OPINION

Back to our future: celebrating the past and shaping the future

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Abstract

The seventieth anniversary of Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) is a truly significant event. The organization has stood the test of time by continually developing and changing in order to be relevant to clinical practice, patients and its members. It is important to look back at how we got here. Originally named the Obstetric Physiotherapy Association, POGP was founded in 1948, the same year as the UK National Health Service. There have been many developments in health, society, politics and technology over the past 70 years, and we can assess POGP's progress within the context of these. It is good to know our roots, and remember those who have built our professional network. However, it is also important to be forward-facing and to look to our future. By reflecting, perhaps we can see opportunities, trends and gaps in our scope of practice or treatments, and try to have some influence over shaping our future. Four physiotherapists, one from each country making up the UK, were asked to give their personal reflections in the form of their top five changes and top five predictions, in addition to the author's own. This is an attempt to take a snapshot – maybe a selfie – of POGP on its seventieth anniversary. This article is not academic or based on research, but offers personal views, and it is hoped that this will be the start of a conversation. I encourage all members to reflect widely on their own clinical journey, and think about how we can celebrate our past and shape our future.

Keywords: anniversary, future, professional network, reflection.

Introduction

Many past papers were reprinted in the sixtieth anniversary edition of *JPOGP* (No. 103, Autumn 2008), and these will be uploaded as part of the journal's extended online content (http://pogp.csp.org.uk/group-journal/jpogp-autumn-2018). Included among these is an interview with Jacqui Odoni conducted by then and future editors Ros Thomas and Kathleen Vits about a typical working day in 1952 (Thomas & Vits 2008). Jacqui was involved at the start of both the UK National Health Service (NHS) and the Obstetric Physiotherapy Association (OPA), or Pelvic, Obstetric and Gynaecological Physiotherapy (POGP), as it has become. She worked with many of the great names, such as Helen Heardman, Minnie Randell and Grantly Dick-Reed. I strongly recommend that you access this fascinating article, which also includes interviews with Emma Hammerton and Rosie Butler about typical working days in 2008 for comparison.

For our seventieth anniversary, I asked four POGP members to list the top five significant changes that have occurred in the past 10 years, and make their top five predictions for the future. Together with the sixtieth-anniversary article, I hope that this will give a broad view of how POGP and our clinical lives are changing. I also hope that it will focus our minds on what the future might bring. Can we predict what might develop, and generate or direct these changes ourselves or collectively?

The history of our professional network is beautifully detailed by Ruth Hawkes elsewhere in this edition (see pp. 14–19). I am sure that we can identify with the passion of the women who founded the OPA in 1948. I see the same passion reflected in POGP today. The founders wanted to

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improve training and standards for physiotherapists, improve childbirth education, and empower women. Reading through this history, we see new clinical areas being incorporated and our name changing to reflect this. First, it was gynaecology that was added in 1976, and what had become the Obstetric Association of Chartered Physiotherapists was renamed the Association of Chartered Physiotherapists in Obstetrics and Gynaecology (ACPOG). Then, in 1994, our scope was broadened to reflect our wider women's health scope of practice, and we became the Association of Chartered Physiotherapists in Women's Health (ACPWH). More recently, the inclusion of men's health led to our name to change to POGP.

Context

Changes do not happen in isolation, but rather, in the context of developments in society, health, politics and technology. Although the following might seem to be merely a list of some major NHS milestones (WTFE 2018), this is lived history, and it encompasses the events and technologies that have shaped most of our own and our families' lives.

The NHS was launched on 5 July 1948 by minister of health Aneurin Bevan. Key developments in the area include:

- 1958 – the first mass vaccination programme for polio and diphtheria is launched;
- 1961 – the pill becomes available, although only for married couples at first;
- 1962 – The Hospital Plan recommends that there should be one district hospital for every 125 000 members of the population;
- 1967 – the Abortion Act is passed;
- 1972 – computed tomography scanners are used in hospitals for the first time;
- 1978 – Judith Brown, the first test-tube baby, is born (millions of children conceived by *in vitro* fertilization are now born world-wide);
- 1988 – the Breast Screening Programme begins;
- 1990 – the start of the NHS internal market – and all that has come after this, not least trusts and tendering, which I will not go into detail about here (what the NHS and private health care are like in the future will hugely affect how services are delivered); and
- 2000 – the da Vinci Surgical System (Intuitive Surgical Inc., Sunnyvale, CA, USA) is approved, enabling three-dimensional robotic prostatectomy (via this technology, surgery can now be performed remotely by a surgeon in another country and specialists train on computers like gamers).

The history of the Chartered Society of Physiotherapy (CSP) is detailed on its website (CSP 2017), which was launched in 1999. The change of career structure to include clinical specialists and consultant physiotherapists has allowed many members to advance their careers without having to take on management roles.

