



Consumers Health
Forum OF Australia

SUBMISSION TO THE INDEPENDENT REVIEW OF CHAPERONES TO
PROTECT PATIENTS

THE USE OF CHAPERONES TO PROTECT PATIENTS

October 2016

Introduction

The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers and those with an interest in health consumer affairs. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

We welcome the opportunity to provide feedback regarding APHRA's chaperones protocol. The need for and use of chaperones in the medical profession is a challenging issue for all concerned and one that CHF supports the investigation of. Due to the short timeframe in which submissions were called for we have not had time to consult our members explicitly on this submission. However, the use of chaperones was highlighted in a recent consultation we conducted regarding the accreditation of GP practices. During this consultation consumers discussed they feel that patients should be made aware of the need for a chaperone and what this entails before they interact with the practitioner. That the issue has arisen both in the media and in our consultation around GP accreditation prior to this we strongly support the review into the protocol and would be happy to offer our assistance to the review should further advice from the perspective of healthcare consumers be of interest.

Response to review terms

1a. Whether chaperone conditions are an effective measure to protect patients

CHF feels that the principles behind the chaperone protocol are sound and protect the presumption of innocence that practitioners are entitled to while also protecting patients.

However, the recent events which prompted this review show that in practice the implementation of the protocol is not always sufficient to protect patients. Our submission provides a range of suggestions that aim to help patients become more fully informed in situations where the protocol has been invoked. We feel that should these suggestions be implemented patients' abilities to provide informed consent to their interactions with practitioners will be greatly strengthened.

In addition to the areas outlined below there are two areas which we suggest should be clarified in the current protocol. The current guidelines do not speak to the issue of whether or not practitioners who are covered under the chaperone protocol are able to see new patients from the group that the chaperone protocol refers to. We suggest that practitioners should not be allowed to take on new patients from the protected group while the protocol is in place.

The guidelines could also be clearer on the procedures regarding the referral of patients to another practitioner. Given the high prevalence of sole practitioners such as general practitioners in rural areas and specialists who have their own rooms we feel that the current requirement to offer an appointment with another practitioner needs to be strengthened and clarified. All possible effort, including transferring of medical records and ensuring that the fee charged is the same or lower than the current practitioner needs to be taken by the current practitioner to assist in the quality of healthcare being the same or higher than had been previously provided.

1b. Whether chaperone conditions are appropriate given the importance of trust and informed consent in the professional relationship between patients and their health practitioners

A positive professional relationship between patients and health practitioners is essential to ensuring that patients engage with their healthcare. As such, anything that jeopardizes this relationship needs to be taken into consideration. Finding out that practitioners have possibly engaged in unprofessional or illegal conduct risks decreasing or destroying this trust. However, the presence of a previously unknown person (e.g. a chaperone) in the consultation may also change or disrupt the professional relationship. Where the patient and practitioner have an existing professional relationship we feel that both the health practitioner and the chaperone should be instructed to introduce the chaperone and explain the reasons why they are there. We recognise that this may take additional time and would strongly suggest that this is allocated, but that the patient should not be billed for this.

1c. In what circumstances chaperone conditions are not appropriate

We feel that in circumstances where the board or authorities consider the practitioner to be at risk of reoffending even when supervised that the chaperone conditions are not appropriate and that they should be suspended from seeing the at risk group of patients .

1d. If chaperone conditions are appropriate in some circumstances, what steps need to be taken to ensure patients are protected (including effective monitoring of chaperone conditions to ensure compliance) and are adequately informed

A number of steps may be useful to ensure patients are protected and are adequately informed. These include:

- Greater and clearer informing of patients, including making explicit the reason that the practitioner is required to have a chaperone with them.
- The way this information is presented on the APHRA website needs to be reconsidered. Currently the onus is on patients to check that each of their practitioners does not have any sanctions against them. We suggest that the list of practitioners is presented clearly on APRA's website and the websites of the relevant profession's board.
- Further to this we suggest that the practice, hospital or other organization where the practitioner is based is required to clearly display information that conveys that the practitioner is required to have a chaperone on their website and in any marketing materials where the practitioner is mentioned by name.

1e. The approach of Board committees in assessing the need for immediate action and use of chaperone conditions

We suggest that the Board should comply with the relevant authority which is undertaking the investigation of the complaint and base their decision on the information from them regarding the levels of risk.

1f. The national Chaperone protocol and current practice, including processes for monitoring and compliance, notice to employers and places of practice, provision of information to patients, information sharing with other agencies, and escalation processes in the case of a suspected breach

We feel that the information for consumers regarding the use of the chaperone protocol needs to be clearer than is currently required.

Provision of information to patients could take the following forms:

- Letters to existing patients of practitioners at the time the chaperone protocol is first invoked
- Letters or other written information provided to new patients of practitioners
- Information provided either in writing or verbally, when patients make appointments with the practitioner. We suggest that it is at this time that patients are informed of the reason that the chaperone protocol has been invoked
- Clear signage in the waiting room and in the consulting room of the practice stating that the chaperone protocol has been invoked and the reasons for it.

This information should be provided in multiple languages and formats as appropriate to the community that the practitioner serves. Information that consumers are not easily able to access or understand is not sufficient to protect them. We suggest that the protocol requires any information provided to patients to be translated into languages used within the practice, be made accessible for visually impaired patients and be provided in simple language for any patients who may have cognitive or learning difficulties.

2. Recommend any other regulatory measures to protect patients while allegations of sexual misconduct are investigated

If patients are provided with clear, understandable and comprehensive information about their practitioner's alleged misconduct we feel that this should be sufficient to allow them to make an informed choice about their interactions while also allowing practitioners to continue to practice.

3. Recommend whether any change is needed to the Regulatory Principles for the National Scheme, and

We do not feel that any change is needed to the Regulatory Principles for the National Scheme at this time.

4. Recommend what (if any) legislative reform should be considered by Ministers to protect patients while allegations of sexual misconduct are investigated.

We feel that if APHRA's regulations were strengthened and implementation more carefully monitored in ways including those suggested above there is no clear need for legislative reform.