



CSP
annual
representative
conference

MIDLAND HOTEL
Manchester 18 - 19 June

Welcome to ARC 2024

I'm very pleased to welcome you all to the 33rd Annual Representative Conference (ARC) to be held by the Chartered Society of Physiotherapy (CSP). It remains a great honour to host the conference as Chair of Council, and I am looking forward to our return to the Midland Hotel, Manchester.

ARC is one of the most significant events in our calendar as a trade union and professional body, as it creates an essential platform for members to debate key issues impacting the profession. This helps inform Council in its role of setting strategy and policy, alongside holding the organisation to account in delivering for members. The views shared and conclusions drawn by members will assist us in comparing and deciding possible action for the year ahead and beyond.

I am personally looking forward to hearing about the issues that matter to members and connecting with as many colleagues as possible to understand frontline concerns and opportunities.

This year's agenda covers a broad range of topics, including matters related to:

pay and terms and conditions, equality, diversity and belonging, international conflict, environmental sustainability, and much more. I'm looking forward to robust, empathetic, and respectful debate on all these items.

Council members will be present and visible

throughout the two days of the conference and are looking forward to meeting members from all corners of the profession. Please use this opportunity to say hello and speak to us about the things you feel it is important for us to know.

ARC would not be possible without the efforts of the ARC agenda committee volunteers and CSP staff. All involved have worked diligently to ensure this event is a success, by maintaining the traditions of ARC whilst also implementing new ways of delivering the event.

This year will see the main debate of motions be accompanied by discussion items, fringe sessions and two external speakers. This follows the success of the prior two years where a similar mix of session was well received. We have also continued to look for opportunities to improve accessibility and the overall experience of the event.

Given the ongoing challenges and complexities of all our work and study environments, I'm reminded of the commitment shown by delegates in making the time to prepare for and participate in this year's conference. Thank you for all your efforts.

I hope you enjoy ARC 2024.

Ishmael Beckford
Chair of Council



Agenda

TUESDAY 18 JUNE

Time	Event	Room
08:30 – 11:00	Tea & Coffee available	Auden Way/Alexandra Foyer
10:00 – 10:50	Registration & Badge Collection	Midland Hotel Foyer
11:00 – 11:35	Session 1: Conference Day 1 opening	Alexandra Suite
	<ul style="list-style-type: none"> • Welcome address • Report of Agenda Committee – to accept • ARC Constitution – to approve • Council Report – to accept • Elections to the Agenda Committee – Nominations close at 16:00 • Miners Strike 40th Anniversary Presentation 	
11:35 – 12:30	Session 2: Motions	Alexandra Suite
12:30 – 13:30	Lunch / Networking	Mount Street Restaurant
12:35 – 13:20	Fringe Meetings	
	<ul style="list-style-type: none"> • Engaging the support workforce – Associates Network • Understanding and exploring the CSPs position of neutrality in politics – West Midlands Network • Reasonable Adjustments in the workplace: it's everyone's business - ACPOHE and DisAbility network with Access To Work 	Chester Room Trafford Suite Derby Room
13:30 – 14:15	Session 3:	Alexandra Suite
	Speaker - Jemima Olchawski, CEO, Fawcett Society	
14:15 – 15:35	Council Statement and Motions - Israel / Gaza	
15:35 – 16:00	Refreshment break	Rear of Alexandra Suite
	Room key collection (if applicable) and nominations for ARC Agenda Committee close at 16:00	

16:00 – 17:15	Session 4: FCP Motions	Alexandra Suite
17:15	Closing of Day 1	
18:45 – 19:45	Networking Reception	Midland Hotel foyer
19:45 – 21:30	ARC Dinner & Rep of the Year Awards (2100)	Alexandra Suite
21:30	Social	Alexandra Suite

WEDNESDAY 19 JUNE

Time	Event	Room
09:00 – 09:05	Conference Day 2 opening	Alexandra Suite
	ARC Agenda Committee Result	
09:05 – 10:35	Session 5: Motions	Alexandra Suite
10:35 – 11:00	Refreshment break	Rear of Alexandra Suite
11:00 – 12:30	Session 6	
	Equity, Diversity and Belonging Motions and Health and Wellbeing Motions	Alexandra Suite
12:30 – 13:30	Lunch / Networking	Mount Street Restaurant
12:35 – 13:20	Fringe Meetings	
	<ul style="list-style-type: none"> • Shaping the workplace, Shaping Physiotherapy – National Group of Regional Stewards & Safety Reps • Legislation reform for Veterinary Physiotherapy Industry and the implications for Chartered Physiotherapists – ACPAT • “small p” politics - are you politically engaged? - Scottish Stewards 	Derby Room Chester Room Trafford Suite
13:30 – 14:30	Session 7: Motions	Alexandra Suite
14:30 – 14:45	Refreshment break	Rear of Alexandra Suite
14:45 – 15:30	Speaker – Ricky Tomlinson, Actor and active trade unionist	Alexandra Suite
15:30 – 16:00	CEO address	
	Chair Address	Alexandra Suite
16:00	Closing of Conference	

A quick guide to debating motions at ARC

A motion can only be introduced by a representative of the proposing group. A combined motion can be introduced by a representative of any of the proposing groups. If the proposer does not speak when called by the Chair the motion will not be considered, and will be lost.

The proposer will have up to 3 minutes to propose the motion. The Chair then opens up the debate and other representatives are invited to speak for or against the motion, each speaking for a maximum of 2 minutes.

These time restrictions may be varied at the discretion of the ARC Agenda Committee. Please note – there is no requirement for motions to be seconded.

All speakers must tell ARC their name and the group they represent. Speakers must restrict comments to the issue under discussion. All speakers must use appropriate and respectful language at all times. Any discriminatory or abusive remarks will not be tolerated.

The proposer has a right of reply at the end of the debate if the motion has been opposed, for a maximum of 1 minute. Again, this time restriction may be varied at the discretion of the ARC Agenda Committee. Other representatives may only speak once per motion.

Timing of debate

The timing of the debates can be varied at the discretion of the Agenda Committee, and this will happen throughout ARC to allow a full range of motions to be debated. So, from time to time proposers and speakers will be informed that they have shorter periods for speaking.

Matters for discussion

At ARC this year representatives had the option to submit discussion items. Two discussion items have been included on the main ARC agenda and provide an opportunity for representatives to discuss and debate on matters of importance to them. The discussion items will be dealt with in a very similar way to motions. They will be introduced by a representative of the submitting group who will have up to 3 minutes to introduce the item. The Chair then opens up the debate and other representatives are invited to speak on the item, each speaking for a maximum of 2 minutes. Again, the time restrictions may be varied at the discretion of the ARC Agenda Committee and all speakers must tell ARC their name and the group they represent. Unlike the debate on motions, a representative may speak more than once at the discretion of the Chair.

The submitting group has a right to summarise at the end of the discussion for a maximum of 1 minute. As these are matters for discussion and not motions no voting will take place on these items.

Procedural motion to close a debate

Sometimes a representative may feel that debate is becoming repetitive or missing the point, or they may just want to gain time for a debate on another issue and therefore want to move the proceedings on. If so, they may propose ‘that the vote be now taken’.

A vote is first taken on whether ‘the vote be now taken’. If the procedure motion is carried, the proposer of the motion may exercise the right to reply, but no other speeches are allowed, and the vote on the motion is then taken. If the procedural motion fails, the debate will continue as before.

