

MOTIONS TO BE DEBATED AT ARC

Motions shall be debated in the order listed below, with the exception of the groups of motions listed on the agenda under a specific allocated session. These will be considered at the time shown on the agenda, regardless of number order.

DAY 1 SESSION 1 – QUICK FIRE MOTIONS (allocated specific time on agenda)

MOTION 1

Temporary Workforce Guidance

In England the Department of Health and Social Care (DHSC) introduced temporary workforce guidance to support NHS employers in the response to the pandemic. This included pausing of normal sickness provisions, full pay for all staff off sick with COVID and disregarding of any sickness absence related to COVID for the purposes of sickness absence triggers or sickness management policies.

In relation to long COVID however the DHSC guidance on the disregarding of standard triggers/processes states there “is no ‘one size fits all’ approach.”

Employing organisations are encouraged to adapt the principles of their local sickness management policy.

Sickness absence management in the NHS for long COVID varies depending on country and region.

Conference calls for the CSP to work with other unions to campaign for unity in employment rights relating to sickness management for long COVID ensuring equity and parity about how all UK countries manage long COVID sickness absence.

Stewards’ regional group – North East

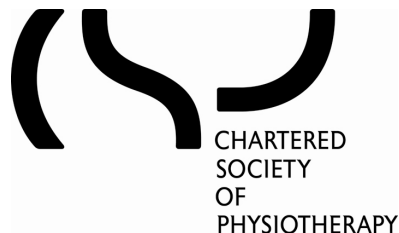
MOTION 2

Fuel Prices

Fuel prices in the UK have reached record heights with groups calling on the government to do more to help consumers. Average prices for diesel breached 155 pence per litre and petrol above 150 pence per litre. This is a first. Fuel prices were already on the rise due to inflation and record crude oil prices and the events in Ukraine may cause average costs to rise even further as more uncertainty hits the market.

The rates of reimbursement were set following the publication of new Automobile Association (AA) guidance in April/May 2014. This led to an increase to 56 pence per mile however, this figure has not changed despite rising fuel costs, increasing tax and inflation. Pay increases have not reflected this change and there has been no review of current rates.

This conference calls for CSP to campaign for an urgent review of reimbursement rates across the UK considering increases in fuel costs and inflation rates, and lobby government to make this review regular to bring it in line with increasing Consumer Price Index (CPI) rates.



Stewards' regional group – Northern Ireland

MOTION 3

Prescribing

The conference is concerned that there is a disparity between non-medical prescribers due to current legislation in place around the prescribing of controlled drugs. As increasing numbers of allied health professionals (AHPs), including physiotherapists, are undertaking advanced practice qualifications and progressing into non-traditional clinical roles, these prescribing restrictions are leading to inefficiencies and sub-optimal patient care. Non-medical prescribing physiotherapists are currently not legally permitted to prescribe a range of controlled drugs. Within their scope of practice, advanced practitioners are required to make clinical decisions independently in a variety of clinical settings, and medical support is not always present to countersign changes made to restricted medications. An advanced nurse practitioner, having completed the same postgraduate qualification, would not experience these restrictions and, therefore, be able to independently manage these episodes of care efficiently. A physiotherapist in the same role is not able to prescribe completely for this patient and as a result the patient needs another professional involvement to prescribe. We, therefore, call on the CSP to campaign, with other AHP unions for legislative changes to ensure parity and improved patient care.

Professional Networks

MOTION 4

Return to Practice

This conference recognises the importance of return to practice pathways for our profession and the challenges that our peers often face in completing the return to practice journey.

In line with the Health and Care Professions Council (HCPC) requirements for readmission on to the HCPC register, returning members must complete Continuing Professional Development (CPD), formal learning, supervised practice and self-study.

Conferences supports the need for the return to practice process to be as supported and easily understood as possible to bring valuable peers back into our profession, and highlights the role the CSP must play within this.

Therefore, conference calls on the CSP to create support channels for returning Physiotherapists.

We would welcome:

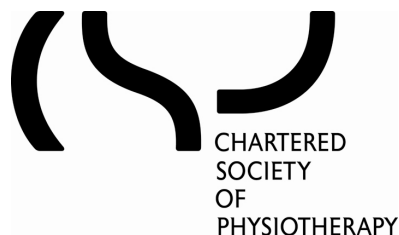
A dedicated section of the CSP mentoring scheme for those wishing to return to practice and those who can offer support for those on the return to practice journey.

Clearer, up to date, easily accessible resources for those who wish to return to Physiotherapy practice.

Regional Networks

MOTION 5

Happiness Calendar



Conference asks the CSP to develop a monthly 'Happiness Calendar', to support members in their professional lives. This will follow the successful practice originating from Powys and Cardiff and Vale University Health Boards. This includes suggestions of daily activities and/or tasks to improve wellness which will help to build a thriving physiotherapy community. This practice is cost neutral to the CSP and puts the wellness of physiotherapy at the hearts of our profession to help maintain an effective and sustainable organisation.

Country Board – Wales

DAY 1 SESSION 2 (estimated time only)

MOTION 6

Supporting our students and future colleagues during COVID 19 and beyond

Conference is concerned about the impact of the pandemic on physiotherapy students and recent graduate workforce in regards to health, wellbeing and potential professional issues. Conference notes that with the increase in student places and the pandemic, this has brought a perfect storm of shortages of placements, sickness, reduced or altered supervision arrangements and reliance of virtual options of teaching and support to comply with health and safety requirements. Students graduating in the years 2022 - 24 have had experiences no other physiotherapy graduates have had, ever.

Conference believes that this could lead to increased adverse risks to graduate health and wellbeing, patient safety, internal and external process for this cohort of students graduates and mentors, in an increasingly pressurized working environment.

Conference calls on CSP Council

1. review risk and current support with students, Higher Education Institutions, NHS providers and private providers
2. provide and publicise preceptorship standards, guidance and programmes that cater to graduates and their mentors who have studied during the pandemic, to empower retention in the profession
3. identify any potential workforce, professional and wellbeing risks and work with the relevant stakeholders to minimize them.

