



Employment Relations Briefing

Generic working: a guide for BAOT/UNISON stewards

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Introduction

Generic working is the reorganisation of work so that a range of tasks previously carried out as part of several jobs are instead carried out in one job role. Generic working can be used by employers to cut costs and reduce staff numbers or it can help break down barriers between different groups of staff and improve efficiency and the experience for patients/service users.

Occupational therapists and support workers taking on generic roles is becoming more frequent throughout the UK, in both in the NHS and social services. If it is not properly introduced, generic working may lead to job losses, erode professional boundaries and potentially threaten standards of patient care. However, successful generic working can also create opportunities for more job satisfaction, provide training opportunities and help to improve services.

UNISON opposes generic working where it leads to redundancies or lower standards of patient care. However we will seek to work with employers to make positive improvements which safeguard jobs, make roles more rewarding for staff and provide better services for patients.

This guidance aims to assist OT stewards and branches with negotiating over proposals to move toward generic working.

Types of generic working

Generic working may be undertaken in the following ways:

- Roles which combine tasks previously undertaken by different professions.
- Roles which combine patient care with other non-clinical tasks, e.g. administrative or clerical duties

Generic working may apply to part of your role, for example an Occupational Therapist being asked to take on generic management duties or undertake generic tasks such as taking blood pressure or doing diabetic checks.



Or it may apply to your entire role, such as a generic support worker role providing assistance across a range of areas with responsibilities to other health professionals, such as physiotherapists or nurses, in addition to the occupational therapist.

Generic working and multi-skilling

Generic working and multi-skilling are often discussed as if they were the same thing. However where generic working is the combining of a number of functions into one new job role; multi-skilling is the acquisition of a number of additional skills by a job holder.

Employers may try to present generic working positively by claiming that combining previously separated tasks into one new job role leads to a more rewarding and interesting job. This may be true if the new jobs are designed to make them more interesting and rewarding. However, in some cases, the tasks that are combined are of a similar nature and therefore does not significantly change the nature of the job and the role may remain boring or physically demanding. This can be de-motivating and cannot be considered to be genuine multi-skilling. It is actually multi-tasking and has few advantages for staff.

Risks and opportunities

The introduction of generic working has both risks and opportunities.

The main risks from generic working are that:

- It may lead to job losses as a smaller number of generic workers take on the roles of a larger number of existing staff from different occupations. Employers may try to get two jobs for the price of one.
- Carrying out a wide variety of tasks can increase pressure on staff and staffing levels may need to be improved to meet the greater demands of generic working.
- By combining tasks into one job role, staff may be less able to provide high standards of care than staff that specialise. Standards of patient care could be threatened if health and safety protections are not established. Staff that have to spread themselves over a wide variety of tasks run a greater risk of accidents and stress. Staff who do not have access to appropriate training are less able to offer quality care.
- Generic working could reduce rather than enhance job satisfaction and training opportunities and erode the range of skills of traditional occupational groups.

Generic working could:

- Improve the service staff are able to provide so that it better meets the needs of patients and service-users. Co-operation and overlap of roles could offer real benefits to service users.



- When it works well generic working can improve continuity, reduce duplication and help to ensure service users are getting a holistic and consistent approach to their care. There are fewer people making contact with the service user making it easier for them to develop relationships and for staff to monitor changes in their day to day functioning.
- Enhance training and career opportunities and enable staff to work across outdated occupational boundaries. It may also encourage the development and sharing of certain skills which may transcend traditional professional roles.
- Provide more efficient and joined-up services across professions or sectors, for example bridging the gap between health and social care services when working in integrated teams.
- Improve job security.

Generic working and occupational therapy

Many would argue that occupational therapy is the adoption of an approach rather than a particular job role. It is a diverse profession and many occupational therapists and occupational therapy technicians and support workers take on a variety of roles while still maintaining their unique approach to care.

In a generic working environment, occupational therapists, social workers, nurses, psychologists, physiotherapists and related support staff may all be asked to undertake generic roles as part of a team. A healthy, functioning team should recognise and advocate the different strengths of the team members. You may have the same job title as your colleagues but the roles are defined and you are enabled to bring a particular occupational therapy perspective to the team's work.

There is clear evidence that generic working works best where there is a strong sense of co-operation and respect between professional groups and colleagues.

