

Notes and news

POGP Annual Conference 2017

Anne Bird Prize

The Executive Committee were very pleased to present the 2017 Anne Bird Prize to Myra Robson (Fig. 1) for her work on the Squeezy pelvic floor muscle training (PFMT) app. The award was made at the POGP Annual Conference dinner, which was held at the Grand Harbour Hotel, Southampton, on Friday 6 October 2017.

Anne Bird was chairman of the Association of Chartered Physiotherapists in Obstetrics and Gynaecology (now POGP) from 1985 to 1988. As a superintendent of the physiotherapy department at the Bristol Royal Infirmary, Bristol, UK, she created a centre of excellence for obstetric and gynaecological physiotherapy. The Anne Bird Prize commemorates her life by encouraging and recognizing in others the qualities that she valued. It is normally awarded annually to an individual, or individuals, who have shown overall excellence, professionalism and empathy



Figure 1. Chairman Katie Mann (left) presenting Myra Robson (right) with the 2017 Anne Bird Prize.

in their educational development within POGP. Successful nominee(s) will also have made a special contribution to a POGP post-registration course, or to physiotherapy in women's health.

Nominations are confidential, and the recipient is not informed of the presentation before Conference.

Myra's nomination stated:

"I would like to nominate Myra Robson for the work she has put in to the innovation, development and promotion of the Squeezy app over the last years. Myra has shown initiative and tenacity in designing a tool for all women and men to help effectively with the perennial problem of remembering to do PFMT, making a sensitive, professional, user-friendly, loved tool to aid the promotion of exercising to the public. The Squeezy product is something we are all proud to recommend and use, and her promotional work continually contributes to the increasing status of our speciality. Myra and the Squeezy team have been nominated for several healthcare innovation/tech awards, and she continues to promote the role of physiotherapy in continence rehab. I would like Myra's personal, unpaid, contribution to be recognized by her colleagues and peers. Myra is a great ambassador for women and the physiotherapy profession."

These are sentiments that the Executive Committee fully support. We congratulate Myra, and wish her all the best with the developments that lie ahead for Squeezy.

If you know of anyone whom you would like to nominate for the 2018 Anne Bird Prize, please contact the Executive Committee secretary, Wendy Rarity, via the website (<http://pogp.csp.org.uk/contact-pogp>), to ask for an application form.

Katie Mann
Chairman

Conference report

It's hard to say where my interest in women's health originated, but I'm glad I pursued it. We had a half-day lecture at university that breezed through the basics of women's and men's health, but I wanted to know more. I was lucky enough

to get a women's health placement during my course, during which I met many enthusiastic health professionals who were involved in areas such as gynaecology, obstetrics and colorectal treatment. Before this, I had been directed to the Margie Polden Bursary by a conversation on Twitter, which I had used to reach out for some help from POGP. My placement confirmed that women's health was an area that fascinated me, so I set out to write an essay that I hoped would put my passion down on paper.

I am so grateful to have been awarded the bursary, which enabled me to attend the 2017 POGP Annual Conference in Southampton (Fig. 2). After a long drive down to the South Coast, I checked in to the Grand Harbour Hotel, feeling quite anxious about attending a conference on my own. I registered the next morning, put on my badge, and still feeling very nervous, entered the exhibition area. However, I needn't have worried. I soon met some other friendly conference-goers, and I chatted with them until we took our seats for the talks.

The atmosphere of the room struck me: this was a group of ladies who were not only enthusiastic, but also very keen to learn and ask questions to improve their practice. The speakers were engaging and knowledgeable, and by

the end of the first day, I was exhausted from processing so much information. Thankfully, the gala dinner was a great opportunity to relax and meet more physiotherapists from all over the UK. Once again, there was a palpable sense of the community that POGP offers.

I managed to find company at every meal, so I never had to sit awkwardly alone. There was always someone around to chat to, even in the swimming pool before the gala dinner. I must congratulate the women's health physiotherapists whom I met for being so approachable, and keen to offer advice and better their own – and other's – practice. I would like to thank everyone who made me feel welcome.

