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| **Strategic Aim A - Improve the health of communities through high quality physiotherapy****Ash James** |
| **A.1\* Lead the transformation of physiotherapy across public, private and not for profit sectors by harnessing evidence based best practice to addresses health inequities (EDB2) and meet population health needs.** |
| **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** |
| ***Council Response****We acknowledge members’ frustrations relating to the requirements of the Misuse of Drugs Regulations (MDRs) that currently permit physiotherapy independent prescribers to prescribe a limited list of seven controlled drugs. The CSP is a member of the NHSE/I Chief Professional Officers Medicines Management (CPOMM) Programme which is currently leading the programme to revise the access to medicines for a number of Allied Health Professional groups. The CSP’s case of need to increase access to controlled drugs by physiotherapist independent prescribers was accepted by NHSE/I and was supported in a Public Consultation.* *On 2nd July 2021 the Commission for Human Medicines (CHM) recommended to Government ministers in the Department of Health and Social Care (DHSC) that amendments be made to legislation to increase the number of controlled drugs that physiotherapist independent prescribers could prescribe. The CPOMM team must also take the proposals to the Advisory Council on the Misuse of Drugs, which makes recommendations to ministers within the Home Office regarding changes to the Misuse of Drugs Regulations. Further progression of the work to secure legislative change now rests with Government Ministers and the NHSE/I programme lead remains in contact with Government although we remain unclear as to any timetable for progression of the work because Government priorities may be influenced by wider events beyond the CSPs control.* *Legislative change can only occur following decisions from both the Department of Health and Social Care and the Home Office. The CSP understands and shares members’ frustration at the length of the process and continues to work as part of Chief Professions Officers' Medicines Mechanisms (CPOMM) to ensure completion of this important work.**Prescriber physiotherapists are reminded that they may prescribe most controlled drugs when using a written clinical management plan under supplementary prescribing which may be created in advance in anticipation of future needs, and this offers another route by which prescribing physiotherapists can support their patient’s needs.* |
| A.2\* Promote physiotherapy staffing levels that meet service needs and reflect society across the public, private and not for profit sectors (EDB1) |
| **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** |
| ***Council Response****We recognise the difficulty those returning to practice face.* *While we recognise that the primary source of information relating to return to practice must remain with HCPC as regulator and arbiter of the process, we do already provide support for those coming back to the profession.**The* [*mentoring platform*](https://www.csp.org.uk/professional-clinical/leadership/csp-mentoring-scheme) *is already set up with returners to practice in mind. Mentees are already able to search for mentors who offer this support, and additional to the mentoring offer, returners can also seek support through the professional advice service, staffed every working day by CSP professional advisers offering bespoke support. We have amended the tags within the system to make it more explicit with a return-to-practice tag in addition to the career advice tag that is currently used.**Finally, dedicated accessible resources have already been produced and will be available in Q4 of 2022. They will be available in a dedicated space of CSP website. We are also working to enhance our existing support as part of the HEE funded Career Framework project – due to be complete in March 2023. This will include a dedicated space to house resources designed to specifically to support those coming back to the profession.*  |
| **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** |
| ***Council Response****Council has already directed that influencing workforce planning at both national and local levels, to ensure a balance between service needs and supply, across all levels of practice and specialisms, should be a priority workstream in the CSP strategy. This follows work under the previous strategy which has included:** *Lobbying for legislative requirements for proper workforce planning with AHP involvement*
* *Increasing pre reg numbers*
* *Pressing for the expansion of apprenticeships and an increase in support worker numbers*
* *Highlighting the need for a whole pipeline approach to developing the profession*
* *Developed workforce data models to understand the imbalances and future needs.*

*Given this is ongoing work there are no further options for Council to consider.*  |
| **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** |
| ***Council Response****Council can confirm that all pre-registration programmes already teach person-centred care and as part of that explore identity, dignity and respect as well anti-discriminatory behaviour. All students are assessed on this as part of the common placement assessment tool. Its inclusion was intentional and has been welcomed by all members – students, clinicians and educators.* *We recognise there is always more to do which is why for the past fourteen months the CSP has been co-delivering with all HEIs a network (Allies in Education) to share good practice and challenge their own biases as educators in order to better shape the content of programmes. The first session of 2023 has been scheduled to look specifically how students are enabled to consider the needs of the LGBTQIA+ patients they will be working with throughout their careers. We remain committed to supporting this network. Similarly, CSP already run regular webinars where universities share what they are doing and learn from each other. As part of that series, we already have sessions planned covering examples of how to support students to engage with members of the queer community, particularly those who even within that community can be marginalised further. These types of activity/ongoing work will form the basis of one of the* ***Equity for patients workstream*** *in the agreed 2023-7 CSP corporate strategy.* |
| **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** |
| ***Council Response****Over the last 5 years the CSP has been working with a range of professional organisations, including the British Medical Association and Royal College of General Practitioners, government departments, NHS Confederation and, arms-length education bodies in each of the four UK nations, to ensure there is both understanding and consistency of approach in the job design and banding of First Contact Physiotherapy (FCP) roles in MSK in primary care.* *The introduction of these FCP roles was based on the principle that they should, and would, be working at an advanced level of practice. The CSP does not believe that these roles in primary care should be working below the level of advanced practice, and as such do not believe there should be a national job profile for a B6 FCP role.