



Chaperone policy

Policy Statement

This policy outlines the process for the Medical Council of New Zealand (**Council**) requiring a chaperone by way of a voluntary undertaking or a condition on the doctor's scope of practice, when:

- allegations have been made that a doctor has breached professional boundaries and as such casts doubt on the appropriateness of the doctor's conduct (interim).
- allegations regarding a doctor's conduct have been established by the Health Practitioners Disciplinary Tribunal and the Health Practitioners Disciplinary Tribunal has ordered conditions.

Rationale

This policy provides a framework for Council's use of chaperones. It is important to note that all notifications and allegations are considered on a case-by-case basis and many factors will be taken into account when deciding on a particular course of action.

Where allegations have been made that a doctor has breached professional boundaries, Council may also consider that the doctor poses a risk of harm or serious risk of harm to the public.

Council may decide that a chaperone (and any other requirement(s)) is appropriate to mitigate risk and protect public health and safety.

The policy procedures outline Council's approach when an allegation has been made, and when an allegation has been established by the Health Practitioners Disciplinary Tribunal.

Procedures

1. When an allegation has been received by Council regarding a breach of professional boundaries, as per the principles of natural justice, and normal Council process, the doctor concerned will be provided with a copy of the information and given an opportunity to comment.
2. Due to the serious nature of allegations about professional boundaries, the doctor concerned will be requested to provide an urgent response (within 5 working days) to Council.
3. The allegations and doctor's response will then be considered by the Notifications Triage Team (NTT), comprising Council's Chairperson, Council's Deputy Chairperson, Chief Executive, Deputy Chief Executive, Registrar, Deputy Registrar, Medical Advisers, Professional Standards Manager, and Senior Policy Analyst. The NTT meet weekly.
4. Within the information provided about the allegations, the NTT will also be provided with a brief summary of any concerns of a similar nature that have previously been received, and the outcome of any consideration of these concerns (if applicable).

5. As per the Risk assessment process: factors for assessing risk in relation to risk of serious harm, risk of harm and questions about the safety of practice, the NTT will make a decision about:
 - the likelihood of a similar circumstance or set of circumstances arising again, and
 - the impact on patient(s) or the public if a similar circumstance or set of circumstances arises again.
6. The NTT will decide on the most appropriate method for protecting public health and safety prior to Council considering the matter. As an interim measure prior to a Council meeting, the NTT may request that the doctor signs a voluntary undertaking to limit or restrict their practice. Please refer to Council's protocol on practice conditions, restrictions, and monitoring.
7. Situations where the NTT may consider a chaperone is required, include when:
 - a) the allegation of sexual misconduct is limited to only one patient; and
 - b) the allegation, if proven, would not constitute a criminal offence; and
 - c) the doctor has no relevant disciplinary history.
8. A voluntary undertaking may be deemed appropriate by the NTT as an interim measure prior to Council considering placing conditions on a doctor's scope of practice. A voluntary undertaking is not viewed as a long term measure and patients must be advised of the voluntary undertaking prior to their appointment (see paragraph 10, and refer to the conditions protocol; same requirements apply).
9. If further concerns are raised whilst the voluntary undertaking is in place, the NTT will need to reconsider whether the voluntary undertaking remains appropriate and adequate to protect the health and safety of the public.
10. The doctor's employers and complainant (if one) will be informed of any voluntary undertaking. Patients are to be notified of any chaperone requirement, and should they request fuller details, they will be advised that the Council requires a chaperone.
11. When a chaperone is necessary under any voluntary undertaking or condition on a doctor's scope of practice, the chaperone must be approved by Council. When approving a chaperone, Council will take into account the following:
 - whether the nominated chaperone is a registered health practitioner
 - whether the nominate chaperone has received training to be a chaperone and is aware of their reporting obligations to Council
 - the nominated chaperone is not to be a family member of the patient
 - the nominated chaperone is not to have a close personal relationship with the doctor.
12. In addition, the following requirements must be met:
 - any patient must be informed at the time they make an appointment with the doctor (this includes bookings made online), of the requirement that the doctor has a chaperone present (by someone other than the doctor)
 - a record must also be made by the chaperone in the patient's medical record noting that a chaperone was present during the consultation
 - the patient may not nominate their own chaperone
 - the doctor cannot practise until a practice location is approved by Council (if there is more than one location, approval must occur for each location prior to the doctor being able to work at each site)
 - Council must approve chaperones prior to the doctor commencing work at an approved location.

13. Council will consider the allegation, the doctor’s response, and any chaperone reports at its nearest meeting. Council will make a decision on the next course of action at this time. Council should utilise its statutory powers under the Health Practitioners Competence Assurance Act 2003 (HPCAA) and should it consider a chaperone or other measures are required in order to protect the health and safety of the public, it should consider proposing and subsequently imposing interim suspension or conditions on a doctor’s scope of practice in accordance with section 69 of the HPCAA (the voluntary undertaking would no longer apply).
14. Council may continue with a voluntary undertaking until the outcome of a Professional Conduct Committee (PCC) investigation or criminal proceeding is known. Chaperones will only be used when Council is confident that the public can be protected by this measure. If there is doubt, Council needs to consider interim suspending the doctor’s practising certificate or request that that doctor cease practice voluntarily.
15. Any breach of a voluntary undertaking must be notified immediately to the Council. Consideration will be given to the need to interim suspend the doctor’s practising certificate or impose conditions on their scope of practice (publically available on the register) as a result. There is a low threshold for imposition of a more onerous interim restriction, or interim suspension if more information emerges indicating a higher risk to patients or to the public interest, or evidence of breach of a chaperone condition.
16. One of Council’s Medical Advisers will contact the approved chaperone(s) to discuss the terms of any restrictions imposed on the doctor’s practice and to ensure that the chaperone understands the terms of the chaperone protocol.

Monitoring of voluntary undertakings and conditions

17. The Council will monitor all voluntary undertakings and conditions involving a chaperone as per the Council’s protocol on practice conditions and restrictions.
18. Monitoring requirements will be based on the above protocol, and advice will be sought from Council’s Medical Adviser with regards to individual cases.
19. Costs will be met by the doctor.

Related protocols and statements

- Council’s Statement [*Sexual boundaries in the doctor-patient relationship*](#)
- Council’s [*Information Sheet for Approved Chaperones*](#)

Date	Details
November 2017	Approved by Council
February 2018	Amended
July 2020	
July 2025	Scheduled for review
Policy – Chaperones – July 2020 DM# 7438497	