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INFORMATION SHEET FOR APPROVED CHAPERONES

Purpose

This information sheet provides guidance to chaperones approved by the Medical Council of New Zealand (Approved Chaperone) about their role and responsibilities when acting as a chaperone.

Scope

This information sheet applies to situations where the presence of an Approved Chaperone is required to **observe** a doctor's consultation with all patients or a subset of patients because of a voluntary undertaking or a condition imposed on the doctor's scope of practice.

Definitions

Approved Chaperone: a person approved by the Medical Council to act as a chaperone for a doctor in accordance with the Council's *Policy on the use of chaperones[1]*.

Contact: all interactions between the doctor and the patient including physical touching, visual observations, interviews, examinations, procedures, assessments, advising, treating or otherwise interacting with the patient.

Voluntary undertaking: an agreement between the Medical Council and the doctor about how a doctor practices medicine.

Condition: a formal restriction put in place on a doctor's practice by the Medical Council or the Health Practitioners Disciplinary Tribunal.

Patient: an individual receiving any form of healthcare service from the doctor.
Doctor: an individual medical practitioner registered with the Medical Council.

What must a chaperone do?

1. An Approved Chaperone is to be physically present and to directly observe all contact between the doctor and the patient during a consultation with a patient.

2. As part of this core function the Approved Chaperone has a responsibility to:

   a. Read and sign the Medical Council's 'Chaperone Protocol' *before* commencing the duties required of an Approved Chaperone.[2]

   b. Obtain the informed consent of the patient to an Approved Chaperone being present during the contact with the doctor.

   c. Ensure that if the patient declines to give informed consent to the presence of an Approved Chaperone, the doctor does not treat or see the patient and the patient is referred to another doctor.

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[1] Approved November 2017.

[2] The 'Chaperone Protocol' is attached as Schedule 2 to the Medical Council's "*Protocol on practice conditions, restrictions, and monitoring*"

d. Remain physically present at all times during the doctor's contact with the patient. The Approved Chaperone must directly observe all contact between the doctor and the patient. If contact takes place behind a screen or curtain, the Approved Chaperone must be situated behind the screen or curtain as well to observe the contact.

e. Intervene, at any time, if the Approved Chaperone forms the view that the doctor's contact with the patient falls below reasonable standards of skill and competence and/or is otherwise inappropriate.

f. Immediately notify the Medical Council of any intervention and the reasons why the Approved Chaperone needed to intervene in the contact.

g. Co-operate with the Medical Council and provide information to the Council as requested.

h. Satisfy themselves that the doctor has correctly recorded the details of the contact in the patient's clinical record, including that an Approved Chaperone was present.

i. Record in the patient's notes the details of any discussion that the Approved Chaperone had with the patient, that the chaperone log has been signed, and that an Approved Chaperone was present.

j. Sign and date the Chaperone Log at the end of the contact/consultation.

What should a patient be told?

1. A patient must be informed about the requirement for the presence of an Approved Chaperone and the patient's consent must be obtained. This information should be given to a patient at the time of booking where possible.

2. An Approved Chaperone does not need to disclose the reasons relating to the requirement for the Approved Chaperone, and should direct the patient to ask the doctor. It is sufficient to disclose only that an Approved Chaperone is a Medical Council requirement.

3. If the patient requests another doctor then this request should be accommodated and recorded in the patient's medical records.

4. An Approved Chaperone should not disclose any information that breaches the privacy rights of other patients or individuals.

An Approved Chaperone must not

1. Be made to feel vulnerable, intimidated, bullied, or threatened by the doctor, or any other person, while carrying out his or her role as a chaperone. An Approved Chaperone can end the chaperone relationship with the doctor if they are made to feel vulnerable. The Medical Council and the practitioner's colleagues must be notified in this situation.

2. Breach the privacy rights of the doctor, or any other person, by disclosing why it is necessary for an Approved Chaperone to be present.

3. Agree to act as an Approved Chaperone if they are otherwise heavily committed or limited by reason of time, travel, resources etc. [3]

4. Agree to act as an Approved Chaperone if they have a close relationship with the doctor (e.g. family member or friend) and/or there is another conflict of interest that may compromise the Approved Chaperone from performing the role in a professional and impartial way.

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[3] A template for the Chaperone Log is attached as Schedule 1 to the Medical Council's "*Protocol on practice conditions, restrictions, and monitoring*"

5. Agree to act as an Approved Chaperone if any of the criteria within the chaperone protocol cannot be met.

Related protocols and statements

- *Risk assessment process: factors for assessing risk in relation to risk of serious harm, risk of harm and questions about the safety of practice*

- Council's Statement *Sexual boundaries in the doctor-patient relationship*

- Council's policy *Chaperones*

Date	Details
November 2017	Chaperone policy approved by Council
February 2018	Amended
July 2020	Draft revision
July 2025	**Scheduled for review**

Chaperone information sheet – July 2020
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