



**Unite the union response to:**

**The Health and Care Professions Council (HCPC) Consultation on the draft Corporate Strategy  
2021-2026**

**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 Physicists Association (HPA), Doctors in Unite (formerly MPU), Mental Health Nurses Association (MNHA), Society of Sexual Health Advisors (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.

## **2. Consultation response**

### **2.1 Do you agree with our proposed vision?**

#### ***To be the UK's foremost healthcare multi-profession regulator***

In early discussions with the HCPC Chief Executive, Unite raised concern about the phrase '*foremost*' healthcare regulator as it considered it was open to interpretation. The Unite Applied Psychologist Committee has subsequently also raised concerns about the HCPC promoting aim. Whilst this ambition is understandable, there are concerns about the impact it could have on professions not regulated by HCPC and how discriminating this could potentially be. Other professions, such as the Association of Child Psychotherapists, are not regulated by the HCPC. This body was working to be accepted to the Health Professions Council, but the process was ceased. Such professions are regulated, but if the public is led to believe that the HCPC is the main regulator, then there is a danger that those who are part of other accredited registers may be questioned as to whether they are properly regulated. Such professionals may be 'passed over' by members of the public, who would not recognise that they are regulated by a valid body.

The Committee also commented on the HCPC taking decisions based on "deep understanding" of the environment within which our registrants, employers and education providers operate and questioned how this will be possible without consultation with other bodies. In particular as stakeholders did not appear to be named in the document. Similarly, that it would be helpful if the document could be clearer on who stakeholders are when it makes the statement '*Our stakeholders see us as a leading voice in multi-profession regulation, providing evidence-based contributions on professional standards and public protection*'. We could not see evidence that other stakeholders had been involved in the co-design of the strategy.

'We will be an active contributor to local/ regional/national healthcare policy and practice development' is not elaborated upon, and more detail is needed about this.

Unite members raised questions around the statement '*Quality assure education and training programmes*'. In particular as courses are already accredited by bodies such as the British Psychological Society, they questioned whether that function can be managed by one body representing 15 different professional groups?

### **2.3 Do you agree with our proposed purpose?**

***To uphold the highest standards in the professions we regulate so that we protect the public and inspire their confidence***

Unite members agree with the proposed purpose. As the primary aim of healthcare regulators is to protect the public, it is important that this is central. Unite members point out that 'Inspire their confidence' could be interpreted as the public's confidence but also the professions who are regulated.

### **2.4 In our draft Strategy we have identified three core activities – regulation, learning and prevention. Do you think these are the right activities?**

Unite members have the following comments to make on the core activities;

In relation to the core activity of '*Regulation*' Unite members agree that as the regulator, this is a core activity. In terms of fitness to practise, again Unite members agree it is important that the HCPC respond proportionately. However, they consider that it should also respond *fairly*. In addition, the core activity '*Learning*', should also include *fair* in relation to the work environment to reflect the move towards organisations operating a just culture.

The document suggests that the HCPC will look at contextual factors around practice concerns. A 'systems' approach has been taken to practice concerns before (e.g. James Reason's work from the 1990s onwards), but this would be welcomed, as contextual understandings of how errors occur are important and their promotion is increasing. Unite representatives, in particular paramedics describe how presently it is felt that the HCPC is punitive and that the focus of investigations is finding evidence to support the allegation rather than looking at what really happened. The draft strategy signals a move away from a blame culture. This is welcomed. They ask whether this also means that HCPC will no longer be taking forward cases that the employer is capable of managing.

The move away from a blame culture will be a huge change in focus and as change takes time to embed, it will be important to provide training to HCPC staff to ensure all are implementing the new approach. It will also be important to ensure there is ongoing monitoring.

Unite agrees that it is essential that the HCPC both listen to, and learn from insight into risks provided by stakeholders, including registrants. The process for sharing such information needs to be clear and readily available. As a trade union and a key stakeholder, we are keen to understand how we feed into work on early insight as Unite representatives are often among the first to recognise when things are going wrong in organisations.

In terms of prevention, Unite members agree this should be a core activity because, as one commented, *'prevention is better than cure'*. However, they considered that more detail was required on this activity, for example, where the HCPCs knowledge will be obtained and again, how they can contribute to the prevention agenda.

### **2.5 We have proposed a set of four key values? Do you think these are the right values for the HCPC?**

Unite members agree these are the right values. The experience of Unite members during the pandemic demonstrates the importance of the regulator providing *effective guidance and resources that support quality in professional practice*. They found the information contained within the online Covid-19 hub extremely useful but would have valued the HCPC publicly supporting their concerns the importance of supplies of effective PPE.

In addition, as well as delivering *'regulation that adapts to public needs'*, Unite members suggest the HCPC needs to adapt to changes in practice and the context in which professionals practice.

### **2.6 We have suggested six strategies to underpin our core work – do you consider these are clear, understandable and appropriate?**

***Continuously improve and innovate, develop insight and exert influence, build a resilient, healthy, capable and sustainable organisation, promote and role model high quality professional practice, be visible, engaged and informed, promoting the value of regulation.***

In terms of the strategy to *develop insight and exert influence* Unite would suggest this should include data sharing. If Unite had access to data on areas of practice that were causing the

regulator concern, or issues had been identified in particular professions, we would be able to work with our members on prevention strategies in order to facilitate them to practice safely. Visible and engaged; active contributor to local policy; huge resource implication? Does this mean there will be a fee increase or has HCPC thought about alternative sources of funding so for example, charging universities for education approvals?

**2.7 Do you consider there are any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the following protected characteristics, as defined by the Equality Act 2010 and equivalent Northern Irish legislation? If yes, please explain what could be done to change this.**

Unite members suggest the equality, diversity and fairness statement is under-developed, and it is a concern that only data breakdowns by gender and occupation appear to be available on your website, no other protected characteristics are available. The Council appears not to be proportionately representative of people from BAME or other minoritised groups. It is not clear whether there are disproportionate numbers of people from BAME groups where fitness to practise issues are raised – these concerns have been raised by Unite members with the British Medical Association, and with the Nursing and Midwifery Council, but it is hard to see what is happening with concerns raised with HCPC.

### **3. Additional comments on the draft Corporate Strategy**

The draft Strategy makes reference to registrant wellbeing. Unite members consider this needs developing. There have been concerns about the negative mental health impacts for registrants who face complaints and fitness to practice investigations. There have been recent cases of doctors going through the General Medical Council process who have taken their own lives during these processes. It is welcome that any regulatory body would recognise this strain for people being investigated, but it needs to be properly worded and developed. Any cases must be dealt with in a timely fashion, and ensure that there is a wellbeing and safety component to help support registrants

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

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