

# **Regulated Health Professions Network Act**

CHAPTER 48 OF THE ACTS OF 2012

*as amended by*

2015, c. 52, s. 33; 2019, c. 8, s. 187; 2023, c. 15, ss. 228(b),  
229(c), (d), 230(1), 233, 234, 236; 2026, c. 4, ss. 14, 15



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**An Act Respecting  
 the Nova Scotia Regulated  
 Health Professions Network**

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(The table of contents is not part of the statute)

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### Short title

**1** This Act may be cited as the *Regulated Health Professions Network Act*. 2012, c. 48, s. 1.

### Purpose of Act

**2** The purpose of this Act is to improve the system of health-profession regulation in the Province in accordance with the following guiding principles:

(a) increased collaboration among Network members in the regulation of the health professions can support and enable an increase in inter-professional practice among the regulated health professions and strengthen the protection that regulation provides to the public;

(b) collaboration among regulated health professions and the sharing of information by those professions provides the opportunity for improvement in regulatory processes and health-care delivery;

(c) collaboration is most successful when the parties to it enter into it voluntarily;

(d) where regulated health professions agree to collaborate on regulatory processes, statutory barriers to collaboration should be eliminated. 2012, c. 48, s. 2.

### Interpretation

**3** In this Act,

(a) “appellant” means a member of a regulated health profession or an applicant for membership in a regulated health profession who wishes to challenge a registration or licensing decision made pursuant to the regulated health profession’s governing statute;

(b) “by-law” means a by-law established pursuant to this Act;

(c) “collaboration” means the process of working with one or more Network members;

(d) “collaborative investigative process” means the process enabled by Section 19;

(e) “collaborative registration review process” means the process enabled by Section 22;

(f) “collaborative regulatory process” means the process that is voluntarily available to Network members to enhance or act in substitution of regulatory processes available under the members’ governing statutes, and includes those processes set out in subclauses 6(h)(i) to (iv);

(g) “complaint” means a notice in writing to a regulated health profession indicating possible professional misconduct, conduct unbecoming a member of the health profession, incompetence or incapacity of a member of the health profession;

(h) “Council” means the Council established by Section 11;

(i) “Executive Committee” means those persons elected or appointed by the Council to perform the functions set out in Sections 12 and 13;

(j) “governing statute” means a statute of the Province that is in force and incorporates a regulated health profession;

(k) “inter-professional practice” means the delivery of health-care services involving members of two or more regulated health professions;

(l) “investigation” means the process of gathering or preparing investigative material or reports regarding a complaint, but does not include the adjudication or disposition of the complaint;

(m) “investigative body” means the Executive Director, Registrar, complaints committee, investigation committee or similarly titled investigative body or person appointed under a regulated health profession’s governing statute with authority to investigate a complaint;

(n) “investigative material” means the complaint, documents, records, reports, information, interview statements and evidence in any form, electronic or otherwise, received, gathered or prepared in the course of a collaborative investigation;

(o) “member of a health profession” means a person who is licensed or registered under a regulated health profession’s governing statute or otherwise subject to the health profession’s regulatory processes;

(p) “Minister” means the Minister of Health and Wellness;

(q) “Network” means the Nova Scotia Regulated Health Professions Network incorporated by this Act;

(r) “Network member” means a body incorporated to govern a regulated health profession and listed in the regulations made under this Act;

(s) “Network representative” means a person described in Section 10;

(t) “provincial representative of a health profession” means a provincial association, organization or union that represents or advocates on behalf of the members of a regulated health profession;

(u) “Registration Review Committee” means the Registration Review Committee established pursuant to this Act;

(v) “regulated health profession” means a health profession regulated by statute and that meets the criteria set out in Section 9;

(w) “regulatory processes” means those processes and matters generally prescribed by a regulated health profession’s governing statute to

(i) establish the scope of practice of the profession,

(ii) govern the registration or licensing of members of the profession,

- (iii) establish investigative and hearing processes for complaints involving members of the profession,
- (iv) address quality assurance matters for the profession,
- (v) govern appeals or reviews from any decisions made pursuant to the profession's governing statute, or
- (vi) regulate any other aspect of the profession;
- (x) "respondent" means a person who is the subject of a complaint;
- (y) "scope of practice of the profession" means the roles and functions authorized for members of a regulated health profession by that profession's governing statute. 2012, c. 48, s. 3; 2023, c. 15, s. 228.

