New Zealand Speech-language Therapists' Association
Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa

Fitness to Practise Procedure

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Purpose:

This procedure applies when there is concern that a member **may be unable to practise safely** due to a mental or physical health condition.

Authority and Delegations:

Role	Responsibility
Executive Director	initial assessment, information gathering, voluntary support agreements
Professional Conduct Panel	independent assessment decisions, interim conditions, outcomes
Board	oversight of framework, not individual cases
Member	cooperation and provision of information

The Professional Conduct Panel (PCP) is authorised by NZSTA to exercise both conduct and fitness-to-practise decision-making functions under the Association's self-regulatory framework.

Procedural Fairness and Conflicts of Interest:

NZSTA will:

• act fairly and without predetermination;

• provide members with a reasonable opportunity to respond;

• consider all relevant information before making decisions;

• provide reasons for significant decisions; and

• manage actual, potential, or perceived conflicts of interest.

Any person involved in decision-making must disclose conflicts of interest. Where appropriate, an alternative decision-maker may be appointed.

Practical considerations:

- **If the person complained about is not a current NZSTA member, the** NZSTA's ability to act is limited to its own membership framework, including student members. The complainant may be directed to appropriate external avenues (for example, the employer, ACC where relevant, and/or the Health and Disability Commissioner).
- **If the concern is urgent and there is a serious risk of harm**, the NZSTA will prioritise public safety and may take interim action within its remit (membership and practising certificate settings), while also considering whether external notification is appropriate.

Two pathways are covered here:

1. **Fitness concern arising from a complaint** (Complaint Pathway)
2. **Fitness concern raised by self-declaration / notification** (Notification Pathway)

Notes: A fitness matter may run alongside a conduct/competence complaint. If so, the NZSTA's approach is to be **supportive and safety-focused** rather than punitive.

A. Fitness concern arising from a complaint (Complaint Pathway)

a. Scope

- This pathway applies when a complaint includes information suggesting that a member's physical or mental health may be affecting safe practice.

b. Preliminary enquiries and initial assessment

- After receiving a complaint raising potential fitness concerns, the executive director (or delegated Ethical Standards & Complaints Committee lead) may:
    - make initial enquiries; and/or
    - complete a preliminary assessment of risk and context; and
    - request a response from the member on the matters raised (including whether a physical or mental health condition is relevant).

c. Where the member discloses a health condition and the risk appears low

- If the member declares that they are affected by a health condition **and** the executive director determines that there is **no immediate risk of harm to the public**, the executive director may propose a **voluntary support agreement** (see d below).

d. Voluntary support agreement (return-to-practise supports and monitoring)

- A voluntary support agreement may be used to:
    - support a member returning to work after injury or ill-health; and
    - ensure appropriate safeguards and supports are in place to

        1) scaffold safe practice, &

        2) to facilitate gradual, successful increases in the complexity of practice

(for example: reduced caseload, modified duties, supervision, staged return, specific continuing professional development, treatment adherence where relevant).

- The agreement may include timeframes, review points, and types of information the member will provide to demonstrate they remain safe to practise (for example, a letter from a treating clinician confirming functional capacity). See Appendix 1.

e. Where the concerns appear serious (or cooperation is not forthcoming)

- If the complaint raises serious health concerns or the executive director considers that the member **may be unable to perform the functions required for practice**, the matter will be referred to the relevant NZSTA decision-maker (i.e., a delegated Professional Conduct Panel – part of the Ethical Standards & Complaints Committee) for consideration.
- The member will be advised of the referral and given an opportunity to provide relevant information before substantive decisions are made, unless immediate public safety concerns require urgent action.

f. Requesting an independent assessment (the NZSTA equivalent safeguard to the Health Practitioners Competency Assurance Act (HPCAA s49)

