

Information sheet for chaperones approved by the Board

Background and Purpose

Purpose

This document is to provide information to individuals approved by the National Board to act as a chaperone as to their role and responsibilities.

What must chaperones do?

A chaperone must be physically present and directly observe all **contact** between the practitioner and either any **patient** or a particular group of patients.

For the purposes of the restrictions on the practitioner's registration and the chaperone requirement the words 'contact' and 'patient' have particular meanings.

'Contact' is not confined to merely consultation with a patient, but includes interview, examination, assessment, prescribing for, advising, treating or otherwise seeing a patient, whether this is in person or via a communication device.

'Patient' is defined as any individual awaiting, requiring, or receiving the professional services of the registered health practitioner or a registered health practitioner within the same place of practice of the practitioner. In some circumstances this definition is expanded to include the spouse, partner, parent, family member, or guardian and carer of the individual.

Before agreeing to act as a chaperone, you should ensure you are aware of who is defined as a patient. This information is available on the sign in the practitioner's practice and in the restrictions on the practitioner's registration.

At the end of the contact between the practitioner and the patient the chaperone is required to provide their contact details and to sign a chaperone log, which confirms the presence of a chaperone throughout the contact.

From time to time the Australian Health Practitioner Regulation Agency (Ahpra) may contact chaperones, using the contact details on this log, in order to monitor compliance of the practitioner with this restriction.

What if chaperones or patients have concerns?

Chaperones may contact Ahpra on **1300 419 495** (and ask for the Boundary Monitoring team) to discuss any concerns or queries they may have in relation to this requirement or if they feel personally vulnerable, intimidated or threatened while acting as a chaperone.

If a patient is unwilling or reluctant to have a chaperone present during contact with the practitioner that contact should not go ahead. Where possible the practitioner should offer the patient an appointment with another practitioner.

Where a chaperone or patient forms any concern as to the appropriateness of the contact or the conduct of the practitioner during the contact they should ask for the contact with the patient to be brought immediately to an end.

If this occurs chaperones should immediately notify Ahpra on 1300 419 495 and ask for the Boundary Monitoring team.

Chaperones who are also registered health practitioners should be aware that their obligations as to mandatory reporting under the National Law may still be applicable where they fulfil the role of chaperone.

Who may act as a chaperone?

Chaperones approved in advanced must not be relatives or friends of the practitioner or otherwise in a direct contractual or financial relationship with the practitioner. In limited circumstances individuals who are employed by the practitioner may be approved to act as chaperones.

Chaperones approved in advance should be at least eighteen (18) years of age and should be registered health practitioners who hold unrestricted registration. In limited circumstances individuals who are not registered health practitioners may be approved to act as chaperones.

Background

The primary role of the National Boards (the Boards) is to protect the public by ensuring that only practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. The Australian Health Practitioner Regulation Agency (Ahpra) is the body established to provide assistance and support to National Boards in exercising their functions.

From time to time the Board receives notifications alleging that a practitioner has engaged in serious misconduct. The Board must consider how to deal with these allegations and what, if any, action should be taken to protect the public. Sometimes in these circumstances the Board will take action and impose a condition or accept an undertaking from a practitioner that will alter the way they practise by requiring the presence of a chaperone when seeing patients or certain types of patients. Often the Board uses conditions or undertakings (restrictions) requiring chaperones as a protective measure while allegations are investigated and/or evidence is tested at a hearing. On occasion a tribunal or a court may use restrictions requiring a chaperone as part of the orders these bodies make.

In general, a requirement to practise only with a chaperone is applicable only to practitioners who are engaged in private practice.