In workplaces where BAOT members are working successfully in generic roles, the following factors have been fundamental to their success:

- A common approach and care model has been agreed with full input from all staff groups.
- All decisions around the model of service delivery and staff roles have been based on the outcomes of a comprehensive analysis of local service needs.
- All staff are clear about which specific tasks or competences are generic and which tasks are considered specialised or profession-specific.
- Staff have a good understanding of each other's roles and know when to refer tasks on to another profession.

- Detailed job descriptions and job role specifications are in place.
- All staff work to an agreed competence-based framework. It is particularly important that specific competences are in place where roles overlap or where staff are expected to extend their scope of practice. The framework is linked to a comprehensive training programme, including training modules to help ensure competences are met.
- Clear guidelines are available regarding what compulsory training is required and what voluntary training opportunities are available.
- There are opportunities and resources set aside for continuing professional development (CPD), skills development and career progression (see section on 'Training and CPD' below)
- All staff have access to regular formal clinical supervision and day-to-day support. For more information see COT briefing: '*Supervision*' (Management Briefing 55)
- There is a meaningful role for support workers - including opportunities to progress in the profession.

Recognising occupational therapy skills

Generic working is often introduced to meet the demands of increasingly integrated and flexible health and social care services. However, for some, there are concerns that certain attempts at generic working may risk losing in-depth skills in specialist areas and/or result in a blurring of professional roles.

OT staff and managers, with the help of their OT steward, need to ensure the unique value and contribution of occupational therapy to health and social care needs is confidently articulated and is recognised by service users, employers, managers and commissioners of services.

If you are asked to move into a generic role it is important to recognise the aspects of your practice which are central to occupational therapy, to continue to practise as an occupational therapist and to be able to describe this to others.

Practising Occupational Therapists must be registered with the Health Professions Council and meet their codes of performance, conduct, competency and ethics.

The Standards of conduct performance & ethics can be found at: www.hpc-uk.org
These are standards which every registrant must read, and agree to keep to.

It is also expected that individuals meet the standards laid out in the College of Occupational Therapists '*Professional standards for occupational therapy practice*' (www.cot.org.uk) and European TUNING competencies.

The Health Professions Council recognises that a registrants' scope of practice may

change over time but, like the College of Occupational Therapists, it warns against working outside this scope of practice without the appropriate education, training and experience.

Staff must be adequately trained to undertake the generic tasks required and staff must not feel pressured to attempt tasks that they are not competent to do.

If an individual is HPC registered, the scope of the generic tasks should allow them to demonstrate that they continue to meet the standards of proficiency and continued professional development in order to maintain their registration.

Some COT Professional Practice Briefings which may be helpful in recognising occupational therapy skills in a generic environment include:

- 14 'Extended Scope Practice'
- 15 'Prescribing, supply and administration of medicines and occupational therapists'
- 22 'Competences in Occupational Therapy'
- 23 'Definitions and Core Skills in Occupational Therapy'
- 32 'The 10 Key Roles for Allied Health Professionals (AHPs)'

These briefings are all available to download from www.cot.org.uk

Tips for staff who are being recruited to 'non-traditional' roles

Increasingly, Occupational Therapists are being encouraged to consider taking on 'non-traditional' roles. The NHS and local authorities employ the majority of occupational therapy staff, however COT has been encouraging the profession to expand into other areas of society including community settings such as schools, vocational rehabilitation centres, hospices, residential homes and prisons, as well as the independent sector.

If an individual is considering applying for a 'non-traditional' role here are some important questions for them to keep in mind:

- Does the role utilise occupational therapy skills? If not, does it require a recognised health or social care qualification? Is it clear what skills or qualifications are required for the role as this may help the post holder to argue for access to essential CPD and supervision to support their professional practice.
- Is the organisation clear about the level of experience required for the post and are they recruiting accordingly? For example, is the post suitable for a newly qualified OT or does it require someone with a greater level of experience, i.e. someone who can work autonomously as a sole-practitioner? If the individual is offered the post are they going to be working within their capabilities and able to practice safely?
- Are there adequate protocols, competencies, standards and examples of good practice in place?



- What supervision would be available? Is there regular access to professional occupational therapy supervision either within or outside the employer?
- What is the appraisal/development approach of the employer? Is protected time for CPD available for any groups of staff within the employer?

