

# Ethics and Practice Standards

Effective April 1, 2026



College of

**HEALTH AND CARE PROFESSIONALS OF BC**



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# Introduction

In June 2024, the amalgamation of seven BC health profession regulatory colleges—part of a BC Government initiative to modernize health profession regulation in British Columbia—led to the creation of the College of Health and Care Professionals of British Columbia (CHCPBC).

CHCPBC is broadly mandated to serve and protect the public from harm and discrimination under the *Health Professions and Occupations Act* (HPOA). As a health profession regulatory college, we ensure that the health and care professionals (licensees) in the nine professions CHCPBC regulates (audiologists, dietitians, hearing instrument practitioners, occupational therapists, opticians, optometrists, physical therapists, psychologists, and speech-language pathologists) have the competencies needed to practise and adhere to the ethics and practice standards that support safe and ethical care.

At the time of amalgamation, the standards of practice and ethical requirements from the “legacy” colleges remained in place for the nine regulated health professions. CHCPBC recognized the need to address the inconsistencies and discrepancies that existed between the various legacy college standards and to ensure the requirements for practice and ethical standards in the HPOA be met.

This led to the development of the Ethics and Practice Standards, which harmonize the codes of ethics and standards of practice for all nine professions through the lens of the HPOA. The development of the Ethics and Practice Standards was informed by the expertise of many individuals and bodies, including healthcare providers on staff, the Professional Practice and Standards Advisory Committee, the BC Health Regulators Indigenous Engagement Group, and members of the public and licensees who took part in our broad consultation.

The Ethics and Practice Standards also give effect to the Guiding Principles for colleges under the HPOA (s. 14), which are to protect the public from harm and discrimination; to support and promote awareness of reconciliation with Indigenous Peoples, the United Nations Declaration on the Rights of Indigenous Peoples, and the need to address racism and anti-racism issues that are specific to Indigenous Peoples; to take and promote anti-discrimination measures; and to act in a procedurally fair manner that is respectful of the privacy of persons who participate in regulatory processes.

The HPOA also requires licensees, when providing health services, to act in accordance with the principles of protecting the public from harm and discrimination, taking anti-discrimination measures, and acting in a manner that is respectful of the privacy of patients (s. 72(1)).

These HPOA principles apply throughout the Ethics and Practice Standards, whether they are explicitly referenced or not.



## How to use the Ethics and Practice Standards

The Ethics and Practice Standards establish the minimum standards that a licensee must meet in relation to their professional conduct and any off-duty conduct that has a sufficient nexus to their profession.

Part 1 contains the Code of Ethics, which outlines the ethical framework for professional conduct and decision making in all practice contexts. Licensees should also look to the Code of Ethics to guide proper decision making where the HPOA, Regulations, CHCPBC Bylaws, and Practice Standards are silent on a matter.

Part 2 contains the Practice Standards, which set out the expected minimum achievable level of performance and conduct that a licensee must meet in the practice of their designated health profession. The Practice Standards are designed to provide clear, actionable expectations for professional conduct and care that apply in all practice settings and health service modalities, including remote or virtual delivery of health services.

While the Ethics and Practice Standards apply to all licensees, one may find that certain Standards address circumstances that do not arise in their profession and/or practice context. Meanwhile, several Standards (for example, Communications) are applicable in *every* aspect of a licensee's practice. The Standards are meant to be understood in integration with each other, and licensees should consider how the Standards work together to support delivery of quality care.

In applying the Ethics and Practice Standards, licensees may also look to College-issued publications and resources, which are intended to support professional judgment and decision making. In appropriate circumstances, a licensee's consideration of and alignment with relevant guidance may be taken into account in assessing adherence to the Standards.

Licensees are responsible for regularly reviewing the Ethics and Practice Standards, which will be updated from time to time, to ensure that they remain in compliance with the requirements set out in this document.



## Part 1: Ethics

Ethical principles and requirements are included in the Code of Ethics and the Practice Standards, respectively. The Code of Ethics should be considered alongside the Practice Standards.



# Code of Ethics

## **1. Professionalism and Collaboration**

Licensees must demonstrate ethical behaviour and adhere to the Practice Standards and all applicable laws.

Licensees must communicate in a professional, effective, and respectful manner and commit to a culture of learning, mentoring, continuous improvement, and team-based care when working with others.

## **2. Fairness, Equity, and Justice**

Licensees must protect patients and the public from harm and discrimination, taking anti-discrimination measures and acting in a manner that is respectful of patient privacy and confidentiality when providing health services.

Licensees must provide services without discrimination on the basis of personal characteristics protected under the *BC Human Rights Code*, and may accept, continue, or limit services only for legitimate professional or clinical reasons.

## **3. Cultural Safety and Humility**

Licensees must recognize and respect the cultural identities and diverse experiences of patients and ensure their own personal biases and power dynamics do not undermine the duty to promote and provide inclusive, culturally safe health services at all times.

## **4. Indigenous Cultural Safety and Humility**

Licensees must recognize the distinct rights, identities, and lived experiences of Indigenous Peoples and take into account the historical and ongoing impacts of colonization, systemic racism, and trauma in healthcare.

Licensees must commit to providing Indigenous patients with health services that are culturally safe, anti-racist, and grounded in humility. This includes respecting Indigenous laws, protocols, and knowledge systems, and working in partnership with Indigenous patients, families, and communities to promote the healing and well-being of patients in those communities.

## **5. Integrity and Honesty**

Licensees must demonstrate integrity and honesty in their professional conduct by being open, truthful, transparent, and accountable for their actions.



## **6. Do Good; Prevent Harm**

Licensees must ensure their health services are patient-centred, culturally safe, and designed to promote patient well-being while minimizing risks of physical, emotional, cultural, and systemic harm.

Licensees must acknowledge and take steps to remediate any harm that occurs and to prevent risks of future harm.

## **7. Patient Autonomy**

Licensees must respect and support both the right and the ability of each patient to make informed, voluntary decisions about their healthcare while upholding the interests of the patient and ensuring safe and ethical care.

## **8. Care, Dignity, and Respect**

Licensees must treat every individual with compassion, courtesy, and respect and uphold the inherent dignity of every person to whom they provide health services.

Licensees must avoid conflicts of interest and provide health services in a fair and transparent manner.

## **9. Confidentiality**

Licensees must protect personal and health information and use or disclose it only as authorized or legally required.

## **10. Accountability**

Licensees must accept accountability for their professional conduct and consistently meet the ethical, legal, and professional obligations set out in the HPOA, the Regulations, the CHCPBC Bylaws, and the Ethics and Practice Standards. When providing virtual care, they must be aware of and comply with the licensing requirements of any jurisdiction in which a patient is located.

Licensees must always conduct themselves in a manner that upholds the trust placed in them by the public, patients, and the healthcare system.

## **11. Professional Performance**

Licensees must only provide health services within their areas of professional competence and must maintain and continually develop the knowledge, skills, and judgment required to maintain a safe, effective, and evidence-informed practice.

Licensees must recognize that their professional obligations under the HPOA, the Regulations, the CHCPBC Bylaws, and the Ethics and Practice Standards take precedent over management policies and guidance or directives from other organizations in which they may be practising or with which they may be affiliated.



## Part 2: Practice Standards

Practice Standards set out the minimum achievable level of performance and conduct that a licensee must meet in the practice of their health profession. They include ethical components and should be considered alongside the Code of Ethics.



## Collaborative Care

**The public can expect coordinated care focused on their interests, delivered by licensed healthcare professionals who communicate effectively and work together collaboratively.**

This Practice Standard applies to all licensed healthcare professionals working in conjunction with other healthcare providers, support personnel, patient families, and community members to coordinate or deliver care.

### **A licensee must:**

#### **1. *Provide person-led care, which means to:***

- 1.1. Engage the patient and, where applicable, other team members and individuals identified by the patient—including advisors and family members—in collaborative decision making.
- 1.2. Communicate in a clear, respectful, and timely manner with healthcare providers and others involved in the patient's healthcare.
- 1.3. Recognize and respect the roles of all team members and acknowledge distinct perspectives and expertise.
- 1.4. Seek clarification when roles within a healthcare team are unclear, and clearly explain their own role if necessary.
- 1.5. Participate actively in the patient's care planning by contributing relevant knowledge and engaging in shared goal setting and treatment planning, where possible.
- 1.6. Inform the patient about, or facilitate access to, appropriate healthcare providers or services when the patient's care needs are beyond the licensee's scope of practice or competence.
- 1.7. Provide health services concurrently with other healthcare providers, with the patient's consent, when it contributes to more effective service delivery, enhances safety, and supports the patient's goals.

#### **2. *Share information appropriately, which means to:***

- 2.1. Ensure that team members have access to the relevant clinical information necessary for safe and effective service delivery while complying with privacy and confidentiality requirements.
- 2.2. Provide records and test results to other team members, including the referral source and any other team member, as appropriate.
- 2.3. Provide records and information to third parties only with the consent of the patient or individual being assessed, or as required or authorized by law.



**3. *Support continuity of care, which means to:***

- 3.1. Make reasonable efforts to identify appropriate referral options for patients and ensure that follow-up for test results is arranged where necessary.
- 3.2. Communicate with other healthcare providers to facilitate continuity of care for the patient, including during periods of transition, at cessation of services, and when services are shared.

**Related Standards and Legislation**

Communications

Consent

Discontinuing Health Services and Ensuring Continuity of Care



## Communications

**The public can expect to feel heard and respected; to be well informed by licensed healthcare professionals, who must engage with them with honesty, cultural humility, and empathy; and to receive communications that are timely and tailored to their needs, preferences, and level of understanding.**

This Practice Standard applies to all professional communications by licensed healthcare professionals in relation to all individuals and groups with whom they interact in a professional context.

### **A licensee must:**

- 1. *Communicate clearly and accurately and in a manner that is respectful of individual needs, which means to:***
  - 1.1. Introduce themselves and explain their role to the patient or individual being assessed at the outset of the professional relationship.
  - 1.2. Provide the patient or individual being assessed with information in a way that supports their understanding and informed participation in decisions regarding their own care.
  - 1.3. Provide the patient or individual being assessed with an opportunity to raise questions and concerns.
  - 1.4. Acknowledge and address misunderstandings, errors, and conflicts that arise, and promptly attempt to resolve them.
  
