



Nova Scotia  
College of  
Pharmacists

# **STANDARDS OF PRACTICE: Sexual Misconduct**

January 2025

# Purpose

The purpose of this *Standards of Practice: Sexual Misconduct* is to set out the professional expectations of pharmacy practitioners regarding sexual misconduct.

## Introduction

Pharmacy practitioners must maintain a high standard of professional conduct with each client. Every client should feel safe and protected from sexual misconduct when receiving professional services from a pharmacy practitioner.

The NSCP *Code of Ethics* requires that:

Registrants maintain appropriate professional boundaries and ensure their relationships are only for the benefit of those they serve. They do not enter into personal relationships, romantic or sexual, with persons in their care.

Registrants understand that the nature of their relationship places them in a position of power and that this power must be carefully exercised in the patient's best interests.

Professional boundaries are based on trust, respect and the protection of the client's dignity, autonomy and privacy. In the context of the professional relationship formed between pharmacy practitioners and clients, pharmacy practitioners hold a position of power by virtue of:

- having professional knowledge and skills the client relies on;
- having access to the client's personal health information; and
- being in a position of authority.

Pharmacy practitioners must recognize this imbalance of power and maintain appropriate professional boundaries with each client, taking special care when dealing with vulnerable clients. Given the power differential, the duty to maintain professional boundaries always lies with the pharmacy practitioner and not the client. The client's inherent vulnerability and the power differential means that current or vulnerable former clients are not in a position to consent to engaging in sexual behaviour with a pharmacy practitioner.

Sexual misconduct by a pharmacy practitioner violates professional boundaries and constitutes professional misconduct.

Pharmacy practitioners have a legal duty to report to the NSCP or another health professional regulator when a health care provider has engaged in professional misconduct. The Registrar may disclose to law enforcement authorities information respecting possible criminal activity on the part of a pharmacy practitioner.

In addition, pharmacy practitioners have an obligation under the NSCP *Code of Ethics* to raise concern if the actions of others compromise patient care or public safety or are in breach of the law, regulations, standards or policies.

This Standards of Practice document includes:

- Terminology – definition of terms referenced in the standards;
- Standards of Practice – expectations and responsibilities of pharmacy professionals.

## Terminology

The following terms and definitions serve as a reference for these Standards.

Term	Definition
Client	The individual who is the recipient or intended recipient of health care services from a pharmacy practitioner, and, where the context requires, includes a substitute decision-maker for the recipient or intended recipient of health care services, and includes a vulnerable former client.
Current Client	<p>A client becomes a current client when a practitioner-client relationship is formed, including when:</p> <ul style="list-style-type: none"> <li>• the practitioner has charged or received payment for a professional service provided to the individual;</li> <li>• the individual has consented to a professional service provided by the practitioner;</li> <li>• the practitioner has contributed to or accessed a health record or file for the individual;</li> <li>• the practitioner has prescribed the individual a drug;</li> <li>• other factors relevant to the circumstances of the individual and practitioner that would reasonably be considered to constitute a practitioner-provider relationship.</li> </ul> <p>When a practitioner-client relationship is established for episodic care (e.g., locum or relief pharmacist, one-time prescription refill) an individual continues to be a current client only where a reasonable person would expect care to continue beyond the last episode.</p>
Former client	An individual ceases to be a current client and becomes a former client when the practitioner-client relationship is actively terminated or, in an episodic care relationship, a reasonable person would not expect that care would extend beyond the last episode.
Minor	A person under the age of 19 years.
Pharmacy practitioner	A pharmacist, pharmacy technician, intern, pharmacy technician candidate or student registered with the Nova Scotia College of Pharmacists.
Professional service	Care provided to a client that falls within the scope of practice of the pharmacy practitioner.

Sexual behavior	Any physical, verbal or non-verbal conduct, behaviour or remarks with a sexual connotation, character or quality that is not clinically relevant.
Sexual misconduct	<p>Any actual, threatened, or attempted sexualized behaviour or remarks by a pharmacy practitioner, towards a client or in a client's presence, including but not limited to, the following acts or omissions by the pharmacy practitioner:</p> <ul style="list-style-type: none"> <li>a. Making sexually suggestive, flirtatious or demeaning comments about a client's body, clothing, or sexual history, orientation or preferences.</li> <li>b. Discussing the pharmacy practitioner's sexual history, sexual preferences, or sexual fantasies with a client.</li> <li>c. Any behaviour, communication, gestures, or expressions that could be reasonably interpreted by the client as sexual.</li> <li>d. Rubbing against a client for sexual gratification.</li> <li>e. Removing the client's clothing, gown, or draping without consent or emergent medical necessity.</li> <li>f. Failing to provide privacy while the client is undressing or dressing, except as may be necessary in emergency situations.</li> <li>g. Dressing or undressing in the presence of a client.</li> <li>h. Posing, photographing, or filming the body or any body part of a client for the purpose of sexual gratification.</li> <li>i. Showing a client sexually explicit materials.</li> <li>j. Requesting or making advances to date or have a sexual relationship with a client, whether in person, through written or electronic means.</li> <li>k. Hugging, kissing or touching a client in a sexual manner.</li> <li>l. Fondling or caressing a client.</li> <li>m. Terminating the professional-client relationship for the purpose of dating or pursuing a romantic or sexual relationship.</li> <li>n. Sexual abuse.</li> </ul>
Sexual abuse	<p>A form of sexual misconduct. The following acts between a pharmacy practitioner and a client constitute sexual abuse:</p> <ul style="list-style-type: none"> <li>a. Sexual intercourse.</li> <li>b. Genital to genital, genital to anal, oral to genital, or oral to anal contact.</li> <li>c. Masturbation of a pharmacy practitioner by a client or in the client's presence.</li> <li>d. Masturbation of a client by a pharmacy practitioner.</li> <li>e. Encouraging the client to masturbate in the pharmacy practitioner's presence.</li> <li>f. Sexualized touching of a client's genitals, anus, breasts, mouth or buttocks.</li> </ul>

