



Gynaecological examinations and procedures

This statement has been developed and reviewed by the Women's Health Committee and approved by the RANZCOG Board and Council.

A list of Women's Health Committee Members can be found in [Appendix A](#).

Disclosure statements have been received from all members of this committee.

Disclaimer This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.

First endorsed by RANZCOG: November 2004

Current: July 2020

Review due: July 2023

Objectives: To provide advice on the clinical practice of gynaecological examination.

Target audience: All health practitioners providing gynaecological care.

Values: The evidence was reviewed by the Women's Health Committee (RANZCOG), and applied to local factors relating to Australia and New Zealand.

Background: This statement was first developed by Women's Health Committee in November 2004 and reviewed in July 2020.

Funding: This statement was developed by RANZCOG and there are no relevant financial disclosures.

1. Plain language summary

When patients seek obstetric or gynaecological care, an examination may be recommended in order to gather the information necessary to provide the best care and treatment. In addition to a general physical examination doctors may recommend a gynaecological examination which may include an examination of the vagina, external genitals, rectum or breasts. Given their personal history, cultural values and beliefs, some patients may experience all aspects of a physical examination as difficult or distressing. However, many patients will find gynaecological examinations to be stressful and/or embarrassing.

If a gynaecological examination is recommended, the doctor must explain why the examination is required, exactly what kind of examination and what it involves. During this discussion doctors must seek to understand the patient's perspective and be sensitive and respectful of the patient's views. In addition, a patient must be given the opportunity to: ask questions; voice their concerns; have a support person of their choice present; and to decline the examination.

If the patient consents to a gynaecological examination the doctor must do their best to ensure the patient's comfort, dignity and privacy during the examination.

Note: Gynaecological examinations are now referred to as "Intimate examinations" by the Medical Board of Australia and Medical Council of New Zealand in an attempt to highlight the special challenges for patients and doctors associated with this type of examination. It is RANZCOG's preference to refer to the specific examination by name and denote this group of examinations as "gynaecological examinations".

2. Summary of recommendations

Recommendation 1	Grade
Where gynaecological examination is indicated, doctors must ensure that the patient is fully informed and verbal consent for the examination is obtained.	Consensus-based recommendation
Recommendation 2	Grade
That the patient's vulnerability during a gynaecological examination is acknowledged, their dignity preserved and privacy ensured.	Consensus-based recommendation
Recommendation 3	Grade
If the doctor requests that a third party such as a student, observer or chaperone be present during the examination the patient must be informed ahead of time of the reason for the request and consent obtained for their presence.	Consensus-based recommendation

3. Introduction

Clinical practices in obstetrics and gynaecology will, of necessity, usually involve gynaecological examination of women. This process is formal and potentially intimidating to women, some of whom may have suffered various degrees of physical or sexual abuse during their lives.

Many diagnostic and therapeutic processes are physically invasive, including transvaginal ultrasound, IVF procedures, endometrial sampling procedures, colposcopy, and urodynamic testing.

Doctors should consider the information provided by women, listen and respond sensitively to their questions and concerns.

4. Discussion and recommendations

Awareness of cultural or religious factors is essential when discussing and offering gynaecological examination.

Where examination is indicated, doctors should ensure:

- a) That the patient is fully informed and consent for the examination is obtained:
 - An adequate explanation is provided about the nature of an examination and the information that it will provide;
 - An interpreter is offered to assist in translating a different language or alternative form of communication such as sign language;
 - The patient has the opportunity to ask questions;
 - There is the option for the patient to bring a support person of their choice and have them present during the examination if that is the patients wish;
 - The patient has the opportunity to decline examination;
 - Verbal consent is obtained, especially for breast and/or pelvic examination and best practice would be to document this where appropriate.
- b) That the patient's privacy and vulnerability during a gynaecological examination is acknowledged by ensuring:
 - Privacy is provided for disrobing;
 - Suitable cover is provided during examination, for example, gown or cover sheet;
 - They always wear gloves when examining genitals or conducting internal examinations
 - They must not allow the patient to remain undressed for any longer than is needed for the examination

- They are mindful of the patient and cease an examination when consent is uncertain, has been refused or has been withdrawn
- When the patient does not have a support person, or the support person is unsuitable to be present during the examination, a professional suitably qualified and of acceptable gender to the patient, in accordance with recommendations of the Medical Board of Australia and Medical Council of New Zealand should take on that role.
- If there is concern about the patients understanding or level of consent, then it may be more appropriate to delay examination until a follow-up appointment.

c) The presence of students

- The patient must consent in advance to the presence of medical students and be informed of the right to decline their attendance at any examination. The student should not be present when consent is obtained.
- The scope of the student's role in patient care must be made clear to the student, patient and to other members of the healthcare team. ¹
- Patients must be informed of the level of involvement of the medical student/s and provide their consent for student participation.
- This includes when students conduct examinations on anaesthetised patients. In the event that a patient has not provided explicit consent for the examination, an unwarranted physical examination may constitute sexual assault. ²

d) The presence of an observer

- A doctor may choose to have an observer present during gynaecological examination of a patient or in any consultation.
- The term "observer" is used increasingly commonly, instead of "chaperone", to mean an observer acting to protect a doctor's interests. Chaperone is used by the medical colleges to describe a formal observer present during a consultation or examination as a condition of medical practice.
- The role of the observer is different to a support person, relative or friend. The role of the observer is to observe the consultation or part of a consultation on the doctor's behalf, including the communication between the doctor and patient and any examination that takes place.
- The level of the observer's interaction in the consultation should be agreed to before the consultation is initiated, both between the doctor and observer, and between the doctor and patient.
- Verbal consent for the presence of the observer should be obtained from the

patient at the start of the consultation and documented in the clinical record.

