

**Guidance on maintaining clear
sexual boundaries with patients and
carers**

Contents

About the Pharmaceutical Society of Northern Ireland	3
Section 1 About this Guidance	4
Section 2 What is sexualised behaviour?	6
What can be the consequences of sexual boundaries being breached?	6
How do pharmacists avoid breaching a sexual boundary?... 7	
Relationships with people who no longer receive care from the pharmacist.	10
Raising concerns about another professional breaching sexual boundaries.	11
Section 3 Help and advice.	12
Section 4 Useful contacts.....	13
Appendix 1 Examples of sexualised behaviour by healthcare professionals towards patients and carers.	16

About the Pharmaceutical Society of Northern Ireland

The Pharmaceutical Society NI is the regulatory body for pharmacists and registered pharmacies in Northern Ireland.

Our primary purpose is to ensure that practising pharmacists in Northern Ireland are fit to practise, keep their skills and knowledge up to date and deliver high quality, safe care to patients.

It is the organisation's responsibility to protect and maintain public safety in pharmacy by:

- setting and promoting standards for pharmacists' admission to the Register and for remaining on the Register and the standards for Registered pharmacy premises;
- maintaining a publicly accessible Register of pharmacists and pharmacy premises;
- handling concerns about the Fitness to Practise of pharmacists, acting as a complaint's portal, acting to protect the public and maintaining public confidence in the pharmacy profession; and
- ensuring high standards of education and training for pharmacists in Northern Ireland.

Section 1 About this Guidance

1. It is the responsibility of pharmacists to maintain clear professional boundaries with patients and carers and not to display sexualised behaviour towards them.
 - 1.1 The vast majority of healthcare professionals, including pharmacists, work with dedication and integrity and are committed to providing the best possible patient care. However, in a small minority of cases, healthcare professionals have breached sexual boundaries with patients and carers, and these have been the subject of major inquiries.¹ These inquiries have shown that patients and carers can be seriously harmed when healthcare professionals breach sexual boundaries. In addition to the direct harm that can be suffered by patients and carers, the reputation of the pharmacy profession, and the trust the public has in the pharmacy profession, may be severely damaged by such incidents.
 - 1.2 Patients and carers, seeking medical advice or intervention are in a position of vulnerability and an imbalance of power, therefore, potentially exists between them and a pharmacist.
 - 1.3 Maintaining an appropriate relationship with patients and carers protects them from suffering harm, protects the pharmacist and helps maintain public confidence in the pharmacy profession.
 - 1.4 The purpose of this Guidance is to assist pharmacists in meeting their obligations to maintain clear sexual boundaries with patients and carers as set out in the '*Professional standards of conduct, ethics and performance for pharmacists in Northern Ireland (2016)*,' (the Code).^{2 3}
 - 1.5 Pharmacists should further note this Guidance in respect of the evolving clinical role of the profession in Northern Ireland. The pharmacist's role is likely to continue to evolve in a way that involves more direct consultancy with patients and carers which increases the potential for sexual boundaries to be breached.
 - 1.6 The Professional Standards Authority (PSA) has developed guidance on this matter with the purpose of providing a basis for regulators of healthcare professionals in the United Kingdom to provide guidance for

¹ For example, the Kerr-Haslam inquiry report by N Pleming and Department of Health (2005). Available at <https://www.gov.uk/government/publications/the-kerrhaslam-inquiry-report>

² Available at <http://www.psni.org.uk/wp-content/uploads/2012/09/22504-PSNI-Code-of-Practice-Book-final.pdf>

³ In accordance with their obligations under Code 4.4.2, Pharmacists when using their professional judgment to decide what is appropriate training for individuals to whom they delegate tasks may wish to refer to this Guidance.

their registrants.⁴ The PSA's guidance has been used as a template for this guidance document. The PSA guidance, whilst not binding, may be considered in the event of complaints or concerns being raised.

- 1.7 This guidance cannot cover every situation and does not give legal advice as all pharmacists must abide by the relevant law. Pharmacists must use their professional judgement when applying the Guidance and should note that a failure to meet their obligations in the Code may result in fitness to practise proceedings.