I would now like to devote a few words to the lady who made the bursary possible, and of course, her family. Margie Polden was clearly a well-loved member of the women's health community because of all her hard work to raise its profile through her writing and teaching. I will always be grateful for this opportunity, and hope to continue raising awareness of the importance of women's and men's pelvic health.

Finally, I would like to thank the organizers of Conference. I'm sure that all the attendees could vouch for the amazing job that they did by getting the speakers to come and keeping everything running on time.

Claire Churcher

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Figure 2. Claire Churcher (left), winner of the 2017 Margie Polden Memorial Bursary, receiving her certificate from Katie Mann (right).

Research prizes

I am delighted to be able to report on the winners of the two prizes that are awarded annually at Conference. One is for overall best platform presentation (£100), and is decided by blinded review by three POGP members with research experience. The other is for the best poster presentation, and is decided by a ballot of Conference participants (£50).

The best platform presentation prize was awarded to Jodie Hayward and Holly McKenzie (Fig. 3) for their discussion of a service evaluation of a new physiotherapy-led clinic for patients with obstetric anal sphincter injuries at Hammersmith Hospital, London, UK (see pp. 71–72).

The best poster presentation prize was awarded to Rosie Conway and Chrissie Edley (Fig. 4)

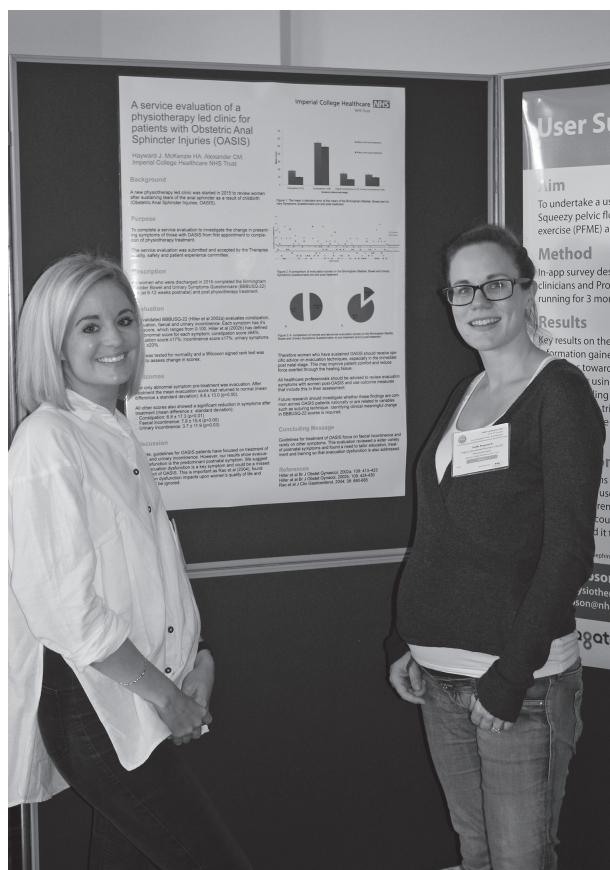


Figure 3. Holly McKenzie (left) and Jodie Hayward (right), winners of the POGP best platform presentation prize.

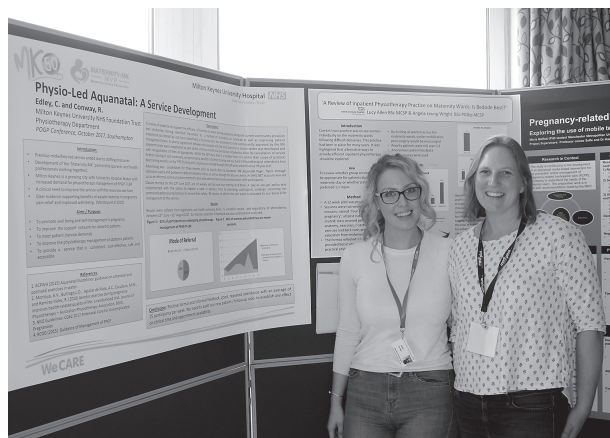


Figure 4. Rosie Conway (left) and Chrissie Edley (right), winners of the POGP best poster presentation prize.

for their development project involving a new physiotherapy-led aquanatal service for pregnant and postpartum women (see pp. 72–73).