Before the ARC review in 2019 the ARC Standing Orders allowed for a procedural motion to ‘remit an item to Council’. If this procedural motion was passed, there was no vote on the motion itself, so it was not passed. The motion went to Council as a remitted motion, and Council could choose whether it wished to provide a response to it. Following the ARC review the Standing Orders were combined with the ARC constitution, and the option of remitting a motion was no longer included. Nevertheless, the possibility of remitting a motion continued to be offered to representatives at ARC. There was debate at ARC 2023 on the impact of remitting

a motion, and no motions were remitted. The ARC Agenda Committee therefore considered this type of procedural motion. It concluded that given the lack of clarity on the purpose of remitting a motion; and the fact that this option is not included in the ARC constitution, ‘remitting an item to Council’ will not be available as an option at future ARCs.

Amendments and Emergency Motions arising after the Conference booklet went to print will be provided separately to delegates at ARC. Note, emergency motions may impact on the order of motions set out below.

CSP annual representative conference

Motions to be debated at ARC

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

Discussion and Workshop Items have also been included and are not voted on at ARC.

DAY 1 Session 2 Motions (estimated time only)

Motion 1

ARC process

The lack of transparency in assessing resolutions passed at ARC, especially those suggesting new directions for Corporate Strategy, undermines

the democratic process within our member-led organisation, stifling diverse perspectives. Despite a constitutional mandate, ARC resolutions are not mandatory, with previously less than 20% advancing and only 2 influencing policy.

This deficiency denies acknowledgment of members’ votes, necessitating a thorough reassessment of processes establishing a more effective democratic system. Failure to address this divide between member voices and CSP decisions exacerbates the problem.

Questions persist regarding the efficacy of ARC, CSP networks, and committees in empowering members to address pressing issues, translating into tangible actions.

We urgently call upon Council and the Chief Executive to:

1. Initiate an immediate review of how ARC resolutions are handled.

Please note amendments and emergency motions will be provided separately to representatives.

Ensuring all, especially those passed unanimously, are considered with avenues & funds available translating into tangible actions.

2. Enhance potential for members to influence change by establishing mechanisms for accountability, including soliciting feedback at various decision-making stages providing regular opportunities for meaningful engagement and resolution.
3. Actively seek and consider diverse member perspectives in policy decisions affecting their sense of belonging.
4. Explore new methods to improve member engagement, provide workstream updates and member's satisfaction.

ACPIN – Professional Networks, Regional Stewards – North West

Motion 2 Sustainability

This Conference continues to be extremely concerned about the impacts of climate change on patient health, the physiotherapy profession's ability to respond appropriately to climate change, and the impact of the health service on the environment.

In 2022 the CSP declared a climate emergency and introduced sustainability workstreams within CSP strategy, however these were disappointingly de-prioritised in 2023. Conference is concerned this is not a proportional response to the threat of global heating on patient health and the health system's ability to continue to deliver effective healthcare.

Therefore Conference requests Council to reconsider their decision to de-prioritise sustainability workstreams and deliver on the following actions:

1. Demonstrate leadership on, and commitment to, the sustainability agenda by co-developing with expert members a sustainability strategy and action plan for the profession detailing all sustainability workstream content including timelines. Crucially this would bring the CSP into line with other AHP professions including the RCOT and BDA (British Dietetic Association).
2. Create an Environmental Physiotherapy professional network to support and encourage member led, local action on climate change.
3. Become a supporting organisation of the Environmental Physiotherapy Association's EPT Agenda 2027, joining physiotherapy professional bodies from other nations in supporting sustainability education for all physiotherapy pre-registration learners.

Regional Network – Yorkshire and the Humber, Regional Network - South West, Professional Network – APCP, Professional Network - ADAPT

Motion 3

General election voting system

Conference recognises that this is a general election year. The voting system currently used is the first past the post system (FPTP). At the last general election, the British people were not accurately represented according to their votes. FPTP means that people who vote for candidates who don't get elected aren't represented at all.

But votes that stack up for winning candidates don't make a difference either. Once a candidate has enough votes to win, any extra doesn't make them win more. These two groups of voters

combined made up 70% of voters in 2019. Over 22 million people voted yet had no influence on the outcome. This means issues the voters care about can be easily tossed aside, to be only dealt with when they are too much to ignore. One of the solutions to a FPTP system is to use proportional representation (PR). PR results in a fairer, more proportional voting system that makes seats match votes – and means no one's voice is ignored.

Conference calls on council to lobby all political parties to move towards a fairer voting system for this country and include the single transferable vote PR in their manifesto's for the 2024 general election.

Regional Stewards - Mersey, Cheshire & Isle of Man

Motion 4

CSP plus

The CSP has a core membership of 65,000 made up of Physiotherapists, support workers and students. There are many benefits to being a member of CSP including - Protection at work with PLI, Professional development with CPD resources, Advice and support, engagement with communities and networks and money saving through CSP Plus.

CSP Plus is a member only scheme of discounts and offers, designed to support members in both professional and personal lives. Members can take advantage of money saving discounts as listed on the CSP Plus website, requiring an account creation that opens up available offers.

These discounts look favourable and of interest, however, if you are a member in Northern Ireland, the phrase "not available in Northern Ireland" is

more commonly seen. To attract members and sell the benefits of being a CSP member, CSP Plus makes it very frustrating when options are not available to members in Northern Ireland and no alternatives are given.

This conference calls for CSP to challenge CSP Plus to be more inclusive for members in Northern Ireland and open partnerships with local businesses to provide equivalent discounts and make CSP membership attractive for potential new members and retention of current membership.

Regional Stewards – Northern Ireland

Motion 5

CSP subscription charges

Conference is aware of the ongoing financial pressure facing our members and the impact of this on our personal and professional lives. According to the CSP, 70% of our membership work within the NHS and the fight continues for a meaningful pay rise to reflect the hard work of our members.

The tough decision made by members to take industrial action, for the first time in our history, showed progress but there is still a long way to go. Whilst the 2023/24 pay award was a 5% increase, this was only on average and left many members still facing rising costs and increasing financial pressure.

Whilst conference acknowledges this cost-of-living crisis extends to running costs impacting on how the CSP functions, we ask the CSP to commit to capping any future subscriptions increases at no more than the average pay increase for NHS staff. This would be a show of solidarity to all our members who

Please note
amendments and emergency motions will be provided separately to representatives.

have continued to provide vital rehab services in the most difficult situations.

Furthermore, we ask the CSP to consider a restructure of future increases to align with 1st April instead of 1st January, where many members already feel stretched following the Christmas period.

Regional Stewards – South West (North)

Motion 6

CSP funds

Conference welcomes the decision of the CSP to sell their previous head office at Bedford Row. This shows a willingness to adapt to the post-covid landscape and the new work of hybrid working, and this was a decision which will benefit members of our organisation.

On 17th January 2024, it was announced that the sale had been finalised for the total of £7.3million. The statement goes on to say, “the sale frees up some of CSP’s fixed assets which will be invested to generate future returns and serve members now, and in the future”.

Today, we ask the CSP for full transparency and specific guidance of how they plan to invest this large sum of money, to ensure members have confidence that the money is being used for the benefit of the entire CSP membership. For example, will this money be used to freeze subscriptions for members, be ringfenced for specific research projects or provide a focus on one of the CSP main objectives in their strategy?

Regional Stewards – South West (North)

Motion 7

CSP tiered membership subscriptions

Conference, in this cost-of-living crisis it is becoming less and less affordable for those who work part time or in a junior role on a lower salary to pay our subscription fees. It is disproportionate they pay the same as those who work full time or are on higher salaries. We believe this is having a detrimental effect on member recruitment and retention in these groups. Other unions successfully use a tiered system of members subscriptions based on salary. Conference calls on the CSP to review our membership data and consider implementation of a fairer salary tiered membership subscription.