- 2. *Support informed decision making and ongoing patient well-being, which means to:***
  - 2.1. Provide the patient or individual being assessed with accurate, complete, and timely information.
  - 2.2. Check in with the patient or individual being assessed to ensure they understand the information being provided and encourage them to ask questions or raise concerns.
  - 2.3. Provide clear information to the patient to support their active inclusion in treatment or service planning, goal setting, and necessary follow-up discussions.
  
- 3. *Demonstrate respect and sensitivity, which means to:***
  - 3.1. Ensure that their behaviour (including use of language and body language) is not discriminatory, intimidating, coercive, or reflective of implicit or explicit bias towards patients or others.



**4. *Adapt communication methods as needed, which means to:***

- 4.1. Adapt their communication style to the communication needs, preferences, and/or abilities of the patient or individual being assessed, which includes consideration of power dynamics, accessibility, and equity needs, such as the use of an interpreter or other communication supports.

**5. *Use electronic and digital communication responsibly, which means to:***

- 5.1. Use electronic communications—including virtual care, email, text, patient portals, and social media—only when appropriate in the context of the Ethics and Practice Standards and when the expectations of the Standards can be met through their use.

**6. *Protect privacy and confidentiality, which means to:***

- 6.1. Meet the privacy and confidentiality requirements of the Ethics and Practice Standards in all forms of professional communication.

**7. *Provide information honestly, accurately, and in a manner that does not mislead, which means to:***

- 7.1. Ensure that information shared in any professional context is accurate, clear, and supported by credible sources of knowledge, which may include clinical observation, scientific research, and/or Indigenous or other recognized knowledge systems that are relevant, ethically grounded, and consistent with patient safety.
- 7.2. Be transparent about uncertainty by explaining any limits to what is known—such as gaps in research, cultural context, or emerging evidence—and the implications of those limits for decisions that the patient must make.
- 7.3. Accurately use titles and credentials:
  - 7.3.1. Use titles and credentials only as authorized by CHCPBC.
  - 7.3.2. Provide an expert opinion only where they have the requisite education, knowledge, and experience to do so.
  - 7.3.3. Refrain from using academic titles, degrees, or other credentials in a way that could confuse or mislead others—in particular, the public.
- 7.4. If authorized to use the title “doctor”:
  - 7.4.1. Clearly indicate when providing health or related services or information that they are not a medical practitioner and are not authorized to practise medicine.



## **Related Standards and Legislation**

Indigenous Cultural Safety, Cultural Humility, and Anti-Racism

Privacy and Confidentiality

Professional Boundaries and Prevention of Sexual Misconduct and Abuse



## Conflict of Interest

**The public can expect licensed healthcare professionals to act at all times in the interests of their patients, free from actual, potential, or perceived conflicts of interest. Licensed healthcare professionals must avoid or, in appropriate circumstances, disclose and mitigate any personal or financial interests that could influence or otherwise compromise—or be perceived to influence or compromise—their professional judgment and delivery of health services.**

This Practice Standard applies to all professional activities of licensed healthcare professionals whenever a personal, sexual, social, cultural, political, financial, or business interest may improperly influence, or be perceived to influence, professional judgment, actions, or decisions in the course of delivering health services.

### **A licensee must:**

- 1. *Minimize the risk of actual, perceived, or potential conflicts of interest, which means to:***
  - 1.1. Identify all situations in which a personal, sexual, social, cultural, political, financial, or business interest could influence, or be perceived to influence, their professional decision making.
  - 1.2. Refrain from entering into, or continuing, a professional/patient relationship that prevents or could prevent the licensee from prioritizing the needs and interests of the patient over the licensee's own interests.
  
- 2. *Manage unavoidable conflicts of interest, which means to:***
  - 2.1. Disclose any real or perceived conflict of interest to all relevant parties, with sufficient information to enable the patient to understand the potential risk that the real or perceived conflict could compromise the licensee's professional judgment in providing health services.
  - 2.2. Recognize that in Indigenous, close-knit, or resource-limited communities, personal relationships may be unavoidable, making it necessary for a licensee to assess the impact of any personal relationship on their own impartiality and on patient trust, and to provide or continue care only when the benefits to the patient clearly outweigh the risks.
  - 2.3. Provide health services only if:
    - 2.3.1. The patient understands the real or perceived conflict of interest.
    - 2.3.2. The licensee and patient agree that the patient's interests are served if the licensee provides health services.
    - 2.3.3. The patient provides consent to proceed with the health services in accordance with the Ethics and Practice Standards.



- 2.4. Mitigate conflicts of interest to the fullest extent possible in the exceptional circumstances where the interests of the patient are best served by continuing to provide health services to them by:
  - 2.4.1. Removing themselves from care-planning processes if doing so will not compromise the patient's care.
  - 2.4.2. Establishing clear and documented relationship boundaries appropriate to the situation that protect the patient's interests as fully as possible.
- 3. *Document the rationale where health services must be provided to a patient in a situation where a real or perceived conflict of interest arises, which means to:***
  - 3.1. Document in the patient record the information provided to the patient regarding the real or perceived conflict of interest.
  - 3.2. Document in the patient record the patient's understanding of the real or perceived conflict of interest and their consent to proceed with the health services.
- 4. *In engagements with third-party involvement:***
  - 4.1. Specifically address with the third party any potential conflicts before proceeding and document appropriately.
  - 4.2. Explain to the affected individual(s) the purpose and scope of the health services to be provided and the nature of the relationship with the third party before proceeding.
  - 4.3. Provide impartial, evidence-informed opinions in assessments and reports.
  - 4.4. Ensure that the interests of the referring or contracting party do not compromise the integrity or objectivity of the opinions, assessments, reports, or other services provided.
- 5. *Avoid undue influence, which means to:***
  - 5.1. Decline gifts, incentives, or benefits that could influence or appear to influence the delivery of health services in the interests of the patient.
  - 5.2. Refuse to accept or offer incentives for referrals for health services or products.
- 6. *Ensure transparency in financial and commercial practices, which means to:***
  - 6.1. Clearly disclose fees, billing arrangements, and methods of payment, as well as any financial interest in products or services, in advance of the patient receiving the health services or products.



- 6.2. Recommend or provide only those health services and products that are supported by a professional rationale, aligned with the patient’s identified goals and cultural values, and offered in the patient’s interests.

**7. *Identify conflicts of interest in research, education, and publishing activities, which means to:***

- 7.1. Disclose compensation or rewards—including funding sources, affiliations, and sponsorships—for teaching, research, publication, and speaking engagements.
- 7.2. Ensure that any teaching activities or materials they use are objective and evidence based.
- 7.3. Ensure clinical research studies being used or cited have been appropriately evaluated and approved by a recognized and reputable research ethics board.

**8. *If practicing or delivering services in more than one role, whether both roles are regulated or not, recognize and manage conflicts of interest inherent in multiple or dual roles<sup>1</sup>, which means to:***

- 8.1. Perform the functions of each role as a separate and distinct practice.
- 8.2. Refrain from representing non-regulated services as an aspect of a professional regulated role.
- 8.3. Clearly explain to patients which role is being exercised at any given time and the implications, including any implications for professional responsibility, funding, or insurance coverage.
- 8.4. Maintain separate billing and financial records for each role.
- 8.5. Where both roles are regulated, adhere to all relevant Standards and obligations in both roles.
- 8.6. Refrain from using or advertising their reserved title in relation to the delivery of non-regulated services.
- 8.7. Ensure the patient fully understands which services are regulated and which are not.

**9. *Manage conflicts of interest with former patients, which means to:***

- 9.1. Recognize that a personal, sexual, social, cultural, political, financial, and/or business relationship formed after a therapeutic relationship ends may give rise to an actual or perceived conflict of interest or perceptions of impropriety, and mitigate the risk by refraining from entering into such a relationship with a former patient until sufficient time has passed and the licensee can demonstrate that:

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<sup>1</sup> Dual roles arise where a licensee holds more than one professional, commercial, supervisory, or personal role in relation to the same individual or service.



- 9.1.1. The professional relationship has formally and fully ended.
- 9.1.2. The patient is no longer dependent on the licensee or in a vulnerable position in relation to the licensee.
- 9.1.3. The new relationship will not compromise public trust or the integrity or reputation of the profession.

**10. *Never enter into a sexual relationship with a patient to whom they have provided psychotherapy.***

### **Related Standards and Legislation**

Communications

Discontinuing Health Services and Ensuring Continuity of Care

Marketing, Advertising, and Promotion

Professional Boundaries and Prevention of Sexual Misconduct and Abuse



## Consent

**The public can expect open discussion with their licensed healthcare professionals to ensure that their needs and preferences are understood and that they receive sufficient information to make informed decisions about their care. The public can also expect their consent to be obtained before information about them is collected or any actions are taken with respect to assessment or care.**

This Practice Standard applies in all situations where a licensed healthcare professional is providing health services or conducting research with research participants. The term “patient” also encompasses an individual serving as a substitute decision-maker.

### **A licensee must:**

- 1. *Provide sufficient information to enable a patient to provide consent, which means to:***
  - 1.1. Explain the nature, purpose, intended benefits, limitations, risks, and alternatives to proposed health services and the consequences of not receiving the proposed health services in a way the patient can understand, using language and tools that are accessible and culturally relevant, and adapting for age, culture, language, cognitive ability, and health literacy.
  - 1.2. Describe how information collected may be used and the limits, if any, on confidentiality.
  - 1.3. Describe the procedures that will be used for any proposed assessment and any physical contact those procedures may entail, carefully detailing contact that may be perceived as intimate or sexual in nature.
  - 1.4. Refrain from making stereotypical or other assumptions when providing information for the purposes of obtaining consent.
  - 1.5. Provide clear and transparent information about all costs that will be borne by the patient, including billing arrangements, methods of payment for out-of-pocket expenses, and potential charges for optional or additional services or recommended products.
  - 1.6. Identify potential risks that may arise from the proposed assessment or treatment modality if the health service is to be provided virtually.
  - 1.7. Encourage the patient to ask questions and raise concerns during the process of obtaining consent.
  - 1.8. Advise the patient of their right to refuse to consent to the proposed health services and to withdraw consent at any time, and advise of the consequences of refusal or withdrawal, if relevant.
  - 1.9. Expressly confirm with the patient that they have understood the information, and document their consent to proceed in the patient record.



