**Council Response to Motions passed at Annual Representative Conference**

Annual Representative Conference meets each year and considers a wide range of motions. The motions that are passed are submitted to Council for recommendation and review and this document sets out Council’s responses. Council thanks all members who participated in ARC, and all groups who submitted motions. ARC is a vital mechanism for bringing maters to Council's attention, and for Council to get an understanding of the issues that are impacting on CSP’s members.

Council sets the strategy for CSP. The current [corporate strategy](https://www.csp.org.uk/about-csp/our-strategy) is for the period 2023 – 2028. Council has reviewed all the motions that were passed in the context of that strategy, and this document groups the motions under each of the four strategic aims.

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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 9** |
| *At present, for any clinical trials of investigational medicinal products (CTIMPs) and combined trials of an investigational medicinal product and an investigational medical device, the chief investigator is required to be a medical doctor, nurse, pharmacist or dentist. More* *AHPs, and physiotherapists, are becoming independent prescribers and there is an increased need to evidence what we practice through research.*  *Therefore, it makes sense that physiotherapists who are prescribers should be able to lead research projects that involve medicine. Unfortunately, as current legislation stands, this is not the case. Increasingly, physiotherapists are leading world-class research projects, and in other countries (such as Australia) this restriction is not in place.*  *This conference believes that the* *CSP should work with the National Institute of Health Research and Medicines and Healthcare products Regulatory Agency to campaign strongly for non-medical physiotherapist prescribers to lead medication (or* *CTIMP) trials within their scope as chief investigators in view of supporting chartered physiotherapists to become equitable research leaders and fulfil their career potential.*  **Professional Networks – APPN** |
| ***Council response.***  This motion builds upon CSP’s ongoing commitment to optimising the role of physiotherapists in medicines and prescribing work. We thank you for highlighting these issues and can assure you that this issue has already been addressed though existing work.  Initiating and/or undertaking a review of UK medicines legislation is beyond the control of the CSP and lies with the UK government on the advice of the MHRA. Clinical trials are covered by the Clinical Trials Regulations 2004 (as amended). The MHRA has already consulted, in 2022, on proposals for legislative changes to the clinical trial regulations  <https://www.gov.uk/government/consultations/consultation-on-proposals-for-legislative-changes-for-clinical-trials>.  This consultation included a specific question on whether the professional groups who can be investigators should be expanded and the consultation found “*There was overall support to expand the professional groups who can be an Investigator. Healthcare professionals that belong to a professional regulatory body and that are appropriately trained and expert in their field should be able to act as Investigator in a trial”.* The MHRA therefore recommend that the professional groups who can act as investigators should be expanded.  The Government response to this consultation was published in March 2023 and set out that it proposed “*legislation to enable suitably trained and qualified individuals, and the role of Investigator, to be clearly defined.*”  Whilst there is no timetable for this governmental work to be undertaken, we are satisfied that your concerns have already been addressed through existing regulatory and governmental reviews, and at this time, no further action is required. The CSP continues to collaborate with relevant professional, regulatory and governmental bodies as part of its regulatory and ongoing work in relation to medicines and prescribing in physiotherapy practice. |
| ***Motion 14*** |
| *This conference believes that the current manual handling training being delivered across Wales is not supported by* *evidence based practice. Welsh Board request support from the CSP in exploring the development of a manual handling passport and the content and delivery of this to ensure it is evidence based and factually accurate.*  *All clinical staff members are required to do manual handling as an essential part of mandatory training. Unfortunately, the training delivered within some health boards in Wales has been identified as being contradictory to best clinical practice around back pain management.*  *Conference requests that the CSP endeavour to promote immediate work with the manual handling teams and the Health and Safety Executive in Wales and all other stakeholders to discuss this crucial part of health education and practice within Health Boards throughout Wales.*  *Joint working with Manual Handling teams will ensure coproduction of* *evidence based training which will be of benefit to all clinical staff.*  **Country Board - Wales** |
| ***Council response.***  This motion raises important issues and we fully support that manual handling training should be underpinned by best practice guidance.  Whilst it is not in the CSP's current planned work to influence the HSE (Health and Safety Executive) in this area, should opportunities arise where the CSP could influence, this work could be prioritised. We would encourage Country Board Wales to work with [ACPOHE](https://acpohe.csp.org.uk/content/about-acpohe) to ensure physiotherapists continue to play a key role in advocating evidence-based manual handling training. |
| ***Motion 33*** |
| *Conference notes the profound effect that the Covid 19 pandemic has had (and is still having) on the provision of health and social care services across the UK. Conference believes that now would be a good time to consider collecting recorded histories from CSP members who have worked through the pandemic and beyond to provide a lasting history of their experiences.*  *There is much that can be learned from the 'lived experience' of physiotherapists, associates and students that will help to shape sustainability of services going forward.*  *Conference calls on CSP Council to back the proposal and resource a project to deliver what will be* *a valuable asset for the profession.*  ***Retired Members Network*** |
| ***Council response.***  We agree that there is much to be learned from this lived experience, However, under our current strategy we do not think that collating experiences of CSP members of Covid can take place as a planned piece of work.  We have looked at other ways that we can try to take this forward. The CSP has a recognised network for physiotherapists that have been impacted by Covid. Their learning has already shaped CSP resources such as Covid rehab standards in acute, community and end of life care.  The Government review of the Covid pandemic, and which the CSP have provided evidence for, will also provide direction and guidance as to the sustainability of services, including physiotherapy.  The CSP has also recently granted affiliate network status to the 'Long Covid Physio Group'.  Finally, as part of our contribution to the government's UK Covid Inquiry, the CSP is actively seeking and reporting individual member experiences via the CSP webpages [The UK Covid-19 Inquiry | The Chartered Society of Physiotherapy (csp.org.uk)](https://www.csp.org.uk/campaigns-influencing/shaping-healthcare/uk-covid-19-inquiry).  The CSP has already made one submission to the inquiry [Increase physio workforce and include rehab pathways in future crisis plans, CSP tells independent Covid inquiry | The Chartered Society of Physiotherapy](https://www.csp.org.uk/news/2023-02-01-increase-physio-workforce-include-rehab-pathways-future-crisis-plans-csp-tells). As the inquiry will be receiving stories and experiences from CSP members, these will be maintained through the final reporting of the inquiry and available in the public domain. |
| A.2\* Promote physiotherapy staffing levels that meet current and planned service needs and reflect society across the public, private and not for profit sectors (EDB1) |
| ***Motion 19*** |
| *Conference asks the CSP to prioritise further the lobbying of each devolved nation of the UK to sufficiently fund apprenticeship opportunities and standardised qualifications for support workers. This will enable equity across healthcare in each country of the UK and further the recognition of the role that support workers play.*  *The CSP has been clear in its policy statement on support workers – many more physiotherapy support workers are needed to fulfil population, patient and service delivery needs in safe, effective ways. However, this call and objective is being overshadowed by other demands that the CSP is calling for to rectify the workforce crisis. Increasing registered physiotherapists alone cannot meet workforce demand. Offering support* *workers a pathway to develop* *in to roles with greater responsibility will result in improved patient care, job satisfaction and growth of the workforce.*  *Level 4 apprenticeship schemes have already started in some areas in England however there is a clear gap in Wales, Scotland and Northern Ireland. This must be prioritised further and expanded across the other nations* *in order to develop those support worker positions with greater responsibility to ensure the sustainability of their role within our profession.*  **Associates Network** |