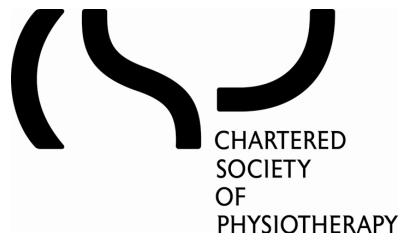
Regional Networks

MOTION 7

Mental Health and Wellbeing

It is with disappointment that Conference notes the historically high prevalence of mental health issues within the NHS. Unfortunately, we are all aware of how the challenges of COVID have worsened this.

Mental health issues are consistently the highest reason for sickness absence in the NHS. Even at its lowest level in 2020 such conditions accounted for 21% of sickness absence, with c472,000 full time equivalent days lost in a single month. According to NHS England and NHS Improvement poor mental health at work costs the NHS upwards of £3bn per annum in missed workdays.



We are aware that employers have a duty of care to their staff's health and wellbeing including their mental health. However, Conference is concerned that although there are examples of good practice of Trusts supporting staff mental health, this access is not equitable or easily accessible to all NHS staff. Conference therefore calls on the CSP to:

1. Carryout a scoping exercise to find out which NHS trusts have psychological support services specifically for members of staff, and
2. Work with other unions to lobby the government to encourage the Clinical Commissioning Groups to include easily accessible staff mental health support services in NHS contracts.

Stewards' regional groups – East of England

MOTION 8

NHS Pay

In 2004 the NHS introduced the Agenda for Change (AFC) pay and conditions structure to both harmonise and modernise pay and conditions, terms of employment and human resources policies. Since then stewards have faced challenges and local attacks to deviate from this national agreement. A North-West Trust has shifted over time and additional hours to be paid through NHS Professionals (NHSP). NHSP is an agency owned by the Department of Health and Social Care utilised to fill the chronic nursing staff shortages. AFC has terms and conditions which allow employees to work additional hours and get paid fairly. Trusts should be unable to force employees to join an agency in order to work additional hours for their own organisation. This creates multi-tiered work forces, inequality of pay for work done, moves away from AFC T's & C's and invalidates the Job evaluation process.

We call on the CSP to:

1. Join with other Unions to insist this practice stops and ensure equal pay for work done.
2. Ensure the job evaluation scheme is not being undermined by practices employed by NHSP.
3. To survey stewards, identify where this practice is being introduced and support stewards to fight this change.

Stewards' regional groups – North West

MOTION 9

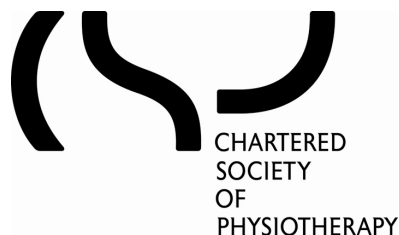
Recruitment and Retention

This conference is gravely concerned about the NHS Physiotherapy staffing crisis. This is particularly an issue in the London fringe Trusts. Recruitment and retention premia have proven to incentivise hard to fill posts and we call upon the CSP to work locally to give stewards the support, guidance, and tools they need to be able to campaign within Trusts for Recruitment and Retention premia for hard to fill posts within Physiotherapy.

Stewards' regional groups – South Central

MOTION 10

Recruitment Processes



This Conference is concerned that some Trusts in England are circumventing proper recruitment processes to ensure that they have sufficient staff in what has become a desperate situation for some services. This Conference calls on the CSP to work with Integrated Care Systems and Trusts to ensure that recruitment and selection processes uphold values of fairness and equal access to all.

The CSP must work immediately with other trade unions and professional organisations to monitor the impact upon workforce demographic of recruitment practices such as so called "golden tickets" upon equal opportunities and best Equity, Diversity and Belonging practices.

A golden ticket given to a student on placement means that the student is guaranteed a job upon graduation in that Trust without advertisement, and normal fair recruitment processes that are open to all. No monetary incentive is involved it is given after a placement where the clinical educator rated them highly on a placement that was entirely a random allocation process. Golden tickets are essentially an element of luck, coincidence and potential nepotism resulting in an appointment to their first post in our profession. We as the CSP need to understand and monitor the impact of that upon our members and our profession.

Regional Networks – West Midlands

DAY 1 SESSION 3: PANEL DISCUSSION – CLIMATE CHANGE (allocated specific time on agenda)

MOTION 11

Climate Change

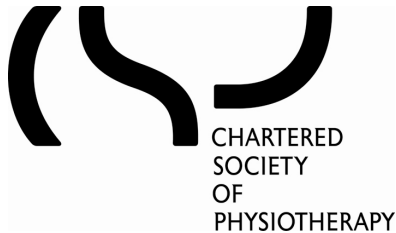
This conference is concerned by the ever-increasing Global Health, Environmental and Climate crisis the physiotherapy profession, and the populations we serve, are facing. As highlighted by World Health Organisation in 2020, current approaches are not sufficient in reducing environmental risks to health where 24% of all global deaths are linked to modifiable environments. For example, the increased frequency of natural disasters due to extreme weather patterns has resulted in an increased global burden of disease and disability (Intergovernmental Panel on Climate Change, 2022).

The detrimental effects of rising sea temperatures and seas, increased vector-borne diseases, worsening air quality, food insecurity and scarcity, access to clean water, increased social inequality and conflict will result in negative health and social impacts across the globe.

