

Clear sexual boundaries between healthcare professionals and patients

Information for patients and carers



A part of the NHS Confederation
working on behalf of the 



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1. About this document

This document contains information about:

- what sexual boundaries are and why they are important
- the responsibility of health professionals to establish and maintain clear sexual boundaries with patients and carers, and not to display sexualised behaviour towards them
- what you should do if you are concerned that a healthcare professional has breached sexual boundaries.

Definition of terms used in this document

Patient: a person who receives care or treatment from a healthcare professional.

This guidance also applies to carers and others who are close to patients and who are part of their clinical experience, such as a parent who accompanies their child to hospital. A healthcare professional's behaviour towards such people may affect their professional relationship with the patient.

Sexualised behaviour: acts, words or behaviour designed or intended to arouse or gratify sexual impulses or desires. Examples of sexualised behaviour are given in Appendix A.

Employers: organisations that directly employ healthcare professionals and other staff who come into contact with patients and carers (eg a hospital trust), and, in some circumstances, organisations that commission health services (eg a primary care trust).

Healthcare professionals: those registered by one of the healthcare professional regulatory bodies, listed at Appendix C. However, the principles in this document also apply to other healthcare workers who come into contact with patients and their carers.

2. Why are clear sexual boundaries between healthcare professionals and patients important?

The vast majority of healthcare professionals work with dedication and integrity and are committed to the best possible patient care. However, in a small minority of cases healthcare professionals have seriously breached sexual boundaries with patients or their carers. These have been the subject of several major national inquiries and a number of investigations in recent years. These inquiries have shown that patients and carers can be seriously harmed when healthcare professionals breach sexual boundaries.

What constitutes a breach of sexual boundaries?

A breach of sexual boundaries occurs when a healthcare professional displays sexualised behaviour towards you. Sexualised behaviour is defined as acts, words or behaviour designed or intended to arouse or gratify sexual impulses or desires. A list giving some examples of sexualised behaviour is included at Appendix A at the end of this document.

Breaches of sexual boundaries do not just include criminal acts such as rape or sexual assault, but cover a range of behaviours including the use of sexual humour or innuendo, and making inappropriate comments about your body. It can include comments made in your presence, even if not about you.

Previous cases where sexual boundaries have been breached have involved both male or female healthcare professionals and male or female patients.

The consequences when sexual boundaries are breached

Breaches of sexual boundaries by healthcare professionals are unacceptable because:

- they can cause you significant and enduring harm
- they damage the trust between you and your healthcare professional
- they may influence a healthcare professional's decisions about care and treatment to your detriment

Trust and safety

Healthcare professionals have a duty to ensure the safety and wellbeing of their patients. You must be able to trust that your healthcare professional will provide the best possible care and act in your best interests. You must feel confident and safe so that you can be treated effectively and participate effectively in your care. A breach of sexual boundaries can seriously damage this trust.

The power imbalance

An imbalance of power is often a feature in the healthcare professional/patient relationship, although this may not be explicit. You are often vulnerable when you

require healthcare, particularly in cases of serious illness requiring prolonged treatment. Healthcare professionals are in a position of power because they have access to resources and knowledge that you need. A power imbalance may also arise because:

- in order to be diagnosed or treated you may have to share personal information
- a healthcare professional usually decides the level of intimacy and/or physical contact during diagnosis or treatment
- a healthcare professional knows what constitutes appropriate professional practice whereas you may be in an unfamiliar situation and may not know what is appropriate.

It is the responsibility of healthcare professionals to be aware of the imbalance of power and to maintain clear boundaries.

Acknowledging difference

Cultural differences can affect people's perceptions of what is intimate or appropriate. For example, you may be modest about showing parts of the body that the healthcare professional would not usually consider to be intimate. Healthcare professionals must be sensitive to cultural difference and treat you in a way that respects your views and wishes, and preserves your dignity.

Creating clear sexual boundaries

It is the responsibility of healthcare professionals to establish and maintain clear sexual boundaries with you. This normally includes seeking your permission before touching you or asking you to undress.

You can help, for example by:

- being honest with your healthcare professional,
- asking questions about your treatment
- letting the healthcare professional know if you are uncomfortable with an examination or procedure.

