General Chiropractic Council

GCC Registrant Toolkit

Professional Boundaries

Professionalism in chiropractic

Toolkit

Contents

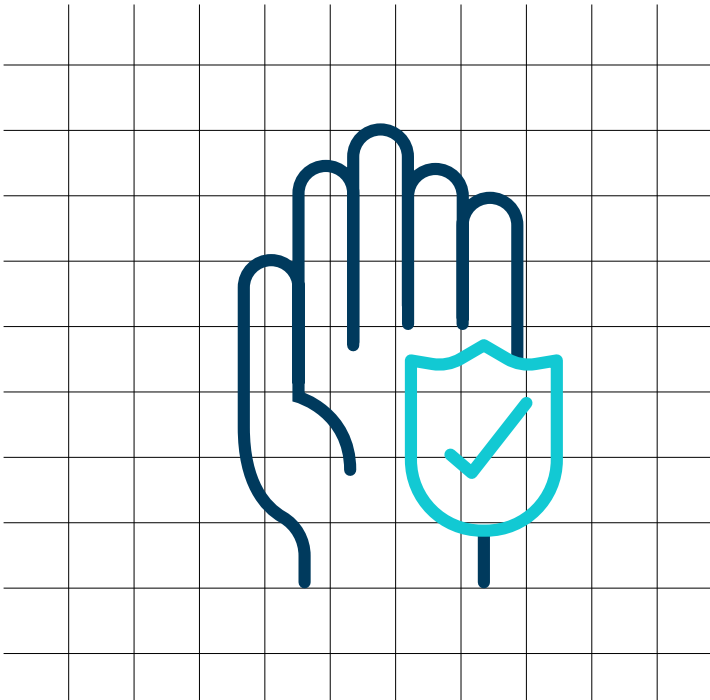
General Chiropractic Council

About this toolkit: recognising, maintaining and restoring professional boundaries

This toolkit is designed to support you in recognising situations where professional boundaries may be at risk and to provide practical guidance on responding in a way that protects both patients and yourself.

Getting professional boundaries right is part of everyday practice. Most chiropractors successfully navigate professional boundaries every day. Regularly asking patients whether they are comfortable with what is happening during their care is one way of maintaining professional boundaries, identifying issues early and building trust.

Good professional boundaries are set at the beginning of a relationship, maintained through everyday communication and judgement, tested in difficult situations, and protected by documentation, advice and reflection.



Quick Response Reference Guide:

This toolkit is intended to help you reflect and develop your skills before a boundaries issue arises. However, if you are concerned about a professional boundaries issue right now, the following principles will help:

Document

If something feels uncomfortable or causes you concern, take time to reflect on the situation and make a clear, accurate and contemporaneous record of what occurred.

Seek advice

Many misunderstandings can be resolved through open and professional communication. If you remain concerned, seek advice from a trusted colleague, mentor, your professional association or your indemnity insurer. Boundary issues can arise at any stage of a professional career. Recognising them early and seeking advice is an important part of professional practice.

Be aware

Professional judgement can be affected by workload, fatigue, stress or personal circumstances. Patients place considerable trust in their chiropractor and may notice changes in communication or behaviour. While everyone experiences challenging days, it is important to maintain professional standards and ensure that the focus of every consultation remains on the patient's needs.

Remember

You may have a clear understanding of what is professionally appropriate, but your patients may not. Patients may search for you online or ask personal questions. Consider in advance how you will respond if conversations move away from clinical matters and practise ways of steering discussions back to the patient's care.

Seek support

You are not alone. Many chiropractors will encounter situations that test professional boundaries during their careers. Take opportunities to discuss professional practice with trusted colleagues, mentors or peers. Working in a one-to-one clinical environment can limit opportunities to observe how others manage similar situations. Consider joining or establishing local peer groups, engaging with your professional association, participating in clinical networks or research, or seeking mentoring to support your ongoing professional development.

What are professional boundaries?

Professional boundaries help create an environment in which patients can receive safe, effective and person-centred care. Therapeutic relationships are about meeting the needs of patients, not the other way around. Your clinic should be a place where patients feel able to share their concerns, ask questions, be listened to and receive compassionate, high-quality care.

Professional boundaries define what is appropriate in all aspects of the relationship between a chiropractor and a patient. They include physical, emotional, social and financial boundaries. Maintaining professional boundaries is not simply about avoiding personal relationships with patients. It also encompasses how you communicate, the language you use, your professional appearance, your behaviour, and the way you interact with patients and those close to them. As a hands-on profession, how and when touch is used during assessment and treatment is a vital skill when managing boundaries.

