



NOVA SCOTIA
Regulator of
Dietetics

Professional Conduct Policies

Approved: November 2025

Policies

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SUBJECT	Professional Conduct Process		
Approved by the Board of Directors	Effective 20/11/25	Reviewed	Revised

POLICY STATEMENT

1. The Regulator will use the Professional Conduct Process to achieve its public interest mandate.
2. The Professional Conduct Process shall consist of two stages:
 - 2.1. the investigative stage, overseen by the Registrar and the Complaints Committee; and
 - 2.2. the adjudicative stage, overseen by the Professional Conduct Committee.
3. Depending on the nature of the complaint:
 - 3.1. the Registrar or the Complaints Committee may resolve it at the investigative stage; and
 - 3.2. the Complaints Committee may refer more serious matters to the Professional Conduct Committee.
4. The key duties and responsibilities of the Registrar and Complaints Committee during the investigative stage are to, in a reasonable timely manner:
 - 4.1. investigate, consider, and evaluate the merit of complaints of professional misconduct, conduct unbecoming of the profession, incompetence, or incapacity regarding the conduct or actions of registrants or former registrants of the Regulator; and
 - 4.2. determine the appropriate course of action with respect to complaints, in accordance with the *Regulated Health Professions Act*, the *RHPA* General Regulations, and these Policies.
5. During the investigative process, the Registrar and the Complaints Committee must act fairly, objectively, and impartially.
6. Neither the Registrar nor the Complaints Committee will make findings of fact or findings of credibility.
7. The Complaints Committee may weigh all the information it receives to determine the likelihood of establishing professional misconduct, conduct unbecoming of the profession, incompetence, or incapacity, to exercise its authority pursuant to the *RHPA*.

RELATED DOCUMENTS

N/A

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

SUBJECT	Receipt of Complaint		
Approved by the Board of Directors	Effective 20/11/25	Reviewed	Revised

POLICY STATEMENT

1. A complaint may be initiated by:
 - 1.1. the Registrar;
 - 1.2. a committee of the Regulator; or
 - 1.3. any other person. **RHPA, section 70(1)**
2. To be accepted by the Regulator, a complaint must indicate possible professional misconduct, conduct unbecoming the profession, incompetence, or incapacity of a registrant or a former registrant of the Regulator.
3. The Regulator will accept complaints by:
 - 3.1. handwritten letter, delivered by mail or in person;
 - 3.2. digital letter submitted via email;
 - 3.3. online complaints form; or
 - 3.4. Verbal or audio/visual communication to the Regulator, where providing a written complaint would present a barrier to the complainant.
 - 3.4.1. If a verbal complaint is received, the Regulator's staff will ensure the complaint is documented in a written format and approved by the complainant.
4. A complaint must:
 - 4.1. identify the name of the complainant;
 - 4.2. provide information that reasonably identifies the respondent; and
 - 4.3. describe the nature of the complaint.
5. A registrant is entitled to know the identity of the individual complaining against them; therefore, the Regulator will not accept an anonymous complaint.
6. Upon receipt of a complaint, the Registrar shall:

- 6.1. check the Register to confirm whether the registrant complained of is a registrant or former registrant;
- 6.2. confirm whether the complaint is within the jurisdiction of the Regulator. In order for a complaint to be within the jurisdiction of the Regulator it must relate to issues within the mandate of the Regulator and allege professional misconduct, conduct unbecoming the profession, incompetence or incapacity of a registrant or former registrant; and
- 6.3. review the complaint to consider whether:
 - 6.3.1. a voluntary undertaking is needed; or
 - 6.3.2. immediate referral to the Chair of the Complaints Committee is needed to determine whether any interim measures should be imposed in accordance with Professional Conduct Policy 305: Interim Measures.
7. The Registrar will send a copy of the complaint to the respondent. Note: the address, phone number of the complainant and names of other registrants complained against, if any, may be redacted.
8. The Registrar shall also send a cover letter to the respondent. The cover letter shall:
 - 8.1. inform the registrant a complaint has been received;
 - 8.2. request the registrant provide a written response to the complaint within 30 days (this timeframe may be abridged or extended as needed);
 - 8.3. include links to the *Regulated Health Professions Act*, the RHPA General Regulations, and these Policies;
 - 8.4. advise that the registrant has the right to be represented by legal counsel, a union representative, or another representative, at their own expense;
 - 8.5. advise the registrant that the complaint is confidential in accordance with section 136 of the *Regulated Health Professions Act*; and
 - 8.6. advise the registrant that pursuant to section 138 of the *Regulated Health Professions Act*, information gathered in the course of an investigation and documentation prepared for the purpose of the investigation are inadmissible in a legal proceeding, unless otherwise determined by a court of competent jurisdiction.
9. The Registrar will also send a letter to the complainant. The letter shall:
 - 9.1. acknowledge receipt of the complaint;
 - 9.2. advise that the Regulator will provide updates respecting the status of the matter;

- 9.3. advise the complainant that the complaint is confidential in accordance with section 136 of the *Regulated Health Professions Act*; and
- 9.4. advise the complainant that pursuant to section 138 of the *Regulated Health Professions Act*, information gathered in the course of an investigation and documentation prepared for the purpose of the investigation are inadmissible in a legal proceeding, unless otherwise determined by a court of competent jurisdiction.
10. Where the Registrar and the complainant agree, a complaint may be withdrawn. See Professional Conduct Policy 304: Withdrawal of Complaint. **RHPA, section 70(2)**

RELATED DOCUMENTS

Regulated Health Professions Act, sections 70, 136 and 138

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

SUBJECT	Dismissal of Complaint by Registrar		
Approved by the Board of Directors	Effective 20/11/25	Reviewed	Revised

POLICY STATEMENT

1. The Registrar may dismiss the complaint if the Registrar decides that:
 - 1.1. the complaint is not within the jurisdiction of the Regulator;
 - 1.2. the complaint cannot be substantiated;
 - 1.3. the complaint is frivolous (one that has no merit whatsoever) or vexatious (one made with an improper purpose to harass or annoy the respondent);
 - 1.4. the complaint constitutes an abuse of process (e.g., the complaints process is being used for an improper or unintended purpose);
 - 1.5. the facts alleged, even if proven, do not constitute professional misconduct, conduct unbecoming the profession, incompetence, or incapacity, or would not merit a caution; or
 - 1.6. the processing of the complaint would not advance the objects of the Regulator. **RHPA, section 71(1), 73(1)**

2. The Registrar must issue a written decision with reasons for the dismissal of the complaint to the complainant and the respondent.
 - 2.1. The Registrar shall reference the section of the *Regulated Health Professions Act* under which the dismissal was made.