The abstracts of these presentations are included in “Poster digest”, which can be found elsewhere in this edition of the journal (see pp. 71–76). I would encourage you to contact the authors for more information should you wish to replicate these initiatives. Alternatively, perhaps you will be inspired to think about a new service

that you could develop. Who knows, you may choose to present at Conference yourself!

Kay Crotty
Research Officer

A thank-you from Judith Lee

I can still remember the words of a highly valued tutor that I heard some 45 years ago, when I was a young, eager and very naïve student.

He told us that our learning had only just begun, and would continue long, long after the 3 years of our course: we were embarking on a career of continuing and ever-increasing professional responsibility. There was a guarantee that we would always be busy, never bored, and those in the endless queue of the bruised, the broken, the brave and the bewildered would all tell their stories and have high expectations of us as physiotherapists.

He explained that we students had a duty to study hard and learn all we could so that we could do our best for our patients. Before long, the next generation of students and junior staff would turn to us for help and advice, and our responsibility would be notched up a level.

He predicted that many opportunities would come our way. We could duck, letting those opportunities go sailing by, or choose to face them head on, which would inevitably entail extra hard work and some risks. He knew that we had to take those risks and rise to the challenges for the profession to progress.

He hoped that, if we were fortunate enough to work with like-minded people, learning from each other would become an integral part of our professional lives. We would make a difference to people’s health and well-being, and we would also have a lot of fun along the way.

Well, the years have flown by, and he was spot on: physiotherapy has grown as a profession. As the evidence to support its efficacy increases, so do the questions for and demands on our services. Our individual and collective responsibility to strive to provide the best possible care has never been greater.

Working in women’s health and being part of POGP has been a wholly fulfilling privilege, providing me with so many interesting and, at times, challenging opportunities. I have tried to resist the temptation to duck!

Without the encouragement and practical support of my managers, and the enthusiasm and commitment of my colleagues, I would not have been able to contribute to POGP alongside my



Figure 5. Judith Lee (second from right) receiving her Distinguished Service Award from the Chartered Society of Physiotherapy.

full-time clinical role at Nottingham University Hospitals National Health Service (NHS) Trust.

I was a little embarrassed, very surprised and extremely honoured to be nominated by POGP for the Chartered Society of Physiotherapy (CSP) Distinguished Service Award (DSA).

The awards ceremony was held at the Physiotherapy UK 2017 conference dinner at Birmingham's Botanical Gardens, and CSP president Baroness Ilora Finlay presented me with my DSA (Fig. 5). By accepting this honour, I felt that I was doing so on behalf of our patients. I was also proud to represent the NHS and our profession, and the dynamic network of friends that is the very marvellous "Team POGP".

Thank you all so much.

Judith Lee
Retired

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Dame Josephine Barnes Bursary

I am extremely grateful to POGP for awarding me the Dame Josephine Barnes Bursary. The money from this award will contribute to my involvement in a research project called Moving Through Motherhood. This initiative brings together multidisciplinary researchers, designers, and pregnant women and mothers to co-create new resources to help women make informed choices about the role that physical activity (PA) can play in their health and well-being during and after pregnancy.

Physical activity is a key component of a healthy lifestyle. Research suggests that women tend not to meet PA guidelines during and after

pregnancy. However, being active improves general health, and helps mothers to navigate pregnancy and childbirth successfully.

