

<p>Are we able to seek union representative from the CSP for upcoming HR meetings and how do we go and how to do we go about getting representative</p>	<p>Members should contact their workplace steward where one is available.</p> <p>Where there is no workplace steward, members should call the CSP enquiries team on 020 7306 6666 in order to seek advice from the Senior Negotiating Officer who supports the region they work in.</p> <p>The level of advice and support will depend on individual member circumstances, and may or may not be in person.</p>
<p>NHS trusts seem to vary around their interpretation of the 'face to face' element to count people in scope. This is key for redeployment so would be good to get clarity on this for consistency.</p>	<p>Face to face means that a member of staff has some form of contact with patients during their normal working hours. This may be direct patient contact, such as that whilst treating patients, or incidental/social contact such as that by porters, cleaners or administration staff.</p> <p>Those on long term leave, who should be in scope do not require to be compliant, until they need to be deployed with some form of face to face patient contact. This would mean that those on maternity leave would require to be compliant, prior to undertaking any KIT day should they occur prior to 16 weeks post partum</p>
<p>How is it safe when I have seen patients who have clearly suffered following the vaccine. significantly increased episodes of myocarditis, autoimmune diseases, Neuro conditions</p>	<p>The CSP relies on the advice resulting from what we believe is a robust national system in place to monitor side effects. Where risk have been identified action has been taken eg restricting the age groups reiving Astra Zenica vaccine.</p>
<p>I feel really concerned about the number of cases of shingles I have seen in patients who have been vaccinated. I also wonder why women are still not being informed about (commonly reported) changes to menstrual cycle before being vaccinated - does this not raise issues of informed consent?</p>	<p>Reported effects on menstrual cycles are thought to be related to natural stress reactions rather than vaccines. This was covered in the presentations.</p>

<p>Are CSP expecting an increase in physio changing to private sector or even leaving the profession?</p>	<p>We can't predict how many will move into a non CQC regulated are, to Wales or Scotland or leave the profession yet. We will be surveying members shortly to get a better picture.</p>
<p>What is the likelihood of a delay to give people more time to make an informed decision? Given this date is imminent for the first job</p>	<p>The CSP and other unions have called for a delay. There has been media speculation about this but there is no basis to expect any delay.</p>
<p>What's a data on CSP members vaccine uptake?</p>	<p>When we last surveyed members around 10% suggested they were not intending to be vaccinated and were not exempt.</p>
<p>Question re: 31st March- why is that the last date if protection takes 2-3 weeks to build? Will I be able to work on the frontline on the 1st April if I have the 2nd dose on 31st March?</p>	<p>The government have not considered this within the legislation and are currently keeping to their plans for implementation dates.</p>
<p>Does an employer have to offer me a redeployed role/ virtual post?</p>	<p>No, they only have to offer a virtual post if it will not adversely impact on service delivery. It is the choice of the employer to decide how best to provide their local service delivery. A redeployed role can only be offered if you have the knowledge and skills to undertake the work. There is no pay protection where this may lead to a loss of income.</p>
<p>Why is a positive antibody test (through natural immunity) not being deemed a satisfactory status - instead of vaccination?</p>	<p>The regulations the government drafted relate only to vaccination. These are made government so their rationale isn't something we can confirm and they have not been clear.</p>
<p>What means are the trust legally allowed to use to ascertain the vaccination status of employees? How do they know whether we are vaccinated or not?</p>	<p>Some Trusts have been asking employees directly, whilst others have been using the central vaccination records (NIMS), however, these have not always been up to date/correct. Your employer is acting within its rights to request your vaccination status and will need to ensure it is compliant with the regulations</p>
<p>Will contracts be updates accordingly? Do we have any chance of fighting for more time to keep our jobs?</p>	<p>Your contract does not require to be updated as this requirement is enshrined in law</p>

Is there a definition of 'severe' regarding the first exemption? ('severe' reaction)	No there is not.
Do members of staff have to prove they are vaccinated? At my trust we were asked to respond to an email with our vaccination status but my colleagues who are vaccinated have not had to provide any proof. Are they relying on trust?	The employer needs to feel confident that it will not allow a non-vaccinated or a non-exempt member of staff to work in face to face situations as of 1 April. They will be held responsible if this is the case. Individual employers will need to feel confident in their own governance systems in regard to the legislation.
Can my employer start formal processes whilst I am off sick?	An employer may request advice from occupational health to see if you are fit to undertake a formal meeting. If the advice is that you are, they can request that you attend a meeting, and may offer to make reasonable adjustments in order to do so. This could be meeting you at your home, or near to it. Should your occupational health team say you are not fit to attend a meeting, then one should not be undertaken.
I hope the CSP has read the bmj article this week? Stating that Pfizer conducted and funded their own safety trails and won't release the data until 2025	The CSP believes the medicines regulatory system is independent of drugs firms, effective and ensures safety - as set out in the presentation.
I hope the CSP has read the bmj article this week? Stating that Pfizer conducted and funded their own safety trails and won't release the data until 2025!! https://www.bmj.com/content/376/bmj.o102	I didn't hear a reference to this article.
Is the vaccination mandatory if you are working as a functional assessor/ disability assessor conducting face to face assessment of clients?	If your service is CQC regulated then yes, but not all assessment services are covered by the CQC.
Although rare, just say a person has the vaccine and suffers a side effect. Is there compensation available should it cause significant harm?	Anyone suffering harm as a result of a vaccination is able to seek their own independent legal advice by contacting a solicitor for their guidance
Whilst you indicate that there is no evidence that vaccinated staff are less likely to pass on the virus to patients, clearly the more staff that are vaccinated the less virus being	Vaccinated individuals have been found to be able to carry and transmit the virus to others, so vaccination is not a secure way to