- 1.10. Respect the decision of any patient who may refuse or withdraw consent to proposed health services at any time, adhering to the requirements of the Discontinuing Health Services and Ensuring Continuity of Care Standard where applicable.
- 1.11. Meet all requirements of the *Health Care (Consent) and Care Facility (Admission) Act* (HCCFA).

## **2. Obtain consent before:**

- 2.1. Collecting (including where collection occurs through the recording of an interaction), using, or disclosing/releasing personal or health information (except where required or permitted by law).
- 2.2. Initiating assessment, treatment, a procedure, or an intervention for the patient.
- 2.3. Initiating physical contact with the patient.
- 2.4. Modifying a treatment plan or other aspects of the patient's health services.
- 2.5. Accessing the patient's records, unless the records were created by the licensee or are being accessed by a member of the patient's current care team for the purposes of delivering care.
- 2.6. Assigning or transferring any aspect of the patient's healthcare to a supervisee or another healthcare provider beyond the care team.
- 2.7. Including an individual or their information in research activities.
- 2.8. Using health information for purposes other than those for which consent was originally provided.

## **3. Ensure that the consent:**

- 3.1. Relates to the specific health service being proposed.
- 3.2. Is given voluntarily by the patient and not under duress or coercion.
- 3.3. Is not obtained through misrepresentation or fraud.
- 3.4. Is obtained from the patient or, if the patient does not have capacity to provide consent, from an adult who has been specified as the patient's substitute decision-maker.

## **4. In engagements with third-party involvement:**

- 4.1. When consent is waived by law, respect the individual's rights by seeking their assent<sup>2</sup> where appropriate and complying with all other Standards.

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<sup>2</sup> Seeking assent means involving the individual in decision making to the extent possible, in a way that respects their dignity, capacity, and expressed wishes, notwithstanding that consent is not legally required.



**5. *Provide care without consent only when emergency healthcare is required, which means:***

- 5.1. The person in need of emergency healthcare is incapable of consenting and a substitute decision-maker is unavailable.
- 5.2. Emergency healthcare is limited to those services necessary to prevent serious physical or mental harm or to alleviate severe pain.
- 5.3. Consent for additional health services is obtained as soon as the person is able to make decisions or a substitute decision-maker becomes available.

**6. *Ensure the proper consent process is followed for providing health services to minors, which means to:***

- 6.1. Recognize that a minor is considered capable of providing consent to health services if the state of their physical, mental, and emotional development enables them to fully appreciate the nature and consequences of their decision.
- 6.2. Obtain consent from the minor, even when they are accompanied by a parent or legal guardian, where the licensee determines the minor is capable of providing consent.
- 6.3. Obtain consent from a parent or legal guardian of the minor where the licensee determines the minor is not capable of providing consent.

**Related Standards and Legislation**

[Freedom of Information and Protection of Privacy Act, RSBC 1996, c 1665](#)

[Health Care \(Consent\) and Care Facility \(Admission\) Act, RSBC 1996, c 181](#)

[Infants Act, RSBC 1996, c 223](#)

[Personal Information Protection Act, SBC 2003, c 63](#)



## Discontinuing Health Services and Ensuring Continuity of Care

**The public can expect that when care must end, licensed healthcare professionals will explain why, provide notice if possible, and help plan for next steps. Licensed healthcare professionals will ensure that care concludes respectfully, ethically, and with minimal disruption.**

This Practice Standard applies in most circumstances where the professional relationship is discontinued by the licensed healthcare professional. It does not apply where the licensee is leaving the practice, where mutually agreed-upon goals have been achieved, where the patient elects to discontinue services, or where the service was contracted to conclude upon completion of a defined time-limited or service-limited engagement. In such circumstances, licensees should refer to the relevant Ethics and Practice Standards for guidance.

While a licensed healthcare professional is not obligated to provide health services to a patient indefinitely, they cannot abandon a patient in an emergency situation or where harm may be imminent.

### **A licensee must:**

- 1. *Discontinue the provision of health services when the therapeutic relationship is no longer viable due to clinical, ethical, safety, or personal reasons, which means to:***
  - 1.1. Make reasonable, culturally sensitive attempts to resolve discord with a patient, unless there are safety concerns.
  - 1.2. Seek input from the patient and, where relevant, other healthcare providers when planning to discontinue the provision of health services, unless there are safety concerns.
  - 1.3. Ensure the patient's interests are protected where a decision-maker's request to discontinue services may pose risks to a child or vulnerable adult, and consider reporting obligations, should they arise.
  
- 2. *Manage their own personal risk, which means to:***
  - 2.1. Take appropriate steps to manage any risk—such as using de-escalation strategies, safety planning, or other supports—before determining whether discontinuing provision of health services is necessary.
  - 2.2. Discontinue the professional relationship if the patient poses a risk of physical, psychological, or financial harm to the licensee or to others involved in the care or services.



- 3. *Communicate with a patient about the discontinuation of provision of health services, which means to:***
  - 3.1. Provide the patient with a clear and respectful explanation for discontinuing the provision of health services.
  - 3.2. Provide the patient with prior written and/or verbal notice of the discontinuation of provision of health services, unless immediate discontinuation is required for safety reasons.
  
- 4. *Support continuity of care, which means to:***
  - 4.1. Identify and communicate to the patient appropriate alternatives and referral options where possible.
  
- 5. *Document appropriately, which means to:***
  - 5.1. Record the reasons for discontinuation of provision of health services in the patient record, including any discussions with the patient or other healthcare providers and any actions taken to assist the patient.
  
- 6. *Avoid abrupt discontinuation of provision of health services, which means to:***
  - 6.1. Take reasonable steps to prevent harm to the patient as a result of the discontinuation of provision of health services.

## **Related Standards and Legislation**

Records



# Evidence-Informed Practice and Outcome Evaluation

**The public can expect licensed healthcare professionals to base their health service decisions, recommendations, and actions on the best available evidence, informed by professional standards, clinical experience, and the individual needs, preferences, and values of their patients. Licensed healthcare professionals are responsible for monitoring the effectiveness of the health services they provide and making changes to those services when needed to improve outcomes and ensure safe and effective care.**

This Practice Standard applies to all aspects of professional decision making, including assessment, treatment planning, health service delivery, and evaluation of clinical outcomes.

## **A licensee must:**

### **1. *Use the best available evidence in their practice, which means to:***

- 1.1. Incorporate relevant and current evidence in their area of practice.
- 1.2. Integrate evidence with professional experience and the patient's unique needs, preferences, values, and goals in planning and delivering care and services.
- 1.3. Update their practice when evidence evolves, when new evidence becomes available, when professional guidelines are updated, and when concerns about the safety or effectiveness of specific health services are identified.

### **2. *Demonstrate proficiency in assessment and/or diagnosis, which means to:***

- 2.1. Select and employ assessment tools and procedures that are valid, reliable, and appropriate to the condition, needs, and cultural context of the patient or individual being assessed, drawing on current evidence, professional judgment, and clinical guidelines.
- 2.2. Use standardized measures where available and appropriate to assess and/or monitor the health condition and progress of the patient or individual being assessed.
- 2.3. Adapt tools and procedures in consultation with the patient or individual being assessed where standardized assessment tools and procedures do not align with their cultural framework, risk causing harm or re-traumatization, use language or concepts that are inaccessible, or measure constructs that are not meaningful to their lived experience.
- 2.4. Interpret assessment findings using critical thinking and evidence-informed reasoning to formulate conclusions about the condition of the patient or individual being assessed, including a diagnosis, where appropriate.
- 2.5. Ensure that clinical diagnoses are based on reliable data, clinical expertise, and the presentation of the patient or individual being assessed.



**3. *Collect and use data to inform treatment which means to:***

- 3.1. Collect relevant health history and other relevant information from the patient or individual being assessed to inform decisions regarding assessments, diagnoses, treatment plans, and other interventions.
- 3.2. Identify when additional information or data is required, including information from other healthcare providers or collateral information from family members and/or other relevant parties, and request that information with the patient's consent or in compliance with privacy and confidentiality requirements.
- 3.3. Recognize and critically assess the risks of misinformation and inaccuracies in the information and data collected.
- 3.4. Follow up on tests, diagnostics, and referrals initiated by the licensee within a reasonable timeframe.

**4. *Provide services that are supported by evidence, which means to:***

- 4.1. Refrain from offering or providing health products or health services that will not meet the identified needs of the patient based on available evidence.
- 4.2. Discontinue interventions that are no longer necessary or effective, or appear to be inappropriate or harmful, based on monitoring of the patient's progress, review of their feedback, and evaluation of outcomes.

**5. *Evaluate outcomes, which means to:***

- 5.1. Use appropriate methods to monitor the outcomes of health service decisions and interventions, and document in the patient record.

**6. *Adapt treatment or care plans based on findings, which means to:***

- 6.1. In consultation with the patient, adapt the patient's treatment or care plan when there is sufficient information to form the clinical opinion that the plan is not achieving the desired results.

**7. *Unless prohibited or restricted by law or the terms under which a service was rendered, share findings with the patient, which means to:***

- 7.1. Communicate assessment results, diagnoses, and findings regarding treatment directly to the patient (or their substitute decision-maker) in a timely, respectful, and accessible manner.



# Indigenous Cultural Safety, Cultural Humility, and Anti-Racism

**In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care provides evidence of Indigenous-specific racism in the B.C. healthcare system. Indigenous-specific racism and discrimination negatively affects Indigenous patients' access to healthcare and health outcomes. These impacts include lower life expectancy, higher infant mortality, and the increased presence of chronic health conditions.<sup>3</sup>**

The purpose of this Practice Standard is to set clear expectations for how licensees are to provide culturally safe and anti-racist care for Indigenous patients.

This Practice Standard is organized into six core concepts. Within these concepts are the principles to which healthcare professionals are held.

## Acknowledgements

Eleven health profession regulatory colleges<sup>4</sup> adopted this Indigenous Cultural Safety, Cultural Humility, and Anti-Racism Practice Standard for licensees. This collective work was guided by Siem Te'ta-in, Sound of Thunder, HDOL, Coast Salish Knowledge Keeper, Honorary Doctorate of Original Laws from Native Education College; and Joe Gallagher (k'wunəmen), Tla'amin Nation, Principal at Qoqoq Consulting Ltd.

