



Aboriginal and Torres Strait
Islander Health Practice
Chinese Medicine
Chiropractic
Dental
Medical
Medical Radiation Practice
Nursing and Midwifery
Occupational Therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

Information sheet for patient nominated chaperones

Background and Purpose

Purpose

This document is to provide information to individuals nominated as a chaperone by a patient 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 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 Compliance Department in their state or territory) 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 Compliance Department in their state or territory.

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?

Where the patient selects an individual to act as a chaperone that person must be:

- At least 18 years of age
- Physically able and willing to directly observe any and all contact between the practitioner and the patient
- Willing to undertake the role of chaperone

Chaperones chosen by patients may be parents, partners, spouses, family members or guardians/carers of patients.

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.