

Notes and news

We are POGP

We decided that this anniversary year is a great opportunity for the membership to see who is currently involved with all the POGP committees, and how these work on their behalf. We also want to remind members and affiliates how they can get involved.

The Executive Committee consists of full members who nominate themselves when a vacancy arises. Any openings are usually sent out with nomination forms before Conference, or e-mailed out to the whole membership as these arise. The posts are usually for a period of 3 years, although members can be co-opted as the need arises. Some roles involve being the chair of one of the POGP subcommittees (see below).

This system is backed up by our constitution, which can only be changed after consultation with the membership. It is important that affiliates and members attend the annual general meeting at Conference since there will be important items for them to ratify. In addition, any key ballots will be arranged so that the whole membership is involved and can vote.

Executive Committee

The Executive Committee meet face to face four times a year to deliver reports, participate in discussions and make decisions by consensus. This is a friendly, busy committee, and a lot of work and e-mailing goes on between meetings. The chairman of POGP is voted for by the Executive, who elect one of its members. The chairman has extra responsibilities, being involved in many national forums, and representing POGP at stakeholder events and projects. The expenses of all those involved in the Executive and the other subcommittees are paid according to POGP policy.

Some members of the Executive Committee are shown in Figure 1. The other members who are not pictured here are: Jilly Bond, committee member; Wendy Rarity, secretary; Ruth Hawkes, chairman of the Educational Subcommittee (ESC), workshop coordinator and vice-chairman; and Jane Lofts (see Fig. 5, below), chairman of National Conference Organizing Committee (NCOC). The full Executive Committee is listed on the website (POGP 2018a) and in the journal (see p. 2).

All subcommittee chairmen sit on the Executive. However, some members of the Executive take on an individual role and do not chair a subcommittee.

As research officer, Kay Crotty organizes the POGP Research Prize and poster competition at Conference, and promotes the association's research awards.

Rebecca Bennett, social media officer and website coordinator, monitors and facilitates the POGP Facebook page (https://www.facebook.com/groups/1652693234997631/?ref=br_rs), Twitter feed (@The POGP) and microsite.

Rachel Burnett is our area representative coordinator, who supports and develops the area representatives, who are a key point of communication with the membership locally. They meet once a year at the Chartered Society of Physiotherapy (CSP) offices in London. All the area representatives' details can be found on our microsite (POGP 2018b) and the journal (see p. 64). Area representatives can be affiliate members. If you don't have a local area representative and would consider a more active role in POGP, then you can find an application form on the microsite (POGP 2016).



Figure 1. Some members of the Executive Committee: (standing, left to right) Amanda Savage, chairman of the Communications Subcommittee; Rachel Burnett, area representative coordinator; Victoria Muir, committee member; Rebecca Bennett, social media officer; Kay Crotty, research officer; Shirley Bustard, chairman of the Journal Subcommittee; and Katie Mann, chairman; and (sitting, left to right) Jane Newman, treasurer; and Jo Fordyce, committee member.

As treasurer, Jane Newman plays a very important role by keeping an eye on our accounts and how we operate. She works with our accountant and auditor, and liaises with Fitwise Management Ltd.

Area representatives

Some of the area representatives are shown in Figure 2. The others who are not pictured here are: Donna Osborn, South East; Emily Hoile, South West; Michelle Neal, Midlands; Virginia Rivers Bulkeley, London; Sarah Wright, Trent; Lynda Morgan-Jones, Trent; Claire Brown, East Anglia; Sita Dixit, Solent; Rhiannon Griffiths, Wales; Paula Riseborough, South; Anna Mennell, North East; and Angela Leung-Wright, South Midlands.

The area representatives are very keen to ensure that your area feels able to realize all of your membership benefits by facilitating local education, support and networking opportunities. Do keep in touch with them for up-to-date information from POGP, and don't hesitate to contact them if you have any questions.

Education Subcommittee

Ruth Hawkes is the chair of the ESC and a full member of POGP, as all chairmen are. However, members of this and other subcommittees can be affiliate members. The ESC is a hardworking and productive committee that meets twice a year. Their remit includes all things educational, such as the POGP workshops, research and evidence-based practice, and the good practice statements



Figure 2. Some of the area representatives: (standing, left to right) Rosemary Butler, Solent; Emma Bakes, Yorkshire; Colette Pollard, London; Aoife Ni Eochaidh, overseas; and Rachel Burnett, Executive Committee area representative coordinator; and (sitting, left to right) Wendy Brown, Northern Ireland; Helen Shepherd, Manchester; and Katie Mann, chairman of POGP.



Figure 3. Some members of the Education Subcommittee: (left to right) Lynda Morgan-Jones; Julie Ellis; Funmi Odojin; Ruth Hawkes, chairman; Chrissie Edley, publications officer; and Sinead McCarthy.

(see pp. 50–52) and booklets, for which Chrissy Edley is publication officer. The good practice statements have been an excellent development and provide the membership with a fantastic resource. Some members of the ESC are involved in the peer review of the short courses. Karen Armitage, who has a paid role, is course administrator, and organizes and books POGP short courses. The tutors of the short courses, who also have paid positions, meet once a year with the chairmen of the Executive Committee and ESC.

Some members of the ESC are shown in Figure 3. The other members who are not pictured here are: Kay Crotty, research officer (see Fig. 1); and Aislinn Finn, Claire Lawson and Kate Lough.

Journal Subcommittee

Some members of the Journal Subcommittee (JSC), photographed at a recent meeting at the CSP, are shown in Figure 4. The other members who are not pictured here are: Jilly Bond, journal social media officer; Angela Kearns, online



Figure 4. Some members of the Journal Subcommittee: (left to right) Andrew Wilson, managing editor; Shirley Bustard, chairman and editor; and Alison Clarke, research reviews editor.

content editor; Liz Benson, regional representative liaison; Rosie Conway, news editor; and Romy Tudor, reviews editor.

The JSC is a hardworking committee, and its members collaborate to produce the high-quality POGP journal twice a year, including the extended online content (EOC). It has the support of Andrew Wilson, a professional editor who has worked on the journal since 2000. The members meet face to face once a year, and hold teleconferences in between. They encourage submissions from members and other researchers, taking contributions through peer review, and gather articles from Conference speakers. Each member has a specific role, but they work together to maintain the high standard, generate new ideas and develop the journal.

The research reviews highlight important new research published in other journals, and the product and book reviews offer a professional critique of new products. The news section is popular, and both celebrates and archives important events. The EOC is where you find out about what's happening in your region. The international reach of the journal is increasing thanks to our journal Twitter feed (@JPOGP). The membership is involved more widely in peer, product and book, and research reviews.