**On the basis that the roles would be banded either 7 or 8a, under agenda for change, the CSP led and supported the development of national job profiles published here:* [*https://www.england.nhs.uk/publication/example-job-descriptions-for-allied-health-professionals/*](https://www.england.nhs.uk/publication/example-job-descriptions-for-allied-health-professionals/) *and published on the CSP website here:* [*https://www.csp.org.uk/documents/job-description-first-contact-physiotherapist-general-practice*](https://www.csp.org.uk/documents/job-description-first-contact-physiotherapist-general-practice)*In addition, there are a range of other resources to support local systems to implement these advanced practice roles published here:* [*https://www.csp.org.uk/professional-clinical/improvement-innovation/first-contact-physiotherapy/first-contact-physio-3*](https://www.csp.org.uk/professional-clinical/improvement-innovation/first-contact-physiotherapy/first-contact-physio-3) *All supporting CSP resources included those published through NHS and other arms-length body platforms specify the roles will be B7 or 8a. Through communication with national and regional networks we ensure there is a consistent message regarding the employment model that the CSP promotes. Through the collaborative working relationships with stakeholders, we have promoted the quality employment CSP believes will deliver the best system results.**The CSP has an ongoing, frequent and influential relationship with many partners involved in the introduction of these roles in primary care across the UK. We continue to raise issues at either local system level or nationally when problems around recruitment and employment occur. We firmly believe the roles should be banded and linked to the two national job profiles based on B7 and B8a roles and will continue to influence all partners in the system to ensure consistent practice in this area.* |
| **Aim B - Enable members to achieve their full potential at work or when learning** **Claire Sullivan** |
| **B.1\* Improve the member experience of education, seeking work and work so that it is more positive, equitable and inclusive (EDB3)** |
| **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** |
| ***Council Response****The CSP worked with other trade unions to ensure the temporary workforce provisions regarding sickness absence and management during the pandemic supported staff who might need to self-isolate or contract Covid. However, it was clear that these would be temporary arrangements only. Each country brought in similar provisions. The Department of Health and Social Care (DHSC) originally sought to remove the provisions in early 2021, but the CSP, along with other trade unions campaigned for them to continue in the face of a further Covid wave. However, the temporary arrangements have now finished.**In light of this the joint unions have worked closely with NHS Employers to provide joint guidance to the service on supporting staff with Long Covid. This includes key principles as well as FAQs on both contractual rights and guidelines for supporting staff. In addition the joint unions have produced specific guidance for stewards which the CSP has circulated to our stewards.* *There are differences between the countries in how sickness absence policies are agreed. For example in England it is for local agreement whereas Wales and Scotland have national policies. It is not therefore possible to ensure all countries have the same policy, but the work already undertaken around guidance should support the same principles being adhered to throughout. We will continue to highlight the guidance to our steward network to ensure it is embedded locally.**Work to align the approach and management of Long covid across the UK has already taken place. Employment rights will be governed by legislation in each country. It is difficult to see what further action could be taken given the differences between the countries, particularly as any differences are likely to occur through management processes and approach rather than policy and therefore would need to be addressed locally.* |
| **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** |
| ***Council Response****The CSP already offers members advice and access to various reputable resources via our website page, on how to take care of their mental health.* [*https://www.csp.org.uk/workplace/taking-care-your-mental-health*](https://www.csp.org.uk/workplace/taking-care-your-mental-health) *Furthermore we understand similar products as proposed are readily available online.* *Developing a monthly happiness calendar is not cost neutral as asserted in this motion as it would divert finite resources, from our other priorities, such as organising and supporting members to address their ongoing significant work pressures. Council have reviewed* [*HSE guidance*](http://www.hse.gov.uk/stress/) *on best practice and the* [*SOM 2020 literature review on UK NHS nurses’ mental health*](https://www.som.org.uk/sites/som.org.uk/files/The_Mental_Health_and_Wellbeing_of_Nurses_and_Midwives_in_the_United_Kingdom.pdf) *that concludes effectiveness of wellbeing initiatives relying on staff self-managing as of limited value. The report recommends employers direct their efforts working with staff and reps on addressing the organisational causes of stress. The CSP’s role as defined by our organising strategy, to empower members at local level to engage collectively, (under the auspices of the CSP) with their managers for seeking workable solutions.* |
| **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 student graduates and mentors, in an increasingly pressurized working environment.Conference calls on CSP Council1. 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** |
| ***Council Response****We welcome and share the regional network’s concern for the students and graduates of the pandemic period. We would like to reassure the network that CSP reviews Higher Education Institutions (HEIs) commitment to student wellbeing as part of its accreditation process and would seek to address this as part of normal process. Consistent failure to meet those standards would ultimately lead to loss of CSP accredited status and HCPC approved status.* *We have already undertaken an audit of each HEIs and the support they offered to support their students and graduates during this period. The collective view of those involved in that assessment was that both HEIs and placement providers had student welfare as a key priority. Additional to the audit, universities UK-wide met with CSP weekly during this period with the sole purpose of problem solving together to best support their students and new graduates.**Notwithstanding the needs of a particular cohort, supporting early years’ physiotherapists is a key priority. We are already in the process of developing preceptorship principles and guidelines specific for the profession. These will be published to coincide with England's multi-professional preceptorship standards, of which CSP is a key partner on the steering group, in order to maximize impact. Additionally, the Career Framework due to launch in March 2023 will provide additional resources for early career physiotherapists.*  |
| **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, and2. 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** |
| ***Council Response****Undertaking a scoping exercise on counselling services is not within the purview of the CSP – we note there is already NHS data sources and analysis available on staff health and wellbeing, such as the annual NHS Staff survey and NHS Digital data on sickness absence and causes, National Audit Office, Care Quality Commission & Health and Safety Executive inspection findings, monitoring and reports to identify the success or otherwise of local employers’ efforts to reduce their staff’s absence rate. We use this data in the course of our advocacy work to make the case to employers to not only offer adequate mental health support services at local level, but to work with our reps and members on how their work is organized to ensure and maintain their safety and wellbeing.**Regarding the lobbying of government and Clinical Commissioning Groups on accessible/equitable mental health support services for NHS workers it should be noted (see below link) that NHS England has set up a system for staff to self-refer and for those requiring more specialised mental health services a process of referral available on a national basis, thus by-passing local regions if their services are limited or unavailable for any reason.* [*https://www.england.nhs.uk/supporting-our-nhs-people/support-now/staff-mental-health-and-wellbeing-hubs/#:~:text=The%20staff%20mental%20health%20and,health%20and%20social%20care%20staff*](https://www.england.nhs.uk/supporting-our-nhs-people/support-now/staff-mental-health-and-wellbeing-hubs/#:~:text=The%20staff%20mental%20health%20and,health%20and%20social%20care%20staff)*.* |