## THE NETWORK

### **Nova Scotia Regulated Health Professions Network**

**4 (1)** There is hereby established a body corporate to be known as the Nova Scotia Regulated Health Professions Network.

**(2)** The Network is composed of the Network members. 2012, c. 48, s. 4.

### **Purpose of Network**

**5** The purpose of the Network is to foster and enable collaboration among regulated health professions in a manner that upholds and protects the public interest, through enhanced regulation by the health professions. 2012, c. 48, s. 5.

### **Duties of Network**

**6** In pursuing its purpose and in accordance with the guiding principles of this Act, the Network shall

- (a) be a forum to share resources, information, trends and issues among the regulated health professions and others;
- (b) promote best practices in health-profession regulation while preserving the regulatory autonomy of each regulated health profession;
- (c) enable Network members to build capacity for their regulatory functions by facilitating collaboration with other Network members and other bodies;
- (d) provide a single point of contact for discussion and consultation with government and others on matters that may impact the regulation of health professions;
- (e) facilitate the development of strategies and approaches that will enable Network members to respond individually and collectively to regulatory challenges and opportunities;
- (f) provide information to other bodies that will facilitate improvements in health-care delivery or regulation;
- (g) encourage voluntary collaboration among Network members for any purpose that serves the public interest;

- (h) develop voluntary collaborative regulatory processes to allow Network members to address
  - (i) matters relating to scopes of practice that arise among regulated health professions,
  - (ii) collaborative investigative processes,
  - (iii) collaborative registration review processes, and
  - (iv) such other collaborative regulatory processes as are set out in the regulations;
- (i) carry out any other duties prescribed or delegated under another enactment. 2012, c. 48, s. 6; 2023, c. 15, s. 229.

### **Powers of Network**

7 In addition to any other power conferred by this or any other Act, the Network may do such things as it considers appropriate to advance the purpose of the Network and this Act and, without limiting the generality of the foregoing, may

- (a) purchase, take in, lease, exchange, hire, construct and otherwise acquire and hold, sell, mortgage, hypothecate, lease out or otherwise deal with any real or personal property;
- (b) draw, make, accept, endorse, discount, execute and issue promissory notes, bills of exchange, warrants and other negotiable and transferable instruments;
- (c) engage such agents and employees as it, from time to time, considers expedient;
- (d) expend the moneys of the Network in the advancement of its objects in such manner as it considers expedient;
- (e) establish and maintain such offices and agencies as it considers expedient;
- (f) invest and deal with any moneys and funds of the Network that are not immediately required in such manner as it considers expedient;
- (g) improve, manage, develop, exchange, dispose of, turn to account or otherwise deal with the real or personal property of the Network;
- (h) borrow money for the use of the Network on its credit, limit or increase the amount to be borrowed, issue bonds, debentures, debenture stock and other securities on the credit of the Network and pledge or sell such securities for such sums or at such prices as it considers expedient;
- (i) enter into and carry out agreements beneficial to the operation of the Network on such terms and conditions as it considers advisable; and
- (j) do such things as are incidental or necessary to the exercise of the powers referred to in clauses (a) to (i). 2012, c. 48, s. 7.

### **Annual meeting and annual report**

8 (1) There shall be an annual meeting of the Network at such time and place as prescribed by the Executive Committee.

(2) An annual report must be distributed at or before the annual meeting for review by the Network representatives and the Minister, and it must include financial statements of the Network. 2012, c. 48, s. 8.

### Network member

9 (1) A regulated health profession is a Network member if it meets the following criteria:

- (a) the scope of practice of the profession is defined in its governing statute;
- (b) the profession is guided by standards of practice and a code of ethics;
- (c) the governing statute of the profession
  - (i) is in effect,
  - (ii) establishes a body corporate that regulates the practice of the profession in the public interest,
  - (iii) sets out the criteria for membership in the profession,
  - (iv) prescribes a process for the investigation and resolution of complaints against members of the profession and for the adjudication of matters that are referred to a hearing, and
  - (v) provides that persons outside of those admitted as members of the profession may not engage in the scope of practice defined in the governing statute, unless specific statutory exemptions apply; and
- (d) the profession falls within the jurisdiction of the Minister.

(2) In the event a health profession no longer meets the criteria set out in subsection (1), that health profession ceases to be a Network member.

(3) *repealed 2026, c. 4, s. 14.*

(4) For greater certainty, the Network members at the time of the coming into force of this Act are listed in the Schedule to this Act.

