



## DISCUSSION ITEMS TO BE DISCUSSED AT ARC

**Day 1 session 4 – Discussion Items included on the main agenda and will take a similar format to that of a motion. However, no voting takes place.**

### Allied Health Professional Role

The picture for the NHS is bleak and the plans for improvement surround medicals and nurses. The NHS is still depicted as run by doctors and nurses. This is reinforced in the recent workforce plan that's meant to save the NHS. In the 151 page document physiotherapy is mentioned 4 times. The strike action demonstrated the difficulty in patient flow and rehabilitation without us.

For years they have tried to adapt the model, revolved around Allied Health Professions (AHPs) coming under medical or nursing management. When will we accept Nursing, Midwifery and Allied Health Professions (NMAHP) doesn't work, it doesn't give physiotherapists or AHPs a voice at the table. This doesn't give an understanding of AHP roles or the skillset they have to help rebuild the NHS. The CSP try to raise the profile of physiotherapy within it yet the narrative doesn't change, if anything it is getting worse. A token seat at a table isn't what is needed.

We welcome a discussion at conference today about how we:

- change this narrative long term
- gain an effective voice in NMAHP
- influence governments so AHPs are equally included within the NHS redesign, acknowledging the multiple roles we can play in rebuilding the NHS.

### National Group of Regional Stewards

**Day 2 Session 6 – Discussion Items included on the main agenda and will take a similar format to that of a motion. However, no voting takes place.**

### International recruitment pastoral support

The last 12 months have seen a significant increase in the numbers of international recruits being employed by the NHS within the physiotherapy profession. With this has come a number of challenges both for those coming to work as well as those supporting those individuals. Whilst the NHS International recruitment toolkit has some information around support, the consensus is that staff feel ill-prepared to support international recruits in their transition into the NHS leading to significant impacts on members morale and wellbeing, as well as impacting the retention of international recruits. Factors that appear to be causing the most difficulty are significant cultural differences, as well as fundamental differences in the healthcare model within the UK to their previous workplaces.

We wish to seek further discussion around current practices being carried out across the county with relation to international recruitment especially with relation to pastoral support



and early-stage transition into the UK Health Care System with an aim to inform best practice.

[Regional Stewards – London South](#)