3. The Registrar must advise the complainant and the respondent that the complainant may submit a written request within 30 days of the date of receipt of the decision to the Registrar for review of the dismissal by the Complaints Committee. **See** Professional Conduct Policy 313: Complaints Committee Review of Dismissal. **RHPA, section 77(1)**

4. Where the Registrar dismisses the complaint, the Registrar may provide written advice relevant to the complaint to:
 - 4.1. the respondent;
 - 4.2. the complainant; and
 - 4.3. a person or organization affected by the complaint. **RHPA, section 71(2), 73(2)**

5. The Registrar shall provide a copy of any written advice provided under clause 5 to the respondent. **RHPA, section 71(3), 73(3)**

RELATED DOCUMENTS

Regulated Health Professions Act, sections 71, 73 and 77.

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

SUBJECT	Informal Resolution by Registrar		
Approved by the Board of Directors	Effective 20/11/25	Reviewed	Revised

POLICY STATEMENT

1. At any point in the professional conduct process prior to the matter being referred to a statutory committee, the Registrar may informally resolve a complaint if the Registrar is satisfied that the resolution is consistent with the objects of the Regulator. **RHPA, sections 71(1)(b) and 73(1)(b)**
2. The Registrar will assess the complaint using the Informal Resolution Decision-Making Tool attached as Appendix A.
3. If the assessment determines that an informal resolution is appropriate, the Registrar may discuss possible options for resolution with the respondent.
 - 3.1. A complainant’s agreement is not required in order for the Registrar to informally resolve a complaint.
4. A written informal resolution agreement shall include, at a minimum:
 - 4.1. a summary of the complaint and other relevant information obtained;
 - 4.2. the content of the agreed upon terms of the informal resolution;
 - 4.3. publication and notification requirements, if any; and
 - 4.4. confirmation of acceptance by the Registrar and the respondent.
5. In the event that the Registrar and the respondent cannot reach an agreement regarding the terms of an informal resolution agreement, the Registrar may take any other action permitted by the *Regulated Health Professions Act*, including referring the matter to a formal investigation or the Fitness-to-Practise Process.
6. If a respondent breaches an informal resolution agreement or is otherwise unsuccessful in completing the agreement, this may be considered grounds of professional misconduct and the Registrar may take such action as is set out in the agreement or as permitted by the *Regulated Health Professions Act*, including, where appropriate, initiating a new complaint.
7. The terms of a confirmed informal resolution agreement will be monitored by the Regulator’s staff to ensure completion.

RELATED DOCUMENTS

Regulated Health Professions Act, sections 71(1)(b) and 73(1)(b)

DOCUMENT HISTORY (Date of Reviews, Revisions, etc):

N/A

Informal Resolution by Registrar “Appendix A” - Staff Informal Resolution Process

Informal Resolution Decision-Making Tool

Step 1: Review the Complaint

- Is the complaint appropriate for dismissal?
 - If so, dismiss the complaint in accordance with Professional Conduct Policy 302: Dismissal of Complaint by Registrar

Step 2: Review the Conduct

- Did the conduct involve any of the following?
 - Physical, emotional, or sexual abuse or sexual misconduct
 - Intentional acts of harm
 - Breach of trust or abuse of power or fiduciary role
 - Misconduct that contributed to serious harm or death
 - If so, the complaint may not appropriate for an informal resolution

Step 3: Consider the respondent’s circumstances

- Is the respondent an appropriate candidate for Informal Resolution? Consider the following factors:
 - Does the respondent demonstrate insight into their actions?
 - Does the respondent have a prior Professional Conduct History or a significant pattern of misconduct?
 - Do the allegations involve deception, dishonesty, or motive concealment?
 - Has the respondent demonstrated a willingness to address the issues?
 - Has the respondent been cooperative in the professional conduct process?

- Has the respondent expressed remorse?
- Has the respondent made admissions?
- Is there a low likelihood of the issues reoccurring?
- Is the respondent governable?

Step 4: Review the Objects of the Regulator’s Professional Conduct Process

- Is a staff Informal Resolution consistent with the objects of the Regulator? Consider whether in the circumstances an informal resolution would do the following:
 - protect the public from harm;
 - serve and promote the public interest;
 - preserve the integrity of the dietetic profession;
 - maintain public confidence in the ability of the Regulator to regulate the dietetic profession.

If a staff Informal Resolution is not consistent with the objects of the Regulator, the complaint is not appropriate for Informal Resolution.

Step 5: Determine the Appropriate Outcome

- If Steps 1-4 indicate that a staff Informal Resolution is appropriate, then consider proposing and attempting to negotiate the content of the agreement with the respondent. The content of the agreement may include, but is not limited to:
 - Relevant education to address deficiencies in skills and knowledge
 - Practice consultations and/or professional guidance
 - Preceptoring/mentoring/auditing
 - A plan by the respondent to prevent similar problems in the future, including reference to the relevant professional standards/code of ethics
 - Reflective essay
 - Performance feedback (e.g., performance evaluations, a report from a supervisor, etc.)
 - Treatment of relevant physical or mental health conditions (including a report from treatment providers)
 - Incorporation of an employer’s action plan, if appropriate

- Agreement to restrict practice with notification as appropriate
- Publication/notification of the complaint and/or resolution in whole or in part, as appropriate (e.g., notification to other regulators; publication of a notice on the website, etc.)

If the Registrar and the respondent agree to the proposed resolution, the Registrar shall prepare a written agreement.

SUBJECT	Withdrawal of Complaint		
Approved by the Board of Directors	Effective 20/11/25	Reviewed	Revised

POLICY STATEMENT

1. A complaint may be withdrawn if the Registrar and the complainant agree and the withdrawal is consistent with the objects of the Regulator. **RHPA, section 70(2)**
2. In the event that a complaint is withdrawn, the Registrar shall send a letter confirming the reasons for the withdrawal to the complainant and respondent.
3. If the Registrar determines that there are extenuating circumstances (e.g., serious health or safety concerns) which would be made better by the withdrawal of the complainant from the professional conduct process, but the subject matter of the complaint raises a public protection issue, the existing complaint may be withdrawn and substituted with a Registrar’s complaint.
4. In the event that the complaint is not withdrawn, the complaint will follow the established process for the processing of complaints set out in the *Regulated Health Professions Act*, the RHPA General Regulations, and these Policies.
5. The withdrawal of a complaint is not a licensing sanction.
6. Information regarding a complaint which is withdrawn will be recorded in the respondent’s Professional Conduct History. See Professional Conduct Policy 312: Professional Conduct History.

