

Establishing the Alternative Discipline Process as a Permanent Regulatory Program

To: Benchers

Purpose: Discussion & Decision

From: Staff

Date: April 11, 2025

Issue

1. In recent years, the Law Society of British Columbia has established itself as a leader among legal regulators in addressing mental health and substance use issues within the profession, advancing dozens of initiatives that aim to improve lawyer well-being and protect the public.
2. The Alternative Discipline Process (“ADP”), which represents the most significant aspect of this work, was unanimously approved by the Benchers in 2021 and operationalized in 2022, commencing as a three-year pilot project.¹ Designed to specifically address circumstances in which a lawyer’s health issue has contributed to conduct that has resulted in a complaint investigation, the ADP is a remedial program that focuses on resolving or managing the underlying health issue. In doing so, the program aims to place lawyers in a stronger position to meet their professional responsibilities and serve their clients, and to reduce the risk that a health issue may impact on the future delivery of legal services.²
3. Based on the findings presented in this report the Executive Committee, in its role providing oversight and direction on regulatory policy development, recommends that the Benchers approve the ADP as a permanent regulatory program.

Background

Rationale for developing the ADP

4. High rates of mental health and substance use issues among lawyers have been well-documented for some time. In 2022, the first significant body of Canadian research on this topic (the “*National Study*”)³ confirmed that legal professionals are affected by mental health challenges and problematic substance use at significantly higher rates than the general working population, with 29% of respondents experiencing depressive symptoms, 36% experiencing anxiety, and more than one-third of participants exhibiting signs of potential alcohol dependence. Legal professionals from equity-deserving groups and new entrants to the profession had the highest rates of poor mental health, with nearly half of articling students reporting being diagnosed with a mental health issue since they started practising law. Further, the *National Study* found that nearly half of legal professionals had felt the need

¹ The ADP was to comport with the purpose, principles, design features and policy rationale as described in the Mental Health Task Force’s [Alternative Discipline Process Recommendation Report](#) (2021) (“ADP Recommendation Report”).

² Pursuant to section 3 of the *Legal Profession Act*, the Law Society’s duty to uphold and protect the public interest can be met in a number of ways, two of which are central to the ADP, namely: establishing standards and programs for the professional responsibility of lawyers; and supporting and assisting lawyers in fulfilling their duties.

³ See Cadieux N. et. al., *National Study on the Health and Wellness Determinants of Legal Professionals in Canada Research Report* and *Targeted Recommendations* Phase I (2020-22). See also *National Study on the Health and Wellness Determinants of Legal Professionals in Canada Consolidated Report*, Phase II (2022-24).

to seek professional help for psychological health problems but had not done so.

5. Although there is not necessarily a causal relationship between mental health and substance use issues and instances of misconduct, untreated health conditions can, in some cases, impair skills that are essential to a lawyer's ability to fulfill their professional responsibilities. This, in turn, may contribute to problematic conduct that leads to a complaint.
6. Traditional approaches to regulation, which typically focus on whether there has been a discipline violation and imposing appropriate sanctions, are limited in their ability to tailor the regulatory response in ways that facilitate the management of an underlying health issue contributing to misconduct.⁴ Additionally, lawyers' apprehensions about sharing their health status within the Law Society's processes —based on concerns about confidentiality, stigma and discipline consequences — can result in minimal or no disclosure of relevant health information.
7. Paired with the data respecting high levels of mental health issues in the profession, these regulatory challenges led the Mental Health Task Force to focus its efforts on developing an alternative pathway, outside of the regular discipline process, that would specifically address situations in which a health issue has contributed to lawyer misconduct.
8. Following a multi-year design phase and the creation of rules under [Division 1.01](#), the ADP was operationalized in March 2022 as a pilot project. Currently, the program is administered by one staff lawyer, referred to herein as ADP Counsel, with key decisions being referred to the Executive Director. Although an in-depth review of the ADP is beyond the scope of this report, an overview of the process is provided to give sufficient context for the analysis and recommendations that follow.

