



# Practice Monitor Approval Position Statement

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**Summary:**

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

**Applies to:**

Practitioners subject to practice monitor conditions, practice monitors, 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 – Practice Monitor  
Conditions Handbook – Template Practice Monitor Conditions

**Review date:**

June 2022

## IMPLEMENTATION

This Position Statement will be published on the Council's website, provided to practitioners when a practice monitor condition is imposed, and provided to nominee practice monitors. It should be read in conjunction with the Council's Compliance Policy – Practice Monitor.

# Practice Monitor Approval Position Statement

## PURPOSE

This position statement sets out the Medical Council's expectations of an approved practice monitor and the criteria the Council applies when approving a practice monitor. It must be read in conjunction with the Council's Compliance Policy – Practice Monitor, which sets out the obligations of a practitioner subject to a practice monitor 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. Practice monitor conditions are designed to protect the public whilst allegations of sexual assault or misconduct are dealt with by the appropriate body and may be imposed as a result of Council convening urgent proceedings under section 150 of the *Health Practitioner Regulation National Law (NSW)*.

## Terms used in this position statement

**Contact** - includes any consultation, examination, treatment, procedure, interview, assessment, prescribing for, advising, or otherwise seeing a patient, whether or not the patient is physically in the presence of the practitioner.

**Identified patient group** - a category of individuals referred to in a condition imposed on a practitioner's registration.

**Patient** - a person who belongs to the identified patient group.

**Practice monitor** - A medical practitioner, nurse or midwife with current Australian registration who has been approved by the Medical Council of NSW to monitor the practice of a practitioner who is the subject of a practice monitor condition.

**Person responsible** - a person, normally a parent, spouse, guardian, carer or close friend or relative of a person who lacks legal capacity.

References to '**patient**' in this policy includes, in the case of a minor or a person who for any reason lacks legal capacity, the **person responsible**.

**Technology-based patient consultations** - patient consultations that use any form of technology, including but not restricted to videoconferencing, internet and telephone as an alternative to face-to face consultations (Medical Board of Australia, Guidelines - Technology-based patient consultations, 16 January 2012)

## EXPECTATIONS

A practice monitor:

- must be approved by the Council before performing any duties in the role.
- must be present when the practitioner has any contact with any patient in the identified patient group listed in the conditions.

The practice monitor must remain in the room at all times while the patient is with the practitioner and see and hear all contact the practitioner has with the patient. This includes direct sight of all physical examinations, whether or not the patient is dressed, undressed or partially undressed.

For some examinations (such as vaginal or rectal examinations) it may be appropriate that a small drape is used for the modesty of the patient. In these circumstances, the practice monitor may not have direct sight of the entire examination, but must continue to observe as much of the examination as possible.

- must not perform any other duties during the practitioner's contact with the patient.
- enquire as to whether the patient has consented to have a practice monitor present at all times during the practitioner's contact with the patient, and has indicated that the practice monitor is a person acceptable to the patient.
- is required to sign and date the patient consent form and 'Practice Monitor Log' at the time of the contact as evidence of the patient's agreement to his/her presence and the fact that the practice monitor directly observed all aspects of the contact.

By agreeing to act as a practice monitor, he or she agrees to inform the Council immediately of any concerns that may arise in the course of undertaking the role.

## **WHAT INFORMATION THE PRACTICE MONITOR RECEIVES**

As part of his/her briefing, the Council will provide to the practice monitor all publicly available information that is relevant to the practitioner being monitored.

## **CRITERIA FOR APPROVING A PRACTICE MONITOR**

The following criteria will be taken into account by the Council when considering whether or not to approve a practice monitor.

1. A practice monitor must:
  - be a medical practitioner, nurse or midwife currently registered in Australia.
  - consent to undertaking the role of practice monitor.
  - whilst acting as a practice monitor agree to act only as a practice monitor, and not perform any other duties at this time.
  - understand the language the practitioner uses when communicating with patients.
  - acknowledge that failure to comply with these requirements may result in disciplinary proceedings against the practice monitor.
2. A practice monitor must not:
  - be a relative, partner, or close friend of the practitioner.
  - be a patient of the practitioner or of the practitioner's practice.
  - be the subject of a current complaint, notification, investigation, assessment, inquiry or proceedings in relation to conduct, health or performance matters.
  - have conditions imposed on his/her registration.
  - have been the subject of an adverse finding in previous disciplinary proceedings, regardless of whether his/her registration remains subject to conditions.

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

The Council may withdraw a practice monitor's approval at any time, such as if a practice monitor ceases to meet any of the criteria set out above.

## **ATTACHMENTS**

- Practice monitor Log.
- Practice monitor nomination form.

# Practice Monitor Nomination and Consent Form

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

Dr \_\_\_\_\_ has nominated me to act as his/her practice monitor in accordance with his/her conditions.

Please strike out the option that does not apply:

I have read the Practice Monitor Approval Position Statement and I **agree / do not agree** to undertaking the role of practice monitor.

If you agree to undertaking the role of practice monitor, please complete the following:

1. Are you aware of the public conditions on Dr \_\_\_\_\_'s registration? **Yes/No**
2. Are you either a **medical practitioner / nurse / midwife (please circle)** with current Australian registration? **Yes/No**
3. Are you the subject of a current complaint, notification, investigation or proceeding(s)? **Yes\*/No**
4. Have you been the subject of an adverse finding in disciplinary proceedings? **Yes\*/No**
5. Do you have, or have you ever had, conditions imposed on your registration? **Yes\*/No**
6. Are you a relative, partner or friend of the practitioner? **Yes\*/No**
7. Are you or have you ever been a patient of the practitioner or anyone else at the practitioner's practice? **Yes\*/No**
8. I identify as \_\_\_\_\_ gender.
9. I am aware that Dr \_\_\_\_\_ consults in the following languages \_\_\_\_\_  
 \_\_\_\_\_ and confirm that I understand \_\_\_\_\_
10. If the Council approves me as practice monitor to monitor Dr \_\_\_\_\_, I will:
  - sign and date the patient consent form and the 'Practice monitor Log' at the time of the practitioner's contact with the patient as evidence of the fact that I was present at all times and directly observed all contact. **Yes/No**
  - immediately notify the Medical Council if I have any concerns about Dr \_\_\_\_\_'s conduct during his/her contact with the patient, or if he/she communicates with the patient in a language which I do not understand. **Yes/No**
  - immediately notify the Medical Council if I have any concerns about Dr \_\_\_\_\_'s compliance with the conditions on his/her registration **Yes/No**
  - agree that the Council may contact me in relation to my role **Yes/No**

- 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 practice monitor. **Yes/No**
  - notify the Council if I withdraw my consent to act as a practice monitor. **Yes/No**
11. I acknowledge that this is a professional role and that the obligations of my registration apply **Yes/No**
12. I have attached a submission (optional) **Yes/No**

**\* If you answered Yes to questions 3, 4, 5,6, or 7, please provide further information**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Print Name: _____
Title: _____
AHPRA registration number: _____
Address: _____ _____
Contact number: _____
Email address: _____