Professional warmth and professional distance

Maintaining professional boundaries does not prevent you from being warm, compassionate and approachable. Rather, it helps ensure that professional relationships remain focused on the needs of the patient and that your professional judgement is not compromised.

A part of everyday practice...

Good professional boundaries are closely linked to clear communication. Patients should understand what you are doing, why you are doing it and be given the opportunity to ask questions and provide valid consent throughout their care.

...that applies in all practice settings

Maintaining professional boundaries is a core professional responsibility and applies regardless of your scope of practice or place of work. Your primary duty is to your patient, but professional boundaries are also important in your relationships with the family or carers of patients; and with colleagues, students and others involved in chiropractic education or clinical practice.

Professional boundaries can feel difficult to navigate, particularly when situations develop gradually or are not straightforward. Boundaries are not solely about your own behaviour. Patients may also behave in ways that feel overfamiliar or inappropriate. Reflecting on how you might respond to different situations can help you recognise potential boundary issues at an early stage.

What the Code of Professional Practice says

Principle C	**You must act with honesty, and integrity, and maintain the highest standards of professional and personal conduct**
C7	Ensure your behaviour is professional at all times, upholding and protecting the reputation of the profession and justifying public trust.
Principle E	**You must establish and maintain clear professional boundaries**
E1	Recognise the power imbalances that come with being a healthcare professional. You must not abuse the position of power and trust which you occupy as a professional. You must not pursue or encourage improper financial, emotional or personal relationships. You must not cross any professional boundary: this includes sexual boundaries.
E2	Ensure you, and any person you employ, manage or lead, treat all patients, their carers or others accompanying them, with respect and dignity.
E3	Explain the reason to the patient and obtain and record valid consent if there is a clinical need for clothing to be removed. You must respect their right to privacy to undress and you must offer the use of a gown. You must always obtain a patient's consent if it becomes necessary during examination or treatment for an item of the patient's clothing to be adjusted.
E4	Consider the need for (or advisability of) another person to be present to act as a chaperone or advocate - for your own protection and that of the patient. You must, wherever possible, offer a chaperone if the clinical assessment or care might be considered intimate or where the patient is a child or a vulnerable adult, or where the patient requests one. You must record when you offer or use a chaperone or advocate.

These standards are explained further in the Guidance for Chiropractors: Professional Boundaries.

Understanding Trust, Vulnerability and Power

Trust

Trust underpins therapeutic relationships. Chiropractors, like all healthcare professionals, are trusted professionals. People listen to what you say. Patients rely on you to act in their best interests, and professional boundaries help ensure that trust is maintained. They provide reassurance that your decisions and actions are motivated solely by the patient's care and wellbeing, and that you will not misuse the position of trust placed in you.

Trust is fundamental to the therapeutic relationship. Patients share personal and sensitive information with you, may remove clothing for examination or treatment, and allow you to use touch as part of your clinical practice. They rely on your professional judgement, your advice and your recommendations for treatment. This is particularly important for patients who are new to chiropractic and may have little understanding of what to expect. Maintaining clear professional boundaries helps ensure that patients can have confidence that every aspect of their care is provided in their best interests.

What does trust mean for patients?

Patients need to be able to trust that you:

- **are competent** – you have the knowledge, skills and training to provide safe and effective care.
- **will always act in their best interests** – you will not deliberately harm, manipulate or take advantage of them.
- **will keep their information confidential** - you will respect their privacy
- **will respect their dignity** – you will use your professional position appropriately and never exploit the therapeutic relationship for your own personal, emotional or sexual gratification.
- **will act with honesty and integrity** - they can have confidence in your professionalism and trust the care and advice you provide.

Erosion of trust

Poor professional boundaries affect more than the individual therapeutic relationship. They can undermine public confidence and trust in the chiropractic profession and (if proven) can lead to regulatory action (including removal from the register). Boundary breaches can cause significant harm to patients, particularly where the behaviour involves sexual misconduct or other serious violations of professional trust.

The power you hold over patients as a chiropractor

The very fact of being a patient can make people vulnerable. Other factors may increase a patient's vulnerability when they come to see you. This creates a power imbalance within the therapeutic relationship. Your responsibility is to ensure that the professional power you hold is always used in the patient's best interests, never for your own convenience or benefit.

What can make patients vulnerable?

