Summary of Key principles for intimate clinical assessments undertaken remotely in response to COVID-19

Context: The receipt and use of intimate images of adults and children must be guided by the principle of the interests of the patient. The approach to video consulting, image sharing, and storage should be the same as it would be for face to face interactions.

Key principles

1. **Protect patients**

Patient information and safeguarding Provide information to patients that is clear, easy to read and accessible. This information should cover: that the patient should not send an intimate image without prior communication with the clinician and what is going to happen to the image(s) once received and the options available to the patient. **An image should only be stored if this is what you would do in a face to face consultation**

Review and update your data protection impact assessment (DPIA), your clinical safety risk standard (DCB0160), chaperone and **safeguarding policies to include remote consultations.**

Ensure the roles, responsibilities and **operational pathway** for clinicians and staff who have access to intimate images are clearly defined

Remain **professionally curious and vigilant** Consider safeguarding issues and whether you can explore these fully via a remote consultation-have a low threshold for conversion to face to face appointment if concerns. Clinicians should remain alert to who has taken the image, particularly if the patient is under 18 years old or is a vulnerable person

2. **Necessity**

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. Use your clinical judgement and assess patients on a case by case basis

3. **Informed Consent**

The General Medical Council (GMC) and Nursing and Midwifery Council (NMC) advise that informed consent to receive and store the patient's image is necessary, irrespective of whether it is your idea or the patient's. 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**. 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. There must be clear justification for the need to store an intimate image in the clinical record.

Where an intimate image has been sent to a clinician without prior discussion, the clinician must go back to the patient or someone with the legal authority to act on the patient's behalf for healthcare decisions to confirm the patient's capacity to give consent and confirm the patient's consent. **Consent does not need to be written**. If the patient does not have the relevant capacity, are there wider safeguarding concerns?

Children: Where a child lacks competence to make a decision about a remote assessment, you will need the permission of someone with parental responsibility (or delegated parental responsibility) unless it is not in the child's best interest, in short, you should apply the same principles used in face-to-face practice.
People 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. If the patient (adult or child) is the subject of a video consultation, you should have an appropriately **trained chaperone** for any situation where you would do so in a face to face consultation, with extra consideration given if the patient is a vulnerable person or where a decision to proceed with an examination is made in the patient's best interests.
Family carers and care service staff :It is important to consider the appropriateness of asking for an image where this may involve physical touching of an intimate area by a care worker(s) or carer and have regard to whether the purpose for which it is needed can be achieved in a way that is less restrictive.

4. **Confirm the patient's identity:** As far as is reasonably possible and act in good faith

5. **Processing and storing intimate images**

The approach to storing images should be the same as it would be for face to face interactions. Do not record the video or audio of the consultation or take a screenshot unless there is a specific reason to do so, and there is informed consent

6. **Intimate examinations via a video consultation**

If you proceed with an examination that the patient is likely to perceive to be intimate via videolink be mindful of the principles set out in the GMC guidance entitled intimate examinations and chaperones

7. **Good record keeping**

Make clear, contemporaneous and complete written records in the patient's clinical record, as you would in a standard consultation.

8. **Receiving an intimate image of a child (a person who is under 18)**

Criminal acquisition and misuse of such images must be recognised as a risk.

The law considers the following: • whether the image is 'indecent' and whether there is the defence of a 'legitimate reason' or whether there is a 'lack of awareness' of the nature and content of the image and how this image is handled by the clinician, for example, if a patient sends an unsolicited intimate image

Where an intimate image is taken and shared for clinical purposes with a healthcare professional, provided that informed consent and appropriate clinical judgements have been made and recorded, patients (parents or legal guardians) and clinicians should not be deterred from collecting information that is clinically necessary to provide care or reach a diagnosis

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