| **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** |
| ***Council Response****The Joint union evidence to the pay review body this year explicitly included the need to address some of the workload issues in order to not just reward staff fairly but urgently take steps to retain staff. It therefore covered in detail the need for workloads to be manageable, in particular preventing burnout by limiting excess hours whilst also rewarding overtime fairly. This information was given to the Pay Review Body and also used in parliamentary briefings.* *The CSP consistently raises the ‘catch up’ workload issues with governments at all levels and will continue to do so in all workforce discussions. It is likely that the issue of staff ‘feeling forced’ to do things would need to be taken up at organisational level using local policies and routes to challenge. Similarly, conversations about securing additional posts to cover extra shifts/theatre sessions etc* *The level of staffing required in any particular service at any time will depend on the precise needs of the patients being treated at that time and the capabilities of the staff team. Setting standardised staffing level is therefore problematic and minima can become the de facto default staffing level. The CSP does not therefore provide generic guidance on what levels of staffing to set. Stewards and managers who need advice over staffing levels can access advice from the CSP via the professional advice service or their regional staff team.*  |
| **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** |
| ***Council Response****Council recognises the significant impact the global pandemic has had on the working practices of physiotherapists from all sectors, and understands the burden this has placed on systems, teams and individual clinicians in the recovery phase we are now experiencing. Council also acknowledges the workforce issues we as a profession are experiencing across all specialisms of physiotherapy.* *We would usually expect members/manager/reps to seek advice from CSP trade union and professional advice staff when needing to challenge staffing levels/workloads and each situation is likely to require an individual response. A previous CSP campaign –* [*Pinpoint the Pressure*](https://www.csp.org.uk/campaigns-influencing/campaigns/pinpoint-pressure-together-we-can-tackle-workloads) *– addressed similar workload issues and the stress they can result in; tools produced for that campaign, remain relevant, accessible and able to be used for this purpose.**The CSP also ran (after receiving requests for how to interact with managers in conflict) an assertive course for reps (utilising Trade Union Congress material) via Senior Negotiating Officers (SNOs) training safety reps in their regions earlier this year. The course content covered exploring and understanding the authority/dynamics of the rep’s role with others and how to communicate effectively with members and managers on contentious matters. 77 reps completed this training, dealing with a conflict scenario between staff and managers arising from excessive work demands. Our intention now is to evaluate the effectiveness of the material/approach used with SNOs and determine potential use for the format/process of future training/organising work and resources for the stewards’ network in 2023 and beyond.* *Past work on educating reps on the value of the CSP quality assurance standards (QAS) and other regulatory standards (HCPC and CQC) for raising concerns, includes :** *In 2018 Employment Relations and Union Services at the CSP (in collaboration with Practice & Development) developed and delivered Pressure on Practice training undertaken for joint safety rep and steward in all regions. The CSP* [*Quality Assurance Standa*](https://www.csp.org.uk/publications/quality-assurance-standards-physiotherapy-service-delivery)*rds as the primary source, utilizing common problems in our scenarios to improve understanding on how QAS could be applied in engaging members to propose review and changes to employers.*
* [*Information Advice sheet*](https://www.csp.org.uk/publications/record-keeping-guidance) *available on the website: educating members of their and employers’ obligations to ensure contemporaneous patient notes remain a priority. Practical advice on how to gain/restore their admin time.*
* [*2022 Loss of physio/rehab work space*](https://www.csp.org.uk/workplace/what-you-can-do/organising-campaigning/loss-physiotherapy-space) *– practical advice on how to use relevant regulations to seek review/reversal of managerial decisions.*
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| **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** |
| ***Council Response****CSP work to date on supporting health, safety and wellbeing of members undertaking home and hybrid working:**During COVID 19 pandemic the CSP included as part of successful COVID 19 FAQs on the website, a home-working section with practical health, safety and wellbeing advice/text provided by the Labour Research Department.* *Current content on the CSP website’s members mental health wellbeing page includes access to reputable resources on managing home working and other related topics, such as how to avoid burnout by remote online working* [*https://learninghub.leadershipacademy.nhs.uk/inspiration-library/*](https://learninghub.leadershipacademy.nhs.uk/inspiration-library/)[*https://learninghub.leadershipacademy.nhs.uk/all-bitesize/*](https://learninghub.leadershipacademy.nhs.uk/all-bitesize/)*This winter a joint stewards and safety reps regional training titled Workplace Action on Mental Health will be undertaken in all regions. The training explore with our reps their employers’ health and wellbeing strategies and initiatives including the potential downside of remote/hybrid working with regard to members’ mental wellbeing.* *The CSP can also advise NHS Staff Council recently directed its health, safety and wellbeing subgroup to undertake work on the physical and mental health consequences of home/hybrid working for Council’s national guidance to employers and staff. The CSP is actively involved in both forums.**As an affiliated member of the Trade Union Congress we also refer to their manifesto titled Dignity at work and the AI revolution released last year on the impact of AI at work. This TUC campaign calls on active worker and employer engagement to ensure safety measures and agreements with unions are made to protect workers. The manifesto calls on improving boundaries between home and work, to avoid staff burnout, from excessive remote online working.* [*https://www.tuc.org.uk/research-analysis/reports/dignity-work-and-ai-revolution*](https://www.tuc.org.uk/research-analysis/reports/dignity-work-and-ai-revolution)*In reference to the Right to Disconnect campaign – it should be noted CIPD online advice to their HR networks calling for a more nuanced approach to this campaign’s singular message in recognition of potential unintended consequences. Examples include installing systems that facilitate disconnection after core hours worked, but also reduces worker’ autonomy and ability to work flexibly when managing personal caring responsibilities or disabilities. Resistance from staff reliant or keen to work overtime if opportunity is limited or removed.* |
| **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 Trust now have well established support systems for international nurses however this seems to not extend to Allied Health Professional’s (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** |