- Limiting physical symptoms, such as pain or restricted mobility
- Financial pressures, meaning they need treatment that is fast and effective
- Emotional or communication difficulties
- Limited knowledge or understanding about what may be causing their symptoms
- Not knowing what a reasonable fee for treatment is, or how many sessions may be clinically appropriate
- Having experienced treatments which haven't helped in the past and being desperate for 'a cure'.

Power is always present in the treatment room. Even if you do not feel more powerful than your patients, there are many ways in which you hold power.

The ways in which you may hold power

- Patients may have limited knowledge or understanding of their condition
- Patients may know little about chiropractic and may not know whether what you are doing is appropriate, or within accepted practice
- The clinic is your place of work. You are familiar with the environment, the staff and how the clinic operates. Patients are not and can be anxious in healthcare settings
- You give the instructions and patients are guided by your recommendations, including exercise, lifestyle or other aspects of their care
- Asking patients to undress in front of you can make some people feel very exposed and uncomfortable
- Patients may not know how long treatment is likely to last, how often appointments should be scheduled, or what is appropriate for their condition.
- Differentials in educational status, race, class, culture and affluence impact on relationships with your patients, some of whom will face multiple disadvantages or vulnerabilities.

Boundaries in your everyday practice

One of the advantages and responsibilities of being an autonomous professional is that you are responsible for setting the tone of the therapeutic relationship. It is up to you how much of 'yourself' you bring to work. You can be warm and friendly while remaining professional. Effective therapeutic relationships improve patient outcomes and patients value authenticity.

Exercise: Making (and maintaining) a good impression

Think about how your patients view you and how you can present a professional image.

Patients will experience you not only in face-to-face conversation, but also from different angles and positions during assessment and treatment. You may be leaning over them, working in close physical proximity, or using touch as part of their care. They may have their eyes open or closed, be talkative or quiet, and may feel relaxed, uncertain or anxious. Being aware of how you may be perceived in these moments can help you maintain professionalism, communicate clearly and protect the patient's sense of comfort and dignity.

Ask yourself the following questions. They may not have a right or wrong answer but can help you consciously set the tone of your therapeutic relationship.

How do I look?

Clothing

- Do I wear a tunic, a polo neck, a shirt and tie or blouse, or a white coat?
- Does my clothing allow me to move freely, and patients to feel comfortable seeing me?
- Does my clothing stretch tightly or gape in a way that could expose my body as I lean over or treat patients?
- How does my clothing choice alter how the patient sees me?
- Do I dress differently when I am working outside of the clinic? (e.g. at meetings or promotional events)
- Do my patients' cultural or generational expectations influence what I wear for work?

Accessories and tools

- Do I wear clunky, loud or dangling jewellery?
- Do I carry clinical equipment (e.g. a stethoscope round the neck or an Activator or Graston tool in a pocket)?
- Could my equipment or jewellery inadvertently dig into or poke the patient during treatment?
- How does the equipment I am carrying alter how the patient sees me?

How do I communicate?

Names

- Do I wear a name badge?
- How do I address patients? Do I ask how they want to be addressed?
- What do I tell the patient to call you? (avoid nicknames!)
- Do I correct them if they get it wrong? (e.g. they call you by your title rather than your first name)
- Do I use the courtesy title "Doctor"? If so, how do you make it clear to them that you are not a medical doctor?
- How do other staff refer to me and patients?

Communication

- How technical are my explanations to patients? How do I assess this? How do I decide when to simplify an explanation without sounding patronising?
- Do I use humour? If you use humour often, think about how your patient would feel if you are light-hearted about their situation? Put yourself in their shoes.
- Am I naturally chatty? How do I infer whether a patient is also in a chatty mood or whether they would prefer you not to talk?
- Do I swear? What level of self-censoring is appropriate for when I'm with patients? How do I share frustration appropriately? How do I speak to my colleagues?

How do I use touch?

Outside of treatment

- How do I greet patients? Do you touch them as part of a greeting? (e.g. handshake)? How do I react if a grateful patient throws their arms around me?
- How do I use touch with colleagues? Do we hug? Touch their arms or shoulders? Lean over them? Does it make a difference if there are patients watching?
- If a patient is upset, do I provide physical or verbal reassurance? Remember that being patient-centred involves gauging what is right for this patient at this particular moment. If this isn't your forte, how might you build your emotional intelligence?

During treatment

- How and when do I let my patient know where I am going to touch them? How do I signal that I am moving focus to a new area?
- How do I explain incidental physical contact when reaching or leaning over a patient?
- If their clothing needs to be moved, or the patient needs to be repositioned, do I ask the patient to do it, or do I ask for consent to move them myself?
- As I'm moving around a patient, do I keep a hand on them so that they know where I am in the room? What are the arguments for and against this? How do you explain that's why you're leaving your hand there so that the patient knows?