- Where the decision-maker considers the member **may be unable to practise safely**, the NZSTA may request an **independent examination/assessment** by an appropriate registered health practitioner (for example, a medical practitioner, occupational physician/therapist, neuropsychologist—depending on the concern).
- Consistent with the safeguards reflected in the **HPCA Act s.49**, the request should:
    - specify the functional concern (the mental/physical condition or impairment being considered),
    - identify the assessor (name and contact details) and a timeframe for assessment; and
    - be issued in writing.
- The NZSTA should endeavour to consult with the member about the choice of assessor and consider any concerns regarding conflicts of interest, cultural safety, accessibility, or suitability.
- The member may have an observer present where appropriate.
- The assessor will provide a written report to the NZSTA, and the member should receive a copy.
- **Costs:** As the NZSTA is not a statutory authority, any funding arrangement for independent assessments should be clearly stated (for example, the NZSTA-funded, member-funded, or a shared-cost arrangement by agreement).

g. Interim safety measures while enquiries are underway (the NZSTA equivalent safeguard to HPCA Act s48)

- If there are reasonable grounds to believe there is **an urgent public safety risk**, the NZSTA may impose **interim measures within the NZSTA's self-regulatory framework**, such as:
    - placing interim conditions on the member's NZSTA membership and/or an NZSTA annual practising certificate; or
    - temporarily suspending the annual practising certificate; or
    - suspending membership (where necessary).
- Interim measures (mirrors the **HPCA Act s48 structure** for clarity and fairness) can be:
    - time-limited (for example, up to **20 working days**), with a possible extension of up to **a further 20 working days** if needed to complete an assessment,

- made in writing, with reasons recorded, and promptly provided to the member.

- The NZSTA should also state the member's ability to seek a review/variation of interim conditions (via an internal review mechanism).
- A request for review should normally be considered by individuals who were not involved in the original decision, where practicable.

h. Outcomes

- Following assessment and consideration, the NZSTA may decide to:
    - take no further action under the fitness pathway procedure; or
    - enter/continue a voluntary support agreement; or
    - impose conditions on the member's membership and/or the annual practising certificate; or
    - require a structured return-to-practise plan; or
    - suspend or withdraw the member's membership and/or annual practising certificate (where necessary to protect the public).
    - The member will be advised in writing of the reasons for the decision and any available review process.

B. Fitness concern raised by self-declaration / notification (Notification pathway)

a. Scope

- This pathway applies when:
    - a member **self-declares** a health condition that may affect safe practice (including via annual declarations); or
    - The NZSTA receives a **fitness notification** from another source (for example, an employer or colleague) that raises concerns about a member's ability to practise safely.

b. Early support and risk screening

- The NZSTA will acknowledge the notification promptly and, where appropriate, discuss:
    - What aspects of practice may be affected?
    - What current supports are in place?

- Whether a temporary change to practice is already occurring (for example, reduced hours/duties), and
- Whether the concern can be managed through a voluntary support agreement.

c. Voluntary support agreement (preferred where risk can be managed)

- Where risk appears manageable, the NZSTA may propose a voluntary support agreement as described above, including monitoring and review points.

d. Escalation where serious risk is indicated

- If the information suggests the member **may be unable to practise safely**, the NZSTA may:
  - request an independent assessment (as above); and/or
  - impose interim membership/practising certificate measures (as above), where necessary for public safety.

e. Confidentiality, information handling and records management

- Health information will be handled carefully and shared only as needed for the NZSTA's process and public safety decision-making.
- The NZSTA will be transparent with the member about what information is being requested, why, who will see it, how that information will be stored confidentially, and for what time period
- Records will be retained and disposed of in accordance with the NZSTA policies, privacy obligations, and legal requirements.
- Where there is a serious and immediate risk to public safety, the NZSTA may disclose relevant information to an employer, funder, regulator, or other appropriate authority where lawful, necessary, and proportionate.

C. Review of Decisions:

- A member may request a review of a fitness-to-practise decision within 20 working days of receiving notice of that decision.
- The review will consider whether the procedure was followed appropriately, whether relevant information was considered, and whether the decision was reasonable in the circumstances.
- Where practicable, the review will be undertaken by individuals not involved in the original decision.