| ***Council response.***  We are grateful to members for raising this important subject for debate and support at ARC. It is already part of the CSP policy and influencing approach to; promote the role of Support Workers (SWs), call for the expansion of the rehab/physio support worker workforce (including apprenticeships) including as a proportion of the physiotherapy workforce overall, and to promote higher banded roles for SWs.  This is fully integrated into the campaigning and communications the CSP are doing on workforce supply in all four UK countries. As a result, Council believes that at this stage CSP is doing all that it can to support and promote the role and career development of the Support Worker workforce |
| ***Motion 21*** |
| *Physiotherapy support workers hold many different titles,* *e.g. Physiotherapy Technical Instructor, Physiotherapy Helper, Physiotherapy Assistant, Physiotherapy Technical Assistant and many more. If we look across therapies, there are around 350 different titles.*  *A recent poll on Twitter and Facebook suggested that the most appealing name would be Physiotherapy Assistant Practitioner or Therapy Assistant Practitioner for those working across different professions. Any proposed titles would also need to reflect the different grades and career pathways of physiotherapy support workers.*  *What we hope to achieve is an overall respectful title that physiotherapy support workers can be proud to hold at whichever level or banding they are. We feel this will create a more dynamic workforce and recognise career progression, as well as services providing a more unified approach to our physiotherapy support workforce across the UK.*  *Conference asks that the CSP to create guidance on and encourage the use of a more standardised name for the physiotherapy support workforce.*  **Regional Stewards – Yorkshire and the Humber** |
| ***Council response***  While the CSP has no power to mandate job titles overall and sometimes job titles will need to reflect the specificities of the job, we do recognise the issue raised by the movers of the motion.  The substantive point in motion 21 about valuing support workers as a core part of the physiotherapy workforce and the need for standardised training and career development is fully supported by the CSP and is a strategic priority.  As such the CSP has been and is continuing to lobby for career development for support workers, with training and recognition for levels of experience and responsibility.  This includes promotion of higher-level Rehab or Therapy Assistant Practitioner roles and access for existing support workers to have access to training for these roles through an apprenticeship route. The poll that the movers of motion 21 reference is useful evidence that this is the right terminology to be using.  In 2024 the CSP will be seeking to influence further on this agenda across the UK, using current examples of the value of support worker career development through Rehab or Therapy Assistant Practitioner roles.  While we do not have plans to issue guidance on job titles in 2024, the issue of consistency of job titles is something that we will seek opinion about from members of the Associates’ Network in 2024. While not progressing the recommendation on guidance at this stage, we thank the movers of motion 21, which helpfully adds to the evidence base on this important issue. |
| **A3\* - Promote equity for patients (EDB2)** |
| **Motion 28** |
| *This conference is extremely concerned about the lack of specialist services for a whole generation of transgender children. The right-wing media fuelled culture war on this small, but vulnerable, population has led to such a depletion in services that waiting lists to access the care they need have skyrocketed to over 4 years. Some of the highest waits within the NHS.*  *Conference calls on the CSP to work with other health unions to highlight this issue to the Government.*  *These children are our patients, future patients and some may hopefully, even be part of the future of our workforce.  They deserve the same access to the specialist care they need as everyone else.*  **Regional Stewards – South Central** |
| ***Council response***  This motion covers important issues, and it ties in with existing work. The CSP Council has recently directed work to the Professional Committee to deliver a best practice guidance document for transgender patients in the UK, this work however is broad and not specifically aimed at children. It does include consultation and specific focus groups with individuals from the trans community and it promises to promote equitable service provision for people of all ages. The Professional Committee is currently undertaking this work and plans to present the guidance document to Council in December 2023.Once ratified by the CSP Council it will be made available to CSP members (it is anticipated this will be in early 2024).    There are currently no plans specifically to address the issue more broadly with health unions or to the government directly. The current strategic focus of influence for the CSP is around having a workforce that is fit for purpose (both in terms of number and representation) and the provision of community rehabilitation with a focus on addressing health inequality. |

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| **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 15** |
| *This Conference believes that the CSP should work with other unions to provide support and guidance to NHS staff/physiotherapists who are looking to retire and return to the work environment immediately particularly in the view of the recent staffing crisis that is facing the NHS and in order to retain an extremely skilled/knowledgeable workforce.*  *We therefore ask the CSP to provide a user-friendly guide outlining points that members need to consider when exploring retirement, this could include signposting to external agencies such as the NHS pensions website.*  **Regional Stewards – South London** |
| ***Council response***  Thank you for raising this matter. We believe that this information is already available through external websites, who are better able to provide this information than CSP. We will ensure that members are signposted to these from the CSP web pages.  Information on flexible retirement can be accessed here: <https://www.nhsemployers.org/articles/nhs-staff-council-flexible-retirement-guidance> |
| ***Motion 17*** |
| *Conference acknowledges the value brought by international recruits to the NHS.  Furthermore, we acknowledge that until the NHS can improve workforce planning international recruitment is essential.*  *Conference believes managers need education and support about processes, and recruits need support within and outside their workplace.*  *The CSP website provides a hyperlink to the NHS employer’s toolkit on international recruitment. This contains distinctly visible sections for nursing and doctors but not AHP’s. Yet Health Education England has created such a resource.  Conference also notes the CSP’s ability to take generic information and translating it into narrative that works for members- managers and representatives for example the invaluable Building a Better Balance toolkit and the CSP’s mentoring platform.*  *Considering the above Conference believes the NHS employers toolkit is not equitable for AHP’s and our own network focuses on continuing professional development and does not promote pastoral care.*  *We therefore call on the CSP to*   * *Lobby NHS employers to create an easy link to the AHP resource within the toolkit providing equity across professions.* * *To also create a link to the* *HEE AHP resource* * *Promote the toolkit via all media channels.* * *Review the mentoring platform and promote pastoral care as an essential element for members wellbeing.*   **Regional Stewards - Scotland** |
| ***Council response***  The CSP will ensure there are easy links to the AHP resources within the international recruitment toolkit. However, we are unlikely to be able to influence NHS England (NHSE) to highlight this part of the toolkit as NHSE will and do highlight the toolkit as a totality resource.  All the CSP resources will be regularly promoted, with plans to create a supportive network for international recruits through the diversity networks. We are due to discuss how best to provide pastoral support to members with protected characteristics that have some form of action being taken against them, or are subjected to unwelcome/discriminatory behaviour.  There is currently little detail on how this will look as the creation is to be undertaken in partnership and the discussions are to be held in the first place with the chairs (or a person they designate) to consider how we can create a sustainable structure within the diversity network groups. This meeting is currently in the process of being set up. As we work to create a system, it will be implemented and refined. |
| **Motion 24** |
| *This conference is extremely concerned by Physiotherapists from the Diversity Networks reporting workplace discrimination based on their protected characteristics.   This has made them uncomfortable, caused relationships with their colleagues and managers difficult.  In some cases, this has led to barriers to career progression or completely quitting. Any forms of discrimination* *greatly impact mental health, motivation levels and reduce professional standards and* *ultimately patient care.  We expect to be safe in the workplace free from any forms of discrimination, especially from our colleagues and managers.*  *Representing our protected characteristics is an invaluable factor in improving health outcomes, sharing lived experience and our right to thrive in this profession.  Data on diversity related workplace issues will need accurate processing* *in order to promote a much-needed culture change within the profession, where we could proudly pioneer the Equity, Diversity and Belonging (EDB) policy.*  *This Conference, therefore, calls for:*  *A) A Data collecting process on workplace issues affecting members with protected characteristics, with a view to improving outcomes.*  *B) Offer advanced EDB training for CSP staff including staff involved in discrimination cases to ensure true action of the CSP EDB Policy.*  ***DisAbility,*** ***BAME and LGBTQIA+ Networks*** |
