

## Professional Relationships Practice Standard

### **Purpose**

The purpose of the professional relationships practice standard is to set minimum standards for practitioners in identifying and maintaining appropriate professional relationships and boundaries between themselves and their patients.

The standards and guidance in the practice standard relate to areas of practice where there are recognised risks of boundary breaches occurring. However, this is not an exhaustive list of scenarios and practitioners should use their professional judgement and be guided by the Podiatrists Board's Ethical Codes and Standards of Conduct.

### **Understanding and defining professional boundaries**

The professional relationship between a practitioner and a patient is a partnership, based on trust and respect, which is focused on meeting the health needs and goals of the patient.

The person must feel safe and be able to trust that the practitioner will provide safe and effective care in the person's best interests.

A power imbalance exists in this relationship which places the person in a vulnerable position, with the potential for exploitation or abuse by the practitioner. Inherent characteristics of the professional relationship contribute to this, for example, the practitioner has access to privileged information about the person and has knowledge and resources that the person needs.

To avoid taking advantage of their position within the professional relationship, the practitioner must act with integrity and in good faith to put their patients' interests above their own. It is vital that the practitioner respects and maintains their trust.

**'Professional boundaries'** may be considered as the limits of appropriate professional behaviour, beyond which the practitioner is no longer putting the person's interests above their own personal, sexual or financial needs—and there is potential for the person to be exploited or abused. Clear professional boundaries protect both patients and practitioners, as well as the public, and contribute to safe and effective care.

## The influence of context

It is recognised that context will influence what individual's and practitioners perceive as appropriate or inappropriate behaviour within the professional relationship.

These contextual influences are varied, and may involve resource limitations such as staffing numbers, or absence of regular staff; the setting for interactions—clinical vs non-clinical; and cultural and religious values and practices. It is the practitioner's responsibility to recognise and consider these in identifying and maintaining professional boundaries.

Awareness of the diversity of the population and associated cultural and individual differences, clear communication between the person and the practitioner, and a sensitivity to non-verbal communication are vital in identifying and maintaining appropriate professional boundaries.

## Duty of patient care

[The Health and Disability Commissioner \(Code of Health and Disability Services Consumers' Rights\) Regulations 1996 \(the Code\)](#) provides that every person has the right to freedom from discrimination, coercion, harassment and sexual, financial or other exploitation.

[The New Zealand Human Rights Act \(1993\)](#) states that sexual harassment is unlawful.

In accordance with the standards framework, practitioners have a responsibility to put their patients' interests first and to maintain their trust and confidence by maintaining appropriate boundaries and providing good care.

Practitioners also have a responsibility to ensure that non-registered team members behave professionally in their interactions with patients and those close to them, including their families and whānau.

## Practice Standards

The Professional Relationships Practice Standard sets the minimum standards for the process of maintaining professional relationships and boundaries, which are listed below:

1	You must identify and maintain appropriate professional boundaries in your interactions with your patients and those close to them, including their whānau and families.
2	You must ensure the integrity of the professional relationship is not compromised when you have a pre-existing relationship with a person and refer appropriately if you cannot.
3	You must not breach sexual boundaries in your interactions with your patients.

4	You must maintain appropriate professional boundaries when using social media and other forms of electronic communication. (See Podiatrists Board Social Media Policy).
5	You must act to protect patients if you become aware of boundary breaches by other practitioners and inform the Podiatrists Board of any boundary violations.

## Breaches of sexual boundaries

A breach of sexual boundaries comprises any words, behaviour or actions designed or intended to arouse or gratify sexual desires. It incorporates any words, actions or behaviour that could reasonably be interpreted as sexually inappropriate or unprofessional.

Examples of breaches of sexual boundaries are:

- Requesting details of a sexual nature which are not relevant to the person's care.
- Inappropriate examination of a person.
- Inappropriate draping practices.
- Making inappropriate comments about, or to, the person, such as making sexual comments about a person's body or clothing.
- Making sexualised or sexually demeaning comments to a person.
- Making irrelevant or inappropriate comments about a person's sexual orientation.
- Any conversation regarding the sexual problems, preferences or fantasies of the practitioner.
- Inappropriate touching of a person's body
- Soliciting a date, romantic relationship or propositioning a person.
- Engaging in online or text communication of a sexual nature with a person.
- Soliciting images of a sexual nature from a person, whether this be of them, a whānau/ family member or another person(s).
- Sending images of a sexual nature to a person.
- Obtaining patient sexual acquiesce through inducement. For example, offering treatment, services or drugs for sexual favours.
- Sexual actions with a person (including when initiated by the patient).

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