(5) Subject to subsection (6), after the coming into force of this Act, the Council may add new Network members that meet the criteria under subsection (1).

(6) The addition of new Network members must be confirmed by regulation made by the Governor in Council.

(7) A current list of Network members must be maintained and published on the Network's website, under the direction of the Council.

(8) Network members shall pay an annual fee for membership as determined by the Council.

(9) Notwithstanding any other provision of this Act, the regulations or the by-laws, where a Network member fails to pay the annual fee for membership required by subsection (8), the Network member remains a Network member, but its Network representative loses any and all voting rights available to that member or its representative under this Act, the regulations or the by-laws. 2012, c. 48, s. 9; 2023, c. 15, s. 230; 2026, c. 4, s. 14.

#### **Network representative**

10 (1) The Network representative for each Network member is the Chief Executive Officer, Registrar, Executive Director, Administrator or person holding a similar position at the regulated health profession that is the Network member, or the person's delegate.

(2) Network representatives are members of the Council and represent their respective Network members at meetings of the Council, and shall act on behalf of their Network members for all purposes of this Act and the regulations.

(3) The voting rights of Network members as set out in this Act, the regulations and the by-laws, must be exercised by Network representatives on behalf of their respective Network members. 2012, c. 48, s. 10.

#### **Council**

11 (1) The Council consists of

- (a) all Network representatives; and
- (b) the Minister, as a non-voting member of the Council.

(2) The Council shall govern the Network and manage its affairs and may take any action consistent with this Act, the regulations and the by-laws that it considers necessary for the promotion, protection, interest and welfare of the Network, including the approval of the budget for the Network and the fees to be paid by Network members. 2012, c. 48, s. 11.

#### **Executive Committee**

12 (1) The Council shall elect or appoint members of the Executive Committee in accordance with the process set out in the by-laws.

(2) The Executive Committee is composed of the number of persons as set out in the by-laws.

(3) A majority of the members of the Executive Committee constitutes a quorum.

(4) The Executive Committee shall

- (a) approve the processes for establishing, revising and monitoring the annual budget;
- (b) submit a financial statement of the Network's operations for the past fiscal year to each annual general meeting of the Network and to the Minister;

- (c) recommend proposed changes to this Act, the regulations and the by-laws for approval by the Council in accordance with the process set out in the by-laws;
- (d) set the agendas for meetings of the Council and facilitate matters between meetings of the Council; and
- (e) do such other acts and things as directed by the Council. 2012, c. 48, s. 12.

### **Administrator**

**13 (1)** The Executive Committee shall appoint an Administrator of the Network and, subject to any applicable by-law, determine the term of office, title, duties and authority of the Administrator.

**(2)** The Administrator may delegate any function assigned to the Administrator by this Act, the regulations, the by-laws or the Executive Committee.

**(3)** The Administrator is a non-voting member of the Executive Committee, and a non-voting member at meetings of the Council. 2012, c. 48, s. 13.

### **By-laws**

**14** The Council may make by-laws not inconsistent with this Act or any other legislation of the Province as it considers necessary for the effective attainment of its purpose and the exercise of its powers including, without limiting the generality of the foregoing,

- (a) setting the fees for membership in the Network;
- (b) respecting the holding of regular meetings, the annual general meeting and special meetings of the Network members, including the notice for such meetings, the content of such meetings, the quorum, the procedures to be followed and the manner of voting;
- (c) respecting fees and expenses payable to members of committees established for the purpose of attending to the business of the Network;
- (d) establishing a nominations committee, including its composition and duties;
- (e) establishing the composition and number of Executive Committee members and the eligibility for election or appointment to the Executive Committee;
- (f) establishing the timing and manner of election or appointment to the Executive Committee;
- (g) respecting the terms of office of the members of the Executive Committee, the manner in which vacancies on the Executive Committee may be filled and the manner of removing Executive Committee members;
- (h) prescribing the roles of the officers of the Network;
- (i) respecting the holding of Executive Committee meetings, including required meetings, the notice for such meetings, the quorum and procedure to be followed and the manner of voting;

- (j) respecting the establishment of, and quorum for, such committees as may be appointed by the Executive Committee or Council and providing for the holding and conduct of meetings of such committees;
- (k) determining the term of office, title, duties and authority of the Administrator;
- (l) prescribing the seal of the Network;
- (m) establishing the process to recommend changes to this Act and the regulations;
- (n) establishing the process to adopt and make revisions to the by-laws. 2012, c. 48, s. 14.