The world itself has changed a great deal: the roles of women have been transformed, and there is increasing equality in many countries. There have also been advances in equality and rights for those identifying as LGBTQ+, and equal marriage is now established in many countries. There is also increasing awareness of gender issues, those identifying as non-binary and the use of the "Mx" prefix. However, at the time of writing, it also seems that a great deal remains the same. Conflict, poverty and discrimination are constantly reported in the news, something that I would have hoped to have seen less of in the modern age. Looking world-wide, we can see the continuing issue of female genital mutilation, and the struggle to wipe it out in many countries (IOPTWH 2018). Our world is a mix of progress and continuing struggle, and unfortunately, it will probably continue to be so over the next 10 years.

Members' views

The responses elicited from members for this article shared some similar themes, and therefore, these have been grouped together to reflect this.

Here is how they view changes in clinical work over the years:

> "A sense that the reach of the specialist physio to the 'ordinary' woman in the perinatal period has reduced. That our role for health promotion to women having children has been limited by having less access to women without problems – not being seen in the postnatal wards, etc." (K.L.)

> "The name change from ACPWH to POGP, and the identification of us as pelvic rather than women's health physiotherapists. I believe it is now acknowledged to a greater degree – the wealth of expertise and breadth of clinical areas covered by a pelvic physiotherapist." (G.M.)

> "I've seen women's hospital stays reduced even further in the past 10 years – to 6 h for uncomplicated vaginal births and 1 day for Caesarean births. The 'window of opportunity' we had for face-to-face contact has

been hugely reduced. However, the need to reach women with evidence-based treatment is still there. We have just had to work in other ways to reach women, providing digital information and having good postnatal referral schemes. We are having some services cut and gaining new ones, rather than expanding our workforce, which I would have liked to have seen. We have lost physiotherapy from antenatal classes, but have gained a much more specialist role in pelvic health." (S.B.)

"I have seen more use of classes for urinary and prolapse patients. We are more involved in multidisciplinary team meetings, and discussing the future management of our patients. There are many more patients referred for pelvic pain." (W.B.)

"An increase in the number and variety of treatments done in the area, i.e. men's health, chronic pelvic pain; a greater understanding of musculoskeletal (MSK) conditions relating to pregnancy and the pelvis, and a decreasing focus on antenatal classes." (J.N.)

"I believe that there is now increasing recognition of the pelvic floor as part of the whole-body system. When I began in practice, women's health physiotherapists were very pelvic floor focused, whereas now there is an awareness of the gut, the microbiome, stress, anxiety and other health complaints. There is the link between the diaphragm, the pelvic floor and pelvic floor function. So many links have led this to be, in my opinion, the most exciting field of physiotherapy to be working in!" (G.M.)

Reading the interviews published in the sixtieth-anniversary edition (Thomas & Vits 2008), it is interesting that technology is not really mentioned at all. This is an area that has developed exponentially to be part of our practice over the years. We have progressed from personal computers to laptops, tablets and now phones – and not just us, but our patients too. Many have access to world-wide information and misinformation. Patients can come to us armed with material that may or not be helpful to them. Most of us are now writing our notes on computer templates and have electronic diaries. Technological developments have also had an effect on the equipment that we use. For some, technology is life-changing, but it does not reach or is blocked in some parts of the world. Here is what members say:

"Apps are another development that I have seen – from Squeezy to Elvie, kGoal to PerFit – the market is increasing, and lots of tech companies and product designers are noticing this newly emerging niche market. Patients are able to gain a lot from Internet searches – they can access a lot of self-help without necessarily seeing a specialist. This worries me to some extent, especially for those patients who may not feel confident to seek help. I fear those patients hiding in the shadows will not receive the care they require. I believe the risks of self-diagnosis and self-treatment are on the increase, and we have to take care promoting the 'buy this to fix this' attitude. With current awareness of low-fat guidelines, and sugar- and processed-food-filled diets led by hefty market leaders of the age, we really have to protect the therapy we provide – the individual care, the holistic approach – that no app or website or video can provide." (G.M.)

"When I started working in women's health, the technology we had was more medical-looking and hospital-based. In the past 10 years, we have progressed hugely to user-friendly gadgets for home use. We can track patient's exercise levels on apps, and have biofeedback via Bluetooth. We can gather more information and feedback, and I hope this empowers and motivates patients. However, not all patients are tech savvy, and we must bear this in mind. Despite all the technological advancements, our hands-on skills remain vital." (S.B.)

"Another huge change in the past decade has been the awareness of and use of social media. Lone workers now have a real-time support system that they did not have access to previously. We have the POGP Facebook group, along with other groups from the broad to the specialist fields of service, and we also have a number of patient education and support groups that were not available in the '90s." (G.M.)

