

## Notes and news

### POGP Annual Conference 2018

#### Conference report

At the beginning of October 2018, I had the privilege of spending 2 days surrounded by experts in the field of pelvic, obstetric and gynaecological physiotherapy at the POGP Annual Conference in Cardiff. Only a single lecture at university had given me a glimpse into the previously mysterious world of pelvic health physiotherapy, so I was desperate to know more. My curiosity led me to request and complete an 8-week placement in a pelvic health department in my final year of training. It was then that my interest in this area of physiotherapy began to turn into a passion. This spurred me to apply for the Margie Polden Bursary. I was shocked when I received the e-mail congratulating me on winning this award, but I immediately felt excited about attending Conference (Fig. 1).

When I arrived, I was nervous about being the only person who was not currently working as



**Figure 1.** Rachel Thomas, winner of the 2018 Margie Polden Bursary.

a pelvic health physiotherapist. However, I was immediately put at ease as I began talking to those around me in the main hall.

Conference was packed with a wide variety of lectures, which were delivered by specialist pelvic health physiotherapists, urogynaecologists and colorectal surgeons, as well as spokespeople from companies manufacturing assessment and treatment devices. With the variety of talks on offer, I was able to gain a holistic understanding of the different strands that feed into a patient's pelvic health journey. I found the talks about men's health physiotherapy particularly eye-opening because I had not been exposed to this previously. This is an area that I have now spent time investigating, and have discovered how vital the role of the physiotherapist is for this patient group.

Although initially a scary prospect, the group speed discussions were a fantastic way for me to listen to different perspectives on: the use of treatment options; integrated multidisciplinary team care; and current controversies in the pelvic health arena. I thoroughly enjoyed this part of Conference; it was a rare yet excellent opportunity to hear from some of the leaders in the field.

The sessions were broken up by multiple coffee breaks, which gave me an opportunity to wander around the exhibition hall, where many exhibitors were showcasing a huge variety of products. This helped me to realize just how much need there is for this merchandise. It was particularly useful to be educated about some of the products that are available for patients suffering from urinary incontinence (UI).

I thoroughly enjoyed my time at Conference, and want to thank everyone who took the time to talk with and get to know me. I also want to recognize Margie Polden herself for the incredible legacy that she has left, and for making a mark on the physiotherapists who aspire to a career in pelvic health. Her enthusiasm and educational interest are enabling new physiotherapists, like myself, to share her passion, and to springboard into a rewarding career in physiotherapy.

**Rachel Thomas**

*Band 5 Physiotherapist  
(Graduated from the University of Birmingham  
in 2018)*

### Research report

I am delighted to report that the research component of Conference continues to evolve. This year, seven research projects were presented as posters, and four of these were also presented from the platform. Regrettably, an eighth researcher was ultimately unable to attend, but we are pleased to be able to publish this abstract along with the others in this edition of the journal (see pp. 33–39). The categories represented included original research, clinical research, service development, literature review and innovation. The prize for the best platform presentation was awarded to Virginia Rivers Bulkeley for her literature review on the reliability of digital palpation for pelvic floor myalgia (Fig. 2).

The prize for best poster presentation, as judged by the Conference delegates, was awarded to Emma Brockwell for her work on the development of a running club promoting women's well-being with an emphasis on pelvic floor dysfunction (Fig. 3). Our hearty congratulations also extend to all those who made a presentation. Their work was very much appreciated.

Research is fundamentally about asking a question and attempting to answer it. Our aim is to



**Figure 2.** Virginia Rivers Bulkeley, winner of the POGP best platform presentation prize.



**Figure 3.** Emma Brockwell, winner of the POGP best poster presentation prize.

provide our members with an environment that supports, nurtures and encourages more of us to attempt to answer our questions. In this spirit, I was particularly delighted this year to have the opportunity to gently guide a POGP member with no research background or support from an academic establishment from submission to presentation. The outcome of this process is that this novice researcher is now ready to collaborate with an academic mentor to take this work forward, which will benefit patients and clinicians alike. We invite all readers to consider doing the same. It is wonderful to disseminate our work, and although it can be a little daunting, there is plenty of support on offer from our research officer and Education Subcommittee. We look forward to welcoming both novice and established researchers to future conferences.

