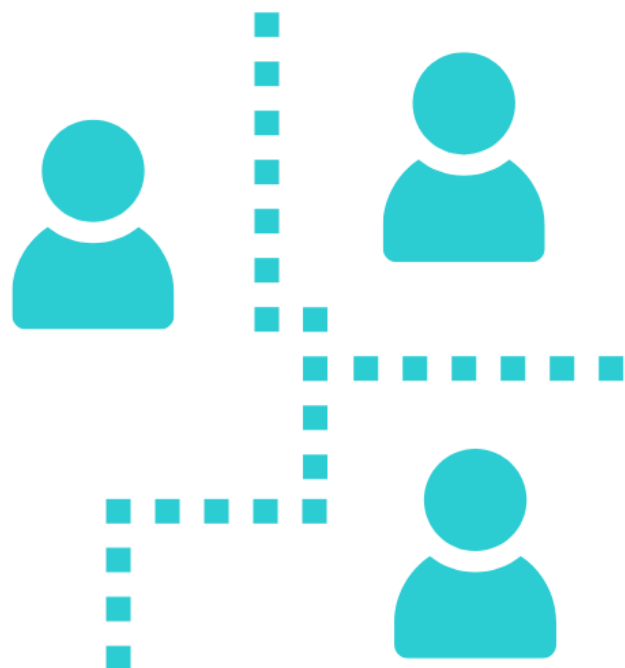




**General
Chiropractic
Council**

The General Chiropractic Council
Guidance for Registrants:

Professional Boundaries



Guidance

Guidance for Registrants

Guidance for registrants is supplementary to the Code of Professional Practice and supports registrants in meeting the expected Principles and Standards.

Whilst there is an expectation that guidance will be followed unless there is a good reason not to do so, there may be other acceptable ways to secure the same outcome required under the Code of Professional Practice.

If a chiropractor's Fitness to Practise is questioned, both the Code of Professional Practice and the relevant supplementary guidance will be considered to assess any breach of professional standards.

Each year (as part of the process to retain registration) all chiropractors are asked to confirm that they are keeping up to date with the supplementary guidance published by the General Chiropractic Council.

The Purpose of this Guidance

This guidance will assist registrants to meet the expectations of the Code of Professional Practice in relation to Professional Boundaries.

It covers:

- Power Imbalance
- Sexual Boundaries (including Intimate Examinations)
- Emotional Boundaries including Dependency
- Respect and Dignity
- Financial Boundaries (including Conflicts of Interest)
- Specific Risks of Social Media and Digital Communication
- Speaking up

Publication History

This edition was published December 2025 and comes into effect 01 January 2026.

Changelog

Date	Change
December 2025	This edition is expanded to include other types of professional boundaries in line with the principles and standards within the Code of Professional Practice.
April 2016	Guidance on Maintaining Sexual Boundaries published.

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Relevant Principles, Standards and Definitions in The Code of Professional Practice

Hyperlinks to the Code of Professional Practice are marked by  

Principle E:



You must establish and maintain clear professional boundaries

As a chiropractor you must

Standard 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.

The following Principles, Standards and Glossary definitions may also be relevant:

Principles:

Principle C:



You must act with honesty, and integrity, and maintain the highest standards of professional and personal conduct

Principle H:















































You must foster collaborative healthcare, effective professional relationships and safe, supportive workplace practice.


