BEFORE THE CONDUCT AND COMPETENCE COMMITTEE OF THE HEALTH PROFESSIONS COUNCIL

IN THE MATTER OF FRANK ATTWATER

COMMITTEE MEMBERS:

Mr R. Clegg Chairman and Council Member

Ms S. Nicholson Physiotherapist

Mr C. Mathews-Maxwell Lay Partner

LEGAL ASSESSOR

Mrs S. Breach

The Health Professions Council was represented by Ms N. Hill, a solicitor from Kingsley Napley.

The Registrant did not attend and was not represented. He wrote a letter which was received during the course of the hearing and read out to the Committee.

ALLEGATION

The registrant's fitness to practice is impaired by reason of a lack of competence between August 2003 and March 2004 whilst in the employ of East Elmbridge and Mid Surrey NHS PCT.

SUMMARY OF PROCEEDINGS

Ms Hill opened the case on behalf of the Health Professions Council.

Ms E. Seall confirmed the Registrant's details and that notice of the hearing had been sent to his address as it appears on the register.

The Committee proceeded in the absence of the Registrant under Article 11 of the Procedure Rules.

Ms Hill called three witnesses:

Mrs P. Kehl, Physiotherapy Services Manager for East Elmbridge & Mid Surrey PCT.

Mrs Kehl gave evidence about meetings held to address the difficulties which had become apparent with the standard of work and the gaps in Mr Attwater's knowledge.

Meetings were held on 10 November 2003, 04 December 2003, 15 January 2004, 21 January 2004 and 05 February 2004. Despite the imposition of extensive support strategies, close supervision by senior members of the team and a reduction in case load, Mr Attwater still failed to meet the core competences. By November 2003, it was realised that the deficiencies in competence were a result of a lack of knowledge and not Mr Attwater's visual impairment. Mr Attwater confirmed this. On 15 January 2004, he was warned that disciplinary action would be instituted unless he achieved the standards of competency expected. A formal letter was sent to Mr Attwater on 09 February 2004 indicating that the Trust was considering terminated his contract on grounds of incapability. Mr Attwater resigned his post on the same day. In Mrs Kehl's opinion, Mr Attwater was a danger to patients and demonstrated unsafe practice.

Ms G. Higgins, Senior Physiotherapist at East Elmbridge & Mid Surrey PCT.

Ms Higgins outlined the working environment. Mr Attwater was allocated to the Medical and Elderly wards. She was responsible for him. He was expected to see 5-8 patients a day. He was expected to assess new patients, treat them, take part in exercise classes, and carry out the duties of a junior physiotherapist. Access to Work agreed to provide special aids and equipment to the value of £4987.88.

Ms Higgins gave many instances of serious deficiencies in Mr Attwater's knowledge and practice. She devised a learning and development plan which was not satisfactorily completed. He could not interpret medical notes or compile the patient record cards or make referrals competently. Ms Higgins had explained procedures to Mr Attwater on many occasions, and yet he failed to grasp the issues. He did not seek assistance. Other concerns were noted such as confusing patients, not knowing simple techniques, communicating inaccurate information to other health care professionals, an inability to assess joint ranges of movement, a basic lack of knowledge regarding common medical conditions which non-clinicians would know, and a lack of clinical judgment etc. Ms Higgins did not consider Mr Attwater to be competent. She would have expected to have seen far greater improvement in a short time.

Mr R Stacey, Clinical Specialist Physiotherapist in ITU & Respiratory Care

Mr Stacey referred to the Personal Development Plan, the Junior Core Skills and the Medical and Elderly Objectives. Mr Attwater had not fulfilled totally satisfactorily any of the core skills itemised in this document. He tended to rely on others to cover for him. His learning needs were broken down into specific areas. He fulfilled some of the objectives only. Mr Stacey was trying to spend at least 1 hour per day teaching the basic and generalist areas by hands on teaching and talking about patients. After Xmas, Mr Stacey became more involved in teaching Mr Attwater using the relevant Respiratory Competence Frameworks. Subsequently, Mr Stacey simplified the learning objectives and assessed Mr Attwater under the headings for a two week period and then wrote a report. Generally, Mr Attwater's performance was below the level expected of a junior physiotherapist, although he has improved, but his knowledge base inadequate. Mr Attwater was not working as a competent physiotherapist.

Ms Hill read out the letter from the Registrant. He does not wish to contest the allegation. He stated that, whilst at the Trust, he noted an air of negativity which affected his confidence and self esteem.

She then summed up the case for the Health Professions Council. She referred to the need to consider whether the incidents referred to in the oral evidence demonstrate a lack of competence; whether Mr Attwater's fitness to practise is impaired; and whether Mr Attwater fitness to practise is impaired today.

Legal advice was given on the burden of proof and standard of proof (civil).

The Committee retired.

DECISION

The allegation is well founded.

Having listened carefully to all the evidence, there are many examples where, despite the best efforts of this department, the Registrant has failed to meet the standards of a basic grade professional over a prolonged period. No evidence has been received today to suggest that since his resignation anything has changed to alter his fitness to practise.

SANCTION

A Suspension Order is imposed on the basis that the lesser options were not appropriate in the circumstances of the case, as the allegations are too serious for any less punitive measure. An interim suspension order was imposed to cover the appeal period.

Sarah L. Breach

03 August 2004.

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