Program design

9. The purpose of the ADP is to provide the Law Society with an opportunity to address misconduct outside of the regular discipline process in circumstances in which a lawyer's health condition is a contributing factor. In diverting eligible lawyers into a voluntary, confidential program that serves as an alternative to discipline, the regulatory response is customized to focus on remediation and rehabilitation of the health issue, including treatment and practice interventions. If the health issue is successfully resolved or managed, it is likely that the risk of the conduct reoccurring will be reduced, thus enhancing the protection of the public.
10. A referral to the ADP for an eligibility assessment can occur at any point during the complaint investigation if a lawyer indicates that a health issue may have impacted their conduct.⁵ After signing a consent form setting out the general parameters of the ADP, health

⁴ Typically, if health information is disclosed it is taken into account as a mitigating factor at the sentencing stage if it is found to be relevant to the conduct at issue.

⁵ Diversion to the APD must occur before a matter is referred to the Practice Standards or Discipline Committee.

information is sought from the lawyer and healthcare professionals. All information disclosed in the ADP is treated confidentially and is not shared with other Law Society staff, committees or the complainant.⁶

11. If the Executive Director is satisfied — based on the health information, and having given consideration to factors including the seriousness of the conduct and the harm to the complainant — that it is in the public interest to proceed with the complaint in the ADP, the lawyer is diverted out of the regular discipline process and the complaint file is closed.⁷ At this stage, complainants are informed that the matter will be addressed in the ADP; however, information about the lawyer’s health status remains confidential.
12. During the second phase of the process, ADP Counsel works with the lawyer to craft a consent agreement that sets out the actions that the lawyer will take to address the underlying health condition and any associated practice issues. Each consent agreement is tailored to the particular health issue, the conduct issue and the lawyer’s professional and personal circumstances. Typically, terms include a requirement to follow a recommended treatment plan or monitoring program, adhere to practice conditions or limitations, participate in educational programming and, in some cases, take steps to acknowledge or mitigate harms resulting from the misconduct. Regular check-ins with ADP Counsel are a standard term of all agreements, as are provisions relating to confidentiality and information sharing, delay, amendments, breaches and the circumstances in which a matter might be returned to the regular discipline process.
13. The consent agreement is approved if the Executive Director is satisfied, in accordance with factors enumerated in Rule 3-9.4, that the proposed terms are in the public interest. If the lawyer successfully fulfils the agreement —which can range from months to years in duration depending on the health issue —no further action is taken on the complaint, and neither the conduct nor the lawyer’s participation in the ADP forms part of their professional conduct record.
14. Alternatively, if at any stage of the process the Executive Director determines that it is *not* in the public interest for the lawyer to continue participating in the ADP, the matter is returned to the regular discipline process. This safeguard ensures that the ADP can respond to new information, such as previously unknown misconduct, changing circumstances, or a material breach of the agreement or other information that indicates a lawyer is unable to fulfill its terms. Additionally, this feature means that an initial decision to proceed through the ADP presents no risk to either the Law Society or the lawyer, as the matter can always be returned to the regular discipline process. If this occurs, the investigation and any subsequent disciplinary action resumes as if the ADP had never been attempted.

⁶ Exceptions to confidentiality are set out in the consent form and in the Rules, and include when a lawyer consents to disclosure, or when disclosure is required by law (e.g. duty to warn, duty to accommodate).

⁷ Eligibility decisions are governed by Rule 3-9.1 and the Eligibility Guidelines provided to prospective participants.

Participant profiles

15. Lawyers participating in the ADP come from a range of backgrounds, including new entrants to the profession, mid-career associates and seasoned partners, with practice experience ranging from three years to more than four decades. Nearly half are sole practitioners,⁸ while the remainder practice in private sector firms of all sizes, as well as the public sector. Approximately 87% of eligible participants had no discipline history prior to their referral to the ADP and one third had no prior complaint history.⁹
16. Notably, 40% of lawyers eligible for the ADP are women—a significantly higher proportion than are typically involved in other Law Society processes including conduct reviews, conduct meetings and Practice Standards.¹⁰ Anecdotally, more than half of the women participating in the ADP also identify with at least one other equity-deserving group.
17. Lawyers in the ADP have a wide variety of mental health and substance use issues, including opioid, gambling, and alcohol addictions, as well as anxiety, depression, traumatic stress, vicarious trauma, eating disorders, bipolar disorder, psychotic disorders and neurodevelopmental disorders. Each individual enters the ADP at a different stage in their health journey; some are in the early stages of seeking a diagnosis, while others have considerable lived experience.
18. The types of conduct issues arising in the ADP are similarly varied. Examples include falsification of timekeeping and other administrative records, failure to respond to communications, delay on client matters, technical breaches of Law Society requirements and conduct unbecoming.¹¹ In most cases, lawyers were referred to the ADP for a single conduct issue that led to a complaint. In some instances, however, multiple complaints are “bundled” into a single ADP file if all the conduct was linked to the underlying health issue.

