

National Healthcare Uniforms NHS Supply Chain

Response for the Chartered Society of Physiotherapy

The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK's 60,000 chartered physiotherapists, physiotherapy students and support workers.

Physiotherapists are autonomous practitioners, able to independently assess, diagnose and prescribe medicines. The contribution of physiotherapy can be seen at many points of a care pathway as physiotherapists work as clinical leaders, first contact practitioners and multi-professional team members, to support patients in hospital, home, community and leisure environments.

We are responding in our role as the voice of physiotherapy and as the professional body that represent physiotherapists, physiotherapy support workers and physiotherapy students working in the NHS in England.

A national uniform

The CSP believe that our members working in the NHS in England currently wear what is in effect for them, a national uniform.

Depending upon the locality and complexity of work, members wear navy trousers with a white polo top or tunic, which may or may not have the Chartered Society of Physiotherapy lozenge badge embroidered upon it. The majority of tops also have a navy blue flashing to aid the differentiation between professional groups in the setting they work in. The only variance to the above is where a white dress or smart shorts are worn as an alternative, or where a uniform is deemed as detrimental to be worn.

We are aware that in certain settings the wearing of a uniform is positively discouraged in order to project a certain image, or, where a risk assessment has highlighted safety concerns. These include, but are not limited to paediatric work and some mental health services or community settings where there are specific risks to health care workers or where a uniform may be a barrier to the therapeutic relationship.

Whether there is a requirement for a new national uniform, the CSP is neutral and therefore prior to any potential change, we would expect our members working in the NHS in England to be consulted in a meaningful way to ascertain their thoughts.

Any recommendations made from the current consultation should be voluntary for Allied Health Professions (AHP)

Uniform considerations

Practicality:

Physiotherapy is a broad profession, and not one that a single style of uniform may be appropriate. E.G.: our members may be working in teams whilst undertaking therapeutic handling of patients with neurological conditions.

Tunics are frequently restrictive to this type of treatment where clinicians need to be constantly adapting their entire body position and handling patients therapeutically.

Scrubs, whilst providing greater flexibility to arms and the upper body do not provide modesty for those undertaking therapeutic handling of patients. Frequently for patients with a neurological condition, those providing treatment may be positioned on the floor or a low chair/stool, to support a patient's legs or pelvis, , whilst others undertake treatment to a patient's upper body or arms. In these treatment sessions, scrubs are loose by nature and fall forward in some positions that leads to both patients and others having the potential to see down our member's tops. There are many other physiotherapy interventions where similar issues arise.

Modesty:

74% of the CSP membership are female. Having a uniform that provides all our members with an appropriate level of modesty during the provision of any treatment is important.

Tunics would appear to provide our members with protection of their modesty, whilst scrubs in some settings do not.

The settings where scrubs would not protect our member's modesty also tend to be those settings where tunics can be restrictive of ease of movement during the treatment of patients.

Equality, Diversity and Inclusion:

The CSP expects any uniform to be inclusive for all members, and must take into consideration religious beliefs and gender identification.

Consideration must be given to aspects such as the wearing or carrying of specific religious artefacts, the ability to dress modestly, or covering of the head and/or hair.

The CSP would also expect that any changes suggested, are considered on the premise of the obligation not to discriminate unlawfully. We would not expect the application of any requirement, which, although applied equally to everyone, puts certain people at a particular disadvantage because of their gender, race, sexual orientation, religion or belief or gender reassignment.

Identification of profession:

Professional identification is important to both patients and other professional staff in any given setting.

In Scotland, a national uniform has been in place since 2012, with different colours and shadings being used for different professions. Nationally, feedback is generally positive, however this differs from that we gain anecdotally from our members who are confused by patients as being nursing staff.

There is a real risk that by using the same style of clothing with only a border of colour to identify a grouping of different professions of staff, the current confusion of professional groups of staff expressed by some patients will continue, and implementing a revised colour system could make the issue worse.

Organisations have been undertaking pro-active steps to support patients to recognise staff through large yellow dementia friendly badges stating, "Hello, my name is..." and use of additional embroidery which expresses a person's professional role.

With one of the aims of a national uniform being to provide a clear professional identity to patients and other staff, placing different professional groups together will not achieve this aim. There is a real risk that it will lead to increased confusion and the loss of professional identity of smaller professions when they are placed into groups with larger professions.

Current consultation

The CSP does have concerns related to the effectiveness of the consultation and therefore whether any outcomes can be relied on to make decisions on how to move forward.

For example, after responding to whether a national uniform is a good idea or not, in order to submit a response, all the other questions must be answered. This has the potential to skew all data where the response was 'No', and will in all likelihood put people off completing the consultation who do not think it is required, or lead to inaccurate responses from those that do not wish to see a national uniform. Should this be the case, there is no way of knowing how skewed the final data collected may be.

The majority of questions are closed and lead to a particular outcome, with the case for change not having been adequately explained in a full, clear and transparent manner. There is a concern that the AHP voice will be lost within the nursing staff response as well as the smaller AHP voice within the overall AHP response. The CSP is of the belief that any change should always be driven by factual data, rather than individual or group opinion. This raises a concern in the consultation process as questions are asked that request individuals opinions on a number of topics without any reference to data.

Future

The CSP are happy to work alongside our fellow AHP professional and trade union bodies to engage with the NHS supply chain to review the consultation responses and advise what this may mean.

The CSP believes it is our members working for the NHS in England that should decide whether a new national uniform for those undertaking physiotherapy is practicable and appropriate for the work they undertake in any given setting and we would encourage a truly meaningful consultation be undertaken with them prior to any recommendations being made to current policy.



Jim Fahie
Assistant Director
Employment Relations and Union Services
The Chartered Society of Physiotherapy
14 Bedford Row
London
WC1R 4ED
Telephone: 0207 306 6666
Website: www.csp.org.uk

- ends -