However, we also see the profession and our unique skillsets as an inherent part of the solution. This conference therefore calls on the CSP to declare a climate crisis, and to recognise this opportunity to prioritise and implement the following actions:

1. Secure sustainability education for the future physiotherapy workforce by becoming organizational signatories of the Environmental Physiotherapy Call to Action 2023 and encouraging pre-registration courses to include climate change and global health in the curricula.
2. A CSP-led campaign to raise awareness in the physiotherapy workforce about the relevance of climate change to our profession, including the impacts on patients' health and championing the role of physiotherapy within sustainable healthcare – within NHS and Global Health settings.
3. The CSP to show leadership on the climate emergency by taking an active role in the Greener NHS initiatives, putting physiotherapy at the front and centre of sustainable healthcare, and actively supporting organisations such as the UK Health Alliance on Climate Change.
4. Establish a sustainability committee to advise the Council and its workforce, ensuring sustainability and ecological protection are a priority at the CSP.

Students, Professional Networks, Associates



MOTION 12

Climate Change

Climate change is a growing concern to us all. We don't need to be scientists to talk to others about climate change.

"No Planet. No People. No Human Rights" – a campaign led by Amnesty International UK.

The climate crisis threatens human survival and all human rights – to life, health, housing, water and sanitation. Which long term will have an impact on our members and their working environment.

People created this crisis, and we have the power to fix it – we are all part of it and we need to start acting now. We can't let that happen.

We are calling on the CSP to work with members for a more sustainable workplaces which will benefit us all, at work, in our communities.

We would like the CSP to highlight their long-term corporate strategic plan regarding climate change and the effect it will have on the membership.

Encourage members to use front line to highlight members wins in tackling climate change in the workplace.

Support members to become Environmental reps in their workplace and play a key role in staff inductions, explaining the environmental policies of the workplace and how to raise any concerns.

Conference calls on the CSP to use all the media at their disposal to promote to the Amnesty International campaign. Greener, cleaner and exert influence on decisions that impact on members locally and nationally.

Stewards' regional groups – Wales

MOTION 13

Climate Change

This conference is well aware of the concerns around climate change and we are all individually keen to make a conscious effort to reduce our carbon footprints. With the recent government consultation to bring forward the ban of the sale of new petrol and diesel cars to 2030, alongside many 'green travel' initiatives in some major cities, we are keen for the CSP to support members to become front runners in green initiatives. We ask the CSP to work with other unions to campaign for employers to support CSP members and/or NHS workers to purchase electric vehicles. For example, other employers provide a salary sacrifice scheme for their staff to purchase electric vehicles, and we ask the CSP to commit to campaigning to employers in support of a salary sacrifice scheme to support and encourage community workers to purchase electric vehicles for use during their delivery of community rehabilitation.

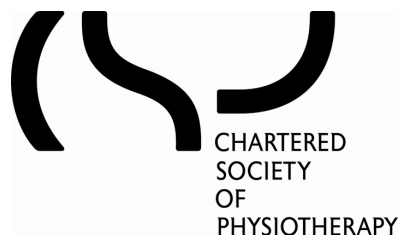
Stewards' regional groups – South West (North)

DAY 1 SESSION 4 (estimated time only)

MOTION 14

Community Rehabilitation

Conference notes and welcomes key CSP messages from February including a focus on community rehabilitation and lobbying for national rehab strategies to support this. The work is likely to draw on all parts of the NHS and have wide-reaching implications. In concert with the many ICS's and other



commissioning bodies across the UK we would further ask that this process require the involvement of qualified Allied Health Professionals (AHPs) familiar with the delivery and management of rehab. Mandating regional and national level representation of AHPs within these processes will create career advancement opportunities to improve retention and progression of AHPs while also ensuring patients receive evidence-based and appropriate care. Conference welcomes the exciting opportunity for Community Rehabilitation with the NHS Long Term Plan investing £4.5 billion. Physiotherapy has the opportunity to be at the centre of this improvement and to develop our service and careers for the benefit of the patients. Conference calls upon the CSP to join forces with the other healthcare unions to lobby the Department for Health and Social Care and the relevant bodies for Wales, Scotland and Northern Ireland, to develop national strategies that mandate AHPs leadership positions as part of ICS, CCG, and NHS Employers activities.

Regional networks

MOTION 15

Paternity Leave

This conference is concerned that employees only have a statutory right to 2 weeks Occupational Maternity Support (Paternity) Pay. With 1 in 4 births now via Caesarean this provision has failed to keep pace with society and is woefully inadequate, meaning that partners are conditioned to feel they are obliged to return to work whilst the birth mother remains vulnerable, unable to do a number of activities.

The birth of a child (or children) should be a joyous occasion and the short 2 weeks go even quicker if there are complications such as jaundice, anaemia or the inability to maintain birth weight. If problems last for more than 2 weeks then it places added pressure on both parents who are likely to already be stressed whilst trying to establish a whole new work-life balance.

Conference calls upon the CSP to:

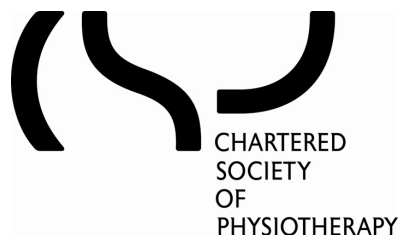
- Campaign with other unions, via the Trades Union Congress (TUC), to lobby Government to increase the Statutory entitlement for Occupational Maternity Support (Paternity) Pay with full pay to 6 weeks
- Create a training package to provide Stewards improved knowledge and understanding so they are better able to support and direct members who have issues regarding Occupational Maternity Support (Paternity) Pay

Stewards' regional groups – South West (South)

MOTION 16

Paediatric Physiotherapy

The impact of paediatric physiotherapy and positive effect that it has on functional outcomes and increased quality of life has never been more important than now. Many babies, children and young people have, and are currently, missing out on vital experiences (i.e. reduced school attendance and physical activity opportunities due to the impact of COVID-19). These issues can lead to lifelong considerable health, wellbeing and social care problems. We are asking for help from the CSP to promote paediatric physiotherapy and to be an active advocate for our next generation. We are asking for the CSP to support Association of Paediatric Chartered Physiotherapists (APCP) by representing paediatrics, and the paediatric physiotherapy workforce, with a paediatric



physiotherapy specific campaign to increase knowledge of the services available to all stakeholders. Specifically, we urge the CSP to run a campaign informing stakeholders of the therapeutic benefits that are offered from our paediatric physiotherapy workforce in their efforts to protect and support our next generation. By supporting the paediatric physiotherapy workforce, in this way, the CSP will contribute to improving population health outcomes and reducing health inequalities - from the beginning of life onwards.