| ***Council Response****Council recognises the practical challenges facing international physios and support workers coming to the UK to practice. Work already underway to support international physios includes:** *A project with Health Education England to provide practical advice for international physios in navigating the HCPC registration process*
* *Providing online advice on our own website (which is the preferred means of providing such content)*
* *Development of an online community to enable peer to peer support*
* *Offering international associate membership to physios before they come to the UK so that they can access CSP information and advice*
* *Advising and representing individual members who face problems at work or with the HCPC*
* *Influencing the HCPC to review and address discrepancies in how international physios are regulated*
* *Reaching out to explain our role to newly arrived physios working as bank staff through NHS Professionals.*

*However, the responsibility for inducting new staff, including international colleagues, rests with employers. They will have the contextual knowledge to identify what information and support is needed in their particular circumstances.**Council note there is a particular area of ongoing work where cross-CSP staff group and the Black, Asian and minority ethnic network are looking at means of supporting South Asian recruits to UK physiotherapy posts who are having exploitative and potentially unlawful contracts imposed on them.**Council have agreed that support for international physios and support workers should be regarded as a relative priority within relevant workstreams within the CSP’s Corporate Strategy 2023-7.* |
| **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.**BAME network** |
| ***Council Response****Council recognises the practical challenges facing international physios and support workers coming to the UK to practice. Work already underway to support international physios includes:** *A project with Health Education England to provide practical advice for international physios in navigating the HCPC registration process*
* *Providing online advice on our own website (which is the preferred means of providing such content)*
* *Development of an online community to enable peer to peer support*
* *Offering international associate membership to physios before they come to the UK so that they can access CSP information and advice*
* *Advising and representing individual members who face problems at work or with the HCPC*
* *Influencing the HCPC to review and address discrepancies in how international physios are regulated*
* *Reaching out to explain our role to newly arrived physios working as bank staff through NHS Professionals.*

*However, the responsibility for inducting new staff, including international colleagues, rests with employers. They will have the contextual knowledge to identify what information and support is needed in their particular circumstances.**Council note there is a particular area of ongoing work where cross-CSP staff group and the Black, Asian and minority ethnic network are looking at means of supporting South Asian recruits to UK physiotherapy posts who are having exploitative and potentially unlawful contracts imposed on them**Council have agreed that support for international physios and support workers should be regarded as a relative priority within relevant workstreams within the CSP’s Corporate Strategy 2023-7.* |
| **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 neruodivergent 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** |
| ***Council Response****The promotion of the* [*Reasonable adjustments*](https://www.csp.org.uk/workplace/workplace-rights/reasonable-adjustments/checklist-members) *resources to CSP membership took place in 2021 and the resource is live on the CSP website. This resource will be further promoted in line with Disability History Month (November / December 2022).**Further training of CSP staff would be required to deliver training and therefore this would be of cost to the CSP which Council are unable to commit to at this time.*  |
| **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** |
| ***Council Response****Council welcomes the motion and agrees with its intent to build an inclusive profession. This has been our position since physiotherapy moved into the university sector 30 years ago and one that we remain committed to –* [*physiotherapy should be a profession for all*](https://www.csp.org.uk/careers-jobs/become-physiotherapist/about-csp-accreditation) *– inclusive and diverse. In summary - CSP conditions of accreditation and HCPC conditions of programme approval require all programmes to demonstrate that they are offering equity of opportunity widening access, acting in an anti-discriminatory manner and particularly in compliance with Disability Discrimination Act guidance. We expect to see evidence to this effect in their admissions process, through their approaches to teaching, learning and assessment, and placement support. At whatever point of a journey a student requires support reasonable adjustments should be made.* *Should members believe that universities are acting in a discriminatory manner we would encourage them to challenge this poor practice directly with through its informal or formal channels – including student/staff forums, via their person tutor systems. Additionally, students can formally raise a complaint through the university processes.* *The CSP would like to work with the student body directly. Staff have recently asked for members especially students to put themselves forward to help us to rethink CSP’s disability guidance. We would welcome direct contact via education@csp.org.uk.* |
| **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** |
| ***Council Response****The CSP has recently undertaken work to promote reasonable adjustments in the workplace, including a checklist for stewards and safety reps for use in the workplace. It has therefore been proposed that this work is reviewed to specifically incorporate reference to the need for reasonable adjustments for the ageing workforce, and to adapt or add a relevant case study. The CSP will also raise the issue nationally through the Equality, Diversity and Inclusion Group to see if there is further joint work that can be undertaken through the NHS Staff Council.**In addition it should be noted that one aspect of supporting the ageing workforce is to ensure staff have access to flexible working. The CSP with other trade unions negotiated a new provision within the Terms and Conditions Handbook in England in 2021, which was also adopted across the UK, giving staff rights to request flexible working beyond the existing legislative framework. The Handbook provisions are supported by guidance and good practice examples which can be used in the workplace by stewards and members. It is clear within the provisions that these rights are open to all staff are therefore an important aspect of supporting older members to continue in the workplace.*  |
| **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)** |
| ***Council Response****Council note that although we have not worked specifically with the BMA, the CSP has played an active part in the wider Period Poverty campaign for several years.* *CSP delegates at a variety of TUC equality conferences have made recommendations to the CSP Employment Committee.* *Council will be asking the ARC Agenda Committee to consider a collection of period products at ARC 2023 so that products can be donated to a charity based in the north-west.* *In terms of free provision of period products for 1 million NHS staff, Claire Sullivan will raise this issue with other unions present at the* [*Social Partnership Forum.*](https://www.socialpartnershipforum.org/) |
| **B.2\* Champion fair pay, terms and conditions for physios and physio support workers in all sectors and locations**  |
| **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** |