### Regulations

**15 (1)** Subject to the approval of the Governor in Council, the Council may make regulations

- (a) respecting the process to be followed if a regulated health profession seeks to modify its scope of practice in accordance with Section 18;
- (b) governing collaborative investigative processes;
- (c) governing the composition of the Registration Review Committee for the purpose of clause 22(5)(a);
- (d) prescribing procedures for conducting a collaborative registration review;
- (e) prescribing other collaborative regulatory processes pursuant to clause 6(h)(iv) and the procedures for conducting such processes;
- (f) approving the addition of Network members.

**(2)** The exercise by the Council of the authority contained in subsection (1) is regulations within the meaning of the *Regulations Act*.

**(3)** All regulations and by-laws of the Network must be available for inspection by any person, free of charge, at the head office of the Network at all reasonable times during business hours. 2012, c. 48, s. 15.

## COLLABORATION

### Promotion and areas of collaboration

**16 (1)** The Council shall meet on a regular basis to promote collaboration by Network members on matters consistent with the Network's purpose and objects as set out in Sections 5 and 6.

**(2)** The Minister may send one or more delegates to attend meetings of the Council and such delegates have no voting rights.

**(3)** Without limiting the generality of subsection (1), Network members may collaborate on matters involving

- (a) the sharing of best practices;

- (b) the development of collaborative policies, tools and resources;
- (c) the training of individuals or committee members of any of the regulated health professions;
- (d) research and dissemination of matters of interest to Network members;
- (e) capacity building for any Network member that may benefit from the experience of other Network members; and
- (f) communicating with government and other bodies regarding matters of common interest to Network members, including any matter that relates to patient safety, improvement in the quality of health-care delivery or the general improvement of the regulation of health professions. 2012, c. 48, s. 16.

#### COLLABORATIVE REGULATORY PROCESSES

##### Agreement respecting scopes of practice

###### 17 (1) Where

- (a) the scope of practice of a regulated health profession overlaps with the scope of practice of one or more other health professions;
- (b) two or more health professions share certain competencies; or
- (c) there are circumstances involving the interpretation of a health profession's scope of practice,

the affected Network members may, subject to subsections (5) and (6), enter into an agreement, on an interim basis or otherwise, respecting their relative scopes of practice.

###### (2) An agreement made pursuant to subsection (1) must

- (a) be a binding interpretation of the respective scopes of practice of those health professions; or
- (b) set out a procedure to deal with scope of practice issues, or specified types of scope of practice issues, involving those health professions on an ongoing basis.

(3) Where an agreement is reached pursuant to subsection (1), the parties to the agreement shall, within five days of reaching the agreement, provide a copy of the agreement to

- (a) the Minister;
- (b) all Network representatives; and
- (c) a provincial representative of a health profession whose members may be affected by the agreement.

(4) Within ten days of receipt of its copy of the agreement, the Network representative and provincial representative of a health profession may provide comments on the agreement to the Minister.

(5) The Minister shall consider any comments received pursuant to subsection (4) when making a determination pursuant to subsection (6).

(6) Where the Minister believes an agreement reached pursuant to subsection (1) is not in the public interest, the Minister may, within 60 days of receipt of a copy of the agreement, revoke the agreement.

(7) An agreement reached pursuant to subsection (1) is not effective until the expiry of the time set out in subsection (6) or such earlier time as the Minister waives the right of revocation under subsection (6).

(8) Notwithstanding any other enactment of the Province, where an agreement is reached pursuant to subsection (1), a member of a health profession who is practising in accordance with the terms of the agreement is deemed to be practising within the scope of practice of that member's health profession.

(9) Where an agreement is reached pursuant to subsection (1) and the Minister has not revoked the agreement pursuant to subsection (6), a copy of the agreement

(a) must be published on the Network's website and on the websites of the Network members that are parties to the agreement;

(b) must be provided to the Network representatives and to the provincial representatives of health professions whose members may be affected by the agreement; and

(c) may be published in such other manner as is determined by the Executive Committee.

(10) *repealed 2026, c. 4, s. 15.*

2012, c. 48, s. 17; 2026, c. 4, s. 15.

### **Modification in scope of practice**

**18 (1)** Where a Network member seeks a modification in the scope of practice of the profession regulated by the Network member, it may follow the process for modifying its scope of practice as set out in the regulations.