Analysis & Recommendations

19. The ADP [Interim Report](#), issued in March 2024, provided a preliminary assessment of the pilot project. Its findings were overwhelmingly positive, concluding that the ADP’s principles had operated appropriately to address health issues and placed lawyers who successfully complete the process in a better position to be healthy in the practice of law. Building on the Interim Report, the Final Report provides a more detailed examination of the

⁸ This is comparable to the proportion of sole practitioners (58%) currently involved in Practice Standards, and the proportion of sole practitioners subject to citations and conduct reviews (53%) over the last two years.

⁹ Of those with a complaint history, more than 95% of previous complaints were closed as unsubstantiated, resolved, invalid or for other reasons that resulted in no further action being taken by the Law Society.

¹⁰ Over the last two years, women made up approximately 24% of lawyers subject to a conduct review, 14% of lawyers subject to a citation and 17% of lawyers subject to a consent agreement in the regular process. Approximately 27% of lawyers currently involved in Practice Standards are women.

¹¹ Conduct unbecoming can be characterized as “off-the-job” conduct that brings the reputation of lawyers into disrepute and which may be subject to discipline.

pilot data to assess the extent to which the program has achieved is regulatory and policy goals.

Operational effectiveness

20. Key metrics considered in assessing the ADP's operational effectiveness are discussed below, namely: participation rates; ineligibility; timeliness; repeated regulatory interactions; disclosure and information sharing; administration and analytics; complainant experiences; participant and staff observations, and; external recognition.

Participation rates

21. Although a number of other jurisdictions have struggled with low participation rates in diversionary programs,¹² this has not borne out in the ADP. The number of positive eligibility determinations reflect a steady increase in the number of lawyers diverted to the ADP over time. To date, 15 lawyers have met the ADP eligibility criteria,¹³ of which, three individuals are currently in the process of developing a consent agreement, five individuals are fulfilling an approved consent agreement and six individuals have successfully completed the ADP. Additionally, one lawyer who was initially deemed eligible was later found to be ineligible and returned to the regular discipline process. A further two lawyers are currently involved in an eligibility assessment.

22. Almost twice as many consent agreements were approved in the second half of the pilot as compared to the first.¹⁴ This trend continues — more consent agreements are expected to be approved in the first half of this year than during the first 18 months of the pilot project.

23. The data also indicates that the number of matters diverted to the ADP during the pilot represents only 3% of complaints requiring further action by the Law Society over the past three years,¹⁵ easing concerns that high rates of mental health and substance use issues within the profession could lead to a "tidal wave" of lawyers seeking an alternative to discipline.

Ineligibility

24. Data on ineligibility offers valuable insights into the ADP's ability to identify and respond to situations where addressing a conduct issue outside the regular discipline process is not in the public interest. This aspect of the ADP is governed by a combination of Rule 3-9.1 and guidance developed during the pilot, which identifies factors the Executive Director may take

¹² See for example, the experiences of the New York State Bar, [Report and Recommendations of the NYSBA Task Force on Attorney Well-Being](#) at p. 56.

¹³The eligibility determination is governed by Law Society [Rule 3-9.1](#).

¹⁴ Four agreements were approved from March 2022 to September 2023. An additional seven agreements were approved October 2023 to April 2025.

¹⁵ The majority of matters are dealt with through the Law Society's disciplinary process, including conduct letters, conduct meetings, conduct reviews, citations administrative penalties, consent agreements under Rule 3-71 and remedial action through referrals to the Practice Standards Committee.

into account when making an eligibility decision. These criteria include the seriousness of the conduct, the harm caused to a complainant or another person, the nexus between a health issue and the conduct, and the presence of any competency, evidentiary, or character concerns.¹⁶