This Practice Standard is adapted with permission from the [British Columbia College of Nurses and Midwives \(BCCNM\)](#) and the [College of Physicians and Surgeons of BC \(CPSBC\)](#), who collaboratively developed the Indigenous Cultural Safety, Cultural Humility, and Anti-Racism Practice Standard (January 2022). We gratefully and humbly acknowledge the contributions from Indigenous People and guidance from Indigenous leaders during the consultation process which informed the development of the BCCNM and CPSBC Standard.



*Eagle flies up so high it looks down and sees all of humanity as one, cannot see our various nations or small differences, Eagle just sees us as **one** people.*

*When we hold a feather, we remind ourselves of that perspective, and can speak with respect and honesty to each other like the family that we all are.*

*– Aaron Nelson-Moody / Tawx'sin Yexwulla, Artist*

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<sup>3</sup> Turpel-Lafond, M.E. (2021). In plain sight: addressing Indigenous-specific racism and discrimination in B.C. health care. Queen's Printer: Victoria, BC. pg. 37.

<sup>4</sup> The Colleges that participated to this work were the College of Chiropractors of BC, the College of Dietitians of BC, the College of Naturopathic Physicians of BC, the College of Occupational Therapists of BC, the College of Opticians of BC, the College of Optometrists of BC, the College of Pharmacists of BC, the College of Physical Therapists of BC, the College of Psychologists of BC, the College of Speech and Hearing Health Professionals of BC and the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC.



## Core concepts and principles

### 1. *Self-reflective practice (it starts with me)*

Cultural humility begins with a self-examination of the healthcare professional's values, assumptions, beliefs, and privileges embedded in their own knowledge and practice, and consideration of how this may impact the therapeutic relationship with Indigenous patients.

Cultural humility promotes relationships based on respect, open and effective dialogue, and mutual decision making.

#### **A licensee must:**

- 1.1. Reflect on, identify, and not act on any stereotypes or assumptions they may hold about Indigenous Peoples.
- 1.2. Reflect on how their privileges, biases, values, belief structures, behaviours, and positions of power may impact the therapeutic relationship with Indigenous patients.
- 1.3. Evaluate and seek feedback on their own behaviour towards Indigenous Peoples.

### 2. *Building knowledge through education*

Healthcare professionals continually seek to improve their ability to provide culturally safe care for Indigenous patients.

#### **A licensee must:**

- 2.1. Undertake ongoing education on Indigenous healthcare, determinants of health, cultural safety, cultural humility, and anti-racism.
- 2.2. Learn about the negative impact of Indigenous-specific racism on Indigenous patients accessing the healthcare system, and its disproportionate impact on Indigenous women and girls and two-spirit, queer, and trans Indigenous Peoples.
- 2.3. Learn about the historical and current impacts of colonialism on Indigenous Peoples and how this may impact their healthcare experiences.
- 2.4. Learn about the Indigenous communities located in the areas where they work, recognizing that languages, histories, heritage, cultural practices, and systems of knowledge may differ between Indigenous communities.

### 3. *Anti-racist practice (taking action)*

Healthcare professionals take active steps to identify, address, prevent, and eliminate Indigenous-specific racism.

#### **A licensee must:**

- 3.1. Take appropriate action when they observe others acting in a racist or discriminatory manner towards Indigenous Peoples by:



- 3.1.1. Helping colleagues to identify and eliminate racist attitudes, language, or behaviour.
- 3.1.2. Supporting patients, colleagues, and others who experience and/or report acts of racism.
- 3.1.3. Reporting acts of racism to leadership, relevant health regulatory colleges, and/or other safe options.<sup>5,6</sup>

#### **4. *Creating safe healthcare experiences***

Healthcare professionals facilitate safe healthcare experiences where Indigenous patients' physical, mental/emotional, spiritual, and cultural needs can be met.

##### **A licensee must:**

- 4.1. Treat patients with respect and empathy by:
  - 4.1.1. Acknowledging the patient's cultural identity.
  - 4.1.2. Listening to and seeking to understand the patient's lived experiences.
  - 4.1.3. Treating patients and their families with compassion.
  - 4.1.4. Being open to learning from the patient and others.
- 4.2. Care for a patient holistically, considering their physical, mental/emotional, spiritual, and cultural needs.
- 4.3. Acknowledge and incorporate into the plan of care Indigenous cultural rights, values, and practices, including ceremonies and protocols related to illness, birth, and death, where able.
- 4.4. Facilitate the involvement of the patient's family and others (e.g., community and Elders, Indigenous cultural navigators, and interpreters) as needed and requested.

#### **5. *Person-led care (relational care)***

Healthcare professionals work collaboratively with Indigenous patients to meet the patient's health and wellness goals.

##### **A licensee must:**

- 5.1. Respectfully learn about the patient and the reasons the patient has sought health services.
- 5.2. Engage with patients and their identified supports to identify, understand, and address the patient's health and wellness goals.

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<sup>5</sup> Resilience BC. Anti-racism network. Report a Hate Incident. <https://www.resiliencebc.ca/report-support/report-a-hate-incident/>

<sup>6</sup> BC Association of Aboriginal Friendship Centres. Safespace Networks. <https://bcaafc.com/help/safespace-sharing/>



5.3. Actively support the patient's right to decide on their course of care.

5.4. Communicate effectively with patients by:

5.4.1. Providing the patient with the necessary time and space to share their needs and goals.

5.4.2. Providing clear information about the healthcare options available, including information about what the patient may experience during the healthcare encounter.

5.4.3. Ensuring information is communicated in a way that the patient can understand.

## **6. *Strengths-based and trauma-informed practice (looking below the surface)***

Healthcare professionals have knowledge about different types of traumas and their impact on Indigenous patients, including how intergenerational and historical trauma affects many Indigenous Peoples during healthcare experiences. Healthcare professionals focus on the resilience and strength the patient brings to the healthcare encounter.

### **A licensee must:**

6.1. Work with the patient to incorporate their personal strengths that will support the achievement of their health and wellness goals.

6.2. Recognize the potential for trauma (personal or intergenerational) in a patient's life and adapt their approach to be thoughtful and respectful of this, including seeking permission before engaging in assessments or treatments.

6.3. Recognize that colonialism and trauma may affect how patients view, access, and interact with the healthcare system.

6.4. Recognize that Indigenous women, girls, two-spirit, queer, and trans Indigenous Peoples are disproportionately impacted by Indigenous-specific racism in the healthcare system and consider the impact gender-specific trauma may have on the patient.



## Marketing, Advertising, and Promotion

**The public can expect that licensed healthcare professionals' marketing, advertising, and promotional activities will be accurate, honest, grounded in integrity, and presented in a manner that prioritizes the well-being and autonomy of patients while supporting informed decision making.**

This Practice Standard applies to all forms of marketing, advertising, and promotion used by or on behalf of licensed healthcare professionals to communicate about themselves as professionals, their professional health services (including health products), and/or their professional practice. This includes business names, advertising, public statements, websites, social media, directory listings, the use of testimonials, and any other means of promoting or presenting professional services to the public or individuals, whether directly or through a third party.

A licensed healthcare professional is responsible for the content of all marketing, advertising, and promotion prepared on their behalf by a marketing agency or other third party and must ensure by contract that they are fully informed of all such communication with the public.

### **A licensee must:**

- 1. *Be accurate and honest in marketing, advertising, and promotional activities, which means to:***
  - 1.1. Use factual, accurate, and verifiable information, including in relation to claims about interventions, drugs, devices, and other health products.
  - 1.2. Clearly disclose relevant, important details to assist patients in making informed choices about their health and not omit material facts.
  - 1.3. Ensure that marketing, advertising, and promotional activities do not include false, incomplete, misleading, or deceptive claims or claims that could reasonably be interpreted as misleading or deceptive to the public.
  - 1.4. Limit statements or representations about health services, drugs, devices, or other health products to their scope of practice.
  - 1.5. Ensure that their status as a licensee is not used in connection with statements, representations, or endorsements about any property, investment, or service unrelated to their scope of practice.
  - 1.6. Refrain from creating unreasonable expectations or guarantees about the results of health products or health services.
  - 1.7. Meet the *Regulatory Requirements for Advertising* issued by Health Canada, as applicable.



- 2. *Not make statements about superiority in relation to other healthcare providers, which means to:***
  - 2.1 Ensure they do not make false, misleading, unsubstantiated, or disparaging claims of superiority over other healthcare providers.
  
- 3. *Ensure that health information used in marketing, advertising, and promotions is consistent with current, evidence-informed practice.***
  
- 4. *Uphold ethical communications principles, which means to:***
  - 4.1. Ensure all marketing, advertising, and promotional communications—including those through social media—are respectful, culturally safe, and consistent with the HPOA, the CHCPBC Bylaws, and the Ethics and Practice Standards.
  - 4.2. Ensure marketing, advertising, and promotional communications do not use sensational, aggressive, or fear-based messaging.
  - 4.3. Ensure marketing, advertising, and promotional communications do not include content that may reasonably be perceived as discriminatory, defamatory, harassing, or otherwise harmful.
  - 4.4. Ensure marketing, advertising, and promotional communications do not exploit or otherwise seek to take advantage of a lack of public knowledge.
  
- 5. *Disclose commercial interests in conformance with the Conflict of Interest Standard, which means to:***
  - 5.1. Disclose any financial interest in the health products they promote.
  - 5.2. Endorse health products or health services only if there is credible evidence supporting their efficacy.
  
- 6. *Correct errors, which means to:***
  - 6.1. Regularly review marketing, advertising, and promotional communications to ensure they remain compliant with this Standard.
  - 6.2. Take prompt action to correct any errors in marketing, advertising, or promotional communications.
  
- 7. *Attend to third-party platforms and advertising, which means to:***
  - 7.1. Monitor third-party content that references their health services (e.g., online reviews, directory listings) to ensure accuracy and consistency with this Standard.
  - 7.2. Promptly contact the individual or organization responsible for third-party content that references their health services to request correction or deletion of information that is not consistent with this Standard.



**8. Use professionalism in business solicitation, which means to:**

- 8.1. Ensure they do not engage in advertisement of free health services or other inducements for unnecessary or inappropriate health products or health services.

**Related Standards and Legislation**

Consent

Privacy and Confidentiality



## Privacy and Confidentiality

**The public can expect that licensed healthcare professionals will protect their personal information, including health-related information, with the utmost care, respect, and discretion, and that they will use and share that information only as needed for safe, effective care and only for purposes that are reasonable and authorized under law or with consent.**

This Practice Standard applies to the collection, use, storage, disclosure, and disposal of all personal information in the context of providing health services.

