



21 October 2016

Professor Ron Paterson
Chaperone Review
c/- National Health Practitioner Ombudsman and Privacy
Commissioner
GPO Box 2630
MELBOURNE VIC 3001

College House
254-260 Albert Street
East Melbourne Victoria 3002
Australia
telephone: +61 3 9417 1699
facsimile: +61 3 9419 0672
email: ranzcog@ranzcog.edu.au
www.ranzcog.edu.au
ABN 34 100 268 969

By email: ChaperoneReview@nhpopc.gov.au

Dear Professor Paterson

Re: Medical Board of Australia Independent Chaperone Review

I write in relation to the Medical Board of Australia independent review of the use of chaperones.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) would like to offer the following for consideration.

RANZCOG would like to draw your attention to the RANZCOG statement *Guidelines for Gynaecological Examinations and Procedures (C-Gyn 30)* for our position regarding chaperones. I have attached a copy of this statement for reference; the statement is also available on the College website at <https://www.ranzcog.edu.au/Statements-Guidelines/>.

In summary RANZCOG's view is that chaperones are obligatory on request but not obligated otherwise. A chaperone should be available to attend any patient undergoing physical examination when requested, irrespective of the gender of the doctor (as detailed in C-Gyn 30). RANZCOG advises that a chaperone should 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.

Thank you for the opportunity to contribute to this important review.

Yours sincerely

Michael Permezel
President



Guidelines for 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: March 2016
Review due: March 2019

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

Target audience: All health practitioners providing gynaecological care, and patients.

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 March 2016.

Funding: The development and review of this statement was funded by RANZCOG.

1. Patient summary

When women are cared for by obstetricians and gynaecologists, sometimes intimate examinations will be required as an important part of care and treatment. Doctors recognise that such examinations can be potentially intimidating, especially to women who may have been victims of abuse during their lives. Your doctor should explain why such an examination is required in your case, and what the examination involves. You are also allowed to decline such an examination if that is your wish. A chaperone should be available for you if required, and attention paid to your privacy and comfort. If you have any concerns about such examinations, speak with your doctor.

2. Summary of recommendations

Recommendation 1	Grade
<p>Where gynaecological examination is indicated, doctors should ensure that:</p> <ul style="list-style-type: none">• An adequate explanation is provided about the nature of an examination and the information that it will provide.• The patient has the opportunity to decline examination.• Permission is obtained, especially for breast and/or pelvic examination.• Privacy is provided for disrobing.• Suitable cover is provided during examination, for example, gown or cover sheet.• A chaperone is available to attend any patient undergoing physical examination when requested, irrespective of the gender of the doctor.• That a chaperone is 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.• The patient must be made aware in advance of the presence of medical students and the right to decline their attendance at any examination.• The patient's choice of support person is respected.• It may be appropriate to delay examination until a follow-up appointment.	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 that:

- An adequate explanation is provided about the nature of an examination and the information that it will provide;
- The patient has the opportunity to decline examination;
- Permission is obtained, especially for breast and/or pelvic examination;
- Privacy is provided for disrobing;
- Suitable cover is provided during examination, for example, gown or cover sheet; and
- A doctor should explore with the patient the value of a chaperone being present during the examination and or allow the patient to bring a support person of their choice.
- A chaperone should always be available to attend any patient undergoing physical examination when requested, irrespective of the gender of the doctor.
- 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
- The patient must be made aware in advance of the presence of medical students and the right to decline their attendance at any examination.
- It may be appropriate to delay examination until a follow-up appointment.

If a doctor provides a chaperone, the chaperone must:

- be qualified e.g. a registered or enrolled nurse or appropriately trained, that is, the chaperone understands the support role they are performing on behalf of the patient
- 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.

With respect to examination of young women and children, see 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. Other suggested reading

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>

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, 1996.

Gynaecological Examinations: Guidelines for Specialist Practice. Royal College of Obstetricians and Gynaecologists, July 2002.

Clinical Standards. Advice on Planning the Service in Obstetrics and Gynaecology. Royal College of Obstetricians and Gynaecologists, July 2002.