Standards:

C9  , C10  , E2  , E4  , G6  , H5  ,

Glossary definitions:

Abuse  ; Advocate  ; Boundaries  ; Bullying, harassment or intimidation  ; Chaperone  ; Child/children  ; Complexity  ; Consent  ; Dignity  ; Discriminate (discrimination)  ; Diversity  ; Employ, manage or lead  ; Equality  ; Escalate (concerns)  ; Financial payment plan  ; Health Literacy  ; Improper  ; Inducement  ; Interest(s)  ; Intimate Procedure  ; Personal bias(es)  ; Power imbalance  

The following Guidance for Registrants may also be relevant:

- Consent  
- Social media and digital messaging  

Introduction

1. You occupy a position of power and trust, with respect to patients and others. Patients, and those close to them, must be able to trust that those involved in their care will behave professionally towards them. Power imbalances between colleagues can also exist and must not affect professional conduct (this includes when training or supervising others).
2. Recognising and maintaining clear professional boundaries is fundamental to safeguarding the therapeutic relationship with the patient, upholding professional integrity, and ensuring ethical, respectful, and safe care for all individuals.
3. This guidance sets out our expectations in relation to personal and professional boundaries and respect for others within the healthcare environment. The same principles of behaviour apply whether you are interacting in a face to face, telephone or online setting (including [social media](#)).
4. Dependent on circumstances, the chiropractor may be the perpetrator in an improper or abusive relationship, or the person being harmed by an improper or abusive relationship.
5. A person harmed, or at risk of harm, in an improper or abusive relationship may not recognise their situation. Their awareness may also be shaped by the perpetrator's actions or behaviour.

They may:

- be unaware that a professional boundary exists or has been crossed
- disagree that a boundary was crossed or that harm (or risk of harm) occurred
- believe they consented to, encouraged, or were responsible for the crossing of the boundary

The perpetrator remains accountable, regardless of the belief or awareness of the person being harmed.

Understanding power imbalance

6. Power imbalance occurs when one person holds, or is perceived to hold, more authority or influence than another. When one person occupies a position of greater power this is positively associated with trust on the part of others. A power balance is not inherently improper or abusive, but exploitation of a power imbalance or vulnerability will cross a professional boundary.
7. Power imbalance can be influenced by several factors – these can be contextual or personal, real or perceived, and can be consciously manipulated or unconsciously present. Power imbalances are not fixed and can change over time.

8. Examples of factors that may affect power imbalance within any relationship include:
- protected characteristics: differences in age, sex, gender, sexual orientation, relationship status, race, religion or belief, disability, pregnancy or maternity
 - differences in education, experience or qualification
 - employment, contracts, disparities in wealth
 - vulnerability
 - language barriers or other difficulty communicating.

These factors will intersect and overlap, so power imbalance must be considered in the context of the full identity, life experience and background of the people involved.

Grooming

9. Grooming is when an individual builds a relationship with another person so that they can manipulate, coerce or encourage that person to do things, or allow things to be done to them, that they might not otherwise agree to.
10. It is possible for adults or children of any gender to be groomed, or prepared for abuse, particularly when they are vulnerable or feeling vulnerable. Grooming can happen in person or online.
11. Often the person doing the grooming is in a position of power or control, for example they may be more senior or be a professional with more knowledge and experience.

Power imbalance in your relationship with patients:

12. It is your responsibility to be aware of the potential for power imbalance between you and your patient, to identify the vulnerability of a patient and to maintain professional boundaries to protect you and them.
13. Examples of factors and biases that may affect the power imbalance between a chiropractor and a patient can include, but are not limited to:

The patient:

- may be in an unfamiliar situation and not know what is appropriate in terms of physical interactions and treatment
- may choose to, or must, share personal information
- may be experiencing pain, illness, stress or emotional vulnerability
- may be influenced by environmental clinical cues such as:
 - the wearing of a white coat or other uniform
 - the use of the courtesy title “doctor of chiropractic”
 - the clinic setting
 - the use of screening or diagnostic devices
 - being expected to remove clothing or wear a gown

The chiropractor:

- knows what constitutes appropriate professional practice and behaviour
- has access to the knowledge and any resources that the patient needs
- controls the level of intimacy and physical contact during the therapeutic process
- can influence the number and regularity of treatment, and how information about risks and benefits is framed
- may be charging for their services

Vulnerability

14. Some patients may be more vulnerable than others due to factors such as illness, physical or mental health conditions, disability, frailty or challenging life circumstances. Vulnerability may be either temporary or long-term. Even an emotionally resilient person can feel vulnerable in certain situations, such as during a clinical visit. All children and young people under the age of 18 should be regarded as vulnerable.
15. The more vulnerable a patient is, the more likely it is that forming a personal relationship with them would represent an abuse of power and a breach of your professional responsibilities.

