ICPHAA

Irish Counselling, Psychotherapy & Allied Healthcare Professionals Association

COMPLAINTS, FITNESS TO PRACTISE & DISCIPLINE

Fitness to Practise Policy

How ICPHAA responds when a member's health, conduct or competence raises concerns about their ability to practise safely, supporting recovery where possible and protecting the public at all times.

REFERENCE	ICPHAA-POL-19	VERSION	1.0
EFFECTIVE	9 November 2026	NEXT REVIEW	9 November 2027
POLICY OWNER	ICPHAA Board of Directors		

Fitness to Practise Policy

APPLIES TO	All ICPHAA members, in every membership category, and anyone who raises a concern about a member's fitness to practise.
VERSION	1.0 · effective 9 November 2026 · next review 9 November 2027
POLICY OWNER	ICPHAA Board of Directors
CONTACT	ICPHAA Registry · admin@icphaa.ie

AT A GLANCE

- Fitness to practise covers health, conduct and competence, and looks at current risk, not just past events.
- Members must tell ICPHAA promptly about matters that may affect their fitness to practise.
- ICPHAA's approach is supportive and remedial where possible, and protective of the public at all times.
- Interim suspension or conditions may be used where there is a serious and immediate risk.
- Members are told of concerns, can respond, receive written reasons, and have a right of appeal.

CONTENTS

1 Purpose 2
2 Scope 3
3 What fitness to practise means 3
4 Members' duty to declare 4
5 How concerns are handled 4
6 Interim measures 5
7 Possible outcomes and return to practice 5
8 Fairness, confidentiality and appeals 6
9 Responsibilities, monitoring and review 6

1. Purpose

This policy explains how the Irish Counselling, Psychotherapy & Allied Healthcare Professionals Association (ICPHAA) responds when a member's health, conduct or competence raises concerns about their ability to practise safely and effectively. It balances two commitments: the protection of clients and the public, which is paramount, and fair, compassionate treatment of members who may be going through a difficult period.

Practitioners, like everyone, may experience illness, bereavement, burnout, substance misuse or other personal difficulties that affect their work. ICPHAA's first response, wherever it is safe to do so, is to support the member in getting appropriate help and making any necessary changes to their practice, rather than to impose sanctions.

2. Scope

This policy applies to all ICPHAA members in every membership category, including Student Members, Pre-Accredited Members, Accredited Members, Accredited Members & Supervisors, accredited role categories and allied healthcare members. It covers concerns that come to ICPHAA from any source, including self-declarations, complaints, supervisors, employers, training providers and other bodies.

It works alongside the Complaints Procedures and the Disciplinary Procedures. A single concern may be considered under more than one of these, and ICPHAA will explain to the member which process is being used and why.

> **LIMITS**
>
> ICPHAA is a voluntary professional membership association, not a statutory regulator. Any action it takes under this policy relates only to membership of ICPHAA. It cannot prevent anyone from practising in law.

3. What fitness to practise means

A member is fit to practise when they have the health, conduct and competence to practise safely and effectively without restriction. Fitness to practise is a broader idea than misconduct.

AREA	EXAMPLES OF CONCERNS
Health	A physical or mental health condition, substance misuse or exhaustion that is affecting, or is likely to affect, professional functioning, and that is not being managed safely.
Conduct	Behaviour inside or outside practice that raises questions about honesty, integrity or the safety of clients, including criminal charges or convictions.
Competence	A persistent lack of the knowledge, skills or judgement needed for safe practice, or practising beyond the limits of competence.

Having a health condition does not, in itself, mean that a member is unfit to practise. What matters is whether the condition is affecting practice and whether it is being managed with appropriate support, supervision and adjustments. Fitness to practise is judged on the member's current position: the question is whether there is a present risk, taking account of what has happened, the insight the member has shown, and the steps they have taken.

4. Members' duty to declare

Members must tell the ICPHAA Registry at admin@icphaa.ie promptly, and in any event without undue delay, if any of the following apply:

- they are charged with, or convicted of, a criminal offence, in Ireland or elsewhere;
- they are the subject of a finding, sanction or investigation by another professional body, regulator or employer relating to their practice;
- their Garda vetting disclosure changes, or vetting is refused, where vetting is required for their work;
- their professional indemnity insurance lapses or is refused;
- they have a health condition or other circumstance that is affecting their ability to practise safely, and that they cannot manage through supervision, support and adjustments to their work; or
- they have stopped practising, or significantly reduced their practice, because of such a condition or circumstance.

Members are encouraged to discuss any such matter with their clinical supervisor. A prompt and honest declaration will be taken into account positively. Failing to declare a relevant matter may itself be a fitness to practise or disciplinary concern.

