

### **Independent review invites submissions on the use of chaperones**

The Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) would like to submit the following comments regarding the use of chaperones to protect patients.

#### **Diagnostic Imaging**

ASMIRT feels that the documents are clear and are prescriptive enough, but also allow for differences in level of chaperone required.

Whilst the documents are written to ensure that the public is protected, by ensuring that only practitioners who are suitably trained and qualified to practise in a competent and ethical manner, it is felt that perhaps the document should also consider protection for the practitioners against fraudulent accusation.

ASMIRT would also like for the writer to consider guidance for staff / practitioners with regards to comments about having any contact with a patient. What this will mean, is that every time a radiographer ( in particular) and not just intimate contact by sonographers, the radiographer must not only seek permission ( as they do now), but will need another person present. Standard practice requires the palpation of bony structures such as pelvic bones (pubic symphysis in particular), however below the waist is a no go area, and for some groups- the chest area.

Our understanding of the document is that it allows for a radiographer to continue practising after an allegation of serious misconduct - so it protects the patient if the allegation is founded, but protects the radiographer's ability to practise if the allegation is unfounded.

*"This review will consider whether, and 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"*

1. It is reasonable to have a person who is qualified to act as a chaperone- this would also protect the practitioner against further vexatious claims.
2. At the time of the procedure it should be noted that the procedure was carried out in a professional manner- not at some stage later.

All practices should have a chaperone policy that is applied routinely that protects all stakeholders. There is inconsistency currently on how patients are informed. Many patients are not even aware of the Australian Medical Association (AMA) policy.

#### **Radiation Therapy**

From a radiation therapy perspective, it is felt that there would be minimal impact as radiation therapy practitioners tend to work in teams and there are very few situations where an RT would work on their own when dealing with a patient.

It has been noted that the health service or state may have rules which would prevent someone who required chaperoning working with patients, so the subject of a chaperone would not be relevant.

It was commented that the “offender” standing down would be the only other option available apart from chaperoning.

It was felt that there would need to be rules/guidance about which staff were suitable chaperones - for example a junior member of staff could not be expected to operate as a chaperone, however with the appropriate training, this may be facilitated.