Power imbalance in relationships with colleagues:

16. Power imbalances will exist between junior and senior colleagues, and between students and supervisors. You must be mindful of these dynamics and ensure that you do not misuse your position to exert undue influence or take advantage of others.
17. Relationships between colleagues that are consensual and mutually agreed are a private matter. However, it is essential that professional boundaries are always respected, and that the existence, development, or ending of such relationships does not negatively affect clinical practice or the wider working environment. Power imbalances between colleagues make this more important to manage.
18. Relationships where there is a significant power imbalance (for example between a supervisor and a student, or where one person has influence over another's training or career opportunities) carry a higher risk of being perceived as non-consensual, either during the relationship or after it has ended. Caution is necessary to ensure professionalism is maintained and individuals are protected.

Chaperones and advocates

19. Chaperones and advocates add a layer of protection for both you and the patient - especially in sensitive contexts where there is a risk (or perceived risk) of a professional boundary being crossed (see Guidance for registrants: Consent¹ paragraphs 49-54).
20. It is your responsibility to offer a chaperone or advocate when you consider that it may be needed or advisable.

The importance of professional boundaries

21. Patients must be able to trust that chiropractors involved in their care will behave appropriately towards them during consultations and not see them as a potential sexual partner, or as a target for exploitation, abuse or harassment.
22. Patients are protected when you ensure that all your conversations and interactions with a patient are confined within the limits set by proper boundaries for the professional relationship. This includes ensuring that a patient, and others who accompany them, are treated respectfully and with dignity.
23. It is important to maintain professional boundaries with colleagues, students and others with whom you have a professional relationship. Professionalism and mutual respect among colleagues are fundamental to fostering a positive workplace culture. Everybody must feel safe, valued, and respected within their working environment.

Sexual boundaries and sexual misconduct

24. All forms of sexual misconduct, including all forms of sexual harassment, are always unacceptable and can be criminal in nature.
25. You must not engage in any form of sexual advance or display sexual behaviour towards a patient or carer. You must not engage in unwanted conduct of a sexual nature towards colleagues or others with whom you have a professional relationship.
26. In England, Scotland and Wales, an employer has a positive legal duty to take reasonable steps to prevent sexual harassment of their workers².
27. In its guidance on maintaining personal and professional boundaries³, the General Medical Council list unacceptable sexual behaviours.

Examples include:

- sexual assault or rape
- voyeurism or stalking
- sexual or sexist comments, jokes, innuendo and 'banter'
- suggestive looks or leering
- groping or repeated unwelcome touching
- sexual gestures
- a person discussing their own sex life
- intrusive questions about a person's private or sex life
- sending sexually explicit emails, text messages or posts on social media
- displaying sexually graphic pictures, posters or photos
- spreading sexual rumours about a person
- propositions and sexual advances
- making promises in return for sexual favours
- excessive or unwanted compliments on a person's appearance

28. Sexual behaviour does not need to be sexually motivated – it can have the effect of threatening, intimidating, offending, undermining, humiliating or coercing a person or group.
29. Sexual behaviour can occur between people of the same or different sex, gender, or sexual orientation; and may be perpetrated by healthcare professionals or patients.

Sexual behaviour by a patient

30. If a patient displays sexual behaviour towards you and you feel it is safe to address the situation, you should inform them clearly that their behaviour is inappropriate and request that they stop.
31. If the behaviour continues, or if you do not feel safe to challenge the patient or proceed with the interaction, you should remove yourself from the situation and seek assistance. The incident should be [reported](#) in accordance with your local procedures, and you should consider if you require further support.
32. You should keep a record of the incident. This can be helpful if you are ever asked to justify your actions in the event of a future complaint.

