

Your Questions, Answered

Reporting Obligations, Professional Misconduct & Practice Records

April 2026 · For registrants of the NSRP

The Regulated Health Professions Act (RHPA) transition has prompted a number of specific, practical questions from registrants — about what reporting actually requires, what the key terms mean, and what level of record-keeping is expected. This document answers those questions directly.

Important: This document is regulatory guidance only. It is intended to help registrants understand their obligations under the RHPA and related legislation. It does not constitute legal advice. Registrants with questions about personal liability, specific legal risk, or how the law applies to a particular situation should consult their professional liability insurance provider or independent legal counsel.

Two distinct legislative frameworks are relevant to these questions. The RHPA s.60(1)(g) and (h) establishes a mandatory obligation to report concerns about other regulated health professionals — the reasonable grounds test applies to what the registrant believes about another professional’s conduct. The Personal Health Information Act (PHIA) amendment (effective April 1, 2026) governs when a psychologist may — but is not required to — disclose a client’s personal health information to avert or minimize a significant danger — the reasonable grounds test there applies to the registrant’s belief about the risk of danger to a person. Both frameworks use “reasonable grounds” language but they point at different assessments, carry different consequences, and one is mandatory while the other is permissive. Where a disclosure is made under PHIA, the disclosure itself should be documented — not only the reasoning that led to it.

The answers draw on the RHPA, the CPA Code of Ethics, and NSRP’s guidance. Where the answer involves professional judgment — as it often does — we say so. Where the obligation is clear and not discretionary, we say that too.

If your question isn’t covered here, the NSRP Regulatory Guidance Library is the first point of reference. Links are provided in the Key References section at the end of this document.

This is a living document. Questions submitted to the NSRP office may be considered for inclusion in future updates.

1. Record of Practice Hours

What do I need to track for my record of practice hours — how detailed does it need to be, and do I need to record client names or confidential information?

Under RHPA s.60(1)(d), registrants are required to maintain a record of practice hours.

The requirement is not intended to be burdensome. A simple weekly log — a spreadsheet or notebook — is sufficient, and should take no more than 5 to 10 minutes per week. You are not expected to account for every 15 minutes of your working day. What matters is maintaining a record of your total practice hours, as this information may be required to demonstrate currency of practice for licensure.

What counts is grounded in the scope of practice of psychology as defined in s.6 of the Psychology Regulations. This includes:

- The application of specialized and evidence-based psychology knowledge, skills and judgment — as taught in an approved education program or as set out in approved [competency frameworks](#), [standards of practice](#), or practice guidelines — in assessing and providing therapy, diagnosing psychological and emotional disorders, and performing other services within the scope of practice of the profession
- Health promotion, research, education, inter-professional collaboration, consultation, management, administration, advocacy, regulation, or system development — where related to the application of psychology knowledge, skills and judgment

NSRP has offered illustrative examples of activities that count — such as direct client sessions, charting, case preparation, supervision, research, and teaching. These are not exhaustive. The NSRP Core Competencies (Bylaws s.27.1) provide a further useful framework and are available at https://ns-rp.ca/downloads/Core_Competerencies.pdf.

Do I need to record client names or confidential client information?

No. Client names and confidential information are not required in your practice hours log.

My electronic medical records system already tracks my client activity and billable hours. Is that sufficient?

Generally yes, provided those records are retrievable if needed. You would not need to maintain a separate log above and beyond your existing system.

2. Reports and Complaints — What's the Difference?

I know I have an obligation to report — but what does that actually mean? Is a report the same as filing a complaint?

This is an important distinction to understand.

You have an obligation to make a report. You are not obligated to file a formal complaint. These are different things.

A complaint is one form a report can take — but not all reports become formal complaints. Under the RHPA, your obligation is triggered when you have reasonable grounds to believe that another registrant has engaged in professional misconduct, incompetence, conduct unbecoming the profession, is incapacitated, or is practising in a manner that constitutes a danger to the public. When that threshold is met, you must report to the appropriate Registrar.

A report and a complaint are distinct things under the RHPA. A report is a registrant's obligation — you report what you have reasonable grounds to believe. A complaint is a formal regulatory process with defined rights and procedures. Not every report results in a complaint, and a registrant who makes a report does not automatically become a complainant.