(2) The process set out in the regulations pursuant to subsection (1) must require notification of any proposed modification in the scope of practice of a profession to all Network representatives and to all provincial representatives of health professions whose members may be affected by the proposed modification.

(3) Notwithstanding subsection (1), a modification in the scope of practice of a regulated health profession enabled through the process set out in subsection (1) is not effective until it is approved by Governor in Council.

(4) Where pursuant to subsections (1) and (3) the Governor in Council approves a modification in the scope of practice of a regulated health profession other than that set out in the health profession's governing statute,

(a) the health profession's governing statute is amended to reflect the modification approved by the Governor in Council;

(b) the approved modified scope of practice must be published on the Network's website and the participating Network members' websites; and

(c) the Network must provide notice to all provincial representatives of health professions whose members may be affected by the approved modified scope of practice. 2012, c. 48, s. 18.

### **Collaborative investigative process**

**19 (1)** In this Section, "participating Network members" means those Network members who agree to participate in a collaborative investigative process in order to conduct an investigation in accordance with subsection (2).

**(2)** Notwithstanding any regulated health profession's governing statute, where

(a) two or more Network members have received related complaints involving members of their professions, and the Network members believe that a collaborative investigation of the complaints is appropriate;

(b) a Network member believes that the use of a collaborative investigative process will assist in the investigation of a complaint received under that Network member's governing statute; or

(c) two or more Network members believe it is in the public interest to collaborate in the investigation of a complaint,

the participating Network members may by agreement through their Network representatives, in their sole and absolute discretion, initiate an investigation that is, in whole or in part, collaborative.

**(3)** Neither a complainant nor a respondent has any role in the decision of participating Network members to utilize a collaborative investigative process and the decision of the participating Network members regarding the use of the collaborative investigative process is final.

**(4)** Notwithstanding this Act or any regulated health profession's governing statute, where the Network member in receipt of a complaint has reasonable grounds to believe that

(a) another Network member has received a complaint with respect to the same circumstances;

(b) a collaborative investigative process involving one or more Network members may be appropriate; or

(c) it is in the public interest to bring the complaint to the attention of another Network member,

the Network member in receipt of the complaint may disclose such information to the participating Network member as will enable the participating Network member to determine whether to

(d) commence an investigation under that Network member's governing statute;

(e) commence a collaborative investigation; or

(f) take no action with respect to the information provided by the other Network member.

(5) Without limiting the generality of subsection (2) and subject to Section 20, in an agreement to conduct a collaborative investigative process, the participating Network members may do one or more of the following:

(a) agree that one or more participating Network members will conduct an investigation, in whole or in part, on behalf of one or more of the other participating Network members;

(b) agree to carry out each of their separate investigations, or parts of those investigations, in accordance with a common investigative plan;

(c) agree to establish coordinating mechanisms and processes for facilitating and enabling the effective management of the collaborative investigative process;

(d) agree that two or more participating Network members, or all of them, will jointly conduct a common investigation that will be the investigation for each of them under their respective health profession's governing statute;

(e) agree to engage and assign investigative tasks or responsibilities to qualified investigative professionals appointed by the participating Networks' representatives. 2012, c. 48, s. 19.

#### **Procedure, privilege and disposition of complaints**

20 (1) To the extent the governing statutes of the participating Network members have consistent provisions respecting

(a) the duties and procedures for investigations; or

(b) statutory rights, powers or procedures for complainants, respondents, the participating Network members or others during an investigation,

the relevant provisions of the governing statutes of the participating Network members are applicable to the collaborative investigative process with such modifications as required to reflect the collaborative aspect of the investigation.

(2) Subject to subsection 19(4), to the extent the governing statutes of participating Network members differ in their

(a) provisions respecting disclosure of information to complainants and respondents; or

(b) procedural rights granted to complainants and respondents during an investigative process,

each participating Network member is bound by the relevant provisions in its governing statute.

(3) Notwithstanding the provisions of any other regulated health profession's governing statute and subject to subsection (2),

(a) a participating Network member may share investigative material with another participating Network member if the inves-

tigative material is relevant to the investigation of a respondent governed by that participating Network member; and

(b) an investigation that is conducted through a collaborative investigative process is for all purposes to be considered an investigation, in whole or in part, that has taken place under the governing statute of each of the participating Network members.

