

Response: What we will do

11 April 2017

Response to the recommendations of the *Independent review of the use of chaperones to protect patients in Australia*

Overview

The report makes 28 recommendations in three main areas.

1. Discontinue the use of chaperone conditions as an interim restriction in response to allegations of sexual misconduct and make greater use of gender-based restrictions, prohibitions on patient contact and suspensions.
2. Only use chaperones in exceptional cases. Where chaperone conditions are used, tighten the requirements and provide more information for patients.
3. Improve the handling of sexual misconduct cases by the Medical Board of Australia (MBA) and the Australian Health Practitioner Regulation Agency (AHPRA) to ensure greater responsiveness, timeliness and national consistency.

What are the MBA and AHPRA doing to respond?

The MBA and AHPRA accept all of the recommendations of the report given Professor Paterson's conclusion that the continued use of chaperone conditions in response to allegations of sexual misconduct is no longer consistent with community expectations and they are not always effective in safeguarding patients.

The MBA and AHPRA have started to implement recommendations, including:

- establishing a specialist committee of the MBA to make decisions about all allegations of sexual misconduct to be in place by 1 June 2017
- establishing a specialist AHPRA team to deal with allegations of sexual misconduct commencing from May 2017
- providing additional training to our specialist notifications team and committee to improve our handling of these matters. New training will start in May 2017
- finalising an audit of all current notifications that relate to allegations of sexual misconduct in light of the report and reviewing practitioners who are currently subject to chaperone conditions, and
- writing to all police departments to set up meetings to establish clear inter-agency protocols.

The response from MBA and AHPRA is summarised in the table below.

Area of focus	What are we doing?
<p>Abandon use of chaperones and improved handling of sexual misconduct cases</p> <p>(Recs 1-10)</p>	<ul style="list-style-type: none"> • The MBA is establishing a new specialist committee to deal with notifications involving allegations of sexual boundary breaches (including sexual misconduct) that will be supported by a new specialist team within AHPRA. • The MBA will update its guidance to its decision-makers on matters involving allegations of sexual misconduct by doctors, in line with the report's recommendations. • Specialist training for decision-makers and AHPRA investigators will be provided to ensure they have the skills to handle allegations of sexual misconduct sensitively and effectively. • We have commenced an audit of all open notifications about allegations of sexual misconduct by doctors and are reviewing all doctors currently subject to chaperone conditions. • We are updating our National Restrictions Library and operational policies on the use of gender based restrictions and strengthening monitoring requirements for practitioners with restrictions. • We are implementing new policies and processes to improve communications with notifiers who report sexual misconduct. • We are writing to all police departments to establish clear inter-agency protocols.
<p>Use of chaperones (practice monitors) in exceptional cases only</p> <p>(Recs 11 – 28)</p>	<ul style="list-style-type: none"> • We are updating our processes and revising the current <i>Chaperone Protocol</i> to develop a <i>Practice Monitoring Protocol</i> that will include all of the changes recommended by Professor Paterson. This includes requirements for providing more information to patients before they see the doctor who has practice monitoring conditions imposed. • We are developing new training materials to brief and train chaperones (practice monitors) in the functions, requirements and responsibilities of their role. • Advising Ministers on areas for possible legislative amendment. One of the areas is to consider giving us explicit powers to require patients to be given more information about why the doctor that they are seeing has to have a practice monitor.