How to make a report to NSRP

Scope. This section addresses reports to NSRP about psychology registrants. Concerns about members of other regulated health professions are reported to that profession's regulatory body (see Section 4). Concerns about individuals or organizations that are not regulated health professionals — including unregulated staff, clinics, or corporate entities — are not within NSRP's jurisdiction and should be directed to the appropriate authority (for example, an employer, a funder, or police).

Making a report. A report to NSRP is made in writing to the Registrar (or designate). It does not need to take a particular form, but it must contain enough information to allow the Registrar to understand the concern and determine how to proceed. A report should include:

- the name of the registrant who is the subject of the report;
- a description of the conduct giving rise to the concern, including relevant dates, locations, and practice setting where known;
- the basis on which you believe the concern meets the reasonable grounds threshold (for example, direct observation, client disclosure, documentary evidence, or information from a colleague);
- which of the reportable grounds under the RHPA the concern relates to (professional misconduct, incompetence, conduct unbecoming, incapacity, or practising in a manner that constitutes a danger to the public);
- any supporting documents available to you;
- whether the matter is, to your knowledge, currently before police, a court, an employer, or another regulatory body; and
- your own name and contact information.

Reports that do not contain enough information to allow the Registrar to understand the concern and determine how to proceed may be returned to the reporting registrant with a request for further detail before any action is taken. Current contact information for the Registrar is available on the NSRP Contact Us page at <https://www.ns-rp.ca/contact-us/>.

What happens after a report is made. Reports are reviewed by the Registrar and taken seriously. Where the information meets the threshold under the RHPA, the Registrar may initiate the complaints process. The registrant who made the report does not become a complainant in that process and is not ordinarily involved in the investigation that follows. The Registrar may follow up with the reporting registrant where further information is needed.

Where a matter is the subject of active criminal or civil legal proceedings, NSRP would ordinarily await the outcome of those proceedings before determining what, if any, regulatory action is appropriate. The subject of any formal action will be notified in accordance with the Act.

3. Approaching the Other Psychologist First

Before reporting a concern about another psychologist, can I first approach them directly — and can I still follow the process the CPA Code outlines for this?

The CPA Code addresses this directly in two places. Principle III (Integrity in Relationships) provides that where a concern about another psychologist appears to be primarily a matter of sensitivity, knowledge, or experience, a psychologist should bring that concern directly to the person and attempt to reach an agreement. Principle II.43 (Responsible Caring) addresses more serious situations involving harmful activities, and notes that acting to stop or offset that harm may include reporting to the appropriate regulatory body.

These principles remain applicable. They do not, however, override the RHPA obligation: once a registrant has reasonable grounds to believe that another registrant has engaged in professional misconduct, incompetence, conduct unbecoming, is incapacitated, or is a danger to the public, there is an obligation to report.

A conversation with a colleague may be part of how a registrant gathers information and forms their judgment — including whether they have reasonable grounds. Where a source of information is uncertain or potentially unreliable, additional information may help clarify the picture. That is a matter of professional judgment for the registrant, informed by the circumstances.

One important point from NSRP's guidance: the RHPA does not exempt information learned within a confidential counselling session from this reporting requirement. This supersedes previous NSRP guidelines that included such an exemption. If you become aware of a reportable concern through a client's disclosure in a session, the obligation still applies.

4. Concerns About Professionals from Other Regulated Health Professions

If I have concerns about a regulated health professional from another profession — including concerns about scope of practice or competence — do I have a reporting obligation, and how do I assess it?

Yes, you may have a reporting obligation — and the RHPA is explicit that this duty extends across professions, not only within psychology. Under RHPA s.60(h), a registrant must report to the regulatory body of another health profession if they have reasonable grounds to believe that a member of that profession has engaged in professional misconduct, incompetence, or conduct unbecoming as those terms apply to that profession, is incapacitated, or is practising in a manner that constitutes a danger to the public.

The key phrase here is “as those terms apply to that profession.” This matters: professional misconduct for a member of another regulated health profession is defined by that profession’s own legislation, regulations, bylaws, and competency frameworks — not by psychology standards. NSRP cannot tell you what constitutes misconduct in another profession, because that is not NSRP’s jurisdiction.