National Conference Organizing Committee

Jane Lofts is chairman of the NCOC (Fig. 5). Because it conducts its business via teleconferences, this subcommittee does not have

face-to-face meetings, and hence, we do not have a recent team photograph. The NCOC organize Conference, usually with the help of Fitwise Management Ltd. They programme speakers of interest, and make all the arrangements to ensure that Conference is the superb networking opportunity and fascinating yearly event that it always is.

Communications Subcommittee

This is our newest subcommittee, and it reflects the increasing volume of work that has to be done to promote POGP and our clinical specialty (see pp. 81–82). Its members are shown in Figure 6. Amanda Savage is the chairman of this committee, which maintains connections with editors, journalists, the CSP and other media people to promote articles and patient stories. The members of the Communications Subcommittee are also involved in campaigns to promote our clinical work. They cover all forms of communication (e.g. newspapers, television and social media), respond to articles and generate their own. We look forward to seeing this subcommittee continue to develop.

Since this item has shown the range of roles and teams that POGP offers, we hope that it will encourage affiliates and members to become actively involved and come forward when positions become available. These are great for your curriculum vitae (CV) and continuing professional development (CPD), and also make you feel actively involved and connected. If you



Figure 5. The members of the National Conference Organizing Committee: (left to right) Jane Lofts, chairman; Rosie Butler; Camilla Lawrence; Karen Irons; and Catherine Kelly.



Figure 6. The members of the Communications Subcommittee: (left to right) Rebecca Bennett, website officer; Jilly Bond; Jo Fordyce; Myra Robson, interactiveCSP moderator; and Amanda Savage, chairman.

are interested in a vacancy, contact the chairman of the committee for more information. You are also welcome to visit a committee during a meeting to see if it's for you: it's always good to know what's involved beforehand. It's only with all of us working together that POGP exists, and it's remarkable how much is achieved by volunteers who give their time freely.

In this seventieth anniversary year, we say a big “thank you” to everyone on these committees, and to all our active members who work to promote and develop this clinical specialty for the benefit of our patients.

Shirley Bustard

Editor and Journal Subcommittee Chairman

References

- Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) (2016) *Your Guide to Becoming a POGP Area Representative*. [WWW document.] URL <https://pogp.csp.org.uk/documents/your-guide-becoming-pogp-area-representative>
- Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) (2018a) *About POGP*. [WWW document.] URL <https://pogp.csp.org.uk/content/about-pogp>
- Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) (2018b) *Area Representative Section*. [WWW document.] URL <https://pogp.csp.org.uk/content/area-representative-section>

General Data Protection Regulation

It would have been hard to miss all the e-mails landing in your inbox during May from companies reminding you about the new General Data Protection Regulation (GDPR), and asking you to stay in contact with them. This regulation came into effect on 25 May 2018, replacing the UK Data Protection Act 1998 and the EU Data Protection Directive. The GDPR is “a regulation in EU law on data protection and privacy for all individuals within the [EU and] aims primarily to give control to individuals over their personal data. . .” (Wikipedia 2018).

The GDPR has given all companies and organizations, including our own, an opportunity to review how they handle and manage all their data. In this context, “data” means any personal information that we may hold on you as a member of POGP; for example, your name, e-mail address, home and/or work address, and contact telephone number. The type and quantity of personal data that we have collected will depend how you have previously interacted with POGP and do so currently. Examples could include

membership details, course attendance, consent forms, certificates and application forms. The duration that we retain that personal information for will vary, and our new policies will go some way to explaining why we keep it and for how long.

The association has instituted two main policies to make our data-keeping more transparent, both of which can be found on our microsite: (1) the Website Privacy Policy (POGP 2018a); and (2) the Data Retention Policy (POGP 2018b).

We also have separate policies for members of the Executive and subcommittees, and anyone else who may access personal data. It is important to know that, because of the GDPR, you may well not be receiving e-mails from your professional networks, including POGP. This is a result of the CSP website previously prepopulating e-mail subscription options when members signed up to a professional network. You now have to physically tick to opt in.

You can check your e-mail preferences by following these steps:

- (1) Log into the CSP website.
- (2) Click on “Account” in the top right-hand section of the webpage.
- (3) Click on “Email Subscriptions” under the “Your Online Account” section.
- (4) You can now update what e-mails you receive, and if you wish to continue receiving these from POGP, then simply opt in by ticking “Pelvic, Obstetric, Gynaecology” under the interactiveCSP (iCSP) section.

More information is available on the POGP microsite (POGP 2018a). If you have any questions, please do not hesitate to contact our appointed data protection officers, Fitwise Management Ltd (e-mail: privacyofficers@fitwise.co.uk).

Rebecca Bennett
Social Media Officer

References

- Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) (2018a) *POGP Website Privacy Policy*. [WWW document.] URL https://pogp.csp.org.uk/system/files/pogp_website_privacy_policy_-_may_2018.pdf
- Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) (2018b) *POGP Data Retention Policy*. [WWW document.] URL https://pogp.csp.org.uk/system/files/pogp_data_retention_policy_-_may_2018_1.pdf
- Wikipedia (2018) *General Data Protection Regulation*. [WWW document.] URL https://en.wikipedia.org/wiki/General_Data_Protection_Regulation

Routes to full membership of POGP

Over the past year, the ESC has been reviewing the different ways to gain full membership of POGP, and with the approval of the Executive Committee, a few significant changes to the existing routes have been made. The association recognizes that support from employers, particularly financial assistance, is rarely forthcoming, and therefore, options other than the completion of a university postgraduate certificate must be available.

The aim is to be inclusive of all members, rather than exclusive, by providing pathways that provide individuals with a structure to enable them to build their knowledge and skills, and that are fair and equitable. The hope is to enthuse all affiliate members, and encourage them to work towards full membership, so that they are confident that they have reached a standard of excellence and are in the best possible position to be recognized for their expertise.

Once attained, the membership category remains, and it is up to the individual to work within their scope of physiotherapy practice, maintain competence and follow best practice.

Criteria for membership of POGP

As a professional organization, POGP supports chartered physiotherapists working in the specialty of pelvic health, obstetrics and gynaecology by providing good practice advice, mentorship and educational opportunities. Membership eligibility is via three routes to promote excellence and quality in this specialist area of physiotherapy.

The candidate must provide evidence of physiotherapy experience in one or more of the specialty areas of: male and female bladder, bowel and sexual dysfunction and pain; pre- and postnatal musculoskeletal (MSK) dysfunction and pain; and breast care and oncology.

Membership routes

Completion of a POGP-recognized postgraduate course (PG certificate). The applicant must successfully complete one of the two POGP-recognized postgraduate courses presently run by the University of Bradford, i.e. Physiotherapy for Women's Health or Continence for Physiotherapists (both worth 60 credits).

