



Unite the union response to:

The Health and Care Professions Council (HCPC) Consultation on the standards of proficiency for all professions on the HCPC Register

This response is submitted by Unite in Health. Unite is the UK's largest trade union with 1.5 million members across the private and public sectors. The union's members work in a range of industries including manufacturing, financial services, print, media, construction, transport, local government, education, health and not for profit sectors.

Unite the union represents in excess of 100,000 health sector workers. This includes eight professional associations - British Veterinary Union (BVU), College of Health Care Chaplains (CHCC), Community Practitioners and Health Visitors' Association (CPHVA), Guild of Healthcare Pharmacists (GHP), Hospital Physicians Association (HPA), Doctors in Unite (formerly MPU), Mental Health Nurses Association (MNHA), Society of Sexual Health Advisers (SSHA).

Unite also represents members in nursing, allied health professions, healthcare science, applied psychology, counselling and psychotherapy, dental professions, arts therapy, radiography, audiology, optometry, building trades, estates, craft and maintenance, administration, ICT, support services and ambulance services.

1. Introduction

Unite represents members in many of the professions regulated by the Health and Care Professions Council (HCPC). As a membership organisation Unite has used its ongoing routes throughout the organisation, including a Facebook live session in conjunction with the HCPC, to obtain the views of our members impacted by changes to the standards of proficiency.

2. General comments

Unite speech therapy members raised the issue of redeployment, particularly in the context of the Covid-19 pandemic. In particular, concern around whether generic standards provide adequate protection against being redeployed into roles that are outside of their professional remit or whether generic standards may make this more likely.

Unite members questioned whether there should be a standard covering the use of social media.

In standard 13, **understand the key concepts of the knowledge base relevant to their profession**, Unite suggest this should be ‘understand **and apply** the knowledge base’

3. Consultation questions; Generic standards

3.1 Do you think the generic standards make it clear that registrants must ensure their practice is equal, fair, and inclusive in their approach to all service users?

Unite members questioned whether the need for registrants to ensure their practice is equal, fair and inclusive, should also be extended to colleagues.

In relation to paragraph 5.3, gender, members suggest the list should be as quoted in the Equality Act 2010 where it states the protected characteristic is gender reassignment.

In terms of being able to practise safely and effectively (1), Unite members suggest adding a 1.3;

Recognise when and how to raise and escalate concerns when you are unable to practise safely and effectively.

In terms of 5, **‘be aware of the impact of culture, equality and diversity on practice’**

Unite members consider this should include being aware of and addressing unconscious biases.

2.2 Do you think the generic standards place enough emphasis on the importance of the service user in decision making?

Unite members particularly welcomed the inclusion of safeguarding as a reminder that this is everyone's responsibility.

2.3 Do you think the generic standards are clear enough about the importance of maintaining fitness to practise?

Unite members raised the fact that many registrants are being redeployed in order to deal with the Covid-19 pandemic, with some being asked to work in a very different area of practice. They question whether the generic standards provide adequate protection and whether this will be taken into account if any concerns around their practice were to be subsequently made.

In relation to 3.3; **'understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary'**, they consider this is of concern as it sounds as if registrants have to 'cope' with whatever is thrown at them and it is their fault if they don't. They are also unsure about the word 'cope' and question whether the HCPC has reviewed the standards in line with their shift in focus detailed in the strategy.

2.4 Do you think the generic standards adequately address the importance of keeping up to date with technology and digital skills?

Yes. However, Unite members, particularly those working in the NHS, point out that often they do not have access to the appropriate technologies.

Some members express concern around the English requirements in terms of this having the potential for discrimination and question who will be responsible for testing proficiency in English.

2.5 Do you think the generic standards are clear about the role leadership plays for all registrants?

There were many examples during the pandemic where practitioners had inadequate or inappropriate Personal Protective Equipment (PPE). An important aspect for all registrants and especially leaders, is appropriately raising concerns about issues or circumstance affecting the ability to practise safely and supporting others to do so. Furthermore, not preventing others from doing so. Unite members consider this should be explicit within the standards.

3. Consultation questions; Profession-specific standards

(Please specify in your response which profession's standards you are providing feedback on).

3.1 Do you have any comments about the profession-specific standards?

In particular we would welcome comments on the following:

- whether the standards are set at the threshold level necessary for safe and effective practice;
- whether the wording of the standards is clear and appropriate; and
- whether we should include any additional standards.

Unite Applied Psychology members make the following comments in relation to their profession specific standards;

Point 2.3 'This has been reworded from assessment, treatment and intervention. Whilst this is odd wording, and misses the importance of 'formulation' it is much preferable to the new wording of 'diagnostic' and therapeutic process and in maintaining health and wellbeing. I am not sure why diagnostic has been introduced?'

Point 2.4 'care has replaced practice – why not have both?'

Point 3.2 and 3A 'the emphasis on self-care and knowing when to ask for help is important. It does not, however, say anything about employer duties or contextual implications of working in strained and stressed services – this does not feel adequate'

Point 4.5 'about making and receiving appropriate referrals is a bit thin – what is this point trying to get at?'

Points 5 and 5B *'need better wording - is this actually something about needing anti-discriminatory / anti-racist training? And understanding the intersectional experiences of marginalisation and how they can potentially impact on communication is important. It is also important for practitioners to understand how experiences of power and privilege can impact on clinical practice, and to aim to reduce these in order to provide inclusive care'*.

Point 8.2 – *this has the potential for discrimination – who will be responsible for testing this proficiency in English?*

Point 8b is weaker than the previous point captured in 8.12 which explicitly states the use of interpreters.

Point 9B *'is not strong enough – how would this be measurable as a standard?'*

Point 12.1 *'is weakened by the deletion'*

Point 13.3 'is weakened by the deletion – not all stakeholders are professionals – some are experts by experience, and we need to respect their contribution'

'The standards which relate to applied counselling , clinical, health , educational, forensic, occupational and sports psychologists – appear to be much expanded and it seems difficult to quantify some of them – e.g. in clinical psychology one example is;

14.34 be able to assess social context and organisational characteristics

I am concerned by the extensive listing of various standards, some of which may simply not be possible if one is working in a specialism which means that a clinician could know a huge amount about a specific area. I wonder if this is a helpful expansion'.

This response is submitted on behalf of Unite in Health by;

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