

July 25, 2018

On July 11, 2018, the Vermont Board of Medical Practice issued *Recommendations for Intimate Exams in Outpatient Settings*. The Board was prompted to act by complaints that raised allegations related to inappropriate conduct by licensees in the course of providing care that resulted in contact with, or viewing of, intimate regions of the body. Because allegations of this nature tend to address encounters where only the licensee and the patient were present, these can be difficult cases to investigate and decide. They also tend to be very stressful for the patient and licensee.

The following comments are offered to help with understanding what this means for licensees and why the Board established these written recommendations.

1. These are recommendations, not an enforceable rule. No one will be charged with violating these recommendations. However, Board statements such as this tend to both reflect and influence the standard of care, so the recommendations should not be ignored. The Board did not issue enforceable rules on this subject because members were sensitive to the fact that a requirement to offer chaperones could be a significant resource challenge in many practice settings.

2. The recommendations are, by their terms, applicable to outpatient settings. When this was discussed it became apparent that differences between the outpatient and inpatient environments would make establishment of a single set of recommendations impractical. Also, the complaints of this nature have tended to be about outpatient care, so it was decided to first put out guidance regarding outpatient settings. However, hospitals and licensees who practice in hospitals are encouraged to work on their own policies and nothing prohibits facilities from using elements of this document.

3. A key concept is reflected in the seventh identified “best practice.” Procedures should be explained to the patient beforehand. There should be no surprises. This is a question not only of helping patients to be comfortable with the care they are receiving, but also of informed consent for the touching or viewing of private areas of the body. The Board acknowledges that the recommendations may not make sense in some instances, including when a patient is unconscious and unaccompanied, or in emergencies.

Please take a moment to consider these recommendations and how your practice procedures might be modified in ways that could improve the patient experience, while also helping to reduce the potential for allegations of inappropriate conduct. We welcome all comments regarding the recommendations and how they might be improved.