A short personal statement is required to demonstrate how the applicant's skills in assessment

and patient management have developed in the specialty of pelvic, obstetric and gynaecological physiotherapy (500 words). This must be accompanied by evidence of completion of the course (i.e. the title of course and the dates of attendance), and the applicant's CSP membership number.

International physiotherapists who do not reside or work in the UK, and are not members of the CSP, may still apply for full membership, but they must provide proof of their membership of their own country's recognized physiotherapy governing body.

An academic award at Master's or PhD level in a relevant topic area. The applicant must demonstrate the successful completion of a Master's or PhD in a relevant topic area (as above).

A short personal statement is required to demonstrate how the applicant's skills in assessment and patient management have developed in the specialty of pelvic, obstetric and gynaecological physiotherapy (500 words). This must be accompanied by evidence of completion of the degree, and the applicant's CSP membership number.

International physiotherapists who do not reside or work in the UK, and are not members of the CSP, may still apply for full membership, but they must provide proof of their membership of their own country's recognized physiotherapy governing body.

Portfolio of evidence. The portfolio must demonstrate physiotherapy experience in one or more of the specialty areas of: male and female bladder, bowel and sexual dysfunction and pain; pre- and postnatal MSK dysfunction and pain; and breast care and oncology.

Portfolio criteria:

- (1) The candidate proves that they are a member of the CSP.
- (2) Submission of a portfolio of evidence related to the area of specialty that must include the following:
 - (a) a CV detailing clinical experience, route into this specialty and including the candidate's current work role;
 - (b) a personal statement (500 words) describing how the candidate has developed skills in assessment and patient management in the specialty of pelvic, obstetric and gynaecological physiotherapy in the past 2 years;

- (c) a testimonial on evidence-based practice (1500 words) demonstrating how the candidate uses this to contribute to the quality of his or her practice and service delivery, and how it has benefited the service user in the past 2 years (this should clearly reflect in-depth understanding and experience in pelvic, obstetric and gynaecological physiotherapy, and include information regarding how evidence-based practice will benefit the candidate's future practice in the specialty); and
- (d) five original, detailed pieces of evidence to support the candidate's testimonial of evidence-based practice (e.g. case studies, audits, service developments, patient-reported experience measures and reflective accounts), all of which must conform to the CSP's standards of professional practice, be within the applicant's scope of practice, conform to standards of confidentiality and be anonymized.

Portfolio assessment will be undertaken by two "blind" assessors who are members of the ESC. In cases where the assessors do not agree, the ESC chairman will adjudicate. The chairman will retain the submitted document.

Acknowledgement of submission will occur within 2 weeks of receipt. The candidate will be informed that his or her submission was assessed to meet one of the following criteria within 8 weeks of receipt.

Assessment criteria:

- (1) Achieves all the criteria for membership, as stated above – the candidate is sent a letter of invitation to become a full member and a certificate acknowledging this.
- (2) Partially meets criteria – the candidate can resubmit his or her portfolio with additions or amendments suggested by the assessors.
- (3) Does not meet the criteria – the candidate can resubmit his or her portfolio with additions or amendments suggested by the assessors.

Further details and an application form can be found on the POGP microsite (POGP 2018). If you have any queries or want further information, please contact Ruth Hawkes (e-mail: ruthhawkes@uk-consultants.co.uk).

Ruth Hawkes

Education Subcommittee Chairman

Reference

Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) (2018) *POGP Membership*. [WWW document.] URL <https://pogp.csp.org.uk/content/pogp-membership>

Submitting a portfolio to gain full membership of POGP

I gained full membership of POGP in 2007 by submitting a portfolio of evidence. Although I had been working in women's health for several years, family circumstances had meant that I had not been able to attain membership by taking the Bradford or University of East London postgraduate courses. However, I had completed a Master's degree in rehabilitation counselling some years before that had included a dissertation relevant to antenatal health. This formed part of my portfolio demonstrating Master's-level attainment.

Initially, the prospect of demonstrating sufficient expertise and experience felt very challenging. As health professionals, we often play down our skills and negate our depth of knowledge. Following the POGP portfolio criteria helped me to identify what I had learned, and how I had used my clinical experience both as an individual and as part of a team to develop evidence-based practice and improve service delivery. This can be demonstrated in a number of areas; for example, development of patient information tools, protection of longer appointment slots or patient-friendly clinic times, CPD courses, and running new services. All of these "normal" activities can demonstrate evidence-based practice in healthcare.

I know from my involvement in POGP that there are many experienced specialist physiotherapists who could become full members by submitting a portfolio of evidence, particularly those who have already provided the Health and Care Professions Council with evidence for registration. Have a go – you have nothing to lose and much to gain!

Kate Lough

Specialist Women's Health Physiotherapist

My academic and family journey

I started the MSc physiotherapy course in Bradford in October 2011, and then married my husband the following year at the age of 39. In 2014, the year in which I was to complete the MSc, I had my first daughter, Isabella. I was 41. I asked for an extension in order to balance life's new challenges. Finally, in October 2016,

I handed in my Master's dissertation 6 weeks before the arrival of my second daughter, Zara, at the age of 43. One week before she arrived, I had the wonderful news that I was now the proud owner of an MSc in continence.

This fulfilled a dream that I had had since I completed my first degree in 2000. My passion for women's health had developed as I worked on a dissertation on exercise during pregnancy. I was fortunate enough to get a student placement in Cardiff with Carole Broad and Gillian McCabe, both wonderful women's health physiotherapists. With their encouragement, I applied for the Margie Polden Bursary in 2006, an honour I gratefully received when I was awarded it. During my band 5 rotations, I was supervised for 8 months by the modest and brilliant Roberta Eales. An active member of the then Association of Chartered Physiotherapists in Women's Health, she inspired my ongoing interest in academic work.

In 2010, I moved to Northampton as a band 6 specialist physiotherapist, and received funding to do the MSc course at Bradford so that I could develop a women's health role within the MSK department. Completing the MSc changed me for the better as a person, clinician and employee. I now have an in-depth knowledge of research, and apply it with confidence on a daily basis in discussions with colleagues, patients and commissioners. The experience has vastly increased my networking with like-minded health professionals, and makes working in pelvic health within an MSK team so much easier.

I am currently developing a pathway and mentoring two MSK physiotherapists, and look forward to becoming an extended scope practitioner in the future.

My thesis was a systematic review of manual therapy for the pelvic floor in patients with interstitial cystitis/painful bladder syndrome. When I started the MSc, I had not even heard of manual therapy for the pelvic floor, or indeed, interstitial cystitis! I am now an expert in the field, and make presentations to other health professionals. I also achieve good results when treating patients whom I once would have referred on because of my lack of understanding of their needs and treatment options.

My academic journey was not easy and required a lot of sacrifice. However, I am living proof that, if you have enough passion and enjoy learning, anything is possible!