3. Looking after yourself

As a patient you have the right to be treated with dignity and respect by healthcare professionals. It is important that you tell the healthcare professional if you:

- feel uncomfortable
- do not like something that is happening
- want to ask questions about what is being done to you and why
- do not understand why certain questions are being asked. You have the right to ask the healthcare professional why they are asking you a question.

If you are not comfortable with what a healthcare professional is saying or doing, or if you do not understand why it is being done, ask the professional to stop so you can talk about the reasons for their actions.

Undressing, privacy and having someone present

You may be asked to undress or partially undress so that a healthcare professional can examine or treat you. Healthcare professionals should respect any cultural or individual requirements that you may have. It is important that you explain these at the beginning of any examination or procedure.

If you are asked to remove clothing during a consultation you should expect the healthcare professional to do the following:

- provide a place to undress that is out of view of anyone else, including the healthcare professional (although you should ask for assistance if you need it). An exception to this might be if the healthcare professional needed to see you undress in order to help with a diagnosis or as part of a rehabilitation programme
- provide something to wear if you have to walk from one area to another after you have undressed
- keep any waiting time to a minimum once you are undressed
- keep as much of your body covered as possible if the examination or treatment includes several different parts of the body.

The healthcare professional should not ask you to stay undressed for any longer than is necessary. Partial undressing should be advised where possible and you should be allowed to get dressed as soon as the examination or procedure is finished.

Having another person present

You or your healthcare professional may want to have another person present during an examination or procedure. This person is sometimes called a chaperone. A healthcare professional should always ask you if you would like someone present during any examination or treatment that you consider to be intimate. This can be someone of your choice or another healthcare worker with whom you feel comfortable.

The healthcare professional also has the right to have someone else present during an intimate examination. They will try and select someone who is acceptable to you. If you are not happy with the suggested person you can ask for the appointment to be rearranged so that an acceptable person can be found.

If a healthcare professional wants a third person to be present but you do not, you should discuss your feelings with the healthcare professional and ask them why it is necessary.

Occasionally a healthcare professional may be accompanied by one or more students. The healthcare professional must obtain your verbal consent for students to be present. If you agree, the healthcare professional should introduce the students before the examination or procedure begins. You can ask for the students to leave at any time.

Your feelings

Healthcare professionals are responsible for setting and maintaining clear sexual boundaries with you. It is also important for you to respect these boundaries, and to be aware of your own feelings.

It is not unusual for patients to develop strong feelings for healthcare professionals. When this happens, you should think about whether your feelings are getting in the way of your treatment. If they are, you should ask about transferring your care to another professional. If you feel able to discuss your feelings with the healthcare professional in question, then they will advise you on alternatives. If you do not, you should ask for advice from another member of the healthcare team.

If you display sexualised behaviour towards your healthcare professional, this may result in you being transferred to another healthcare professional. This might delay your treatment.

The fact that a patient has either declared strong feelings or displayed sexualised behaviour does not reduce a professional's responsibilities to maintain clear boundaries. Any sexualised behaviour by a professional must be reported and dealt with appropriately, whatever the circumstances.

4. Sexual relationships between healthcare professionals and former patients

Research shows that a patient may be harmed as a result of a sexual relationship with his or her former healthcare professional, however long ago the professional relationship ended. This is because the sexual relationship may be influenced by the previous professional relationship, which will often have involved an imbalance of power as described in section 2.

The circumstances of each healthcare professional/patient relationship are different so it is difficult to make firm rules about what is, or isn't, appropriate. However there are some circumstances in which a sexual relationship between you and your former healthcare professional would almost never be appropriate:

- if the healthcare professional used a power imbalance or information about you gained while he or she was treating you
- if the healthcare professional/patient relationship involved long-term emotional or psychological support
- if you were suffering from mental health problems or a condition that affected your judgement at the time the healthcare professional was treating you.

5. How to report a breach of sexual boundaries by a healthcare professional

If a healthcare professional has displayed sexualised behaviour towards you (as a patient) or someone close to you, it is strongly recommended that you seek support. Appendix B contains details of organisations that can help you decide what steps to take. They can also help you through any reporting process that follows.

You may be feeling extremely upset about what has happened. You might feel too frightened or upset to speak directly to the healthcare professional concerned; you do not have to do this.

If you decide to report a breach of sexual boundaries you have several options. You may choose to use one or more of these options.