**Kay Crotty**  
Research Officer

### Wamukisa volunteer

In June 2018, I was part of a team of 12 women from Northern Ireland who travelled with Wakisa Ministries to volunteer at Wamukisa Youth Centre. Situated between Entebbe and

Kampala in Uganda, this pregnancy crisis centre supports teenage mothers and provides them with training.

Nineteen years ago, two nurses, Val Duff and Sharon Moore, were in Kampala, and having witnessed young pregnant girls begging on the streets, decided that they had to do something to help. They decided to raise money to buy and build a purpose-built centre to care for young teens with a crisis pregnancy (i.e. secondary to abuse).

The centre now has the capacity to look after 48 vulnerable girls who have been raped, or suffered abuse at the hands of family members. The young mothers are all between 11 and 17 years old.

The girls come to the centre hopeless, often having been abandoned by their families and village, and literally with nothing but the clothes on their back (Fig. 4).

Wamukisa has a Christian ethos, and welcomes all girls irrespective of their religion. With the support of 16 Ugandan staff, the mothers are provided with midwifery care during their pregnancy, counselling and a professionally supported delivery in the local hospital. All costs are covered by Wamukisa.

Because many of these girls have a small pelvis, Caesarean sections are common. Both mother and baby are provided with postnatal care, and they are usually safely returned to their village to live with a supportive family member 3 months postnatally.

Wamukisa continues to make contact with the girls every 6 months until their child is 3 years old. Regular visits to the villages offer the chance to bring the mothers more clothes for the baby, and also rice, maize, sugar, salt, flour and soap.



**Figure 4.** Wendy Brown (bottom row, centre) with a Wamukisa antenatal group.



**Figure 5.** Wamukisa babies in new clothes.

Many of the girls are given the opportunity to do further training in hairdressing or tailoring. This takes the form of a 12-month certified course set by the local education authority. On completion of their training, the girls are given the necessary equipment and some funding to help start a small business. Many of these young mothers become the main source of income to support the grandmothers who are left to care for their grandchildren after their parents have passed away from acquired immunodeficiency syndrome.

Every summer, a team of 12 volunteers from Northern Ireland visits the centre. We supply clothes for 0–3-year-olds for the babies (Fig. 5), and dresses, bras, pants, flip-flops, hats, toothpaste, toothbrushes, facecloths and towels for the girls.

I had the opportunity to run an antenatal class for 13 pregnant girls, and a postnatal class focusing on reinforcing the pelvic floor. One girl had mixed UI, and with the matron present as an interpreter, it was such a privilege to make a huge difference to this 13-year-old's life in a short period of time. I also gave the Ugandan staff basic advice about the assessment and treatment of pelvic girdle pain, and education regarding the pelvic floor. We also held some postnatal



**Figure 6.** Wendy Brown (centre) teaching a Pilates class at Wamukisa.



**Figure 7.** (Left to right) Wendy Brown, Daniel and his mum, Ziatune, at Wamukisa.

Pilates classes outdoors (Fig. 6). During my stay, I met a 9-month-old baby boy called Daniel who was blind and had developmental delay (Fig. 7). I was fortunate to be able to spend time with him and his mum, Ziatune, and we worked on head control. He had previously had aspiration pneumonia, and we purchased a child car seat to improve his posture during feeding.

Despite the trauma that these young girls have gone through, they show a great deal of resilience and have a deep religious faith. They support each other, and leave the centre with the hope that they have a better life ahead of them.