This project will encourage women to be active at this stage of their lives, which should result in significant positive health outcomes. We will develop meaningful, accessible PA promotion resources in collaboration with patients and public involvement with a mothers' group. The team also plan to work together with designers from mainstream advertising, which will help to make current PA guidelines more engaging and accessible. We hope that the research will also be of direct benefit to members of POGP, enabling them to direct women to accessible, evidence-based PA resources.

Victoria Salmon

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I was fortunate enough to be awarded the Dame Josephine Barnes Bursary, and gratefully used the funding to complete a course run by POGP, "Physiotherapy Assessment and Management of Female Urinary Dysfunction". This provides comprehensive training for treating a condition that is very prevalent and significantly affects many women's lives, but one for which physiotherapy can make a real and positive difference.

I found the level of teaching to be excellent, and the course as a whole exceeded my expectations. All the tutors were generous with their knowledge and expertise, and spending time with the other attendees, who had a huge wealth of experience between them, was of great benefit to me. Completing the course has given me the confidence to further pursue work in this field, and I am currently working on the post-course case study assignment.

The fact that this funding is available is very exciting, and I encourage POGP members to apply for the Dame Josephine Barnes Bursary. I can say from experience that this award will help other members to achieve their ambitions. My sincere thanks go to POGP for providing me with this invaluable opportunity.

Mary-Jane Boswell

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Northern Ireland area representative

My name is Wendy Brown (Fig. 6), and I have been the POGP area representative for Northern Ireland since May 2015. We have 37 members, who represent the five health trusts and one private hospital in the region. Almost all permanent staff in women's health posts are now members of POGP, which means that we have a fantastic local network for sharing ideas. As a small province, we all know each other well. Many of us have worked together at some point in the past, and have probably been models for each other on numerous occasions!

Currently, I work part-time as an advanced clinical specialist physiotherapist in Craigavon Area Hospital in Portadown, Craigavon, County Armagh, where my work is focused on oncology. I also work part-time in private practice at Incontrol Physiotherapy in Craigavon, where I specialize in bladder and bowel dysfunction, and pelvic pain. I have always had an interest in women's health since being a rotational physiotherapist in Belfast City Hospital – the enthusiasm of my senior was infectious! Without this extremely positive experience I might have never ventured down my current route. Therefore, I am very keen to ensure that rotations into women's health remain in place across Northern Ireland in order to encourage the next generation of physiotherapists. I recently had the opportunity to complete a Master's module with The Royal Marsden Hospital in London on the gastrointestinal

consequences of pelvic radiation treatment. This was a fascinating online course that highlighted how essential it is to include physiotherapists in a multidisciplinary team.

In Northern Ireland, we have two meetings a year, which rotate around different trusts. Some of the topics covered over the past few years include: psychosexual counselling; hypopressive or low-pressure fitness; hypnobirthing; dietetic advice on irritable bowel syndrome and interstitial cystitis; prehabilitation for men undergoing radical prostatectomy; the assessment and treatment of diastasis recti; and most recently, an insight into the regional sexual assault referral centre.

Locally, we are privileged to have the Ulster Gynae Urology Society, which is a multiprofessional group that includes urologists, gynaecologists, physiotherapists and continence advisors. Currently, there are four POGP members on the committee, and Alison Robinson has been elected as secretary. At our next Annual Scientific Meeting, we plan to share a physiotherapy service development from each of the five trusts in the area. This will be an excellent opportunity to share the role that physiotherapy plays across the province, and network with our local teams. In Northern Ireland, POGP has had a history of supporting one of our members to attend Conference each year, and this has continued to date. We hope that our finances will allow this to continue in 2018, and give another new member an opportunity to learn and share.

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Figure 6. Wendy Brown, POGP area representative for Northern Ireland.

The TOPSY trial

The TOPSY (Treatment Of Prolapse with Self-care pessary) trial has been funded with a competitive award of £1.1 million from the National Institute for Health Research. This is an exciting project that will aim to find out if pessary self-management is acceptable to women, and if it is more or less expensive for the NHS.