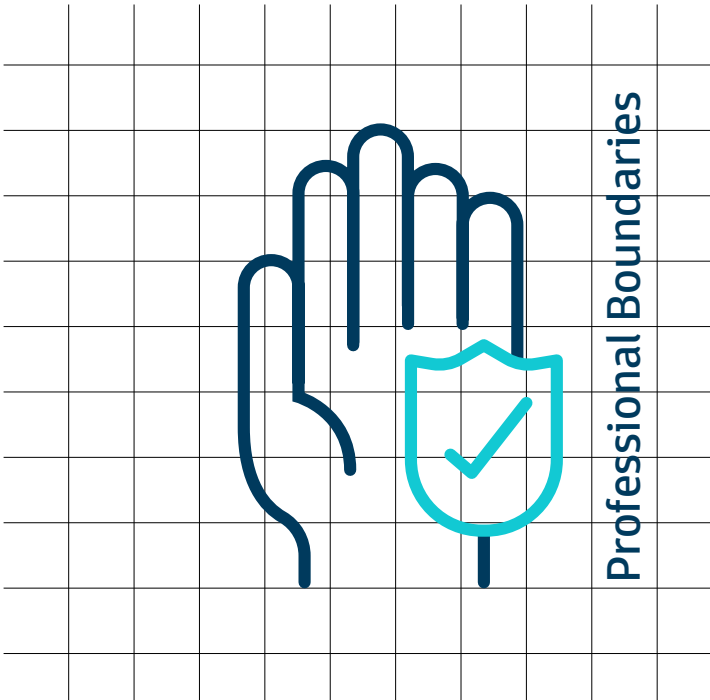
How much do I share?

Personal questions

- Do I have to answer personal questions about myself?
- Do I wear a wedding ring or display personal photos at work? How do I respond when a patient asks about marriage, partner, children, holidays?
- How do I keep my workspace politics free? How do I respond to patient questioning about political views? How do I reflect on what topics to avoid and how to deflect questions which could impact adversely on the relationship?
- How can I move a conversation back to clinical matters?

Their personal disclosure

- How would I respond if a patient expressed views that I found deeply objectionable? How would I maintain professionalism in the moment?
- In what circumstances would I consider it appropriate to end the therapeutic relationship or refer a patient elsewhere? How would you do this professionally?



Setting boundaries with new patients

It is good practice to establish clear professional boundaries from the outset of the therapeutic relationship. Consider what information patients need when they first attend your practice.

Some chiropractors choose to provide patients with printed information about what they can expect from their care, as well as what is expected of them, while others publish it on their website or send it in an email. Setting these expectations early can help establish a positive therapeutic relationship and support professional boundaries throughout a patient's care.

THINK AHEAD:

What information do patients need before or during their first appointment? What arrangements and policies should they understand before they become your patient? This might include:

- Finding out what the patient prefers to be called and how they would like to be addressed
- Explaining what they should (and should not) wear or bring to their appointment
- Explaining how the clinic functions (is there one room or multiple rooms? How long is an appointment? Will anyone else be in the room when you are treating them?)
- Explaining how you will respect their dignity (for example, by providing towels or coverings where appropriate) and respect their choices (including stopping treatment)
- Providing clear information and expectations about:
  - fees, payment arrangements and cancellation policies
  - how they can raise concerns or make a complaint, including information about the GCC where appropriate
  - policies on gifts and tips, data protection and safeguarding
  - clear expectations that you, patients, staff and everyone involved in the practice will be treated with dignity and respect
  - when (and how) you would terminate the therapeutic relationship if a patient is threatening or abusive
- Discussing how you would acknowledge a patient if you happened to meet outside the clinic
- Providing your professional phone and email contact details (never give out your personal phone number)
- Explaining usual practice opening hours and arrangements during holiday periods

Consent, Confidentiality, Privacy and Chaperones

Boundaries build on familiar ethical and legal principles. They reflect our personal sense of dignity and who we are. Professional boundaries are closely linked to respect for a person's autonomy, dignity and privacy. This includes who we like to tell things to, how close we like being to other people, how comfortable we are with physical touch, and who we want to know about our business. Cultural factors can influence how different patients feel about these things, so you need to get to know what each individual patient is comfortable with.

In practice, two ethical requirements are very relevant to thinking about boundaries. The first is consent. The second is confidentiality.

