

Professional Standard: Professional Boundaries and Prevention of Sexual Misconduct



College of
**COMPLEMENTARY HEALTH
PROFESSIONALS OF BC**



Principle	Outcome Statement
As a licensee, you must meet the following Principles within the Professional Standard: Professional Boundaries and Prevention of Sexual Misconduct.	People receiving health care services from a CCHPBC licensee expect that their health care practitioner will:
Principle 1: CCHPBC licensees must maintain professional and personal boundaries with their patients.	Maintain appropriate professional and personal boundaries.
Principle 2: CCHPBC licensees must identify and address actual, potential, or perceived conflicts of interest to ensure that patient care and professional judgement are not compromised.	Identify and manage any conflicts of interest that may impact their care by communicating them clearly and making necessary changes.
Principle 3: CCHPBC licensees must identify and address dual relationships when providing care.	Identify any dual relationships and manage care or take other action appropriately.
Principle 4: CCHPBC licensees must not commit any form of sexual misconduct or sexual abuse.	Not engage in any form of sexual misconduct or sexual abuse.

Definitions

boundary crossing: brief excursions across professional lines of behaviour that may be inadvertent, thoughtless or even purposeful, while attempting to meet a therapeutic need of the patient.

boundary violation: when licensees intentionally or unintentionally cross professional lines of behaviour in a way that is serious enough to potentially or actually harm the patient.



conflict of Interest: a situation in which a licensee's personal interest, or an interest of any person related to or closely associated with a licensee, may affect or influence, or reasonably be perceived to affect or influence, a licensee's clinical treatment of a patient.

counter-transference: when licensees react to transference by transferring their experiences or emotions onto the patient.

dual relationships: when licensees have a business or personal relationship with a patient outside of their practice.

family member: includes spouse, common-law partner, parent, child, sibling, grandparent, grandchild, and extended family by marriage or partnership.

patient: means a person to whom health services are provided, as defined under the *Health Professions and Occupations Act*

current patient: a patient who has a therapeutic relationship with a licensee, and is actively receiving care based upon a treatment plan.

former patient: a patient whose therapeutic relationship with a licensee was terminated.

therapeutic relationship: the relationship between a health professional and a patient, which is characterized by a power imbalance.

transference: when a patient projects feelings stemming from the patient's own personal experiences or emotions onto the licensee.

Principle 1: CCHPBC licensees must maintain professional and personal boundaries with their patients.

To meet this standard, CCHPBC licensees must:

- 1.1 Establish, maintain, and communicate professional boundaries with a patient before, during and at the termination of the therapeutic relationship.



- 1.2 Communicate verbally and non-verbally with patients in a manner that:
 - 1.2.1 meets patient needs and cultural context;
 - 1.2.2 avoids professional jargon or overly technical language;
 - 1.2.3 is professional and respectful; and
 - 1.2.4 demonstrates regard for the patient's dignity.
- 1.3 Refrain from giving or receiving gifts to or from patients.
- 1.4 Not use their position as a licensee to pursue inappropriate personal, sexual, emotional or financial gain with patients.
- 1.5 Avoid sharing their own personal information with a patient, unless disclosure supports therapeutic rapport, informed decision-making, or person-centered care.
- 1.6 Manage transference and counter-transference, as appropriate.
- 1.7 Advise and redirect a patient if a boundary crossing occurs by:
 - 1.7.1 Acting in accordance with the licensee's responsibility to establish and maintain professional boundaries;
 - 1.7.2 Re-establishing professional boundaries with the patient;
 - 1.7.3 Ending the therapeutic relationship when a potential or actual boundary crossing cannot be adequately resolved; and
 - 1.7.4 Documenting boundary crossings or violations and any corrective actions taken in the patient health care record.



Principle 2: CCHPBC licensees must identify and address actual, potential, or perceived conflicts of interest to ensure that patient care and professional judgement are not compromised.

To meet this standard, CCHPBC licensees must:

- 2.1 Identify and inform patients and/or others who may be affected by an actual, potential or perceived conflict of interest.
- 2.2 Take appropriate steps to manage or resolve conflicts of interest, including providing options and considering whether it is necessary to terminate the therapeutic relationship.
- 2.3 Document the details and management of a conflict of interest into the patient's health care record.
- 2.4 Not enter into any agreement or arrangement that prevents or risks putting the patient's needs and interests first.
- 2.5 Not ask for or accept any inducement, gift or hospitality from organizations that sell or market products that could reasonably be perceived to influence patient care or professional judgment.

Principle 3: CCHPBC licensees must identify and address dual relationships when providing care.

To meet this standard, CCHPBC licensees must:

- 3.1 Exercise sound professional judgement and reflect on how the dual relationship may affect their objectivity.
- 3.2 Avoid, when possible, from providing care to family members or others where a dual relationship exists.
- 3.3 When it is necessary to provide care in a dual relationship:



- 3.3.1 assess for actual or perceived conflicts of interest in accordance with Principle 2;
 - 3.3.1.1 maintain thorough clinical records in accordance with all applicable standards and legislation, including documentation of the nature of the dual relationship;
- 3.3.2 clearly communicate when they are acting in a professional capacity, distinguishing this from any personal relationship;
- 3.3.3 offer referral options to another qualified health care practitioner when appropriate;
- 3.3.4 maintain professional boundaries when acting in a professional capacity.

Principle 4: CCHPBC licensees must not commit any form of sexual misconduct or sexual abuse.

To meet this standard, CCHPBC licensees must:

- 4.1 Act in accordance to both cultural and individual differences in levels of comfort with touch, physical contact, and disrobing.
- 4.2 Ensure draping of a patient:
 - 4.2.1 is secure and appropriate, using material that provides an effective visual barrier to set clear physical boundaries.
 - 4.2.2 is performed in a way that prevents visual exposure of areas of the patient's body that are not being actively assessed or treated.
- 4.3 Minimize the occurrence of unintentional or incidental physical contact with potentially sexualized areas of a patient's body. If unintentional or incidental physical contact occurs stop treatment, re-establish patient consent, and document the incident in the health care record.



- 4.4 Take all reasonable steps to prevent the occurrence of unintentional or incidental physical contact with the patient's body by potentially sexualized areas of the licensee's body.
- 4.5 Not engage in a sexual relationship with a current patient. If licensees provide care to their spouses, the therapeutic relationship must be managed in accordance with Principle 2 above.
- 4.6 Not engage in a sexual relationship with a former patient, unless the licensee ensures that residual power imbalance from any therapeutic relationship no longer exists. Factors impacting the appropriateness of a possible relationship include:
 - 4.6.1 the amount of time that has passed since the therapeutic relationship ended;
 - 4.6.2 any particular maturity or vulnerability of the former patient;
 - 4.6.3 the capacity of the former patient;
 - 4.6.4 the nature, intensity, and duration of the care that was provided; and
 - 4.6.5 whether the former patient is likely to require the licensee's care again.
- 4.7 Comply with all mandatory reporting requirements for sexual misconduct.

not in force until April 2026