This is a great opportunity for women's health physiotherapists because pessary self-management will be taught to patients by a specialist nurse or physiotherapist. Currently, very few hospitals or primary care settings offer pessary

self-management as an option. It is hoped that the TOPSY trial will provide women with prolapse with more choice, and also change the often-erroneous preconceptions about pessary use.

The study is being led by: Dr Carol Bugge, Faculty of Health Sciences and Sport, University of Stirling, Stirling, UK; Professor Suzanne Hagen, Nursing, Midwifery and Allied Health Professions Research Unit, Glasgow Caledonian University, Glasgow, UK; Dr Rohna Kearney, Warrell Unit, St Mary's Hospital, Manchester, UK; and Professor Doreen McClurg, School of Health and Life Sciences, Glasgow Caledonian University, who is the physiotherapist involved in the study. Three hundred and thirty women recruited from 17 sites throughout the UK will be randomized to either self-management or current standard care, and there will be a follow-up period of 18 months. The primary outcome measure will be condition-specific quality of life as recorded by the Pelvic Floor Impact Questionnaire – Short Form 7.

Currently, this treatment option is offered at Cambridge University Hospitals NHS Trust, Cambridge, UK, and the physiotherapists working in this area have reported a huge increase in patient satisfaction levels once patients are self-managing their pessaries. Also, the new skills associated with teaching self-management are greatly beneficial to a physiotherapist's skill set, including pessary sizing and speculum examination. It is hoped that the findings from the TOPSY trial will confirm the results of the pilot study undertaken at Cambridge University Hospitals NHS Trust led by Dr Kearney and physiotherapist Claire Brown.

Claire Brown

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Third World Congress on Abdominal and Pelvic Pain 2017

When I look back on my career, I'm sure that attending the 3rd World Congress on Abdominal and Pelvic Pain in Washington, DC, USA, from 11 to 15 October 2017 will have been a turning point for me. An idle conversation with a colleague about the wealth of international knowledge that we wished we could access spurred me on to find out if there was funding available. I didn't really consider that it might happen. . . .

Without the Dame Josephine Barnes Bursary, this would have remained a pipe dream. However, after receiving this award, I had the confidence to seek other sources of funding, and in collaboration with Lorimer Moseley, secured an EPIC Scholarship from Entropy Physiotherapy in Chicago, IL, USA, that put attendance easily within my reach. I was sure that I couldn't appreciate the value of attending this conference until I was there, and I wasn't wrong. The sheer volume of knowledge disseminated was vast, ranging from presentations of evidence-supported concepts that I was already somewhat familiar with, but were covered in far greater depth and complexity here, to basic brain science that was a real challenge to understand.

At one point, I asked a physiotherapist whom I was sat next to if this was a "normal" conference for her, or if she was also as blown away by the level of clinically relevant evidence presented by such a wide array of experts in the field as I was.

"Oh yes," she said, "this is pretty normal for us. But I'm still amazed! Isn't the body incredible?"

I'm a regular attendee at our POGP annual conferences, but this was truly a world-class event.

It was also an exhausting and exhilarating week: American conferences start early, and events go on late into the night. However, it was at the fundraisers and physiotherapy pub nights that I had the most fruitful conversations. Here, other clinicians and researchers as passionate about pelvic pain as I am shared the clinically useful ideas that had been inspired by the day's evidence. Names that I have been reading since my university days were all around me, wanting to talk about their thoughts on what they'd heard, their experiences within research, and what they thought I needed to be thinking about and reading. These short interactions had a profound impact upon me.

Unawares, I grabbed breakfast with a keynote speaker and discussed the importance of psychoneuroimmunology over our pastries. While walking to the pub, I had an amazing conversation with Paul Hodges about how we can personalize treatment, and how we could begin to integrate that into an evidence-based model. At a coffee break, I discussed the practical applications of interval training for vagal nerve stimulation with the team who had spent 15 years discovering how and why this could be useful for visceral pain. Over cocktails, I talked about how we could apply graded motor imagery and motor planning to bladder pain with a researcher who is currently studying brain changes and is also

interested in the potential of this challenge. And over dim sum, I had a deeply stimulating conversation with Shelly Prosko about the importance of therapist self-care, a discussion that has made me take up yoga.

