



Compliance Policy – Chaperone

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Version:		
Summary:	This policy sets out the requirements of a practitioner subject to a chaperone condition.	
Applies to:	Medical practitioners with a chaperone condition whose principal place of practice is in NSW.	
Of interest to:	Chaperones and decision makers	
Author:	Medical Council of NSW	
Owner:	Medical Council of NSW	
Related legislation, Awards, Policy and Agreements:	Medical Council of NSW Chaperone Approval Position Statement; <i>Health Practitioner Regulation National Law (NSW)</i>	
Review date:	June 2020	

IMPLEMENTATION

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

A practitioner, whose registration is subject to a condition requiring a chaperone imposed in NSW, must practise in compliance with their chaperone conditions as well as this policy.

Compliance Policy – Chaperone

PURPOSE

This policy applies to a practitioner who is the subject of a chaperone condition, imposed in NSW¹, after 1 March 2016. Where a condition alters the requirements of this policy, the altering condition prevails.

REQUIREMENTS FOR COMPLYING WITH A CHAPERONE CONDITION

A practitioner who is the subject of a chaperone condition in private practice must:

1. Not consult, examine, treat or perform any procedure on any patient in the identified patient group (by gender and/or age) in the condition unless a Council-approved chaperone is continuously present.
 - (a) In the event of a medical emergency when it is not possible or reasonable to have a patient with a life threatening or urgent condition seen by another medical practitioner or transferred to the nearest hospital, the practitioner may provide emergency medical services to such patients without the requirement of a Council-approved chaperone. The practitioner must:
 - (i) Notify the Council in writing within seven days of the event occurring; and
 - (ii) Record the event in the practitioner's 'Chaperone Log'.
2. Nominate any proposed chaperone/s to the Council in accordance with the Council's Chaperone Approval Position Statement. Approval of a chaperone by the Council is not an automatic process. A practitioner must have received confirmation of approval of any chaperone to ensure compliance with his/her condition.
3. Provide all proposed and approved chaperones with a copy of all publicly available conditions on his/her registration.
4. Inform the Council-approved chaperone of the requirement to be present continuously during the course of any consultation, examination, treatment or performance of any procedure with any patient in the identified patient group.
5. Inform each patient in the identified patient group (and the patient's carer if applicable) prior to any consultation, examination, treatment or performance of any procedure of the necessity of a Council-approved chaperone to be present at all times.
 - (a) The practitioner must establish that the chaperone is acceptable to the patient. If the chaperone is not considered acceptable, the patient must have the opportunity to decline and the practitioner must not proceed with the consultation, examination, treatment or procedure. The patient should then be provided with an alternative, such as referral to another medical practitioner.
 - (b) Generally the chaperone should be of the same gender as the patient, and must be of a gender with which the patient feels comfortable
6. Inform the Council if the practitioner communicates with his/her patients in any language other than English.

¹ This policy applies where the chaperone condition is imposed under [Part 8 of the Health Practitioner Regulation National Law \(NSW\)](#).

- (a) The practitioner must ensure that the nominated chaperone is able to understand the language that the practitioner uses when communicating with the patient.
7. Complete and forward to the Council a 'Chaperone Log' within seven days following the end of each calendar month listing all patients in the identified patient group in the condition who have been consulted, examined, treated or had a procedure performed by the practitioner during the calendar month. The Log must be in a Council-approved format and include:
 - a) The date and time of each consultation, examination, treatment or procedure;
 - b) The name of each patient and Council-approved chaperone; and
 - c) Contemporaneous signature of each patient (or the patient's carer if applicable) and the Council-approved chaperone.
 8. Authorise all Council-approved chaperones to inform the Council immediately of any concerns that may arise in the course of undertaking the role of chaperone.
 9. Provide the Council, within seven days, of the imposition of this chaperone condition, or commencing new employment with details of where he/she currently practises as a medical practitioner, the details of any person or organisation that engages them to work as a medical practitioner, including any Local Health District, private hospital, day procedures centre, medical centre or nursing home where he/she holds any appointments.
 10. Notify the principal of any practice and any other medical practitioners working on site with the practitioner within a private practice, of the public conditions on his/her registration. The practitioner must forward to the Council within seven days of the imposition of a chaperone condition, or commencing new employment, a copy of his/her practice conditions signed by each one of these persons.
 11. Meet all costs associated with engaging a chaperone.