What this means practically:

- Your reporting obligation is real and applies across professions.
- Your assessment of whether the threshold is met should be grounded in what you observed — the behaviour, the context, the apparent risk — not in a technical knowledge of the other profession’s standards.
- If you are uncertain whether what you observed crosses the threshold for that profession, the appropriate step is to contact that profession’s regulator directly. They are best placed to assess whether what you have described constitutes a concern under their framework.
- You report to the other profession’s regulatory body — not to NSRP — for concerns about members of other professions.

5. What the Reportable Grounds Actually Mean

The RHPA requires me to report if I have reasonable grounds to believe another registrant has engaged in professional misconduct, incompetence, or conduct unbecoming, or is incapacitated. What do these terms mean in practice?

These terms are defined or elaborated in the RHPA and in NSRP’s complaints process. Here is a plain-language guide to each.

Professional misconduct is defined in the RHPA as conduct or acts relevant to the practice of a regulated health profession that, having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonourable, or unprofessional. The definition is intentionally broad, but the RHPA provides specific examples, including:

- Failing to maintain the standards of practice
- Failing to adhere to the profession’s code of ethics
- Abusing a person verbally, physically, emotionally, or sexually
- Abandoning or neglecting a client
- Failing to exercise appropriate discretion with respect to confidential information
- Falsifying records
- Misappropriating property belonging to a client or employer
- Fraudulent conduct in obtaining registration or credentials

Importantly, professional misconduct sits above merely falling below minimum acceptable standards. NSRP’s complaints process reflects this distinction:

- Practice that falls below minimum standards but does not constitute professional misconduct may result in a Caution.
- Conduct that amounts to professional misconduct or conduct unbecoming may result in a Reprimand, or referral to a formal Hearing if the registrant does not consent to the Reprimand.

Incompetence is defined in the RHPA as a lack of competence demonstrated in the registrant's care of a client or delivery of regulated health services that, having regard to all the circumstances, rendered the registrant unsafe to practise at the time of such care or delivery, or that renders the registrant unsafe to continue in practice without remedial assistance. It focuses on the quality of practice and the safety of the client rather than the character of the conduct.

Conduct unbecoming the profession captures behaviour that, while it may not fit neatly within the examples of professional misconduct, nonetheless reflects poorly on the profession or undermines public confidence in it. It can include behaviour outside of direct clinical practice. The CPA Code of Ethics is consistent with this, and provides helpful context on where the line sits: "Personal behaviour becomes a concern of the discipline only if it is of such a nature that it undermines public trust in the discipline as a whole or if it raises questions about the psychologist's ability to carry out appropriately his/her responsibilities as a psychologist." (CPA Code of Ethics, 4th Ed.)

Incapacity is defined in the RHPA as a medical, physical, mental or emotional condition, disorder or addiction that renders or rendered the registrant unable to practise with competence, or that endangers or may have endangered the health or safety of clients. It is a separate and distinct reportable ground from misconduct — it is not a finding of wrongdoing but a recognition that the registrant may need support, accommodation, or a period away from practice.

6. The “Reasonable Grounds” Standard

How do I know if what I've observed meets the “reasonable grounds to believe” standard? Do I need to be certain before I report?

No — and this is one of the most important things to understand about the reporting obligation. Certainty is not the standard. Reasonable grounds is a deliberately lower threshold.

As NSRP's guidance document explains, “reasonable grounds” refers to the information that an average professional, using normal and honest judgment, would need in order to decide to report. Courts have interpreted this as a low threshold. As one court put it, it is better to have a score of reports and investigations that yield no finding of misconduct, than to have a single case of serious harm go unaddressed.

Practically, this means:

- The standard falls well short of “beyond a reasonable doubt” (the criminal standard) or “balance of probabilities” (the civil standard).
- You are not required to investigate before reporting. Your role is to report what you have observed or been told, with an honest account of why it gives you concern.
- You are not required to be certain that misconduct has occurred — only that a reasonable professional in your position, with the same information, would consider the concern real enough to warrant a report.

The reasonable grounds standard also protects you. The RHPA provides that no action for damages or other relief lies against a registrant for making a report in good faith. Reporting a genuine concern honestly is not a risk — it is a protected professional act.

7. Consent Forms and the PHIA Amendment

Do I need to update my consent forms to reflect the PHIA amendment?

You are not required to explicitly name every piece of legislation in your consent form, and there is no deadline by which forms must be revised as a result of the PHIA amendment. A registrant whose form has not been updated by April 1, 2026 is not in breach of their obligations, provided they are having appropriate informed consent conversations with clients about the limits of confidentiality.