Your reporting options:

- a. the healthcare professional's line manager or colleague (if they have one).
- b. the healthcare professional's employer (if they have one)
- c. the regulator of the healthcare professional concerned (see Appendix C)
- d. local social services department
- e. the police

What happens when you report a healthcare professional depends on:

- who you report to
- the seriousness of the situation
- the evidence available.

If you are thinking about making a complaint, or if you decide to go ahead, it is recommended that you, or someone close to you, keeps detailed notes including:

- what happened and when
- who was involved
- what action you have taken (including taking copies of any letters that you send).

The following action is recommended:

- **for rapes, sexual assault or other criminal offences, contact the police directly**
- **for other cases involving children, someone with a physical or learning disability, someone who needs mental health support or a vulnerable adult (including older people), contact your local social services directly in addition to the police if the act is considered by you to be sexual assault**

- for other cases that you regard as serious you should: obtain support in proceeding (see Appendix B for organisations that can help) and then

report the case to the employer of the healthcare professional or commissioning agency concerned (for example your local primary care trust or health board) or

report the case directly to the regulatory body of the professional concerned (see Appendix C for contact details).

More information on your options

a. The line manager or colleague

This may be appropriate for cases that you regard as less serious such as inappropriate sexual humour.

You can report directly to the line manager or a colleague of the healthcare professional concerned. The manager has an obligation to investigate all complaints, formal or informal, and must follow their organisation's procedure, as well as supporting you.

If you report to a colleague of the healthcare professional concerned, they have a professional obligation to take your concerns seriously. They must notify senior colleagues where appropriate, answer your questions, help you to understand your options and refer you to sources of further help and advice if needed.

Write or phone explaining your concerns. It is helpful to keep a copy of your letter, or a note of what was said, including the date and time.

b. The healthcare professional's employer or commissioning agency (primary care organisation or trust)

All NHS organisations will have a formal complaints procedure which should be readily available to all patients. This will outline the organisation's process and will give points of contact for making a complaint. From 1 April 2009 a new procedure came into effect, details of which can be found at: <http://www.nhs.uk/aboutNHSchoices/contactus/pages/howtocomplaincompliment.aspx>

Write a formal letter of complaint including details of your allegation to the chief executive of the organisation that employs the healthcare professional.

The following website may be helpful in finding the address for the full name and address of the organisation, if you are unsure: www.nhs.uk/servicedirectories

Where the healthcare professional has no direct employer (for example GPs or

pharmacists) send the letter to the chief executive of the local commissioner of health services (such as the local primary care trust or similar), or in Scotland to the chief executive of the local health board.

If the case involves an employee or healthcare professional working for or contracted to the NHS you can contact your local Patient Advice and Liaison Service (PALS) in England, or in Scotland the Independent Advice and Support Service (IASS) through your local Citizens Advice Bureau. They will advise you on the complaints procedure and provide a confidential service. They will keep you informed and are a useful point of contact and support. You can contact your local PALS or IASS as follows:

- phone your local hospital, clinic, GP surgery or healthcare centre and ask for details
- phone [NHS Direct on 0845 46 47](tel:0845464647)
- in Scotland, phone the [NHS helpline on 0800 22 44 88](tel:0800224488)
- go to www.pals.nhs.uk and search online Office Directory for local details.
- In Scotland go to www.cas.org.uk or look in the phone book to find your nearest CAB branch

c. The healthcare professional's regulatory body

Every statutorily regulated healthcare professional has to be registered by a statutory regulatory body (for example, doctors have to be registered with the General Medical Council). The role of regulatory bodies is to protect the public.

The regulatory bodies take complaints about healthcare professionals displaying sexualised behaviour towards patients extremely seriously.

If you report to them (see Appendix C for contact details) they will investigate and decide if there is sufficient evidence to hold a hearing. Even if nobody else saw what happened, the regulatory body may have had other complaints about the healthcare professional.

They can impose sanctions on a professional which could stop them practising. In serious cases this can mean striking them off, which means removing the professional from the register so that they can no longer work as a registered healthcare professional.

If a criminal offence may have been committed, the regulator may involve the police and sometimes this will lead to a criminal prosecution.