RELATED DOCUMENTS

Regulated Health Professions Act, section 70(2)

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

SUBJECT	Interim Measures		
Approved by the Board of Directors	Effective 20/11/25	Reviewed	Revised

POLICY STATEMENT

The Registrar

1. Where, upon initial review of a complaint, or at any time during an investigation, the Registrar believes:
 - 1.1. a respondent is exposing or likely to expose the public, clients, the profession or the registrant to harm or injury; and
 - 1.2. intervention is required prior to the disposition of the matter by the Complaints Committee or the Professional Conduct Committee;
 the Registrar may:
 - 1.3. attempt to negotiate a voluntary undertaking with the respondent, wherein the respondent agrees to the temporary imposition of conditions or restrictions or the temporary suspension of their licence; or
 - 1.4. immediately refer the matter to the Complaints Committee for expedited review and consideration of the imposition of interim measures.

2. In deciding whether to pursue interim measures, the Registrar may consider the following factors:
 - 2.1. the source of the information;
 - 2.2. the nature of the conduct alleged against the respondent;
 - 2.3. whether the conduct of the respondent exposes or likely exposes the public to harm or injury;
 - 2.4. whether a potential incapacity is involved;
 - 2.5. how recently the alleged conduct occurred;
 - 2.6. whether the conduct was repeated or isolated; and
 - 2.7. whether the conduct continued after the respondent was aware that they were being investigated.

3. If the Registrar determines that interim measures are in the public interest, they will consider whether to seek a voluntary undertaking, or whether the matter should be expedited to the Complaints Committee for consideration of the imposition of interim measures.

Voluntary Undertakings

4. The Registrar may consider a voluntary undertaking in circumstances where:
 - 4.1. there is time to seek the respondent's agreement;
 - 4.2. there is no indication that the respondent may not comply with the terms of a voluntary agreement; and
 - 4.3. the nature and gravity of the alleged conduct is appropriate to be addressed by a voluntary undertaking rather than the imposition of interim measures. Examples of conduct that may not be appropriate for a voluntary undertaking include sexual abuse and sexual misconduct.
5. If the Registrar determines that it is appropriate to seek a voluntary undertaking from the respondent, the Registrar:
 - 5.1. if time permits, may attempt to obtain additional information by contacting the respondent's employer or other individuals; and
 - 5.2. shall determine what action is necessary to protect the public until the matter is resolved, which may include a full undertaking to refrain from practising the profession, or specific conditions or restrictions on practice that are sufficient to address the immediate concerns raised by the complaint.
6. The Registrar may initiate the voluntary undertaking process by contacting the respondent to:
 - 6.1. disclose the public protection concerns raised by the matter;
 - 6.2. explain the terms of the proposed voluntary undertaking;
 - 6.3. explain that the voluntary undertaking may remain in effect until the investigation is complete and the matter has been considered by a regulatory committee of the Regulator;
 - 6.4. explain that the Regulator does not represent the respondent's interests in the professional conduct process and that the respondent is entitled to seek legal or union advice at their own expense;
 - 6.5. explain that an undertaking is a voluntary contract with the Regulator not to engage in practice, or to abide by certain conditions or restrictions;

- 6.6. explain that breaching the undertaking may be considered professional misconduct and may form the basis of an additional complaint;
 - 6.7. explain that the request for a voluntary undertaking is time-sensitive and provide a date by which the respondent must respond to the request (generally within one week, but the deadline may be shortened depending on the nature and gravity of the alleged conduct);
 - 6.8. explain that if the respondent chooses not to enter into the voluntary undertaking, the matter may be referred to the Complaints Committee on an expedited basis to consider the imposition of interim measures.
7. The Registrar will ensure that the content of the communication in clause 6 is noted in the file.
 8. As soon as possible following the communication in clause 6, the Registrar will follow up with written correspondence to the respondent, including:
 - 8.1. a cover letter to the respondent indicating that the Regulator is seeking a voluntary undertaking and summarizing the communication in clause 6;
 - 8.2. the proposed voluntary undertaking agreement;
 - 8.3. a copy of the complaint and any other relevant information which has been obtained to date (if not already in the possession of the respondent);
 - 8.4. such other information regarding the professional conduct process as is practical and appropriate (e.g., links to the *Regulated Health Professions Act*, the *RHPA* General Regulations, and these Policies).
 9. The Registrar will diarize the return date for the signed voluntary undertaking.
 10. If the signed voluntary undertaking is returned by the required date, the Registrar will acknowledge receipt of the undertaking and take such other action as is required by the undertaking (e.g., notifying the respondent's employer, notifying the complainant, etc.).
 11. If the undertaking is not returned by the required date, and an extension has not been granted, the Registrar may immediately refer the matter to the Complaints Committee for consideration.
 12. If the Registrar is unable to contact the respondent within a reasonable period of time, the Registrar may immediately refer the matter to the Complaints Committee for consideration.
 13. If the Registrar determines that a voluntary undertaking is not appropriate, but that interim measures are required, the Registrar will immediately refer the matter to the Complaints Committee for consideration.

The Complaints Committee

14. The Complaints Committee may set its own procedures for matters involving the exercise of its authority regarding interim measures. **RHPA, section 89(7)**
15. Upon receiving a referral by the Registrar to consider the imposition of interim measures regarding a respondent:
 - 15.1. the Chair of the Complaints Committee will, on an expediated basis, appoint a panel of the Committee, consisting of 2 registrants and 1 public member, to consider the matter;
 - 15.2. the Chair of the Committee will appoint a panel Chair. The panel Chair, with the assistance of the Regulator's staff, will determine a suitable date (which shall be as soon as possible) and arrange a meeting of the panel;
 - 15.3. if the time required for such notice does not compromise the public interest, the Committee may provide notice to the respondent of the Committee's meeting and invite the respondent to make submissions regarding the possible imposition of interim measures; and
 - 15.4. the Registrar will provide to the Complaints Committee, in advance of the meeting, the complaint and any other relevant information obtained to date (including, if applicable, the respondent's Professional Conduct History). If the respondent is invited to the Committee meeting, the respondent will be provided with the same information provided to the Committee.
16. Based on the information before it (and, if applicable, the respondent's submissions), the Complaints Committee may impose interim measures if it finds that there are reasonable and probable grounds to believe that:
 - 16.1. the respondent is exposing or likely to expose the public, clients, the profession or the registrant to harm or injury; and
 - 16.2. intervention is required prior to the disposition of the matter by the Complaints Committee or the Professional Conduct Committee. **RHPA, section 89(1)**
17. If the Complaints Committee finds that clauses 16.1 and 16.2 are met, the Complaints Committee may, at its discretion, pending or following the completion of an investigation:
 - 17.1. suspend the respondent's licence;
 - 17.2. impose restrictions or conditions on the respondent's licence; or
 - 17.3. where a respondent does not hold a current licence, suspend the ability of the respondent to obtain a licence,

until the suspension, restrictions or conditions are lifted, superseded or annulled by the Complaints Committee or the Professional Conduct Committee, as the case may be. **RHPA, section 89(1)**