Michelle Cockram
Specialist Physiotherapist

Mary Bray BSc MCSP, 1948–2018

Mary Bray (Fig. 7) was born in Sussex in 1948. After leaving the Royal Air Force, her father worked for the Gas Board. Her mother, who was from County Leitrim in the Republic of Ireland, came to England before the World War II to train as a nurse. Mary gained a scholarship to attend the Our Lady of Sion School in Worthing. In 1960, the family moved to Reading and Mary went to Kendrick Girls' School. It was during this time, when she was 12 years old, that her mother suffered a severe stroke. Witnessing her mother's rehabilitation prompted Mary to pursue a career in physiotherapy.

Mary trained in Cardiff, and it was there that she met her future husband, Neil, who was a dental student. After qualifying as a physiotherapist in 1970, she went to work at Sully Hospital near Barry in South Wales, and then moved to Devon. She worked at the Princess Elizabeth Orthopaedic Hospital in Exeter and then at the Axminster Hospital, where she continued to work until the birth of her two sons. While her husband was taking his finals, Mary took an A-level in Ancient History, and set up a young archaeologist group for the Devon Archaeological Society.

Around this time, she also started running a postnatal exercise class, and this fuelled her interest in women's health physiotherapy.

Mary became a full member of the Association of Chartered Physiotherapists in Obstetrics and Gynaecology (ACPOG, now POGP) after completing the 1990–1991 Foundation Course with merit. In the Winter 1991–1992 edition of the ACPOG journal, there is an article by Mary describing her experience of the course, which she found very beneficial (Bray 1991). She was



Figure 7. Mary Bray BSc MCSP.

awarded the 1991 Anne Bird Prize jointly with Doreen Isherwood. At this time, she was running ante- and postnatal classes in her local hospitals, and also aquanatal classes at local swimming pools.

There are several articles in past journals written by Mary about meetings of the South West Association of Chartered Physiotherapists in Women's Health (ACPWH, now POGP) group, including a report of a day in March 1994, organized by herself, to discuss aquanatal classes. This was attended by 10 physiotherapists and 27 midwives.

In 1997, Mary gained a BSc(Hons) in Physiotherapy Studies from the University of Greenwich in London, and the February 1999 edition of the journal contains a report on some of her research entitled "Women's stories" (Bray 1999). This is a simple narrative report of five patients describing their personal experiences of incontinence, but many very relevant issues surface.

Mary was chairman of the ACPWH Journal Subcommittee from 2000 to 2003. She was the first journal editor to work with professional editor Andrew Wilson. He fondly remembers working with Mary:

"I was brought in as professional editor to help Mary when she became clinical editor in 2000. Her 3-year stint oversaw the publication of issues 88 to 93 (Spring 2001 to Autumn 2003), and a cumulative increase in the size of the journal. She was a wise, calm and gentle woman, whom I held in the highest regard. I think she appreciated my sense of humour; I certainly treasured her kindness."

Mary was forward-thinking and was very keen that the journal should look professional. Along with Andrew, she must take credit for the changes in style and format that occurred in that period. In her first editorial, she stated, "Our Journal strives to fulfil many functions, and one of the most important must be the promotion of clinical excellence within the specialty of women's health physiotherapy" (Bray 2001). This still remains a fundamental aim of the association today, and is reflected in our strapline "Excellence Matters".

Mary knew the importance of the organization keeping up with the great electronic changes occurring at that time. Her son, Peter, who was studying for his Master's degree in Information Systems Engineering at the University of Reading at the time, worked with Jeanne and Jon

McIntosh to set up ACPWH's first website and became the webmaster.

In 2008, Mary was diagnosed with bowel cancer, and underwent surgery and chemotherapy. After her treatment, she became a moderator on the Beating Bowel Cancer online forum (<https://community.bowelcanceruk.org.uk/forum/welcome-to-our-forum>), and in 2016, she was presented with an achievement award by the charity in recognition of her dedication to the role. Mary also became a volunteer for FORCE Cancer Charity, a local cancer support organization, helping physiotherapists with exercise classes for patients undergoing chemotherapy. In 2016–2017, she supported Beating Bowel Cancer's national campaign to lower the screening age from 60 to 50 years, which had the strapline "Early diagnosis saves lives".

Sadly, Mary was diagnosed with advanced ovarian cancer last August, but with fortitude and faith, she continued to stay strong and optimistic.

Our thoughts are with her husband, Neil, their sons, Peter and Andy, and their families.

Ruth Hawkes FCSP

Education Subcommittee Chairman

References

- Bray M. (1991) The final frontier? *Journal of the Association of Chartered Physiotherapists in Obstetrics and Gynaecology* **70** (Winter), 11.
- Bray M. (1999) Women's stories. *Journal of the Association of Chartered Physiotherapists in Women's Health* **84** (February), 14–17.
- Bray M. (2001) Editorial. *Journal of the Association of Chartered Physiotherapists in Women's Health* **88** (Spring), 2.

Interview with POGP chairman Katie Mann

With the POGP celebrating its seventieth anniversary, I spoke to Katie Mann about her role as chairman of the association. We discussed what she enjoys about it, and what her upcoming visions and aspirations are to keep us motivated and excited for the next 70 years and more!

Rosie Conway

News Editor

Rosie Conway: *What does your role as chair involve?*

Katie Mann: My role as chair is to coordinate Executive Committee meetings and POGP activity, and represent the association at various events and meetings with other agencies.

For example, in the past 6 months, I have been to a meeting with representatives of the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, the Institute of Health Visiting, fitness instructors and Sport England. This looked at how we can promote exercise to the pregnant woman who wants guidance on what level of physical activity she can perform during her pregnancy. I have also been to the CSP to meet with the chairs of other professional networks. It is interesting to see that we are all having the same problems: getting people with busy lives to volunteer; issues with supporting members by funding courses; and frustrations with people's perception of what a physiotherapist does. I recently attended a meeting in London for a research project examining how we can encourage midwives to teach correct pelvic floor muscle (PFM) exercises (PFMEs). It is a positive sign that physiotherapists are being seen as experts, and the people to go to for advice on pregnancy and gynaecology issues.

Most of my work is done via e-mail. I normally receive 10 or so e-mails a day, and generally, I can deal with these between patients or in the evening. I am supported by a very enthusiastic team of volunteers from all our committees, and also by Fitwise Management Ltd, who run our membership activity and bookkeeping. Fitwise also monitor e-mails that come via the website, and direct these to the most appropriate person.

With its rich history, I feel very honoured to be the chair of our association. When I look at the names of past chairs engraved on the ceremonial chains, I feel humbled that my name will also be on there. I could never have imagined that I would be listed with such historic figures as Jill Mantle, Dorothy Mandelstam, and Margie Polden.