Attendees were enthused, wanted to discuss pelvic pain and were willing to share their knowledge: I've added countless people to my lists of whom I follow online, and who I go to for help and solid evidence. I have also already benefited from these supportive relationships through professional mentoring.

A few months on, I'm still returning to my notes to process all the concepts that I've learned and marvel at the access to experts that the conference provided. Putting together some blog summaries of the week for my colleagues in the UK and the rest of the world who couldn't attend has really helped me to reflect, and let me break down my learning points from the conference into the following themes:

- There are complex changes in the motor and sensory cortices, and the salience network in individuals with chronic pelvic pain.
- Pelvic pain occurs with multiple and overlapping co-morbidities, and we have to think about these concurrently during treatment.
- The convergence of visceral pain creates a widespread pain state – the “widespreadness” of pain is important and may denote a phenotype.
- Psychoimmunology is important – brainy pro-inflammatory pathways reduce downregulation of the distal inflammatory response in many types of pelvic pain.
- Autonomic changes are important – bladder pain syndrome involves a vagal nerve dysfunction that we can affect with interval training, and myofascial pain involves a sympathetic vascular dysregulation.

The hard part is how you employ such knowledge. It's all well and good having an intense learning experience and meeting some incredible members of our research community, but the important bit is how we apply this to clinical practice and help our patients.

A few months on from the conference, I can now reflect that it's had a dramatic effect on my clinical work. I'm using the tools that I had before, but with a greater understanding of the mechanisms by which these may work. I've started to play with different methods of creating motor and sensory retraining in patients suffering from significant pain.

Where I would previously have focused on building a supportive therapeutic relationship to allow me to get to the point where it was tolerable to undergo manual therapies in order to affect change, I am now working alongside my patients in the initial phases to build and modulate their motor and sensory awareness in order to produce a more-meaningful response to manual treatments. It's a subtle change, but I'm already finding that my manual therapy feels more effective and efficient. All my pain patients are also now completing interval training at whatever level is appropriate for them. This has prompted me to engage them in physical exercise much earlier in my treatment plans than I usually would, challenging my previous ideas that it would limit the benefit of manual pelvic floor work by “getting everything tense again” with maladapted strategies. Quite the opposite has been the case: they're all improving and they're enjoying themselves at the same time! And finally, I'm explaining things more clearly to patients because I understand these concepts more fully.

I've also spent some time going through the literature that was discussed and adding it into the professional development courses for physiotherapists that I run in the UK, so that the reach of the 3rd World Congress on Abdominal and Pelvic Pain can be maximized. The conference has had a deep impact on my understanding of pelvic pain, the treatments that I provide for my patients, and whom I look to among our international colleagues for evidence and learning. I would encourage anyone interested in pelvic pain to attend this event, and thankfully, the next meeting may be held in the UK.

Without the Dame Josephine Barnes Bursary, and the EPIC Scholarship from Entropy Physiotherapy and Lorimer Moseley, none of this would have happened. I can't thank everyone enough for supporting me to attend what was a pivotal moment in my career. See you at the next one!

Jilly Bond

Journal Social Media Officer

Public relations officer report

In 2017 and 2018, POGP physiotherapists were interviewed for several mainstream media articles, a radio programme and even an episode of a television series.

In April, POGP chairman Katie Mann was interviewed about bladder care and pelvic floor exercises by UK Health Radio.

The vaginal mesh statement (POGP 2017) was posted on the POGP microsite in June.

On 31 July, the *Daily Mail* published an article entitled “The post-baby tummy that no exercises could ever get rid of” (Atik 2017). Despite the negative headline, this piece promoted physiotherapists as providers of expert assessment and guidance. The *Daily Mail* also included a four-page supplement on 24 August, *How to Beat Health Problems No One Likes to Talk About* (Waters & Epstein 2017).