Valid consent – a refresher

Principle F	You must obtain appropriate, valid consent from patients
F1	Give the patient necessary, accurate, relevant and clear information in a format that is accessible to them so they can make informed decisions about their health needs and care options. You must take reasonable steps to check that they understand the information given to them.

Read more about valid consent in the consent toolkit.

You are expected to provide information to the patient that is clear, accurate and presented in a way that the patient can understand. You must allow patients the opportunity to ask questions and reflect on their options, so you can be confident that the patient is fully aware of any risks, as well as the benefits involved in the recommended treatment.

THINK AHEAD:

Ask yourself in advance:

- Is the patient competent to make a decision? Who can I ask if the patient is too young, too frail or lacks Gillick competence?
- How can I secure and document assent (willingness) to touch if consent isn't possible but the treatment is in the person's best interests?
- How much information does my patient need to make an informed choice and give valid consent?
- Can I be sure that they really agree to this plan of care or have I or someone else pressurised them into accepting it?

You have told the patient that they can ask you to stop at any time, but how do you make sure they genuinely feel able to?

Confidentiality – a refresher

A4	Respect the patient's privacy, dignity and their right to choose who is present when their care is discussed and provided
C8	Respect confidential information about the patient and preserve their dignity at all times, including online, during remote consultations, and when referring to them anonymously.

Read more about confidentiality in The General Chiropractic Council Guidance for Registrants: Confidentiality.

You are expected to only ask what you need to know to inform your clinical judgment not because you are curious. You will respect their confidentiality by only using the information for the reasons it was given to you and not telling other people about the patient unless they have a (legal) reason to know. You will store the information safely and securely.

THINK AHEAD:

Ask yourself in advance:

- How can I separate out what I already know about someone I am treating when I have heard it from someone else?
- How can I keep a friend or family member's condition confidential if they come to see me?
- When and how do I refer a patient to their GP?

There will be situations where you might need to break confidentiality or disclose information to a third party (this could be in court, in divorce proceedings, or in criminal proceedings). How will you make sure that you only do this when appropriate and necessary?

Privacy

Privacy is about more than keeping information confidential. Patients have different expectations about personal space, physical touch, modesty, and who they wish to be present during discussions, examinations and treatment. Respecting privacy means recognising these individual preferences and taking reasonable steps to protect a patient's dignity throughout their care. This includes explaining what you are doing, obtaining consent before examination or treatment, minimising unnecessary exposure, and respecting a patient's choices about who is present during their care.

Cultural, personal and religious factors will all influence how patients experience and expect privacy, so it is important to understand and respond appropriately to individual needs.

Using Chaperones and Advocates

There will be circumstances in which it is appropriate or necessary to offer a patient a chaperone, for example where an examination or treatment involves an intimate area, or where the patient is young or particularly vulnerable.

If you think a chaperone may be required, plan ahead and arrange appointments so that one is available if needed. Patients should always be offered appropriate alternative options where these are available.

Ideally a chaperone is an impartial clinician whose role is to understand the treatment, support the patient, help maintain their dignity and provide reassurance during an examination or procedure. Chaperones can also provide reassurance for the chiropractor where appropriate.

If you work in sole practice, it may not always be possible to provide a chaperone yourself. Discuss the options with the patient ahead of time – they may wish to use another member of staff, or to bring a friend, family member or carer to the appointment if that would make them feel more comfortable. Sometimes a carer assumes they should come into the treatment room, but this is the patient's choice.

A patient may also ask for someone to be in the room is if there is a language barrier – they may ask a friend, relative or carer to help with interpretation. Be mindful that this may affect what the patient feels comfortable discussing, particularly where sensitive information is involved. How might you manage this in practice?

Bullying, harassment and sexual harassment

In extreme cases, breaching boundaries can take the form of bullying or harassment. You need to be alert to behaviours which aren't okay, and to do something about them. If you employ any staff, you have additional legal duties to make sure your workplace environment is free from bullying and harassment, including sexual harassment. This law came into force in 2026 (part five of the Equality Act 2010).

Make sure you're familiar with your duties to prevent and respond to bullying, harassment and sexual harassment in your workplace. If you employ or manage other staff in a clinic or practice, look at some online training options and use it for a group reflective session.

Creating a safe environment includes:

- Being clear in employment and other contracts about what behaviours are acceptable and what are not.
- Being clear in your own mind what behaviours are acceptable and what are not to guard against 'creeping acceptance'. People who breach boundaries may 'test the waters' to see what they can get away with. Be alert to inappropriate behaviour and address it early before it becomes normalised or escalates.
- Responding consistently and robustly to low levels of incivility including 'banter'.
- Not tolerating sexual harassment or inappropriate sexual behaviour, and making sure everyone understands their responsibility to speak up if they see something unacceptable.
- Ensuring if your employees do suffer harassment, that they'll be provided with necessary support.