18. In determining whether to impose interim measures, the Complaints Committee may consider the factors set out in clause 3, the Complaints Committee Interim Measures guidelines provided in Appendix A, and/or the advice of legal counsel.
19. If the Complaints Committee decides to impose interim measures, it will forthwith provide written notice to the respondent, with reasons for the Committee's decision. The Committee shall also determine whether any aspects of its decision should be provided to other affected individuals, other regulatory bodies in other jurisdictions, any past, present or intended employer of the respondent, and the public. **RHPA, sections 89(1) and (6)**
20. Within 30 days of receiving a copy of the Complaints Committee's decision, the respondent may submit a written request to the Registrar requesting to meet with the Committee. **RHPA, section 89(3)**
21. If such a request is received, the Complaints Committee shall ensure the respondent is provided with all of the information upon which the Complaints Committee made its decision (if not already in the respondent's possession and excluding any information subject to solicitor-client privilege or deliberative secrecy), prior to the respondent meeting with the Committee. **RHPA, section 89(5)(d)**
22. The Complaints Committee shall provide an opportunity for the respondent to meet with the Committee within 10 days of receipt of the request. **RHPA, section 89(4)(a)**
23. At the meeting, the respondent will be given a reasonable opportunity to present a response and make submissions to the Complaints Committee and may be represented by legal counsel, a union representative, or another representative, at the respondent's expense. **RHPA, sections 89(5)(a) and (c)**
24. After considering the respondent's submissions, the Complaints Committee will deliberate and shall confirm, vary, or terminate the interim measures. As soon as practical following the meeting, the Committee shall issue a further written decision with reasons, which shall be provided to the respondent and complainant. The Committee shall also determine whether any aspects of its decision should be provided to other affected individuals, other regulatory bodies in other jurisdictions, any past, present or intended employer of the respondent, and the public. **RHPA, section 89(4)(b)**
25. Where the Complaints Committee imposes interim measures, it should prioritize and expedite its investigation of the matter.

RELATED DOCUMENTS

Regulated Health Professions Act, section 89

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Interim Measures for Public Protection:

Complaints Committee Interim Measure Guidelines Based on Scott v. College of Massage Therapists of British Columbia, 2016 BCCA 180

Step 1: Is there a *prima facie* case for the allegation?

- Is there sufficient information, if believed, that reasonably establishes an immediate risk to patients, colleagues or other members of public? The Committee need not hear from the respondent.

There is a *prima facie* case.



Step 2: Is the allegation manifestly unfounded or manifestly exaggerated?

- Although the public interest is paramount, the risk of harm must be real and not speculative. Mere allegations without any evidence to substantiate them are insufficient.
- The allegation should be made or confirmed in writing. The Committee must consider the source of the allegation and its potential seriousness. An allegation that is trivial or clearly misconceived should not be given weight.
- If the allegation is in dispute, do **not** conduct a “mini-trial” to assess whether the substantive allegation is well-founded or whether the complainant’s or respondent’s version of events is preferable. The Committee does not make findings of fact, or engage in deciding the merits of the allegations – those are functions of the Profession Conduct Committee
- The final question for the Professional Conduct Committee is: "Did the registrant do it?", while the question before the Complaints Committee is: "Is action necessary to protect the public in the interim?"
- However, the Complaints Committee should provisionally assess the facts to determine whether the complaint is **manifestly unfounded or manifestly exaggerated**.
 - Consider: reliability of evidence; internal and external consistency;



Step 3: Is interim action in the public interest?

- Considering the information before the Committee, **is the immediate risk of harm such that an interim order is necessary to protect clients, colleagues or other members of the public** during the interim period (*i.e.*, during the investigation and prior to a hearing)?
- Interim action is an **extraordinary** measure to protect the public and should be invoked sparingly in light of the consequences to the respondent.

Consider the following factors:

- For an order to be necessary for the protection of the public, the Committee must be satisfied that the respondent is **exposing or likely to expose the public, clients, the profession or the registrant to harm or injury** if an order is not made (it is not enough for the Committee to consider that an order is merely “desirable”).
 - The Committee should consider the **seriousness of the risk** to the public, clients, the profession and the registrant if the registrant were allowed to continue practising without restriction. This includes consideration of:
 - the seriousness of the allegation;
 - the nature of the evidence; and,
 - the likelihood of the alleged conduct being repeated if an interim order were not imposed.

Interim action is in the public interest.



Step 4: What kind of interim action is necessary?

- If the Committee decides that interim measures are necessary, it should **not** automatically impose an interim suspension, but should **first consider whether interim conditions or restrictions would be sufficient and proportionate**.
- The Committee **should also take into account the impact which an order may have on the respondent**. The Committee must balance the need for an interim order against the consequences for the respondent and satisfy itself that the consequences of the order are not disproportionate to the potential risk to the public. An order will impact on the registrant’s right to practice and may also impact the registrant’s finances and reputation.