| ***Council response***  Thank you raising this critical issue. Data collection will occur in the future through the evolution of an electronic case recording system for use by both senior negotiating officers and, in due course, CSP stewards. While this is planned work, other underpinning digital, data and system work needs to be completed first and therefore there is currently no firm timeline for its development and implementation.  While one integrated system will assist with collection and use of data, we are able to draw on a variety of other sources of data and insight in the meantime.  Training for senior negotiating officers, equality reps, safety reps and stewards on EDB issues is a high priority and will remain so, with regular and ongoing formal training but also use of other less formal routes for development.  Improving CSP support to BAME members is a priority workstream in the current CSP strategy. 29% of BAME members access CSP advice services. As might be anticipated, this proportion is higher than the advice needs of members who do not identify as BAME. Between Q2 2022 and Q2 2023 awareness of advice services amongst BAME members has increased from 25% to 46%; member confidence in accessing advice is unchanged at 61% and satisfaction ratings relating to advice received is rising, increasing from 5.68/10 to 6.71/10. All advice services have higher positive feedback scores from BAME members compared to non BAME members |
| ***Motion 25*** |
| *The Trades Union Congress (TUC) has a campaign to build an Anti- Racism taskforce looking to tackle structural racism. The CSP also made a pledge to tackle racism and improve working conditions for all minority groups as part of its Equity diversity and belonging strategy.*  *Our CSP workplace Stewards and Safety Representatives are placed ideally to help with tackling organisational structures via Policy groups that set the rules for staff and managers to follow within the workplace. Whilst all policies are subject to an Equality Impact* *Assessment we feel there is more that can be done to ensure the policies are not continuing down a route of structural disadvantage for minority groups.*  *We are therefore calling on the CSP to continue to build on its training packages for Workplace representatives and develop a training package that is specific to Policy writing to include how to be inclusive within policy and improve the processes for minority groups.*  **Regional Stewards – West Midlands** |
| ***Council Response***  Thank you for your feedback on this important issue. This request can be built into the equality and diversity work and training programmes we will plan for 2024. |
| ***Motion 26*** |
| *This conference is extremely concerned by newly graduated as well as experienced physiotherapists and support staff with disabilities and long-term conditions (DLTC) working in NHS, Private sectors and alternative careers across different interest groups, reporting different experiences around getting their job fully suited to their strengths and needs.*  *Reasonable adjustments are heavily subject to manager’s discretion and interpretations.*  *Current training on reasonable adjustments is available via the CSP website in the form of a video, quiz to consolidate learning, case studies as well as advice from Stewards.*  *Reasonable adjustments do not reduce productivity; they maximise the physiotherapist’s and support staff’s strengths, quality of life and thus positively impact service users.*  *Without reasonable adjustments, physiotherapists and support staff with DLTC are denied being part of the future CSP workforce which impact sustainability of the profession.*   *This Conference therefore calls on the CSP Council to:*  *a) Co-produce and deliver training with CSP members who experience limitations from disabilities and long-term conditions, on the Equality Act 2010, reasonable adjustments and their implementation and legal duties.*  *b) Make this training available to all CSP Members and their line managers*  ***DisAbility, BAME and LGBTQIA+ Networks*** |
| ***Council response***  Council strongly supports the intention of this resolution, which rightly raises the difficulties experienced by members with disabilities relating to obtaining the vital reasonable adjustments that enable them to remain in work and to work productively, effectively and healthily.    While training might be part of the solution to this problem, workplace EDI policies of all kinds, including reasonable adjustments, are set by employers and it is employers that we need to influence to develop and implement more positive and inclusive policies, rather than the CSP managers and members working within them.    To this end in 2024 we will:   * Continue our national influencing work relating to EDI across the UK. For example, we are currently involved in the development of an inclusive recruitment approach across the NHS in England * Ensure that the CSP micro-aggressions campaign has a significant focus on disability, raising the awareness and unacceptability of disablist micro-aggressions * Raise awareness amongst members with disabilities of the support that CSP staff and reps can provide from the earliest stages of reasonable adjustment requests * Hold one or more reasonable adjustment webinars and/or panel discussions and ensure there is representation from members with lived experience * Scope further work to be undertaken in 2025 relating to progressing the awareness and successful attainment of reasonable adjustments for CSP members with disabilities, ensuring this covers a wide range of disabilities, including physical disabilities, neurodiversity and mental health conditions. As part of this the current member resources relating to reasonable adjustments will be reviewed and updated, including reviewing appropriate formats. |
| ***Motion 31*** |
| *Conference is gravely concerned in the considerable increase in national* *long term sickness following the pandemic, which is* *substantially higher in those over 50’s. The increase in waiting lists and disruption of usual care has meant many more of our members working in both the public sector* *or private sector* *are moving towards ill health retirement after exhausting local sickness policy provisions.  Ill health retirement can be* *very complicated personally and financially for members to negotiate at a time when they are at their most vulnerable. This conference is concerned that the CSP does not currently have guidance and support for ill health retirement for members readily available and it is not taught to CSP stewards in training.*  *This conference calls on the* *CSP , with key stake holders:*  *• To review, develop and publicize comprehensive guidance including FAQ’s and offer support sessions for ill health retirement for members,*  *• To develop and implement training on ill health retirement for those most commonly supporting members with long term sickness such as CSP stewards or senior negotiating officers*  ***Regional Stewards – East Midlands*** |
| ***Council response***  The CSP will set up a web based resource which includes FAQ's and links to the relevant ill health retirement information within the four countries.  This topic will be covered at a regional level by either a training package or learning through case studies, with links to any resources added to current sickness training packages. |
| **B.2\* Champion fair** **pay, terms and conditions for physios and physio support workers in all sectors and locations** |
| **Motion 2** |
| *Current guidance and practical implementation of shared parental leave requires updating to better reflect the range of circumstances that couples experience. Conference asks the CSP to lead the way in bringing this guidance up to date with an ever-changing society.*  *Two* *main issues are identified. Firstly, strict, and unfair access for the partner to access their occupational benefit which is time-limited and dependent on the starting date of the maternity period. The partner’s 8-week benefit to full pay must start from the first date of maternity leave (often before the due date), but they also cannot take leave before the due date.*  *Secondly, accessibility of shared parental* *pay and occupational benefits is severely limited or denied if the mother is self-employed (despite paying their tax/national insurance contributions).*  *Conference calls for the CSP to work alongside other unions for the following legislation change:*  *• Allowing fair access to the occupational benefit of those NHS employees regardless of their partner’s employment status*  *• Allowing partners to access their occupational benefits at any time in the maternity period and not be limited by when the maternity leave starts*  *• To work alongside other health unions to create more comprehensive guidance for NHS employees**and trusts*  **South West (North) Regional Network** |