In September, Dr Ranj Singh explored male and female incontinence devices in a segment of ITV’s *Save Money: Good Health* (Episode 3, Series 2) that also featured POGP physiotherapist Amanda Savage, who described the role of PFMT. The *Daily Mail* included an article called “Why women don’t want sex” (Carey 2017), and *The Sun* interviewed Katie Mann about the role of specialist physiotherapy (Downey 2017).

Supported by POGP, Paula Iguarada-Martinez collaborated with TENA to produce some edutainment videos promoting pelvic floor muscle exercises, and these were uploaded to YouTube on 26 September and 11 October (Lights by TENA 2017).

Also in October, *Nursing in Practice* magazine (www.nursinginpractice.com) published an article on pregnancy-related pelvic girdle pain and back pain (Savage 2017). This was an update that drew attention to the evidence-based information available in POGP booklets, and highlighted how our members’ skills could assist midwives and community nurses in helping women with pain issues. Unfortunately, this article is subscription-only content, and not freely available to view online.

On 2 November, Healthista.com, a health and wellness website, published “8 Pelvic Floor Exercises That Will Spice up Your Sex Life” (Hashempour 2017). This article featured quotes from three POGP members, Amanda Savage, Kate Lough and Christien Bird.

In February 2018, POGP members shared pictures of their Valentine’s-Day-related Pucker Up Your Pelvic Floor campaigns on our Facebook page (<https://www.facebook.com/groups/1652693234997631/>) and Twitter feed (<https://twitter.com/ThePOGP>).

Representing POGP, Myra Robson gave an extensive interview to the *Daily Mail* in an article entitled “The last taboo: 7 million women suffer with urinary incontinence” (Elkins 2017), which was published on 5 March 2018.

We are pleased to have provided input for many other “potential” articles and were almost featured on BBC Radio 2, but sadly, not every lead comes to something.

Do you want to receive the latest news as it unfolds? The communications team post on the POGP’s closed, members-only Facebook group, and the POGP twitter feed, as soon as articles are published. We also signpost other interesting media stories. Please join and follow our social media platforms!

Amanda Savage
Public Relations Officer

References

- Atik N. (2017) *The Post-Baby Tummy That No Exercises Could Ever Get Rid Of*. [WWW document.] URL <http://www.dailymail.co.uk/health/article-4747608/The-post-baby-tummy-no-exercise-rid-of.html>
- Carey T. (2017) *The Reason Many Women Don’t Want Sex That No One Talks About and Why It’s the Busy High Flyers Who Are Hardest Hit*. [WWW document.] URL <http://www.dailymail.co.uk/femail/article-4926472/why-women-don-t-want-sex.html#ixzz4uLZUH6km>
- Downey A. (2017) *Sexual Tension: The Real Reason so Many Women Don’t Want Sex That No One Talks About*. [WWW document.] URL <https://www.thesun.co.uk/fabulous/4569267/the-real-reason-so-many-women-dont-want-sex-that-no-one-talks-about/>
- Elkins L. (2017) *7 Million Women Suffer Incontinence: Now, the UK’s Top Doctor Has Revealed Her Own Ordeal to Break the Most Embarrassing Taboo of All*. [WWW document.] URL <http://www.dailymail.co.uk/health/article-5465455/7-million-women-suffer-incontinence-embarrassing-taboo.html>
- Hashempour P. (2017) *8 Pelvic Floor Exercises That Will Spice Up Your Sex Life*. [WWW document.] URL <https://www.healthista.com/8-best-pelvic-floor-exercises-that-will-spice-up-your-sex-life/>
- Lights by TENA (2017) *Pelvic Floor Exercises for New Mums*. [Online video] URL <https://www.youtube.com/watch?v=TCAJ1Q0SdOk&feature=share>
- Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) (2017) *POGP – Statement re: Vaginal Mesh*. [WWW document.] URL <http://pogp.csp.org.uk/news/2017/07/05/pogp-%E2%80%93-statement-re-vaginal-mesh>
- Savage A. (2017) Pregnancy-related pelvic girdle and low back pain. *Nursing in Practice* **98** (Suppl.), 8–11.
- Waters J. & Epstein A. (2017) *Ten Things You Didn’t Know Could Upset Your Gut, Why You Need to Talk About Piles and the Diet That Could Banish Bloating: How to Beat Health Problems No One Likes to Talk About*. [WWW document.] URL <http://www.dailymail.co.uk/health/article-4811138/How-beat-health-problems-no-one-likes-talk-about.html>

