

## Organising Professional Committees (OPCs)

In order to advance Unite's professional, industrial, campaigning and organising agenda, it is essential that we have uni-professional groups who have a remit and focus on taking things forward. Organising, in trade union terms, means getting together. Health policy is political, and professionals need to be able to respond on that agenda.

The OPCs are based in our lay member structures and democratically accountable to our membership. They can call on the support of the regional lead officer for health.

### What is the role of the regional OPCs?

#### Organising

1. OPCs need to make sure that there are active Unite members in each department and workplace, so that as issues arise, the union gets to hear about them.
2. Some workplace reps need support and therefore the OPC can support reps from their profession throughout their region.
3. Many health service personnel do not belong to a trade union, and are unaware of the professional benefits to be gained from this. Workplace reps need to work together with their OPC to ensure that they are 100% organised across their profession.
4. To develop plans to recruit students and apprentices in the region.

#### Professional

1. Identify professional issues impacting on members. This could include professional standards, continuing professional development, caseloads, safeguarding, education and training, advancing professional practice, research, regulation, and responding to policy.
2. To develop a work programme of addressing issues, raising awareness and identifying issues to be addressed nationally. This includes writing for publications, attending meetings and using their professional expertise to inform Unite's professional officers.

#### Industrial

1. Identify industrial issues impacting on members. This could include down-banding, re-organisations, outsourcing, privatisation, new ways of working, on call, mileage, health and safety, equality issues, etc.
2. To develop a work programme to address issues and to support reps and members in advancing industrial issues.

#### Campaigning

1. Identify areas that Unite can campaign around including privatisations of services and defending the NHS locally.
2. Build wider support for campaigns from other professional groups within Unite in Health, other NHS unions and community groups. Support for this can be provided by the regional officer.

### **Who can be on a regional OPC?**

Anyone who is an “accountable representative of workers”, as defined in the union rule book, can be elected onto a regional OPC. Representatives can be industrial reps, learning reps, health and safety reps or equality reps. Some members who do not carry out these roles may nevertheless play an active role on local professional issues and can develop a ‘professional advocate’ role. This will be supported in the workplace to enable more participation in the OPCs. Active professional members should contact their regional officer to volunteer and be put in touch with their profession’s regional OPC lead.

### **How can I contact my regional officer?**

Look on the Unite website under ‘your region’ and ‘contact us’ [www.unitetheunion.org](http://www.unitetheunion.org)

### **When do regional OPCs meet?**

This is for each OPC to decide. They can meet up to four times a year, but owing to time commitments, communication by email and phone is also advised. Where a region organises regional health study days, the regional OPC can be held on those days.

### **What is the reporting mechanism for issues identified?**

Regional OPCs are responsible for providing national OPCs with a brief report on the main issues in their regions.

### **Do I get expenses for attending my regional OPC?**

Unite, in the region, will pay expenses in line with Unite the union policy.

### **How do regional OPCs elect a representative onto their respective national OPC?**

Each regional OPC will be able to elect one representative to the respective national OPC. This person will be endorsed by the health regional industrial sector committee (RISC). This will initially take place at the regional industrial health sector conferences, which are held every three years in September. However, if there are vacancies, this can be at a future meeting of the RISC.

### **Can regional OPCs send motions to Unite Health National Industrial Sector Committee (HNISC)?**

No, they are not constitutional committees of the union, as defined by the executive council. They have a function of progressing the regional professional agenda for members.

### **What is the role of the national OPC?**

The role is the same as the regional OPC drawing together all information from the regions.

#### Organising

1. To ensure that there is an organising plan in place for actively growing the membership within each profession, and pro-actively delivering this plan.
2. To develop plans to recruit students and apprentices.

#### Professional

1. To identify professional issues impacting on members nationally, including work caseloads, safeguarding, education and training, advancing professional practice, professional standards, and responding to policy. These could arise from changes in national policy.

2. To develop a work programme addressing issues and raising awareness.
3. To work with officers on professional external relationships

#### Industrial

1. Identify industrial issues impacting on members nationally.
2. To develop a work programme to address issues and to support reps and members.

#### Campaigning

1. Identify areas where Unite can campaign nationally on behalf of the profession.
2. Build wider support for campaigns from other professional groups within Unite in Health, within Unite, from other unions, and campaign and community groups.

#### Communications

1. Develop appropriate communications for members, including publications, fact sheets, web materials, social media communications, etc.
2. Liaise with Unite in Health's professional officers and communications officers.
3. Speak on behalf of your profession nationally.

#### Focused tasks

Set up 'task and finish' groups to address particular issues, as appropriate.

#### **When do national OPCs meet?**

National OPCs will meet or teleconference four times a year.

#### **What is the reporting mechanism for issues identified?**

Each national OPC is responsible for providing the HNISC with a brief report on the main issues in their profession, in advance of the HNISC meeting.

#### **Do I get expenses for attending my national OPC?**

Unite in Health, will pay expenses in line with Unite the union policy.

#### **Can national OPCs send motions to the Health National Industrial Sector Committee (HNISC)?**

No, they are not constitutional committees of the union, as defined by the executive council. They have a function of progressing the agenda for members.

#### **Does a national OPC have a right to send delegates to the HNISC?**

It has been agreed that the largest OPCs groupings (ambulance, estates & maintenance, applied psychology, nursing, healthcare science, pharmacy, therapists, and support services) can send one representative each to the HNISC. Where a representative covers more than one OPC, the members of those OPCs meet or teleconference to elect their NISC representative.

#### **Who has responsibility for the national OPCs?**

The national officers and lead professional officer have the responsibility for the national OPCs, although they will delegate the OPCs to regional officers or professional officers to lead on each.

## **What is the role of the regional and professional officers?**

All OPCs will have a regional officer (RO) who will be responsible for organising the national meetings, including booking rooms, providing lunch and dealing with travel. They will develop the agendas with the chair of the OPC and the professional officer (PO). It will be determined, according to the agenda, if a regional officer, professional officer or both need to be in attendance at the meeting. Should professional issues occur that the serving officer does not directly deal with, then the PO who deals with those issues will be consulted for advice or, if necessary, to attend the meeting. Where there is no RO, then the PO will organise the OPC until a replacement can be sought and s/he will liaise with the appropriate national officer.

## **OPCs with a small membership**

Where there is a small membership in any professional group, it is recognised that there will not be the economies of scale to support a full OPC process with regional OPCs, and these groups may act nationally only.

## **List of current OPCs**

- Healthcare Science  
(including Hospital  
Physicists (HPA))
- Speech and Language  
Therapy
- Applied Psychologists
- Dental Professions
- Health Visitors (CPHVA)
- School Nurses (CPHVA)
- Community Nursery Nurses  
(CPHVA)
- Mental Health Nurses  
(MHNA)
- Estates and maintenance
- Support Services
- Ambulance
- Veterinary (BVU)
- Health Care Chaplains  
(CHCC)
- Pharmacists (GHP)
- Doctors in Unite (DiU,  
formerly MPU)
- Sexual Health Advisors  
(SSHA)
  
- Councillors and  
Psychotherapists
- Arts' Therapists
- NHS Blood and Transplant
- Public Health England