Intimate examinations/treatment

33. You must take particular care to obtain and record valid consent when there is a clinical need for clothing to be removed or if an assessment or care involves an intimate area. This is to avoid crossing (or being perceived to cross) a sexual boundary (see Guidance for registrants: Consent¹ paragraphs 43-48).
34. If assessment and/or care involves an intimate area, you should offer the patient the option of having a chaperone or advocate present, wherever possible (see Guidance for registrants: Consent¹ paragraphs 49-54).
35. The presence of a chaperone or advocate, who is acceptable to both the chiropractor and patient, can provide emotional reassurance to the patient and serve as a safeguard to both parties (see Guidance for registrants: Consent¹ paragraphs 49-54).

Relationships with patients

36. Chiropractors must not pursue a sexual or inappropriate emotional relationship with a current patient or their carer.
37. While feelings of attraction may arise, it is your professional responsibility never to act on them. Doing so risks causing harm, undermines the trust of a patient, and compromises the integrity and public confidence in the chiropractic profession.
38. You must take steps to ensure you maintain appropriate professional boundaries. If you do not believe you can remain objective and professional, you must discontinue care for the patient in line with the appropriate standards and guidance.

Discontinuing care

39. The decision to refuse or discontinue care should not be taken lightly, however it is recognised that there are situations where the breakdown of trust between you and a patient means you can't continue to provide them with good clinical care.
40. If you choose to refuse or discontinue care for a patient you must record your decision, including a reasonable justification and the actions you have taken.

If safe to do so you should:

- Clearly inform the patient, or make arrangements to inform them, of your decision
- make arrangements to help the patient to find an alternative chiropractor or other appropriate healthcare professional
- ensure that a proper transfer to that chiropractor or healthcare professional takes place
- transfer care in a way that avoids stigmatising the patient, or unfairly prejudices their future care

41. When care is transferred due to the behaviour of a patient that may present a risk to other clinicians, staff, or the public (for example harassment, intimidation, or breaches of professional boundaries), you must consider your responsibility to safeguard others. In such circumstances, you may consider it appropriate to share relevant information with the receiving practitioner or healthcare organisation, provided that:
 - Disclosure is limited to information that is necessary and proportionate to the risk
 - All information shared is factual and free from speculation or opinion
 - The decision to discontinue care and the rationale for sharing information are clearly documented in the patient's records

Relationships with former patients

42. Sexual relationships with any former patient (or their carer) are often inappropriate and are strongly discouraged. The inappropriateness will be increased by factors such as:
 - how long the professional relationship lasted and how recently it ended
 - whether the former patient was particularly vulnerable at the time of the professional relationship (see [Vulnerability](#)), and whether they might still be considered vulnerable
 - the nature of the previous professional relationship
 - whether the chiropractor will be caring for other members of their family
 - whether an exploitation of power, trust or knowledge obtained whilst there was a professional relationship has influenced the development or progression of a sexual relationship
 - whether the chiropractor would be abusing their professional position.
43. You must give serious consideration to the factors above before commencing-a relationship with a former patient.

Emotional boundaries and dependency

44. It is essential to maintain clear emotional boundaries to ensure that the therapeutic relationship remains focused on the care and wellbeing of the patient.
45. Crossing emotional boundaries can undermine objectivity, distort professional judgement, and may lead to a misuse of the power and influence held by the chiropractor.
46. Patients may occasionally misinterpret professional compassion and care for a personal connection, leading to a patient seeking emotional or practical assistance beyond the remit of chiropractic care. This is more likely in circumstances where the patient is vulnerable, has suffered bereavement, is isolated or lonely, or does not know how to access local support. This risks dependency that is outside of the scope of practice of the chiropractor and the best interests of the patient. Early intervention such as signposting to local community or social services can prevent escalation.