⁴ Council for Healthcare Regulatory Excellence (2008) Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals available at https://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/sexual-boundaries-responsibilities-of-healthcare-professionals-2008.pdf?sfvrsn=a8c77f20_8

Section 2 Maintaining clear sexual boundaries with patients and carers

2.1 What is sexualised behaviour?

2.1.1 Sexualised behaviour is an act or form of behaviour designed or intended to arouse or gratify sexual impulses or desires.⁵ Some examples of what is considered to be sexualised behaviour by healthcare professionals towards patients and carers are listed in **Appendix 1**.

2.2 What can be the consequences of sexual boundaries being breached?

2.2.1 A breach of a sexual boundary by a pharmacist towards a patient or carer receiving care can:

- cause significant and enduring harm;
- be severely detrimental to the professional relationship of confidence and trust between the pharmacist and the patient receiving care and carer;
- diminish public confidence and trust in the pharmacy profession;
- impair professional judgement by influencing a pharmacist's decisions about care and treatment to the detriment of the patient; and
- be a criminal act.

2.2.2 It may also compromise the mandatory Principles and Standards of professional and ethical practice contained within the Code.

Several Principles and Standards in the Code are particularly relevant to the pharmacist's obligations in maintaining an appropriate healthcare relationship.

⁵ Professional Standards Authority (formerly the Council for Healthcare Regulatory Excellence) Clear sexual boundaries between healthcare professionals and patients: responsibilities of health care professionals (2008) available at https://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/sexual-boundaries-responsibilities-of-healthcare-professionals-2008.pdf?sfvrsn=a8c77f20_8

Principle 1

Always put the patient first.

Principle 3

Act with professionalism and integrity at all times.

Standard 3.2.1

Maintain proper and appropriate relationships with patients and service users. Take special care when dealing with vulnerable individuals, both adults and children.

Standard 3.2.2

Ensure that your professional judgement is not compromised by personal or commercial interests, incentives, targets or similar measures.

2.3 How do pharmacists avoid breaching a sexual boundary?

2.3.1 Acknowledge the power imbalance

2.3.1.1 Pharmacists should be aware of the power imbalance when patient and carer are seeking medical advice or intervention and should consider appropriate measures including:

- the communication requirements of the patient and carer receiving care, ensuring clear communication to avoid misunderstandings;
- before any diagnosis or treatment, explaining why any examination or procedure is necessary and why certain questions need to be asked. Explaining what will happen in the examination and ensuring the patient and carer has understood;

- providing opportunity for the patient and carer to ask questions;
- obtaining clear consent.⁶

2.3.2 Awareness of behaviour and cultural differences

2.3.2.1 A wide range of behaviours can be interpreted by patients and carer as constituting a display of sexualised behaviour and can include:

- revealing intimate details to a patient or carer during a professional consultation;
- giving or accepting social invitations where this is sexually motivated;
- visiting the home of a patient or carer unannounced and without a prior appointment;
- clinically unnecessary communications (for example personal texts or email messages).

More detail on types of behaviour that can be deemed as a breach of professional boundaries can be found in **Appendix 1**.

2.3.2.2 Pharmacists must be sensitive to cultural differences that can affect the perception of what is appropriate to a patient or carer. For example, some patients may be modest about showing parts of the body that their healthcare professional would not usually consider to be intimate. Treat patient and carer in a way that respects their views and wishes and preserves their dignity.

2.3.2.3 Clear and effective communication is key to understanding the requirements of the patient and carer. Pharmacists must take reasonable steps to meet language and communication needs and check for mutual understanding, where appropriate.