SUBJECT	Investigation of Complaint		
Approved by the Board of Directors	Effective 20/11/25	Reviewed	Revised

POLICY STATEMENT

1. If a complaint is not dismissed by the Registrar, the Registrar may begin an investigation of the complaint. **RHPA, section 71(1)(f)**
2. The Registrar may appoint an investigator to conduct the investigation. The Registrar may prepare an Appointment of Investigator document identifying the investigator(s) and setting out the investigator’s authority to conduct the investigation. **RHPA, section 72(1)**
3. When investigating a complaint, the Registrar or the investigator may:
 - 3.1. require the respondent to provide a written or oral response to the matters under investigation within such time as directed;
 - 3.2. request documents and written or oral explanations from the complainant, the respondent or third parties; and
 - 3.3. request an interview with the complainant, the respondent or third parties. **RHPA, section 72(2)**
4. Where the Registrar or investigator seeks to interview a witness or acquire documentation and the person to whom the request is made does not comply, the Registrar or investigator may issue a summons or Notice to Produce. See Professional Conduct Policy 311: Summons and Notices to Produce. **RHPA, section 69**
5. The Registrar or investigator may investigate any matter relating to the respondent that arises in the course of the investigation, in addition to the complaint, that may constitute:
 - 5.1. professional misconduct;
 - 5.2. conduct unbecoming the profession;
 - 5.3. incompetence; or
 - 5.4. incapacity. **RHPA, 72(3)**
6. The Registrar or the investigator may, **with the respondent’s consent**:
 - 6.1. where the Registrar has reasonable or probable grounds to believe that the respondent has an issue of incapacity, require the respondent to submit to physical or mental examinations by a qualified person or persons designated by the Registrar, and authorize the reports from the examinations to be given to the Registrar;

- 6.2. order a review or audit of the respondent's practice by a qualified person or persons designated by the Registrar, and authorize a copy of the review or audit to be given to the Registrar; and
- 6.3. require the respondent to complete a competence assessment to determine whether the respondent is competent to practise, and authorize the assessment report to be given to the Registrar. **RHPA, section 72(2)(d)**
7. Unless the complaint is dismissed by the Registrar, the Registrar or the investigator shall;
 - 7.1. send any reports, assessments, or documents produced or gathered in the course of the investigation to the respondent, and
 - 7.2. provide the respondent with an opportunity to respond to the information.

However, a respondent is not entitled to receive information or documentation that is subject to solicitor-client privilege or deliberative secrecy. Specific information may be redacted when doing so is in the public interest.

8. A respondent may submit medical and any other information relevant to the complaint to the Registrar or the investigator. **RHPA, section 72(4)**
9. If the respondent has a Professional Conduct History with the Regulator or the legacy College, or there is relevant professional conduct information from Emergency Health Services Nova Scotia, a summary will be provided to the respondent.
10. The Registrar or investigator may prepare a preliminary investigation report in a form acceptable to the Registrar and/or the Complaints Committee.
 - 10.1. The Registrar or investigator will provide any such preliminary investigation report to the respondent and invite the respondent to respond to the report within 30 days, or such other time period as determined by the Registrar.
11. At the conclusion of an investigation, the Registrar shall take into account the results of the investigation and:
 - 11.1. dismiss the complaint;
 - 11.2. informally resolve the complaint; **See** Professional Conduct Policy 303: Informal Resolution by Registrar
 - 11.3. refer the matter to another form of dispute resolution;

- 11.4. authorize the resignation of the respondent;¹
 - 11.5. where the matter may involve incapacity and the respondent agrees, refer the matter to the fitness-to-practise process; or
 - 11.6. refer the matter under investigation to the Complaints Committee. **RHPA, section 73(1)**
12. A Registrar may refer a complaint to the Complaints Committee at any time during an investigation for the Complaints Committee to:
- 12.1. provide direction with regard to the investigation; or
 - 12.2. exercise any of the powers conferred upon it under the *Regulated Health Professions Act* and the General Regulations. **RHPA, section 80**
13. During an investigation, a respondent to a complaint has the right to:
- 13.1. be represented by legal counsel, a union representative, or another representative at the respondent's own expense;
 - 13.2. notice of any matters under investigation;
 - 13.3. a reasonable opportunity to present a response and make submissions;
 - 13.4. such other information as natural justice requires; and
 - 13.5. such other information as determined by the Registrar. **RHPA, section 83**

RELATED DOCUMENTS

Regulated Health Professions Act, sections 69, 71 – 73, 80 and 83

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

¹ Authorizing the resignation of a registrant when a registrant is facing a complaint should only occur in exceptional circumstances. Typically, it is not considered in the public interest to allow a registrant to resign their way out of potential discipline.

SUBJECT	Complaints Committee Investigation		
Approved by the Board of Directors	Effective 20/11/25	Reviewed	Revised

POLICY STATEMENT

1. The Complaints Committee may set its own procedure for the investigation of a complaint. **RHPA, section 81(1)**
2. The Complaints Committee may:
 - 2.1. direct any investigation the committee considers necessary;
 - 2.2. receive information in addition to the information from an investigator if the information is relevant to the matters before it;
 - 2.3. require the respondent to provide a written response to the matters under investigation within such time as directed by the committee;
 - 2.4. where the matter may involve incapacity and the respondent and the registrar agree, refer the matter to the Fitness-to-Practise Process;
 - 2.5. interview such persons as the committee in its discretion deems relevant, including the respondent; and
 - 2.6. impose a publication ban on information that may be subject to confidentiality under the Regulated Health Professions Act. **RHPA, section 82(1)**
3. A Respondent may submit medical and any other information relevant to the complaint to the Complaints Committee. **RHPA, section 72(4)**
4. Where the Complaints Committee seeks to interview a witness or acquire documentation and the person to whom the request is made does not comply, the Complaints Committee may issue a summons or Notice to Produce. See Professional Conduct Policy 311: Summons and Notices to Produce. **RHPA, section 69**
5. The Complaints Committee may investigate any matter relating to the respondent that arises in the course of the investigation, in addition to the complaint, that may constitute:
 - 5.1. professional misconduct;
 - 5.2. conduct unbecoming the profession;
 - 5.3. incompetence; or
 - 5.4. incapacity. **RHPA, 72(3)**