| ***Council Response****The CSP, with other Health Unions has already urgently lobbied government for a review of mileage rates. Temporary uplifts were brought in across Wales, NI and Scotland, with England agreeing there would be guidance to support employers locally to temporarily bring in arrangements. The current rates of reimbursement in the national agreement are subject to regular review which has been on-going since 2014. For some of that time the cost of motoring has actually reduced rather than increased, but, taken overall, the criteria were not met to change the rate of reimbursement. However, the mechanism for that review process is recognised as no longer appropriate. The joint trade unions, working in partnership with NHS Employers, have therefore asked for a mandate from DHSC to review the mechanism for determining mileage rates for the future. It is unlikely that CPI will be the appropriate mechanism for this, as mileage reimbursement is for the cost of motoring – and the changes in the cost of motoring do not always align with CPI which is a much broader measure. This work is therefore already on-going with a view to introducing a new mechanism as soon as possible.* |
| **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** |
| ***Council Response****Council recognise that the use of NHS Professionals can shift any additional hours of work to a bank model of employment. This is likely to mean there is less overtime available if additional hours are provided through the bank system. However, it is not likely to be practical or possible to reach agreement on ‘no bank work for your existing employer’ given the current staff shortages and the preferences of some staff. There is the ability to pay staff at the appropriate Agenda for Change (AfC) rate. It is the Trust that sets the rate rather than NHSP.**THe CSP will continue to challenge this practice at an employer level as we see any change in rates of pay as a change to members terms and conditions that must be consulted and negotiated on at an employer level (in line with other consultations).* *If it is clear that employers are paying below AfC rates and we have CSP members affected, the CSP will work with other trade unions locally to address this with* *employers.* |
| **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** |
| ***Council Response*** *Council shares the concern regarding staffing and the need to recruit and retain staff. In the joint trade union evidence to the Pay Review Body this year one of the issues highlighted was the need for an urgent retention package which included highlighting the need to use Recruitment and Retention Premia provisions where appropriate and as set out in the Handbook. There can be particular issues around London as staff move between inner, outer and fringe High Cost Area Supplements, or to a neighbouring area with no supplements.**The CSP will work with stewards locally through Senior Negotiating Officers to identify where there might be a case for an RRP and, where appropriate, support stewards to make that case to the employer.* |
| **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)** |
| ***Council Response****The joint Health Unions on the NHS Staff Council have worked in partnership with NHS Employers to seek a mandate from the DHSC to review the current mechanism for determining mileage reimbursement in the NHS. In addition to seeking the mandate for a specific review of mileage the NHS Staff Council has identified the need for the NHS to consider how it can support green initiatives in light of the travel needs within the NHS. It is expected that this work can be taken forward following the immediate review required for mileage reimbursement.**The CSP will raise the use of salary sacrifice schemes for purchase of electric cars can be raised as part of this national work.**The CSP will also provide information and support to stewards and members who want to raise and campaign locally for salary sacrifice schemes with employers.* |
| **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)** |
| ***Council Response****The CSP produced a new parents and carers resource which has improved the visibility and detail of our informational offer to members (reps and otherwise) about paternity leave along with other leave types. The CSP affiliates to the TUC who has a policy position on shared parental leave/paternity leave which includes increasing the two weeks (https://www.tuc.org.uk/news/tuc-calls-overhaul-shared-parental-leave)* *The CSP will look to carry out training on this topic (combined with flexible working) for all CSP Stewards – building on the previous CSP Building a Better Balance campaign and changes in Section 33 of NHS Agenda for Change T&C’s* |
| **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** |
| ***Council Response****The CSP has followed the science on the use of face masks, and actively sought to upgrade the level of mask usage in both indoor and clinical settings.**We have listened to the evidence that supports Covid-19 as being airborne and are clear that the use of appropriate face masks within any given setting helps reduce the risk of infection by Covid-19 for both the wearer and others they interact with.**Vaccines are less effective at preventing infection, however; they save lives by reducing the severity and longevity of Covid-19 infection. The use of masks assists to reduce initial infection.**Council have therefore decided not to enact this motion by maintaining a focus on the wider public health benefits of mask use indoors.* |
| **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 legislational 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** |
| ***Council Response****The CSP has strongly promoted the importance of flexible working in all forms and continues to promote the ‘Building a Better Balance’ materials to support members in the workplace wanting flexible working. In the NHS the CSP has worked with other health unions and employers to produce a new section in the Agenda for Change Handbook (Section 33) on flexible working which includes supporting guidance. This has been promoted to stewards as it has been developed and has included input from our steward network.**Currently the CSP is involved in work as part of the NHS Staff Council to develop a further section specifically on home-working, including hybrid working, and linking it with the right to request flexible working. Although it will only apply within the NHS the principles can be used to support members outside the NHS where appropriate.* *Council agreed that the CSP will promote the Homeworking section of the Handbook once it is finalised, along with any supporting materials and guidance and also consider how this could be promoted to members outside the NHS as good practice.* |
| **Emergency Motion 1 Fuel Poverty**  |
| Conference calls upon the CSP to hold this government to account over the rising cost living. At a time when the NHS is under unprecedented pressure, staff working within the NHS are reporting fuel poverty and are struggling to afford to travel to work coupled with the lack of a satisfactory pay award. Alongside this patients are struggling to make appointments as they are unable to afford travel. We urge the CSP to:1. Mount a strong campaign highlighting fuel poverty for both our staff and our patients.2. Campaign for subsidised alternative green transport for all NHS staff. |
| ***Council Response****Fuel poverty is an active element of the TUC’s* We Demand Better *c*amp*aign which the CSP is involved in. It has also formed part of recent press and media work involving CSP members, including the march on 18 June and continues to be highlighted strongly in the current NHS pay disputes as fuel is a major part of the current steeply rising cost of living.**The NHS Staff Council has identified the need for the NHS to consider how it can support green initiatives in light of the travel needs within the NHS. It is expected that this work can be taken forward following the immediate review required for mileage reimbursement.**The CSP will raise the use of salary sacrifice schemes for purchase of electric cars can be raised as part of this national work.**The CSP will also provide information and support to stewards and members who want to raise and campaign locally for salary sacrifice schemes with employers.* |