2.3.2.4 The risk of breaching sexual boundaries should be considered in the clinical risk assessment, governance arrangements and connected procedures relating to the home delivery of medicines.⁷

⁶ Pharmaceutical Society NI (2016) Professional Standards and Guidance for Patient Consent available at <http://www.psni.org.uk/wp-content/uploads/2012/09/StandardsonPatientConsent-revised24FEB2016.pdf>

⁷ See Guidance for Pharmacists in Northern Ireland on provision of Prescription Collection and/or Delivery Services, March 2016 Northern Ireland on the provision of Prescriptive Available at <https://www.psni.org.uk/psni/about/code-of-ethics-and-standards/>

2.3.3 Acknowledge signs of sexual attraction

- 2.3.3.1 If a pharmacist finds themselves sexually attracted to a patient and carer under their care or a pharmacist considers that a patient and carer under their care is attracted to them, the pharmacist must not act on this attraction.
- 2.3.3.2 If a pharmacist is concerned that this attraction may compromise their professional judgment, it is strongly recommended that they discuss the matter with a colleague or a representative pharmacy organisation or union (whilst maintaining the confidentiality of the patient and carer);
- 2.3.3.3 If a patient or carer, displays sexualised behavior towards a pharmacist, an appropriate course of action may be to discuss their feelings in a constructive manner to attempt to re-establish a professional relationship;
- 2.3.3.4 If the maintenance of the professional boundary is at risk, the pharmacist should consider transferring the patient and carer to another pharmacist (whilst maintaining the patient's and carer's confidentiality and taking reasonable steps to ensure the patient's continuity and quality of care).

2.3.4 Social media

Standard 3.3

Ensure appropriate and responsible use of social networking sites and other forms of electronic communication.

- 2.3.4.1 Inappropriate use of social media can blur the lines between a pharmacist's personal and professional life and may change the nature of the professional relationship between a pharmacist and the patient and carer. Pharmacists must consider the potential risks involved in using social media and the impact that inappropriate use could have on their patient's trust in them and public trust in the pharmacy profession.
- 2.3.4.2 All social media and electronic communications between the patient and carer and pharmacists should always remain professional.⁸

⁸ Additional Guidance on the use of social media is available from several sources, including the Pharmacy Forum NI – see: <http://forum.psni.org.uk/wp-content/uploads/2016/12/SOCIAL-MEDIA-Guidance-for-PFNI-website-March-2018-2.pdf>

2.3.4.3 Inappropriate sexual remarks made about a patient or carer to anyone in or outside the workplace including, but not restricted to, all types of social media would constitute a breach of sexual boundaries.

2.3.5 Patient and carer consultations / examinations and Chaperones

2.3.5.1 A chaperone is a person (usually the same gender as the patient receiving care) who is present as a safeguard for the patient and the pharmacist. A chaperone is often another pharmacist or healthcare professional but is not required to be. A carer, if present, may act as the chaperone with the agreement of the patient.

2.3.5.2 The patient and carer should be offered the choice of having a chaperone present during any examination that the patient or their carer considers to be intimate or which takes place in a consulting area. The definition of an intimate examination will depend on the patient's perspective and may be affected by cultural issues; good communication and ensuring mutual understanding between the pharmacist, the patient and/or carer is important in this regard⁹. Pharmacists must also ensure that all intimate examinations are in a consulting area, which ensures that patients' privacy, dignity and confidentiality are maintained.

2.3.5.3 If a patient, carer or pharmacist considers that a chaperone is appropriate, but one is unavailable, the pharmacist should offer to postpone any examination until such time that a chaperone is available unless a delay would be to the detriment of the patient's health and/or wellbeing. If this situation cannot be resolved to the pharmacist's satisfaction, the pharmacist should consider referring the patient to another pharmacist or alternative appropriate¹⁰ healthcare professional, whilst always taking into consideration the patient's immediate health and wellbeing needs.

2.3.5.4 Consideration should also be given to a chaperone when treating vulnerable adults and children. If a vulnerable adult or child states that they do not want a chaperone, but in the professional judgement of the pharmacist a chaperone is required, the pharmacist should seek to explain to the patient the reasons why they consider a chaperone to be appropriate. Should the patient and/or carer again decline a chaperone, the pharmacist should use their professional judgement to decide whether to examine the patient or refer the patient to another appropriate healthcare professional. When coming to such a decision, the pharmacist must consider whether the risk to the patient and the pharmacist in proceeding with an examination, without a chaperone, is greater than the immediate risks to the patient's health and/or wellbeing.