Professional Networks

MOTION 17

Occupational Health

Occupational health and fitness for work support is a priority for the government, however at the present time conference is concerned that the pre-registration physiotherapy training programme has not been updated to include the recent changes in occupational health and fitness for work practice. Other Allied Health Professionals (AHPs) have updated their training in occupational health and fitness for work as part of their pre-registration programme. Conference is concerned that physiotherapists are lagging behind our fellow AHP colleagues and calls on the CSP to work with the Association of Chartered Physiotherapists in Occupational Health and Ergonomics (ACPOHE) to review and update the occupational health and fitness for work content in the pre-registration physiotherapy training programme to ensure it is at the relevant level.

Professional Networks

MOTION 18

Global Health projects

This conference is concerned that our workforce is not being fully supported by its employers, including the NHS, when undertaking global health projects. Clinicians often find themselves taking unpaid leave or sacrificing substantive roles for such work, thus limiting the diversity and equal opportunities within our workforce.

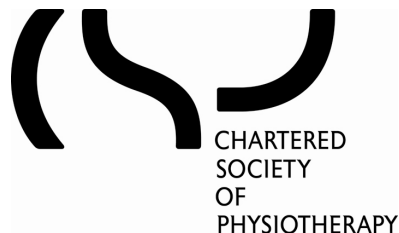
Following recent publications from the All Parliamentary Parliament Group (APPG) on Global Health, the Global Citizenship Report, Health Education England's Global Engagement Report, and UK-Med's Global Health Responders report, the value and mutual benefit of international volunteering to individuals and healthcare systems are well documented. This was evidenced utilising Ebola Global Health responders knowledge and skills when establishing the UK's COVID-19 response and Nightingale Hospitals.

Therefore, there is undeniable evidence within the profession that supporting NHS staff to undertake international development projects improves leadership development, clinical skills and patient outcomes (to name a few) in NHS organizations.

This conference therefore calls on the CSP to campaign immediately to promote the value of physiotherapists volunteering in global health projects, and to suggest how the NHS, and other employers, can better support our profession with this activity. For example, where reasonable to support paid professional leave for government recognized global health partnership work.

Professional Networks

MOTION 19



Additional workload

Conference, no one in this room needs to be reminded of the hard work, professionalism and challenges that we and our colleagues have faced in the recent times. With the high workloads and pressures that staff have experienced during COVID, we need a reduction in pressures not a sustaining of them. This is not happening.

There is now a mounting pressure to “catch up” on the back log of work that was previously deemed less of a priority. Clinicians are being pressured to clear the Covid backlog by over booking clinics, working on days off and using nonclinical time to treat extra patients. This leads to unsafe staffing levels and clinician burn out of already overworked staff.

Trusts are also performing extra theatre lists to alleviate the waiting times for patients, which we understand, but the rehabilitation staff are not being considered in these decisions and out-patient and ward staff are therefore treating additional rehab patients without extra staffing.

Congress, we call upon the CSP to:

- lobby the government to stop the additional workload being forced upon staff without it being staffed/funded appropriately
- develop guidelines/recommendations for ensuring physiotherapy staff are not forced into these “catch up” practices mentioned above.

Stewards’ regional groups – Yorkshire and the Humber

MOTION 20

Empowerment of members

The pandemic has shown how versatile physiotherapy staff are, and has promoted the work of our profession. But we cannot carry on in emergency measures forever and must return to re-building our NHS.

When we register with Health and Care Professions Council (HCPC), we declare to manage risk and provide quality services. As we restart paused services across all specialisms, we are once again being asked to do more with less – to carry on with business as usual and provide quality physiotherapy, with a backlog of patients whilst under resourced. But do we know when we need to say no, and should we? And if we do how do we do it?

Using HCPC standards to give us the authority and the tools, we ask the CSP to:

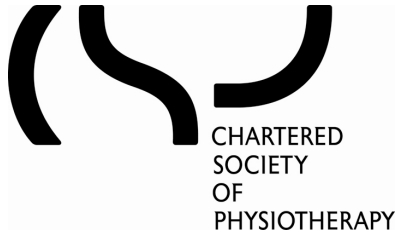
- Develop a toolkit to support staff at all levels to challenge organisations that run and evaluate services, where demand exceeds capacity.
- To develop training for stewards and safety representatives to support members in their ability to know when to say no.
- Run a campaign in frontline with regular articles, empowering members to be able to say no, and enabling them to maintain person-centred quality services, preventing overload and burnout within the profession.

Stewards’ regional groups – Scotland

DAY 1 SESSION 5 LEADERSHIP MOTIONS (allocated specific time on agenda)

MOTION 21

Translating national policy locally



Conference applauds the C.S.P. Leadership programme and also acknowledges the national talent management initiatives designed to support and develop our leaders of the future. Conference is concerned by the lack of progress in breaking the glass ceiling for AHP leaders and the lack of translatable progress locally in improving the leadership structures for AHP staff. Currently NHS Board structures are mandated to provide a Medical and a Nurse Director but do not require representation from other clinical professions. This we believe limits the diversity, and significantly impacts on our professions potential ability to influence locally, regionally and within the national landscape.

Whilst we applaud the work the CSP has already undertaken in lobbying Government and focus on influencing national policy this is not translating locally and is not having the desired impact. Anecdotally trusts are seeing focus on development of improving nursing structures without the same emphasis on AHP development. Conference change needs to swift and direct and equality to our nursing colleagues should be expected.