Intimate examinations: use of chaperones in community based family planning clinics. British Journal of Obstetrics and Gynaecology 2000; 107 (1): 130-132.

Genital Examinations in Girls and Young Women: A Clinical Practice Guideline. The Royal Australasian College of Physicians (RACP). August 2009. Available at: www.racp.edu.au/docs/default-source/advocacy-library/genital-examinations-in-girls-and-young-women-a-clinical-practice-guideline.pdf

6. Links to other College statements

Evidence-based Medicine, Obstetrics and Gynaecology (C-Gen 15)
http://www.ranzcog.edu.au/component/docman/doc_download/894-c-gen-15-evidence-based-medicine-obstetrics-and-gynaecology.html?Itemid=341

Appendices

Appendix A Women's Health Committee Membership

Name	Position on Committee
Associate Professor Stephen Robson	Chair and Board Member
Dr James Harvey	Deputy Chair and Councillor
Associate Professor Anusch Yazdani	Member and Councillor
Associate Professor Ian Pettigrew	Member and Councillor
Dr Ian Page	Member and Councillor
Professor Yee Leung	Member of EAC Committee
Professor Sue Walker	General Member
Dr Lisa Hui	General Member
Dr Joseph Sgroi	General Member
Dr Marilyn Clarke	General Member
Dr Donald Clark	General Member
Associate Professor Janet Vaughan	General Member
Dr Benjamin Bopp	General Member
Associate Professor Kirsten Black	General Member
Dr Bernadette White	General Member
Dr Jacqueline Boyle	Chair of the ATSIWHC
Dr Martin Byrne	GPOAC representative
Ms Catherine Whitby	Community representative
Ms Sherryn Elworthy	Midwifery representative
Dr Michelle Proud	Trainee representative

Appendix B Overview of the development and review process for this statement

i. Steps in developing and updating this statement

This statement was originally developed in November 2004 and was most recently reviewed in March 2016. The Women's Health Committee carried out the following steps in reviewing this statement:

- Declarations of interest were sought from all members prior to reviewing this statement.
- Structured clinical questions were developed and agreed upon.
- An updated literature search to answer the clinical questions was undertaken.
- At the March 2016 face-to-face committee meeting, the existing consensus-based recommendations were reviewed and updated (where appropriate) based on the available body of evidence and clinical expertise. Recommendations were graded as set out below in Appendix B part iii)

ii. Declaration of interest process and management

Declaring interests is essential in order to prevent any potential conflict between the private interests of members, and their duties as part of the Women's Health Committee.

A declaration of interest form specific to guidelines and statements was developed by RANZCOG and approved by the RANZCOG Board in September 2012. The Women's Health Committee members

were required to declare their relevant interests in writing on this form prior to participating in the review of this statement.

Members were required to update their information as soon as they become aware of any changes to their interests and there was also a standing agenda item at each meeting where declarations of interest were called for and recorded as part of the meeting minutes.

There were no significant real or perceived conflicts of interest that required management during the process of updating this statement.

iii. Grading of recommendations

Each recommendation in this College statement is given an overall grade as per the table below, based on the National Health and Medical Research Council (NHMRC) Levels of Evidence and Grades of Recommendations for Developers of Guidelines. Where no robust evidence was available but there was sufficient consensus within the Women’s Health Committee, consensus-based recommendations were developed or existing ones updated and are identifiable as such. Consensus-based recommendations were agreed to by the entire committee. Good Practice Notes are highlighted throughout and provide practical guidance to facilitate implementation. These were also developed through consensus of the entire committee.

Recommendation category		Description
Evidence-based	A	Body of evidence can be trusted to guide practice
	B	Body of evidence can be trusted to guide practice in most situations
	C	Body of evidence provides some support for recommendation(s) but care should be taken in its application
	D	The body of evidence is weak and the recommendation must be applied with caution
Consensus-based		Recommendation based on clinical opinion and expertise as insufficient evidence available
Good Practice Note		Practical advice and information based on clinical opinion and expertise

Appendix C 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.