R.C.: *What do you enjoy most about your role?*

K.M.: As I am basically a very nosy person, I like to know what is going on the world of men's and women's health from the inside! I am excited by the changes taking place all over our healthcare system, both in the private sector and National Health Service (NHS). I am encouraged by the number of young physiotherapists who want to be part of the great work that we do – we are no longer seen as the old “twinset and pearls” physiotherapists of a certain age!

R.C.: *With POGP having just celebrated its seventieth anniversary, what vision do you have for its future?*

K.M.: In the year that the NHS celebrates the same anniversary as our association – and our

future king! – we look forward to the next decade and beyond. The expectations of our patients have changed, and they demand, rightly, an improved quality of life (QoL). They no longer accept that: incontinence is an inevitable part of a woman's life; pelvic pain is a normal product of pregnancy; or post-radical prostatectomy erectile dysfunction just one of those things that has to be tolerated. Our sexual health is more openly discussed and is now seen as an important part of our general health – both physical and mental – and problems with a physical cause can be addressed with physiotherapy. Developments in digital health will give practitioners greater scope to enhance our treatments, and communicate with our patients and colleagues in different ways. Advances in design and technology will allow a more-individualized therapy, and three-dimensional printing can create a bespoke vaginal pessary or electromyographic probe. Who knows what other ideas will evolve that were way beyond our imagination only a few years ago?

But at the core of all our forward thinking, we must remain true to the foundations of our physiotherapy skills, and our mindset of keeping the patient at the centre of our care, using our analytical skills to diagnose and physical skills to treat. I won't be around for the next 70 years of pelvic, obstetric and gynaecological physiotherapy, but there will still be patients who need the speciality, and I have every faith that there will be physiotherapists who are ready to help them.

Welsh mesh update

The Welsh Government have pledged funds for pelvic health services across Wales. The pelvic health teams are now busy trying to set up two pathways:

- (1) a pathway for women who are accessing pelvic health for the first time; and
- (2) a pathway for women already dealing with the complications of vaginal mesh surgery.

Physiotherapy is an integral part of both pathways, and early referral has been acknowledged to be essential in the management of such women.

You can find the full report and a summary document online (WTFG 2018a, b).

Gillian McCabe

*Clinical Specialist Physiotherapist
Member of the Welsh Task and Finish Group*

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Teenage pelvic floor awareness

The Association for Continence Advice (ACA) has launched a campaign that is designed to give teenagers detailed information about the pelvic floor. This is very patient-friendly, being specific and appropriate to teenagers, not to mention informative and imaginative!

Some years ago, the ACA produced an award-winning leaflet entitled *Your Pelvic Floor* (ACA 2011). Aimed at teenagers, this publication explained PFM training, and why it is an important part of staying healthy. It discusses:

- What the pelvic floor is.
- Where the pelvic floor is.
- How to exercise the PFMs.
- The advantages of exercising the PFMs.
- What can weaken the pelvic floor, and how to stop it happening.

You can view the contents of *Your Pelvic Floor* online by clicking on the link on the ACA website (ACA 2018). To purchase the leaflet, please contact Michelle McDougall at Fitwise Management Ltd (e-mail: Michelle.McDougall@fitwise.co.uk).

The leaflet was very well received, and is still widely distributed. However, it was decided that, in order to make the information more accessible to this age group, we would have to go a stage further than just having health professionals distribute it. We wanted to create a resource that would be suitable for teenagers to share via methods that they were used to using.

Despite a few setbacks when companies let us down, we eventually teamed up with Karen Burnett from NHS Highland, and the video of *Your Pelvic Floor* was produced (NHS Highland 2018).

In the first month after the launch of the video at the ACA conference in Bournemouth on 21–22 May 2018, it was viewed over a thousand times. There were many hits from the UK, Europe, Australia, New Zealand and even Vietnam.

When asked to review *Your Pelvic Floor*, here is what some local teenage girls from Nairn said:

- “It wasn’t a group of muscles I knew I had.”
- “Informative, but not in a boring way – friendly.”
- “Informative – I could have a conversation about it now.”
- “It could happen to a friend, and instead of taking them to buy those cringe products, I could show them the video!”
- “Don’t see why I shouldn’t give it a go if it’s going to help me.”

What next? In NHS Highland, we are meeting with school nurses to see if we can find a way of sharing this resource. We want to put up posters in areas where teenagers can take photographs, so that they can look at the details when they are ready.

There is a wider discussion to be had about screening for continence in schools. We know that there are issues with keeping children active, obesity rates are going up and there is increasing pressure on school curriculums to fit in exercise.

ERIC, the Children’s Bowel and Bladder Charity, has reported findings showing that 900 000 children in the UK aged between 5 and 19 years have continence issues (NHSMA 2003; ERIC 2018). One in eight teenage girls have continence issues, and as those who commented on the video said: it is part of everyday language; it is on film and in social media; and products are advertised every day. They generally thought that these problems only affected older people, but seemed to be aware of other teenagers who leaked when they laughed.

If we want to get kids to exercise, we need to make sure that they are not avoiding it because of continence issues. It is also important to ensure that teaching staff know how they should direct pupils who may need extra help. The ACA are producing a chart that will give teenagers an idea of when to seek help and how to do that. We hope that this can be part of the new poster, along with links to the video.

We know continence is huge QoL issue for teenagers. Problems can lead to bullying, social exclusion, low self-esteem and depression. Let’s share the message about prevention, and let kids know that there is help out there.

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Alison Clarke

Research Reviews Editor

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Have you ever dreamed of doing some research?

As an elderly, retired POGP physiotherapist, I would like to show you how very easy it is to get involved in research. All you need are: a burning question that you want to answer; time to devote to your project; a great deal of persistence; and a touch of serendipity. You don't need to be the class genius – I passed Zoology at A-level, but failed Chemistry and Physics!

My interest in the pelvic floor began when I was a physiotherapy manager at the BUPA Hospital in Bushey, Hertfordshire, and needed a continence physiotherapist. My staff ganged up on me and announced that, since I had given birth to two children, I was best placed to take on this speciality. I understood their reasoning – and their reluctance – and signed up for the Bradford continence course, where I learned about female pelvic floor problems. A colleague of mine booked an appointment for her father to see me after I had finished the course. When this lovely man, a general practitioner, attended for treatment for his urge incontinence, I said that I had learned about women, but the course had not included treatment for men. He said we could learn together, bringing me articles from *The Lancet* and the *British Medical Journal*, and we made steady progress.

In order to learn more, I enrolled at the University of East London to take an MSc in male incontinence with Jill Mantle as my clinical tutor. I undertook a Delphi study of all the movers and shakers in the world at that time, and gained information from continence physiotherapists in Canada, the USA, Belgium, France and Australia. These 2 years were fun, but my bugbear was travelling for up to 2 h after work for my weekly tutorial. When I was awarded my

MSc at the Barbican, I felt rather proud – my training at the London Hospital only conferred a diploma, not a degree, so this was the first time that I had worn a cap and gown!