The regulatory body may take action even in cases there is not enough evidence for the police to prosecute a healthcare professional, as they have a wider duty to protect patients and ensure that confidence in the professions is upheld.

d. The local social services department

Where the case involves a child or someone with a physical or learning disability, mental health support needs or any vulnerable adult it is recommended that you

contact your local social services directly.

While you may wish to report something confidentially, sometimes immediate action may be needed to stop further abuse or to prevent the law being broken. The social services department will inform the police where appropriate.

Call your local authority and ask to be put through to the social services department. Contact telephone numbers can be found at:

www.direct.gov.uk/en/dl1/directories/localcouncils/index.htm

e. The police

Report directly to the police if you suspect that a rape, sexual assault or other criminal offence has taken place.

The police are experienced in dealing with these situations. They should give advice and make sure that the victim receives support and treatment.

They will investigate to see if there is enough evidence to bring a prosecution.

Police force contact telephone numbers can be found at:

www.campaigns.direct.gov.uk/policingpledge/contacts.html.

What will happen after you have made a complaint?

If you report a breach of sexual boundaries it may lead to a formal process or processes. You may have to give evidence and appear as a witness. You should make sure that the process has been explained clearly to you, and what your options will be at every stage. For example, you should make sure that you know what your options will be if you are not happy with the outcome of the process.

The decision may be taken not to take your case forward. If this is the case you should be told why.

If you are unclear on any points, or if you are not satisfied with the way that an organisation is planning to investigate or hear your case, seek advice on your options for example through PALS, CAB, IASS or the ICAS.

Remember:

- **it is the healthcare professional's responsibility never to display sexualised behaviour towards you**
- **if a healthcare professional has breached sexual boundaries you are not to blame**
- **support is available. A list of organisations that can help you can be found at the end of this document (Appendix B)**

Appendix A

Examples of sexualised behaviour by healthcare professionals towards patients or their carers:

- asking for or accepting a date
- sexual humour during consultations or examinations
- inappropriate sexual or demeaning comments, or asking clinically irrelevant questions, for example about their body or underwear, sexual performance or sexual orientation
- requesting details of sexual orientation, history or preferences that are not necessary or relevant
- internal examination without gloves
- asking for, or accepting an offer of, sex
- watching a patient undress (unless a justified part of an examination)
- unnecessary exposure of the patient's body
- unplanned home visits with sexual intent
- taking or keeping photographs of the patient or their family that are not clinically necessary
- telling patients about their own sexual problems, preferences or fantasies, or disclosing other intimate personal details.
- clinically unjustified physical examinations
- intimate examinations carried out without the patient's explicit consent
- continuing with examination or treatment when consent has been refused or withdrawn
- any sexual act induced by the healthcare professional for their own sexual gratification
- the exchange of drugs or services for sexual favours
- exposure of parts of the healthcare professional's body to the patient
- sexual assault

Appendix B

Contact details for support organisations and other useful contacts and websites

Abused Empowered Survive Thrive

www.aest.org.uk

Supporting adult survivors of sexual abuse including support forums.

Action for Advocacy

www.actionforadvocacy.org.uk

0207 820 7868

Website provides links to local advocacy support services across the UK.

Action on Elder Abuse

www.elderabuse.org.uk

0808 808 8141

Works to protect, and prevent the abuse of, vulnerable older adults.

The Ann Craft Trust

www.anncrafttrust.org

0115 951 5232

Works with staff in the statutory, independent and voluntary sectors to protect people with learning disabilities who may be at risk from abuse. Also provides advice and information to parents and carers who may have concerns about someone they are supporting.

Childline

www.childline.org.uk

0800 1111

A free help line for children and young people in the UK.

Citizens Advice

www.citizensadvice.org.uk

The Citizens Advice service helps people resolve their problems by providing free, independent and confidential advice through the citizens advice bureaux network.

Citizens Advice Scotland/Independent Advice and Support Service

www.cas.org.uk

Independent, local charities that are members of Citizens Advice Scotland.

Bureaux provide advice and information to people in need at over 200 locations.

Community Health Councils (Wales only)

www.patienthelp.wales.nhs.uk

0845 644 7814

Complaints advocates (in Wales only) are available by contacting the local Community Health Council.