Regional Stewards – East Midlands

Motion 8

CSP stewards and safety reps

This conference is concerned that the CSP is not doing enough to support and retain our representatives once trained. According to the 2023 stewards and safety representatives report, we lost almost 1 in 3 of our safety representatives and 1 in 4 of our stewards in 2023. Retraining is costly, and under representation severely hampers the CSP’s ability to meet its corporate strategy. Representatives are volunteers and the local voice, and many go above and beyond in their own time for members. Conference calls on the CSP to be more bold its retention by exploring and implementing measures that make roles more attractive, increase belonging, and to do more to support and recognize that we value our representatives in what they do.

We would like the CSP to consider implementation of the following:

- A. A reduced member subscription fees for representatives
- B. CSP branded attire for representatives
- C. Explore how we retain representatives when changing roles
- D. Review the quality of current support package for representatives
- E. Hold stay conversations with senior negotiating officers or local organizer’s when people indicate they want to step down
- F. Review the leaving survey questions about retention.

Regional Stewards – East Midlands

Motion 9

CSP political stance

The CSP 2023-2027 strategy, describes being “politically engaged but non-partisan”. But what does that mean?

It is impossible to remove physiotherapy from politics. The National Health Service, workplace terms and conditions and pay are political discussions, and engaging in these is an essential CSP role. But does the CSPs political engagement extend beyond the confines of healthcare - and should it? This is a question often raised by members to workplace activists.

As trade union activists, we believe this is essential.

Do CSP members understand the similarities and differences between being apolitical, politically neutral, non-partisan, politically engaged, politically active and political? As we move towards a general election, understanding

these terms, and the CSPs strategic stance becomes even more essential.

Conference ask the CSP to:

Explain their political stance as defined within strategy to wider membership

- Assist members to understand this stance in wider political context
- Engage in ongoing activities promoting political education / engagement while maintaining non-partisan position. These may include: creating a political education programme, helping members understand voting processes, promoting critical thinking and how to engage with MPs.
- Promote who CSP organisational affiliates are and why we affiliate with them, with members through a range of communication methods.

National Group of Regional Stewards

Motion 10

Strike fund

This conference is concerned about the lack of financial support for members who participate in industrial action and the impact on retention of members in Northern Ireland. The most asked question following the recent strike action was around strike payments. Many CSP members were witness to other unions advising their members to apply for strike payment, however, CSP was unable to offer the same compensation as it does not have a strike fund and unfortunately we experienced a loss of members to other unions with this cited as one of the reasons.

To retain members and promote participation in any future strike

Please note
amendments and emergency motions will be provided separately to representatives.

action, it is vital to consider a strike payment to reimburse members who take part in industrial action and limit any further financial hardship. Payment from a strike fund can be used as leverage when discussing potential industrial action and encourage more members to take part.

This conference calls for council to reconsider the previous decision on not having a strike fund and instead to explore how to set some money aside and invest it to create a strike fund. This will aid in the retention of members when any industrial action by CSP members is planned alongside other unions who do have a strike fund.

Regional Stewards – Northern Ireland

DAY 1 Session 3 Gaza / Israel Motions (allocated specific time on agenda)

Motion 11

CSP position on international conflicts

Conference is extremely concerned about the humanitarian and healthcare crisis occurring in the Middle East and its devastating impact on children, families and healthcare professionals.

Over 326 healthcare professionals (including many physiotherapists) have been killed. Additionally, Euro-Med Human rights monitor reports an unprecedented 14,350 children killed, 30,000 injured and over 1 million children displaced in Gaza, most of whom are at imminent risk of disease, malnutrition and starvation. Over 1,000 children have had one or both legs amputated, many without anaesthetic or aftercare according to Save the Children. Some paediatric

specialty services in Gaza have also completely stopped including paediatric cancer.

The CSP has 'Equity & Diversity' and 'Public Health' as key aspects within its strategy. Furthermore, it states "preventing ill-health and influencing determinants of health are fundamental to physiotherapy." However, conference is concerned that the CSPs current stance on neutrality in relation to international conflicts does not support public health within oppressed communities in Gaza. We call on the CSP to urgently revise their position in relation to international conflicts and actively engage with members to develop a position that supports the vision of the CSP strategy and aligns with the CSP membership.

Professional Networks - APCP

Motion 12

CSP position on international conflicts and ceasefire

Conference note Councils swift clear statement on the conflict in Ukraine, issued within 24 hours of the invasion, offering solidarity and endorsing the TUC general council statement. In contrast CSP council's statement on the Israeli-Palestinian conflict was issued 12 days after the Hamas attack and subsequent Israeli response. In our opinion, this statement falls short of condemning violence from both sides. It also fails to support the TUC general council statement calling for an immediate 'humanitarian ceasefire'. As a result CSP council offered an updated statement adopting a position of neutrality in all international conflict.

We are deeply concerned with this blanket approach to all international conflict and feel it falls short of demonstrating leadership, and

a social moral conscience as a trade union and member of the TUC. We also note a lack of engagement with the NGRS as trade union representatives in agreeing Councils position.

We call upon the CSP to:

1. Retract their statement of neutrality in all international conflict
2. Affirm support for an immediate humanitarian ceasefire. Acknowledging the loss of life on all sides including the deaths of 36 Physiotherapists in Gaza
3. Approach each international conflict individually, seeking member engagement from trade union and diversity networks.

National Group of Regional Stewards

Motion 13

CSP position on international conflicts

Conference acknowledges that the CSP as part of the global Physiotherapy community endorses World Physiotherapy's statement to stand in unwavering solidarity with families, friends, and colleagues on all sides of the conflict in Israel and Gaza. The CSP supports the need to advocate for a peaceful resolution of the violence to protect the innocent and most vulnerable, and to ensure access to care for all victims.

However conference believes this falls short of many members' expectations and has concerns about the CSP's stated stance of neutrality. We believe that as a trade union (TU), the CSP needs to show stronger solidarity with the UK and international TU movement. The CSP must balance their stated position of neutrality with the strength of feeling identified by its own activists, the broader trade union movement they affiliate

with, and their own strategic position defined as "politically engaged but non-partisan".

Conference asks CSP council:

To show international solidarity with the TU movement, balancing their responsibilities as both a professional body and TU and to endorse the TUC (Trades Union Congress) and sister organisations' statement on this conflict.

Regional Stewards - Scotland

Motion 14

CSP position on international conflicts and ceasefire

ADAPT stands firm in our commitment to Global Health and expresses solidarity with all rehabilitation colleagues globally, especially those caught up in sudden onset disasters, conflict and challenging environments around the world. As healthcare professionals, we have a moral and professional duty to advocate for the right to healthcare including the access to, and delivery of rehabilitation for our patients.

This conference is horrified at the conflict and ongoing humanitarian crisis in the Middle East which has resulted in the loss of physiotherapy colleagues and students, their patients, carers and families. The deliberate suffering of innocent civilians, targeting of hospitals, healthcare staff and the restriction of resources for basic health needs is a clear breach of international humanitarian law (IHL). Following the BMAs clear stance on a ceasefire and protection of all medical personnel we urge the CSP to take a similar stance, especially given the extreme measures already taken by CSP members on this.

Please note
amendments and emergency motions will be provided separately to representatives.

Conference therefore requests the CSP to:

- Make a public statement calling for an immediate ceasefire in the Middle East and for IHL to be upheld.