This reflects a core principle of the CPA Code of Ethics: informed consent is an ongoing process and dialogue, not a one-time form completion. The Code (Principle I.17) describes informed consent as a process that involves establishing trust and may need to be revisited over time. The form is one way of documenting that conversation — it is not a substitute for it.

That said, updating your consent forms in due course is good practice. If your current form uses plain-language wording informing clients that confidentiality may be breached in certain circumstances — such as risk of harm to themselves or others, or as required by law — it may not require significant revision. If your practice has a particular focus where the amended PHIA threshold is frequently relevant, it is worth considering whether your consent language adequately reflects that.

NSRP's Considerations for Psychologists when Disclosing Confidential Personal Information provides standardized plain-language wording for consent forms and guidance on practice-specific considerations.

The Considerations document is available at [https://nsrp.ca/downloads/Considerations for Psychologists when Disclosing Confidential Personal Information.pdf](https://nsrp.ca/downloads/Considerations_for_Psychologists_when_Disclosing_Confidential_Personal_Information.pdf).

8. Practice Hours and Licence Renewal

What happens with my practice hours information — who receives it and how will it be used?

Practice hours records are maintained by the registrant as required under RHPA s.60(1)(d). NSRP anticipates that registrants will be asked to confirm their practice hours as part of the licence renewal process. This information would be used to verify that currency of practice requirements for licensure have been met, consistent with the bylaws.

Further information on how and when practice hours will be collected through the renewal process will be communicated to registrants in advance of when this comes into effect.

9. Why Are Practice Hours Required?

Why does NSRP require registrants to track their practice hours?

The requirement to maintain a record of practice hours is established by the RHPA, which applies this standard consistently across all regulated health professions in Nova Scotia. Currency of practice requirements are one of the ways the legislative framework seeks to ensure registrants remain active and current in their field.

Key References and Where to Seek Guidance

NSRP Guidance Documents

Registrant Requirements under the RHPA — An overview of the statutory obligations that apply to all registrants under s.60 of the RHPA. https://www.ns-rp.ca/downloads/Registrant_Requirements_RHPA.pdf

NSRP Advisory: PHIA Amendment Regarding Risk Disclosure (Effective April 1, 2026) — Covers the removal of “imminent” from the PHIA disclosure threshold and what it means for registrants. https://www.ns-rp.ca/downloads/Government_Legislation_Change_PHIA_disclosure.pdf

Considerations for Psychologists when Disclosing Confidential Personal Information — The comprehensive guidance document covering the legislative landscape, clinical decision-making framework, consent guidance, and FAQs. https://ns-rp.ca/downloads/Considerations_for_Psychologists_when_Disclosing_Confidential_Personal_Information.pdf

Information for Clients and Users of Psychological Services — A plain-language summary for clients explaining the limits of confidentiality. Available for use as a handout or intake document. https://www.ns-rp.ca/downloads/Information_for_Clients_and_Users_of_Psychological_Services.pdf

Seeking Further Guidance

NSRP Regulatory Guidance Library: The Standards and Guidelines portal is the first point of reference for practice questions. <https://www.ns-rp.ca/information-for-registrants/for-all-registrants/standards-guidelines/>

Information for Registrants (including Email Updates and Announcements): Registration and renewal guidance, and archive of past email updates and announcements. <https://www.ns-rp.ca/information-for-registrants/for-all-registrants/information-for-registrants/>

Regulatory Consultation: For complex questions about interpreting NSRP Standards or the RHPA, submit a formal inquiry to the NSRP office.

Liability and Legal Questions: For questions about personal liability, legal defence, or court-related matters, contact your professional liability insurance provider or legal counsel. NSRP is not able to provide legal advice.

Other profession’s regulatory body: For concerns about members of other regulated health professions, contact that profession’s regulator directly.

Primary Legislation

Regulated Health Professions Act (RHPA) — The governing legislation for all regulated health professions in Nova Scotia.

<https://nslegislature.ca/sites/default/files/legc/statutes/regulated%20health%20professions.pdf>

Personal Health Information Act (PHIA) — Governs the collection, use, and disclosure of personal health information in Nova Scotia, including the amended disclosure threshold effective April 1, 2026. <https://novascotia.ca/dhw/phia/>