Guidance on maintaining clear sexual boundaries
The General Pharmaceutical Council is the regulator for pharmacists, pharmacy technicians and registered pharmacy premises in England, Scotland and Wales. As part of our role, we set the standards which govern the practice of pharmacists and pharmacy technicians.
About this guidance

This guidance should be read alongside the standards of conduct, ethics and performance which all pharmacists and pharmacy technicians must apply to their practice. This document gives guidance on standard 3.9 of the standards of conduct, ethics and performance, which says:

- You must maintain proper professional boundaries in your relationships with patients and others you come into contact with during the course of your professional practice and take special care when dealing with vulnerable people.
The status of this guidance

This document gives guidance to pharmacy professionals on the importance of maintaining clear sexual boundaries, and explains the responsibilities pharmacy professionals have.

We have based this guidance on the Council for Healthcare Regulatory Excellence (CHRE) document ‘Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals’.

You must make sure that all staff members you are responsible for are aware of this guidance and appropriately trained in all areas that are relevant to their duties.

If you are not sure about what you should do in a specific situation, you should always ask for advice from your employer, professional indemnity insurance provider, professional body or other pharmacy organisation, or get independent legal advice.

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1 CHRE: Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals: www.chre.org.uk
1 Why it’s important to maintain clear sexual boundaries

1.1 When healthcare professionals cross professional boundaries the result for patients can be serious and can cause lasting harm. If you cross these boundaries it can damage public trust and confidence in the pharmacy profession and other healthcare professions.

1.2 Patients must be able to trust that you will act in their best interests. If you are sexually, or inappropriately, involved with a patient, your professional judgement can be affected. This involvement may affect the decisions that you make about their healthcare.
2 Power imbalance

2.1 The CHRE document explains that ‘an imbalance of power is often a feature in the healthcare professional/patient relationship, although this may not be explicit’.

2.2 Patients are often vulnerable when they need healthcare. In the relationship between a patient and a healthcare professional, there is often a power imbalance. This may be because the patient shares personal information with you or because you have information and resources (such as medicines) that the patient needs. The patient may not be familiar with the situation they are in, or know what is appropriate professional behaviour. Therefore they may not be able to properly judge that the patient/professional relationship, or what happens to them, is appropriate. It is your responsibility to be aware of the imbalance of power and to maintain clear boundaries at all times.

2.3 You should always be clear with the patient about the reason for an examination or why you want them to come into the consultation room. Give them all the information they need and the opportunity to ask questions, and get their consent before going ahead.

3 Sexualised behaviour and breaches of sexual boundaries

3.1 The CHRE document defines sexualised behaviour as ‘acts, words or behaviour designed to arouse or gratify sexual impulses or desires’.

3.2 A breach of sexual boundaries is not limited to criminal acts, such as rape or sexual assault. For example, carrying out an unnecessary physical examination or asking for details of sexual orientation when it is not necessary or relevant, would both be a breach.
4 Avoiding breaches of sexual boundaries

4.1 There are a number of behaviours that may be signs of showing sexualised behaviour towards patients or carers. These include:

- When the healthcare professional reveals intimate personal details about themselves to a patient during a consultation
- When the reason behind the following actions is sexual:
  - giving or accepting social invitations (dates and meetings)
  - visiting a patient’s home without an appointment
  - meeting patients outside of normal practice, for example arranging appointments for a time when no other staff are in the pharmacy
  - asking questions unrelated to the patient’s health.

4.2 If you find yourself in a situation where you are attracted to a patient, you must not act on these feelings. If you have concerns that this may affect your professional judgement, or if you are not sure whether you are abusing your professional position, you may find it helpful to discuss this with someone else. You might discuss this with an impartial colleague, a pharmacy organisation that represents you, a professional leadership body or your professional indemnity insurance provider.
4.3 If you cannot continue to care for the patient and be objective, you should find other care for the patient. You must make sure there is a proper handover to another pharmacy professional and that the patient does not feel that they are in the wrong as a result of your actions.

4.4 There may be situations when patients or their carers are attracted to you. If a patient shows sexualised behaviour towards you, you should think about whether you should discuss their feelings in a constructive way and try to re-establish a professional relationship. If this is not possible, you should transfer the patient’s care to another pharmacy professional. You may find it helpful to discuss the matter with a colleague, a pharmacy organisation that represents you, a professional leadership body or your professional indemnity insurance provider.
5 Chaperones

5.1 A chaperone is a person (usually the same sex as the patient) who is present as a safeguard for the patient and the healthcare professional. They are also a witness to the patient’s continuing consent for the procedure. Their role may vary depending on the needs of the patient, the pharmacy professional and the examination or procedure being carried out.

5.2 You should ask the patient whether they would like a chaperone to be with them in the consultation room, and for any examination that they might consider to be intimate. You should discuss the need for a chaperone with the patient and should not guess what their wishes are.

5.3 You should record any discussion that you have with patients about chaperones, including when the patient says that they do not want to have a chaperone present.

5.4 If no chaperone is available you should offer to delay and re-arrange the consultation or examination until one is available (unless a delay is not in the patient’s best interests).
6 Cultural and other differences

6.1 Cultural differences can affect a patient’s view of their personal boundaries and what is appropriate. You need to be sensitive to this, and always treat patients as individuals in a way that respects their views and maintains their dignity. For example, an individual may prefer to talk to or be examined by a pharmacy professional of the same gender, or have another person present.
7 Previous patients or carers

7.1 The same principles apply to patients or carers that you have dealt with in the past and are not your patients any more. The previous professional relationship may also have involved an imbalance of power, and so would affect any personal relationship. If you think that this type of relationship may develop, you should consider the consequences or any harm this may cause to the patient and the impact on your professional standing. We advise you to consider the following:

- how long the professional relationship lasted and when it ended
- the nature of the previous professional relationship and whether it involved a significant imbalance of power
- whether the former patient or carer was, or is, vulnerable
- whether you are using the knowledge or influence that you gained through the professional relationship to develop or continue the personal relationship
- whether you are already treating, or are likely to treat, any other members of the former patient’s or carer’s family.

7.2 It is your responsibility as a pharmacy professional to act appropriately and professionally, even if the relationship is agreed by everyone involved. You must consider all the issues above and, if necessary, get appropriate advice.
8 Raising concerns

8.1 You have a professional duty to raise concerns if you believe the actions of other individuals are putting patients at risk. This would include when you are concerned that clear sexual boundaries have not been maintained by other healthcare professionals. You must also take appropriate action if others report concerns to you.

8.2 See our document ‘Guidance on raising concerns’ for more information.
9 Other useful sources of information

- Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals, CHRE: www.chre.org.uk

- Chaperone Framework, PSNC: www.psnc.org.uk
More information

If you would like copies of this document in Welsh, please go to www.pharmacyregulation.org/standards/guidance where you can download a PDF. If you are seeking this document in other formats, please contact our communications team:
Email: communications@pharmacyregulation.org

If you have questions or comments about the content of this guidance, please contact our Standards Team:
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We have also produced guidance on other topics that you may find useful: www.pharmacyregulation.org/standards/guidance