Inappropriate emotional behaviour by the chiropractor

47. Crossing of emotional boundaries often occurs when power imbalances are not acknowledged or are exploited, even unintentionally. You must be especially aware in recognising when your own emotional needs or attachments begin to influence your interactions with a patient.
48. Crossing emotional boundaries may involve engaging in conversations or behaviours that shift the relationship from professional to personal. Examples may include sharing personal emotional struggles, expressing affection or personal feelings toward the patient, or encouraging emotional reliance beyond what is appropriate in a clinical setting. These actions can confuse the nature of the relationship, compromise the care of the patient, and potentially cause emotional harm.
49. When strong emotions arise, whether in response to a patient's situation or from one's own circumstances, it is important to seek colleague support or professional advice. Do not seek or solicit emotional support from a patient or their carer.

Inappropriate emotional or dependency behaviour by the patient

50. You must be alert to signs that the boundary between a chiropractor and patient is becoming emotionally blurred for a patient. Examples include:
 - Gifts (particularly if repeated, regular or excessive in value).
 - Flirtatious, suggestive or teasing comments, notes, texts or calls
 - Invitations to meet socially.
 - Inappropriate or excessive interest in your personal or private life.
 - Requests for care outside of your usual practice (for instance out of hours or at home).
 - Requests for assistance with everyday or non-clinical tasks (for instance DIY, shopping, transport, or dealing with paperwork such as forms or energy bills).
 - Seeking emotional support outside of the scope of your practice.

51. If you are concerned about a patient's emotional attachment to you or a colleague, you must act to restore the professional boundaries in the relationship. You should clearly inform them that their behaviour is inappropriate and request that they stop. Ignoring inappropriate behaviour can be taken as encouragement or condoning the behaviour.
52. If the behaviour continues, or if you do not feel safe to challenge the patient or proceed with the interaction, you should remove yourself from the situation and seek assistance. The incident should be reported and recorded in accordance with your local procedures, and you should consider if you require further support.
53. If you do not believe the professional relationship can be restored, you must discontinue care for the patient in line with the appropriate standards and guidance (see [Discontinuing care](#)).

Providing care to friends, colleagues or family members

54. The principles and standards within the Code of Professional Practice continue to apply when providing care to patients who may also be friends, colleagues or family.
55. This guidance is not intended to limit your practice towards them, but to highlight that you should consider any pre-existing emotional relationship, and how it may impact your usual practice and the relationship between the chiropractor and patient.
56. You must be alert to the inherent risks when providing care to friends, colleagues or family. Examples include:
 - The patient feeling obliged to consent to treatment.
 - The potential for breaches of confidentiality.
 - Reduced objectivity in your clinical judgement.
 - The temptation to provide care in informal or inappropriate settings.
 - Incomplete or inadequate record-keeping.
57. If you do not believe you can remain objective and professional in the best interests of the patient, you must discontinue care for the patient in line with the appropriate standards and guidance (see [Discontinuing care](#)).