The observer must:

- be suitably qualified and of acceptable gender to the patient, in accordance with recommendations of the Medical Board of Australia and Medical Council of New Zealand.
- be of a gender approved by the patient or the patient's support person such as a parent, carer, guardian or friend
- respect the privacy and dignity of the patient.

e) When there is not agreement on the presence of a third person

- Not every patient will want to have a third person in attendance for a physical examination where they need to undress. A patient has the right to decline a third person being present. Similarly, a doctor may decline to examine a patient on their own.
- If there is no agreement on the attendance of a third person, or who that third person should be, either the doctor or the patient has the right to withdraw from the consultation until a mutually acceptable third person is available. Alternatively, the patient may be referred to another doctor. This should not in any way have any adverse effect on the care that is provided.

For guidance on the examination of young women and children,

Refer to the Royal Australasian College of Physicians (RACP) Policy Genital Examinations in Girls and Young Women: A Clinical Practice Guideline, available at: www.racp.edu.au/docs/default-source/advocacy-library/genital-examinations-in-girls-and-young-women-a-clinical-practice-guideline.pdf

5. References

1. Medical Board of Australia. Good Medical Practice: A code for doctors in Australia (2014)
Available at: <https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx>
2. Medical Board of Australia. 2011. Sexual Boundaries: Guideline for doctors. Available at: <http://www.medicalboard.gov.au/News/2011-10-28-Sexual-Boundaries-Guidelines-for-doctors-released.aspx>

6. Other suggested reading

Medical Council of New Zealand. 2019. Informed consent: Helping patients make informed decisions about their care. Available at: <https://www.mcnz.org.nz/assets/standards/dcbf35722d/Statement-on-informed-consent.pdf>

Medical Council of New Zealand. 2004. When another person is present during a consultation. <https://www.mcnz.org.nz/assets/News-and-Publications/Statements/When-another-person-is-present-during-a-consultation.pdf>

Code of Ethical Practice. Royal Australian and New Zealand College of Obstetricians and Gynaecologists, November 2006.

Patient Examination Guidelines, Australian Medical Association Position Statement, 2012. Available at: https://ama.com.au/sites/default/files/documents/Patient_Examination_Guidelines_2012_0.pdf

Genital Examinations in Girls and Young Women: A Clinical Practice Guideline. The Royal Australasian College of Physicians (RACP). April 2018. Available at: www.racp.edu.au/docs/default-source/advocacy-library/genital-examinations-in-girls-and-young-women-a-clinical-practice-guideline.pdf

FIGO Recommendations on the Ethical Issues in Obstetrics and Gynaecology October 2012 <https://www.figo.org/sites/default/files/uploads/wg-publications/ethics/English%20Ethical%20Issues%20in%20Obstetrics%20and%20Gynecology.pdf>

7. Links to other College statements

Evidence-based Medicine, Obstetrics and Gynaecology (C-Gen 15) [https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20General/Evidence-based-medicine,-Obstetrics-and-Gynaecology-\(C-Gen-15\)-Review-March-2016.pdf?ext=.pdf](https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20General/Evidence-based-medicine,-Obstetrics-and-Gynaecology-(C-Gen-15)-Review-March-2016.pdf?ext=.pdf)

Appendices

Appendix A Women's Health Committee Membership

Name	Position on Committee
Professor Yee Leung	Chair and Board Member
Dr Gillian Gibson	Deputy Chair, Gynaecology
Dr Scott White	Deputy Chair, Obstetrics
Associate Professor Ian Pettigrew	Member and EAC Representative
Dr Kristy Milward	Member and Councillor
Dr Will Milford	Member and Councillor
Dr Frank O'Keeffe	Member and Councillor
Professor Sue Walker	Member
Professor Steve Robson	Member
Dr Roy Watson	Member and Councillor
Dr Susan Fleming	Member and Councillor
Dr Sue Belgrave	Member and Councillor
Dr Marilyn Clarke	ATSI Representative
Professor Kirsten Black	Member
Dr Thangeswaran Rudra	Member
Dr Nisha Khot	Member and SIMG Representative
Dr Judith Gardiner	Diplomate Representative
Dr Angela Brown	Midwifery Representative, Australia
Ms Adrienne Priday	Midwifery Representative, New Zealand
Ms Ann Jorgensen	Community Representative
Dr Rebecca Mackenzie-Proctor	Trainee Representative
Dr Leigh Duncan	He Hono Wahine Representative
Prof Caroline De Costa	Co-opted member (ANZJOG member)
Dr Christine Sammartino	Observer

Appendix B Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.