I was so touched by this charity that I have decided to go back in June 2019. Next time, I hope to do some training with the physiotherapy department that is based in the local maternity hospital. If you would like to know more about Wakisa Ministries and the work that they support in Uganda, please go to the Wamukisa Youth Centre Facebook page ([www.facebook.com/teenpregnancycarecentreuganda](http://www.facebook.com/teenpregnancycarecentreuganda)) or website ([www.waakisaministriestrustni.com](http://www.waakisaministriestrustni.com)).

Finally, as a POGP member, although I felt that I helped the girls I met, I must say that I gained as much, if not more, from the experience. All too often, we can become bogged down with the pressure of work and home life, so perhaps we need to take a step back from time to time, and

put what is happening around us into perspective. “Does it really matter in the whole scheme of things?” you might ask. Often, I think the answer is, “No.” We have so much to be thankful for – our National Health Service to start with!

If you decide to use your annual leave this year to volunteer your knowledge and skills, I can promise you that it will be life-changing not only for those you help, but for yourself as well.

**Wendy Brown**

*Women's Health Physiotherapist  
Private Practice  
Waringstown  
Craigavon  
Northern Ireland*

### **Manchester area representative**

My name is Helen Shepherd, and I have been the representative for the North West since 2014 (Fig. 8). This is a large area, but we are a friendly group who are always very supportive of each other.

I have been the clinical lead for pelvic health physiotherapy at Salford Royal Hospital since 1994, and more recently, I have also worked in private practice, mostly treating patients with chronic pelvic pain (CPP). We provide treatment to both men and women with CPP, incontinence, obstetric pain, diastasis of the rectus abdominis muscle (DRAM) and pelvic floor dysfunction.



**Figure 8.** Helen Shepherd, POGP area representative for Manchester and the North West.

The service provided at Salford now looks very little like the one that I took on in 1994. There is no longer an obstetrics department, and most surgery is undertaken as day cases. This has required innovative working to ensure that obstetric and postoperative patients still have access to the service, and it has been these opportunities and developments in the speciality that have meant that I have maintained my enthusiasm and interest in pelvic health. I am particularly proud of the development of our postoperative telephone advice service. Women who have undergone major gynaecological or continence surgery are not seen on the ward because of the speed of their discharge, but are telephoned at home. We give the patients postoperative information, and offer them the opportunity to attend a 6-week pelvic floor assessment. The feedback from the women has been very positive because it is only once they are home that they find that questions and issues arise.

In more recent years, our service has changed its name from “women’s health” to “pelvic health”. This is because we are seeing increasing numbers of men with both continence issues and CPP, and we believe that we needed a more-inclusive name that reflects the service that we provide.

My special interest is in the treatment of CPP. These complex patients are both very interesting and rewarding to treat because we can make such a significant impact on their symptoms and quality of life.

There are currently 65 POGP members in the area, who hail from Lancashire, Manchester, Cheshire, Merseyside and Cumbria. There are usually between 15 and 20 attendees at each meeting; however, in recent times, with increasing caseloads and pressure, everyone is finding it more challenging to attend. We try to make the meetings educational and supportive because many members work in small teams or isolation. This gives everyone the opportunity to share learning, best practice and any issues that arise. I certainly appreciate the support of the region’s members.

We have four meetings a year, and members are encouraged to take turns hosting these to give as many others as possible the opportunity to attend. The meetings last for an afternoon, and hosts are encouraged to either make a presentation or find a speaker. We also try to leave time to discuss complex cases and any issues that arise. Where possible, we try to get meetings sponsored by a company because cakes are

always welcome, and it also enables us to keep up with new developments.

Over the past year, we have had presentations on:

- anticholinergic loading;
- the development of an overactive bladder pathway in Cumbria;
- nocturnal polyuria;
- vulvodynia;
- Bulkamid;
- anterior anal sphincter repairs;
- pelvic floor dysfunction; and
- in-service training on “The Colorectal Surgeon”.