Call for a new editor

Our next Annual Conference in Cardiff will mark the end of Shirley Bustard’s 3-year term as editor of this journal. We are looking for one or two full members to take on or share this role from October 2018! She discusses what the position involves in the following interview.

Contact Shirley for further information (e-mail: Shirley.bustard@nhs.net).

Rosie Conway
News Editor

Rosie Conway: *What have you enjoyed about the role?*

Shirley Bustard: It has been a great mix of science and creativity, and very different to my day job in the NHS. The best bit has been encouraging physios to submit their work to be published, and watching them gain confidence through the process. So many are still unsure about having their work in the public domain, but going through the peer-review process means that, when it is published, you know it hits the quality bar and you can be proud to see it in print. We have to share our work for it to be meaningful. I have been in contact with so many members and researchers, and feel really well connected. It's also great for the CV.

R.C.: *What does the editor do?*

S.B.: The main task is to ensure the publication of a journal full of high-quality content. I call for submissions and take them through peer-review process. I also gather content from Conference. My role is really that of clinical editor, making sure the clinical content is up to standard. I find myself saying the phrase, "Have you thought of publishing your work?" lots! The editor is also chair of the Journal Subcommittee, a great team, all of whom have individual roles. We have a teleconference every 4 months, and meet face-to-face once a year. I also sit on the Executive Committee, which meets three times a year. Together, as a team, we think of new ideas to develop the journal.

R.C.: *What support have you had?*

S.B.: I shadowed the previous editors, which helped a lot. But there is a huge amount of support. First, there is Andrew Wilson, the professional editor, who has worked on our journal for nearly 20 years and has a vast amount of experience. There is no problem that he hasn't seen before. He sets the schedules, and there is a cycle to the journal, always looking ahead,

which is very logical. Secondly, I cannot praise the Journal Subcommittee enough. They each look after a section or have specific tasks, and they do it with great commitment. I just bring it all together.

R.C.: *Any advice for a member considering it?*

S.B.: Please contact me if you are interested at all because I'm very happy to talk. Two co-editors could share this role and the workload, if they wanted. The work is spread out over the year, so there isn't that much on a weekly basis, maybe 1–1.5 h per week. However, since most of my communications are via e-mail, I find myself responding and acknowledging correspondence throughout my days, whether at work or rest, so I never feel that I have to isolate specific time slots to fulfil my role, which is great! I find that you do need to keep an eye on the schedule, be organized and lead the team. I have gained huge personal and professional benefits from doing this, learnt new skills, enjoyed writing editorials and met lots of great people. I feel more aware of what is up-to-date and new developments within our profession, which has helped my clinical practice. I really have loved doing it. Have I sold it to you?

Call for abstracts

We are inviting members to submit an abstract of original work for consideration for inclusion in this year's Annual Conference in Cardiff. Categories include original research, and service development and evaluation. The authors of the four highest-scoring abstracts will be given the opportunity to deliver a platform presentation. All researchers, including those who are offered a platform presentation, are invited to present their work as a poster for display. There will be prizes for the best platform presentation and the best poster. The closing date for submissions is Friday 3 August 2018. Full details and the application process can be viewed on the POGP microsite (www.csp.org.uk/~pogp/conference-2018).

Kay Crotty
Research Officer