A practitioner who is the subject of a chaperone condition in a hospital, nursing home or equivalent place of practice must:

1. Not consult, examine, treat or perform any procedure on any patient in the identified patient group (by gender and/or age) in the condition unless a chaperone is continuously present in accordance with a Council-approved Chaperone Plan.
 - (a) In the event of a medical emergency when it is not possible or reasonable to have a patient with a life threatening or urgent condition seen by another medical practitioner or transferred to the nearest hospital, the practitioner may provide emergency medical services to such patients without the requirement of a chaperone. The practitioner must:
 - (i) Notify the Council in writing within seven days of the event occurring; and
 - (ii) Record the event in the practitioner's 'Chaperone Log'.
2. Develop a Chaperone Plan applicable to each setting/location at which the practitioner practices. The Chaperone Plan must be approved by the Council prior to the practitioner consulting a patient in the identified patient group (by gender and/or age) and must:
 - (a) Include confirmation that the employer/accreditor or responsible person (such as the Practice Manager, Director of Clinical Services) is aware of the Chaperone Plan.
 - (b) Identify whether the chaperone/s is a medical practitioner or nurse who is currently registered in Australia and is:

- (i) already practising at the location (in which case Council-approval for each chaperone is not required), or has been:
 - (ii) specifically engaged by the practitioner to accompany him/her when practising at that location. If a chaperone is specifically engaged by the practitioner then Council-approval is required in accordance with the Council's Chaperone Approval Position Statement. Approval of a chaperone by the Council is not an automatic process. A practitioner must receive confirmation of approval of any chaperone to ensure compliance with his/her condition. In this instance, a practitioner must also have permission by his/her employer/responsible person for any chaperone to provide this service.
 - (c) authorise the employer/responsible person to notify the Council of any concerns the employer/responsible person may have about the practitioner's compliance with the Chaperone Plan or the conditions imposed on his/her registration. Provide all chaperones with a copy of all publicly available conditions on his/her registration.
3. Inform all chaperones of the requirement to be present continuously during the course of any consultation, examination, treatment or performance of any procedure with any patient in the identified patient group.
 4. Inform each patient in the identified patient group (and the patient's carer if applicable) prior to any consultation, examination, treatment or performance of any procedure of the necessity of a chaperone to be present at all times.
 - (a) The practitioner must establish that the chaperone is acceptable to the patient. If the chaperone is not considered acceptable, the patient must have the opportunity to decline and the practitioner must not proceed with the consultation, examination, treatment or procedure. The patient should then be provided with an alternative, such as referral to another medical practitioner.
 - (b) Generally the chaperone should be of the same gender as the patient, and must be of a gender with which the patient feels comfortable.
 5. Inform the Council if the practitioner communicates with his/her patients in any language other than English.
 - (a) The practitioner must ensure that the chaperone is able to understand the language that the practitioner uses when communicating with the patient.
 6. Complete and forward to the Council a 'Chaperone Log' within seven days following the end of each calendar month listing all patients in the identified patient group in the condition who have been consulted, examined, treated or had a procedure performed by the practitioner during the calendar month. The Log must be in a Council-approved format and include:
 - (a) The date and time of each consultation, examination, treatment or procedure;
 - (b) The name of each patient and Council-approved chaperone; and
 - (c) Contemporaneous signature of each patient (or the patient's carer if applicable) and the chaperone.
 7. Authorise all chaperones to inform the Council immediately of any concerns that may arise in the course of undertaking the role of chaperone.
 8. Provide the Council, within seven days, of the imposition of this chaperone condition, or commencing new employment with details of where he/she currently practises as a medical practitioner, the details of any person or organisation that engages them to work as a medical practitioner, including any Local Health District, private hospital, day

procedures centre, medical centre or nursing home where he/she holds any appointments.

9. Notify the Director of Medical Services, or equivalent, in any hospital where the practitioner is employed, of the public conditions on his/her registration. The practitioner must forward to the Council within seven days of the imposition of a chaperone condition, or commencing new employment, a copy of his/her practice conditions signed by each one of these persons.
10. Meet all costs associated with engaging a chaperone.

CONSEQUENCE OF FAILURE TO COMPLY WITH THIS POLICY

Failure to comply with this policy is a breach of conditions.

Any apparent breach of conditions may be referred to the Health Care Complaints Commission for investigation of a complaint. A breach of conditions may be found to be unsatisfactory professional conduct (see [s 139B\(c\) of the Health Practitioner Regulation National Law \(NSW\) \(National Law\)](#)) and may result in prosecution. The Council may also consider taking interim action under [s150 of the National Law](#).