Everyone is always keen to share their knowledge, and our discussions are always informative and interesting. We have had conversations about hypopressive breathing, returning to high-impact activity after a tension-free vaginal tape procedure, did-not-attend rates (a national issue and ongoing problem) and DRAM, and we also share information about courses, articles and our experiences.

**Helen Shepherd**

*Clinical Lead for Pelvic Health Physiotherapy*

*Physiotherapy Service*

*Salford Royal NHS Foundation Trust*

*Salford*

*UK*

*E-mail: [helen.shepherd@srft.nhs.uk](mailto:helen.shepherd@srft.nhs.uk)*

## **Call for a new chairman of the National Conference Organizing Committee**

With no POGP Annual Conference scheduled for this year, I spoke to Jane Lofts about her former role as chairman of the National Conference Organizing Committee (NCOC). We discussed the demands of the position, what Jane enjoyed about it, and her advice to anyone interested in taking on the responsibility of steering the NCOC towards the next Annual Conference in 2020.

**Gillian Campbell**

*Clinical Editor*

**Gillian Campbell:** What is the role of the NCOC chairman?

**Jane Lofts:** This is to coordinate the academic programme and organization of the POGP Annual Conference. This entails:

- working as a team with fellow NCOC members to decide upon the subjects of the presentations and find suitable speakers;
- working closely with the events manager, Fitwise Management Ltd, in order to produce

a smooth-running and welcoming 2-day event;

- selecting and visiting the venues for one or two subsequent conferences, with assistance from Fitwise; and
- sitting on the POGP Executive Committee, and attending the quarterly meetings.

**G.C.:** What did you most enjoy about this position?

**J.L.:** I most enjoyed the buzz of happy, enthusiastic delegates enjoying the event that my team and I had put together over the previous year. Also, as NCOC chairman, being part of the POGP Executive Committee was inspiring, and gave me an insight into the huge amount of important work that they do on behalf of the membership.

**G.C.:** Some members may feel anxious about stepping up. What support will they have?

**J.L.:** I never felt alone because there is plenty of support to ensure that Conference is a success:

- The Fitwise personnel are amazingly efficient, and they work hard behind the scenes to keep the NCOC on course to meet its deadlines.
- The POGP Executive Committee was inspiring, and gave me an insight into the huge amount of important work that is very supportive, and gives the NCOC guidance when required.
- The NCOC are all experienced pelvic health physiotherapists, and are there to discuss issues and help with any problems that may arise.

**G.C.:** What advice do you have for future NCOC chairs?

**J.L.:** You need to be very methodical and organized, and quick to reply to e-mails. Allow an average of a couple of hours per week for e-mail correspondence, but this will fluctuate according to the work required.

The NCOC's monthly meetings are by teleconference, and according to the business to be discussed, last 1–2 h. The period from November to January is very busy because all the speakers need to have agreed to appear by the end of January because their diaries get so full.

August and September are also busy because the NCOC has to deal with last-minute queries and decisions in the final run-up to Conference itself.

**G.C.:** Thank you for your insight, Jane. I am sure that this will help to encourage any potential volunteers to come forward. Obviously, it is

important to note that the NCOC chairman will be eligible for a 50% discount to the cost of attending Conference, and all expenses incurred because of the position can be refunded.

It is also important to point out that, since this position also entails sitting on the Executive Committee, all candidates must be full members of POGP. There are a number of routes to full membership, and these were highlighted in the Autumn 2018 journal (Hawkes 2018). These routes include formal training via the Bradford University postgraduate certificate courses, Master's- or PhD-level training in a relevant area, or presenting a portfolio of evidence for assessment by the Education Subcommittee.

We are fortunate to be members of such a dynamic and supportive organization as POGP, but it is vital that we remember that this is only made possible by the work and effort of all those who volunteer to make it so. It is a joy to be part of such an incredible team!

## Reference

- Hawkes R. (2018) Routes to full membership of POGP. *Journal of Pelvic, Obstetric and Gynaecological Physiotherapy* **123** (Autumn), 69–70.