We therefore call on the CSP to

1. Continue and place significant emphasis on campaigning for legislative changes that would require all NHS trust to have an AHP director.
2. Support and promote campaigns at local level to make structure changes in trusts.
3. Given members the tools and information to challenge positions at a local level.
4. Celebrate the wins widely so that members are aware of success
5. Raise awareness of the need for equality in representation on NHS boards
6. Highlight the positive aspects an AHP director could bring to the board.

National group of regional stewards

MOTION 22

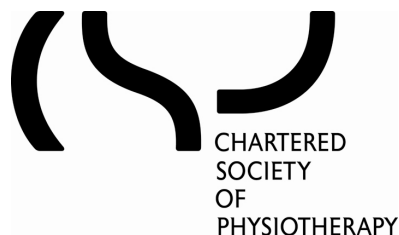
Leadership for Associates

Conference asks that the CSP work towards supporting the associate members in their professional and working life providing and looking to develop bespoke leadership programmes in partnership with the 'Support Workers Reference Group' (SWRG). This could also be offered to support workers outside the CSP and generate its own income and enhance our profile and encourage growth of the membership. This will ensure that the associate members are encouraged and supported in their professional and working lives to develop leadership skills and help them into senior roles across health care and private practice.

Associates

DAY 2 SESSION 6 HOT TOPIC MOTIONS (allocated specific time on agenda)

MOTION 23



Face masks

Conference, throughout the pandemic all care workers have had to comply with the wearing of face masks in hospital/care settings regardless of staff/patient Covid status. However, the UK has seen the most successful roll out of a vaccine across the World, which has led to infection and death rates dropping substantially. Restrictions in public arenas have been lifted and masks are no longer advised/enforced. I therefore ask conference has the time arrived to suspend the requirement to wear masks in care settings.

We believe that mask wearing should be a choice for individual staff, patients and services. This will help certain groups of patients with communication e.g. the hearing challenged, paediatric patients and those who are confused. It will also benefit staff who are menopausal and find the wearing of face masks difficult with hot flushes and those staff who have their own anxieties about mask wearing. It will also help with the environmental issues of face mask littering we see around hospital sites and the impact of production on climate change.

We call on the CSP to lobby the UK governments on the choice to wear a face mask in a clinical setting.

Stewards' regional groups – Yorkshire and the Humber

MOTION 24

FCP

This Conference recognises the excellent work that the CSP has undertaken with our members in the promotion and development of First Contact Physiotherapy (FCP) roles. However this work does not go far enough in ensuring consistency in pay banding for work done. This conference believes that more work is required by the CSP to achieve fair pay for our members.

The CSP must work immediately with other trade unions and professional organisations so that First Contact Practitioners across all professional roles and all clinical specialties can be banded under agenda for change by use of three new FCP national profiles at bands 6, 7 and 8a.

The proliferation and uptake of FCP by primary care across the UK has created inconsistency and unfairness for CSP members. National profiles for use by matching panels would help ensure that whilst bands may continue to range from 6 to 8 we can ensure that this variation has been achieved using a fair transparent and consistent framework across the UK.

Regional networks

MOTION 25

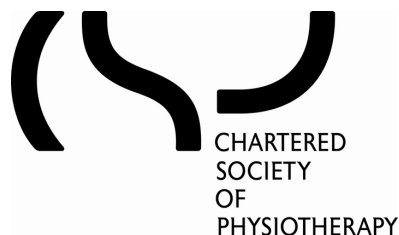
FCP Roadmap

The Health Education England (HEE) Roadmap creates assurance and standardisation of care to ensure patient safety. It supports clinicians to manage undifferentiated and undiagnosed Musculoskeletal (MSK) presentations within an agreed scope of practice. The CSP have been pivotal in the success of First Contact Practitioners (FCPs) in primary care over the last few years and support this exciting career development.

Conference is concerned to learn that physiotherapists may not be able to step up and take on the growing and expanding roles of FCPs in primary care due to lack of finances and study leave to progress through the HEE Roadmap as required.

If physiotherapists are not able to progress through the FCP Roadmap there's a real risk other professions will take over these roles within primary care.

Therefore, we are calling on the CSP to:



- Produce a quick guide to the FCP-MSK roadmap including time/resources required to complete the roadmap.
- Highlight the positive impacts of having physiotherapists in FCP roles who have completed the road map and the importance of standardising competencies of FCPs to improve patient care.
- Consider funding level 7 modules similar to the leadership development programme funded by the CSP charitable trust for clinicians to access.

Stewards' regional groups – West Midlands

MOTION 26

Right to disconnect

Conference acknowledges the benefits of hybrid working, especially over the last 24 months. However, conference is concerned that many employees feel pressurised to be available and online outside of their contracted hours through emails and other online platforms which is impacting their mental and physical health.

Conference welcomes the establishing of the right to disconnect legislation in many EU countries and in other parts of the world. This legislation protects the rights of employees not to routinely perform work outside normal working hours, not to be penalised for refusing to attend to work matters out of hours, and a duty to respect an employees' right to disconnect.

Conference calls on the CSP to:

- (a) Engage with the 'Right to Disconnect' campaign,
- (b) Work with other trade unions and the current government to introduce similar legislation in the UK,
- (c) Review previous guidance and campaigns such as 'Pinpoint the Pressure' and update and re-publicise this work in the context of hybrid working, and
- (d) Equip stewards, safety representatives and members with the information and skills to combat any negative effects of hybrid working.