I enjoyed learning so much that I wanted to take a doctorate. I retired 2 years early, moved to a sixteenth-century cottage in Devon and persuaded the University of The West of England (UWE) in Bristol to enrol me for a PhD. I studied pelvic floor exercises for erectile dysfunction with Mr Mark Speakman FRCS and Professor Roger Feneley as my clinical tutors.

Since I lived alone, my cottage became a student house, and I paid no rates for 3 years! A medical supplies company paid my university fees. I bought a Golden Retriever, and for 3 years, I happily bashed away at the computer, then walked the dog round the adjoining fields. Life was good. WiFi had just arrived, and I managed to download articles rather than trawling through the journals in the university library. I felt that I was on a treadmill and was completely driven to attaining my goal. I treated my research patients for free at the Somerset Nuffield Hospital in Taunton.

My research proved conclusive: pelvic floor exercises cured erectile dysfunction in many men. However, if this result had been negative, I would still have attained my doctorate provided that my thesis clearly explained the reasons why.

Then came recognition with press coverage and invitations to lecture to physiotherapists in all the English-speaking countries. I was delighted to be awarded a research prize from the Nuffield Foundation, a Best Presentation Award from the UK branch of the International Continence Society and a Fellowship from the CSP. I was invited to become a professor at UWE 6 months after I became a doctor. In this capacity, I became a clinical tutor to Dr Kay Crotty at the University of Hertfordshire, and my proudest moment was seeing her become a doctor in the Abbey in St Albans.

I was delighted to receive an MBE from Prince Charles, who seemed exceptionally interested in my specialist field: “Does it work?” he asked. When I left the university, I was awarded the title of Emeritus Professor, which I can use for life.

During my studies, I presented 100 male continence study days, wrote two textbooks and six self-help books (these little books are available for free to anyone who wishes to collect them from Devon).

So, from humble beginnings, I have been privileged to pursue my passion. I would encourage

anyone who has similar aspirations to follow their dream, and add to the much-needed body of knowledge in our area. If you have desire, determination and drive, I can guarantee that it will be fun.

Grace Dorey MBE FCSP PhD

Retired

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South West area representative

Now in my ninth year working for the South West region, I have been told that this gives me the distinction of being POGP's longest-standing area representative – so far! The years have flown by, and I am incredibly grateful to the wonderful group of physiotherapists whom I have had the opportunity to get to know, share ideas with and engage in mutual support. We continue to develop both our own clinical skills, and the services that we can offer in South West England.

The size of the South West geographical area means that we can sometimes feel rather isolated in our roles as pelvic health physiotherapists. However, knowing that there is a close-knit network of clinicians available is very important. I am very lucky to work in a team with two very enthusiastic and experienced clinicians, Wendy Farren and Helena Costiff, who have helped immeasurably in ensuring the continuing delivery of POGP meetings. I have thought, *Enough is enough*, on numerous occasions, and considered stepping down from this role. However, I find myself committing to another session after every meeting, and this is solely down to the members that we have. I always leave our gatherings invigorated by the conversations, and inspired by the amazing work that is being done.

At our last meeting, in May 2018, Dr Rosamund Yoxall, a functional nutritionist, delivered a fantastic session. We were able to bombard her with lots of clinical questions and queries to help our practice, and dispel some myths and misconceptions. In particular, we discussed FODMAP (fermentable oligosaccharides, disaccharides, monosaccharides and polyols) diets, and she was able to direct us to a couple of great resources. We also discussed: the complexity of patients who are reluctant to accept that their lifestyle choices can potentially have an impact on their

symptoms; and applying the principles of motivational interviewing as a useful technique. Of particular interest were the tools that she had developed to help us and our patients to understand what a healthy diet looks like, and some recipe ideas to support this.

At a previous meeting, in September 2017, one of our key members, Jo Lang, discussed her research into women's experiences of intimate examinations in physiotherapy. Having previously presented her findings at Conference, this was a great opportunity for us to hear Jo speak. We all felt that she gave us an extremely well-delivered and insightful presentation. In particular, we discussed the impact of the "third person" in the room with the use of chaperones, and the importance of establishing a therapeutic relationship in achieving positive outcomes after intimate examinations. I always appreciate our members sharing their work, ideas or feedback from courses or conferences, and would welcome other members to do so at future meetings.

I also aim to have a company attend each session to introduce a new product or provide an update. Qufora irrigation products and Contiform devices were discussed at the two most recent meetings.

Many of our members have been busy over the past year, attending: the First Pelvic Floor Summit in Telford; the Woman on Fire conference in Brighton; and the Association for Continence Advice Conference and Exhibition in Bournemouth. They have also taken part in many POGP courses, including: the lower bowel dysfunction course in Swindon; the visceral mobilization course in Bristol; and the obstetric anal sphincter injury workshops in Plymouth. Another of our members, Zoe Aspinall, is currently on maternity leave, so I am sure that she is busier than ever! We wish her and her beautiful son all the best.

We currently have 23 members (Fig. 8). I would encourage as many of them as possible to come along to our biannual meetings to continue to maintain the positive outcomes of the sessions. We all benefit from the support, enthusiasm and knowledge of other members in the South West area.

Emily Hoile

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Figure 8. South West area members at their last meeting in May 2018: (left to right) Tina McGahey, Helen Allan, Susanna Hill, Wendy Farren, Lucy Huntington-Whiteley, Lynne Coates, Helena Costiff, Emily Hoile and Ali Crocker.

Conference and course reports

Advanced Manual Skills for the Pelvic Pain Patient

Having emigrated to New Zealand with my family, I was completely in the dark about which “local” figures were recommended for pelvic health physiotherapists who were seeking to advance their skills. However, I was immediately given the names of two courses that I was told I should attend, one of which happened to be a highly sought-after myofascial course that rarely runs in the Southern Hemisphere. The tutor was New-Zealand-born Vicki Lukert, who now lives in the USA, but was coming to New Zealand in January 2018 – a lucky break for me.

Vicki graduated from the Auckland School of Physiotherapy in New Zealand in 1978. She has worked in a multitude of settings since that time in both New Zealand and the USA, including pelvic health, infertility, orthopaedic outpatient and neurological rehabilitation. Vicki has been employed at the University of Florida (UF) Health Shands Rehabilitation Hospital in Gainesville, FL, USA, since 2007, and has been an integral part of the development of the UF Health Pelvic Health Team and the Post Prostatectomy Programme. She is on the UF Health Pelvic Health Team, and divides her time between the UF Health Rehab Center’s Magnolia Parke and Medical Plaza locations. Her areas of expertise include: specialization in the field of

women’s and men’s pelvic health for more than 18 years; pelvic and abdominal pain, including dysmenorrhea and dyspareunia; colorectal dysfunction; faecal and urinary incontinence; endometriosis; coccygodynia; temporomandibular joint dysfunction; headaches; and pregnancy and postpartum pain. Vicki specializes in myofascial release, visceral mobilization and craniosacral therapy.

