Professional boundaries in pharmacy
A team reflection exercise

Purpose:

To prompt pharmacists and their teams to identify and reflect on situations where professional boundaries can be unintentionally crossed. This exercise may support clinical governance awareness and risk prevention across the pharmacy team.

This template can be printed or adapted into staff training, standard operating procedures, or as part of an onboarding process.

Theme	Example	Things to consider	Discussion notes
Familiarity	*e.g. you give your "favourite" patient special treatment by allowing them to skip the queue when they come in for their prescriptions.*	How can you be approachable and friendly, while maintaining objectivity?	
Gift-giving and favours	*e.g. Mr Jones' daughter gives you some home-made cookies to thank you for looking after her ill father this year.* *e.g. a regular patient gives you event tickets to a show that you mentioned you loved.*	The Ahpra Shared Code of Conduct states 'a health practitioner should not accept gifts other than tokens of minimal value' - but how do you define what minimal value means? Flowers, chocolates, jewellery? Consider the inverse - i.e. when/if giving gifts to patients is appropriate. For example, condolences for the passing of a loved one. Even if well-intentioned, consider how the message could be misconstrued.	
Social contact	*e.g. you have a great rapport with Mrs Smith, a regular patient. She asks if she can take you out for coffee after your shift.*	Be cautious of intersecting professional and personal roles, and keep your relationship clearly professional. Be conscious of separating professional issues from potentially unavoidable occasions of social interaction, or perhaps be aware of interactions necessary for the practitioners' well-being to have a life outside of their professional practice.	
Digital communication (texting, social media, etc.)	*e.g. a patient tries to add you as a 'friend' on social media.* *e.g. texting a patient to let them know their DAA has been fixed and they can collect anytime.*	Be mindful that your digital presence is in full view of the community and reflects your professional reputation. How do you establish clear communication guidelines with colleagues and patients, to ensure appropriate channels of communication are defined?	
Emotional involvement	*e.g. you have supported a patient through a clinical journey where they are eventually diagnosed with a terminal illness. You are very worried about their welfare and think about calling them to check if they are okay and remind them they can always come and see you.*	Developing a relationship of trust and rapport with your patients is important, but how can you empathise while providing objective support?	
Physical contact during provision of health services	*e.g. when administering LAIB via abdominal subcutaneous injection, the patient may be required to remove or lift their shirt.*	Some services require physical contact. What are some ways in which you can ensure the patient is comfortable with the process, while protecting yourself? Suggestions: explain the process, seek and document consent and all interactions, use chaperones when appropriate, offer a private or screened area, etc.	

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Privacy and confidentiality	*e.g. a patient is a mutual friend of yourself and another pharmacy team member. When they present their prescriptions, the pharmacy assistant asks what medications their friend is on.*	Is there a protocol to outline the seeking of information, or maintenance of sensitive or personal information that is relevant to the therapeutic process? Does the patient need to provide consent for you to do otherwise?	
Providing pharmacy services to family and close friends	*e.g. your sister-in-law wants to discuss her antidepressant regimen with you as she trusts you more than her local pharmacist.*	There may be risks and complexities associated with providing care to those in a close personal relationship. How can we look after our loved ones while maintaining objectivity and respecting boundaries?	
Romantic or sexual relationships	*e.g. a former patient, who no longer visits your pharmacy, sees you at a social function and asks you to go on a date, given you are no longer their pharmacist.*	There are obligations in the Ahpra Shared Code of Conduct to acknowledge the power imbalance in the practitioner-patient relationship for current and previous patients. These situations should be handled carefully.	
Internal boundaries (among colleagues)	*e.g. friendly banter that could be misconstrued as inappropriate remarks, asking personal questions, etc.*	Authentic communication among colleagues is essential for a healthy work environment. Different people have different communication styles. To avoid overstepping any boundaries, consider if your language and behaviour are respectful, conversations are appropriate and demonstrate professionalism. Be mindful of the power imbalance between a pharmacist and an assistant.	

Team activity

For discussion:

- What are some grey areas that we have seen in our pharmacy?
- How might a boundary be crossed without us realising?
- What can we do to protect ourselves?
- What can we do to ensure everyone on the team, including non-pharmacist staff, understands their obligations and expectations when it comes to professional boundaries?

Notes and actions:

- What are our takeaways from the discussion?
- What do our current policies and procedures cover; do we need to update or create any new standard operating procedures (for example)?

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Disclaimer:
This exercise is general in nature and designed only to highlight issues for your consideration and action. If you require immediate professional advice and incident support, call PDL on 1300 854 838 to speak with one of our Professional Officers.