| ***Council response***  NHS shared parental leave arrangements link with both the occupational arrangements in the NHS and legislation on shared parental leave and pay. It is a complex area with many different options for accessing it and dependent on a wide range of factors.    The NHS has produced guidance, available on the NHS Employers website, giving a number of different scenarios to assist employers and staff to work through options.    The motion notes the lack of access to benefits for self-employed people in this area. The CSP does share the concerns on the poor maternity and parental provisions for self-employed people. However, this would require legislative change. NHS employees can access shared parental leave if their partner is self-employed.    The second area relates to the timing of access. In the NHS there is access to two weeks paid partner leave around the time of the birth. Shared parental leave arrangements are then in line with statutory provisions and couples have a choice as to whether they access this provision and also some flexibility as to how they structure their shared parental leave and pay.    The CSP can request that the current guidance for NHS employees and Trusts is re-promoted and will also explore if there are areas that are felt to be lacking in the existing guidance. If these areas are identified, we can propose that additional guidance is provided nationally. |
| ***Motion 4*** |
| *Conference is fully aware of the difficult cost in living crisis that many people are now struggling with. Although largely a global issue there are still significant causes that are unique to the UK. These include labour shortages related to foreign workers leaving due to Brexit, the household energy cap increasing by 54% causing huge rises in bills for most households, increase in National Insurance, rise in council tax.While all these costs have gone up, wages have not. 2022 was the worst year for real wage growth in nearly half a century. This has hit key workers in the public sector most. Analysis shows that real wages slumped by 3% over the course of 2022. This has meant that key workers in the public sector have seen their wages drop by £180 per month in real terms.*  *Therefore, we call upon the CSP to lobby the Government to provide more specific support for key workers to enable them to meet the cost of rising bills*  ***National Group of Regional Stewards – Southeast Coast*** |
| ***Council response.***  The CSP is currently working with the other health unions to make the case on pay and pay related issues for 2024/2025. Following a below inflation rise this year it remains a priority area for the CSP.    However, the motion calls on specific support for key workers in the public sector which is far wider than NHS pay. The term ‘key workers’ can refer to a very wide group spanning health and social care, education, emergency services, local government, and many more. This group expands considerably when looking at key workers within the private sector which would include transport, utilities, food retail and most childcare provision. This does bring considerable challenges and complexities when considering a campaign specifically for key workers as both the scope and aims would need to be clear.    Through the Trades Union Congress, the CSP can work with other unions representing key workers to explore the appetite for specific additional provision including key workers. Work is also ongoing to influence Labour Party policy as the general election approaches. |
| ***Motion 5*** |
| *Conference is concerned regarding the current cost of living crisis and the negative impact this is having on CSP members. One increase in outgoings for many NHS staff, is NHS Car Parking Fees. However, how much the charge is differs between Trusts, staff grades and working patterns. This inequality is frustrating to many CSP members.*  *During the pandemic, the Government waived NHS Car Parking Fees. The NHS Car Parking Guidance 2002 paper instructs NHS Trusts to provide Car Parking for free to Night Staff. If this can be provided for some staff, why not all? The Government should be funding the NHS appropriately and Trusts should not have to rely on income from Car Parking to fund NHS services.*  *Conference calls on council;*   1. *To lobby government and devolved administrations to release funds for NHS Trusts to allow free car parking for all NHS staff.* 2. *To discuss with other Healthcare Unions if there is an appetite for a joint coordinated national campaign*   ***Regional Stewards –*** ***North East*** |
| ***Council response***  Car parking charges are widespread within the NHS, although in some places, such as Scotland, it does remain free. However, whilst we are sympathetic to our members’ concerns, lobbying for free car parking for all staff does raise some issues for consideration.    For example, the provision of free car parking for all staff does not necessarily support the need to consider environmental impacts. It may be preferable for some trusts to look at how they link with local transport or other schemes to reduce car use and therefore car park charges. In addition, the increased concerns regarding pollution may lead to different solutions on transport, particularly in city locations where this has been highlighted.    It is also likely that any funding for this would be taken from elsewhere in the Health Service so some decision would need to be made regarding priorities.    It is therefore recommended that car parking issues are taken up locally to ensure that local needs are addressed and explored with a view to the related issues of sustainable and cleaner transport. |
| ***Motion 6*** |
| *Conference would like to acknowledge the hard work of the CSP* *staff and the courage shown by members who took action to strike as part of the campaign for better pay and working conditions throughout the NHS.*  *However, the current system for pay is flawed and not fit for purpose with significant differences in pay across the 4 countries. Additionally on top of this the* *High Cost Area Supplement (HCAS), which is London centric, completely ignores the fact that many individuals have a higher cost of living in other parts of the UK including the* *South West. The HCAS is intended ‘to compensate staff for the additional costs of living in London and the surrounding* *areas’. The Pay Review Body has the power to make recommendations on the geographic cover of HCAS.*  *Conference calls on the CSP to:*  *- Carry out a scoping exercise into the variances of cost of living for members throughout the UK*  *- To work with other health unions to collate data regarding regional variances in cost of living*  *- To lobby the Pay Review Body to widen the scope of the geography covered by HCAS*  ***Regional Stewards –*** ***South West (South)*** |
| **Council response**  NHS pay is a devolved matter across all four countries leading to differences in pay. It is not possible to change the current system to provide single pay rates across the UK whilst we have devolved decision-making.  The current use of the High Cost Area Supplement (HCAS) in London has been identified by the joint trade unions as an area that needs addressing. The geographical boundaries for the different HCAS levels were set a significant time ago and the NHS has since undergone mergers and changes, bringing anomalies to the payment of HCAS across the different employers in London and surrounding areas, impacting on the recruitment and retention within different Trusts. This is work on-going for the joint trade unions.  However, the motion suggests lobbying for an extension of the use of HCAS to increase its geographic cover beyond the current areas. Council does not consider this is an area of work that should be taken forward in view of the following:   1. There are potentially significant unintended consequences if there were an extension of HCAS to other geographical areas. It could open up support for a move to regional and local pay and could create further recruitment difficulties in particular areas. 2. Other key health unions are likely to have significant concerns regarding this due to the regional and local pay concerns and therefore it is highly unlikely the CSP would have joint union support to take this forward. 3. Claims for recruitment and retentia premia should be used to address this if the high cost of living in an area is leading to particular workforce issues. 4. The CSP has always supported the principle of national pay.     In light of the above the CSP does not propose taking forward any scoping work as the resource for this would be unknown and the benefits very limited if there is no prospect of a joint union call for an extension of HCAS to other geographical parts of the country.  The CSP does recommend that it continues the current work to support a review of HCAS to address existing anomalies. |
| ***Motion 7*** |
| *This conference is concerned about the increased numbers of Flexible working requests that are being declined by management in Northern Ireland despite improvements in the right to request flexible working. More requests than ever are being made by staff who require adjustment of work patterns.*  *The pandemic proved the flexibility of staff was of huge benefit to the delivery of services and as these return to normal, management have forgotten these benefits and are declining requests based on business need rather than the needs of staff, with a detrimental effect on service users and the Physiotherapy Service. Physiotherapy staff do not have the mental strength or stamina to challenge these requests and choose to leave the service or Trust* *in order to seek a work life balance that fits with their personal needs. With the highest rate of unfilled vacancies, Northern Ireland is in a recruitment and retention crisis.*  *This Conference calls on the CSP to:*   1. *Support the creation and delivery of a CSP run training programme for Physiotherapy members across the Trusts in Northern Ireland that would highlight the benefits of flexible working for staff, service users and service rebuild.*   **Regional Stewards – Northern Ireland** |