25. Additionally, through the operation of Rule 3-9.9, a matter can become ineligible at any point in the lawyer's involvement in the ADP if the Executive Director determines that their continued participation is no longer in the public interest.
26. Of the 23 lawyers that have sought entry into the ADP, six were determined to be ineligible at the outset on the basis of the seriousness of the conduct, the impact on the complainant or the absence of a nexus between an alleged health issue and the conduct. As previously noted, one lawyer who was initially determined to be eligible was returned to the regular discipline process following the discovery of additional, serious misconduct that was unknown at the time the eligibility assessment occurred.¹⁷
27. Of the ineligible matters, two lawyers were subsequently subject to citations, resulting in discipline proceedings that are currently ongoing, three matters were addressed through a consent agreement under Rule 3-7.1 in the regular discipline process and one matter has been returned for further investigation. In one ineligible matter, the lawyer was disbarred for indirectly related conduct. These outcomes suggest that the ADP has been successful in ensuring that misconduct engaging significant public interest concerns is dealt with in the regular discipline process, which is important for transparency, public accountability and to support progressive discipline in future cases of serious misconduct.¹⁸

Timeliness

28. Another key metric is the timeliness of a matter's progression through the ADP. To ensure fair and efficient decision-making, the ADP was designed so that eligibility determinations and consent agreement approvals fall under the Executive Director's authority. This approach streamlines the process compared to Committee decision-making while also safeguarding confidentiality by keeping approvals separate from the Discipline and Practice Standards Committees.
29. The average time from an initial referral to the ADP for an eligibility assessment to the approval of a consent agreement is seven months. A significant portion of this period is spent gathering health information, with scheduling appointments, obtaining medical assessments,

¹⁶The guidelines were developed pursuant to the Mental Health Force's recommendations to improve the transparency and consistency of decision-making (see [ADP Recommendation Report](#) *supra* note 1)

¹⁷ Additionally, two lawyer are currently involved in the eligibility assessment process.

¹⁸ To date, no lawyers have been returned to the regular discipline process *after* the approval of a consent agreement.

and record retrieval all impacting timelines.¹⁹

30. Once approved, consent agreements vary in duration, ranging from three months to three years, depending on the health issue and the required course of treatment and/or monitoring. Among those who have completed the ADP, the average time from approval to fulfillment of the consent agreement is eight months.

Repeated regulatory interactions

31. Given the relatively short duration of the pilot project, there is limited data on whether the ADP has been effective in achieving one of its key objectives—reducing the frequency or severity of future misconduct. However, early indications are positive: of the 15 lawyers that met the initial eligibility criteria for the ADP, only one has faced subsequent disciplinary action.²⁰
32. Further, none of the lawyers that have successfully completed the ADP breached terms of their agreements, nor have they been subject to additional substantiated complaints or disciplinary action after fulfilling their agreements. Similarly, none of the lawyers that are *currently* fulfilling their consent agreements have breached terms or been subject to additional substantiated complaints or disciplinary action while participating in the ADP.
33. Although numerous factors can contribute to repeat offending, the ADP’s ability to address matters at an earlier stage, or more expediently, than in the regular discipline process (excluding consent agreements negotiated by the Discipline department), may improve the ability to remediate and deter repeated regulatory interactions. Evaluating the degree to which the ADP is successful in reducing the frequency or severity of future misconduct, and comparing repeated regulatory interactions rates with those in other Law Society processes, will be a key component of the continuous evaluation of the ADP.

Disclosure and information sharing

34. The disclosure of health information is essential to the effective functioning of the ADP. Insufficient details about a lawyer’s health status and the connection to the conduct under investigation can create challenges for the eligibility determination and the development of a consent agreement. Therefore, assessing whether the ADP successfully encourages the disclosure of health information—as it was designed to do—is a key factor in evaluating the program’s efficacy.
35. The majority of lawyers inquiring about the ADP disclosed only basic information about the existence of their health issue—without providing details—to the investigating lawyer during

¹⁹ Establishing procedures to address repeated failures to respond to ADP Counsel could yield significant public interest benefits by improving responsiveness and reducing delay.

²⁰ In that case, the lawyer was returned to the regular discipline process before a consent agreement was in place, due to new information that raised public interest concerns.

the regular discipline process. Instead, most chose to wait until they were referred to ADP Counsel to fully share their story. Anecdotally, once contact is established with ADP Counsel, there is a high level of disclosure, even in cases where significant stigma may be associated with the health issue. As a lawyer's trust in ADP Counsel deepens, their comfort in sharing details about their health, as well as related personal and professional circumstances, also increases. These observations suggest that the voluntariness and confidentiality of the ADP have helped lower barriers to disclosure that may otherwise exist within the regular discipline process.