### **A licensee must:**

#### **1. Meet legislative requirements, which include:**

- 1.1. The HPOA, the Regulations, and the CHCPBC Bylaws.
- 1.2. The *Freedom of Information and Protection of Privacy Act*, RSBC 1996, c 165, which regulates the privacy practices of public bodies (and those who provide health services within public bodies).
- 1.3. The *Personal Information Protection Act*, SBC 2003, c 63, which regulates the privacy practices of individuals and organizations in the private sector.

#### **2. Collect, use, store, and disclose information in accordance with legislative requirements, which includes the requirements to:**

- 2.1. Clearly explain how information will be collected, used, stored, and disclosed.
- 2.2. Obtain consent to collect personal information, unless the collection is otherwise authorized or permitted by law, and collect only the information necessary to provide health services or fulfill legal requirements.
- 2.3. Respect Indigenous data sovereignty, consistent with provincial commitments under UNDRIP and OCAP® principles, by being transparent when collecting personal information from self-identifying Indigenous patients. This includes explaining why the information is being collected, how it will be used, who will have access to it, and how Indigenous communities may exercise control over their members' personal information.
- 2.4. Use personal information only for the purposes identified at the time of collection, unless new consent is obtained for a different use or a different use is authorized or required by law.
- 2.5. Disclose personal information only with consent, unless required by law.
- 2.6. Limit disclosure of information to the minimum amount of personal information necessary for the intended purpose.



**3. *Safeguard personal information, which means to:***

- 3.1. Take reasonable administrative, technical, and physical steps to safeguard and protect personal information from unauthorized access, loss, use, or disclosure.

**4. *Maintain privacy, which means to:***

- 4.1. Ensure the personal information of patients is not discussed in public or non-secure settings, including in-person, virtual, or electronic settings.
- 4.2. Take steps to ensure appropriate physical and verbal privacy during examinations and care delivery.

**5. *Respect access and correction rights, which means to:***

- 5.1. Provide or facilitate access to records for the purpose of viewing or correcting information within 30 business days of receiving a request from a patient or authorized individual, in accordance with privacy legislation.

**6. *Maintain confidentiality and privacy after termination of the professional relationship, which means to:***

- 6.1. Continue to uphold and protect the confidentiality and privacy of patient information following the conclusion of the professional relationship.

**7. *Promptly address privacy breaches, which means to:***

- 7.1. Take prompt steps to contain a privacy breach and prevent a reoccurrence.
- 7.2. Report a privacy breach in a manner that complies with of privacy legislation.

## **Related Standards and Legislation**

Consent

Records

[Freedom of Information and Protection of Privacy Act, RSBC 1996, c 165](#)

[Personal Information Protection Act, SBC 2003, c 63](#)



# Professional Boundaries and Prevention of Sexual Misconduct and Abuse

**The public can expect that licensed healthcare professionals will treat them with dignity and respect and never engage in sexual abuse, sexual misconduct, or exploitation. Licensed healthcare professionals must establish and maintain clear, respectful, and culturally sensitive boundaries in all professional interactions; recognize and manage power imbalances and avoid conduct that may impair judgment or cause harm; and uphold boundaries across all contexts of practice, including virtual care, research, and social media.**

This Practice Standard applies to all professional interactions between licensed healthcare professionals and the individuals with whom they engage in a professional capacity.

## **A licensee must:**

### **1. *Maintain appropriate professional boundaries in all professional contexts—including boundaries that are physical, emotional, psychological, sexual, financial, relational, and digital in nature—which means to:***

- 1.1. Observe professional boundaries and demonstrate them consistently.
- 1.2. Maintain appropriate professional boundaries with patients, substitute decision-makers, caregivers, family members and others close to a patient, supervisees, students, and colleagues.
- 1.3. Clearly communicate professional boundaries to patients.
- 1.4. Maintain professional boundaries in a manner consistent with each patient's cultural norms and individual needs.
- 1.5. Accept responsibility for maintaining professional boundaries, regardless of another person's actions, consent, or participation.
- 1.6. Monitor and manage their own personal and professional risk factors, which may increase their risk for boundary violations.
- 1.7. Refrain from excessive self-disclosure, preferential treatment, and social or business interactions that may compromise professional judgment or objectivity.

### **2. *Recognize the power imbalance with patients, which means to:***

- 2.1. Properly manage the inherent power imbalance in the healthcare provider–patient relationship, as well as other relationships in which a licensed healthcare professional has—or may be perceived to have—undue influence or authority over another person.
- 2.2. Never take advantage of their professional role to encourage or engage in sexual abuse or sexual misconduct.



**3. Refrain from sexual misconduct, which means to:**

- 3.1. Refrain from using words, gestures, body language, or physical contact that is—or could be perceived to be—sexualized or intended to manipulate or use the professional relationship to initiate or pursue sexual activity or to leverage emotional closeness for personal gain.
- 3.2. Never engage in sexual intercourse or any other form of physical sexual contact with a patient.<sup>7</sup>
- 3.3. Never provide psychotherapy to a person with whom they have had an intimate or sexual relationship.

**4. Manage high-risk and special situations, which means to:**

- 4.1. Never provide health services to any individual with whom they have an existing intimate or sexual relationship, unless the need for care is urgent and no other healthcare provider is readily available.
- 4.2. Recognize that in Indigenous, close-knit, or resource-limited communities, personal relationships may be unavoidable, making it necessary for a licensee to assess the impact of any personal relationship on their own impartiality and on patient trust, and to provide or continue care only when the benefits to the patient clearly outweigh the risks and appropriate steps have been taken to ensure respectful, unbiased care.

**5. Be aware of restrictions on relationships with former patients, which means to:**

- 5.1. Never have an intimate or sexual relationship with a patient to whom they have provided psychotherapeutic care.
- 5.2. Exercise caution and professional judgment before forming a relationship with a former patient, ensuring that:
  - 5.2.1. Sufficient time has passed since the termination of the professional relationship, such that there is no longer a power imbalance or reliance on the licensee.
  - 5.2.2. The professional relationship could no longer reasonably be expected to influence the former patient's decision making.

**6. Report where required, which means to:**

- 6.1. Report safety risks arising from failure to observe professional boundaries to CHCPBC, as required by the HPOA.

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<sup>7</sup> Under the HPOA, sexual engagement with a spouse does not constitute sexual misconduct, so long as the spouse has consented.



## **Related Standards and Legislation**

Conflict of Interest

[Health Professions and Occupations Act, SBC 2022, c 43](#)



## Professional Performance and Responsibility

**The public can expect that a licensed healthcare professional will recognize and work within the boundaries of their professional role, legal scope of practice, and personal competence; that they will take appropriate steps, such as consulting, referring, or declining to provide care, when patient needs exceed their expertise; that they will make decisions that reflect sound professional judgment and take responsibility for the quality and safety of the care they provide; and that they will take action if their own or a colleague's ability to practise safely is compromised.**

This Practice Standard applies to all licensed healthcare professionals across all areas of practice.

### **A licensee must:**

#### **1. *Practise within the bounds of their scope of practice (and certification, if applicable), which means to:***

- 1.1. Provide only those health services they are authorized and competent to perform under the HPOA, Regulations, and CHCPBC Bylaws.
- 1.2. Perform restricted activities only when authorized to do so under the HPOA, Regulations, and CHCPBC Bylaws, and in conformance with the limits and conditions on that authorization.
- 1.3. Recognize when a patient's healthcare needs exceed the licensee's competence or qualifications and take appropriate steps to ensure the patient receives competent services, such as by making a referral, obtaining additional training, or collaborating with other healthcare providers.
- 1.4. Meet specific practice requirements if they are an optician or optometrist, as set out in the appendices of the Restricted Activities and Certifications Standard.
- 1.5. Maintain objectivity in the provision of health services by basing professional judgments on evidence, best practice, and the needs and preferences of the affected individual(s), rather than on personal beliefs, interests, or relationships.

#### **2. *Monitor capacity to practise, which means to:***

- 2.1. Monitor their own physical, mental, and emotional health to ensure they are able to perform all aspects of their practice competently, safely, ethically, and effectively.
- 2.2. Address circumstances that may impair their professional practice—such as illness, injury, stress, or substance use—by taking action, such as seeking medical assistance or support, taking a leave from practice, and/or adjusting workload.
- 2.3. Refrain from practising when they are unable to do so competently, safely, or ethically.



- 2.4. Take appropriate action to protect patients where there are indicators that another healthcare professional in the workplace may be impaired, unwell, or unable to practise safely.
- 2.5. Report to CHCPBC if they believe that another licensee:
  - 2.5.1. Is not fit to practise, and that their continued practice presents a significant risk of harm to the public.
  - 2.5.2. Has committed an act of sexual misconduct or abuse.
  - 2.5.3. Has committed an act of discrimination.

**3. *Be accountable, which means to:***

- 3.1. Accept responsibility for the health services provided in their practice.
- 3.2. Ensure they comply with the licensure and other regulatory requirements of the jurisdiction in which a patient is located, including when providing health services to a patient in another Canadian jurisdiction.
- 3.3. Provide results of assessments and reports within a reasonable time.

**4. *Ensure professionalism in financial and commercial practices, which means to:***

- 4.1. Charge clear and reasonable fees for services and reports.
- 4.2. Charge fair market value for products.
- 4.3. Ensure, when selling products, that:
  - 4.3.1. The products meet reasonable standards of quality and efficacy.
  - 4.3.2. Available alternatives and comparable options are disclosed to support informed decision making.
  - 4.3.3. Patients are told they have no obligation to purchase recommended products or services.

**5. *Ensure honest, reliable, and transparent billing practices, which means to:***

- 5.1. Maintain accurate and complete billing records for the health products and health services they provide.
- 5.2. Ensure there is no mischaracterization of the nature of health products or health services on invoices or receipts.
- 5.3. Ensure that they only bill for health services they have delivered under their own name and licence number, and take reasonable steps to prevent others from using their licence number for billing purposes.
- 5.4. Promptly correct any billing errors in a transparent manner.



## **Related Standards and Legislation**

*[Health Professions and Occupations Act, SBC 2022, c 43](#)*



## Records

**The public can expect that licensed healthcare professionals will secure and maintain complete, accurate, and timely records in a way that supports safe, ethical, and effective care and service, protects privacy, and meets legal and professional obligations. The public are entitled to access their records.**

This Practice Standard applies to all records created, collected, maintained, accessed, used, and disclosed in the provision of health services or the completion of other professional activities. It applies to written, electronic, audio, visual, and other forms of records related to patients or individuals being assessed, services, communications, and professional decisions. It applies in all practice contexts, including clinical care, assessments, consultations, supervision, and administration.