| ***Council response***  Prior to Covid the CSP ran an extensive campaign on flexible working - "Building a better balance". This campaign included a service manager resource which can be used by members in Northern Ireland to support the implementation of flexible working for staff.  In addition to the work already undertaken by the CSP, the health unions have negotiated a new Agenda for Change Handbook section on Flexible Working that was agreed in 2022. There will shortly also be a section on Home-working that we will work to incorporate in Northern Ireland terms and conditions.  The following work is ongoing:  • A steward and safety rep training session is planned for this year on flexible working.  • The joint health unions are working together to take forward a campaign on flexible working. This is aimed at challenging anywhere it remains difficult to secure flexible working and also sharing good practice.  It is advised that we support the current programme of proposed work with the joint health unions with the aim of benefiting all staff across the UK. |
| ***Motion 8*** |
| *The Conference is concerned regarding the discrepancies that are present across trusts in how apprentices are paid. Conference recognises and values the development of new training routes both at a pre and post registration level widening access. However, unless these routes are properly funded their aim will not be achieved.*  *We therefore call on the CSP to campaign to ensure that pre-registration apprentice courses are paid a living wage as a minimum.*  ***National Group of Regional Stewards – London*** |
| ***Council response.***  Thank you for raising this issue, CSP has undertaken some work on this already, as set out below, Apprentice pay is based on nationally agreed terms and conditions.  The NHS staff council had attempted to ensure those undertaking an apprenticeship were paid at a level appropriate to the job they were undertaking, based on a job description, through job evaluation.  However, this was unsuccessful due to NHS employers refusing the proposals put forward.    Where the CSP was able to influence, agreement on the following has been achieved:     * Where existing employees are required to undertake apprenticeships as part of their ongoing learning and development, they would normally remain on their current pay, terms and conditions for the duration of the programme. * The pay agreement for 2023-2024 includes an element to ensure that staff who move to an apprenticeship as part of agreed career development do not suffer a detriment to pay. Work will be taken forward to ensure the necessary amendments are made to the Handbook to reflect this, with the CSP putting an officer forward to assist the work.     This reflects the work undertaken to influence policy at a national level.    Some employees may choose voluntarily to apply for an apprenticeship programme within the same organisation in order to support a career change. The pay arrangements for such situations are currently a matter for local agreement, subject to equality requirements and expressed transparently as part of agreed apprenticeship policies.  Where an existing employee is released to undertake an apprenticeship in a different occupation/area, the employee should remain in that area where a job opportunity continues to exist. This will be superseded by the element of the 2023-24 pay agreement mentioned above.    We do not believe that further CSP work has a realistic possibility of changing or building on the above at present and as such Council has agreed to take no further action. Should the context change in the future, the CSP will gladly review the options for more work in this area. |
| ***Motion 10*** |
| *Conference is disturbed about the new antistrike and anti-Trade union legislation brought in by the current government* *in the midst of the pay dispute. Conference is concerned that without change in strategy to meet new and future challenges that engages all members, the power of the CSP to act as a trade union will be further eroded and increasingly impotent to contest detrimental change to members terms and conditions nationally.*  *To maintain its effectiveness and sustainability as a trade union, conference calls on the CSP to develop a comprehensive industrial action strategy that is co-produced with its representatives, members, wider professional networks and stakeholders.*  *This conference would like the CSP through survey and engagement and partnership working with member activists:*   * *To explore effectiveness of its strategy on communicating, training and engaging stewards and members in better implementation of industrial action, including organising and* *taking action as a strike and less than a strike.* * *To Undertake a comprehensive review of the stewards and safety representatives’ networks including but not limited to a review of structures, virtual and face to face training, support within regions, interaction with the* *ever changing healthcare environment.* * *To review adequacy of resources and budget for sustained or future industrial disputes*   ***National Group of Regional Stewards*** |
| ***Council response***  Following the successful Industrial Action (IA) ballots in England, Wales and Scotland and strike action in England the CSP has undertaken an operational review of the pay campaign and is now acting on the outcomes of the review to ensure any future ballots and IA are as effective as possible.  Alongside this, we are currently reviewing the structure and support of our stewards and safety reps' networks and beginning to trial some new ways of working. This includes developing and supporting the rep structures at a regional level to increase engagement and provide a better structure to enable regional reps to take up a greater leadership role both locally and nationally. In addition, we are focusing on skills based training and also additional ways to provide the support needed, particularly in light of changes in the healthcare environment across the UK. |
| **Motion 12** |
| *Conference is concerned that the CSP does not challenge political parties directly where their values or policies have negative impacts on physiotherapy.*  *Over recent years we have seen multiple scandals linked to the Conservatives* *including: PPE, party-gate and the disastrous mini-budget. We have seen the UK government refusing to engage fully with the trade unions* *over pay negotiations and trying to splinter the health unions by not engaging with all of them at the same time. We have also seen how they are trying to stifle the role of trade unions by making it harder for them to* *take action when it is required.*  *A more political approach would better reflect member views and allow the CSP to play a more vocal part in influencing the future of our healthcare system, and on other issues faced by the profession.*  *Conference is therefore calling on the CSP to:*   1. *interpret “**non partisan” as meaning that we will not affiliate to a political party, rather than having a wider implication such as not publicly criticising or praising individual parties* 2. *publicly challenge political parties where their policies are detrimental to CSP members or their patients* 3. *take appropriate steps to ensure that the CSP can legally campaign on issues of concern to members, including potentially establishing a political fund* 4. *continue to lobby governments in power and political parties to be supportive of public sector trade unions and to highlight the benefits of partnership working with unions* 5. *continue to campaign alongside other trade unions to attempt to address and rebalance pay throughout the UK.*   *Conference further calls on Council to make a statement of no confidence in the Conservative Party and call for a general election now.*  **National Group of Regional Stewards - / Regional Stewards West Midlands / Regional Stewards Mersey, Cheshire & Isle of Mann** |
| ***Council response***  Council understands the concerns members have about the current political situation in the UK Parliament. They have considered how best to respond and confirmed the political positioning of the CSP in the context of the upcoming UK general election.  Council noted that we can and do campaign and lobby on, issues of importance to the profession, members and patients already. Council therefore decided that it was not necessary at this time to seek to create a political fund at this stage.  However, Council did agree that in some circumstances a more challenging tone to politicians and parties may be appropriate on a case by case basis. In agreeing the new Communication and Engagement Strategy Council also recognised that a bolder voice may be appropriate on some issues. In effect these changes reflect points 1 and 2 in the motion. Points 4 and 5 are already part of the CSP political engagement approach.  The further proposals to issue a statement of no confidence in the Conservative party and call for an early election is not something the Council has decided to do at this stage. Realistically such a call by the CSP alone is unlikely to have any political impact |
| **Motion 18** |