⁹ The Code (2016) Standard 4.1.3

¹⁰ Depending on the individual circumstances of the patient, a Doctor or another healthcare professional may be the most appropriate person to refer to.

2.3.5.5 Pharmacists should make a record of any discussion the pharmacist has with the patient or their carer about a chaperone including when the patient or carer declines a chaperone.

2.4 Relationships with a former patient or their carer

2.4.1 A relationship with a former patient or their carer will often remain inappropriate as the relationship may be influenced by the previous professional relationship.

2.4.2 However, a degree of professional judgement must be exercised by the pharmacist taking into consideration such issues as:

- when the professional relationship ended and how long the professional relationship lasted;
- whether the professional relationship consisted of a significant power imbalance or is capable of any such perception;
- whether the patient or their carer was or still is particularly vulnerable;
- whether a power imbalance, or the knowledge or influence that was gained through a professional relationship, was exploited to develop or progress the relationship;
- whether other members of the former patient's or carer's family are or are likely to receive care from the pharmacist.

2.4.3 Ultimately, if a pharmacist has a relationship with a former patient or their carer, the pharmacist must be able to stand over that decision if a complaint is subsequently made and their professional regulatory body calls their conduct into question. If necessary, the pharmacist should seek advice from their representative organisation or union.

2.5 Raising concerns about another professional or colleague breaching sexual boundaries

2.5.1 Pharmacists have a clear duty under the Code to raise a concern if they believe the actions of a colleague or another healthcare professional may breach sexual boundaries with a patient or carer.

2.5.2 Depending on the circumstances, a pharmacist may need to alert the police, the regulatory body for the healthcare professional, the employer

and/or the employing organisation. In doing so, a pharmacist should always seek to maintain patient confidentiality,¹¹ where possible.

2.5.3 Guidance can be obtained from Protect (formerly Public Concern at Work) - an independent authority which provides free confidential advice to people who are unsure of whether, or how, to raise a concern about practices that they have witnessed at work. Guidance and advice may also be obtained from the bodies list in Section 3.

2.5.4 The Pharmaceutical Society NI has produced Guidance on Raising Concerns and pharmacists should refer to this Guidance when considering raising a concern about another professional.¹²

¹¹ Pharmaceutical Society NI (2016) Professional Standards and Guidance for Patient Confidentiality available at <http://www.psni.org.uk/wp-content/uploads/2012/09/StandardsonPatientConfidentialityrevised24feb2016.pdf>

¹² Reference to be added when the guidance is published

Section 3 Help and advice

3.1 Additional advice and information on any aspect of maintaining clear sexual boundaries with patients or their carers may be obtained from the following sources:

- senior members of staff in your organisation;
- Protect (formerly Public Concern at Work);¹³
- your employer;
- indemnity insurance provider/defence organisation;
- a professional association (such as the Pharmacy Forum NI, the Ulster Chemists' Association (UCA), National Pharmacy Association (NPA), the Guild of Healthcare Pharmacists);
- the Regulation and Quality Improvement Authority (RQIA);
- an independent legal advisor;
- a union (for example, the Pharmacists' Defence Association or the Guild of Healthcare Pharmacists);
- the Pharmaceutical Society NI or, if the concern is about a colleague in another healthcare profession, the appropriate regulatory body; and
- The Police Service of Northern Ireland.

¹³ Protect, formerly Public Concern at Work, is an independent authority which provides free confidential advice to people who are unsure of whether, or how, to raise a concern about practices that they have witnessed at work. The helpline can be contacted on 020 3117 2520 or by emailing whistle@protect-advice.org.uk

Section 4 Useful contacts

Advice and help

Protect (formerly Public Concern at Work)
CAN Mezzanine
7 - 14 Great Dover Street
London
SE1 4YR
Website: www.pcaw.co.uk
Help E-mail address: whistle@protect-advice.org.uk
Phone: 020 3117 2520

