BY-LAWS of the

INTERNATIONAL COLLEGE OF PERSON-CENTERED MEDICINE
(Formerly International Network for Person-centered Medicine)

Approved by the General Assembly in Geneva, Switzerland, on May 2, 2011

I - Institutional Identity, Legal Status, and Mission

1.- The International College of Person-centered Medicine (ICPCM) is a non-for-profit educational, research, and advocacy organization aimed at developing opportunities for a fundamental re-examination of medicine and health care to refocus the field on genuinely person-centered care.

The International College of Person-centered Medicine (ICPCM) is the new name adopted in 2011 for the International Network for Person-centered Medicine (INPCM) established in New York in 2009. The ICPCM is registered in the State of New York and functions in compliance with the New York State Civil Law. Its Secretariat is located at the International Center for Mental Health, Mount Sinai School of Medicine, New York University, Fifth Avenue and 100th St., Box 1093, New York, New York 10029, USA. E-mail: <ICPCMsecretariat@aol.com>, Website: www.personcenteredmedicine.org

2.- Person-centered medicine is dedicated to the promotion of health as a state of physical, mental, social and spiritual wellbeing as well as to the reduction of disease, and founded on mutual respect for the dignity and responsibility of each individual person.

The purposes of the ICPCM may be further summarized as promoting a medicine *of* the person (of the totality of the person's health, including its ill and positive aspects), *for* the person (promoting the fulfillment of the person’s life project), *by* the person (with clinicians extending themselves as full human beings with high ethical aspirations), and *with* the person (working respectfully, in collaboration, and in an empowering manner).

3.- The basic thrust of Person-centered Clinical Care is to place the person in context at the center of health care. It involves shifting the focus of the field from disease to patient to person.

The conceptual bases of Person-centered Care include the following:

a) Broad bio-psycho-socio-cultural-spiritual theoretical framework,

b) Attention to positive-health and ill-health as components of a broad concept of health.

c) Enhancement of person centered communication, diagnosis, treatment, prevention and promotion of health,

d) Respect for the autonomy, responsibility and dignity of every person involved,

e) Promotion of person-centered relationships and partnerships at all levels, and

f) Articulation of person-centered clinical medicine and people-centered public health.

II - Institutional Activities

4.- The work of the International College of Person-centered Medicine includes:

a) Organization of conferences and other scientific meetings promoting person-centered care in medicine at large and in its various specialties and related health fields. Illustratively, a series of annual Conferences on Person-centered Medicine are being organized in Geneva.

b) Preparation of person-centered clinical practice guidelines relevant to diagnosis, treatment, prevention, rehabilitation and health promotion.

c) Preparation of educational programs, including curricula, aimed at the training of health professionals on person-centered care.

d) Conduction of studies and research projects to explore, validate, and extend person-centered care concepts and procedures.

e) Preparation of publications to disseminate and advance the principles and practice of person-centered medicine, including the *International Journal of Person Centered Medicine.*

f) Development of advocacy forums and activities to extend and strengthen person-centered medicine with the participation of health professionals, patients and families, as well as members of the community at large.

g) Establishment of an internet platform to support archival, informational, communicational, and programmatic efforts on Person-centered Medicine.

III - Institutional Structure, Governance, and Support

5.- The constitutional membership of the ICPCM include: Medical and health organizations and individuals participating actively in relevant programmatic activities, such as person-centered medicine conferences and publications. ICPCM membership is attained by completing application procedures and obtaining approval from the ICPCM Board. Organizational and individual members will not incur legal liability

The ICPCM is fundamentally constituted for the promotion of person-centered medicine rather than for representing associated health professionals or other groups. Therefore, equally important in the ICPCM General Assembly are its set of member organizations and its set of committed individual members.

6. - The highest governing body of the ICPCM is the General Assembly.

7.- The functions of the ICPCM General Assembly are:

a) Determining the policies of the ICPCM,

b) Receiving the report of the ICPCM Board concerning the work of the ICPCM,

c) Electing on scheduled occasions the leaders of the ICPCM,

d) Deciding on changes of the institutional normative instruments.

8.- For voting at the General Assembly, the ICPCM member organizations will equally share 50% of the votes and the ICPCM individual members will equally share the other 50% of the votes. Voting will be exercised by members present at the General Assembly; there will be no voting by proxy.

9.- The ICPCM is governed in between General Assemblies by a Board of five to eight persons with a strong track record of work on person-centered medicine and committed to the promotion of the fundamental purposes of the organization.

10.- The ICPCM Board draws up the agenda to be placed before the ICPCM General Assembly and is responsible to implement the decisions of the ICPCM General Assembly.

11.- The inaugural composition of the ICPCM Board for the 2011-2013 period will be that of the former INPCM with a limited expansion to include 2-3 representatives of non-medical health professionals and patients. This expanded Board will be responsible for the consolidation of the ICPCM, reporting on institutional work at the 2012 General Assembly and subsequent ones, and preparing elections at the General Assembly in 2013 and every other year afterwards.

12.- The elective positions to be announced for and filled at the 2013 General Assembly (GA) and every two years at corresponding GAs follow: 1) Board Chair or President (for 2 years, not immediately re-electable), 2) Board Directors (with specific functions such as Education and Publications, or at large)(for 2 years, reelectable once), and 3) CEO/Secretary General (6 years, re-electable).

13.- An ICPCM Advisory Council will be established composed of representatives of major collaborating organizations, leaders of formal ICPCM programs, and eminent experts invited by the Board.

14.- Support for the ICPCM and its activities come from academic institutions, professional societies, governmental organizations, foundations, conference registration fees, and publications. Support from industry sources may be accepted provided it is transparent and unrestricted. Organizational and individual members do not presently pay membership dues.