| *In 2004 agenda for change was applied across the NHS to harmonise NHS terms and conditions away from Whitley and trust contracts. Job profile and Knowledge and skills framework were introduced as a means of allowing a simpler comparison of core skills across professions and trades. The promise of Knowledge and skills framework has been forgotten and the number of core profile is expanding, job matching training is no longer done by a central training cadre, and job matching has been left to local interpretation of national guidelines and private companies.*  *We are developing increasingly complex job roles as the NHS develops new technologies and ways of working however the job matching process is now lacking integrity and can hinder and limit progress.*  *Conference calls upon the CSP to collaborate with other NHS unions review the job matching process is still fit for purpose and or determine if it is being applied consistently and fairly across the NHS.*  ***Regional Stewards –*** ***North East*** |
| ***Council response***  The CSP and other Health Unions have been raising a number of issues with the Job Evaluation Scheme for some time through the Job Evaluation Group (JEG), which is a sub-group of the NHS Staff Council.  The lack of capacity in the system to deliver a robust job matching process locally across all employers has been raised consistently. Work has been undertaken with NHS employers to support the process, but it is recognised that more needs to be done. As part of the JEG workplan there is a proposal to review job evaluation practices in NHS Trusts in England and it is hoped that participation will be mandatory to ensure the review is fully supported.  In addition, the CSP supports the re-introduction of a system that would allow consistency checking across employers, thereby supporting a fairer application.  The pay agreement reached for 2023/24 including a range of non-pay issues that would be taken forward in addition to pay. One of these areas was to look at job evaluation. In particular to consider how the work to maintain and update national Job profiles undertaken by the JEG can be applied fairly and appropriately to aid career development of the NHS workforce. The CSP will continue to input to this. |
| **B.3** Support more chartered and associate members to fulfil their career potential (EDB1&4) |
| **Motion 13** |
| *Conference asks that the CSP establishes a program of work with health education institutes to ensure associate members have access to practice education training to recognise their role and develop in line with learning objectives outlined in the common place assessment form (CPAF) framework.*  *This will not only help associate members develop within their roles, but also learn the most up to date Physiotherapy practice that is being taught in universities. This could also help with ensuring students have access to placements they need to fulfil their academic year.*  *Physiotherapy students will also gain a greater understanding on the role of the Physiotherapy support worker. This will be essential if they move to become registered members of staff in future. They will have knowledge on what can be delegated to Support staff and therefore utilise the skills of support workers to meet the best patient centred care.*  **Associates Network** |
| ***Council response***  Support workers can make a valuable contribution to pre-registration students’ practice-based learning and provide an enriched experience for learners.  We have developed resources around the role of the support workforce in practice-based learning: [The role of the support workforce in practice-based learning | The Chartered Society of Physiotherapy (csp.org.uk)](https://www.csp.org.uk/professional-clinical/practice-based-learning/role-support-workforce-practice-based-learning)  There is also a CSP published Practice team Guidance for the Common Placement Assessment Form. The decision about who to put forward from their staff for practice education training (which is usually provided by the HEI (Health Education Institutes) is locally determined.  The CSP have developed e-bite resources to promote and educate on the role of the support workforce as part of pre-registration training. This resource is freely available for HEIs.  We are seeing more HEIs providing bespoke practice educator training for support workers. The CSP would be happy to share best practice on this area of work. |
| ***Motion 22*** |
| *This conference is gravely concerned about the workforce requirements in Northern Ireland. Whilst training places have increased in recent years, they are still not sufficient to meet the workforce needs. With more than 1 in 7 physiotherapy posts vacant and some of the longest waiting times in Europe, Physiotherapy in Northern Ireland is coming to a recruitment crisis point.*  *Many Northern Ireland students will go to universities in The Republic of Ireland to train but find returning to Northern Ireland to work very difficult due to a complicated and costly Health Care Professionals Council process. With the relocation of the Physiotherapy Undergraduate programme away from Belfast and closer to the border, this is becoming more of an issue. The Health Care Professional Council registration is a lengthy and costly process for new graduates who cannot work without registration. Some students have reported the process taking over 6 months to complete.*  *This conference calls for the CSP to:*  *Work closely with the Health Care Professional Council and other Allied Health Professionals to simplify the costly registration process for graduates from Republic of Ireland who wish to return to work in Northern  Ireland and help reduce the recruitment crisis.*  ***Regional Stewards – Northern Ireland*** |
| ***Council response***  The CSP works closely with the HCPC (Health and Care Professions Council) and consistently lobbies for improvements in their service, particularly in the processing of international applications.  The number of international applications has recently spiked to over 50% of its usual intake. This has placed pressure on the HCPC to deliver within their current time frames (of around 3 months).  The CSP will continue to lobby the HCPC both independently and as part of the Allied Health Professions Federation (AHPF) to ensure the HCPC are held to account for their service to members, in Northern Ireland and more across the UK.  We do have 'case by case' discussions with the HCPC for those incidences that are taking a particularly long time. |
| ***Motion 23*** |
| *Conference welcomes the opportunities and development for learners and students to participate in Leadership placements, nationally developing our future workforce.*  *However, there is anecdotal evidence where students have arrived on placements not having received adequate preparation/ understanding their placement objectives, nor appear to have had pre-preparation to understand leadership, Quality improvement roles.... and the environment/landscape.*  *This can be especially so of 1st or 2nd placement students.*  *Conference calls on the CSP to work with HEI's and student reference groups to develop frameworks/guidance to HEIs and Workplaces to increase understanding / ensure adequate pre-learning / This will then inform the expectations of the student in such a placement*  **North West Regional Network** |
| ***Council response***  More Health Education Institutes (HEIs) recently (re) accredited are incorporating leadership within their programmes at an earlier stage and 'threading' leadership theory within other modules. Preparation for practice (within HEI) should include learning across all four pillars of professional practice.    Effective communication between placement and HEI is key to enabling students to prepare adequately. We would encourage placement providers to use available quality assurance mechanisms to ensure feedback is taken onboard by the HEI and a collaborative approach is taken in the co-production of pre-placement resources. There is the potential for the CSP to consider our role in guiding curriculum content and this will be through the Transforming Quality in Physiotherapy Education project planned for next year which intends to:   * Provide evidence from a range of stakeholders involved in pre-registration education to:   + Understand the value of CSP accreditation   + Identify the factors to be considered within course design & delivery to meet accreditation thresholds   + Identify key factors that contribute to quality in physiotherapy education   This will inform a refresh of the CSP Learning and Development Principles which will reflect the four pillars of practice across programme design, teaching and learning approaches, practice based learning and evolving models of practice. |
| ***Motion 27*** |
| *This Conference requests that the CSP campaign for learning on the physiotherapy management of people with a learning disability and the role of specialist learning disability physiotherapists to be included in physiotherapy BSc and MSc curriculums.*  *Community learning disability physiotherapy teams are facing significant challenges with recruitment and retention. This is exacerbated by a lack of awareness about the specialist area amongst physiotherapy students.*  *The Association of Chartered Physiotherapists working with People with a Learning Disability (**ACPPLD) is aware that the inclusion of learning on the physiotherapy management of people with a learning disability is inconsistent across the UK. As a result, a proportion of physiotherapy students qualify without an awareness of the role of the specialist learning disability physiotherapist; the physiotherapy needs of people with a learning disability; or the legal duty to make reasonable adjustments according to the Equality Act 2010 to ensure that physiotherapy services are accessible.*  *The benefits of training would be twofold. 1. Increased physiotherapy students entering the workforce with an awareness and interest in working in the specialist learning disability services. 2. Increases awareness of the physiotherapy needs of people with a learning disability which will help reduce risk of health inequalities when they access mainstream physiotherapy services.*  **Professional Networks - ACPPLD** |
