Spire Healthcare

Principles for intimate clinical assessments undertaken remotely

1. Background

1.1. This guidance is aimed at clinicians who are consulting remotely with patients through a digital channel (eg text, video-link, email) across Spire Healthcare Settings. It includes consideration of the storage and use of intimate images taken by patients for clinical purposes.

1.2. This guidance should be read in conjunction with the Key Principles for Intimate Clinical Assessments undertaken remotely:

https://www.gmc-uk.org/-/media/files/key_principles_for_intimate_clinical_assessments_undertaken_remotely_in_response_to_covid19_v1-(1).pdf

1.3. More general guidance on virtual consultation is available and you should ensure that you follow this including introducing yourself, verifying the patient's identity and being aware of the potential limitations of virtual consultation.

1.4. 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 the perianal area, but could also include any examination the patient perceives as intimate. Be aware of cultural and religious differences in perception.

1.5. The approach to video consulting and image sharing should be the same as it would be for face-to-face interactions, assessing the ability to make the decision using the principles of Gillick Competence.

1.6. For young adult aged 16 and over the principles of the Mental Capacity Act 2005 must be followed. If the patient lacks the relevant capacity, you must be satisfied that the image or examination is in their best interests and have regard to whether the purpose for which it is needed can be achieved in a way that is less restrictive.

2. Processing and Storing Intimate Images

2.1. The approach to storing images should be the same as it would be for face-to-face interactions. You must follow Spire Healthcare policy for managing patient data (which should be in accordance with the Data Protection Act 2018 and GDPR).

3. Informed Consent

Consent should not be confused with an individual's right in Data Protection law:

1. The decision to store an intimate image in the patient's clinical record must be justifiable and transparent, and you should only store the image if this is what you would do in a face-to-face consultation
2. The remote consultation should be recorded in the same way as you would record a face-to-face examination by describing the findings in the notes and explaining the advice given
3. There must be clear justification for the need to store an intimate image in the clinical record
4. If the patient does not agree to retention of the image this should not automatically preclude the patient from being able to continue with a remote assessment. Alternative options for examination such as face to face examination, should be offered to the patient

The Key Points of Obtaining and Document Consent:

1. **Who –** will see the image? For example, other healthcare professionals involved in the patient's direct care (this may include administrative staff triaging the online consultation, explaining they are bound by the same duty of confidentiality as clinicians)
2. **What –** it is important the patient understands refusal to share an image does not prevent them from accessing care and treatment
3. **When -** an image has been saved in the clinical record system and a decision is made to delete it following review, the image will not be visible to those viewing the patient's clinical record but may be kept by the clinical IT system for audit trail purposes with restricted access. To permanently delete the image, the practitioner needs to mark the section of the record for permanent deletion and seek approval from their Caldicott guardian
4. **Where** - it will be used, i.e. for direct care purposes and that it won't be used for any other purpose without the patient's express permission
5. **Why** - an image will help in providing clinical care the different options for assessment available to a patient including the option to have a face-to-face examination

4. Necessity

4.1. Carefully consider whether a remote intimate assessment is clinically necessary to provide care or reach a diagnosis in circumstances where it is not reasonable or appropriate to examine the patient in person, taking into account patient choice

4.2. You must be satisfied that the image or remote examination is necessary and justified, will be of benefit to the patient and is in their best interests. This should include consideration of how your actions will change your clinical management, whether the patient feels comfortable with a remote assessment (including consideration of security or privacy), its limitations in terms of whether sufficient information will be

provided, and the most appropriate modality (considering that a photograph may provide better resolution than a video).

4.3. This must be an individual assessment for each patient.

5. Intimate examination

5.1. If proceeding with a remote examination that the patient is likely to perceive to be intimate you must be mindful of the following:

5.1.1. Ensure that the patient has sufficient privacy, you must check with them that they do not want to locate to another room and that they are happy that their privacy is being respected

5.1.2. You must ensure that your screen is private ie cannot be overlooked or overheard without the consent of the patient

5.2. You must ensure that you have an appropriately trained chaperone (see Clinical Policy 42, Chaperone Guidelines) present for the examination (either virtually or in the room with you). The chaperone should be visible to the patient. Their role, in this context, is to ensure the nature and extent of the assessment are appropriate and to protect the patient and practitioner from any suggestion that the examination was inappropriate

5.2.1. A family member 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 from the patient to have such a person present as well as a chaperone.

5.2.2. If a chaperone is not available, or is declined by the patient, use your professional judgement and carefully consider whether a remote examination should proceed.

6. Safeguarding and Domestic Abuse

6.1. For all safeguarding concerns seek advice from your safeguarding lead as soon as practicable (Safeguarding adults Policy 11 and safeguarding Children Policy 63). Also attempt to convert a remote consultation to a face to face assessment.

6.2. During the first three months of lockdown National Domestic Abuse helplines experienced an increase in demand for their domestic abuse services. Lockdown isolation measures during the COVID-19 pandemic have increased risks for those experiencing or at risk of Domestic Abuse in all its forms.

6.3. Some signs in a remote consultation that may indicate an abusive situation include:

6.3.1. a ready if not entirely plausible excuse for visible injury

6.3.2. a patient checking responses with a partner present in the room – or appearing overly worried about pleasing them

6.3.3. changes in personality – a patient previously confident now displaying low self-esteem

6.3.4. wearing clothes that do not seem to fit the season (such as long sleeves in summer) to conceal injury

7. Resources

https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2020/april/009-256.pdf?la=en

Intimate examinations and chaperones - GMC (gmc-uk.org)

Decision making and consent - GMC (gmc-uk.org)

Intimate examinations and chaperones - GMC (gmc-uk.org)

COVID-19 IG advice - NHSX