Regional networks & Professional networks

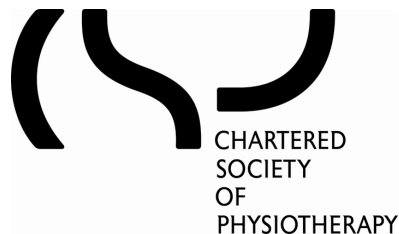
MOTION 27

Flexible working

The pandemic has demonstrated the ability of physiotherapy clinical staff to work from home for part of their contractual hours. Due to recent legislative changes, all physiotherapy staff have a protected right to flexible working from day one of employment - including firm contractual arrangements that would allow them to regularly work from home, for example by consolidating into a block of work any normal duties which can reasonably be done from home. In practise, employees are finding ongoing difficulties accessing different and varied opportunities for flexible working. There remains a traditional view that "flexible working" relates to reduced hours or days of work – when in practise, the benefits of working from home to both employee and employer are numerous. This includes uninterrupted time and concentration on non-clinical duties, service development projects and training. But furthermore there is a huge benefit to staff wellbeing, by breaking a pattern of attending the workplace.

This conference calls on the CSP to promote the working from home agenda, with particular emphasis on the national wellbeing strategy, and emphasise the role employers and managers can play in advocating for and delivering a variety of flexible working arrangements.

Stewards' regional groups – London South



MOTION 28

International Physiotherapists

This conference is extremely concerned about the lack of support for International Physiotherapists in their first role in the NHS. The crisis in staffing in the NHS is huge and more and more we are looking towards our international colleagues to help us. Many Trusts now have well established support systems for international nurses however this seems to not extend to Allied Health Professionals (AHPs) in many cases. We call upon the CSP to work with other unions and NHS Trusts to ensure that Physiotherapists and other AHP's, who are recruited from abroad, access the same level of support afforded to our nursing colleagues. This motion links to the CSP strategic aims of supporting members in the workplace and creating a Physiotherapy profession that reflects the diversity in society.

Stewards' regional groups – South Central

MOTION 29

International Physiotherapists

The United Kingdom (UK) faces a huge challenge with staff shortages in healthcare.

Conference congratulates the Chartered Society of Physiotherapy (CSP) in its work to ensure physiotherapists are eligible to apply for a health and care visa. This has encouraged more overseas trained physiotherapists to work in the UK subsequently leading to an increase in international recruitment.

Transition into the UK workforce and its culture can be challenging; therefore, we believe the CSP has a crucial role to play in supporting overseas trained physiotherapists.

By investing in this cohort, it is hoped that overseas qualified physiotherapists will be well settled, contribute effectively to the UK workforce, and reduce the number of overseas trained physiotherapists being called for fitness to practice with the Health and Care Professions Council (HCPC).

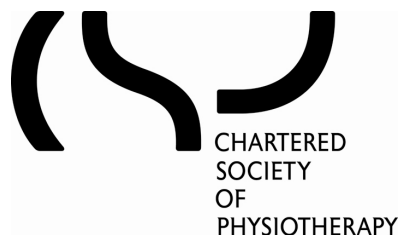
We call on the CSP to develop and deliver an induction orientation day for overseas qualified physiotherapists and a separate training for recruiting managers to better support the above cohort. This event should also be available virtually with resources accessible at a later date such as an e-learning module or a booklet which includes signposting to appropriate support within CSP.

Black, Asian and Minority Ethnic (BAME) network

DAY 2 SESSION 7 EQUITY, DIVERSITY AND BELONGING MOTIONS (estimated time only)

MOTION 30

Welsh language



This conference believes that recognising all nations of the United Kingdom and respecting their culture is vital for equality, diversity and belonging. The Welsh language is one of the oldest in the World and its importance throughout Wales and to the people of Wales is embedded deep in our culture. The Welsh Government have pledged through the Cymraeg 2050: A million Welsh speakers strategy, to have a million people speaking Welsh in Wales by 2050. Part of this strategy is looking at the workplace and ensuring services through the medium of Welsh are readily available. The CSP needs to support this strategy by being more proactive and considerate of the Welsh language. We ask the CSP to facilitate its own staffing and members linked with Wales to learn, speak and use Welsh more often in the workplace. We ask that the CSP continues and expands on its support to Welsh Universities in delivering its teaching and resources in Welsh. We ask that the CSP encourages meetings and events to be held in Welsh and become in-line with other organisations with regards to translation services for those whose first language is Welsh.

Stewards' regional groups – Wales

MOTION 31

LGBTQIA+ healthcare

Conference is concerned that physios in the UK do not routinely receive any formal university teaching around Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual+ (LGBTQIA+) specific healthcare. This has been found to negatively affect healthcare delivery to LGBTQIA+ patients, as has been highlighted in several international studies.

Two recent Australian studies showed that LGBTQIA+ individuals experience discrimination, lack of awareness of their healthcare needs, and discomfort around the close physical nature of physiotherapy encounters. Physios were also found to have low awareness of LGBTQIA+ specific healthcare needs, as well as the relevance of sexual orientation and gender identity to the care they provide.

Conference asks the CSP to work with Higher Education Institutes to develop and embed training about LGBTQIA+ healthcare to make the UK taught physiotherapy curriculum more equitable and inclusive.

LGBTQIA+ Network

MOTION 32

Dyslexia

People with dyslexia face a lot of challenges at the workplace from understanding documentation completed by others to completing their own documentation with limited resources to help.

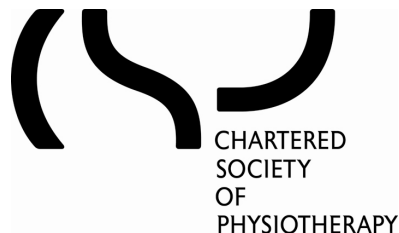
This challenge is heightened by the use of abbreviations at the workplace which has increased with people making up their own abbreviations.

Physiotherapists are known to be part of health professionals using a lot of abbreviations at the workplace.

Colleague with dyslexia find it more difficult to understand the different types of abbreviations used. This can impact on their productivity and confidence at the workplace and eventually their mental health.

In a study by Illingworth (2013) on the effects of dyslexia on the work of nurses and healthcare assistance, it was suggested that creating a dyslexia friendly workplace will maximise their potential.

By documenting in full, colleagues with dyslexia will find it easier to understand documentation and continue the care of patients.