36. Another aspect of disclosure that warrants consideration is the extent to which it is possible to share information obtained during a lawyer's participation in the ADP with the regular discipline process. Although health information is not shared between the two processes without the lawyer's consent, information about conduct can be shared where there are public interest concerns. Specifically, the ADP consent form (signed by all participants during the eligibility assessment) and consent agreements contain provisions clarifying that if new allegations of professional misconduct, conduct unbecoming, or violations of the Rules, Act, or *Code* arise during a lawyer's participation in the ADP, relevant details may be shared with the regular discipline process to initiate an investigation. Over the course of the pilot, reliance on these provisions has been required only once.

Administration and analytics

37. Throughout the pilot project, the ADP has undergone several improvements, including developing guidelines to support the Executive Director in making eligibility decisions, improving information about the ADP on the website and in targeted communications to lawyers and complainants, and establishing internal procedures to standardize the transition of a matter from a complaint investigation to the ADP. Additionally, templates, checklists, forms and other materials have been created to streamline the program's operations and improve decision-making. Where unanticipated circumstances or consequences arose during the pilot, steps were taken to address gaps or limitations.
38. The administration of the program has also benefited from ADP staff undertaking training and education to develop a strong foundational understanding of mental health and substance use issues. In addition to enhancing competence and professionalism, this knowledge supports evidence-based decision making and ensures adherence to best practices.
39. Recognizing that access to reliable data and robust analysis is essential for program evaluation and evidence-based decision-making, the ADP has also effectively balanced confidentiality with data collection, analysis, and anonymized reporting. In addition to providing the Law Society with valuable insights into the administration of the ADP, anonymized data and statistical analysis have enabled this information to be shared with both the public and other regulatory bodies that are seeking to learn from the ADP as part of developing their own alternative discipline programs.

Complainants

40. Based on the recommendations of the Mental Health Task Force and in alignment with best practices, rules and processes have been implemented to ensure that complainants are kept informed as their complaint progresses through the ADP. Additionally, complainants are given the opportunity to submit a written statement describing the impact of the lawyer's conduct, which is taken into consideration when developing a consent agreement.
41. Fewer than half of complainants have provided such statements. Of those that did, many seek remedies that are outside the jurisdiction of the Law Society (e.g., intervening in a legal matter, providing compensation), or that are unavailable within the ADP (e.g., further investigation of the underlying complaint, sanctions).²¹ Some complainants expressed disappointment about the lack of a traditional disciplinary response, questioned why the Law Society did not provide support to complainants' experiencing mental health issues triggered by the misconduct, and challenged the legitimacy of the lawyer's health issue.
42. Ultimately, the role of the complainant is significantly constrained by the confidentiality of the ADP, which prevents the disclosure of the lawyer's health issue, personal circumstances and terms of the consent agreement. As a result, complainants have a limited understanding of the factors contributing to the misconduct and the steps taken by both the lawyer and the Law Society, which can compound misunderstanding about, and frustration with, the process. Ensuring complainants receive sufficient information about the ADP, including the limitations on information sharing and the availability of remedies, may help better align expectations with experiences.

Participants and ADP Counsel

43. One of the most valuable sources of feedback on the successes and challenges of the ADP comes from those directly involved—namely, the participants and ADP Counsel.
44. In addition to the establishment of effective rules, policies, and procedures, the effectiveness of the program hinges on the ability of ADP Counsel and participating lawyers to build and maintain a strong working relationship, characterized by mutual trust and respect, effective communication, and a shared commitment to the process.
45. For lawyers, successful participation in the ADP requires self-awareness and a willingness to be vulnerable in examining and disclosing highly personal issues, as well as taking proactive steps to seek support and treatment. Critically, lawyers must be ready and willing to move forward and be an active participant in their own journey to wellness. ADP Counsel, in turn, is required to play not only a regulatory role, but also, provide guidance and support by demonstrating exceptional listening and problem-solving skills, sensitivity, empathy,

²¹ The ADP does not conduct additional investigation, fact-find, weigh evidence or impose sanctions. Rather, the focus is on developing a consent agreement to address a health issue that has contributed to misconduct.

curiosity, creativity, and resourcefulness. Applying a trauma-informed lens to this work is also essential.