Appendices

1. Voluntary Support Agreement Template

The NZSTA Fitness to Practise (Health) – Voluntary Support Agreement

Document control

- The NZSTA reference number: [NZSTA-FTP-____]
- Pathway: ☐ Self-declaration / notification ☐ Complaint-related
- Date agreement created: [dd mmmm yyyy]
- Review date: [dd mmmm yyyy]

1. Parties

The NZSTA

- Decision-maker (name/role): [Name, Title]
- Contact person (name/role): [Name, Title]
- Email/phone: [ ]

The Member

- Full name: [ ]
- NZSTA membership number: [ ]
- Scope/role(s) (brief): [ ]
- Primary workplace: [ ]
- Preferred contact details: [ ]

2. Purpose and nature of this agreement

This agreement is intended to:

- support the member to practise safely while managing a health-related issue; and
- support the NZSTA to be satisfied that public safety is being appropriately managed within the NZSTA's self-regulatory remit.

This agreement is **supportive and non-disciplinary**. It does not of itself determine fault or wrongdoing.

3. Background (brief)

(Describe the context, including only relevant & necessary medical detail.)

- Trigger for agreement: [e.g., self-declaration in annual declaration/notification/complaint information]
- Summary of the functional concern (practice impact): [e.g., fatigue, cognitive load, pain, medication effects, communication difficulties, etc.]
- Current supports already in place: [ ]

4. Agreed practice supports and safeguards

Tick and complete all those that apply.

4.1 Workload/duties (if relevant)

- ☐ Reduced hours: [e.g., max ___ hours/day; ___ days/week]
- ☐ Modified duties: [e.g., no dysphagia assessments / no sole-charge / no driving between sites]
- ☐ Caseload limits: [e.g., max ___ active clients; max ___ high-risk cases]
- ☐ Scheduled breaks: [e.g., ___ mins every ___ hours]
- Other: [ ]

4.2 Supervision/monitoring

- ☐ Clinical supervision frequency: [e.g., weekly/fortnightly/monthly]
- ☐ Supervisor name/role/registration (if applicable): [ ]
- ☐ Supervision focus (specific practice safety): [ ]
- ☐ The NZSTA check-ins with the member: [e.g., monthly, + as often as required?]
- ☐ Other monitoring arrangement: [ ]

4.3 Professional development (if relevant)

- ☐ Targeted CPD focus: [ ]
- ☐ Reflective practice/wellbeing plan: [ ]
- Other: [ ]

4.4 Health supports (member-led)

The NZSTA is not providing medical care. The member may choose to outline the supports they are using to manage their health in a way that relates to safe practice:

- [e.g., treatment plan in place/rehabilitation / GP/specialist oversight / occupational health review]

(Keep this functional and minimal.)

5. Information sharing and privacy

5.1 What information will the NZSTA request

The NZSTA will request only what is needed to understand safe practice capacity, such as:

- Confirmation of functional capacity for work and any recommended restrictions; and/or
- Confirmation that appropriate supports are in place.

The NZSTA will **not** usually require detailed diagnoses or full clinical records.

5.2 Consent to share information

The member consents to the NZSTA receiving and/or sharing the following information, to the extent needed for this agreement:

☐ A letter/report from: [treating clinician / occupational health/supervisor]

☐ Supervisor confirmation of supervision occurring (attendance and general focus)

☐ Return-to-work plan confirmation (if applicable)

☐ Other information deemed necessary

The NZSTA may share relevant information with:

☐ The NZSTA decision-makers involved in this matter

☐ The NZSTA staff administering the process

☐ Other parties (specify): [e.g., supervisor] **only with the member's consent**, unless there is a serious and immediate safety concern.

The member's consent notes/limits: [ ]

6. Timeframes, reviews, and changes

- Agreement start date: [dd mmmm yyyy]
- Agreement end date (or review end date): [dd mmmm yyyy]
- Formal review points:
    - Review 1: [date]
    - Review 2: [date]
    - Final review: [date]

This agreement may be **varied by written agreement** at any time.

7. If circumstances change

The member agrees to notify the NZSTA as soon as practicable if:

- their health status changes in a way that could affect safe practice; or
- they cannot meet the supports/safeguards in this agreement.

NZSTA agrees to respond in a timely and supportive manner.