(4) Except to the extent that investigative material is shared pursuant to clause (3)(a),

(a) investigative material gathered, prepared or shared through a collaborative investigation is privileged to the same extent as the investigative material would be privileged under the participating Network member's governing statute if each participating member conducted its own investigation; and

(b) the sharing of information pursuant to clause (3)(a) is not a waiver of privilege otherwise available under each participating member's governing statute.

(5) In subsection (6)

(a) "legal proceeding" means any civil proceeding, discovery, inquiry, proceeding before a tribunal, board or commission or an arbitration, in which evidence may be sought or given, and includes a public inquiry or an action or a proceeding for the imposition of punishment by fine, penalty or imprisonment for the violation of a provincial enactment, but does not include any proceeding or hearing relevant to a respondent conducted pursuant to a health profession's statute;

(b) "witness" means a person who, in the course of a legal proceeding, is examined for discovery or is cross-examined upon an affidavit made by that person, answers any interrogatories or makes an affidavit as to documents or is called upon to answer any question or produce any document, whether under oath or not;[.]

(6) For greater certainty, a witness in a legal proceeding shall be excused from answering questions related to a collaborative investigative process or investigative material.

(7) Notwithstanding any other regulated health profession's governing statute, the person or persons appointed to conduct a collaborative investigation have all the powers, privileges and immunities of a commissioner appointed pursuant to the *Public Inquiries Act*, with the exception of the powers of contempt, arrest and imprisonment.

(8) At any time during the collaborative investigation the participating Network members may, and on completion of the collaborative investigation shall, provide the investigative material to the investigative bodies of the affected Network members and each of the investigative bodies of those Network members shall then dispose of the complaint relating to its member in accordance with its governing statute. 2012, c. 48, s. 20.

**Network member may conduct own investigation**

**21** Nothing in Sections 19 or 20 precludes a Network member from utilizing its own governing statute to conduct an investigation into a complaint or to conduct a further investigation in addition to the collaborative investigation pursuant to those Sections. 2012, c. 48, s. 21.

**Collaborative registration review process**

**22 (1)** In this Section, “affected Network member” means the Network member responsible for the registration or licensing decision challenged by the appellant.

**(2)** Where a regulated health profession’s governing statute does not provide for an internal review within the meaning of the *Fair Registration Practices Act*, the collaborative registration review process prescribed by the regulations must be used to conduct a review of the registration or licensing decision.

**(3)** Where, notwithstanding the existence of an internal review or appeal procedure for registration or licensing decisions under a health profession’s governing statute, an appellant and the affected Network member agree to use the collaborative registration review process, then the collaborative registration review process prescribed by the regulations may be used to conduct a review of the registration or licensing decision.

**(4)** Nothing in subsection (3) precludes an affected Network member or appellant from using an internal review or appeal procedure pursuant to the appellant’s governing statute if that Network member does not engage the collaborative registration review process.

**(5)** Where the collaborative registration review process is to be used in accordance with subsections (2) or (3), the Executive Committee shall

(a) establish a Registration Review Committee composed of such persons as set out in the regulations;

(b) appoint a chair of the Registration Review Committee;  
and

(c) ensure that training is provided to the Registration Review Committee in accordance with the requirements of the *Fair Registration Practices Act*.

**(6)** Notwithstanding any regulated health profession’s governing statute, where a collaborative registration review process is used,

(a) the members of the Registration Review Committee may share with each other material gathered by the affected Network member in the course of making the registration or licensing decision under review and may otherwise collaborate in the conduct of the review; and

(b) the collaborative registration review process is for all purposes to be considered the review or appeal process authorized, if any, under the affected Network member’s governing statute, and the review or appeal process of the affected Network member’s governing statute does not apply.

(7) Information gathered, prepared or shared through a collaborative registration review process is privileged to the same extent as the information would be privileged under the affected Network member's governing statute.

(8) The sharing of information among members of the Registration Review Committee is not a waiver of privilege otherwise available under each affected Network member's governing statute.

(9) The persons serving on the Registration Review Committee have all the powers, privileges and immunities of a commissioner under the *Public Inquiries Act*, with the exception of the powers of contempt, arrest and imprisonment. 2012, c. 48, s. 22.

## GENERAL

### Regulations

- 23** The Governor in Council may make regulations
- (a) listing regulated health professions as Network members;
  - (aa) defining any word or expression used but not defined in this Act;
  - (b) further defining any word or expression defined in this Act;
  - (c) respecting any matter or thing the Governor in Council considers necessary or advisable to effectively carry out its functions or the exercise of its powers. 2012, c. 48, s. 23; 2023, c. 15, s. 233.