The “Advanced Manual Skills for the Pelvic Pain Patient” course was incredibly enjoyable and enlightening. Having never done any formal training in myofascial release therapy (MFRT), it was pitched at exactly the right level for me, a very experienced pelvic health physiotherapist with a desire to branch into MFRT.

Run over 2 days at Tauranga Hospital on the North Island, the group who attended the course was small, humorous and made up of multiple nationalities – mostly British, Australian and Kiwi. There was a refreshingly no-nonsense approach to the heavy practical content of the course, and a lot of laughs.

The objectives were as follows:

- understanding the theory behind myofascial release;
- becoming comfortable in applying myofascial release techniques to the trunk, abdomen, pelvis and perineum;
- effectively evaluating and treating scar tissue and adhesions;

- effectively treating dysfunction of the perineum; and
- effectively treating restrictions and adhesions within the pelvic cavity.

At the beginning of the 2 days, we took part in a theoretical session. We learned exactly what the fascia is, the different forms of this connective tissue, its links with the dural system and why fascial restrictions can cause problems. Vicki also covered all the terminology related to MFRT, the reactions and effects of such therapy, and all the contraindications to and precautions for treatment. Later that day, we also explored the theory around scar tissue release.

The rest of the course was practical. We worked on everything from basic “stroking” fascial techniques to deep trunk releases and more-intricate MFRT. The latter involved the obturator internus, obturator foramen, pouch of Douglas, bladder, superficial pelvic floor, labia, introitus and pubovesical ligaments. We then moved onto more-advanced positions such as release of the cervix and uterosacral ligaments in quadruped and sitting positions, and a bimanual external/internal pouch of Douglas approach. You name it, it was released!

In addition, we received notes from Vicki about her approach to bladder fitness, diet, PFMEs, pelvic pain and bowel health.

I returned home from this course thoroughly enlightened and “released”. Every objective of this invaluable course was met. It was a privilege to learn techniques from such an experienced hands-on therapist, who really “feels” what she does beneath her fingertips. My clinical practice has significantly developed through the acquisition of these new skills, and I am getting results! I would wholeheartedly recommend any of Vicki Lukert’s courses should any POGP members get the chance to take one.

Romy Tudor
Reviews Editor

Pelvic Floor Physiotherapy and Psychological Support: Why Do Patients Fail to Complete Their Rehab?

In July 2018, 20 pelvic health physiotherapists attended a study day in Manchester that was hosted by POGP in collaboration with Swansea University. Professor Phil Reed represented Swansea University, and was joined by his colleague Dr Lisa A. Osborne. The day consisted of a series of talks about a patient’s journey

through a pelvic health service, and how psychology plays a major role their rehabilitation.

Professor Reed presented a national picture of data on people who currently suffer from bladder or bowel problems within the UK. Interestingly, within this specialist cohort of patients, the incidence of anxiety or depression can be as high as 90%, and this is partly attributable to the QoL of individuals with these symptoms. Despite PFME being the first-line treatment recommended by the National Institute for Health and Care Excellence, many patients do not attend their physiotherapy sessions. Others fail to complete or engage with their rehabilitation, and turn to more-expensive and higher-risk treatments.

Results from the POGP’s national survey were presented to attendees. These included the did-not-attend and completion rates, and waiting list times reported by POGP members in a variety of settings around the UK. The intention is that this data can be used to set a benchmark for pelvic health departments nationally. This survey is ongoing and POGP are urging members to assist in its completion.

Professor Reed presented data from a previous study that showed how psychological support could encourage patients on waiting lists to attend, improve and complete their rehabilitation (Osborne *et al.* 2016). His team are currently developing a prescreening tool to identify: those patients who may benefit from specialist psychological support alongside physiotherapy; and those who will manage well within physiotherapy with the abundance of techniques that we teach within our scope of practice, such as mindfulness and relaxation. Professor Reed invites POGP members to contribute to the development of this tool within their departments.

I highly recommend this study day, which will be very beneficial for those of you who have to justify your service to managers who are unfamiliar with this cohort. Professor Reed and Dr Osborne were extremely knowledgeable about pelvic health, and their findings were reassuring to those who attended. It was also great to hear that the skills that we already possess can be so beneficial to our patients, and that we are actually doing a great job! Because of this study day’s popularity, POGP are hoping to run it again, so watch this space.

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Dame Josephine Barnes Bursary

Applying for financial assistance for courses, conferences and research

Pelvic, Obstetric and Gynaecological Physiotherapy hosts a bursary in memory of Dame Josephine Barnes, a past president of ACPOG, which enables members to apply for financial assistance to attend courses, support research, and promote women's health and continence in this country and abroad.

There are two opportunities to apply every year, the closing dates being 1 January and 1 July. Applications are made using a form that can be downloaded from the POGP microsite (POGP 2018), and submitted with a current CV. These are then independently assessed against a strict set of criteria by members of the Executive Committee. The maximum amount that can be claimed per applicant is currently £500, and there is a limited fund of £3000 a year.

In the past year, we are proud to have supported members' attendance at a University of Bradford postgraduate course, a POGP workshop and a psychosexual diploma

I was also fortunate enough to receive funding towards my attendance at the First Pelvic Floor Summit in Telford this spring. I had never applied for a subsidy in the past, being self-funding, as many of us are in the current NHS climate of restricted money. However, this was a meeting that I wanted to attend in order to develop my own CPD, and also to be part of the visible face of physiotherapy at a predominantly medic-based conference.

The application process is easy enough: you outline your reasons for needing funding and specify the amount that you are requesting; promise to write something for the journal, if the application is successful (here's my contribution!); and provide a recent copy of your CV. The applications are then assessed by three people, scored separately and a collective decision is made as to who should receive an award.

Past recipients have included Professor Doreen McClurg, who applied for a contribution towards

her first research project. Because of that support, she became so involved with POGP that she eventually became chairman of the association. Doreen has always been grateful for the support offered by POGP.

If you are looking for funding support, do look into applying for the Dame Josephine Barnes Bursary, and get your application in before the next deadline – 1 January 2019.

Katie Mann

Chairman

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Postgraduate Certificate in Continence for Physiotherapists

I am very grateful to be the recipient of the POGP Dame Josephine Barnes Bursary. I have worked as a physiotherapist in the NHS for 10 years, and within women's health for 6 years. The association has been an excellent resource during my transition into women's health, aiding my learning and development. The courses that I have attended, the regional meetings and iCSP have been invaluable to me.

