NORTHERN TERRITORY GOVERNMENT

DEPARTMENT OF HEALTH

INDEPENDENT REVIEW OF CHAPERONES TO PROTECT PATIENTS

Northern Territory Department of Health responses to consultation questions

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

Chaperoning is effective in that it allows the practitioner to continue to practise and earn a living while the regulatory process runs its course, and at the same time protects against any potential risk to public safety. However, the effectiveness of chaperoning can be compromised by:

- The health service's ability to offer an appointment with an alternative practitioner if the patient does not consent to a chaperone being present. This can be problematic for solo practitioners in private practice and in remote locations.
- The availability of chaperones, particularly in Aboriginal communities, where there are strict gender rules which can impact on the selection of a chaperone. This is particularly relevant for male patients in remote settings where there are often limited numbers of male nurses, Aboriginal health workers or receptionists who could undertake chaperoning duties and English is often spoken as a second language.
- The reality of busy service delivery settings where the rigorous monitoring needed to ensure that the chaperoning is occurring as required does not necessarily happen.

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?

For patients to be adequately protected and informed, consideration of the following is essential:

- The patient's ability to understand the role of the chaperone, as explained by the medical practitioner.
- Cultural sensitivies related to the gender of the chaperone and the patient's ethnicity.
- The personal status and power dynamics between a medical practitioner and a chaperone e.g is the medical practitioner the chaperone's employer?
- The availability of suitable chaperones

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

Although not impossible, chaperoning arrangements would be difficult in remote centres for the reasons outlined above.

In smaller communities, the longer-term impact of chaperoning on the mental health/self-belief/ professional confidence and professional autonomy of the health professional under investigation may be problematic eg. Interfering with continuity of care.

In mental health service delivery the presence of a third person may impact on what is discussed and on the nature and potentially the effectiveness of the therapeutic relationship. Trust is a key issue in the therapeutic alliance between a mental health client and their therapist and even an allegation made against a therapist (as yet unproven) that requires the presence of a chaperone could damage the therapeutic alliance for some vulnerable clients.

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

Consideration needs to be given to the seriousness of the allegation and whether chaperoning is appropriate. In some circumstances all parties may be better served by the practitioner ceasing to practice for the period of the investigation.

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

Whilst the review is focussed on medical practitioners, it is important to acknowledge that this can be an issue across all regulated professions.

Some medical practitioners choose to use chaperones as part of their regular practice, particularly in circumstances where cultural sensitivity is required when treating a patient of the opposite sex. These practitioners see chaperoning as a measure to not only put patients at ease, but also to protect themselves and their patients from allegations of misconduct. However, there are groups of medical practitioners who consider chaperoning an unwelcome intrusion that can cause irretrievable reputational damage, particularly in small communities. These concerns and the cost/benefits of chaperoning may be better addressed by publication of research on patient and practitioner outcomes under chaperoning.

What is an appropriate level of disclosure to the client about the nature of the complaint being investigated needs to be considered. For example a practitioner may ask, *“Do you consent to the nurse assisting me in the consultation today”* or alternatively, *“AHPRA and the Medical Board of Australia require me to have a chaperone because I am being investigated for a complaint about sexual assault”.*