<p>circulated, which will protect patients and colleagues. Myself and all the colleagues I have spoken to would like to see the CSP revise their position and take a more robust stand in favour of mandating the vaccine.</p>	<p>protect patients or colleagues. We are concerned that people will be lulled into a false sense of security through vaccination of staff when PPE, testing, isolation etc are still needed.</p> <p>There is therefore no basis for changing our longstanding policy in favour of voluntary vaccination. There are medical ethics, equalities and public health reasons to oppose mandation.</p>
<p>Has any of the panel heard about Valneva vaccine?</p>	<p>No. It isn't currently a UK approved vaccine.</p>
<p>How do we find out who our local steward is?</p>	<p>Contact: enquiries@csp.org.uk</p>
<p>Why is the CSP and NHS ignoring the side effects and deaths from the C-19 jab? All reported via the yellow card scheme</p>	<p>The yellow card scheme is not run by the CSP or NHS. It informs the medicines regulatory system which we believe is independent and effective. The restriction of AZ to certain age groups as a result of monitoring of side effects demonstrates this works.</p>
<p>Many 'brands' of COVID vaccine have used HEK293 human foetal cell line (HEK293), grown from human embryonic kidney cells taken from aborted baby foetal cells - in the 'development, production and/or confirmatory lab test phases (inc Pfizer and AZ vaccines)'.</p> <p>Why are persons ethical/spiritual considerations (in the above regard) not deemed satisfactory (and who has the authority to determine that?) in desiring vaccine exemption?</p>	<p>The government has not decided to include a religious or ethical exemption.</p> <p>The first Employment Tribunal taken against dismissal on the basis of religious belief was lost.</p> <p>We note that the Pope has said Catholics can accept vaccination.</p>
<p>How can you be sure that there will not be long term effects on the babies that are born following vaccination of their mothers when there is no long term safety data.</p>	<p>There are ongoing real time studies of women and their babies. We have to rely on scientific experts such as those Mary is citing. See presentations.</p>
<p>I am a physiotherapy student in my final year. I need to complete my final placements in order to graduate. I have no intention to be vaccinated but I would be devastated to have to leave my course after so much work over this issue. What are my options regarding non-patient facing placements? Thank you</p>	<p>You must still meet the required standard set by HCPC and CSP. If you have enough face to face hours to do this then you may be fortunate. However, you will also not be employable in CQC regulated services in England.</p>
<p>How about long term affects on the Mother and the baby? It's shocking how confident</p>	<p>There are ongoing real time studies of women and their</p>

you are to saying the vaccine is safe for pregnant women especially with no long term studies.	babies. We have to rely on scientific experts such as those Mary is citing. See presentations
Why is natural immunity being ignored when the CDC reveal that this is more superior than vaccine immunity for the delta variant?	This is how the Government have framed the regulations.
Why did the CSP not push for a delay sooner? It seems the CSP were very late in this. Nursing and midwife unions were much more supportive in representing their members!	The TUC call was developed with the CSP and we believe came before the RCN call, but all health unions are united on this
Is there a maximum time limit between 1st & 2nd jab?	No
How will the NHS function losing approximately 80,000 people if they do not decide to be vaccinated?	Impacts will vary in different services. NHS trusts have been told to prepare plans around staff loss.
I am vegan which is a protected characteristic under the equality act. the vaccine is tested on animals and therefore not vegan. would this not be unfair dismissal?	The government has not allowed any ethical exemptions. The Vegan Society has advice on their website, it is an individual decision but they advise that vaccination is not necessarily incompatible with veganism.
What does it mean for students if NHS trusts cannot offer purely virtual placements for those students who are not vaccinated?	To meet the standard you will need to complete 1000 hours if you can't achieve this you will not graduate. It will not be possible for a student to graduate with virtual placements alone,
Has the panel heard any rumblings of similar legislation being passed in Scotland?	There are no plans for mandating jabs in Scotland or Wales.
Parliament looked positive tonight discussing the petition against the mandate. I hope there is still time for this to be turned around by the Government. I will be seeing how the next few weeks go...	Of course it is your decision, but to meet the 3 Feb deadline you would need first vaccination soon.
I am worried about having the word dismal on my employment record, should I resign instead?	The CSP would not advise a member to resign, unless you have a different reason to do so. Should a dismissal take place, for physiotherapists, the reason for dismissal will be a failure to meet a legal or statutory obligation For therapy support workers, the reason would likely be for "some other substantial reason"

	Both can be explained when applying for another position.
As a student, can I still attend placement in private physiotherapy clinics outside of the NHS to reach my required hours?	Perhaps, you should discuss this with your course leader. Our survey suggests private practitioners are keener on vaccination than NHS staff. Many private practitioners fought hard to be vaccinated at the same time as NHS staff, so many may expect you to be vaccinated.
You mention about booster previously, how likely this will be mandatory?	The government say they intend to include a booster requirement in the future.
Will the vaccine be mandatory in NHS in England only?	The regulations apply to CQC regulated services in England.
How many people attended today?	Just under 100
Does my trust have to offer me redeployment or an ability to work remotely?	No, they only have to offer a remote working post if it will not adversely impact on service delivery. It is the choice of the employer to decide how best to provide their local service delivery. A redeployed role can only be offered if you have the knowledge, skills and ability to undertake the work. If you accept a redeployment post, you will not receive any pay protection