Professional Networks - ADAPT

Motion 15

CSP position on international conflicts

Conference calls for an immediate and comprehensive review of the CSP stance on neutrality with regards to international conflicts which hold profound moral importance and speak to the anti-oppression ethic of the CSP.

The CSP holds the moral responsibility to give guidance to the membership on how best to uphold our professional ethics in response to emerging national and international events that impact the well-being of both physiotherapists and civilians.

The current Israel/Gaza conflicts is a humanitarian crisis that has led to:

- Over 30,000 deaths, including 36 physiotherapists
- Capture and torture of civilians We remind the CSP of their commitment in the 2023-2027 Corporate Strategy to be “politically engaged but non-partisan”. The conference feels that a position of neutrality on this current conflict reneges on this commitment by refusing to uphold the humanitarian ethics of our healthcare profession and demonstrates political disengagement.

LGBTQIA+ Network

DAY 1 SESSION 4 (allocated specific time on the agenda) First Contact Physiotherapist motions

Motion 16

FCP business case

Conference request that the CSP develops a resource that is designed to aid First Contact Physiotherapists (FCPs) to write business cases for change focused specifically on 30 minute appointments in their individual settings.

30 minute appointments will enable FCPs to approach patients not only holistically but also provide time for opportunistic reviews, helping achieve non-Musculoskeletal related primary care network targets, i.e., weight and diabetes (to name a few), fulfilling the FCPs’ responsibility to be an active part of the wider primary care network team.

This rounded approach will also build patient confidence to self-refer to FCPs thereby reducing GP appointments.

Regional Network – East of England

Motion 17

FCP retention and support

This Conference is concerned about the ongoing support for – and retention of – First Contact Physiotherapists (FCPs). Over 4 years since the Additional Roles Reimbursement Scheme (ARRS) saw funding for FCP increase, much has been done to implement the role and the CSP was integral in the National Evaluation and establishing the 8 Principles of FCP. Principle 1 states FCP

“are integrated within the surrounding MSK system” recommended FCPs be employed by incumbent providers of local NHS MSK services, which was supported by the Royal College of General Practitioners (RCGP). Principle 8 specifies “services will deliver good staff experience”, including adequate supervision and CPD.

With significant variance across the country, are these principles still honoured? To maintain FCP primary care provision, retention of experienced clinical staff following completion of the roadmap is vital, but changes to the GP contract, representing a real-term cut to primary care funding and ongoing uncertainty over ARRS threatens this.

We therefore ask Council to:

- Evaluate the retention of FCP staff and what factors, including model of employment, are impacting on retention.
- Develop resources to support members working in primary care, especially in relation to their pay/terms and conditions which is not governed by wider NHS agreements.

Regional Network – South East Coast, Regional Network – South West (South)

Motion 18

FCP training and funding

This conference calls upon the CSP to lobby the NHS in England and across the UK to ensure that Physiotherapists aspiring to be First Contact Practitioners (FCPs) can continue to access the training and funding required by the FCP roadmap. The move away from the independent portfolio option, inconsistent communication, lack of clarity on recognition, lack of investment, all create system challenges. Outside of England

the situation is not better as there is no roadmap; support is also needed for CSP members in Scotland, Wales, and Northern Ireland.

The progress made by FCPs and their adoption by health systems across the UK has allowed formal pathways and development of future FCP roles to follow a more organised and transparent route. This is not without financial cost to future FCPs - from 1st April 2024 the roadmap to FCP will ensure that people who become FCPs will have a MSc qualification from a Higher Education Institution. It is essential that the provision, structure, and access to these courses is equitable and that CSP members can obtain the financial support they need to fulfil this valuable role in primary care services.

Regional Network – West Midlands

Motion 19

FCP roles

Improving the quality of neurophysiotherapy, translating scientific and technical advances and clinical research into neurological rehabilitation practice enabling patients to reach their full potential for recovery. This meets the CSP strategic objectives of high quality physiotherapy; helping members achieve their full potential and building an influential physiotherapy community.

This Conference requests that the CSP council, staff and Chief executive immediately:

- a. Prioritize efforts in working with stakeholders to increase numbers, recognition and training of Advanced Clinical Practice (ACP) in neurological physiotherapy.
- b. Conduct comprehensive

Please note amendments and emergency motions will be provided separately to

research/data collection evidencing the value, impact, effectiveness and benefit of the role to other healthcare professionals, policymakers, and the public.

- c. Develop targeted advocacy campaigns to increase awareness and visibility of these specialized roles among healthcare professionals, policymakers, and the public.
- d. Advocate for the inclusion of ACP roles in neurological physiotherapy within healthcare systems and policies, ensuring recognition and support for these specialized roles.

Professional Network - ACPIN

Motion 20

International recruitment AHP roles

This conference demands immediate action to address the difficulties faced by international recruits in the field of physiotherapy in the UK. Reports suggest that these staff members undergo a lengthy and challenging process to transition into physiotherapy roles in the UK, with little to no support from their prospective employers. Additionally, it is widely reported that these individuals struggle to assimilate into a new culture and receive little or no pastoral care.

While the CSP has made progress around Equity, Diversity, and Belonging, this conference strongly believes that more needs to be done in the specific area of international recruitment. Therefore, the conference demands the following:

- 1. The CSP must work alongside other trade union bodies to develop and implement recommendations for minimum standard

support for staff recruited from the international community into AHP roles.

- 2. The CSP must provide comprehensive and easily accessible resources to managers, stewards, members, and prospective members to support internationally recruited individuals working in physiotherapy-related roles to integrate well.

Regional Network – West Midlands

Motion 21

Advance Practitioner roles

Conference applauds the work of the CSP in contributing the NHS (England) Long Term Workforce Plan, which was published in June last year. Out of nearly 50, 000 words 'Physiotherapist' is mentioned only 4 times.

For too long the perception has been that the NHS is only made up of Doctors and Nurses. As a profession Physiotherapists are ready and willing to step up and help improve patient care by developing, for example through Advanced Practitioner roles. Our training and knowledge mean we are uniquely placed to take on these advanced roles.

However, funding that should be spent on this is being diverted towards schemes encouraging the promotion of roles such as Physician Associates (PA). These unregulated roles do not have formally accredited training and are being used to artificially inflate the statistics to mask the failings of 9 Secretaries of State for Health and Social Care (since 2010). Furthermore, they cannot legally prescribe medication or order ionising radiation.

Conference calls on the CSP to:

- Support the British Medical Associations' (BMAs) call for a pause to the expansion of the

- PA programme whilst concerns are addressed
- Seek commitment from Department of Health and Social Care (DHSC) for increased funding to support further expansion of (Physiotherapist) Advanced Practitioner roles.

Regional Stewards – South West (South)

Discussion Item 1

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 1 SESSION 5

Motions (estimated time only)

Motion 22

Job Evaluation Group and physiotherapy profiles

The NHS job evaluation scheme enables physiotherapy jobs to be matched to national profiles based on information from job descriptions and analysis by trained job matchers.

However, Physiotherapy profiles have not been reviewed and updated since the early 2000's. As the transformation of physiotherapy and associate roles continues, members are concerned these profiles are not up to date and representative of today's workforce.

The CSP contributes to the national Job Evaluation Group (JEG) on members' behalf to ensure the scheme continues to be fit for purpose. Conference applauds the scheme and Handbook updates from JEG. However, members are concerned there may be ambiguity within the handbook leading to under or over scoring by panels potentially impacting on banding outcomes and threatening the integrity of the scheme.

Conference asks the CSP to:

- Inform members about the CSP's involvement with JEG and any work ongoing via the society's communication channels.

