity and confidentiality
 - b. alert to the patient showing signs of distress or discomfort
 - c. aware of the most appropriate route to raise concerns and do so if they are concerned about the medical professional's behaviour or actions.
18. You must be satisfied that a chaperone is:
 - a. trained for the role they are undertaking

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- b. familiar with the procedures involved in the proposed examination or briefed in advance
 - c. able to stay for the whole examination and be able to see what you are doing, as much as practical without obstructing the examination or interfering with the patient's dignity.
19. A chaperone should also be given the chance to ask questions if anything about their role is not clear to them prior to the examination.
 20. A relative or friend of the patient is not a trained impartial observer and so would not usually be a suitable chaperone. However, the presence of a chaperone does not override a patient's wish to be supported by a relative, friend or advocate. You should comply with a reasonable request from the patient to have such a person present as well as a chaperone.
 21. You should not assume that the patient doesn't want a chaperone. If no suitable chaperone is available, 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.
 22. If you wish to examine the patient with a chaperone present but the patient has said no to having one, you must explain clearly why you want a chaperone present. If the patient wishes to proceed without a chaperone but you remain uncomfortable with this, you may wish to consider referring the patient to a colleague who would be willing to examine them without a chaperone, as long as the delay would not adversely affect the patient's health. If you feel your personal safety is at risk you should follow the guidance in *Maintaining personal and professional boundaries* or *Ending a professional relationship with a patient*.
 23. You should record the detail and outcome of any discussion about chaperones in the patient's medical record. If a chaperone is present during an examination, you should record that fact and make a note of their identity and role. If the patient does not want a chaperone, you should record that the offer was made and declined.

Annex – Extracts from *Good medical practice*

- 7 In providing clinical care you must:
 - a. adequately assess a patient's condition(s), taking account of their history, including;
 - i. symptoms
 - ii. relevant psychological, spiritual, social, economic, and cultural factors

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- iii. the patient's views, needs, and values
 - b. carry out a physical examination where necessary
 - c. promptly provide (or arrange) suitable advice, investigation or treatment where necessary
 - d. propose, provide or prescribe drugs or treatment (including repeat prescriptions) only when you have adequate knowledge of the patient's health and are satisfied that the drugs or treatment will meet their needs
 - e. propose, provide or prescribe effective treatment based on the best available evidence
 - f. follow our more detailed guidance on professional standards, *Good practice in proposing, prescribing, providing and managing medicines and devices*, if you prescribe
 - g. consult colleagues or seek advice from your supervising clinician, where appropriate
 - h. refer a patient to another suitably qualified practitioner when this serves their needs.
- 16 You must recognise and respect every patient's dignity and right to privacy.
- 17 If relevant to your practice, you must follow our more detailed guidance on *Intimate examinations and chaperones*

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Mae croeso i chi gysylltu â ni yn Gymraeg. Byddwn yn ymateb yn Gymraeg, heb i hyn achosi oedi ychwanegol.

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Code: GMC/IEC/1224