Respect and dignity

58. You must ensure that you, and any person you employ, lead or manage, treat all patients, their carers or others accompanying them, with respect and dignity. You must treat others in the workplace fairly and with respect.
59. You should be alert to the risks of crossing a professional boundary by sharing your personal beliefs or personal information. You must take care when sharing beliefs that are political, ethical, religious or otherwise controversial in nature, or when they may foreseeably conflict with the beliefs of the other person. Your conduct should remain appropriate to your role as a healthcare professional by respecting the person's choices, diversity and culture.
60. It may be clinically or professionally appropriate to ask about another person's culture or personal beliefs. However, you must not put pressure on them to discuss or justify their beliefs, or the absence of them.
61. A patient may also cross a professional boundary by expressing beliefs or behaviours that are unacceptable in a healthcare setting.
62. Examples of behaviours by a patient, chiropractor or colleague that could cross a professional boundary by not treating a person with dignity and respect, include:
 - Expressing views which discriminate, harass, or incite violence or hatred against other persons or groups including those relating to any protected characteristic (age, disability, race, religion or belief, sex, gender reassignment, sexual orientation, pregnancy or maternity, marriage or civil partnership).
 - Refusing to provide or receive care due to an individual's protected characteristics.
 - Asking excessive, probing or personal unwanted questions when not clinically relevant.
 - Showing or sharing images, videos or other material with the intention to shock, intimidate, or provoke a reaction when it is unwanted, or not clinically relevant
 - Providing excessive or unwanted personal information.
 - Purposefully addressing an individual against their expressed preference (by being overly familiar, or overly formal, by misgendering or using a previous name).

Inappropriate personal expression by the chiropractor

63. When caring for a patient you should try to keep the discussion relevant to their care and treatment. If you disclose personal information or beliefs to a patient, you should be mindful of the professional boundary that exists between you. These boundaries are essential to maintaining a relationship of trust between a healthcare professional and a patient.
64. You should not impose your beliefs and values on others, or cause distress by the inappropriate or insensitive expression of your views or beliefs.

Inappropriate personal expression by the patient

65. If a patient expresses unacceptable beliefs or behaviour towards you, a colleague, or another patient, you can speak up and express that it is inappropriate. If you choose to speak to them, you should identify the specific behaviour that is unacceptable and the consequences if it continues. You should record the incident and your actions.
66. If the unacceptable behaviour persists, or is of such severity that you do not believe you can remain objective and professional in the best interests of the patient, you can discontinue care for the patient in line with the appropriate standards and guidance (see [Discontinuing care](#)).

Financial boundaries and conflicts of interest

67. You must maintain clear financial boundaries to ensure that clinical decision-making remains independent of financial considerations.
68. Patients place significant trust in the expertise of the chiropractor, and the power imbalance in the relationship means that recommendations about care must always be based solely on clinical need and not financial incentive.
69. Conflicts of interest can arise in situations where your judgement may be influenced, or perceived to be influenced, by a personal, financial or other interest ⁴.
70. You must determine and share a clinical plan of care for the patient separately (and independently) from any financial payment plan.
71. A patient may feel obliged to accept financial arrangements or purchase items because of the trust they place in you, rather than from informed, voluntary choice. This makes it essential that any financial decisions are free from pressure, clearly explained, and in the best interest of the patient.
72. You must be alert to inappropriate or unacceptable behaviours that could cross financial boundaries. Examples will include:
 - Failing to provide a clear contract for any financial payment plan.
 - Offering a financial payment plan that extends beyond the amount of care set out in your initial clinical plan of care for the patient.
 - Making repeated suggestions for extended care plans without clear clinical justification.
 - Recommending treatments for financial gain, without clear clinical justification.

And may also include:

- Exploiting a patient's vulnerability or lack of health knowledge.
- Recommending products or services from which you receive a personal gain without disclosure.
- Incentivising others to persuade a patient to commit financially to long term treatment, or to sell products or services that are not supported by clinical need.

73. The offer of preferential pricing, discounts, or credit arrangements based on personal relationships can compromise professional integrity and lead to perceived or actual conflicts of interest.
74. All financial discussions should be conducted with honesty, clarity, and professionalism. The patient must be provided with accurate, written information about costs and payment plans before treatment begins, including arrangements for refunds and unused care. Transparency in financial matters is not only a legal requirement but a core aspect of maintaining trust and safeguarding patients from potential harm.
75. You must keep accurate financial records and be able to justify all charges if questioned.