| ***Council response***  This motion raises important issues pertaining to workforce supply in this specialist field. Whilst the CSP does not prescribe specific requirements/content for pre-registration programmes we do support the inclusion of population health approaches to curriculum design which includes workingwith people living with a learning disability and the role of specialist learning disability physiotherapists.  There is the potential for the CSP to consider our role in guiding curriculum content and this will be through the Transforming Quality in Physiotherapy Education project planned for next year which intends to   * Provide evidence from a range of stakeholders involved in pre-registration education to:   + Understand the value of CSP accreditation   + Identify the factors to be considered within course design & delivery to meet accreditation thresholds   + Identify key factors that contribute to quality in physiotherapy education * This will inform a refresh of the CSP Learning and Development Principles which all accredited programmes are required to meet.   Furthermore, specific resources pertaining to working with people living with a learning disability, the CSP would be happy to share via our HEI communication channels. |
| ***Motion 35*** |
| *Aquatic Physiotherapy is vital in optimising the function, independence and quality of life for many patients with complex and long-term conditions.*  *Conference asks CSP Council to promote the inclusion of aquatic physiotherapy training (through the lens of ATACP professional network resources) as part of pre-registration study* *in order to enhance the future workforce’s knowledge, skills and safe practice; developing a workforce who can effectively provide, promote and safeguard Aquatic Physiotherapy practice for the future.*  ***Professional Networks - ATACP*** |
| ***Council response***  This motion raises important issues pertaining to workforce supply in this specialist field. Whilst the CSP does not prescribe specific requirements/content for pre-registration programmes we do support the inclusion of holistic, patient centred approaches to workingwith people living with complex and long-term conditions within curriculum design.  There is the potential for the CSP to consider our role in guiding curriculum content and this will be through the Transforming Quality in Physiotherapy Education project planned for next year which intends to:   * Provide evidence from a range of stakeholders involved in pre-registration education to:   + Understand the value of CSP accreditation   + Identify the factors to be considered within course design & delivery to meet accreditation thresholds~~.~~   + Identify key factors that contribute to quality in physiotherapy education * This will inform a refresh of the CSP Learning and Development Principles which all accredited programmes are required to meet.   Furthermore, the CSP would be happy to share ATACP resources via our HEI communication channels. |

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| **Aim C. Establish a** c**onfident 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 3** |
| *This motion calls on our CSP council to formally recognise the work done by individual members within professional and regional networks and the country boards make that ensures that our CSP delivers for our members. This motion requests that CSP Council creates an annual award category for outstanding individual contributions to country boards, professional and regional networks to be presented at* *ARC 2024 and beyond.*  *Conference will agree that our networks and country boards deliver for our members from our membership and contribute to the drive, passion and success of member led organisation that brings us here to Conference today.*  ***West Midlands Regional Network*** |
| ***Draft response based on staff advice and possible options***  The establishment of awards for networks and member volunteers is covered within the CSP engagement strategic guidance.  These awards are scheduled to be launched in the latter part of 2023. The new awards are designed to recognise both individual volunteer contributions all year-round basis and to celebrate best practice through higher profile annual awards. The first awards are also due to be highlighted at the AGM in December 2023. |
| ***Motion 20*** |
| *This motion calls on our CSP council to recognise the contribution that Physiotherapists recruited from outside the UK bring to us all. This motion requests specifically that the CSP act immediately to extend a welcome through providing all HCPC registered Physiotherapists recruited internationally taking up employment as Physiotherapists in the UK for the first time with the first three months CSP membership free of charge.*  *The knowledge and pastoral support that we can share with our new colleagues is immense.*  *Conference will agree that Physiotherapists recruited from overseas are a much needed, valued, and respected addition to our profession. Many Physiotherapists recruited from overseas do not join the CSP upon arrival, this can be due to the expense and upheaval of relocation and making a home in the UK or because of lack of awareness on the benefits of joining the CSP.*  *This initial time is often when membership of the CSP could help them the most with the access to the support mechanisms of fellow members, networks and CSP staff.*  ***West Midlands Regional Network*** |
| ***Council response***  There has been a rapid recent increase in the number of internationally qualified physiotherapists joining the HCPC register – approximately 5,000 new registrants in the last twelve months.  The CSP is currently building their understanding of the situations and needs of the new registrants to inform how CSP membership can be promoted to them.  As part of this, the CSP is assessing the potential impact (financial as well as equity, diversity and belonging) of offering some sort of membership subscription discount. Council will be asked to advise on any options that appear to be viable. |
| ***Motion 29*** |
| *The transition from being a student to a Band 5 can be difficult to navigate and can be made easier through membership of the CSP and the workplace benefits that accompany that. However, anecdotally the numbers of Band 5s joining the CSP upon graduation is reducing, and this* *appears to be reflected in all regions across the country. There is concern about this drop in membership numbers and the potential impact for the profession moving forwards.*  *Nonetheless, for CSP membership at this level to be improved students require CSP education sessions during their training to enhance their understanding.*  *Currently, there is variation in the approach to educating students on the benefits of membership of the trade union and breadth of what CSP membership offers. We acknowledge that interaction between the universities and the CSP was affected by the pandemic and does not appear to have recovered.*  *This conference therefore calls upon the CSP to*   * *Introduce a structured informative session on CSP membership for all physiotherapy university degree courses, to each year led by a Full Time Officer or CSP organiser.* * *Make this session a requirement for CSP validation of the degree course.*   ***National group of regional stewards – Southeast Coast*** |
| ***Council response***  The CSP has a well established programme of recruitment and engagement visits to students on CSP-accredited courses. These engagement visits focus on the value of CSP membership and involvement, both while studying and when moving into the workplace.   While the CSP cannot insist on Health Education Institutes (HEIs) hosting a visit, in 2022/23, the CSP has reached 95% of first year programmes (72% of them in person). The CSP also visits final year cohorts, though historically our reach hasn't been as full as for first years. We are also targeting more extensive coverage and more consistent messaging for the final year visits in 2024. As there is limited capacity of CSP staff that it would not be achievable to visit students that attend CSP accredited courses every year.    A review and update of presentation material is undertaken annually for relevance and effectiveness based on insight from student members, and where possible non-members.    The reintroduction of student course reps in autumn 2023 is expected to build on the effectiveness of these visits, while also increasing CSP visibility, strengthening our insight, and developing future activists.    We will also be mapping the quality of our engagement with HEI staff to inform more targeted relationship building, to support stronger connections with CSP. |
| ***Motion 32*** |
| *A few in this conference have been extremely impressed with the CSP library provision that is available to members. The service has been able to provide access to journals, literature searches and books to support members with research and higher-level studies including* *Masters and* *PhD’s, but is not known to many members. On a very basic survey only 1 out of 10 members were aware of the library service and what it could offer.*  *The conference therefore calls on the CSP to highlight the library, raise awareness and improve access to this amazing resource.*  ***South Central Regional Network*** |