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Vulnerable former client	<p>A former client who requires particular protection from sexual misconduct given their ongoing vulnerability. For some individuals, their degree of vulnerability is such that they will always be considered vulnerable even when their care has ended.</p> <p>When determining whether a former client is a vulnerable former client, consideration should be given to:</p> <ul style="list-style-type: none"> <li>• the type, intensity and duration of the professional services provided</li> <li>• the nature of the former client's clinical condition, including whether it involves drug dependency or addiction;</li> <li>• the extent to which the former client has confided personal or private information to the pharmacy practitioner;</li> <li>• the former client's mental capacity or decision-making skills;</li> <li>• the age and maturity of the former client;</li> <li>• the nature of the vulnerability the former client had in the practitioner-client relationship;</li> <li>• the nature of the former client's vulnerability related to being a member of an equity-deserving group, including Indigenous Peoples, African Nova Scotians, racialized people, persons with disabilities and 2SLGBTQIA+ people;</li> <li>• the former client's economic or housing situation; and</li> <li>• other factors relevant to the former client's circumstances.</li> </ul>
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## Standards of Practice

### 1. Prohibition on sexual misconduct

- 1.1. A pharmacy practitioner must not engage in sexual misconduct.
- 1.2. Sexual misconduct constitutes professional misconduct.
- 1.3. A pharmacy practitioner must not engage in any conduct, behaviour, or discussions of a sexual nature with a client or with an individual with whom a client has an interdependent relationship (e.g. parent, guardian, child, spouse, partner).
- 1.4. No conduct constitutes sexual misconduct if the conduct is clinically appropriate to the professional services being provided by the pharmacy practitioner.
- 1.5. A pharmacy practitioner may engage in sexual behaviour with a client or communicate with a client for the purpose of pursuing a dating, sexual or romantic relationship only if they did not know or could not reasonably have known, despite the exercise of due diligence, that the client was a client

of theirs at the time of engaging in sexual behaviour or communicating with the client for the purpose of pursuing a dating, sexual or romantic relationship.

- 1.6. If the individual is a spouse or intimate partner of the pharmacy practitioner, or someone with whom the pharmacy practitioner has an existing sexual relationship which began prior to becoming a client, that individual is not considered a client for the purposes of these Standards.

### Communication and Use of Personal Health Information

- 1.7. A pharmacy practitioner must not communicate with or solicit a current or vulnerable former client for the purpose of entering into a dating, sexual or romantic relationship.
- 1.8. A pharmacy practitioner must not use any personal health information obtained in the context of the practitioner-client relationships to pursue a dating, sexual or romantic relationship with a current client, former client or vulnerable former client.

### Client Consent

- 1.9. A pharmacy practitioner must obtain informed consent prior to performing any professional service, including prior to discussions of a sexual or intimate nature.

## 2. Limits on engaging in sexual behaviour with former clients

- 2.1 A pharmacy practitioner may engage in sexual behaviour with a former client *only where*:
  - there is no ongoing power imbalance between the pharmacy practitioner and the former client arising from the former practitioner-client relationship;
  - the pharmacy practitioner has made a full assessment of the vulnerability of the former client and the former client is not considered a vulnerable former client;
  - sufficient time has passed since the last professional service was provided in consideration of the type, intensity and duration of the professional service provided and the likelihood of requiring a professional service from the pharmacy practitioner in the future relationship;
  - the former client knows and understands that the practitioner-client relationship has ended;
  - the former client is capable of providing consent and has consented; **and**
  - the former client was an adult at the time the pharmacy practitioner provided the professional services to the former client; **or**
  - if the client was a minor at the time the pharmacy practitioner provided the professional services, the former client is now an adult and more than two years have passed since the pharmacy practitioner provided any professional service to the former client.
- 2.2 Where a pharmacy practitioner engages in sexual behaviour with a former client, the pharmacy practitioner assumes the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

### **3. Mandatory duty to report sexual misconduct**

- 3.1 A pharmacy practitioner must report to the NSCP when they have reasonable grounds to believe that another pharmacy practitioner has engaged in sexual misconduct.
- 3.2 A pharmacy practitioner must report to the regulatory body of another health profession if the pharmacy practitioner has reasonable grounds to believe that a member of that profession has engaged in sexual misconduct.
- 3.3 A pharmacy practitioner must report to an employer if the pharmacy practitioner has reasonable grounds to believe that a regulated or unregulated employee has engaged in sexual misconduct.
- 3.4 Where there is reason to believe ongoing sexual abuse of the client is occurring, the report must be made without delay.

### **4. Duty to cooperate**

- 4.1 A pharmacy practitioner must cooperate with any regulatory body or committee of a regulatory body with respect to any regulatory process related to this standard.