

Practice Standards outline the minimum acceptable practices which have been approved by the CTCMA and are enforceable under the CTCMA's inquiry and discipline process.

Enclosed are three Practice Standards

- **Consent to Treatment**
- **Sexual Misconduct**
- **Draping for Patients**

The Patient Relations Committee, under CTCMA Bylaws section 18, is mandated to assist the College in regulating the profession and protecting the public in all matters related to the relationship between registrant and patient involving boundaries and issues of a sexual nature.

The Committee must:

- establish and maintain procedures by which the college deals with complaints of professional
- misconduct of a sexual nature
- monitor and periodically evaluate the operation of procedures established under paragraph (a)
- develop and coordinate, for the college, educational programs on professional misconduct of
- a sexual nature for registrants and the public as required
- establish a patient relations programs to prevent professional misconduct, including
- professional misconduct of a sexual nature
- develop guidelines for the conduct of registrants with their patients, and
- provide information to the public regarding the college's complaint and disciplinary process

Please contact the College if you require further information.

CONSENT TO TREATMENT

It is the responsibility of each CTCMA registrant to read and be familiar with the consent requirements as set out in the *Health Care Consent and Facilities Admission Act (HCCFAA)* as amended (www.qp.gov.bc.ca/statreg/stat/H/96181_01.htm) and the *Infant's Act* as amended (www.qp.gov.bc.ca/statreg/stat/I/96223_01.htm). Consent rights and elements of consent are clearly and completely outlined in the *HCCFAA* and the *Infants Act* (applicable to those under 19 years of age). This Practice Standard is to be read in conjunction with the above noted *Acts*, and is not a substitute for reading the *Acts*.

1. Obtaining informed consent from a patient or a person appointed under the *Adult Guardianship Act* as a substitute requires ongoing communication whereby the practitioner provides the patient with the information needed to make an informed choice about how to proceed. Clear and ongoing communication between the practitioner and the patient is necessary to obtain valid patient consent. If the treatment plan is altered, patient consent must be renewed to include the altered treatment (section 9(2) of the *HCCFAA*).
2. The practitioner may obtain consent from their patient in several ways. Consent to treatment may be expressed orally, in writing or may be inferred from the patient's words, writing, and or actions (section 9 *HCCFAA*).
3. A written consent form includes the patient's name and signature, the date, a brief description of the treatment or procedure and the name of the practitioner who will perform it, and any other relevant information communicated to the patient. Having the patient's signature witnessed may strengthen the reliability of the consent form.
4. The clinical record must contain documentation that informed consent has occurred. The practitioner must record a patient's refusal to consent to treatment, and to record that the consequences of the refusal have been explained to the patient.
5. The practitioner must ensure that the patient has been given adequate information on the nature, purpose and risks of the treatment, alternative treatments and the consequences of refusing treatment. Consider what information about risks, benefits, side effects, or consequences of treatment a reasonable person would need to make an informed decision on how to proceed (section 6 *HCCFAA*).
6. The practitioner must ensure that the patient has the capability to consent to treatment. The decision as to the patient's capability must be based on whether or not the patient demonstrates to the practitioner that he or she has understood the information provided (section 7 *HCCFAA*).
7. The practitioner must communicate in a manner appropriate to the patient's skills and abilities. Be aware of language barriers which may require a translator to facilitate accurate communication.
8. All patient records, including signature, must in permanent (e.g. ink) form.

SEXUAL MISCONDUCT

College bylaws forbid a sexual relationship between a registered practitioner and a patient. There exists an imbalance of power, authority and control in all patient/practitioner relationships. The CTCMA registrant practitioner is responsible for maintaining professional boundaries.

According to College Bylaws s. 5.18 “professional misconduct of a sexual nature” includes:

- (a) sexual intercourse or other forms of physical sexual relations between the registrant and the patient,
- (b) touching, of a sexual nature, of the patient by the registrant, or
- (c) behavior or remarks of a sexual nature by the registrant towards the patient
- (d) but does not include touching, behavior and remarks by the registrant towards the patient that are of a clinical nature appropriate to the service being provided.

A CTCMA registrant must:

1. maintain a professional relationship when dealing with patients in all circumstances.
2. explain all procedures thoroughly and obtain informed consent.
3. respect the patient’s right to withdraw consent at any time.
4. respect an individual’s sensitivity to personal space, religious and cultural beliefs, values and lifestyles.
5. stop the procedure if the patient demonstrates unease and only proceed if patient consent has been re-established.
6. ensure that there is an ongoing level of understanding and the patient’s continued consent.
7. refrain from entering into a close personal relationship with a former patient unless:
 - a reasonable period of time has elapsed since the patient was discharged from treatment.
 - the practitioner is reasonably satisfied that the power differential inherent in a therapeutic relationship no longer exists.
 - the practitioner reasonably believes the patient is not dependent on him or her.

Additional References

College of Health Disciplines (UBC). Division of health Care Communications at <http://www.health-disciplines.ubc.ca/DHCC/prof/resources.htm>

Crossing the Boundaries – Committee on Physician Sexual Misconduct. College of Physicians & Surgeons of BC

For information on informed consent see the Health Care (Consent) and Care Facility (Admission) Act at www.qp.gov.bc.ca/statreg/stat/H/96181_01.htm and the Infant’s Act at www.qp.gov.bc.ca/statreg/stat/I/96223_01.htm

DRAPING FOR PATIENTS

The intent of this Practice Standard is to minimize the potential for misunderstandings that may compromise the patient or the practitioner. Good communication is of the utmost importance.

The CTCMA registrant practitioner must:

1. equip their practice with adequate, clean draping materials for patients. These include such articles as examination gowns, shorts or sheets.
2. explain the purpose of requiring the patient to undress and options for draping.
3. give the patient the opportunity to consent to undressing and/or draping.
4. leave the examining room while the patient undresses.
5. maintain the dignity of the patient at all times.
6. drape the patient appropriately, according to the pathology and the individual patient's needs.

Additional Resources

For information on informed consent see the Health Care (Consent) and Care Facility (Admission) Act at

www.qp.gov.bc.ca/statreg/stat/H/96181_01.htm and the Infant's Act at www.qp.gov.bc.ca/statreg/stat/I/96223_01.htm

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