| **Emergency Motion 2 NHS pay** |
| Conferences calls upon the CSP to mount a swift and dynamic campaign to demand government action regarding the ongoing rise in inflation; recent reports of a possible 10% inflation by Autumn and the lack of any progress on the cost of living rise for NHS workers this year. NHS staff have suffered real wage cuts for more than 15 years and it is affecting staff morale and retention.We ask the CSP to join with other health unions to lobby government for a restorative pay rise.**National group of regional stewards**  |
| ***Council Response***CSP members employed by the NHS in Scotland have now received formal ballots over NHS pay. Council believes we have reached the point where only industrial action is likely to make a difference, and is recommending members 'vote yes' in favour of strike action, and also for other action short of a strike. The Scotland vote is open to 31 October.In England & Wales, the CSP is coordinating with other health unions and continues to prepare a formal industrial ballot which will open in early November. This comes after members overwhelmingly rejected the NHS pay awards in our consultative surveys. Members working for Health & Social Care Northern Ireland should have received an email invite for our consultative survey, which runs to the 24 October. *The Health unions will continue to lobby government for a fair pay rise, referring to loss of real terms pay that has occurred over many years.**Council therefore agreed that the request in this motion is already being met through the current NHS pay dispute.**Members can keep up to date with information about NHS pay in each of the four countries at the CSP website:* [*https://www.csp.org.uk/workplace/pay-and-conditions/nhs-pay-proposals*](https://www.csp.org.uk/workplace/pay-and-conditions/nhs-pay-proposals) |
| **B.3 Support more chartered and associate members to fulfil their career potential (EDB1&4)** |
| **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** |
| ***Council Response****Council thanks members of ACPOHE for the submission of this motion.* *The network will be reassured to know that the expectation of all pre-registration programmes is that they prepare graduates for current and future workforce needs. As the profession evolves and scope changes all programmes adapt and evolve to reflect that change in practice. This includes fitness to work. Where it features within each programme will vary according to the programme design but by the end of a programme graduat*e*s coming out must not just be work-ready for their first band 5 post but also be cognisant of the opportunities ahead. The CSP works closely with universities to support this evolution and offer a series of targeted webinars to address new/emerging areas and share good practice. ACPOHE are invited to coproduce a session within the CSP’s curriculum enhancement set of webinars.*  |
| **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** |
| ***Council Response****Championing AHP board level directors is already CSP policy and work in progress and this year staff have been raising it in England as part of their work on the Health and Care Bill. The new CSP strategy commits to continuing to promote this.* |
| **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** |
| ***Council Response****Council thanks our associate members for the submission of this motion. We are happy to confirm that the CSP is undertaking a review of the current leadership offer and are looking to extend its reach to be fully inclusive. The CSP intends to include the views of support workers as part of this scoping exercise and would extend that invitation to the SWRG to be a part of this exercise to help us capture the support worker needs. The CSP looks forward to working together to consider what* ***Leadership for all*** *might look like.* |
| **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** |
| ***Council Response****Council supports the Scottish Board assertion that research consistently demonstrates that a research-active workforce is associated with high quality patient care, lower rates of mortality and improved levels of staff satisfaction. CSP is aware of the discrepancies of research career opportunities that exists in Scotland and will continue to work through the Scottish branches of the Council for Allied Health Professions’ Research, to lobby for research careers and opportunities.* *The outcomes nation career Framework will be focused on research pillar and showcasing what high quality research roles could look like. We hope that by delivering this vision those in Scotland will be able to use it to demonstrate value as it will showcase what is possible with investment. The CSP would be keen to gain the views of Scottish Board when we are at exemplar-collecting stage either for contributions or ideas on how to strengthen our messaging to make lobbying more effective.**The CSP is also lobbying that multi-professional career frameworks being developed in the other countries either align or are adopted across all four countries.*  |
| **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 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** |
| ***Council Response****Council recognises the importance of CPD and career progression opportunities for physiotherapy staff in the NHS. As part of the joint health union evidence to the Pay Review Body this year, it was recognised that addressing career progression opportunities had to be part of any core package to retain staff. This was promoted widely to the PRB, government, including through parliamentary briefings, and through all the submitted evidence.**The CSP recognises that many physiotherapists use shorthand to describe the CSP’s framework, we are happy to confirm that it is a framework for all and that the new one in development will be also. The CSP are also happy to confirm that we will continue to promote its use – to underpin individual career development as well as a whole systems approach to professional development.*  |
| **Aim C. Establish a confident and influential physiotherapy community** **Rob Yeldham** |
| **C.1\* Through the CSP provide physios, physio students and physio support workers with a supportive community (EDB3&5)** |
| **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** |
| ***Council Response****Council have adopted a Corporate Strategy for 2023-27 that does not include promoting specific patient group specialisms, but has as a cross cutting theme the promotion of physiotherapy. Council acknowledge the desirability of the request, however decline to run a CSP promotional campaign on the grounds that resources are limited and already committed under the strategy which was subject to network and member consultation. The CSP can advise Association of Paediatric Chartered Physiotherapists (APCP) on how to develop your own promotional campaign. The CSP can commit to amplifying any communications using CSP channels.* |
| **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 that the CSP request a review of the Welsh language framework for the CSP 2016 document immediately to include recognising the Cymraeg 2050 strategy. Within this 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 through identifying training and support to learn the language and making Welsh Speaker a desirable skill within job descriptions for Welsh CSP posts.We ask that the CSP reviews the section on meetings and events held in Wales to be fully or partly held through the medium of Welsh with the availability of translation services for free, to acknowledge and respect those people whose first language is Welsh.**Stewards’ regional groups – Wales** |