Please note
amendments and emergency motions will be provided separately to representatives.

- Review Physiotherapy profiles to ensure they reflect members' roles.
- Continue to work with the JEG improving the Handbook factor descriptors.
- Highlight the valuable role members play on matching panels, and promote how these skills can be used in the workplace aiding representative recruitment and retention, and encouraging activists to complete JE training.

Regional Stewards - Scotland

Motion 23

Allied Health Professional band 2 role descriptions

In July 2021 the NHS Staff Council published newly evaluated role descriptions for band 2 Health Care Support Workers. We applaud local campaigns led by Royal Collage of Nurses (RCN) and Unison which have had collective bargaining success to re-evaluate many Health Care Assistants (HCAs) band 2s and uplift to band 3s which has seen significant financial wins for staff including wide-scale re-banding and back pay.

In stark contrast this evidence has been applied inconsistently across NHS England with significant regional differences to Allied Health Profession (AHP) band 2 staff. We are dismayed by this and it needs to be recognised that there will be many band 2 associate members are working at band 3 level.

We therefore ask the CSP to:

1. Identify the extent of the issue for CSP band 2 staff
2. Support members and trade union representatives to challenge inconsistencies between HCA staff uplifted from band 2 to

3 and Physiotherapy support worker band 2 deemed ineligible by trusts across the country

3. Use this campaign as a recruitment tool for physiotherapy support staff in joining the CSP.

Regional Stewards - North East

Motion 24

Job evaluation process support

The job evaluation process was developed 20 years ago as a system to ensure equal pay for equal work across the NHS. 20 years later the application of the process across the country is patchy to say the least, with some Trusts resorting to outsourcing this process to private companies with no partnership working. This is very concerning, and conference asks the CSP to-

- Develop support and advice for stewards to challenge local Job Evaluation practices.
- Develop support and advice for members and stewards to enable them to challenge local job banding results.

This links to the CSP strategic aim to 'Help members achieve their full potential'.

Stewards - South Central

Motion 25

On-call campaign / guidance

The conference calls for immediate action to address the inconsistency in the approach towards respiratory on-call service among different healthcare trusts. In order to facilitate the on-call service, physiotherapists are classified as special case workers, which exempts them from the legal minimum rest period. Most physiotherapists are contracted to work on-call

in addition to their normal working hours, which often leads to an exhausted, overworked, and undervalued physiotherapy workforce. Although compensatory rest is a part of the Agenda for Change, it is not consistently adhered to. This has resulted in vastly different on-call services provided by Allied Health Professional (AHP) professions, leading to complicated local policies. Due to the lack of local guidance, management and members are underutilizing compensatory rest, further exacerbating the already stressful working conditions. It is unacceptable that there is a lack of managerial guidance and implementation of on-call compensatory rest for physiotherapists.

Conference calls on the CSP (Chartered Society of Physiotherapy) to take a firm stance to campaign and increase awareness of on-call compensatory rest among its members, and work assertively with other unions to provide NHS trusts with clarity over pay, compensated rest, and enhanced rates to protect its members' welfare.

Regional Network - West Midlands, Regional Network - London South

Motion 26

On-call guidance

On-call has been a contentious subject for many years, with vastly differing policies, guidelines, pay schemes, and competencies. It has become a postcode lottery determining the definition of 'on-call' between trusts; thus, creating inequitable environments impacting on staff morale and retention.

NHS trusts determine their 'on-call' working locally resulting in contrasting methods for: compensatory rest post call-out, support for on-

call training and on-call pay rates.

Some trusts receive paid protected sleep, whilst others do not. The working time regulations (1998) state that employees should have 11 hours rest between finishing and starting work. What is the guidance for on-call? What is safe? The lack of protected rest time, varying skill levels, and a lack of guidance for 'what is on-call?' is leaving members at risk of unsafe practice.

Training to provide 'on-call' physiotherapy varies and the term 'competent' is ambiguous across trusts. When competencies and expectations differ, the impact on members can cause inequities.

A standardised protocol or platform would enable an equitable basis for teaching physios and ensuring that they have the suitable skillset.

Conference calls on the CSP to support a working group to develop guidance regarding definitions, remuneration, competencies and safe working expectations.

Regional Stewards - South East Coast

Motion 27

Support workers

This conference asks that the CSP explicitly include support workers in their CSP influencing and communications activity on staffing levels and retention in the NHS in all 4 countries.

According to NHS workforce data support workers are leaving the NHS at a higher rate than registered physiotherapists. The projection of growth in the number of support workers in England is expected to be 77% according to the NHS long term plan, however how do we expect to reach this

Please note
amendments and emergency motions will be provided separately to representatives.

number if we are unable to retain our support worker workforce let alone recruit more.

We know that retention requires investment, fair pay, training and development and clear career pathways for our support worker colleagues. Governments must act now.

This conference feels that by explicitly campaigning and influencing government on the matter of support worker retention it will highlight the urgency of this matter and the knock-on effect to patient care and services.

Associates Network

Motion 28

Health and Care Professions Council audit process and CSP member retention

Conference is aware of the need to maintain an up-to-date portfolio to expand members skills, knowledge, and expertise. It is also important to be maintained should a member be selected for HCPC (Health and Care Professions Council) audit. However, conference is concerned about the random selection for HCPC audit.

One example this year has seen a minimum of 23 members selected for HCPC audit who all happen to be from the same university and cohort year. Conference is also aware that these members will also have been qualified 20 years this year. This does not feel like random selection.

Another area of concern is the anecdotal evidence of the pressure our members, some of whom are close to retirement, feel under every 2 years when HCPC renewals are due. Some members have stated that they would rather retire/leave the profession than go through the pressures of the audit process.

Therefore, conference calls on the CSP to:

- Ask the HCPC to release details on how the selection process works and is randomised.
- Investigate if there is any evidence of members seeking to leave the profession if selected for audit, and if there is, increase support through the CSP website.

Regional Stewards – Mersey, Cheshire and Isle of Mann

Motion 29

Private sector business support

More than 10% of the CSP membership across the UK (2023) are made up of private practitioners and sole traders, and many feel that they do not receive equity of access and support given to NHS employed physiotherapists. This conference is aware of the access to ‘Physio First’ where support can be gained but in the current cost of living crisis this means the private practitioners and sole traders are being required to choose between which membership is more beneficial, the CSP or Physio First.

This conference asks the CSP to consider scoping a partnership with a healthcare specific business support firm that is able to offer services such as advice on business development, corporate law, marketing and other aspects of support unique to the private sector that is not within the scope or resource of the CSP but would be of benefit to CSP Members who are independent practitioners.

Regional Network – South Central

Motion 30

Mileage rates

This conference requests that the CSP should campaign alongside other trade unions for an improved national rate of the current mileage rates immediately.

The CSP has previously challenged this, but more pressure needs to be given to help with retention and recruitment of staff working in the community.

Currently under agenda for change mileage rates are 59 pence a mile and then drops to 24 pence per mile. Encouraging changes for health boards to change to the HMRC mileage would be a great start for staff who regularly drive their cars for work purposes.

The current HMRC mileage rates for the first 10,000 miles is set at 45 pence per mile and this was set in 2011. Since this time costs of fuel and general maintenance of cars have greatly increased, alongside the “cost-of-living crisis” and the higher demands for Community Physiotherapy.

Some health boards have changed to the HMRC rate however this still proves to be challenging and further increases to this should be encouraged.

We fear if this is not changed then we risk losing valuable community members who will work elsewhere and difficulties in recruiting staff to this valuable area which will risk patient safety and rehabilitation needs.

