

IN THE HEALTH PROFESSIONS COUNCIL

CONDUCT AND COMPETENCE COMMITTEE

Mr R. Clegg	Chairman (Council Member)
Ms J. Leslie	Occupational Therapist
Ms G. Fleming	Lay Partner

BETWEEN

HEALTH PROFESSIONS COUNCIL

And

MS SUSAN HARBOTTLE

SUMMARY

The Notice of Allegation alleged that the Registrant's fitness to practice is impaired by reason of a lack of competence between 2001 and 2003 whilst in the employ of Aintree Hospitals NHS Trust. Particulars of incompetence relating to 10 patients treated during the period of employment are set out.

Ms Dunn for the Registrant made two submissions:

1. That the hearing be conducted in camera for the protection of the private life of the Registrant. (Rule 10(1) (a) of the Procedure Rules)

This was accepted by the Committee.

2. That the case be transferred to the Health Committee (Rule 4 (1) of the Procedure Rules)

Ms Dunn set out the numerous health problems suffered by the Registrant and maintained that, although all allegations of incompetence were admitted, they were wholly attributable to acute mental illness. Details were given of the medical history of the Registrant.

Mr Harding for the HPC submitted that this Committee has the same powers of sanction as the Health Committee and, therefore, as the Registrant admits the allegations, this Committee should conclude the case.

Legal advice was given.

The Committee decided to proceed on the basis that there was a protection of the public issue involved, it is in the interests of the Registrant to bring these proceedings to a close, and there is a competency issue to be addressed.

Mr Harding opened the case. Ms Harbottle has been a state registered Occupational Therapist (OT) since 27 July 1993. She applied for a Senior 1 post at the Walton Centre Neurological Rehabilitation Unit on 16 April 2001 and was successful. She started in post on 21 May 2001. Concerns regarding Ms Harbottle's competence emerged in the autumn and the Trust's informal Capability Procedures were implemented. A meeting was held on 02 July 2002 where it was acknowledged that some objectives had been partly met and a further meeting was arranged for September but in the meantime, Ms Harbottle went off sick. She returned in February 2003 under the Rehabilitation to Work Procedure, having been found fit to return to work by Dr Hibbert, Director of Occupational Health. Concerns remained and it was decided to reintroduce the Capability Procedure from May to July with a meeting arranged for 07 July 2003. This meeting did not take place because Ms Harbottle resigned on 09 June 2003.

Ms Dunn had no submissions to make.

DECISION

The allegation is well founded.

Ms Dunn called Ms Harbottle as a witness.

Ms Harbottle explained that she was inexperienced and out of her depth and the stress she was under brought on an exacerbation of her mental health problems. She thought, with hindsight, that she was not ready to return to this stressful environment following her illness. She had financial pressures. When she returned, she expected a reduced caseload and to be supernumerary in the OT department, but this was not the case. She had an overview of all the patients (16) and 8 were her patients. She was required to see them everyday. She also had to supervise junior staff and an inexperienced Acting Senior 11 was appointed who had to be trained. In addition, there were regular meetings to attend. Her supervision meetings with the OT Services Manager which were supposed to take place fortnightly were often cancelled. She felt very unsupported. She completed a portfolio of her treatment of patients and presented it to the Acting OT Service Manager. It was returned as she did not have time to review it. Ms Harbottle's health was deteriorating due to stress at work and constant criticism.

Following her resignation, Ms Harbottle found work with an agency straight away. Her health improved greatly. She would never return to work in such a complex unit. She is currently working as a Health Care Assistant in a hospice but would love to return to her chosen career. Although she had worked as a locum at a similar unit in Preston, the patients did not have such complex needs as those at the Walton Centre.

Ms J. Carter, Community Psychiatric Nurse, also gave evidence on Ms Harbottle's behalf. She first met Ms Harbottle at a discharge meeting prior to her discharge from hospital. She has supported her since. She noted that Ms Harbottle's health deteriorated after she returned to work and improved following her resignation. Ms Carter believes that Ms Harbottle has greater insight now regarding her illness.

Dr D. Shakespeare, Consultant in Rehabilitation Medicine at the Lancashire Teaching Hospitals Trust also gave evidence on Ms Harbottle's behalf. He was Registrar at the Walton Unit when Ms Harbottle started work there. He was aware of the concerns regarding her competence. Ms Harbottle approached Dr Shakespeare as she was distressed about attending a meeting. He accompanied her. He considered that there was a very difficult working atmosphere in the Multi-Disciplinary Team as colleagues had been requested to point out deficiencies to Ms Harbottle. Dr Shakespeare has worked in both Rehabilitation Units in Preston and Liverpool and considers that there is less pressure on staff in the Preston Unit and expectations are lower. He did not feel that the experience Ms Harbottle gained in Preston was sufficient for a Senior 1 post at Walton. He would have expected at least one year's experience in a similar unit. The previous Senior 1 OT was very experienced. He also did not think that the Rehabilitation to Work was plan was generous enough in that Ms Harbottle returned with a relatively full caseload.

Ms Dunn submitted that Ms Harbottle wanted to return to practice as a Senior 11 initially. It would be difficult for her to find a post if she had to undergo supervised practice.

Legal advice on sanctions was given.

SANCTION

A Conditions of Practice order for 3 years was imposed.

The conditions are:

1. Within 6 months of returning to work as an OT, the Registrant shall provide evidence of satisfactory practice, particularly with regard to assessment and treatment planning, to be provided by a registered OT.
2. Not to seek employment in a Neurological Rehabilitation Unit.

No period is specified before which the order can be revoked, varied or replaced.

Sarah Breach

September 2004.

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