| ***Council response*** *Council have agreed to the following:*1. *Support the Welsh Government aspiration to have 1 million Welsh speakers.*
2. *Urge the Welsh Government, employers and HEIs to do more to enable physios, physio support workers and physio students to learn Welsh at levels appropriate to the needs of their Welsh speaking patients.*
3. *Encourage non-Welsh speaking members in Wales to learn Welsh to better enable them to meet patient and colleague needs.*

***Operational actions****In addition to the above the Leadership Team have reviewed the operational responses to this motion and are taking the following actions:* *- As a voluntary body the CSP is not directly subject to most requirements of the Welsh Language Act 1993 or the Welsh Language Measure 2011 but we have chosen to use Welsh in a number of contexts. In light of the ARC motion we have revised our approach and will now be providing content in Welsh where it is for:* * *distribution at events in Wales*
* *patient or public use in Wales*
* *political influencing in Wales*
* *home pages for Wales specific content on the CSP website*
* *CSP branding for use in Wales*
* *recruitment of members in Wales (new)*
* *social media about issues in Wales (new)*
* *corporate impact report (new)*

*In addition we will consider providing Welsh language content for each new output, or the provision of interpreters for events, on a case by case basis (new).**At the time of the ARC motion only one CSP staff role had knowledge of Welsh as a desirable criteria. Subject to conducting an equalities impact assessment, the leadership team is proposing to make the ability to speak Welsh a desirable criteria for all future recruitments to staff roles regarded as part of Team Wales*[*[1]*](https://ukc-word-edit.officeapps.live.com/we/wordeditorframe.aspx?ui=en%2DGB&rs=en%2DGB&wopisrc=https%3A%2F%2Fcspoffice365.sharepoint.com%2Fsites%2FCouncilCommitteeTeam%2F_vti_bin%2Fwopi.ashx%2Ffiles%2F9ad7e61bfdfa40bba5e893e32bddf097&wdenableroaming=1&mscc=1&hid=D99C57A0-2099-4000-A930-1D1C5E509B02&wdorigin=ItemsView&wdhostclicktime=1659595964396&jsapi=1&jsapiver=v1&newsession=1&corrid=facf4ace-12f7-4dfc-aded-d7501c562c16&usid=facf4ace-12f7-4dfc-aded-d7501c562c16&sftc=1&cac=1&mtf=1&sfp=1&instantedit=1&wopicomplete=1&wdredirectionreason=Unified_SingleFlush&rct=Medium&ctp=LeastProtected#_ftn1)*. We noted that legally we can’t impose a Welsh language criteria as a compulsory criteria for staff. It would only be legal to do so if Welsh language standards legislation applied to us, which is not the case.3* *We would like to go further but we have to balance a commitment to the Welsh language with the high cost of moving closer to full bilingualism. We are therefore taking a proportionate approach seeking to extend Welsh use where appropriate and affordable.*[[1]](https://ukc-word-edit.officeapps.live.com/we/wordeditorframe.aspx?ui=en%2DGB&rs=en%2DGB&wopisrc=https%3A%2F%2Fcspoffice365.sharepoint.com%2Fsites%2FCouncilCommitteeTeam%2F_vti_bin%2Fwopi.ashx%2Ffiles%2F9ad7e61bfdfa40bba5e893e32bddf097&wdenableroaming=1&mscc=1&hid=D99C57A0-2099-4000-A930-1D1C5E509B02&wdorigin=ItemsView&wdhostclicktime=1659595964396&jsapi=1&jsapiver=v1&newsession=1&corrid=facf4ace-12f7-4dfc-aded-d7501c562c16&usid=facf4ace-12f7-4dfc-aded-d7501c562c16&sftc=1&cac=1&mtf=1&sfp=1&instantedit=1&wopicomplete=1&wdredirectionreason=Unified_SingleFlush&rct=Medium&ctp=LeastProtected#_ftnref1) Public Affairs & Policy Manager for Wales, Admin Officer, Professional Adviser for Wales, Senior Negotiating Officer for Wales, Organiser responsible for Wales and Campaigns and Regional Engagement Officer responsible for Wales. |
| **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** |
| ***Council Response****Council welcome the initiative by the Association Of Chartered Physiotherapists For People With Learning Disabilities (ACPPLD) 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.**The CSP will promote these through our communication channels and refer to them in relevant influencing work.*  |
| **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** |
| ***Council Response*** *Council acknowledge the work already in progress to improve staff visibility, and the reasons for not providing a full staff directory as summarised below.**The CSP has been considering how best to improve staff visibility to members for some time, as we believe this will help improve member engagement. So far we have;**- included information on the Leadership Team and a representative range of staff roles on the website.**- feature staff explaining their work in Frontline**- encourage staff to engage members on social media.* *We are also planning to:** *Provide details of country and regional staff teams online.*

*There are a number of reasons why providing a full directory of staff, and doing it via Frontline, are not considered appropriate:** *Our operational workflows are designed for queries that can be handled most effectively by stewards or our enquiries team to go to these people where they are either responded to or are triaged. Provision of a comprehensive staff directory is likely to result in members contacting individual staff, which will delay response times and add to our costs. For most members most of the time directing enquires to stewards or enquiries is the best solution.*
* *There may be safety or other considerations for individual staff members having their identities displayed publicly.*
* *Our ways of working involve staff with different expertise working collaboratively on key work areas, so even with a directory it will not necessarily be clear to members who to go to about what,*
* *The space required to do this in Frontline would be prohibitive.*
 |
| **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** |
| ***Council Response*** *It is already the policy of the CSP to lobby for both rehab and AHP directors across NHS bodies. The CSP sought amendments to the Health and Care Act in England. Whilst the Government rejected making this a statutory requirement, ministers were sympathetic to extending AHP leadership roles. Continuing to press for board level AHP directors is an explicit part of the new CSP strategy. Securing senior rehab leadership on local health bodies is already within the rehab plans for 2023 onwards.* |
| **C.4 Enable members to promote physiotherapy as a sustainable healthcare intervention** |
| **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** |
| ***Council Response*** *Council can confirm that within the new Corporate Strategy 2023-37 there are new workstreams included on sustainability and Council have agreed to adopt a statement on the climate and nature emergencies.* *Council agree to signing the Environmental Physiotherapy Call to Action 2023.**As part of the new workstream we will be developing a communications plan to support the workstream and raise awareness in the physiotherapy workforce about the relevance of climate change to our profession. A key element of the new workstream will be developing a network of member champions to educate others.**The CSP shows leadership on the climate emergency by taking an active role in the Greener AHP programme in England which directly links to the HSE Greener NHS programme. Continuing to do this, and to become involved in similar initiatives in the other UK countries, is part of the new strategy.* *A key principle of the governance review was to make Council the strategic leadership of the profession. To that end it was intentional that the CSP moved away from using committees on different issues. Within the new strategy it is intended to develop a CSP network of members championing sustainability. This network will a key source of member input to our work in this area. It should be noted that the UK Health Alliance on Climate Change in its current checklist does not require members to have an environment committee.* |