Independent Complaints Advocacy Service

http://www.dh.gov.uk/en/Managingyourorganisation/Legalandcontractual/Complaintspolicy/NHScomplaintsprocedure/DH_4087428

The Independent Complaints Advocacy Service (ICAS) supports patients and their carers wishing to pursue a complaint about their NHS treatment or care.

London Lesbian and Gay Switchboard

www.llgs.org.uk

020 7837 7324

Provides an information, support and referral service for lesbians, gay men and bisexual people from all backgrounds throughout the United Kingdom.

NAPAC National Association for People Abused in Childhood

www.napac.org.uk

0800 085 3330

Provides support and information for people abused in childhood including a support line.

NHS Complaints Procedure

<http://www.nhs.uk/aboutNHSChoices/contactus/Pages/Howtocomplaincompliment.aspx>

Please note that new rules take effect from 1 April 2009. The Healthcare Commission will no longer be involved in the complaints process.

NSPCC National Society for the Protection of Cruelty against Children

www.nspcc.org.uk

0808 800 5000

Protects children from cruelty and supports vulnerable families, including a support line.

Parent Line Plus

www.parentlineplus.org.uk

0808 800 2222

A national charity for parents.

Parliamentary and Health Service Ombudsman

<http://www.ombudsman.org.uk/>

0345 015 4033

Carries out independent investigations into complaints about unfair or improper actions or poor service by UK government departments and agencies and the NHS in England.

Patients Advocacy and Liaison Service

<http://www.pals.nhs.uk/>

Can advise you on how to take your complaint forward or help you to resolve it informally.

Rape Crisis Federation

www.rapecrisis.org.uk

Provide the basic information that survivors of sexual violence, friends and family need to access the services they need.

Rape and Sexual Abuse Support (RASAC)

www.rasac.org.uk

01962 848 018

Women: 01962 848024

Men: 01962 848027

Free and confidential listening service, support and information.

RESPOND

www.respond.org.uk

0808 808 0700

Services that provide emotional and psychological support to victims and perpetrators of abuse who have learning disabilities. It also provides training and support to professionals and carers working with them.

Rights of Women

www.rightsofwomen.org.uk

020 7251 6577

Works to attain justice and equality by informing, educating and empowering women on their legal rights including an advice line.

Samaritans

www.samaritans.org.uk

0845 790 9090

Available 24 hours a day to provide confidential emotional support for people who are experiencing feelings of distress or despair, including those which may lead to suicide.

Scottish Public Service Ombudsman

0800 377 7330

<http://www.spsso.org.uk/>

The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about organisations providing public services in Scotland.

The Survivors Trust

www.thesurvivorstrust.org

01788 550 554

National umbrella agency for over 120 specialist voluntary sector agencies providing a range of counselling, therapeutic and support services working with women, men and children who are victims of rape, sexual violence and childhood sexual abuse.

Victim Support Line

www.victimsupport.org

0845 303 0900

Independent charity which helps people cope with the effects of crime. Provides free and confidential support and information.

Voice UK

www.voiceuk.org.uk

0845 122 8695

Supports people with learning disabilities and other vulnerable groups who have experienced crime or abuse. Also support their families, carers and professional workers.

WITNESS

info@professionalboundaries.org.uk

www.professionalboundaries.org.uk

www.safeboundaries.org.uk

020 7922 7801

WITNESS is the main national group concerned with preventing violations of professional boundaries. It provides support and advocacy paid for by third parties and meeting space for a 'survivors for survivors' group. It provides training on professional boundaries for practitioners, works on national policy developments and undertakes research.

Appendix C

Regulatory bodies of healthcare professionals

General Medical Council (GMC)

www.gmc-uk.org

0845 357 8001

Regulates: doctors

Nursing and Midwifery Council (NMC)

www.nmc-uk.org

020 7637 7181

Regulates: nurses and midwives

Health Professions Council (HPC)

www.hpc-uk.org

020 7582 0866

Regulates: art therapists, biomedical scientists, chiroprodists/podiatrists, clinical scientists, dieticians, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, prosthetists and orthotists, radiographers, speech and language therapists (Psychology practitioners to be included shortly)

General Dental Council (GDC)

www.gdc-uk.org

0845 222 4141

Regulates: dentists and dental care professionals

General Optical Council

www.optical.org

020 7580 3898

Regulates: opticians (dispensing opticians, optometrists or ophthalmic opticians)

