



THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

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29 September 2016

**Professor Ron Paterson
Chaperone Review
c/o National Health Practitioner Ombudsman and Privacy Commissioner
GPO Box 2630
Melbourne, Victoria 3001**

Dear Professor Paterson,

On behalf of The Australasian College of Dermatologists, thank you for the opportunity to comment on the independent review of patient chaperones commissioned by the Medical Board of Australia and the Australian Health Practitioners Regulatory Authority.

The Australasian College of Dermatologists is the leading authority in Australia for dermatology, providing information, advocacy and advice to individuals, communities, government and other health stakeholders concerning dermatological practice in Australia. Our focus is the delivery of efficient and effective dermatological specialty health services and work to improve outcomes for the skin health of individuals and whole communities.

Please find attached the College's submission addressing each consultation question.

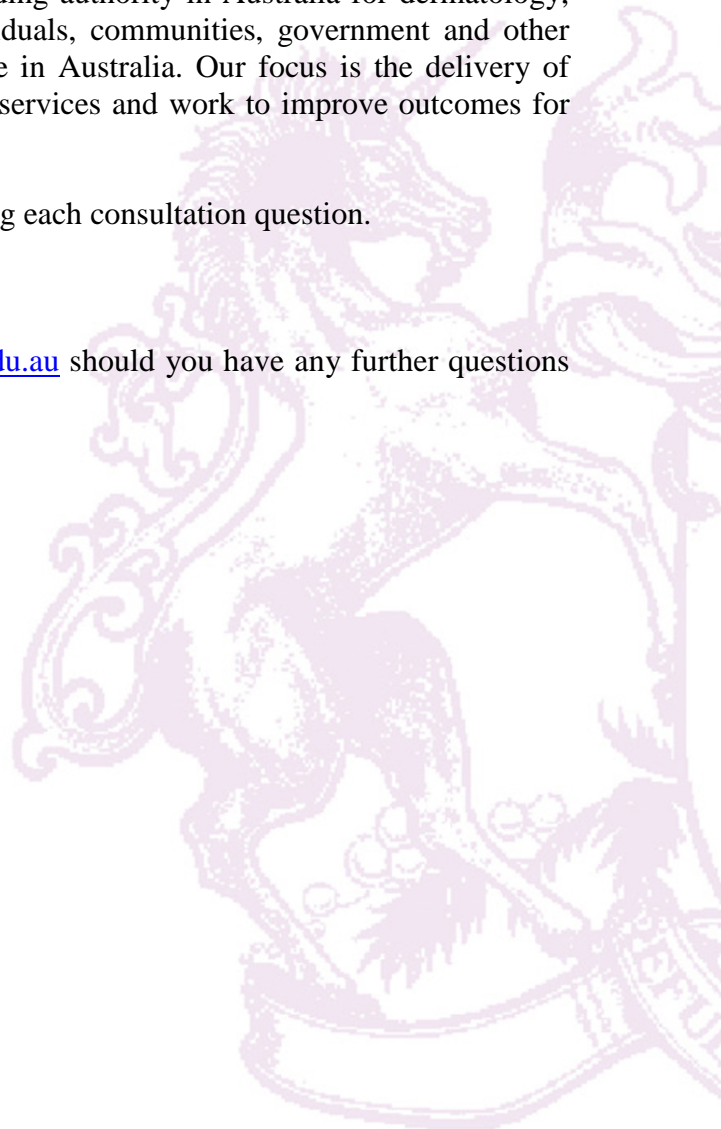
Thank you for your consideration in this matter.

Please contact Dr Haley Bennett at haley@dermcoll.edu.au should you have any further questions relating to this submission.

Kind regards,

A handwritten signature in black ink, appearing to read 'AS'.

**Dr Andrew Satchell
Honorary Secretary
The Australasian College of Dermatologists**



1. *Do you think chaperone conditions are an effective means to protect patients, and why?*

The conditions as detailed in the AHPRA Chaperone Protocol, if are adhered to, will certainly protect patients from physical, and from overt emotional harm. The doctor is never alone with the proscribed patients and the attendance of the chaperone is documented and signed for. However, the whole chaperone experience will fundamentally alter the doctor-patient interaction in ways that could inhibit effective medical practice – from the obvious (reduction of trust in the doctor), to the less obvious (unwillingness on the part of patient and/or doctor to broach delicate issues or undertake intimate examination) to the subtle inhibition of the emotional cues normally given and taken in the medical consultation.

2. *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?*

The AHPRA Chaperone Protocol details - down to the size of the notice and the size of the lettering on the notice – exactly how patients must be informed of the requirement for chaperoning, and the Protocol is likewise very specific about who may be a chaperone, what interactions require chaperoning and how every chaperone attendance must be documented.

As detailed, the system is comprehensive and well designed. The only obvious loophole in the system is enforcement. While AHPRA states that the conditions will be enforced by access to all practice records, the College speculates how closely compliance is monitored in reality.

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

All patients must be protected at all times from practitioners who have been proven to have acted inappropriately. The Chaperone Protocol is onerous and attempting to practice under its orders would be difficult for a practitioner in a group practice, and probably impossible in a solo practice. Great, and potentially irreparable, harm would be done to the reputation and practice of any practitioner under the order of the Protocol.

Therefore, the Chaperone Protocol must never be enforced lightly, but only when preliminary or definitive investigation genuinely mandates it. It is to be hoped that the protocols, practices and the individual skills of those responsible for enforcing the Protocol are such that unmerited complaints are able to be dismissed while genuine complaints are acted on. There may be a tendency to err on the side of protecting the public at the expense of the practitioner, but as long as the principles of natural justice are adhered to then there may be no alternative.

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

One method would be to forbid any practice at all while the investigation was being conducted but this would interrupt continuity of patient care and be financially disastrous to the practice and most practitioners. An alternative would be to exclude contact with certain patient groups i.e. age or gender restriction.

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

In view of the terrible harm adherence to the Protocol would wreak on any practitioner's reputation and practice, if a practitioner were exonerated, it would be incumbent on AHPRA to contact every patient affected during the period that the Protocol was in force to inform that patient of the exoneration.