8. If the agreement is not being complied with or changes are required

If this agreement is not being followed, or if risk increases, the NZSTA may need to consider next steps within the NZSTA's self-regulatory framework, which may include:

- requesting an independent fitness assessment; and/or
- placing interim conditions on NZSTA membership and/or the NZSTA annual practising certificate.

9. Signatures

The Member

- Name: _____ Signature: _____ Date: ___ / ___ / ___

The NZSTA decision-maker

- Name: _____
- Role: –
- Signature: _____ Date: ___ / ___ / ___

Optional: The Supervisor's acknowledgement

- Name/role: _____ Signature: _____ Date: ___ / ___ / ___

2. Independent Assessment Request Letter Template

[NZSTA letterhead]

[Date]

[Member name]
[Member address or email]

Re: Request for independent fitness to practise assessment (health)
NZSTA reference: [NZSTA-FTP-____]

Kia ora [Name],

I am writing in relation to **fitness to practise (health)** concerns received by the New Zealand Speech-language Therapists' Association (NZSTA) via:

☐ self-declaration / notification ☐ information arising from a complaint.

Why the NZSTA is making this request

Based on the information currently available, the NZSTA needs further, independent advice to be satisfied that you can **perform the functions required for safe speech-language therapy practice**, or to identify what supports and/or restrictions may be needed.

This request is made under the NZSTA's **Fitness to Practise (Health)** process, within the NZSTA's voluntary self-regulatory role (in the membership and NZSTA annual practising certificate settings).

What the NZSTA is requesting

The NZSTA requests that you attend an independent assessment with:

- Assessor: [Name, credentials, registration]
- Service/clinic: [ ]
- Location/telehealth: [ ]
- Proposed timeframe: [e.g., within 10 working days of this letter, or by dd mmmm yyyy]

If you have reasonable concerns about the proposed assessor (for example, a conflict of interest or accessibility issues), please let us know promptly so we can consider alternatives.

Assessment focus (functional)

The assessment should focus on **functional capacity for safe practice**, including any recommended supports and/or restrictions. The NZSTA is not seeking unnecessary detail about diagnosis.

The NZSTA requests that the assessor address the following questions (adjust as needed):

1. Is there evidence of any mental or physical condition that may affect the member's ability to practise safely as a speech-language therapist (SLT) at this time?
2. If yes, what aspects of practice may be affected (for example: judgement, communication, fatigue management, attention, swallowing safety decision-making, driving, caseload management, clinical documentation)?
3. What supports, modifications, or conditions are recommended to enable safe practice (if any), and for what timeframe?
4. Is a staged return-to-practise recommended? If so, what plan is recommended?
5. What monitoring would be appropriate (frequency and type), and
6. When should reassessment occur?

Information to provide to the assessor

The NZSTA will provide the assessor with:

- a copy of this letter and the questions above; and
- a short summary of the role/scope context you provide (or that we hold), focusing on the functional demands of your current practice.

With your consent, the NZSTA may also provide any relevant supporting material (for example, your role description or your agreed voluntary support agreement if one exists).

Privacy and consent

To proceed, the NZSTA requires your written consent for:

- the assessor to provide a written report to the NZSTA; and
- The NZSTA is to provide the assessor with the relevant contextual information needed for the assessment.

The NZSTA will handle the report as sensitive information and limit access to those involved in the decision-making and administration of the process.

Costs

If required, NZSTA will meet the reasonable cost of the assessment incurred (up to $[ ] + GST), by prior agreement.

The NZSTA will confirm invoicing arrangements directly with [assessor/service] once consent is received.

Timeframes

Please return the attached consent form by **[dd mmmm yyyy]** (or within **[5] working days**).

After the assessment report is received, the NZSTA will:

- provide you with a copy (unless there is a compelling reason not to, which the NZSTA would discuss with you); and
- invite your response before any decision is made.

If you choose not to participate

If you choose not to participate actively and engage in this process, the NZSTA may need to make decisions within its remit based on the information available, which could include interim conditions on your NZSTA membership and/or your NZSTA annual practising certificate if public safety cannot otherwise be assured.

Support

You are welcome to have a support person assist you through this process. If you would like to discuss support options, please contact [name] at [email/phone].