General Osteopathic Council (GosC)

www.osteopathy.org.uk

020 7357 6655

Regulates: osteopaths

General Chiropractic Council (GCC)

www.gcc-uk.org

020 7713 5155

Regulates: chiropractors

Royal Pharmaceutical Society of Great Britain (RPSGB)

www.rpsgb.org.uk

020 7735 9141

Regulates: pharmacists and pharmacy technicians

Pharmaceutical Society of Northern Ireland

www.psni.org.uk

028 9032 6927

Regulates: pharmacists (Northern Ireland only)

Statutory social care

General Social Care Council (GSCC)

www.gsccl.org.uk

020 7397 5100

Regulates: social workers and social work students (England)

Northern Ireland Social Care Council

www.niscc.info

028 9041 7600

Regulates: social care workers

Scottish Social Services Council

www.sssc.uk.com

01382 207101

Regulates: social care workers

Care Council for Wales

www.ccwales.org.uk

029 2022 6257

Regulates: social care workers

Other relevant bodies

(Professional bodies not yet subject to statutory regulation)

British Association for Counselling and Psychotherapy (BACP)

www.bacp.co.uk

01455 883300

Registers its practitioners and will hear complaints

United Kingdom Council for Psychotherapy (UKCP)

www.psychotherapy.org.uk

020 7014 9955

An umbrella body for psychotherapy training organisations. Complaints about individual members go to the individual member organisations initially and all member bodies are required to have their own complaints procedures

British Association of Psychotherapists

www.bap-psychotherapy.org

020 8452 9823

Registers psychotherapy organisations, training institutions and professional organisations

British Psychological Society (BPS)

www.bps.org.uk

011 6254 9568

Registers individual clinical and counselling psychologists and will hear complaints.

Complementary and Natural Healthcare Council

www.cnhc.org.uk

020 3178 2199

Voluntary register for complementary healthcare practitioners

Appendix D

The Council for Healthcare Regulatory Excellence: promotes the health and well-being of patients and the public in the regulation of healthcare professionals. We scrutinise and oversee the work of the nine regulatory bodies¹ that set standards for training and conduct of healthcare professionals.

We share good practice and knowledge with the regulatory bodies, conduct research, and introduce new ideas about regulation to the sector. We monitor policy in the UK and Europe and advise the four UK government health departments on issues relating to the regulation of healthcare professionals. We are an independent body accountable to the UK Parliament.

We promote good practice in the regulation of healthcare professionals in five main ways:

- we monitor the performance of the regulatory bodies annually to identify good practice and areas for improvement
- we audit initial stages of the regulatory bodies' fitness to practise procedures and examine final decisions made by them about whether healthcare professionals are fit to practise. In some cases we will refer decisions to the court where we believe that such decisions are unduly lenient
- we promote good practice in regulation, conduct research, share learning with regulatory bodies and hold events to explore better ways to manage new challenges
- we advise the Secretary of State for Health and health ministers in Scotland, Wales and Northern Ireland on matters relating to the regulation of healthcare professionals
- we keep abreast of European and international policies to improve policy decisions on UK regulation of healthcare professionals. Through these networks, we advise colleagues in other countries of the methods we have adopted for better regulation of UK healthcare professionals.

NHS Employers: represents trusts in England on workforce issues and helps employers to ensure the NHS is a place where people want to work. NHS Employers works with organisations to reflect their views and act on their behalf in four priority areas: pay and negotiations; recruitment and planning the workforce; healthy and productive workplaces, employment policy and practice. NHS Employers is part of the NHS Confederation.

¹ General Chiropractic Council, General Dental Council, General Medical Council, General Optical Council, General Osteopathic Council, Health Professions Council, Nursing and Midwifery Council, Pharmaceutical Society of Northern Ireland, Royal Pharmaceutical Society of Great Britain

Council for Healthcare Regulatory Excellence

11 Strand
London
WC2N 5HR

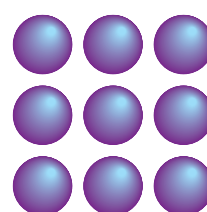
Telephone: **020 7389 8030**

Fax: **020 7389 8040**

Email: **info@chre.org.uk**

Web: **www.chre.org.uk**

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