46. As highlighted in the Interim Report, lawyers participating in the ADP have demonstrated thoughtfulness and a genuine commitment to addressing their health issues. Many participants have shared feelings of remorse, guilt, and shame when reflecting on how their health challenges have impacted their conduct. At the same time, lawyers have frequently expressed profound gratitude for the opportunity to participate in the ADP and for the referrals to support, treatment, and resources that have played a role in their recovery.
47. As previously discussed, lawyers who meet the ADP eligibility criteria have been highly successful in completing their agreements. It is likely that this is, in part, due to the voluntary, consent-based, collaborative approach to the development of the agreements' terms. As highlighted in the Interim Report, providing lawyers with autonomy over their treatment—rather than imposing coerced interventions—can empower them to take greater responsibility for their actions and recovery. This, in turn, strengthens their ability to provide high-quality legal services to their clients while improving their overall well-being.

Recognition

48. In recommending that law societies develop alternative discipline processes to respond to problematic conduct linked to mental health issues, the *National Study* specifically identifies the ADP as a model for other legal regulators.²² The ADP has also garnered attention from professional development organizations, academics, and regulatory bodies both within and beyond the legal profession.
49. Following a presentation on the ADP at the International Conference of Legal Regulators, there has also been significant international interest in the program. This has led to recent consultations with the Victoria Bar Association (Australia) and the Bar Standards Board (UK), as both jurisdictions explore the development of alternative discipline processes.

Future initiatives

50. The pilot project outcomes have identified several potential enhancements for the ADP. Some measures—such as strengthening policies and procedures, increasing health-related staff training and improving access to consultations with healthcare professionals—are operational in nature, and can be integrated into the existing program for continuous improvement.
51. Other potential changes are broader in scope and require further policy analysis. Given the ADP's expertise in addressing health-related issues, consideration could be given to expanding

²² See *National Study* Phase II Omnibus Report *supra* note 3.
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its mandate to include broader competency concerns, in addition to conduct issues.²³ Another potential area for expansion is the use of alternatives to discipline for certain types of conduct unrelated to health issues. Accordingly, the Executive Committee has directed staff to assess the feasibility of expanding the ADP to cover competency issues and non-health-related matters where remediation is likely achievable.

Budgetary and resourcing considerations

52. Given the year-over-year increase in the number of lawyers seeking entry into the ADP, continued growth is likely. As the program evolves over time, so too will the level of resources required to support it.
53. Currently, the entire process—from initial contact with ADP Counsel through to the completion of an approved consent agreement—is a time and resource intensive exercise. In addition to working directly with lawyers throughout the process, ADP Counsel is also responsible for supporting the Executive Director in decision-making on both eligible and ineligible matters, liaising with healthcare providers, and sourcing resources and referrals to address both health issues (e.g., therapy, peer support groups, treatment programs, monitoring) and practice concerns (e.g., educational programming, mentorship, supervision). If a lawyer is severely unwell, ADP Counsel may also need to coordinate with other Law Society departments, including licensing and custodianships. Further, once a consent agreement is in place, ADP Counsel also provides a monitoring function, including regular check-ins with the lawyer to ensure compliance with the agreement and to discuss any health or practice-related issues. Beyond file-specific work, ADP Counsel provides the core administrative oversight of the program, including developing procedures, creating resources, delivering education and training and conducting policy work.
54. This portfolio is currently the responsibility of one staff lawyer. To ensure resourcing keeps pace with program growth, it will be critical to monitor both the administrative and file workload, tracking not only the number of lawyers diverted to the ADP but also the complexity, nature, and duration of files.
55. Supporting the ADP’s continuous improvement and any broader, substantive expansions to the program to be considered will also necessitate additional staffing and financial resources.

Conclusion

56. With the implementation of the ADP, the Law Society of BC is at the forefront of a regulatory shift that increasingly recognizes the merits of alternative approaches to addressing health-related lawyer misconduct. Over the course of the three-year pilot project,

²³ The ADP was established as an alternative to discipline to respond to *conduct* issues impacted by a lawyer’s health. However, where there is evidence that a lawyer has broader *competency* issues, the matter is typically referred to the Practice Standards Committee, even in situations where the individual is experiencing a health issue.
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the ADP has been successful in demonstrating that traditional approaches to professional regulation can be adapted to better promote the disclosure of health information impacting lawyer conduct, integrate support and treatment into the regulatory response and ultimately improve outcomes for both lawyers and the public.

Resolution

57. Based on the analysis provided in this report, and the recommendation of the Executive Committee, the following resolution is provided for the Benchers' consideration and decision:

BE IT RESOLVED that the Alternative Discipline Process be established as a permanent regulatory program.