Be warned - the GCC views cases of sexual boundary breaches as sexual misconduct. Do not look to your patients for your social life or your sex life.

Financial and commercial boundaries

Maintaining appropriate financial boundaries is an important part of professional practice.

C9

Be honest, fair, and transparent in your business. Your clinical judgement must not be prejudiced by any personal, financial or commercial interest. You must not ask for, accept, or offer, any inducement that may prejudice the care of a patient.

Every patient will value (and prioritise) their health differently – some may choose to remain in pain rather than spend a modest amount of money, while others may be willing to make financial sacrifices, or spend beyond their means, to access care.

Your patients should be confident that any advice, treatment or services you recommend are based on their clinical needs and best interests, and not for your personal financial advantage.

This is why your clinical plan of care must always be separate (and independent) of a financial payment plan:

C10

Determine and share a clinical plan of care for the patient separately (and independently) from any financial payment plan.

You must provide a clear contract for any financial payment plan which must include arrangements for refunds for unused care. You must not offer a financial payment plan that extends beyond the amount of care set out in your initial clinical plan of care for the patient. You must not pressure the patient to commit financially to long term treatment.

Many people feel awkward discussing money, and may not admit to not understanding special offers, cancellation policies or payment plans. By communicating clear and transparent pricing at the start of the relationship, the patient is less likely to feel surprised, pressured or uncertain about the cost of their care.

While some patients may welcome the option to spread the cost of care, others may prefer to pay for care as they receive it. If you choose to offer a payment plan, this should be designed to support, rather than influence, the clinical needs of the patient. Treatment should always be provided on the basis of clinical need and a clear rationale for care – not because "it has been paid for as part of a package". Where payment plans are offered, patients should be given clear information about the terms of the arrangement, including any cancellation and refund arrangements.

Chiropractors should respect the patients' individual choices – including whether to join a payment plan, access longer-term maintenance care, or buy supplementary products or services – and not pressure the patient to commit financially.

Financial boundaries may not always revolve around paying for services – and concerns about professional boundaries often involve more than one type of boundary. For example, lending or borrowing money from a patient may also reflect blurred emotional boundaries that undermine the professional relationship. Accepting valuable gifts from patients or suppliers can lead to expectations of "something in return".

Common Scenarios

Going into business

It is not uncommon for partners, spouses or friends to work together. While these arrangements can work well, it is sensible to consider in advance how the practice would continue to operate should personal circumstances change.

Always be mindful of the impact on colleagues and the wider practice team. Personal relationships should not influence decisions about rotas, annual leave or training opportunities. Ensure that all colleagues are treated fairly and equitably and that professional responsibilities remain separate from personal relationships.

Before committing to running a business together, it is good practice to discuss and agree between you how the business would continue to operate if circumstances changed or professional relationships broke down. Consider how any disruption could affect patients and what steps you could take to minimise the impact.

Agree practical arrangements in advance, such as who would remain at the clinic, how responsibility for the ongoing care of patients would be managed and how continuity of care would be maintained. Having a contingency plan in place can help protect patients, support continuity of care and ensure the business remains viable.

Treating people you know

The GCC's Guidance on Professional Boundaries (paragraph 54) highlights that the Code of Professional Practice continues to apply when providing care to a patient who is also a friend, colleague or family member. It draws attention to some of the inherent risks associated with providing care to someone where there is a prior relationship.

THINK AHEAD:

Before treating someone who you already have a relationship with, ask yourself:

- Can I stay objective and provide the same standard of care that I would to any other patient?
- Can I maintain their confidentiality, particularly where other family members or friends are involved? What are the implications for them (and for me) if I do or do not provide care? Remember, when they become your patient, your focus must always be on their needs, not your own.
- What are the pitfalls of treating someone where there is a dual relationship? Do they know things about you that you would not want other patients to know?
- Would I feel comfortable charging or not charging them for treatment? Might this affect the professional relationship?

You may occasionally treat someone you already know outside the clinical setting. This is more likely if you work in a small or rural community. While this cannot always be avoided, it is important to ensure that the therapeutic relationship remains focused on the patient's clinical needs. Keep conversations professional and relevant to their care, rather than allowing consultations to become social occasions. Ensure that everyone working within the practice also understands the importance of maintaining professional boundaries and patient confidentiality, including not disclosing that someone is receiving treatment unless there is a lawful reason to do so.