This year, I will begin the Postgraduate Certificate in Continence for Physiotherapists at the University of Bradford. I will use the bursary to contribute towards the university fees. The course is separated into three study blocks that cover continence theory and practice for physiotherapists. It requires evidence-based practice, a strong theoretical knowledge, and good clinical reasoning and practical skills to improve patient outcomes.

I feel that this in-depth learning will greatly benefit my practice, and in turn, improve the service that I can offer to my patients. Following the course, I will become a full POGP member, and look forward to having a more active role within our professional network.

Thank you, POGP!

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POGP Advanced Pelvic Floor Course

The Dame Josephine Barnes Bursary will enable me to further my clinical knowledge of pelvic physiotherapy, the area in which I have worked for the past few years. There has recently been an increase in the number of referrals for complex pelvic pain to my trust. However, because of reductions in NHS funding and the lack of courses available in Northern Ireland, it has been a struggle for me to attend POGP-accredited courses.

This award will allow me to attend the POGP Advanced Pelvic Floor Course in September 2018. This covers in-depth assessment, differential diagnosis and advanced treatment techniques for complex female pelvic pain and PFM dysfunction. The course will increase my knowledge of the clinical assessment and treatment of this patient group. I have previously developed my skills in this area through self-education and local CPD. I hope that this course will reinforce this groundwork, and increase my confidence when dealing with this specialist area, leading to improved patient outcomes.

The Dame Josephine Barnes Bursary is greatly appreciated, and will make it possible for me to attend this course without the worry of an additional financial burden.

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Psychosexual Diploma

I have been privileged to work in the area of women's and men's health for over 10 years. My role has developed significantly over this time, and I now have a diverse caseload that includes those suffering from persistent pelvic pain.

The more I delve into this field, the more I appreciate the complexity of the psychosocial/sexual issues that affect my patients. It is for this reason that I have decided to embark on a diploma in psychosexual counselling. This will allow me to further support my patients throughout their treatment, and at the same time, contribute to my own personal and professional journey.

I am thrilled that POGP has agreed to support me with the Dame Josephine Bursary, which will allow me to complete my studies.

Nicola Mulkeen

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Communications Subcommittee

Rebecca Bennett continues to work on streamlining, indexing and archiving all of POGP's many documents. Although the CSP's "upgrade" of the professional network microsites continues to be slow and a little underwhelming, we do hope to be able to present a more-succinct and clearer resource to both members and the public soon. As for many businesses, a great many precious man-hours had to be devoted to GDPR matters in the first few months of the year, but you can be assured that POGP is fully compliant in all areas affected by the new legislation. Many thanks to Rebecca for leading the initiative and working on this.

Between April and August, Marie Fell, Emma Brockwell, Elaine Miller and Myra Robson, all affiliate members of POGP, have been widely campaigning for better services for pregnant and postnatal women. Elaine, Emma and Myra used social media to promote the launch of their collaborative campaign group, #pelvicroar (www.pelvicroar.co.uk), during World Continence Week from 18 to 24 June. They have also used social media to highlight their individual projects. Marie Fell's petition to provide women's health physiotherapy to all postnatal woman for pelvic health advice (Fell 2018) gained nearly 5000 e-signatures (10 000 are needed to get a government response). Emma Brockwell's Pelvic Floor Patrol (www.pelvicfloorpatrol.com), a multi-disciplinary team promoting postnatal exercise (Hayes 2018; Hitchcock 2018), was featured in both a newspaper article (Hodgekiss 2018) and a local TV news report about how physiotherapy helped the recovery of one of her running mums.

Pelvic, Obstetric and Gynaecological Physiotherapy provided a statement for a postnatal roundtable at Westminster, which Myra Robson attended. This was a well-attended event, and several members of Parliament, including Baroness Cumberlege, continue to move things forwards. We have been asked to add to further conversations and plans, which will include joint work with the National Childbirth Trust.

Sundeep Watkins and Victoria Muir both gave informative and well-received interviews on regional radio. Thanks also go to Kay Crotty and

Paula Igualada-Martinez, who were on standby for a BBC Radio 2 interview with Jeremy Vine that sadly never happened!

In June, the BBC created a short film about pelvic floor exercises that featured Elaine Miller and her amazing costumes (BBC News 2018). The 5-min clip, which is both funny and educational, has already been watched thousands of times. We were delighted to welcome Elaine as a new POGP member this year.

Also in June, POGP chairman Katie Mann attended a stakeholder meeting in London for the Antenatal Preventative Pelvic floor Exercises and Localisation (APPEAL) project, along with other physiotherapists, representation from the CSP and Elaine Miller, who was also a speaker at this event (see p. 73). This is a 5-year research project investigating how midwives can be supported in the promotion of PFMT in the antenatal period. Katie reported that it was “great to be involved – lots of diverse ideas and a wide spread of expertise”.

In July, BBC Wales News interviewed Jilly Bond to discuss the role of physiotherapy, and the POGP response to the mesh report from the Welsh Task and Finish Group, on which POGP member Gillian McCabe sat (see p. 74). With her colleague Carol Broad, Gillian was instrumental in pushing for greater access to conservative management as a first-line treatment for prolapse and stress urinary incontinence. This now seems to be a key part of the Welsh Women’s Health Implementation Group’s drive for pathway change.

We also liaised with Molly Gunton of Curious PR about an article about physiotherapy and exercise in July. It is expected that this piece will be published in *The Mail on Sunday* soon.

Also in July, the CSP’s Love Activity, Hate Exercise? campaign included tips from the POGP about the bladder and bowel, and case studies helpfully put forward by member Tamsin Brooks.

The mesh debate continues, and there is a suspension on mesh surgery (excluding special cases) in the UK and Northern Ireland until the end of the review. This is an unexpected move and reflects the serious nature of the complications that are being seen. Myra Robson from the Communications Subcommittee continues to offer

unofficial clinical support to the Sling The Mesh campaign group (<https://slingthemesh.wordpress.com/>), and is presenting to the Government review team in August.

Myra reports that:

“There remains considerable anger and fear amongst the mesh campaigners, and it is key that when treating women with mesh and mesh complications that we as specialist physiotherapists listen carefully to what they say and feel. I would strongly recommend that we do not discuss the pros and cons of mesh, or the research behind it, as this is almost always inflammatory and leads the clinicians concerned to be on the receiving end of a considerable amount of distrust and antagonism.”

Myra is in communication with Virginia Rivers Bulkeley at University College London Hospitals. They are working on guidelines for the use of physiotherapy in mesh complications and mesh removal with Miss Sohier Elneil at University College Hospital.

Amanda Savage

Communications Committee Chairman

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