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The Royal Australasian College of Physicians
Submission to the Medical Board of Australia: A review of the use of Board-mandated patient chaperones

1. The RACP strongly supports the role of the Medical Board as the appropriate agency to deal with complaints, investigations and sanctions including in relation to breaches of behavioural (including sexual) boundaries which are a serious failure of professional performance.

2. The RACP is not a regulator, and it has none of the powers or protections of a regulator.

3. RACP is rarely, if ever, provided with any information about conditions or requirements imposed on practitioners by Medical Board, even after final decisions have been made.

4. From time to time, RACP receives requests from AHPRA to provide names of Fellows who might be suitable to act as supervisors or as a member of an investigation panel. The identity of practitioner under investigation or required to observe conditions on registration is usually withheld.

5. The College expects its Fellows and trainees to practice to a high standard in terms of discipline-specific expertise and knowledge, as well as in behaviour and professional performance. These expectations originate in the objects set out in its Constitution, and are supported by its policies. Frameworks such as Supporting Physician Professionalism and Performance (SPPP) and the new Professional Practice Framework are absolutely explicit about this. Both standards frameworks emphasise the importance of the high quality of performance including the observation of professional boundaries and acceptable behaviour.

6. The RACP respects the care that the Medical Board must take in balancing the expectations of the community for strong and swift action against a practitioner, and its obligation to observe the rights of a practitioner who has been accused of inappropriate behaviour. RACP also acknowledges the challenge of managing community dissatisfaction with sanctions imposed after investigation and hearings.

7. The RACP is committed to working with the Medical Board and with AHPRA to refine key policies and standards such as those that govern the use of Chaperones in practice. The requirements outlined in the Chaperone Protocol appear logical and robust, but RACP is aware from reports in the media that these may not have been followed in a recent case.

8. The RACP supports strengthening both implementation and monitoring processes to reduce the likelihood that practitioners might circumvent requirements imposed by regulators.

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145 Macquarie Street, Sydney NSW 2000, Australia • Tel: +61 2 9256 5444 • Fax: +61 2 9252 3310
Email: racp@racp.edu.au • Web: www.racp.edu.au • ACN 000 039 047 • ABN 90 270 343 237