You may also encounter patients with whom you feel you have a great deal in common and who you think you might have become friends with if you had met in different circumstances. However, because the relationship began in a professional context, it is important to maintain appropriate professional boundaries. Forming friendships with current patients, and in many cases former patients, has the potential to compromise professional judgement and create boundary concerns.

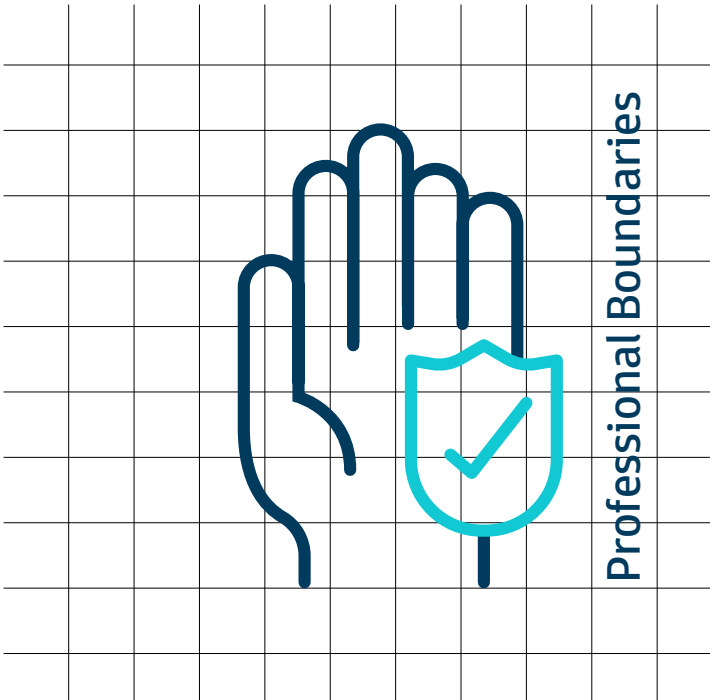
Keeping a relationship professional allows you to concentrate on helping the person to get better. Allowing friendships to develop risks giving them preferential treatment, doing things for them that you wouldn't do for other patients, seeing them at times outside regular treatment times, or in non-work locations, and generally, departing from professional standards.

Recognising the warning signs

Red flags when treating people you know.

Consider whether it is appropriate to continue the therapeutic relationship if:

- you feel you are becoming too emotionally attached to the patient
- you believe the patient is becoming emotionally attached to you
- you feel unable to provide objective care because the patient's behaviour or expressed views would affect your professional judgement.



Bumping into patients in the street?

While "bumping into a patient" outside of the clinic will happen to everyone, working in a small town or rural community can makes it more likely that your professional and personal relationships will overlap.

On an everyday basis, you need to find a balance between authenticity and professional formality.

THINK AHEAD:

Thinking about these situations in advance can help you respond professionally and protect the therapeutic relationship. It may also be helpful to discuss with patients, at an early stage, how you will respond if you happen to meet outside the practice.

- There will be situations where duality arises – children at the same school, using the same car mechanic, singing in the same community choir. If this feels uncomfortable, you might want to create some distance between where you shop and socialise and where you work.
- Your duty as a professional extends to how you conduct yourself outside of work. Maintain an awareness of perceptions if seen when you're enjoying a night out
- If you meet a patient outside work, would they expect you to discuss their care in the supermarket? Does it differ if they are on their own or with another person? Does the other person know about their health issues?
- Are you "good with faces and names" or are you flustered by someone greeting you in the street? How can you prepare for these situations?
- Consider what the potential boundary issues might be and whether you can reasonably manage the dual relationship while keeping the focus on the patient's care. If in doubt, don't treat them.

Am I well enough (emotionally and physically) to be working?

Professionalism includes recognising when your own health and wellbeing may affect your ability to provide safe, effective and compassionate care. Research shows that people are more likely to breach emotional and sexual boundaries when they are burnt out and not coping well.

If you are experiencing significant personal difficulties, such as bereavement, illness or relationship breakdown, ask yourself if you need additional support or time away from work.

Remember that professional boundaries apply across all interactions with patients. Treating a patient with impatience, frustration or irritation can be as much a boundary issue as becoming overly involved or treating a patient as though they are special.

Reflect on whether certain patients or situations are affecting you more than others, and take appropriate steps to ensure your personal circumstances do not influence the care you provide.

