



FAQ

Professional Standard: Integrated Person-Centred Care

Introduction

The [Professional Standard: Integrated Person-Centred Care](#) sets out the *minimum* expectations for professionalism and ethical conduct that licensees must meet. It requires that care prioritizes patients' health needs, supports their involvement in decision-making, ensures appropriate support measures are in place when care cannot be provided, and promotes collaboration with members of a patient's health care team to support safe and effective care for the patient.

Below are frequently asked questions by licensees.

Q: What responsibilities does a licensee have to patients if a mistake occurs, or a treatment doesn't go as intended?

Professional Standard: Integrated Person-Centred Care, Principle 1.7 states licensees must:

1.7 In the event of an error, adverse event, or when care does not proceed as planned, promptly inform the patient or their substitute decision maker, and take appropriate corrective action.

Appropriate corrective action means responding promptly and proportionately when care does not proceed as intended, with *patient safety as the primary focus*. The nature and extent of the corrective action should be guided by and adapt to the circumstances, and the potential impact of the event on the patient and their care.

This includes:

- Addressing any immediate safety concerns.
- Communicating with the patient openly and honestly about what occurred.
- Informing the patient of any next steps or required follow-ups.
- Determining whether referral to another health care practitioner is necessary.



- Taking reasonable steps to reduce the risk of recurrence, with the same and/or other patients.
- Documenting the incident and your response.

Q: If a licensee closes or relocates their practice, what professional obligations do they have to patients?

Professional Standard: Integrated Person-Centred Care, Principle 2.4 states licensees must:

2.4 Take reasonable steps to arrange for the ongoing care of patients when closing a practice.

When planning the closure of a practice, licensees should consider the situation from the patient's perspective and plan how they will:

- Provide patients with adequate notice to allow time to arrange alternative care.
- Provide referrals and/or transfer-of-care options, as appropriate.
- Ensure continued access to patients' health care records (e.g.: providing patients and/or their authorized substitute decision makers with copies of their health care record on request).

Q: What are prohibited grounds of discrimination?

Professional Standard: Integrated Person-Centred Care, Principle 2.2 states that licensees must:

2.2 Not end a therapeutic relationship based on a prohibited ground of discrimination or where otherwise prohibited by legislation.

The [British Columbia Human Rights Code](#) identifies protected grounds of discrimination. Licensees must ensure their policies, communications, and clinical decisions promote equitable treatment and do not discriminate on protected grounds.

Licensees may find additional resources and information on the webpage for [British Columbia's Office of the Human Rights Commissioner](#).



Q: How does a licensee end the therapeutic relationship with a patient?

Professional Standard: Integrated Person-Centred Care, Principle 2.3 states licensees must:

2.3 Terminate a therapeutic relationship by:

2.3.1 providing written notification to the patient of the decision;

2.3.2 documenting reasons for termination in the patient health care record, including steps taken to resolve the situation;

2.3.3 informing the patient that they are entitled to a copy of their health care records and the process for obtaining a copy;

2.3.4 ensuring the timely transfer of a copy of the patient's health care records, if requested by the patient;

2.3.5 providing a reasonable time frame for the patient to find another health practitioner and arrange interim care if required; and,

2.3.6 supporting the patient in finding another health care practitioner where care can be transferred, unless the therapeutic relationship was terminated due to sexual conduct, harassment, discrimination, or other conduct by the patient that placed the licensee at risk of harm.

Q: Principle 3.1 of the Professional Standard requires licensees to collaborate with other health care practitioners. How does this apply if a licensee works alone?

Collaboration does not require a group clinic setting.

Professional Standard: Integrated Person-Centred Care, Principle 3.1 states licensees must:

3.1 Collaborate with other health care practitioners and members of a patient's health care team by contributing knowledge, skills, and clinical experience to improve patient outcomes.

Collaboration can include:



- Referring to or consulting with other regulated health professionals.
- Communicating with a patient's existing health care providers (with that patient's consent).
- Maintaining professional networks to support coordinated patient care.