We call on the Chartered Society of Physiotherapy to produce an educative video on the challenges associated with the use of abbreviations for colleagues with dyslexia and promotion of full documentation.

This video should include colleagues with dyslexia sharing their experiences on how they are impacted by the use of abbreviations.

Stewards' regional groups – East Midlands

MOTION 33

ADHD

Physiotherapists in the UK are seeing a growing number of people working in the profession identifying as autistic or Attention-deficit/hyperactivity disorder (ADHD). Revised diagnostic criteria have brought positive change, allowing self-identification amongst a high performing workforce.

Despite this, many struggle to cope with a stressful work or caseload. Many are worried about asking for help, may be facing performance management procedures or are just trying to keep their head above water.

Many neurodivergent colleagues undergo assessments, liaise with Access to Work and other organisations while managing their caseload, resulting in a reasonable adjustment that may not be compatible with their employer's systems.

We welcome the new resource pack on reasonable adjustments. It is an excellent resource for all CSP members including reps and managers.

CSP reps are our allies. We know how hard they work to ensure members have a voice at work, are supported and have a good working environment.

Conference asks the CSP to:

- Deliver awareness training for all CSP reps to enable them to support neurodivergent members
- Work with the DisAbility network to design this training
- Work with members including employers to remind them of their legal obligation regarding reasonable adjustments.

DisAbility Network

MOTION 34

Support for differently-abled students

This conference believes in the support and inclusivity of differently-abled students into the physiotherapy profession and does not discriminate against them.

Differently-abled potential students are not being advised correctly that they can become physiotherapists and be welcomed into the profession. Universities are advising students that they can apply and adapt their learning to graduate as a physiotherapist, however, some are then backtracking on this statement.

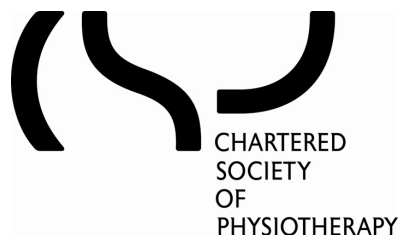
Advice from the CSP should be provided to offer a streamlined approach to their admission, reducing barriers and increasing diversity in the workplace.

This conference calls on the CSP to provide central guidance and support to both university and student from pre-admission and admission process through to graduation. This would build on the CSP's recently launched equality, diversity, and belonging strategy.

Students

MOTION 35

Ageist behaviour



Due to changes in the State and NHS retirement age health and social care workers are required to work for a longer period of time. However, there are reports of ageist behaviours by both employers and within the profession in relation to older workers.

This conference calls on the CSP to obtain evidence of best practice in terms of reasonable adaptations in supporting and respecting the ageing physiotherapy workforce, and to develop and disseminate resources that will support CSP members and representatives with influencing and requesting implementation of reasonable adaptations so that older members can continue to work safely and effectively.

Retired members network

DAY 2 SESSION 8 (estimated time only)

MOTION 36

Research

This Conference acknowledges research as one of the core pillars of physiotherapy, underpinning our practice. Research consistently demonstrates that a research-active workforce is associated with higher quality healthcare delivery and optimised patient outcomes. Yet formal career pathways to support Physiotherapists to pursue research careers are limited. While career pathways have recently been published for England these do not apply in Scotland, leading to inequity of opportunity for development and growth within the profession. The current infrastructure in Scotland is inequitable, lacks opportunities and does not promote the development of research-active therapists because clinical academic roles are few and far between. Research skills are embedded within undergraduate and pre-registration programmes yet within the workplace these are not easily developed, fostered or encouraged and consequently skills are lost, to the detriment of clinical practice. Lack of a research career framework and culture within practice conveys loud and clear that research is not valued, which poses a significant threat to the future of the physiotherapy profession. This conference calls on the CSP to take an immediate proactive role lobbying to promote the development of clinical academic research career pathways in Scotland to balance the current inequity, and address needless de-skilling of the workforce.

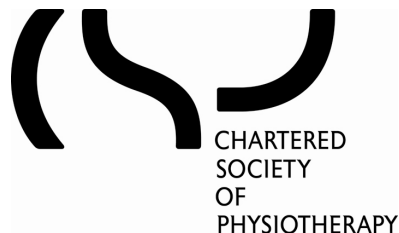
Country Board – Scotland

MOTION 37

Electronic casenotes

Conference is concerned that despite a successful motion received to ARC in 2019 calling for development of an electronic casenotes system for CSP workplace representatives, 3 years later there is still no formal electronic system in place. Despite the advances in technology utilised by the CSP during the pandemic - its volunteers have been left behind.

Since the last motion in 2019, due to the Covid 19 pandemic, there has been further fragmentation of services, reduction of space in physiotherapy departments and less face-to-face meetings held with members. Availability and practicality of making and storing physical casenotes is becoming increasingly problematic. Issues with GDPR remain a high risk for the CSP and the volunteer members with increased risk of potential breaches.



Conference calls on the CSP in line with its digital agenda and corporate strategy of supporting members in their workplaces:

- To accelerate the development of a casenotes system for its volunteer stewards and safety reps to be able to record casework issues with members within workplaces.
- For the technology to allow the CSP to audit workplace issues to gain more accurate information than survey results around issues affecting CSP members in their workplaces.

Stewards' regional groups – West Midlands

MOTION 38

Access to sanitary products

Conference applauds the efforts of British Medical Association (BMA) Scotland in highlighting the inequality of access to basic sanitary products for NHS doctors. However this Conference recognises this issue casts a much wider net and encompasses staff in all roles across the NHS, especially given over three-quarters of NHS identify as female.

No NHS worker has to take their own toilet roll to work, nor do they have to take their own hand towels or soap.

Menstrual products are not a luxury.

By providing free period products for all staff who need them, trusts across the NHS can play a huge role in the wellbeing and comfort of their staff.