| ***Council response***  Thank you for highlighting the benefits of the CSP library provision. We base the promotion of benefits on members' existing awareness of what we offer and the value they tell us they get from having each of the benefits.    We gather this insight from market research, with around 6,000 members feeding back to us each year. This helps us plan which benefits to promote to each member group.    In the case of our online library services, we know that awareness is already relatively high. In December 2022, 72% of 2,300 survey respondents told us they knew about the services and 39% of them had use the services in the last 12 months. Awareness with students was better still, at 83%. That fits with the balance of our existing promotion of the library services, where we put extra focus on students knowing about them.    We will continue to review the promotional mix regularly so that we make best use of the touchpoints we have with different groups of members, to tell them about what they value the most. |
| **C.4** Enable members to promote physiotherapy as a sustainable healthcare intervention |
| **Motion 11** |
| *Conference recognises the invaluable contribution that CSP workplace stewards make to members lives across the four nations.*  *Having local stewards acting as members first point of contact they offer advice, support and representation on any matter related our members employment.*  *Our representatives support members on a voluntary basis but can access agreed facilities time at work to do so. However, other member activists need to negotiate agreed time off to join CSP committees and workstreams without the right to facilities time with the result that many members stop being involved.*  *The CSP already shows leadership supporting stewards through existing networks and training. However, to encourage stewards and other reps to remain activists when their careers take a different* *path we call on the CSP to:*  *Develop a strand within the mentorship programme to support our representatives to remain active within the CSP as they progress through their career.*  *Highlight the CSP activists’ roles that previous stewards can take on when they change path and how to negotiate time off for such activities with management.*  *Develop case studies to share across our various communication platforms to* *showcase examples of such roles.* *E.g. Frontline, Stewards news, CSP website*  **Regional Stewards - Scotland** |
| ***Council response***  Thank you for highlighting the work of stewards and other reps and the importance of those continuing as activists for the CSP. Currently, the right to paid time off and facilities only applies to accredited trade union representatives. Other routes for stewards and other reps to engage continue to be widely publicised to members and this includes being members of country boards, regional networks, diversity networks, committees and Council.    Additional resources are in place that already allow workplace stewards to access the CSP mentoring platform. To make this more accessible a tag for stewards/reps will be included within the platform to make these roles more easily identifiable to support the matching process. |
| ***Motion 34*** |
| *This conference recognises that the NHS became the first health system to embed net zero into legislation, through the Health and Care Act 2022.  The Act requires commissioners and providers of NHS services to address the net zero emissions targets.  Although this will help support the wider NHS, it does not provide specific guidance within Physiotherapy.*  *Therefore, conference calls on the CSP to:*  *a) Create a Green Strategy group to review how Physiotherapy as a profession can become greener whilst not significantly increasing costs for the profession.*  *b) Create a Green Guidance document promoting any strategies identified from the group above to help achieve the wider goal of net zero emissions.*  **Regional Stewards - Mersey, Cheshire & Isle of Mann** |
| ***Council response***  Thank you for highlighting the importance of a green strategy. The CSP strategy was refreshed in 2023 and in late 2022 the CSP, with Council approval, made the decision to de-prioritise certain workstreams for the first year of the strategy. This also included deprioritisation of work linked to the national greener NHS programmes.  The decisions were made on the basis of Council’s view as to the workstreams to pause or slim down. The final decision to deprioritise was made due to the demand for resource within the strategy outstripping capacity. Currently the CSP is assessing the plan against capacity for 2024 and in the event that we have the capacity to progress the workstream there will be activity to assess whether a group, network, community or other mechanism is needed to enable members to promote and deliver sustainable healthcare.  If a new structure is developed as there is capacity to progress this workstream the work of the group would be communicated. |

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| **Not aligned with strategy** |
| **Motion 1** |
| *Conference is extremely concerned about the consequences of the economic experiment carried out last September by the previous Prime Minister and Chancellor, which has led to an exacerbation of the* *cost of living crisis our members are facing.* *Increasing mortgage payments, rising rents, above inflation council tax rises, undemocratic increases in mandatory professional fees. These are just a few of the different financial pressures our members face. However, many members also face additional expenditure in the form of nursery and childcare fees, the cost of which varies significantly even within the same postcode.*  *The consequence is that many members are faced with the choice; either pay a significant sum from their salary to be able to* *work, or reduce their hours to look after their kin themselves, subsequently negatively impacting their careers and the wider workforce. This directly has an impact on the sustainability of our profession and contributes to the increases we are seeing in vacancy rates.*  *We acknowledge the recent announcement by the Government to bring in free childcare for all children, over the age of 9 months by September 2025. However, reassurances are needed to ensure this is fully funded and that providers will not be required to seek top ups from parents, already facing significant day-to-day living costs.*  *Conference calls on the CSP to lobby the government to step up the timetable for the provision of fully funded childcare for all children, regardless of household income.*  **South West (North) and** **South West (South) Regional Networks** |
| ***Council response***  Thank you for raising this important issue. The CSP along with other similar unions are sponsoring a fringe meeting at the Trades Union Congress (TUC) in September 2023. This will be hosted by ‘Gingerbread’ (the charity for single parent families). The cost of childcare will be a major topic for discussion.    There are significant limits to what the CSP can achieve on its own, with effective lobbying of government and influence in this area only possible from working through our broader alliances. It is therefore not recommended that a new separate piece of work on this should be progressed but that we continue to support this important issue through our affiliations.  The CSP will continue to:   1. Make full use of our other relevant solidarity affiliations including Maternity Action. 2. Work on this through the TUC and its conferences. |
| **Motions not passed at ARC** | |
| **Motion 16** | |
| *This conference is keen to ensure that an evidence base is created and further developed, across the UK, specifically to measure the impact of the work of Physiotherapy and Allied Health Professional (AHP) Support Workers. Conference calls on the CSP to work with UK NHS educational bodies such as Higher Education England, Higher Education and Improvement Wales, NHS Education for Scotland and the equivalent in Northern Ireland to develop work on this as a UK initiative.​*  *​*  *Currently there is very little data to show how Allied Health Professional support workers are impacting on the development and improvement of services. For example, it would be good to examine how they are helping to assist to bring down waiting lists and show the huge impact of their work that is not collected nationally as part of routine data collection.​*  *​*  *Conference considers that this is important data which will be invaluable to service analysis across the UK and will help to develop our Physiotherapy and Allied Health Professional Support Workers especially considering the current staffing crisis and the need to retain staff in all parts of the UK.*  ***Country Board - Wales*** | |
| **Motion 30** | |
| *Conference recognises the importance of student representation within the organisation. Although we applaud the efforts of the Chartered Society of Physiotherapy for the creation of the Student Reference Group, the successful motion in 2022 concerning support for students beyond the pandemic highlighted the change in student experience. ​*  *​*  *This was further evidenced in the most recent Annual Quality Review outlining a shift post-pandemic in practice-based learning and models of supervision, meaning physiotherapy is being taught like never before. Moreover, according to the CSP’s 2021 impact report, there are ever-increasing student intake and graduate numbers, and thus an increase in the number of student members which requires better representation within the organisation. ​*  *​*  *Therefore, conference calls on the CSP to consider an elected student representative position on the council and greater investment in its student representation system.*  **Student Network** | |