Guild of Healthcare Pharmacists
Health Sector
Unite the Union
Unite House, 126 Theobald's Road
London
WC1X 8TN
Website: www.ghp.org.uk
Phone: 020 3371 2009

Pharmacists' Defence Association
The PDA & PDA Union
The Old Fire Station
69 Albion Street
Birmingham
B1 3EA
Website: <https://www.the-pda.org/>
Phone: 012 1694 7000

National Pharmacy Association
Mallinson House
38-42 St Peter's Street,
St Albans
AL1 3NP
Website: www.npa.co.uk
Phone: 017 2785 8687

Pharmacy Forum NI
73 University Street
Belfast
BT7 1HL
Website: <https://www.pfni.org.uk/>
Phone: 028 9032 6927

Professional regulatory bodies

Pharmaceutical Society NI
Website: www.psni.org.uk
Phone: 028 9032 6927

General Chiropractic Council
Website: www.gcc-uk.org
Phone: 020 7713 5155

General Dental Council
Website: www.gdc-uk.org
Phone: 020 7167 6000

General Medical Council
Website: www.gmc-uk.org
Phone: 016 1923 6602

General Optical Council
Website: www.optical.org
Phone: 020 7580 3898

General Osteopathic Council
Website: www.osteopathy.org.uk
Phone: 020 7357 6655

General Pharmaceutical Council
Website: www.pharmacyregulation.org
Phone: 0203 365 3400

Northern Ireland
Regulation and Quality Improvement Authority (RQIA)
Website: www.rqia.org.uk
Phone: 028 9536 1111

Northern Ireland Social Care Council
Website: <https://nisc.info/contact-us>
Phone: 028 9536 2600

Nursing and Midwifery Council
Website: www.nmc-uk.org
Phone: 020 7637 7181

Other regulatory and investigatory bodies

Professional Standards Authority

Website: <https://www.professionalstandards.org.uk/>

Phone: 020 7389 8030

Health and Care Professions Council

Website: <https://www.hcpc-uk.org/>

Phone: 030 0500 6184

Police Service of Northern Ireland

Website: <https://www.psnl.police.uk/contact-us/>

Phone: 101

Examples of sexualised behaviour by healthcare professionals towards patients and carers.

1. asking for or accepting a date;
2. sexual humour during consultations or examinations;
3. inappropriate sexual or demeaning comments or asking clinically irrelevant questions, for example, about their body or underwear, sexual performance or sexual orientation;
4. requesting details of sexual orientation, history or preferences that are not necessary or relevant;
5. performing physical examination without gloves were inappropriate;
6. asking for or accepting an offer of sex;
7. watching a patient undress (unless a justified part of an examination);
8. unnecessary exposure of a patient's body;
9. accessing the records of a patient, their carer or a family member's records to find out patient's or carer's information not clinically required for their treatment;
10. unplanned home visits with sexual intent;
11. taking, keeping or sending photographs or images of the patient or carer or their families that are not appropriately authorised and clinically necessary;
12. telling a patient or carer receiving care about their own sexual problems, preferences or fantasies, or disclosing other intimate personal details;
13. clinically unjustified physical examinations;
14. intimate examinations carried out without the consent of the patient's and carer's express consent;
15. continuing with examination or treatment when consent has been refused or withdrawn;

16. any sexual act induced by the pharmacist for their own sexual gratification;
17. the exchange of drugs or services for sexual favours;
18. exposure of parts of the pharmacist's body to the patient and carer; and
19. sexual offences.
20. grooming, building an emotional connection with a patient or carer to gain their trust for the purposes of sexual abuse or sexual exploitation. Examples of behaviour which may be linked to grooming include; an over familiar relationship with patients or carers, offering advice or understanding on non-professional matters, buying gifts, giving the person attention or using their professional position or reputation to deter patients from making any challenge.

(Adapted from Council for Healthcare Regulatory Excellence 'clear sexual boundaries between healthcare professionals and patients: responsibilities of health care professionals' (2008)¹⁴

¹⁴ Available at https://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/sexual-boundaries-responsibilities-of-healthcare-professionals-2008.pdf?sfvrsn=a8c77f20_8