Access to sanitary products is not always easy when on a long shift away from lockers and belongings. This is compounded by needing to wear PPE for long periods of time. Having to think whether there is access to products is unnecessarily distracting when staff need to be focused. The simple provision of sanitary products could benefit the daily working lives of over 75% of NHS staff.

Conference calls on the CSP to join with the BMA and other healthcare unions in support of the supply of free sanitary products in all NHS staff toilets.

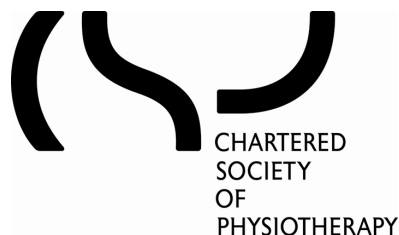
#BMAPeriods

Stewards' regional groups – South West (South)

MOTION 39

Workforce planning

The recent step down of covid restrictions across the UK has had a significant impact on Health Care Staff. Whilst many services have returned to normal, healthcare services remain restricted. Management are attempting to restore services by stealth but this is having a detrimental effect on staff who have been working through the pandemic. Staff sickness levels are at an all time high. Many staff have been redeployed multiple times and some have left the service as a result. Increasing mental health issues and PTSD are a huge resultant of this. Services no longer have the workforce or experience available to restore services and there is a huge pressure on Occupational Health Departments to cope with the demand from Healthcare Staff.



This conference requests CSP supports the need for a more up to date comprehensive workforce planning project and recruitment and retention strategy post pandemic to promote safe staffing and sufficient staffing levels for service rebuild and through partnership working, discourage management from allowing services to be altered without following the proper guidance.

Stewards' regional groups – Northern Ireland

MOTION 40

Continuing Professional Development

This conference believes that the pandemic has made NHS Physiotherapy teams re-evaluate their work-life balance. Many staff are close to burnout, and have multiple demands on their non-work time.

Registered staff must undertake continuing professional development (CPD) both to retain registration and progress in our careers. Currently, the default position for formal education is to self-fund, and complete training outside of working hours.

In this time of unprecedented demand, is it time to re-evaluate the professions' relationship with ongoing education and career development?

We ask the CSP to:

- Champion, and develop a campaign, promoting equity of access for all NHS staff to funded formal education within core working hours.
- To rebrand the physiotherapy framework as a career framework for all
- To widely promote a CSP endorsed career framework based on a whole systems approach to education.

These actions will support a change of culture where CPD within worktime becomes the norm.

Stewards' regional groups – Scotland

MOTION 41

Continuing Professional Development

This conference recognises the importance of continuing professional development (CPD), for all members of the Physiotherapy workforce to ensure knowledge and skills are up to date, relevant and safe.

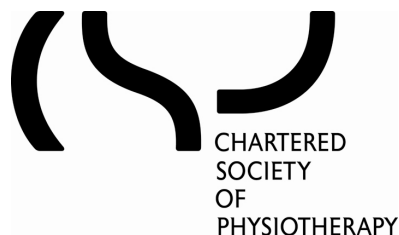
Developing and maintaining an appropriate level of CPD is vital throughout our careers. For our support workers, associates, newly registered, mid career, senior leaders, clinical, non clinical colleagues...the list is endless. CPD should be carried out by all our members.

However, the time given to our members to complete CPD in the workplace, does not reflect this or the CSP Quality Assurance Standards; and impacts the development of our members, the safety of our workforce and the general public, and ultimately, the future of our profession.

Conference calls on the CSP to produce guidance and material for workplaces which supports and advises on the amount of protected time which must be given to all members of the Physiotherapy workforce within working hours and the benefits this can bring. This should give equity and equal access too much needed CPD time for all members within our profession.

Regional networks

MOTION 42



Health Inequalities for people with a learning disability

This Conference is extremely concerned that the COVID-19 pandemic highlighted and exacerbated the health inequalities experienced by people with a learning disability (PWLD). Researchers estimate that PWLD had a death rate 6.3 times higher than the general population.

There is evidence of the positive impact specialist learning disability physiotherapy has on addressing health inequalities and improving the health outcomes for PWLD. However, there is a lack of awareness about this specialist area of physiotherapy amongst the profession; undergraduates; wider health and social care agencies; and commissioners. Physiotherapy services are at risk of being cut from community learning disability teams, and recruitment into vacant positions is very challenging. This is particularly concerning as services recover post pandemic. As a result, the Association Of Chartered Physiotherapists For People With Learning Disabilities (ACPPLD) aims to review, re-launch and proactively promote the standards of practice for physiotherapists working with adults with a learning disability through a series of publicity campaigns.

This conference calls on the CSP to utilise their influence, professional networks and media platforms to actively support and promote the ACPPLD's planned awareness campaigns to enhance the reach, frequency and impact of the professional network's activities.

Professional networks

MOTION 43

Covid-19 Vaccines

As the roll out of COVID 19 vaccines continues, it is vital to ensure vaccines are available for all. The absence of a comprehensive approach to ensure vaccine access in developing countries, threatens to prolong the pandemic, escalating inequalities and delaying the global economic recovery.

While there are new collaborative efforts, and these are helping to bridge gaps, these are not enough where demand far outweighs supply. Based on current figures, mass immunisation efforts for developing countries could be delayed until 2024 or longer, prolonging human and economic suffering.

This conference asks CSP to work with other unions to challenge policy makers to adopt a more coherent approach on the speed and scale of vaccinations efforts and to support equitable access to vaccines for all by establishing principles for sharing vaccine doses between developed and developing countries who do not have the infrastructure or finances to drive their own vaccine programmes.

National group of regional stewards

MOTION 44

Who's Who – CSP staff

Conference asks that the CSP should use Physiotherapy Frontline to provide a 'Who's Who' of CSP staff from time to time so that members can gain a far greater awareness and understanding of who leads in a wide range of areas of the CSP's work. This development would be designed to assist and save time for the CSP's Enquiries Team in relation to signposting members to CSP staff.

Retired members network