Associates Network

Motion 31

CSP website and up to date guidance

Conference, the stewards network welcome the wonderful development of the ‘Find your rep’

tool on the CSP website as an aid to members. We applaud the significant improvements in the section of the CSP website devoted to the diversity networks, alongside the triumph of the industrial action hub. However, we would like to raise attention to the significant amount of old and outdated information and guidance available for stewards and members. As well as lacking in employment relations information resources. We believe this is having a detrimental impact to CSP members achieving their full potential and is impacting stewards’ ability to perform their role. It feeds into a servicing approach to trade unionism rather than embracing the organising approach, where stewards can answer their own queries without constantly seeking advice from full time officers. This can often be due to mis-information or an inability to locate up-to-date and accurate resources.

We call upon the CSP to:

1. Divert significant resources to undertake a review of available trade union information for members and stewards
2. Remove outdated discussions and information from the website and ensure available information is easily found, accurate and up to date.
3. Develop a series of quick reference guides for members on a range of employment relations issues including redundancy, voluntary redundancy, undergoing capability and sickness management etc
4. Commit to a system that will ensure information and guidance available is regularly reviewed and updated.

Regional Stewards – North East, Regional Network – London South

Please note amendments and emergency motions will be provided separately to representatives.

Motion 32

36 hour working week

Conference is aware of the increasing pressures in the workplace, resulting in challenging workloads and additional complex responsibilities. The ever-changing time restraints and growing waiting lists amount to a fundamental difficulty in providing quality physiotherapy and care. We believe that this is directly affecting staff recruitment and retention.

We appreciate the continuing work the CSP is doing to address issues, such as, flexible working, fair pay and, equity diversity inclusion and belonging.

However, there appears to be a growing number of substantive vacancies and reported issues with retention; in what has been historically a competitive area of physiotherapy, and pay is not always the factor.

Our colleagues in Scotland and Wales are investigating the reduction of the working week back to 36 hours without loss of earnings. The 4-day working week programme is being adopted successfully in the private industry. Focusing and highlighting the importance of members work life balance has the potential to help reduce stress and prevent burnout, to future proof our profession.

Conference calls on the CSP:

- To discuss the implementation of a 36-hour working week, without loss of earnings, in conjunction with other unions.
- To seek a change to Agenda for Change Terms and Conditions to achieve this.

Regional Stewards – South East Coast

Motion 33

Preventative Health community services workstream

Health inequalities such as life expectancy, access & quality of services and other socio-economic factors vary across regions. Yet we still expect one healthcare system to meet all the needs. Healthy life expectancy continues to fall, in some areas to less than 60 years old. We need a health service that can improve this, not just one size fits all service only accessible after hospital admission.

The CSP strategy has workstreams addressing integration of First Contact Physiotherapist (FCP) roles in primary care and influencing to achieve equal recognition for rehabilitation. There is no mention of prevention.

Community services need to be more than just MSK and rehabilitation. They need to be preventative and adaptable to local health needs. Only then can we impact declining health statuses and reduce hospital admissions. There are already examples of innovative multidisciplinary team meeting (MDT) one stop shop services improving access to treatment in local communities but this needs to go further and not be postcode dependant.

We call on council to review CSP strategy ensuring greater priority to preventative community services. This would create a specific workstream that explores and develops the creation of neighbourhood community hubs that provide accessible, preventative and adaptable services to meet local health needs, reducing health inequalities.

Regional Stewards – North West

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The Annual Representative Conference returns next year.

Midland Hotel, Manchester



#CSPARC25

Motion 34

Professional steward support for students on placement

Conference notes that there is evidence of reduced band 5 physiotherapists joining the CSP post university. We suggest that active support from workplace stewards can greatly benefit university educators and students when on placement. This would demonstrate the value of CSP membership to student members and help to ensure a fair placement processes and improved band 5 membership of the CSP.

Student unions cover a wide range of subjects, but may not fully understand the placement process as our stewards do. Our student members deserve the same professional input that we expect. This will foster a stronger relationship with the student body and meet their union needs. This could help develop our professions future leaders and ensure their active involvement within the CSP organisation.

The CSP currently accredits university programs, but should also offer further support to students. Other unions pledge best practices and full steward support. While we appreciate student representatives, they cannot fill the current void in clinical experience.

This conference calls for the CSP to enable professional steward support for students on placements, integrating them with student representatives to provide guidance and support with further input from the CSP training and the support throughout

Regional Stewards – Yorkshire and the Humber

DAY 2 SESSION 6 Equity, Diversity and Belonging Motions and Health and Wellbeing Motions

(specific time allocated)

Motion 35

Cultural educational material

This conference is proud of the campaigns the CSP have run around the EDI strategy but feel the focus has been on supporting the internationally trained physios and management of privilege and micro-aggressions. This Conference requests that CSP collaborates with the BAME network to influence workplaces to produce educational material for UK trained physiotherapists to better understand and respect the increasing diverse cultures within the UK healthcare service including what is culturally appropriate and how to avoid cultural misappropriation, for example the meaning of touching hair is offensive in some cultures. This will address cultural misappropriations in the workplace, reduce instances of microaggressions and improve inclusion within a team.

This is particularly relevant with the CSP EDI strategy, and the increase in number of recruited international AHPs and would significantly improve a sense of belonging amongst the internationally trained physiotherapy workforce.

Regional Networks – South Central

Motion 36

Neuro-affirming practice language model

Conference is concerned that the current CSP 5 year strategic plan does not go far enough to ensure equity and neuroaffirming experiences for both neurodivergent patients and CSP members

without the development and introduction of a neuroaffirming language practice model.

Neuroaffirming language aims to frame neurodivergent people in a less deficit based way and challenges a stereotypical narrative. Currently neuro-affirming language is not consistently adopted across physiotherapy practice, education and the workplace. Ableist and stereotypical language continues to be experienced by both patients and neurodivergent CSP members and research clearly documents the detrimental impact of these linguist micro aggressions.

Language shapes how people view neurodivergence. A neuroaffirming language practice model will ensure equity for neurodivergent patients and ensure neurodivergent members experiences of education and work are more accepted and accommodated, enabling them to fulfil their career potential. This is an opportunity for the CSP to lead.

This Conference calls on Council to:

Co-produce and embed, as part of their call out on micro aggressions, a CSP neuroaffirming practice language model for neurodivergent physiotherapy staff and their patients for use by all CSP Members in practice, education and the workplace.

DisAbility Network

Motion 37

Neurodivergent resources

This conference believes that the support available within the workplace in relation to individuals with a neuro-divergent diagnosis is inadequate.

Men and women present differently for conditions such as ADHD, which has led to it

historically being believed, that ADHD mostly affects the male populous.

Recent research has shown women present with problems in inattentiveness, organisation and following instructions, compared to men with ADHD who tend to mostly exhibit- hyperactivity, fidgeting and impulsiveness. This has led to an increase in ADHD diagnosis in women- mainly later in life.

These symptoms amongst others can have a profound affect throughout the working day on clinical and management effectiveness.

The RCN has created an ADHD toolkit on their Union web page with links to ADHD diagnosis, symptoms, it also suggests reasonable adjustments, providing peer support and management strategies.

Conference believes that the creation of similar resources/guidance to be published, on the CSP website/iCSP will provide the membership/ Health and Safety Reps/Stewards with the means to support our neuro-divergent colleagues and management as they navigate their diagnosis within the workplace. Creation of such resources will also meet the CSP Corporate strategy of supporting members to fulfil their career potential and improve their work experiences.