Training and CPD

Generic working can only be effective and improve patient care if it is combined with proper staff training and development. All staff are entitled to regular development reviews. This is an opportunity to meet with your manager to review your work and the demands of the post and to create a jointly-agreed plan which identifies your learning and development needs and how these will be met. For those working in the NHS, this will be undertaken via the Knowledge and Skills Framework (KSF); , Other employers may use appraisals or personal development plans. Staff should also have access to regular protected time for personal development , including time for reflection and study.

For therapy staff, supervision also forms a key part of continuing professional development as it includes monitoring of an individual's professional and personal development. Supervision should enable individual practitioners to develop knowledge and competence, to assume responsibility for their own practice and to improve the quality of the service.

It is important to ensure that training and development is clearly built-in to any generic working structure. For those in generic support worker roles National Vocational Qualifications (NVQs) may provide a useful basis for training and development because they are based on well defined cross-role competencies, which are independently assessed and not dependent on the employer.

For more information:

Modernising Allied Health Professions Careers: A Competence-Based Framework

This Department of Health framework aims to map AHP careers and develop national workforce competences. You can find copies of the framework at: www.dh.gov.uk.

COT Occupational Therapy Support Worker Framework

This COT framework for education and development of support workers links to the post qualifying framework and the career planning section of iLOD.

Link: http://ilod.cot.org.uk/cpd_tools

COT Post Qualifying Framework: A resource for occupational therapists (2006)

This framework enables occupational therapists in all areas of practice to meet the evolving needs of their roles by helping them to choose suitable learning pathways. The framework uses graded statements to identify the skills that occupational therapists at all levels should demonstrate, and links to existing and new roles.

Download it from the 'Library and Publications' section of the COT website at:

www.cot.org.uk/Mainwebsite/Resources/Document/Post_qualifying_framework.pdf

UNISON Learning and Organising Services (LAOS) can support members to access learning. BAOT members should be encouraged to talk to the local UNISON union learning rep in their workplace or branch about what training opportunities are available locally.

Negotiating checklist

In workplaces where job roles are being redefined UNISON aims to work with employers to restructure roles to create more job satisfaction, better training opportunities for staff and improve patient care.

UNISON is determined to ensure that generic working should only be introduced if it brings benefits for both staff and patients. When negotiating on generic working proposals, OT stewards and branches may find the following checklist useful:

- How have the proposals been developed? Was there a clear rationale for the development of these posts (i.e. clinical need)?
- Is generic working being trialled/piloted and assessed before being introduced?
- Have you and your fellow BAOT members been fully consulted on the proposals and are your UNISON branch and regional office involved? Raise concerns in partnership and with the support of your local branch. The more staff groups you involve in putting together your response, the better.
- Is there adequate supervision and support for generic staff? (i.e. proper training prior to the introduction of any generic working; access to competent clinical supervision from a state-registered practitioner in line with COT standards and local policies; appraisals carried out by trained staff; resources and protected time for training and CPD).
- What are the health and safety implications? Will there be higher stress levels or more dangerous working practices? Talk to the UNISON health and safety rep in your local branch about how to assess the potential risks.
- How will caseloads be affected? How will the effect on patient care be monitored? Is the service/activity being reduced and will this lead to creation or worsening of health inequalities within the service?
- What pay rates and conditions of service are proposed? These should reflect the demands made on jobholders. Any newly created posts must be put through a full job evaluation process at local level.
- Have the proposals undergone a thorough Equality Impact Assessment? Where employers are proposing changes to the way you work they must comply with their legal equality duties by consulting with staff and unions first and assessing whether the changes might have a detrimental impact on particular groups of



staff. The equality duties laid out in law relate to race, gender, disability religious belief, political opinion, age, marital status, sexual orientation and people with dependants.

If you don't have an OT steward already, then elect one.

Every workplace should have a BAOT/UNISON Steward to represent the views and needs of occupational therapists. If you don't have a steward in your workplace then maybe you could raise this issue at one of your team meetings. All OT Stewards are given accredited training and time off to carry out their duties. Please contact baotstewards@unison.co.uk for more information.

Keep up-to-date with UNISON briefings and guidance.

Members and stewards can access guidance briefings and resources on a range of workplace issues via www.unison.org.uk and the UNISON section of the BAOT website at www.baot.org.uk.