6. The Complaints Committee may require the respondent to:
 - 6.1. submit to physical or mental examinations by a qualified person or persons designated by the committee, and authorize the reports from the examinations to be given to the committee;
 - 6.2. submit to a review or audit of the respondent's practice by a qualified person or persons designated by the committee, and authorize a copy of the review or audit to be given to the committee;
 - 6.3. complete a competence assessment as directed by the committee to determine whether the respondent is competent to practise, and authorize the assessment report to be given to the committee; or
 - 6.4. produce any records or documents kept respecting the respondent's practice that the committee deems relevant. **RHPA, section 84(1)(b)**
7. Unless the complaint is dismissed by the Complaints Committee, the Committee shall send any information, reports, assessments, or documents produced or gathered in the course of the investigation to the respondent.
 - 7.1. The Committee shall provide the respondent with an opportunity to respond to the information before the Committee's final disposition of the matter. **RHPA, section 82(2)**
8. A respondent is not entitled to receive information or documentation that is subject to solicitor-client privilege or deliberative secrecy.
9. Where a respondent fails to comply with requirements under clause 6 or otherwise fails to comply with any direction from a Complaints Committee, the committee may suspend or restrict the respondent's licence until the suspension or restriction is lifted, superseded or annulled by the Complaints Committee. **RHPA, section 85**
10. Expenses incurred by a respondent to comply with a requirement under clause 6 must be paid by the Regulator but may be awarded as costs against the respondent by the Complaints Committee. **RHPA, sections 86 and 153**
11. If the respondent has a Professional Conduct History with the Regulator, the legacy College, or there is relevant professional conduct information from Emergency Health Services Nova Scotia a summary will be provided to the Complaints Committee.
12. Once a matter is referred to the Complaints Committee, the Committee retains jurisdiction over it until:
 - 12.1. a hearing commences before the Professional Conduct Committee;

- 12.2. the Complaints Committee recommends a settlement agreement to the Professional Conduct Committee; or
- 12.3. where the matter may involve incapacity and the respondent and the Registrar agree, the Complaints Committee refers the matter to the Fitness-to-Practise Process. **RHPA, section 81(2)**

RELATED DOCUMENTS

Regulated Health Professions Act, sections 69, 72, 81, 82, 84 – 86, and 153

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

SUBJECT	Complaints Committee Disposition		
Approved by the Board of Directors	Effective 20/11/25	Reviewed	Revised

POLICY STATEMENT

1. Once the Complaints Committee has completed its investigation, it may:
 - 1.1. dismiss the complaint and provide any guidance the committee considers useful to the complainant, the respondent or any other person associated with the complaint if the committee determines that:
 - 1.1.1. the complaint is outside the jurisdiction of the regulatory body;
 - 1.1.2. the complaint cannot be substantiated;
 - 1.1.3. the complaint is frivolous (one that has no merit whatsoever) or vexatious (one with an improper purpose to harass or annoy the respondent);
 - 1.1.4. the complaint constitutes an abuse of process (e.g., the complaints process is being used for an improper or unintended purpose);
 - 1.1.5. the facts alleged, even if proven, would not constitute professional misconduct, conduct unbecoming the profession, incompetence or incapacity, or would not merit a caution; or

the processing of the complaint would not advance the objects of the regulatory body;
RHPA, section 84(1)(a)
 - 1.2. informally resolve the complaint, including authorizing the respondent's resignation from the register and any relevant category of licensing.² If the Complaints Committee and the respondent agree, an informal resolution may include costs; **RHPA, sections 84(1)(c) and 84(3)**
 - 1.3. refer the matter to another form of dispute resolution; **RHPA, section 84(1)(d)**
 - 1.4. caution the respondent. A caution may include costs; **RHPA, sections 84(1)(e) and 84(4)**
 - 1.5. with the respondent's consent, order that the respondent receive a reprimand and that the reprimand be communicated to the respondent, the complainant and any other person the committee considers appropriate. A consent reprimand may include costs; **RHPA, sections 84(1)(f) and 84(4)**

² Authorizing the resignation of a registrant when a registrant is facing a complaint should only occur in exceptional circumstances. Typically, it is not considered in the public interest to allow a registrant to resign their way out of potential discipline.

- 1.6. with the respondent's consent, impose conditions or restrictions, or both, on the respondent's registration or licence; **RHPA, section 84(1)(g)**
- 1.7. where the matter may involve incapacity, and the respondent and the registrar agree, refer the matter to the Fitness-to-Practise Process; and **RHPA, section 84(1)(h)**
- 1.8. where a determination is made that the matter warrants a hearing, refer the matter to the Professional Conduct Committee. **RHPA, section 84(1)(i)**
2. Unless it dismisses a complaint, the Complaints Committee shall give the respondent a reasonable opportunity to appear before the committee and may request other persons to appear before it before it disposes of a complaint. **RHPA, section 84(2)**
3. If a Committee Support Person is present during the Complaints Committee's deliberations, the Chair shall ensure that the support person does not become a decision-maker.
4. The Complaints Committee's decision is final.

RELATED DOCUMENTS

Regulated Health Professions Act, section 84

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

SUBJECT	Written Decision of the Complaints Committee		
Approved by the Board of Directors	Effective 20/11/25	Reviewed	Revised

POLICY STATEMENT
Written Reasons for Decision

1. The Chair of the Complaints Committee panel shall ensure that written reasons for the Committee’s decision includes:
 - 1.1. the registrant’s name and registration number; **RHPA, section 114(2)(a)**
 - 1.2. the date of the decision; **RHPA, section 114(2)(c)**
 - 1.3. the names of the members of the Complaints Committee involved in the matter;
 - 1.4. the names of the individuals who appeared before the Complaints Committee (unless the Committee determines that an individual’s name should not be disclosed);
 - 1.5. the names of the various people in attendance during any meeting of the Complaints Committee;
 - 1.6. a summary of the allegations; **RHPA, section 114(2)(d)**
 - 1.7. a summary of the response and other information relevant to the response; **RHPA, section 114(2)(d)**
 - 1.8. a summary of any other relevant information reviewed by the Complaints Committee, including any information and submissions provided by individuals attending before the committee; **RHPA, section 114(2)(d)**
 - 1.9. where applicable, reasons for requiring the respondent to:
 - 1.9.1. submit to physical or mental examinations by a qualified person or persons designated by the committee;
 - 1.9.2. submit to a review or audit of the respondent’s practice by a qualified person or persons designated by the committee;
 - 1.9.3. complete a competence assessment as directed by the committee to determine whether the respondent is competent to practise;
 - 1.9.4. produce any records or documents kept respecting the respondent’s practice that the committee deems relevant;

- 1.10. if the Committee dismisses a complaint: the reasons for the dismissal and if considered useful by the Committee, any advice to the complainant, the respondent or a person or organization affected by the complaint;
- 1.11. if the Committee accepts an informal resolution: the terms of the informal resolution (including any costs); the Committee's rationale for its acceptance; and confirmation that respondent consents to informal resolution;
- 1.12. if the Committee refers the matter to another form of dispute resolution: the reasons for referring the matter;

Issuing a Caution

- 1.13. if the Committee issues a caution:
 - 1.13.1. an indication of the registrant's specific conduct or action which may have breached standards of professional ethics or practice;
 - 1.13.2. an indication of why such breach does not in the circumstances amount to professional misconduct, conduct unbecoming the profession, incompetence, or incapacity; and whether the caution includes any costs;