5. How concerns are handled

1. **Receiving the concern.** Concerns are sent to the ICPHAA Registry at admin@icphaa.ie. The Registry acknowledges them in writing.
2. **Initial assessment.** The Registry, with advice where needed, assesses whether the concern relates to fitness to practise, whether there is a serious and immediate risk (see section 6), and whether the matter should instead be handled under the Complaints Procedures or the Disciplinary Procedures.
3. **Informing the member.** The member is told about the concern in writing, within a reasonable period, and given the information on which it is based, unless doing so would put anyone at risk or compromise the process.
4. **The member's response.** The member is invited to respond in writing and may provide supporting information, such as a report from a supervisor or treating clinician. The member may be accompanied by a support person, colleague or representative at any meeting.
5. **Further information.** ICPHAA may ask, with the member's consent, for an independent health or clinical assessment, or seek expert advice on the member's practice.
6. **Decision.** The matter is decided by a panel formed in line with the Complaints Panel Information policy, or, where it may amount to serious misconduct, referred to the Disciplinary Committee. The decision is notified to the member in writing with reasons.

ICPHAA aims to deal with fitness to practise concerns within a reasonable period and keeps the member informed of progress. Where a concern was raised by another person, they are told the outcome so far as confidentiality allows.

6. Interim measures

Where there is credible information that a member's continued practice poses a serious and immediate risk to clients or the public, the ICPHAA Board of Directors may impose an interim suspension of membership, or interim conditions, while the concern is investigated. Interim measures are a protective step, not a finding that the concern is proven.

- The member is told in writing of the interim measure and the reasons for it.
- The member has the right to make representations against the interim measure.
- Interim measures are reviewed at regular intervals, as set out in the Disciplinary Procedures, and lifted as soon as they are no longer needed.
- While an interim suspension is in place, the member's directory entry and verification status reflect it.

7. Possible outcomes and return to practice

Outcomes are chosen to protect the public and, wherever possible, to support the member's recovery and return to safe practice. They include:

- **no further action**, where fitness to practise is not impaired;
- **advice**, where the member would benefit from guidance but no restriction is needed;
- **agreed undertakings**, where the member agrees voluntarily to steps such as increased supervision, treatment, or a reduced caseload;
- **conditions** on membership, such as specified supervision, training or limits on the type of work undertaken, with evidence of compliance;
- **suspension** of membership for a period, during which the member is removed from the public directory; and
- **removal from membership**, where the risk cannot be managed in any other way.

A member whose membership has been suspended or made subject to conditions on health grounds may ask for a review once they are able to show that the concern has been addressed, for example through a supervisor's or treating clinician's report. Return to unrestricted membership may be phased.

Student Members

Concerns about a student's fitness to practise are normally handled first by their training provider under its own procedures, as set out in the Events & Training Policy. ICPHAA may consider the matter separately in relation to the student's ICPHAA membership.

8. Fairness, confidentiality and appeals

Fitness to practise processes follow the principles of natural justice: the member knows the concern, sees the information relied on, has a fair opportunity to respond, and receives a reasoned decision from people with no conflict of interest. The member may appeal a decision to an Appeals Panel formed under the Complaints Panel Information policy, in the way set out in the Disciplinary Procedures.

Health information is special category personal data under the GDPR. It is requested only where necessary, shared only with those who need it to make a decision, held securely and kept only as long as necessary, in line with the Data Protection Acts 1988–2018 and the Legal & Data Governance Policy. ICPHAA may share information with other bodies, such as CORU, An Garda Síochána or Tusla, only where required by law or necessary to protect the public.

9. Responsibilities, monitoring and review

Members are responsible for monitoring their own fitness to practise, using supervision and personal support, declaring relevant matters promptly, and stepping back from practice when they are not well enough to work safely. **Supervisors** who meet ICPHAA's supervisor criteria are expected to raise concerns with the member and, where a serious risk to clients is not being addressed, with ICPHAA. **ICPHAA** is responsible for handling concerns fairly, promptly and compassionately, and for keeping the public directory accurate.

The ICPHAA Board of Directors owns this policy. It is reviewed by the review date shown in the document control table, and sooner if law, statutory regulation, including CORU's arrangements for counsellors and psychotherapists, or professional practice changes. Questions can be sent to admin@icphaa.ie.

READ ALONGSIDE

- Complaints Procedures
- Disciplinary Procedures
- Complaints Panel Information
- Public Protection Policy
- Supervision Policy
- ICPHAA Code of Conduct for Members

DOCUMENT CONTROL

VERSION	DATE	CHANGE	APPROVED BY
1.0	9 November 2026	Reissued in the ICPHAA policy framework (replaces the former ICPA version).	ICPHAA Board of Directors

Support · Develop · Empower