### **A licensee must:**

#### **1. *Create complete and accurate records, which means to:***

- 1.1. Create and maintain a record for each patient or individual being assessed containing and documenting:
  - 1.1.1. The licensee's identity and professional designation.
  - 1.1.2. Only the personal and demographic information required to provide the health services.
  - 1.1.3. Sufficient information to clearly explain why the patient or individual is being assessed and what the licensee learned from the patient's relevant interview, history, and/or physical examination.
  - 1.1.4. Patient consent to proceed with the collection of information and the provision of health services.
  - 1.1.5. Investigations, evaluations, interventions, assessments, and re-assessments the licensee conducted or ordered, and their findings, results, data, or reports.
  - 1.1.6. The assessment and, where applicable, the diagnosis or provisional diagnosis.
  - 1.1.7. The specifics of any treatment, education, recommendations, medication, goals, monitoring, or follow-up plan.
  - 1.1.8. Patient outcomes and responses to treatment.
  - 1.1.9. Changes to the care plan and the discharge plan, where known.
  - 1.1.10. The assignment or transfer of care.
  - 1.1.11. Communications with other healthcare providers.
  - 1.1.12. Critical thinking and decision making where deviating from expected standards.



- 1.1.13. The date on which service was provided, the type of service, the amount charged, and the method and date of payment, if appropriate to the setting.
  - 1.2 Identify themselves in each entry they make in the patient record, if more than one healthcare provider is contributing to the patient record.
  - 1.3 Make any necessary amendment to the patient record in a transparent manner, without obscuring the original entry, by adding a notation of the amendment and the date the amendment was made or by having an audit trail that records who made the change, what was changed, and when the change was made.
- 2. *Ensure the timeliness and accuracy of record keeping, which means to:***
- 2.1. Ensure that each record has a unique identifier.
  - 2.2. Complete records contemporaneously or promptly after service delivery.
  - 2.3. Record the date and, where appropriate, the time of each entry in the record.
- 3. *Ensure clarity and legibility, which means to:***
- 3.1. Ensure records are legible, clear, and accessible, regardless of format.
    - 3.1.1. Define abbreviations or use standardized abbreviations where applicable to the practice setting and profession.
- 4. *Use accessible language, which means to:***
- 4.1. Use clear, respectful language that balances patient understanding with appropriate professional and clinical terminology.
  - 4.2. Make a certified translation available to the patient, others involved in the patient's care, the third party that contracted the licensee to provide the service, or CHCPBC, upon request and at no cost to the patient, if the patient records are completed in a language other than English or French.
- 5. *Enable patients to access and/or identify corrections to their records, which means to:***
- 5.1. Upon request, provide the patient or other authorized person with access to and/or a copy of the patient record within 30 business days, unless:
    - 5.1.1. Access poses a significant likelihood of physical, mental, or emotional harm to the patient or a third party.
    - 5.1.2. The patient is a minor and the state of their physical, mental, and/or emotional development would not enable them to understand the record contents.
    - 5.1.3. The disclosure could reasonably be expected to disclose personal information about another person.



- 5.1.4. The disclosure would jeopardize the security and integrity of test materials, test data, or scoring keys used by psychologists.
  - 5.2. Charge clear and reasonable fees for copies of records and reports.
  - 5.3. Clearly document and date any change requested by a patient or authorized person, noting the particulars of the correction sought if the licensee disagrees with the need for correction.
- 6. *Appropriately retain and dispose of records, which means to:***
- 6.1. Maintain a complete patient record or ensure that a system is in place to maintain a complete patient record for at least 16 years from the date of the last encounter with the patient, or 16 years from the date the patient reaches the age of majority—whichever date is later.
  - 6.2. Ensure that patient records are disposed of securely, in a manner that maintains confidentiality, after the retention period in s. 6.1 expires.
- 7. *Protect records in the event of discontinuing practice, which means to:***
- 7.1. Ensure that there is a system in place to meet the requirements of this Standard where the licensee works in a practice environment in which the records are in the custody and control of an employer, institution, public body, or other organization.
  - 7.2. Make a succession plan for record retention that will ensure ongoing compliance with the Ethics and Practice Standards and legislation in the event the licensee discontinues practice, moves to a different jurisdiction, or becomes incapable of practice.
  - 7.3. Transfer custody and control of records to another regulated healthcare professional or to a health organization or records management service if the licensee or former licensee is no longer able to retain the records and respond to access requests after discontinuing practice or moving to a different jurisdiction.
  - 7.4. Provide current patients with advance written notice, to the extent possible, prior to discontinuing practice or moving to a different jurisdiction, including explanation of how patients can continue to access their records.
  - 7.5. Make reasonable efforts to ensure information is available to all current and former patients about how they can obtain or continue to access their records.
  - 7.6. If records are relocated, notify CHCPBC of their new location within 30 business days.
- 8. *Ensure the accuracy of shared and collaborative records, which means to:***
- 8.1. Take reasonable steps to address any error or omission identified in a record, including contacting the individual responsible for the entry and seeking correction or clarification where feasible.



**9. *Protect records when using third-party storage services, which means to:***

- 9.1. Ensure any storage service used complies with all privacy, security, access, and retention requirements under privacy legislation and the Ethics and Practice Standards.

**Related Standards and Legislation**

Consent

Privacy and Confidentiality



## Restricted Activities and Certifications

**The public can expect that licensed healthcare professionals have the authority and competence to perform all health services they provide and that those who perform activities identified as restricted activities are authorized and competent to perform them.**

This Practice Standard applies to all licensed healthcare professionals performing activities described under the [Schedule of Restricted Activities](#) in the Regulated Health Practitioners Regulation.

### A licensee must:

1. *Practise within the bounds of their scope of practice and authority, which means to:*
  - 1.1. Provide only those health services they are authorized and competent to perform under the HPOA, Regulations, and CHCPBC Bylaws.
2. *Be authorized under the [Health and Care Professionals Regulation \(HCPR\)](#) to perform the restricted activities as follows:*
  - 2.1. A full restricted activity; or
  - 2.2. A limited restricted activity set out in the Health and Care Professionals Regulation; or
  - 2.3. A restricted activity, if certified, as set out in the Health and Care Professionals Regulation

### Restricted activities that may be performed by licensees:

Item	Restricted activity	Authorized licensee <i>Where limitations are indicated, see the HCPR for details</i>
1	Make a diagnosis	audiologist (limited); optometrist (limited); physical therapist (limited); psychologist (limited); speech-language pathologist (limited)
2	Perform a procedure on tissue below the dermis	occupational therapist (limited; certification required); optometrist (limited); physical therapist (limited; certification required for dry needling)
3	Perform a procedure on tissue below the surface of a mucous membrane	optometrist (limited)
4	Perform a procedure on tissue in or below the surface of the cornea	optometrist (limited)
9	Reduce a dislocation of a joint	physical therapist (limited; certification required)
10	Move a joint of the spine beyond voluntary limits using a high-velocity, low-amplitude thrust	physical therapist (full)



12	Administer by inhalation a substance or Schedule III drug	occupational therapist (limited); physical therapist (limited); speech-language pathologist (limited)
14	Administer by irrigation a substance or Schedule III drug	optometrist (limited)
18	Insert an instrument, device, hand or finger into the external ear canal	audiologist (limited; certification required for cerumen management); hearing instrument practitioner (limited; certification required for cerumen management); speech-language pathologist (limited)
19	Insert an instrument, device, hand or finger beyond the nasal narrowing	dietitian (limited; certification required); occupational therapist (limited; certification required); physical therapist (limited); speech-language pathologist (limited; certification required)
20	Insert an instrument, device, hand or finger beyond the pharynx	dietitian (limited; certification required); occupational therapist (limited; certification required); physical therapist (limited); speech-language pathologist (limited; certification required)
22	Insert an instrument, device, hand or finger beyond the labia majora	physical therapist (limited; certification required)
23	Insert an instrument, device, hand or finger beyond the anal verge	physical therapist (limited; certification required)
24	Insert an instrument, device, hand or finger into an artificial opening into the body	dietitian (limited; certification required); occupational therapist (limited; certification required); physical therapist (limited); speech-language pathologist (limited; certification required)
25	Insert a substance under pressure into the external ear canal	audiologist (limited; certification required for cerumen management or assessment of the function of the vestibular system); hearing instrument practitioner (limited; certification required for cerumen management); speech-language pathologist (limited)
26	Insert a substance that subsequently solidifies into the external ear canal	audiologist (full); hearing instrument practitioner (limited)
28	Apply ultrasound for diagnostic or imaging purposes	optometrist (limited)
46	Prescribe a Schedule I, IA or II drug	optometrist (limited)
48	Dispense a Schedule I, IA or II drug	optometrist (limited)
49	Administer a Schedule I, IA or II drug	optometrist (limited); speech-language pathologist (limited; certification required)
50	Design a therapeutic diet	dietitian (full)
51	Compound a therapeutic diet administered enterally or parenterally	dietitian (limited)
52	Dispense a therapeutic diet	dietitian (limited)



53	Administer a therapeutic diet by enteral or parenteral instillation	dietitian (limited)
57	Prescribe a wearable hearing instrument	audiologist (full); hearing instrument practitioner (limited; certification required if patient under 19 years)
58	Dispense a wearable hearing instrument	hearing instrument practitioner (limited; certification required if patient under 19 years)
59	Fit a wearable hearing instrument	audiologist (full); hearing instrument practitioner (limited; certification required if patient under 19 years)
60	Prescribe a vision appliance	optometrist (full) <sup>†</sup>
61	Prepare a dispensing authority	optician (limited; certification required)*
62	Dispense a corrective eyeglass lens	optician (limited); optometrist (full)
63	Dispense a contact lens	optician (limited); optometrist (full)
64	Fit a contact lens	optician (full)*; optometrist (full) <sup>†</sup>

\* See also Restricted Activities and Certifications Standard: Appendix A (Optician – Preparing dispensing authorities and fitting contact lenses)

<sup>†</sup> See also Restricted Activities and Certifications Standard: Appendix B (Optometrist – Prescribing vision appliances and fitting contact lenses)

**3. Meet the requirements of the Professional Performance and Responsibility and Supervision Standards in performance or supervision of restricted activities.**

**Related Standards and Legislation**

Professional Performance and Responsibility

[Health and Care Professionals Regulation](#)

[Regulated Health Practitioners Regulation](#)



## Appendix A: Optician – Preparing dispensing authorities and fitting contact lenses

**The public can expect that opticians who prepare written or electronic authorization that permits the ordering, fitting, and dispensing of personalized vision appliances are specifically authorized and competent to do so. A member of the public can also expect to receive a copy of their vision appliance record or prescription free of charge.**

This appendix applies to all opticians preparing dispensing authorities or fitting contact lenses. It must be read in conjunction with the Ethics and Practice Standards, all of which apply.