Issuing a Licensing Sanction

- 1.14. if the Committee issues a licensing sanction: the provision of the *Regulated Health Professions Act* under which the licensing sanction is issued; **RHPA, section 114(2)(b)**

Issuing a Reprimand

- 1.15. if the Committee issues a reprimand: an indication of the specific conduct or action which may have breached standards of professional ethics or practice; an indication of why the conduct amounts to professional misconduct, conduct unbecoming the profession, incompetence, or incapacity in the circumstance; the reasons why a reprimand is considered to be an appropriate disposition; confirmation of the respondent's consent to the reprimand; direction for publication of the reprimand; and whether the reprimand includes any costs; **RHPA, section 114(2)(e)**

Imposing Conditions or Restrictions

- 1.16. if the Committee imposes conditions or restrictions: the specific conditions or restrictions imposed; the reasons why conditions or restrictions are considered to be appropriate; confirmation of the respondent's consent to the conditions or restrictions; and the direction for publication of the conditions or restrictions;

Referral to Fitness-to-Practise

- 1.17. if the Committee refers the matter to the Fitness-to-Practise Process: a discussion regarding whether the registrant satisfies the Board's eligibility criteria for the Fitness-to-Practise Process; and confirmation that the Registrar and the respondent consent to the matter being referred to the Fitness-to-Practise Process;

Referral to Professional Conduct Committee

- 1.18. if the Committee refers the matter to the Professional Conduct Committee: an indication of the registrant's specific conduct or action which may have breached standards of professional ethics or practice that, if proven, constitutes professional misconduct, conduct unbecoming the profession, incompetence, or incapacity in the circumstances; a discussion as to why the matter warrants a hearing; and a discussion of the information available that, if proven, establishes the allegations; **RHPA, section 114(2)(e)**

Publication Ban

- 1.19. if the Committee orders a publication ban: the reasons for such order and the extent of the ban.
2. Where allegations have been found to constitute incapacity, the specific nature of the incapacity must not be included in a summary of the decision. **RHPA, section 114(3)**
3. The Complaints Committee may receive assistance in drafting the decision in an appropriate form; however, the decision and rationale must be that of the Committee panel members.
4. Draft decisions will be circulated to all Complaints Committee panel members for review and feedback. When all committee panel members are satisfied that the document accurately reflects the committee's decision, all panel members will confirm their agreement in writing and sign or electronically authorize the decision.
5. In the event that any member(s) of the Complaints Committee panel disagrees with the decision of the majority, such member(s) may write a dissenting opinion which will be signed (or electronically authorized) and attached to the majority decision.

RELATED DOCUMENTS

Regulated Health Professions Act, section 114

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

SUBJECT	Notification and Publication of Complaints Committee Decision		
Approved by the Board of Directors	Effective 20/11/25	Reviewed	Revised

POLICY STATEMENT

1. The Complaints Committee may impose a publication ban on information that may be subject to confidentiality under the *Regulated Health Professions Act*. **RHPA, section 82(f)**
2. Once the Complaints Committee has rendered a decision disposing of the complaint, it shall prepare and issue a written decision, with reasons, and direct the Registrar, subject to any publication bans ordered by the Committee, to send:
 - 2.1. a copy of the written decision to the respondent;
 - 2.2. a copy of the written decision or a summary of the decision to the complainant; and
 - 2.3. some or all of the written decision, or a summary of the decision, to such other persons as the Complaints Committee determines. **RHPA, section 88(1)**
3. In the event that the Complaints Committee decides to exercise its discretion pursuant to clause 2.3, the Committee shall indicate in its decision the reasons for such disclosure.
4. Where the Complaints Committee’s decision involves a licensing sanction, the committee shall forward the decision to the Registrar for publication in accordance with Section 114 of the *Regulated Health Professions Act*. **RHPA, section 88(1)**
5. Except as prohibited by a publication ban, when the Complaints Committee issues a licensing sanction, the Registrar shall:
 - 5.1. make appropriate entries on the records of the Regulator and on the licence of the registrant to reflect the licensing sanction;
 - 5.2. publish a summary of the decision:
 - 5.2.1. on the Regulator’s website; and
 - 5.2.2. in any other publication determined by the Complaints Committee;
 - 5.3. provide notice of the licensing sanction, and include information requested by another licensing jurisdiction to:
 - 5.3.1. registering bodies in other Canadian jurisdictions;
 - 5.3.2. registering bodies in the original jurisdiction of the registrant; and

5.3.3. registering bodies in other jurisdictions where the registrant is known to be or to have been registered or is seeking registration;

5.4. give a copy of the decision to the respondent;

5.5. give a copy of the decision or any part of the decision, as the committee making the decision directs, to the complainant;

5.6. provide:

5.6.1. notice of the decision,

5.6.2. a summary of the decision,

5.6.3. parts of the decision, or

5.6.4. a copy of the decision,

to any person the Complaints Committee directs.

RELATED DOCUMENTS

Regulated Health Professions Act, sections 82, 88 and 114

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

SUBJECT	Summons and Notices to Produce		
Approved by the Board of Directors	Effective 20/11/25	Reviewed	Revised

POLICY STATEMENT

1. During the investigation of a complaint, the Registrar, an investigator, and the members of a Complaints Committee may:
 - 1.1. issue a Summons directing a person to attend an interview or meeting to answer questions related to the complaint; and
 - 1.2. issue a Notice to Produce compelling a person to produce documents related to the complaint. **RHPA, section 69**
2. Where a person objects to attending an interview or meeting or producing documents following the issuance of a Summons or Notice to Produce, respectively, the Regulator may refer the matter to the Supreme Court of Nova Scotia for further direction.