Physiotherapy has evolved into an evidence-based profession, and POGP has contributed to National Institute for Health and Care Excellence guidelines (e.g. for urinary incontinence; NICE 2013). Although no specific data are available, I am aware that many more POGP members are working as high-level professional researchers,

and providing the robust evidence that our profession needs. In the past 10 years, we have seen an increase in our POGP evidence base.

Here is more feedback about how our clinical roles have changed:

> "That we are part of a much more diverse service – providing expertise in so many more areas – children, men, oncology – and the need to change our name from women's health physio reflects this." (K.L.)

> "A lack of change in the value of specialization in physiotherapy. Back in the 1980s, there was a feeling that this was developing and that the CSP was supporting it, whereas I don't feel we have developed this much further in recent years. The public still don't know enough about how to find a specialist physio or the value in doing so. I am encouraged by recent developments and have hopes though!" (J.N.)

> "That the work we do is more technical and skilled – evidenced by the absolute requirement for internal examinations, etc. Equally, that the level of psychological expertise in the job has increased significantly, and it has greater recognition as more than a 'talking treatment'." (K.L.)

> "My practice is much more based on evidence, because we have a stronger research base. We are getting away from guru-based physiotherapy. Becoming a full member of ACPOG, as it was when I started, was expected of me as part of my role and supported by my NHS employer. Being a full member meant all areas of my work were assessed by a tutor as well as being evidenced in written projects. I learned a lot and gained confidence. I don't think all employers fund and support this training and examination now, which is a great shame." (S.B.)

> "Education in the POGP world has increased and improved over the past decade. The courses were basic level when I started (which was great for me!). But now, the courses provided are of greater depth and of improved organization. I believe that this is an area that will continue to change. As the literature and evidence bring home new truths and new hypotheses, it's up to us as a profession to stay up to date and current in our assessment and treatment techniques." (G.M.)

> "Development of the short courses. This has been good in many ways, but has meant that we aren't attracting enough people into full membership or testing competency enough. There are increasing numbers of physios interested in this area, but the greater proportion are affiliates, not full members." (J.N.)

> "We are more aligned to the other physio work – with greater collaboration with MSK and other colleagues – and [. . .] the work is more recognized by other physios traditionally considered more 'technical and hands on'." (K.L.)

The future

Our thoughts about the future are always a mixture of hopes and fears. However, if we think about what we would like to happen, perhaps we can find a way to make it so. Some things will be out of our sphere of influence, but others may not be. The future of POGP is ours to make. However, we need to be active members, volunteering for roles within POGP, and using our collective power to help influence change and make it happen. We are a professional network of the CSP, which gives us official recognition, and I hope, a bigger voice. However, we also require more research and evidence. There are so many areas of practice that may expand and develop in the future.

Here are some more of our members' thoughts:

> "My first hope is that the profession of pelvic health physiotherapy continues to grow. I have been involved in the Welsh Task and Finish Group for mesh tape, and have been pleasantly surprised at how well physiotherapy is regarded by consultants, other professionals and the government. I hope that this continues, with ongoing opportunities to represent the profession in public and government view." (G.M.)

> "Predictions of what physio look like in future. . . . I believe there will be less use of mesh and tapes, and maybe more Bulkamid – I hope to see more prevention of incontinence and prolapse in the NHS." (W.B.)

> "That we will develop an increasing public health role as experts in maternal health and well-being." (K.L.)

> "That the public can easily identify how to reach a specialist physio and the value of doing so. (A hope!) That we have a greater number of interested staff, and a greater proportion of the membership having validated

qualifications. (Another hope!) That a greater percentage of our care will be provided privately and go unfunded by the NHS. (A fear!)" (J.N.)

"Organization and structure of our profession is another hope and dream of mine. . . . My dream includes a graduated education system that reflects the experience of the member in post, and the local support they have from more-experienced pelvic health physiotherapists. There needs to be a correlation between the job a pelvic health physio is required to do, and the training they have received. An example might be entry, intermediate and advanced training packages, followed up with a secure mentorship programme. We need to ring-fence and protect our profession with recognition, especially for lone workers, to help them with case discussions, complex cases and planning." (G.M.)

"I hope the value of being a specialist will be fully recognized, funded and promoted by employers and the CSP. I hope more patients will benefit from our services. We have so much to offer. However, our future is maybe tied into that of our twin, born the same year as us. What happens to the NHS, and how it survives and is funded, will have a huge impact on us. I wonder what the NHS will be like in 10 years; it could go one of two totally different ways." (S.B.)

"That we will continue to improve our knowledge of the best methods of treatment. We will have further developed IT [information technology] interaction with patients." (J.N.)

"More research! There seems to be a lot of very able academic physiotherapists coming through into pelvic health. This is great, and my hope is that these physios are provided with the support needed to produce high-quality research that, when collated, will help to inform guidelines and practice." (G.M.)