### 1. *Preparing a dispensing authority*

#### **An optician must:**

- 1.1. Be certified by CHCPBC to perform this activity.
- 1.2. Prior to conducting an automated refraction, explain—and document any discussion related to—the nature, purpose, intended benefits, limitations, risks, and alternatives to automated refraction, including:
  - 1.2.1. That automated refraction is not an eye health examination and is distinct from an eye health examination conducted by an appropriately qualified healthcare professional.
  - 1.2.2. That automated refraction is not permitted for any patient who:
    - 1.2.2.1. Is under 19 years of age, is 65 or older, or has not had an eye health examination since turning 19 or 40.
    - 1.2.2.2. Has a history of:
      - 1.2.2.2.1. Glaucoma, retinal detachment, macular degeneration, or diplopia.
      - 1.2.2.2.2. An ocular motility disorder or binocular vision dysfunction.
      - 1.2.2.2.3. Total refractive error exceeding  $\pm 6.00$  dioptres in either eye.
      - 1.2.2.2.4. Total change in refractive power of more than  $\pm 1.00$  dioptre in 6 months, or more than  $\pm 2.00$  dioptres since their most recent prescription or dispensing authority.
      - 1.2.2.2.5. Diabetes or hypertension.
      - 1.2.2.2.6. Head or brain injury within the past 12 months, or ongoing symptoms such as headache, dizziness, blurred vision, loss of consciousness, or cognitive impairment that may affect visual function.
      - 1.2.2.2.7. Eye injury or pain within the preceding 3 months.
    - 1.2.2.3. Remains dissatisfied with best corrected vision after two automated refractions performed within the same session.



- 1.2.3. The importance of periodic eye health examinations.
- 1.3. If a patient is ineligible for automated refraction under 1.2.2:
  - 1.3.1. Recommend an eye health examination by an appropriately qualified healthcare professional.
  - 1.3.2. Not perform the automated refraction or prepare a dispensing authority unless an appropriately qualified healthcare professional requests preparation of a dispensing authority through automated refraction and this request has been documented in the patient record.
- 1.4. Not charge a fee where automated refraction fails to produce usable information or cannot be performed for reasons set out above.
- 1.5. Ensure any dispensing authority produced includes the patient's full name, the date of the automated refraction, and the optician's name, address, license number, and signature.
- 1.6. Retain a copy of the dispensing authority in the patient record, in accordance with the Records Standard.

## **2. *Fitting contact lenses***

### **An optician must:**

- 2.1. Meet the licensure requirements to perform this activity.

## **3. *Vision appliance records***

### **An optician must:**

- 3.1. Provide the patient with a legible copy of the vision appliance record (including a contact lens record, dispensing authority, and/or prescription for a corrective eyeglass lens) free of charge.



## **Appendix B: Optometrist – Prescribing vision appliances and fitting contact lenses**

**The public can expect that optometrists who prescribe vision appliances and/or fit contact lenses are authorized and competent to do so. A member of the public can also expect to receive a copy of their vision appliance record or prescription free of charge.**

This appendix applies to all optometrists prescribing vision appliances or fitting contact lenses. It must be read in conjunction with the Ethics and Practice Standards, all of which apply.

### **1. *Prescribing vision appliances***

#### **An optometrist must:**

- 1.1. Not state or imply that only an optometrist, qualified medical practitioner, or person acting under delegation or supervision is authorized or qualified to dispense eyeglass lenses and/or contact lenses.
- 1.2. Inform the patient that unless a specific contraindication to contact lens wear is identified:
  - 1.2.1. Contact lenses may be fitted and dispensed using information contained in a prescription for a corrective eyeglass lens.
  - 1.2.2. Contact lenses may be fitted by optometrists, qualified medical practitioners (and those to whom they have appropriately delegated this health service), and contact lens fitters (i.e., opticians).

### **2. *Vision appliance records***

#### **An optometrist must:**

- 2.1. Provide the patient with a legible copy of the vision appliance record (including a contact lens record, dispensing authority, and/or prescription for a corrective eyeglass lens) free of charge.



## Risk Management and Safety

**The public can expect licensed healthcare professionals to maintain practice environments that are physically, psychologically, and culturally safe.**

This Practice Standard applies to all licensed healthcare professionals in all practice settings. Every licensed healthcare professional is expected to accept responsibility for risk management and safety in their practice, as appropriate for their position and practice setting.

### **A licensee must:**

- 1. *Manage unavoidable resource limitations in a manner that prioritizes safety and minimizes harm, and refrain from delivering health services where inadequate resources compromise safety or the standard of care.***
  
- 2. *Promote infection prevention and control, which means to:***
  - 2.1. Meet current infection prevention and control practices stipulated by the BC Centre for Disease Control.
  - 2.2. Meet any other public health infection control requirements.
  
- 3. *Maintain a safe physical environment, which means to:***
  - 3.1. Keep professional work areas over which the licensee has control clean and free from hazards, in accordance with WorkSafeBC requirements.
  - 3.2. Promptly remediate hazards such as spills, clutter, expired supplies, or malfunctioning equipment and take appropriate steps to prevent recurrence.
  - 3.3. Securely store items that, if stolen or accessed, could pose a risk to patients or others.
  
- 4. *Promote cultural and psychological safety, which means to:***
  - 4.1. Take reasonable steps to create and foster a culturally safe, inclusive, and accessible environment for patients up to the point that would subject the licensee to undue hardship, recognizing that certain circumstances are out of a licensee's control.
  - 4.2. Take appropriate actions to address harm when witnessing disrespectful, discriminatory, racist, or harassing behaviour, whether directed at patients, their substitute decision-makers or families, staff, or colleagues.
  - 4.3. Report discriminatory behaviour to CHCPBC as required under the HPOA.



**5. *Ensure equipment and resource availability, which means to:***

5.1. If the licensee has control over or responsibility for equipment and/or resources:

5.1.1. Ensure that the equipment, supplies, and safety devices necessary and appropriate for the services provided are available and meet applicable safety standards.

5.1.2. Address defective, expired, or missing items immediately.

5.2. If the licensee does not have control over or responsibility for equipment and/or resources:

5.2.1. Report concerns about availability and safety to the individual responsible or in accordance with workplace protocols.

**6. *Maintain equipment and supplies that fall within the licensee's control, which means to:***

6.1. Regularly ensure that equipment used in the delivery of health services has been inspected and maintained in accordance with manufacturer guidelines and applicable regulations, and document the inspection and maintenance activities.

6.2. Promptly remove defective, expired, or unsafe equipment and supplies from use in their practice.

**7. *Engage in training and preparedness, which means to:***

7.1. Regularly complete training appropriate to the practice setting, considering infection control, equipment use and maintenance, emergency procedures, anti-racism and anti-discrimination, and workplace safety.

7.2. Ensure availability of up-to-date documentation to support safe, ethical, and effective care, as appropriate to the practice setting, including:

7.2.1. Policies and procedures related to infection prevention and control, equipment maintenance, and emergency preparedness.

**8. *Respond to emerging risks, which means to:***

8.1. Monitor for emerging safety risks, including public health concerns, environmental hazards, and changes in patient conditions that could affect safety.

8.2. Adapt infection control, equipment use, and environmental safety measures in response to evolving safety risks.

**9. *Document and report safety measures, which means to:***

9.1. Promptly address, document, and report actual and potential safety risks and errors.



9.2. Participate in quality improvement activities and efforts applicable to the practice setting to prevent the recurrence of identified safety issues.

**10. Report serious safety concerns, which means to:**

10.1. Report dangerous practice, incompetence, or concerns about another licensed healthcare professional's ability to safely practise to CHCPBC, as required under the HPOA.

**Related Standards and Legislation**

[Health Professions and Occupations Act, SBC 2022, c 43](#)



## Supervision

**The public can expect that licensed healthcare professionals will take responsibility for the actions of those they supervise, that they will delegate or assign services only when it is safe and appropriate to do so based on an assessment of the patient’s needs and the competence of the supervisee, and that they will act promptly if there are concerns about safety, quality, or ethical conduct.**

This Practice Standard applies to all licensed healthcare professionals when they act as supervisors, regardless of practice setting.

### **A licensee must:**

- 1. *Delegate only when authorized to do so under the CHCPBC Bylaws, which means to:***
  - 1.1. Meet the delegation requirements in the HPOA, Regulations, and CHCPBC Bylaws.
  - 1.2. Meet all supervision and documentation requirements.
  
- 2. *Delegate or assign activities appropriately, which means to:***
  - 2.1. Ensure that the delegation or assignment of an activity is safe and appropriate, and that the activity is within the supervisee’s competence and will be performed in accordance with the requirements of the Ethics and Practice Standards.
  - 2.2. Ensure that the delegation or assignment of an activity is consistent with the patient’s interests based on all circumstances.
  - 2.3. Only delegate or assign activities the licensee is qualified and competent to perform themselves.
  - 2.4. Provide clear and appropriate instructions, expectations, and necessary support before performance of the delegated or assigned activity begins.
  
- 3. *Supervise appropriately, which means to:***
  - 3.1. Use appropriate supervision strategies, proportionate to the risk associated with the delegated or assigned activity, as well as to the patient’s needs and the supervisee’s abilities and role.
  - 3.2. Maintain appropriate oversight to ensure that the activity delegated or assigned is provided in a safe, effective, and ethical manner, in compliance with all requirements under the HPOA, CHCPBC Bylaws, and Ethics and Practice Standards.
  - 3.3. Intervene and/or re-delegate or reassign the activity if safety or quality of care may be compromised.
  - 3.4. Be available to provide their supervisee with guidance and assistance and to intervene in the patient’s care to ensure their safety as required.



