



Chaperone Approval Position Statement

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Summary: **This position statement sets out the Medical Council's expectations of an approved chaperone and the criteria the Medical Council applies for approving a chaperone.**

Applies to: Practitioners subject to chaperone conditions, chaperones, Medical Council of NSW and HPCA staff supporting the Medical Council.

Of interest to: Decision makers

Author: Medical Council of NSW

Owner: Medical Council of NSW

Related legislation, Awards, Policy and Agreements: *Health Practitioner Regulation National Law (NSW)*
Compliance Policy – Chaperone
Conditions Handbook – Template Chaperone Conditions

Review date: June 2020

IMPLEMENTATION

This Position Statement will be published on the Council's website, provided to practitioners when a chaperone condition is imposed, and provided to nominee chaperones. It should be read in conjunction with the Council's Compliance with Chaperone Condition Policy – Chaperone.

Chaperone Approval Position Statement

PURPOSE

This position statement sets out the Medical Council's expectations of an approved chaperone and the criteria the Council applies when approving a chaperone. It should be read in conjunction with the Council's Compliance Policy – Chaperone, which sets out the obligations of a practitioner subject to a chaperone condition.

The *Health Practitioner Regulation National Law (NSW)* states that the protection of the health and safety of the public must be the paramount consideration when functions are being exercised under that law. Chaperone conditions allow a practitioner to continue to practise whilst allegations of sexual assault or misconduct are dealt with by the appropriate body.

A condition requiring the use of a chaperone may be imposed as a result of Council proceedings pursuant to section 150 of the *Health Practitioner Regulation National Law (NSW)*. In these circumstances the imposition of this condition is intended as an interim protective measure pending finalisation of the matter that necessitated the conditions being imposed.

EXPECTATIONS

The Council expects a practitioner (subject to chaperone conditions) to ensure that any chaperone has been approved by the Council, in accordance with the conditions on his/her registration and the Council's Compliance Policy – Chaperone. The Council-approved chaperone must be present when the practitioner is consulting, examining, treating or performing any procedure on any patient in the patient group identified in the conditions (by gender and/or age). The Council-approved chaperone must remain in the room at all times while the patient is with the practitioner.

The Council-approved chaperone is required to sign and date the 'Chaperone Log' at the time of a consultation, examination, treatment or procedure as evidence of his/her continuous presence. By consenting to act as a chaperone, a Council-approved chaperone agrees to inform the Council immediately of any concerns that may arise in the course of undertaking the role of chaperone.

WHAT INFORMATION THE CHAPERONE RECEIVES

As part of his/her briefing, a chaperone will receive publicly available information that is relevant to the practitioner being chaperoned.

Other information may be provided, depending on the constraints of confidentiality in each particular case.

CRITERIA FOR APPROVING A CHAPERONE

The following criteria will be taken into account when considering whether or not to approve a chaperone:

1. A chaperone must be a medical practitioner or nurse currently registered in Australia.
2. A chaperone should not:
 - a) be a relative, partner, close friend of the practitioner;
 - b) be a patient of the practitioner or of the practitioner's practice;
 - c) be the subject of current investigation, assessment, inquiry or proceedings in relation to conduct, health or performance matters;
 - d) have conditions imposed on their registration; or
 - e) have been the subject of an adverse finding in previous disciplinary proceedings, regardless of whether his/her registration remains subject to conditions.

3. A chaperone should be acceptable to the patient and generally should be of the same gender as the specified patient group (if the practitioner's conditions are gender or age specific).
4. A chaperone must consent to undertaking the role of chaperone.
5. A chaperone must be prepared to notify the Council if he/she has any immediate concerns arising in the course of undertaking the role of chaperone.
6. A chaperone must understand the language the practitioner uses when communicating with the patient.
7. A chaperone must only act as a chaperone in a consultation, examination, treatment or procedure where the patient has agreed to have the chaperone presence.

Nominees who do not meet these criteria may not be approved.

The Council may withdraw a chaperone's approval where a chaperone ceases to meet the criteria set out above.

ATTACHMENTS

- Chaperone Log.
- Chaperone nomination form.

CHAPERONE LOG

To comply with Privacy Laws, **begin from the bottom of the page** and for each new entry, ensure all previously completed details are obscured from sight, e.g. cover with a sheet of thick paper.

DR _____ MONTH _____ YEAR _____

	DATE	TIME	PATIENT'S FULL NAME (PRINTED) AND SIGNATURE I AGREE THAT THE CHAPERONE WAS ACCEPTABLE TO ME AND REMAINED IN THE ROOM AT ALL TIMES WHILE I WAS WITH THE PRACTITIONER.	CHAPERONE'S FULL NAME (PRINTED) AND SIGNATURE I CONFIRM THAT THE PATIENT CONSENTED TO MY PRESENCE AND THAT I REMAINED IN THE ROOM AT ALL TIMES WHILE THE PATIENT WAS WITH THE PRACTITIONER.
10				
9				
8				
7				
6				
5				
4				
3				
2				
1				

Nominated Chaperone Consent Form

This form should be sent directly to the Medical Council of NSW Monitoring Team by the nominated chaperone
Attention: Monitoring team, either by **Fax:** 02 9816 5307 or **Email:** mcnsw@mcnsw.org.au

Dr _____ has nominated me to act as his/her chaperone in accordance with his/her conditions.

Please strike out the option that does not apply:

I **do / do not** consent to undertaking the role of chaperone and confirm the following.

If you do accept, please tick all the following that apply:

- I am aware of the public conditions on Dr _____'s registration.
- I have read and understood the Council's Chaperone Approval Position Statement and the Compliance Policy – Chaperone.
- I am a medical practitioner / nurse (please circle) with current Australian registration.
- I am not the subject of a current conduct, health or performance investigation or proceedings.
- I have not been the subject of an adverse finding in previous disciplinary proceedings.
- I do not have conditions imposed on my registration.
- I am not a relative of the practitioner.
- I do not have a social or treating relationship with the practitioner.
- I am female / male (please circle)
- I am aware that Dr _____ consults in the following languages _____ and confirm that I understand _____.

If the Council approves me as Dr _____'s chaperone:

- I will sign and date the 'Patient Log/Chaperone Report' at the time of the consultation, examination, treatment or procedure as evidence of the fact that I was present at all times.
- I will immediately notify the Medical Council if I have any concerns about Dr _____'s inappropriate conduct during a consultation or compliance with the conditions.
- I will notify the Council if I cease to meet the criteria set out in the Position Statement, or if any of the statements I have declared on this form cease to apply. I am aware that this may result in the withdrawal of approval to act as a chaperone.
- I have attached a submission (optional).

Signature: _____

Date: _____

Print Name: _____

Title: _____

AHPRA registration number: _____

Address: _____

Contact number: _____

Email address: _____