"We will develop into pelvic consultants working in a variety of departments, reflecting the different areas of expertise we have. We will develop increasing public health roles as experts in maternal health, and the pelvic health of men and women." (K.L.)

I hope that these predictions for the future will be re-examined in 10 years' time, which will mark our eightieth anniversary. It will be fascinating to see what has actually happened to our speciality and society as a whole. Perhaps we will be wearing our technology, or have it embedded in our flesh. We could be tracked 24 h a day, with our health information being delivered straight to our insurance companies. Will we still be seeing patients face to face, or will we have become virtual physiotherapists? Surgery may be limited if we have no functioning antibiotics as a result of antimicrobial resistance. Will the NHS survive? Will we see a big rise in numbers of pelvic health physiotherapists and POGP members?

Here are some further thoughts about the future:

"Technology! Who knows where technology will be in 10 years. I would like to think that online diagnosis and advice tools will improve to the point where nervous or embarrassed patients will be more likely to seek help. I think that the 'self-help technology' market will continue to grow. It would be great to see some functional devices for use in the home or gym – such as wireless vaginal devices like Elvie that can be used when fully clothed, and during a gym workout or on a run – perhaps a 'Fitbit for the Floor'?" (G.M.)

"We will be involved with design innovation for vaginal devices for prolapse. It will become part of our scope of practice to fit pessaries as part of conservative management." (K.L.)

"I think POGP could link arms with global organizations for pelvic health physiotherapists. This could help the profession in so many ways, and would build bridges that could open the way for experienced speakers to come to Conference. Possibly, a global mentorship programme could be envisaged, and maybe even observation for a few in specialist centres across the world, heightening our benchmarking process even further!" (G.M.)

I would like to thank Kate Lough (K.L.), Scotland, Wendy Brown (W.B.), Northern Ireland, Jane Newman (J.N.), England, and Gillian McCabe (G.M.), Wales, for their contributions to this article. I hope that it has given you pause to reflect on your career and think about the future. I think the passion that we have for this clinical area, and the holistic approach we apply to our patients, will remain strong. It echoes the passion of the founding

members of POGP. Our organization exists because of its members and the volunteer work that they take on, so why not consider applying for a role. The future is full of possibilities, and there is no lack of ideas and enthusiasm. I think that, given the commitment and passion of our members, the future of POGP is secure.

We plan to continue this conversation at our Annual Conference in Cardiff, where we will be further celebrating our seventieth anniversary. I look forward to many more anniversaries of POGP, or whoever we become.

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Kate Lough has worked as a specialist pelvic health physiotherapist since 1996, and treats both men and women. She has a special interest in psychosexual medicine, and gained a diploma from the Institute of Psychosexual Medicine in 2015. Kate is currently undertaking a PhD in pessary use for prolapse. She has been a POGP area representative and Executive Committee member, remains a subcommittee member, and is a tutor on the pelvic organ prolapse short course.

Wendy Brown works as a specialist physiotherapist in Craigavon Area Hospital, Portadown, Craigavon, County Armagh. Her main interest is in oncology, and how treating this affects bladder, bowel and sexual function. Living with and beyond cancer is a challenge, and the role of women's health in this area is vital to improving quality of life. Wendy is also the POGP area representative for Northern Ireland.

Jane Newman has worked in women's and, later, also men's health since completing parts 1 and 2 of her ACPOG membership requirements in 1985. Since then, she has built and led teams at the Royal Free and Oxford University Hospitals, and now has an honorary contract with the latter. Jane also sees male and female private patients. She taught physiotherapy students from Oxford Brookes University and medical students at the University of Oxford for many years, and acted as a clinical supervisor for students for Bradford (POGP) and Coventry universities. Jane was a public relations officer for ACPWH, and is now treasurer on the POGP Executive Committee.

Gillian McCabe is a clinical specialist physiotherapist with over a decade of experience in both the NHS and private practice. After qualifying from the University of the West of England, Bristol, in 2004, she began to work in the NHS. Her passion for women's health physiotherapy was ignited when she worked a 6-month rotation in the University Hospital of Wales, Cardiff. This quickly led to a permanent position working alongside the women's health physiotherapy team in Cardiff. Gillian continued her learning by obtaining a Master's degree qualification in women's health physiotherapy from the University of Bradford in 2015. In 2008, she set up her private practice alongside her NHS role, and following the growth of her business, she made the difficult decision to leave the NHS in January 2017 so that she could focus on providing top-class care to her clients. Gillian now provides pelvic health physiotherapy services in her own busy private practice in Cardiff.

Shirley Bustard is the current editor of JPOGP*, and chair of the Journal Subcommittee. She has been a member of POGP since 1993. Shirley is a past research officer and POGP area representative for North East England. She works as a clinical specialist physiotherapist in women's health in Durham. Shirley completed her MSc in evidence-based practice in 2014.*