Be aware if you begin to rely on patients or colleagues for emotional support. Recognise you need to be in a good place yourself to help other people.

Responding to boundary concerns - How do I stop treating someone?

C14

Have a reasonable justification for refusing or discontinuing care for a patient. You must record this. You must explain how they can find other healthcare professionals who could offer care, in a fair and unbiased way. In all of these situations, document your reasons for discontinuing treatment and explain why you are unable to carry on treating.

There are different reasons for why you may refuse or need to discontinue care. Occasionally, you may find that, despite your best efforts, you are unable to establish or maintain an effective therapeutic relationship. Where this affects your ability to provide objective, compassionate care, it may be appropriate to arrange for another suitably qualified healthcare professional to take over the patient's care. Discontinuing care needs to be done in a way which doesn't stigmatise or make the patient feel shame.

Very occasionally, a patient's behaviour can be sufficiently disturbing or threatening that neither you, nor any other chiropractor, has to continue treating them. An example might be a patient who expresses racial or religious hatred (towards you, or generally), despite your being clear that this is unacceptable. Making every patient aware of practice expectations regarding acceptable behaviour early in care will provide a helpful basis for explaining why the therapeutic relationship is being ended.

Where a patient has displayed sexually inappropriate, threatening or abusive behaviour, consider whether there are any safeguarding implications before referring them to another practitioner. If you experience sexual or other harassment, be prepared to report this to the police or relevant authority.

Remember that your professional association, peers and your indemnity provider are useful sources of support. Keep a record of what you have done, when and why.

More information can be found in the Guidance for Registrants: Professional Boundaries.

Tips for boundaries best practice

In the appointment:

1. Stay patient focused. Always ask patients what they like to be called, dress in a way your patients will find professional.
2. Be very clear about how much clothing a patient needs to take off. Is it clinically necessary for them to get undressed. Ask them to take off the minimum necessary for you to treat them. Have paper underwear and robes available and think about offering a chaperone at future sessions if necessary to support an individual's comfort and dignity.
3. Know how to steer conversations back towards the patient and their clinical situation. Use dialogue therapeutically rather than chatting.
4. Anticipate how you would reject a gift or social invitation which blurs your relationship with patients. Acknowledge the thoughtful intent but then explain why it is important to keep things professional. If in doubt, have a practice policy to fall back on which prohibits this.
5. Follow up sensitively if a patient does not return. It may be nothing you have done wrong, but it is important to understand why they haven't come back. If it is something you've done wrong, use it as a learning opportunity/basis for peer discussion.

Keep it professional:

6. Keep your professional practice space free of personal effects, such as family photos or other effects that tell patients more about you than might be helpful for them to know.
7. Have a separate work phone and email and never give out your personal phone number. Make sure all social media accounts have privacy settings on. Remember patients can google you and look on professional networking sites, so keep your content on these professional. Read the Social Media Toolkit for more information.
8. Anticipate personal preferences and biases. Expect that you will like some patients more than others. Ensure that you are equally professional to all of your patients. If you believe a professional relationship is becoming a personal friendship, consider whether it is appropriate to continue treating that patient.

Support yourself:

9. Develop a group of peers who you can talk to safely about tricky situations in a non-judgmental space. Think about discussing it with other types of health professionals you know as they might have some useful perspectives.
10. Document any situation that causes concern, is unusual, or may later give rise to misunderstanding.

EXERCISE: Creating learning opportunities

Learning with colleagues:

Professional boundaries are strengthened through reflection and discussion. Every situation is different and taking time to think about potential boundary issues before they arise can help you respond appropriately in practice. Reflecting on challenging boundary situations will help you to be prepared, especially if you didn't talk about them very much in your training.

Create an opportunity to safely discuss these challenging topics with other colleagues in a safe space.

- Read the Code of Professional Practice and the Guidance for Chiropractors on Professional Boundaries and reflect on what this means for your work.
- Use these as inspiration to create fictional, but plausible, boundary scenarios that could arise for you and your colleagues.
- Set aside some time to role play these scenarios with colleagues – what might you say and how might you say it?
- Reflect on how your colleagues handle similar scenarios – what can you learn from their approach?

Role playing and reflective discussion of different situations can be very effective in building your confidence and emotional intelligence when managing boundaries and preparing for challenges in practice.

Learning from patients

Create opportunities during and at the end of appointments to check in with patients and invite feedback about their care. Encourage patients to tell you if anything about your approach, the consultation or treatment has made them uncomfortable or uncertain. Developing a biopsychosocial approach to care can help you better understand each patient's individual needs and provide care that is centred on them.

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