Financial vulnerability

76. You should recognise that some patients may face financial vulnerability that places them at greater risk of exploitation or feeling pressured when making decisions about their care.
77. Examples of factors that may affect financial vulnerability include:
 - Living on a low or unstable income or being financially dependent on others.
 - Limited ability to manage personal finances, which may be affected by health conditions such as fluctuating mental health.
 - Limited financial literacy or understanding of complex payment structures.
 - Preferences or restrictions around payment methods, such as reliance on “pay as you go” payments, cash transactions, or difficulty navigating online or contractual cancellation processes.
 - Social or cultural expectations that affect decision-making about spending on healthcare.

Being alert to these factors can help you maintain appropriate financial boundaries and support patients in accessing care.

78. When you suspect financial vulnerability, you should take extra care to ensure that:
 - treatment plans and costs are explained clearly and transparently.
 - payment arrangements are fair, appropriate, and proportionate to clinical need.
 - patients do not feel pressured into financial commitments they may not fully understand or be able to sustain.

Specific risks associated with digital communication

79. When used responsibly and appropriately, social media sites and messaging applications can offer benefits for chiropractors. However, the characteristics of social media can make it easier to cross a professional boundary deliberately or inadvertently. (See GCC guidance on Social Media and Digital Messaging⁵).
80. You must use these tools responsibly, ensuring that your conduct upholds public trust, maintains professional boundaries, and reflects the values and standards of the profession.
81. Your online interactions should reflect the same standards of respect, confidentiality, and impartiality expected in face-to-face settings.
82. Examples of inappropriate or unacceptable social media behaviours that could cross professional boundaries include:
- Searching for, or profile browsing, a patient or former patient (or carer).
 - Initiating or developing a personal relationship with a patient or former patient (or carer).
 - Discussing clinical matters (where a patient could be identified) in a public forum.
83. Examples of social media behaviours that could encourage the blurring of professional boundaries include:
- Following, liking or accepting a friend request from a patient or former patient (or carer).
 - Engaging with a patient's personal profile.
 - Messaging outside of usual clinic hours, on platforms outside of your usual professional channels, or using your personal profile.
 - Using casual language and humour where it may be misinterpreted by someone outside of the intended audience.
 - Responding quickly without the pause for reflection you might have in email or more formal channels.

Speaking up and reporting incidents

84. Chiropractors have a professional and ethical responsibility to contribute to a safe, respectful, and supportive working environment. This includes taking appropriate action when witnessing behaviours that cross professional boundaries, whether sexual, financial, emotional, or related to bullying, harassment, or intimidation.
85. You must treat colleagues and others in the workplace fairly and with respect. When you become aware of behaviour that may compromise the safety, dignity, or wellbeing of others, you are required to report, follow up, and escalate concerns through the appropriate procedures in your workplace. This applies to all forms of misconduct, including:
- sexual or emotional involvement with patients, former patients or carers
 - inappropriate sexual or emotional involvement with colleagues
 - financial exploitation or conflicts of interest
 - bullying, intimidation, or discriminatory behaviour.
86. If a concern is raised with you, or if you witness such behaviour, you must act promptly and appropriately, with the aim of keeping everyone involved safe.
87. You should be familiar with and follow your organisation's local policies for reporting and resolving concerns.
88. If you employ, manage or lead others you must ensure that you develop appropriate workplace policies that outline the procedures and actions that will be followed in the event of boundary violations/incidents, including procedures for reporting.
89. Chiropractors are also expected to promote a culture where speaking up is supported and encouraged. This means creating an environment where colleagues feel able to raise concerns without fear of reprisal, and where those who do so are treated with respect and taken seriously.

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Other Useful Links

Professional boundaries

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Sexual boundaries

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4. **Identifying and Tackling Sexual Misconduct – help and support** General Medical Council (GMC). (Accessed November 2025).
<https://www.gmc-uk.org/professional-standards/ethical-hub/identifying-and-tackling-sexual-misconduct>

Inappropriate patient behaviour

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<https://www.bmj.com/content/380/bmj.o2856>
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Speaking up and whistleblowing

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