Regional Stewards - Wales

Motion 38

Support and adaptations toolkit

Conference is concerned that members with disabilities are not able access the support they are entitled to in order to reach their full potential.

Please note
amendments and emergency motions will be provided separately to representatives.

We want to change the focus from the perceived ‘problems’ that working with a differently abled person presents, to a focus on solutions, and the strengths, experiences and benefits that these individuals bring to improve the patient experience.

This aligns with the CSP’s key strategies for members and associates around fulfilling their potential and around the Key strategies of creating a confident and influential Physiotherapy Community which embraces and celebrates all levels of ability within the profession.

We ask that the CSP works with stakeholders to co-design a Toolkit which raises awareness among Students, Members and Associates of the support and adaptations that they can access. This resource would be available to members and their managers or educators so that they can work together to ensure effective and positive experiences for disabled members during supervision, the Reasonable Adjustment process and to support their ongoing career development.

DisAbility Network

Motion 39

Hate crime

This conference calls on the CSP to partner with fellow trade unions and the TUC to lobby for misogyny to be categorised in law as a hate crime. Parliament’s decision to vote against this in 2022 has been felt across the UK, particularly by those engaged in sports that have traditionally been dominated by men.

Hate driven comments made on social media by men with significant numbers of followers regarding high profile and successful sports

women drive public opinion and lower the bar on acceptability and UK cultural attitudes towards women.

Hatred towards women fuels violence against women and is used to intimidate and suppress women. This is seen particularly in football where the success of women’s national teams, the growth of the women’s super league and women footballers winning sports awards drives hate towards players, officials, reporters, and pundits. This is not acceptable and should not be tolerated but it is not illegal.

This conference calls on the CSP to collaborate with partner organisations to lobby government to ensure that women have the higher degree of protection in law from hate as a crime in line with other groups of people.

Regional Network – West Midlands

Motion 40

Guidance for student body practical sessions

Conference is concerned that universities are unwilling to accommodate the needs of a diverse student body and the challenges faced when undressing for practical sessions.

Equity, diversity and belonging are at the core of the CSP’s strategic aims to create a confident and influential physiotherapy community which supports members to reach their full potential. However, physiotherapy students often face challenges during practical training, particularly when undressing and being a model for their peers. The issue of modesty and comfort in physiotherapy training is one that can be overlooked, but it is an important consideration for a diverse group of students.

Showing willingness to accommodate these needs creates a more inclusive and supportive learning environment for all students which also helps build respect when treating a diverse patient population. These changes may also attract prospective students who have previously been hesitant to pursue a career in physiotherapy due to concerns about modesty and comfort during practical training.

We ask that the CSP works alongside students to provide guidance for pre-registration physiotherapy programmes to address the topic of body issues, religion and modesty to create an environment where students from all backgrounds feel accepted and valued in our profession.

Student Network

Motion 41

EDB Committee composition

The conference requests the CSP to consider appointing a named representative from each diversity network (DN) to sit on the Equity, Diversity and Belonging Committee (EDBC).

The conference feels strongly that decisions made by the EDBC should be informed directly by the official CSP diversity networks to ensure consistency and effective communication between the two entities.

Therefore, we ask the CSP to implement immediate policy change to appoint a named representative to the role of “EDBC link member”.

The aim of this change is to establish effective communication between the DN Leadership Team, (LT), the EDBC and the CSP. It is felt that motions and campaigns would benefit from direct involvement of the members of the three diversity networks who consider the intersectional voice of

the community they represent. This role should be in addition to the core members of the EDBC to prevent the LT being over-burdened.

We remind the CSP of their commitment to ensuring policies and campaigns are informed by the voices who are affected by them, and draw attention specifically to the EDB Strategy 2021 aims 4, 7 and 8.

LGBTQIA+ Network

Motion 42

Sexual misconduct guidance

Recent statics show 1 in 6 women have experienced sexual harassment at work and this figure increases when intersectionality and protected characteristics are considered. Sexual harassment is also experienced by men.

In 2021 the law was changed to ensure employees had greater protection from sexual harassment at work and part of 2023’s pay agreement saw the Government promise those of us who work in the NHS, a workplace free from the fear of violence. Legal and cultural changes driving a proactive and preventative approach towards sexual misconduct in the work place are encouraging however many cases of sexual misconduct go unreported. This is unacceptable.

This motion calls on the CSP to

- to develop effective, compassionate and robust training for all reps to enable them to effectively support any member reporting sexual misconduct in the workplace.
- to support reps to actively engage with their place of work to develop specific policies

Please note
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regarding the reporting and prevention of sexual misconduct.

- to work through national Social Partnership Forum structures to lobby Government to ensure the voices of those who have experienced sexual misconduct or violence are heard.

Regional Stewards – Yorkshire and the Humber

Motion 43

NHS Estate monitoring and repairs

In line with CSP strategy aim “to improve members experiences of work”, the National Group of Regional Safety Representatives calls on the CSP to lobby government and key NHS regulatory organisations for an urgent review of its’ risk management processes for the current NHS estate monitoring and repairs. Conference calls for government to ensure funding allocated specifically for capital work is protected for its purpose, in line with Boris Johnson pledge in 2019.

H&S reps report H&S breaches found on inspections, recorded on risk registers but not acted upon. Overstretched NHS Trusts are breaching their duty of care to staff and patients and are only resourced to be reactive to an incident. Capital projects approval is based on extreme and high risk ratings.

On 26th January 2024 the Guardian wrote an article called “Crumbling hospitals cause over 100 care disruptions”. The article discusses that NHS figures compiled by the House of Commons library states that there were 27,5454 clinical service incidents over the past five years - an average of 106 per week. The NHS states these incidents were caused by estates and

infrastructure failures linked to backlog of maintenance and lack of capital funding.

National Group of Regional Safety Representatives

Motion 44

Mental Health Support

Never before has there been a greater pressure on staff working at primary care level as the first point of contact for patient conditions. Pressure to see more patients in a smaller amount of time creates a stress that requires resilience on a daily basis, which in worse case scenarios has led to significant mental health issues affecting staff across primary care.

It is unclear what existing mental health support opportunities there are for staff in primary care. This conference asks the CSP to collaborate with other professional bodies and mental health charities in the primary care sector to evaluate the usefulness and suitability of existing mental health support available to FCPs and other primary care workers to consider how mental health support can be improved or optimised for members working in this setting.

Regional Network – South East Coast

Motion 45

Burnout campaign

Conference notes the recent release of Society of Occupational Medicine report on ‘Burnout in healthcare: risk factors and solutions 2023’. The risk factors of high work demands, responsibility, emotional labour and low value and recognition are prevalent across the physiotherapy workforce. In 2022 the NHS had an absence rate of 5.6%, a

leaver rate of 9.1% and a third of healthcare staff reporting feeling burned out.

Conference asks the CSP to launch a campaign to raise awareness of what burnout is, educate on organisational solutions and provide support to members. It needs to relate the risks and solutions to students, support workers and physiotherapists across all sectors and follow evidence based practice. The campaign needs to begin immediately.

Regional Network - London

Motion 46

Mental Health First Aid for Stewards, safety and equality reps

The conference is aware of the increasingly complex cases that CSP stewards, safety and equality reps and those in management positions are involved with, when supporting CSP members. This is culminated by increased pressures, stresses, conditions and demands faced by those who work in frontline roles and healthcare settings. These stresses have always existed but have arguably been perpetuated by the pandemic and ensuing backlog in care, ageing population, and cost of living crises. Indeed, in 2020 alone, 72 medical professionals (including doctors, nurses, therapy professionals, dentists and midwives) died by suicide. More recently, the RCN reports a 98% increase in nursing staff struggling with suicidal thoughts in 2023. More than 360 nurses attempted suicide in 2022.