**4. *Retain accountability, which means to:***

- 4.1. Recognize that they are accountable and responsible for the delivery of any health services delegated or assigned to another healthcare provider, as well as for the overall care of the patient.
- 4.2. Revoke the delegation or assignment if there is reason to believe that the supervisee is incapable or unwilling to perform the activity safely and in accordance with the HPOA, the Regulations, and the CHCPBC Bylaws.

**5. *Document appropriately, which means to:***

- 5.1. Ensure that delegation or assignment decisions—including to whom the delegation or assignment was made, instructions provided, supervisory actions taken, and any issues or incidents arising from the delegated or assigned activities—are appropriately documented.

**6. *When delegating restricted activities to a student as part of a recognized education program:***

- 6.1. Delegate in accordance with any limits or conditions established by the education program.
- 6.2. Ensure that supervision complies with any guidelines established by the education program.
- 6.3. Ensure that the student is covered by liability insurance or professional liability protection as required in the bylaw.
- 6.4. Ensure that the delegated activity is carried out on either the premises on which the education program is taking place or other premises that the student is attending for the purposes of the education program.

## **Related Standards and Legislation**

Restricted Activities and Certifications



# Glossary

## *Accountable*

“Accountable” means being responsible and answerable for one’s professional conduct, including off-duty conduct that has a sufficient connection to the profession.

## *Assignment*

“Assignment,” in relation to the provision of health services, means the designation of another person to perform a healthcare-related activity that is not a “restricted activity” as defined by the HPOA or the CHCPBC Bylaws.

## *Concurrent care*

“Concurrent care” refers to the circumstance in which two or more healthcare professionals from the same or different regulated health professions are actively involved in providing health services to a patient at the same time or over the same period, either independently or collaboratively.

## *Conflict of interest*

“Conflict of interest” refers to the circumstance in which a healthcare professional’s duty to act in the interests of their patient, an individual, or the public may be—or may be perceived to be—affected or influenced by competing interests. Conflicts of interest can be real, potential, or perceived and may arise in a variety of circumstances, including financial, non-financial, direct, and indirect transactions with patients and others.

## *Consent*

“Consent” means a voluntary, informed, and capable person’s agreement to receive a specific health service. Consent is valid only when:

- The person is capable of making the decision;
- The person receives the information that a reasonable person would require about the nature, purpose, benefits, risks, and alternatives to the proposed service;
- The person is given an opportunity to ask questions and receive answers;
- The decision is voluntary, not obtained through coercion, fraud, or misrepresentation; and
- The consent relates to the specific health service proposed.

Consent may be expressed orally or in writing, or inferred from the person’s conduct, and may be withdrawn at any time.



### *Credible research*

“Credible research” means research that is:

- Peer-reviewed or otherwise validated through recognized scholarly or professional processes.
- Produced by reputable sources, such as academic institutions, government bodies, or professional organizations.
- Methodologically sound in terms of the research design, data collection, and analysis meeting accepted standards.
- Transparent and reliable, with findings that can be verified, replicated, or supported by a body of evidence.
- Relevant to the context of practice, ensuring applicability to the populations, settings, and issues a licensee encounters.

### *Delegate*

“Delegate” means to authorize the performance of a restricted activity, where the authorization is given by a licensee in the course of practising a designated health profession to a person who is not authorized to practise the designated health profession in compliance with the requirements of s. 74 of the HPOA and the CHCPBC Bylaws.

### *Evidence*

“Evidence” means reliable and relevant information used to inform professional judgment or decision making. This may include research findings, clinical or professional experience, practice data, expert consensus, or Indigenous or community knowledge systems recognized within their cultural context.

### *Evidence-based*

“Evidence-based” means supported by credible research and/or Indigenous ways of knowing—such as oral histories, teachings, or storytelling—which are recognized and validated within their cultural context.

### *Evidence-informed*

“Evidence-informed” means recognizing that evidence is one of several key inputs to professional judgment and decision making, balanced with contextual factors (such as ethics, values, or the needs of the patient or individual being assessed) to guide the final decision.



### *Evidence-led*

“Evidence-led” means dominated by evidence, unless there are strong contextual or ethical reasons to the contrary.

### *Healthcare team*

“Healthcare team” means a group of healthcare providers from the same and/or different disciplines who work collaboratively to provide health services to a patient. Team members may include regulated healthcare professionals, unregulated care providers, support staff, and others involved in the planning, delivery, coordination, or evaluation of health services, including the patient, their family, or community representatives.

### *Health service*

“Health service” means any service or activity provided by a licensee in relation to healthcare, including collecting information; assessing, diagnosing, preventing, monitoring, treating, or managing a person’s health or health-related condition; or providing health-related information to an individual or the public, whether or not treatment is provided.

### *Indigenous-specific racism*

“Indigenous-specific racism” means the unique nature of stereotyping, bias, and prejudice about Indigenous peoples in Canada that is rooted in the history of settler colonialism. It is the ongoing race-based discrimination, negative stereotyping, and injustice experienced by Indigenous peoples in Canada that perpetuates power imbalances, systemic discrimination, and inequitable outcomes stemming from the colonial policies and practices.<sup>8</sup>

### *Individual being assessed*

“Individual being assessed” means an individual who is the subject of an evaluation, examination, or report prepared by a licensee for a third party (such as an employer, insurer, court, or agency).

### *Limited restricted activity*

“Limited restricted activity” means a restricted activity that a licensee may perform subject to specific conditions, limitations, or scopes set out for the licensee’s profession in the Regulation.

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<sup>8</sup> Turpel-Lafond, M.E. (2021). In plain sight: addressing Indigenous-specific racism and discrimination in B.C. health care. Queen’s Printer: Victoria, BC. pg. 5.



### *Marketing, advertising, and/or promotion*

“Marketing, advertising, and/or promotion” means any communication made orally, in print, through electronic media, via the internet, or in any other medium, by or on behalf of a licensee to the public, that is designed in whole or in part to promote the licensee's professional health services and/or products or the practice setting in which they practise or with which they are associated.

### *Patient*

“Patient” means a person to whom health services are provided. Throughout the Ethics and Practice Standards, “patient” includes substitute decision-makers, parents, and guardians where applicable.

### *Person-led care*

“Person-led care” means an approach to healthcare that prioritizes the needs, values, preferences, knowledge, life experience, and autonomy of patients receiving care to ensure a respectful and collaborative professional relationship. Person-led care: (a) facilitates informed decision making; (b) recognizes the patient as an active partner in decisions concerning their care; and (c) takes into account the patient’s social, cultural, and emotional context to ensure care is responsive, equitable, and tailored to their needs.

### *Personal information*

“Personal information” means recorded information about an identifiable individual other than business contact information.

### *Power imbalance*

“Power imbalance” refers to the dynamic that exists by virtue of the authority and influence that a healthcare professional holds in relation to a patient or individual being assessed due to their role and subject matter knowledge, which places the patient or individual being assessed in a vulnerable position.

### *Professional boundaries*

“Professional boundaries” means the legal and ethical limits that define and protect the professional relationship between a healthcare professional and a patient or individual being assessed. These boundaries ensure the professional relationship remains safe, therapeutic, and focused on the needs or the patient or the interests of the individual being assessed, with the necessary level of psychological and social distance to preserve the healthcare provider’s objectivity and prevent exploitation of the power imbalance, rather than devolving into a personal relationship.



### *Professional relationship*

“Professional relationship” means the relationship that arises when a licensee, acting in their professional or practice-related capacity, provides or undertakes to provide services, advice, assessment, care, treatment, education, supervision, consultation, or other professional activities to or for an individual, a client, a patient, a family, a group, an organization, or the public.

### *Psychological safety*

“Psychological safety” refers to circumstances in which patients and other individuals feel safe to express their ideas and authentic selves, ask questions, raise concerns, report mistakes, and acknowledge limitations without fear of adverse consequences such as criticism, humiliation, punishment, or retaliation. Psychological safety includes cultural and identity safety and supports open communication, mutual respect, continuous learning, and shared accountability. It requires healthcare professionals to actively address power imbalances, bias, and systemic barriers so that all voices—especially those from Indigenous communities and other equity-denied groups—are heard, respected, and valued.

### *Psychotherapeutic care*

“Psychotherapeutic care” means structured care intended to support mental, emotional, or behavioural health, including counselling, psychotherapy, and other talk-based interventions that involve a sustained, trust-based relationship focused on exploring and addressing psychological concerns.

### *Recognized Education Program*

“Recognized Education Program” means a program recognized in Schedule 5 of the CHCPBC Bylaws.

### *Record*

“Record” includes patient information, books, documents, drawings, photographs, letters, vouchers, papers, and any other thing on which information is recorded or stored by graphic, electronic, mechanical, or other means, but does not include a computer program or any other mechanism that produces records.

### *Restricted activity*

“Restricted activity” means an activity that is performed in the course of providing a health service and is prescribed by the Minister as a restricted activity.



### *Social media*

“Social media” means online platforms and digital tools that enable individuals and/or organizations to create, share, and engage with content and to interact with others in public or semi-public virtual environments.

### *Substitute decision-maker*

“Substitute decision-maker” means a person who is legally authorized to make healthcare decisions on behalf of an adult who is incapable of giving or refusing consent, in accordance with British Columbia law. A substitute decision-maker may include, as applicable:

- A representative appointed under a representation agreement pursuant to the *Representation Agreement Act*.
- A committee of the person appointed by the court under the *Patients Property Act*.
- A temporary substitute decision-maker selected in accordance with the *Health Care (Consent) and Care Facility (Admission) Act*.

### *Supervise*

“Supervise” means to oversee the practice of another individual to ensure that health services are delivered safely, ethically, and in accordance with professional standards while retaining responsibility for the actions of the individual being supervised and the delivery of those health services. The supervision may occur in the context of a formal delegation or assignment.

### *Supervisee*

“Supervisee” means an individual working under the supervision of a licensed and authorized healthcare professional. This may include support personnel, students, interns, or individuals required to engage in supervised practice.

### *Testimonial*

“Testimonial” means a statement, endorsement, or review (whether verbal, written, or recorded) by a patient or other individual that addresses their experience with a healthcare professional and/or their services or products.

### *Third party*

“Third party” means an individual or organization other than the patient or the licensee who is involved in or affected by the provision of health or related services. Third parties may include employers, insurers, educators, regulators, service providers, or other persons or entities.