6 October 2016

Professor Ron Paterson
Chaperone Review
C/- National Health Practitioner Ombudsman and Privacy Commissioner
GPO Box 2630
MELBOURNE VIC 3001

By email to: chaperonereview@nhpopc.gov.au

Dear Professor Paterson

Re: Independent review of chaperones to protect patients

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to respond to the independent review on the use of chaperones to protect patients.

The RANZCP supports the purpose of the independent review which is to consider whether, and if so in what circumstances, it is appropriate to impose a chaperone condition on the registration of a health practitioner to protect patients while allegations of sexual misconduct are investigated.

Feedback from the RANZCP to the consultation questions is provided below.

Do you think chaperone conditions are an effective measure to protect patients, and why?

Recent issues highlighted in the press, and anecdotal evidence from our members, would suggest that chaperone conditions are not effective measures to protect patients. Patients are often confused as to the reason for the chaperone and there is limited if any explanation given to patients as to why such conditions are imposed on practitioners.

In some specialist areas, confidentiality is key to the doctor–patient relationship, so having another practitioner/delegate present adds stress to that relationship and may impede the treatment being provided. This is specifically the case for independent medical examinations and psychotherapy.

If chaperone conditions are appropriate in some circumstances, what steps do you think need to be taken to ensure patients are protected and adequately informed?

If the conduct is performance related and forms part of a performance assessment it would be appropriate. However, patients need to be informed of the reasons behind the chaperone conditions in a sensitive manner whilst ensuring that they understand that they are only allegations.

Practitioners should be well supported through this process and provided adequate peer/College support.
Adequate consideration should be given to the appropriateness of chaperones within the specialty of a practitioner. For example, psychiatrists have a particularly important relationship with their patients based on mutual trust; a breach of this would be detrimental to the patient.

*In what circumstances do you think chaperone conditions are not appropriate, and why?*

Chaperone conditions are not appropriate if there is an allegation of a sexual boundary violation. The RANZCP has a zero tolerance policy on such matters and believes that patient safety is paramount.

If the allegations are of a particularly serious nature or form part of a cluster of complaints a chaperone may also not be an appropriate tool to maintain patient safety.

*Can you suggest an alternative regulatory measure to protect patients while allegations of sexual misconduct are investigated?*

The RANZCP has a zero tolerance to boundary violations and takes allegations of this matter very seriously. Whilst there are ongoing investigations it is not appropriate of practitioners to be treating patients of a particular sex.

*Do you have any general comments for the review to consider?*

Reasons behind the chaperone conditions should be made clear to patients and workplaces. Particular thought should be provided to those in private practice who may be isolated and have limited contact with others.

Patients should be provided with adequate notice and open and transparent discussions should occur.

The difference between a performance assessment, chaperone and boundary violation should be clear.

The burden on chaperones and whether they are supported in the process should be considered.

If you would like to discuss any of the issues raised in this letter, please contact Rosie Forster, Senior Department Manager, Practice, Policy and Partnerships via [email_address] or by phone on [phone number].

Yours sincerely

Prof Malcolm Hopwood
President

Ref: 04770