Ngā mihi,

[Name]
[Title]
The New Zealand Speech-language Therapists' Association (NZSTA)
[Email] | [Phone]

Attachment A: Consent to independent assessment and release of report
(You can include this on the next page)

Attachment A – Consent (template)

I, [full name], the NZSTA member number [ ], consent to:

1. attending an independent assessment with [assessor]; and
2. the assessor providing a written report to the NZSTA addressing the functional questions outlined in the request letter; and
3. the NZSTA providing the assessor with the relevant contextual information necessary to complete the assessment.

Signature: _____ Date: ___ / ___ / ___

3. Interim Conditions Notice Template

The NZSTA Interim Conditions Notice (Fitness to Practise – Health)
[NZSTA letterhead]

The NZSTA reference: [NZSTA-FTP-____]
Date of notice: [dd mmmm yyyy]
The Member: [Full name, membership number]

1. Decision and effective date

The NZSTA has decided to impose **interim conditions** within the NZSTA's self-regulatory remit, effective from:

- Effective date/time: [dd mmmm yyyy, time]
- This notice relates to: ☐ NZSTA membership ☐ NZSTA annual practising certificate ☐ both

2. Why interim conditions are being imposed

Interim conditions are imposed where there are reasonable grounds to believe that, **without interim safeguards**, there may be an **urgent public safety risk** while further enquiries/assessments are completed.

Summary of reasons (functional, minimal):

- [Brief summary of concern and why immediate safeguards are needed]
- [What information is outstanding—e.g., independent assessment pending]

3. Interim conditions *(tick and complete)*

The member must comply with the following conditions until this notice expires or is varied in writing:

Practice restrictions (as relevant)

- ☐ No dysphagia assessment/management activities
- ☐ Must practise only with specified supervision level: [ ]
- ☐ Reduced caseload/work hours: [ ]
- ☐ Must not undertake high-risk clinical activities described as: [ ]
- ☐ Other restrictions: [ ]
    - (please describe)

Monitoring/reporting

- ☐ Provide confirmation of supervision occurring: [frequency]
- ☐ Provide an updated fit-for-work / functional capacity letter by: [date]
- ☐ Attend independent assessment with: [assessor] by: [date]
- ☐ Other: [ ]

Administrative conditions (if relevant)

- ☐ Pause/withhold the member's NZSTA annual practising certificate status pending assessment outcome
- ☐ Notify the NZSTA of any change in work role/hours immediately
- ☐ Other: [ ]

4. Duration (time-limited)

These interim conditions apply for up to **20 working days**, ending on: [dd mmmm yyyy].

The NZSTA may extend interim conditions for up to **20 working days** if needed to complete an assessment or obtain essential information (for example, the outcome of an independent assessment). Any extension will be confirmed in writing to you, with reasons.

(If you prefer not to mirror the 20 + 20 working day structure, replace this section with the NZSTA's adopted timeframes.)

5. Review date and next steps

The NZSTA will review these interim conditions on [dd mmmm yyyy] or earlier if new information is received.

Next steps required from the member:

- [e.g., confirm appointment date; provide consent; provide supervisor details]

6. Your opportunity to respond / request variation

You may:

- provide additional information for the NZSTA to consider; and/or
- request variation of interim conditions (for example, if they are impractical or disproportionate).

Please send any response by: **[dd mmmm yyyy]** (or within **[5] working days**).

The NZSTA will consider requests promptly.

7. If interim conditions are not complied with

If interim conditions are not complied with, the NZSTA may need to take further steps regarding the member's NZSTA membership status and may refer the matter to the Professional Conduct Panel.

8. Confidentiality and information handling

The NZSTA will handle this matter confidentially and sensitively. Information will be shared only with those who need it for decision-making and administration, unless there is a serious and immediate safety concern requiring wider disclosure.

9. The NZSTA Decision-maker

Decision made by:

- Name: [ ]
- Role: [e.g., Registrar / delegated decision-maker / Panel Chair]
- Signature: _____ Date: ___ / ___ / ___

Contact for queries: [Name, email, phone]