Mental Health First Aid courses offer a formal qualification and better knowledge/understanding of recognising signs and symptoms of serious mental health illnesses. Early recognition ensures that those suffering are promptly supported

and/or referred to a mental health professional for further assessment and appropriate treatment.

The conference asks that the CSP provides this course for stewards, safety, and equality reps to better awareness, confidence, and skills in recognising the mental health needs of colleagues and in themselves.

Regional Stewards – East of England

Discussion Item 2

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

Please note
amendments and emergency motions will be provided separately to representatives.

DAY 2 SESSION 7

(estimated time only)

Motion 47

CSP website cost of living support guidance

Members are under increasing financial pressure due to the current cost of living crisis. The prospect of a fair and equitable pay award for 2024/25 are limited, despite the efforts of the CSP and other health unions, due to the restrictions placed upon the pay review body by the current, hostile anti-trade union government.

Economists will say that inflation was down to 4% in January 2024, compared to 11% in October 2022. However, this simply means that prices are not rising as fast as they were and the reality is that day-to-day living costs continue to rise with compounding meaning the same pound spend is worth less each month.

Whilst the CSP continues to fight for better pay and working conditions it can also help members by better highlighting ways they could keep more of their earnings.

Conference calls on the CSP to build on the Frontline article 'helping with the rising costs of living (1st October 2022):

- By proactively using existing social media accounts, Frontline and the creation of a dedicated section on the CSP website, to promote the documents and advice that the CSP has already produced that advise members of free ways they can save money on work related expenses, e.g. Tax relief on uniforms and professional fees, Working from home allowances.

Regional Stewards – South West (South)

Motion 48

CSP Council decisions and professional network input

This conference urges the CSP to review how information is collated and presented to the CSP council and committees.

The CSP currently has 65,000 member's and over 25 professional networks supporting specialist clinical practice.

We feel the professional networks are a key component to the CSP understanding the views of its members and the current climate within their specialist area.

We have robust systems in place to bring members views via the steward network however this sits mainly within the NHS and some larger private organisations which may leave a lot of sole practitioners or smaller groups without a voice.

In order, to improve this we urge the CSP to ensure that members of the professional networks committee (Chair and Vice Chair or other committee member) are present and the professional network informed when information is being presented to the CSP council or other committees when important decisions are being made which effect their professional network or area of practice.

Professional Network – ACPAT

Motion 49

Work uniforms

Professional standards direct that staff are unable to travel in their uniforms. Typically, getting changed adds 10 minutes unpaid time onto an individual's working day (including 5 minutes at the start and end of a shift). For somebody

working a typical 5-day week that's 50mins per week, or based on someone working 47 weeks per year that's 2350 minutes (just over 39 hours) which, isn't insignificant. Some members have commented they've had to change their working hours to account for changing time when planning for childcare commitments etc. Members have also said they have found it necessary to take annual leave/ Time of in lieu for appointments outside of their working hours as they would not be able to get to them on time once they factor in changing.

This conference requests that the CSP should work alongside other trade unions and professional organisations to campaign that NHS staff are not expected to change in and out of their work uniforms at a hospital site during their own unpaid time. This would support the CSP strategy of helping members achieve their full potential by championing fair pay and terms and conditions for all physiotherapists and physiotherapy support workers.

Regional Stewards - Wales

Motion 50

Health Education Institute guidance for Oliver McGowan training

Conference is concerned that students are not receiving adequate training around special educational needs, learning disabilities and challenging behaviour to ensure that patients receive the best quality of care according to their needs.

Students work with a diverse group of individuals who are experiencing significant disparities in healthcare. The tragic case of Oliver McGowan, a young man with autism, highlighted

that better understanding of his needs and reasonable adjustment to his care could have saved his life.

Cases like Oliver McGowan have raised awareness of the critical need for additional training in communication and understanding when working with patients with learning disabilities to ensure that they receive a positive healthcare experience. The most prominent issue is clinicians' poor communication or lack of awareness, but there is still limited exposure and integration within universities and practice. Our student members report that their universities provide no training around special educational needs, learning disabilities and challenging behaviour, or signposting to freely available resources.

We ask that the CSP provides guidance and signposting to health education institutes, students and all members around communicating with individuals with special educational needs and freely available resources such as the Oliver McGowan mandatory training on learning disability and autism <https://www.hee.nhs.uk/our-work/learning-disability/current-projects/oliver-mcgowan-mandatory-training-learning-disability-autism>.

Student Network

Motion 51

Coproduction resource

This conference acknowledges the importance of service users in shaping development and re-design of services.

Co-production needs to be at the forefront. Patients are experts

Please note
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in their own conditions and can provide essential expertise to ensure services meet their needs.

Co-production demonstrates an approach that acknowledges equity, diversity and belonging.

Conference calls on the CSP to gather examples from members across the UK where they have used co-production with service users and their carers. This will provide a resource for members to draw upon and useful contacts for peer support.

Retired Members Network

Motion 52

HEI vestibular assessment guidance

Conference asks the CSP Council to promote the inclusion of a basic Vestibular assessment in its signposting and guidance to Health Education Institutes. Dizziness and imbalance are symptoms commonly reported to Physiotherapists in Healthcare settings, however the awareness around the influence of the Vestibular System can vary greatly. It is stated in the World Falls Guidelines that all Multi-factorial Falls assessments should include a Dizziness Investigation. Inclusion of basic training in this area in pre-registration training could allow the future workforce to appropriately assess, diagnose and refer to clinical specialists where appropriate. It could also assist Physiotherapists being able to better assess and manage imbalance.

Professional Networks - ACPIVR

Motion 53

Regional networks term of office

Conference calls on CSP to review the terms of office for elected core members of regional networks.

The present 12 month term gives little time for members to learn their new role or to reflect on what does or does not work. A longer term of office would lead to more effective regional engagement.

Regional Network - London

Motion 54

NHS Injury allowance

This conference is extremely concerned with the lack of clear, concise, information on the NHS Injury Allowance (IA). The NHS IA provides support for staff who sustain an injury, disease or other health condition which is attributable to their employment and has been in place since 2013.

There is some information available on the NHS Employers website, but some of this information is difficult to navigate and complicated, this makes applying for IA very challenging. This conference has also heard of instances where NHS Trusts do not have a policy or procedure in place to support trade union representatives and employees to apply for this and so many employees may be missing out.

This conference therefore calls on the CSP to:

1. Provide up-to-date, clear, and concise information on IA on the CSP's own website
2. Encourage all stewards to seek to ensure that all trusts' have in place a policy detailing the NHS IA and the process on how to apply for and claim it.
3. Add information on the IA to the training the CSP provides to its Stewards.

Regional Network - East of England

Motion 55

High cost area payments

This conference is gravely concerned about the cost-of-living crisis and its affects, particularly in expensive areas of the country such as the Southeast. Rents in the Southeast are on average up to £500 more per month than other areas. High-cost area (HCA) payments were developed over 20 years ago to tackle this disparity in cost of living, but they are desperately out of date.

We call on the CSP to:

- Investigate anomalies in HCA payments across the South-Central area.
- Develop advice and support for stewards to campaign for the use of local recruitment and retention premia in areas of disparity.

This links to the CSP strategic aim to 'Help members achieve their full potential'.

Regional Stewards - South Central

Please note
amendments and emergency motions will be provided separately to representatives.



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