RELATED DOCUMENTS

Public Inquiries Act, RSNS 1989, c 372

Regulated Health Professions Act, sections 82, 88 and 114

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

SUBJECT	Professional Conduct History		
Approved by the Board of Directors	Effective 20/11/25	Reviewed	Revised

POLICY STATEMENT

1. A registrant’s Professional Conduct History will generally not be available to members of the public.
2. The Regulator will maintain an ongoing Professional Conduct History specific to individual registrants for any use in any regulatory process, as appropriate and permissible.
3. A registrant’s Professional Conduct History shall include the following:
 - 3.1. the date of a complaint or referral to the Fitness-to-Practise Process;
 - 3.2. the name of the complainant;
 - 3.3. the nature of the complaint (professional misconduct, conduct unbecoming the profession, incompetence, or incapacity) and a brief summary of the allegations; and
 - 3.4. a procedural summary of the matter, including the disposition, date of the disposition.
4. Where a respondent has an existing Professional Conduct History and a new complaint or referral is received, a copy of the existing Professional Conduct History will be provided to the respondent at the time that they are notified of the complaint.
5. The Professional Conduct History may also be provided to the Complaints Committee or Fitness-to-Practise Committee, as applicable.
 - 5.1. Based on the Professional Conduct History, these committees may request further information regarding previous complaints or referrals.
6. The Registrar may provide a copy of a registrant’s Professional Conduct History to the Reinstatement Committee upon a registrant’s application to the Reinstatement Committee for reinstatement of their registration and/or licence.
7. Where a matter is before the Professional Conduct Committee, the Professional Conduct History of the respondent shall not be provided to the Committee unless and until the Committee is considering a sanction.
8. The Professional Conduct History shall be retained indefinitely or until the earlier of the registrant’s death or 50 years.
9. The Professional Conduct History shall only be disclosed as follows:

- 9.1. to the respondent at the time that they are notified of the complaint;
 - 9.2. to investigators appointed by the Regulator for the purposes of conducting an investigation;
 - 9.3. to statutory committees as described in clauses 5 - 7;
 - 9.4. to comply with a legal requirement;
 - 9.5. in accordance with the *Regulated Health Professions Act* and the RHPA General Regulations; or
 - 9.6. pursuant to a committee direction, consistent with the objects of the Regulator.
10. Nothing in this Policy shall preclude a committee from including details of a registrant's Professional Conduct History in their written decision and reasons.

RELATED DOCUMENTS

N/A

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

SUBJECT	Complaints Committee Review of Dismissal		
Approved by the Board of Directors	Effective 20/11/25	Reviewed	Revised

POLICY STATEMENT

1. Upon receipt of a written request from a complainant for review of a Registrar’s dismissal of a complaint, the Registrar shall send a copy of the request to the respondent and the Chair of the Complaints Committee. **RHPA, section 77(2)**
2. On receipt of a request for review of a complaint dismissal, the Chair of the Complaints Committee shall appoint a panel of the Complaints Committee to review the dismissal. The Chair of the Complaints Committee will also appoint a panel Chair. **RHPA, section 77(3)**
3. The Complaints Committee shall meet as soon as reasonably practical to consider the request for review.
4. The Complaints Committee shall consider the reasonableness and appropriateness of the Registrar’s decision to dismiss the complaint.
5. After reviewing the complaint, any other material considered by the Registrar when making the decision to dismiss, the Registrar’s decision, and the complainant’s request for review, the Complaints Committee may:
 - 5.1. confirm the dismissal of some or all of the complaint; or
 - 5.2. overturn the dismissal of some or all of the complaint and
 - 5.2.1. order an investigation of any aspects of the complaint that have not been dismissed, and
 - 5.2.2. refer the matter to be considered by a differently constituted Complaints Committee panel. **RHPA, section 78(1)**
6. The Complaints Committee’s decision shall explain its reasoning for either confirming or overturning the dismissal of the complaint.
7. The Complaints Committee shall render its decision in writing and with reasons and provide a copy of the decision as soon as practicable to the Registrar, the complainant, and the respondent. **RHPA, section 78(2)**
8. A Complaints Committee’s decision under this policy is final. **RHPA, section 79**

RELATED DOCUMENTS

Regulated Health Professions Act, sections 77 – 79

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

SUBJECT	Settlement Agreements		
Approved by the Board of Directors	Effective 20/11/25	Reviewed	Revised

POLICY STATEMENT

1. Where a Complaints Committee refers a matter to the Professional Conduct Committee, the Regulator and the respondent may submit a proposed settlement agreement to the other party for consideration as a means of resolving the matter. **RHPA, section 87(1)**

2. The parties may agree to use a mediator to prepare or negotiate a proposed settlement agreement. The costs for a mediator must be divided equally between the regulatory body and the respondent unless the parties agree to a different division of the costs. **RHPA General Regulations, section 24**

3. A proposed settlement agreement must include:
 - 3.1. sufficient facts to provide context for the admissions of the respondent;
 - 3.2. an admission by the respondent to one or more of the matters referred to the Professional Conduct Committee;
 - 3.3. the respondent’s consent to a specified disposition, conditional upon the acceptance of the settlement agreement by the Professional Conduct Committee assigned to review the proposed settlement agreement; and
 - 3.4. an agreement on the amount of costs to be paid and the timing for such payment. **RHPA, section 87(2)**

4. Where the respondent and the Registrar agree to the proposed terms of a settlement agreement, the Registrar must refer the proposed agreement to the Complaints Committee for consideration. **RHPA General Regulations, section 25**

5. Upon referral of a proposed settlement agreement to the Complaints Committee, the same members of the Complaints Committee as those who referred the matter to the Professional Conduct Committee shall consider the settlement agreement, if possible.

6. The Complaints Committee may recommend acceptance of a proposed settlement agreement if it is satisfied that all of the following criteria are met:
 - 6.1. the public is protected;
 - 6.2. if the respondent is permitted to continue practising, the conduct or its cause can be, or has been, successfully remedied or addressed, and, if applicable, the respondent is likely to successfully pursue the proposed remediation or other requirements of the proposed settlement agreement;

6.3. settlement is in the best interest of the public. **RHPA General Regulations, section 25(1)**

7. If the Complaints Committee recommends acceptance of a proposed settlement agreement, the Complaints Committee must refer the proposed settlement agreement to the Professional Conduct Committee for consideration. **RHPA General Regulations, section 25(2)**
8. If the Complaints Committee does not recommend acceptance of a proposed settlement agreement, the Complaints Committee must do 1 of the following:
 - 8.1. recommend changes to the proposed settlement agreement that,
 - 8.1.1. if agreed upon by the parties would result in the complaints committee's recommending acceptance by the professional conduct committee, or
 - 8.1.2. if not agreed upon by the parties would result in rejection by the complaints committee;
 - 8.2. reject the proposed settlement agreement and refer the complaint considered by the Complaints Committee to the Professional Conduct Committee for a hearing. **RHPA General Regulations, section 25(3)**

RELATED DOCUMENTS

Regulated Health Professions Act, section 87

RHPA General Regulations, section 24 – 26

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A