### List deemed prescribed

**23A** The list contained in the Schedule upon the coming into force of this Section is deemed to be prescribed under clause 23(a) and to have been published in accordance with the *Regulations Act* and may be amended or repealed under this Act. 2023, c. 15, s. 234.

### No action lies

**24 (1)** No action or other proceeding for damages lies or may be instituted against the Network, any Network representative, any Network member, the Council, the Executive Committee, the Regulation Review Committee, the Administrator or any committees, officers, agents or employees of the Network for any act or omission done in good faith in the execution or intended execution of any power or duty pursuant to this Act.

(2) No action or other proceeding for damages lies or may be instituted against any person for the disclosure of any information or any document or anything therein pursuant to this Act unless such disclosure is made with malice.

(3) No action or other proceeding for damages lies or may be instituted against a Network member, a Network representative, the Council, the Executive Committee, the Administrator or any person acting under the direction of the Network, Council or Executive Committee for a debt, liability or obligation of the Network. 2012, c. 48, s. 24.

**In event of conflict**

**25 (1)** Except as otherwise provided in this Act, in the event of any conflict or inconsistency between this Act and a regulated health profession's governing statute, the health profession's governing statute prevails.

**(2)** Notwithstanding subsection (1),

(a) where any member of the Network engages in a collaborative regulatory process authorized pursuant to this Act, the collaborative regulatory process, the outcome of the collaborative regulatory process and the provisions of this Act respecting the collaborative regulatory process, are deemed to act in addition to, or as substitution for, the relevant provisions, process or outcome authorized under that Network member's governing statute;

(b) information gathered, prepared, shared or provided during a collaborative regulatory process is exempt from the confidentiality and privilege provisions of the affected health profession's governing statute to the extent only that information is gathered, prepared or shared among members of the Network participating in the collaborative regulatory process authorized pursuant to this Act; and

(c) the sharing of information from a collaborative regulatory process among members participating in such collaborative regulatory process is not a waiver of privilege otherwise available under each affected regulated health profession's governing statute. 2012, c. 48, s. 25.

**Pending matters**

**26 (1)** Where the affected Network members agree, upon the coming into force of this Act, any matter pending before an investigative body under a Network member's governing statute may be dealt with as a collaborative investigation as nearly as possible in accordance with this Act.

**(2)** Where the affected Network member and the appellant agree, upon the coming into force of this Act any registration or licensing review or appeal pending before an appeal or review body of a Network member may be dealt with as a collaborative registration review process as nearly as possible in accordance with this Act. 2012, c. 48, s. 26.

**Costs**

**27 (1)** To the extent that a Network member agrees to participate in a collaborative regulatory process with another Network member, those Network members shall determine the manner and timing of paying the costs of such collaborative regulatory processes.

**(2)** For greater certainty with respect to subsection (1), Network members that use a collaborative investigative process or a collaborative registration review process shall be guided by the principle that the Network member that otherwise would be responsible for the costs of some or all of an investigation or a registration review process under its own governing statute is responsible for its proportionate cost of the collaborative process. 2012, c. 48, s. 27.

**Chiropractic Act amended**28 *amendment***Dental Technicians Act amended**29 *amendment***Denturists Act amended**30 *amendment***Dispensing Opticians Act amended**31 *amendment***Medical Act amended**32 *amendment***Medical Laboratory Technology Act amended**33 *amendment***Medical Radiation Technologists Act amended**34 *amendment***Midwifery Act amended**35 *amendment***Occupational Therapists Act amended**36 *amendment***Optometry Act amended**37 *amendment***Physiotherapy Act amended**38 *amendment***Psychologists Act amended**39 *amendment***Social Workers Act amended**40 *amendment***Review of operation of Act**

41 (1) Five years after the coming into force of this Act, the Minister shall ensure that a review of the operation of this Act is undertaken.

(2) Within one year after the review pursuant to subsection (1) or within such further time as the House of Assembly may allow, the Minister shall

submit a report on the review to the Assembly and to Network members. 2012, c. 48, s. 41.

**Effective date**

**42** This Act comes into force on such day as the Governor in Council orders and declares by proclamation. 2012, c. 48, s. 42.

Proclaimed - September 10, 2013  
In force - September 10, 2013

Schedule *repealed 2023, c. 15, s. 236.*

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