Independent review of the use of chaperones to protect Australian patients Submission 31 - Ms Allison Bryant



Submission Allison Bryant to: ChaperoneReview 03/10/2016 01:33 PM

From: Allison Bryant

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To: ChaperoneReview@nhpopc.gov.au,

Dear Professor Paterson

Please excuse the casual nature of this email. I have just become aware of your review this very day, so I am writing an email from home on this public holiday so that our professional group is included in your review.

My name is Allison Bryant. I am the Secretary for the Queensland Continence and Women's Health Physiotherapy Clinical Network. This network has representatives from most major public hospitals in Queensland, and some private facilities also.

I work at the QEII Jubilee Hospital, on the southside of Brisbane and have recently started working in private practice.

Continence physiotherapists work with patients who have urinary incontinence, prolapse, colorectal conditions, pelvic pain and other pelvic issues. Central to most assessments will be either a vaginal or rectal examination, or both.

My colleague was dismayed recently due to a response that she received during an email exchange with AHPRA.

As part of her post-graduate study, she needed to find some information relating to vaginal examinations. After emailing AHPRA, the email response was that vaginal examinations are not in the scope of physiotherapists.

That was a little concerning - that our regulatory body has no idea of the clinical work that we do.

So, I want to be sure that your review will include physiotherapists.

In our network, we have one large teaching hospital (RBWH) which mandates chaperones for all intimate examinations. All other hospitals offer a chaperone, but it is the patient's choice whether they have one or not.

Most discussion comes up around whether female PTs doing work with prostate cancer patients, males with pelvic pain and colorectal issues SHOULD have a chaperone, or not. Clearly, a male Gynaecologist would always have a nurse with him for examinations.

I do apologise for not having a more formal submission today, but please contact me if I can be of any further assistance.

Allison Bryant Physiotherapist

QEII Hospital Fully Integrated Therapies