| **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**  |
| ***Council Response*** *Council has included new workstreams on sustainability within the new Corporate strategy 2023-27 and has adopted a statement on the climate and nature emergencies.* *The new workstream includes development of a member sustainability network. We are looking at what has worked for other unions and at our own experience of developing new networks to establish the best design for the network.* *The workstream will also have a communication element promoting sustainability via Frontline and other CSP channels. The communications manager supporting this workstream has been alerted to the Amnesty campaign so that it can be included in future promotional activity.* |
| **Aim D. Create an agile and sustainable organisation, able to pre-empt changing member needs –** **Jon Mawby** |
| **D.5 Enhance member benefit through developing and delivering a strategy to transform our use of data and digital systems** |
| **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** |
| ***Council Response****Council can confirm that the CSP is taking a strategic, systems-approach to CSP data/technology, starting with the core infrastructure and capabilities needed for all further developments: the transition to cloud computing; establishment of data governance and a roadmap to a modular data architecture; replacement of the legacy member data (subscriptions) system. This is not leaving anyone behind: we are laying the foundations for all the tooling needed by our people: staff and volunteers alike.* *Like all foundations, this stage of development tends to be invisible, unglamorous and seemingly slow! It would be a false economy, however – in time AND money – to try to shortcut it. Any tools tacked on to legacy data infrastructure would lack the integrity, effectiveness and sustainability we need to give members value in service.**As we continue to modernise this core infrastructure over the coming year, we are also looking ahead to the tooling we will build on top. In the case of supporting CSP workplace reps in their roles, it’s a non-trivial exercise. There are no off-the-shelf tools purpose-designed to a trade union operating model. Whether we find and adapt existing tools, or custom build our own, we are looking at an intensive process of: requirements gathering; process analysis and standardisation; build, implementation and training.**In September 2022, we embarked on a research collaboration with the Universities of Glasgow and Edinburgh, with a PhD looking at data management and use for trade union insights. The researcher will be placed with the CSP Data Unit to develop approaches and blueprints for employment and industrial relations insights management.**Realistically, it’s likely to be 2024 before we have the infrastructure and intelligence to start building – not because it’s not important, but because it’s important to do it right. In the meantime, the PhD project team will be engaging with organisers, training officers, negotiators and, through them, stewards and safety reps, to develop a genuinely user-centred, union-centred tool.* |
| **Not aligned with CSP Corporate Strategy 2023-27** |
| **Emergency Motion 3 Immigration Policy** |
| *Conference condemns the current government immigration policy and the use of tax payer’s money on flights to transport people seeking refuge to another country. We call upon the CSP to make a public statement deploring the government's unfair approach to all people seeking safe asylum.* *We implore the CSP to work with other unions on supporting the development of safe and secure passage to the UK for asylum seekers.***National Group of Regional Stewards** |
| ***Council Response****Following this debate the CSP Council issued a statement condeming the policy of the UK government to deport asylum seekers to Rwanda.*[*https://www.csp.org.uk/news/2022-06-15-csp-council-condemns-policy-deporting-asylum-seekers-rwanda*](https://www.csp.org.uk/news/2022-06-15-csp-council-condemns-policy-deporting-asylum-seekers-rwanda) |
| **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** |
| ***Council Response****The CSP works closely with other unions in this area of policy and has challenged policy makers regarding vaccinations in the recent past. The CSP was in opposition of mandatory vaccinations proposed by policy makers and challenged this with other unions.* *The CSP are in agreement of sharing vaccination availability between developed and developing countries and, in conjunction with other Unions, would challenge policy makers if appropriate. In reality our ability to influence decisions in this area is limited.*  |
| **Motions Remitted to Council and not passed** |
| **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 or 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**  |
| ***Council Response****CSP currently shares the position that recruitment into all posts including the graduate workforce, should be transparent fair and equitable.**There are no current plans to undertake an England-wide audit, however we believe that the current mechanisms already in place should be sufficient to undergo this type of activity. These mechanisms involve –** *Discussions held at CSP accreditation events, annual monitoring through CSP ongoing discussions and activity related to annual quality review of pre-reg programmes (related to growth, expansion and graduate opportunities),*
* *Regional teams operating at a local level working with colleagues in Trusts and ICS to support fair and transparent practices.*

*Given some of the findings from the recent KNOWBEST project we are planning to include good recruitment practice, as seen from an equity, diversity and belonging lens as part of our new preceptorship principles. While the use of golden tickets was not raised as a concern during any of the workshops, other practises were raised. As part of addressing those through the principle we can seek to address golden tickets as part of these principles.*  |
| **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 substantiative 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** |
| ***Council Response****Council recognises the benefit of international collaboration and working as laid out in the motion and is active in the engagement with the European Region of World Physiotherapy (ERWP) and World Physiotherapy (WP) itself. The CSP’s Director of Practice and Development was also present at the launch of the Global Health report from the APPG earlier this year.* *The CSP is* *supportive of members who wish to engage in international development projects demonstrated by its support of the current chair of council in their role as a sub-group member of the Cancer Care workstream being delivered by the ERWP. Members have been supported in their involvement of similar groups in the past such as international work with World Physiotherapy on HIV/Aids and Long COVID.* *CSP Reps will work locally with members who have certain asks of their employers. Regional professional advisors are also in place to support clinical discussions with employers in this area.*  |
| **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** |
| ***Council Response****Council recognises the importance of representing and supporting dyslexic members. The CSP has carried out work in previous years on Dyslexia including* [*Dealing with dyslexia*](https://www.csp.org.uk/frontline/article/dealing-dyslexia) *and in December 2021 published a resource for members, reps and managers on* [*Reasonable adjustments*](https://www.csp.org.uk/workplace/workplace-rights/reasonable-adjustments/checklist-members) *which includes how to support Dyslexic members who may need reasonable adjustments at work.* *Council agree that a video can be a useful tool for members, however Council are aware that such resources already exist developed by other bodies. It was therefore felt that directing member to these would be preferable to duplicating these resources.* |