## Mrs Heather Isobel Prentice, 1962–2018

A much-loved wife, mother, grandmother, sister and friend, Heather Prentice (née Breadon) of Ballinamallard, County Fermanagh, Northern Ireland, passed away peacefully on Wednesday 12 September 2018.

The daughter of Leslie and Myrtle Breadon, Heather was born on 2 October 1962. One of four children, her siblings are Elizabeth, Robbie and David. She was brought up on the family farm at Tattenabuddagh, Cooneen, and was educated at Grogey Primary School, Brookeborough Primary School and Collegiate Grammar School, Enniskillen.

Heather studied physiotherapy at Ulster Polytechnic, and after graduating, took up her first post in Our Lady's Hospital, Manorhamilton, County Leitrim, Ireland.

On 26 April 1986, Heather married Raymond Prentice, whom she met when she was 16 years old, and their first marital home was in Tamlaght. They then moved to a cottage on a small plot of land on the Craghan Road in Ballinamallard, and it was here that they raised their three children, Leslie, Isabel and Stephen. Heather was a loving and devoted mother who balanced her



**Figure 9.** Mrs Heather Isobel Prentice.

career as a physiotherapist alongside raising her family.

She spent the majority of her professional life in the Erne Hospital in Enniskillen. After working there for more than 30 years, Heather retired from the South West Acute Hospital as the clinical lead physiotherapist in women's health. Many will remember the antenatal classes that she ran throughout her career.

Having completed the postgraduate certificate in women's health, Heather opened the Craghan Physiotherapy Clinic, which she ran for a time.

She had many talents and was practical by nature. A talented seamstress, Heather made her own wedding dress. She also made jams and preserves, played the guitar and piano, and sang in a choir. Heather was well known for her home cooking, and she loved being in her kitchen, which was a warm and hospitable place.

A devoted friend, she had a great sense of humour, fun and mischief. She loved a good laugh, and kept everyone in good spirits.

It was during her time at university that Heather became a Christian, and over the years, lived out her faith through various roles both within and outside the church. She had a passion for missionary work, and supported many overseas charities.

Heather became ill in June 2016, and following this, deepened her relationship with God. Her faith provided her with peace, strength, dignity and hope, even in the face of adversity. Throughout her illness, she was a source of strength and an inspiration.

Heather is immediately survived by: her husband, Raymond; her son, Leslie, and his wife, Megan; her daughter, Isabel, and her husband, Steven; her son, Stephen, and his wife, Carla; and her granddaughter, Lydia. She also leaves her sister Elizabeth, brothers Robbie and David, the wider family circle, and her many friends.

Heather is dearly remembered by her colleagues in the Physiotherapy Department of the Western Health and Social Care Trust, Northern Ireland.

**Gráinne Donnelly**

*Private Practice*

*Maguiresbridge*

*and*

*Advanced Physiotherapist and Team Lead*

*Western Health and Social Care Trust*

*Enniskillen*

*County Fermanagh*

*Northern Ireland*

## Government mesh review

Earlier this year, the government initiated a review led by Baroness Cumberlege into the complications associated with vaginal mesh implants. This began with informal meetings with patients and healthcare professionals, and the baroness very quickly became extremely concerned at the level of complications that were being described. Mesh implants for pelvic organ prolapse had already been limited to tertiary centres and exceptional cases, and in July 2018, the baroness announced a temporary ban on vaginal mesh implants for stress UI while the review is ongoing. The results are expected to be published in April 2019.

I contacted the Baroness Cumberlege directly in order to discuss the role of physiotherapy in mesh complications, and my involvement in the mesh community (see also pp. 5–8). We met informally in August, and I was then asked to provide a summary of our discussion. I was also invited to give oral evidence at a formal review panel on 26 November 2018 (IMMDSR 2018). This was quite a daunting process, and involved a panel of five people from the review body, including the baroness, and three others who took notes and filmed the meetings.

I was given a half-hour slot, and asked to discuss a number of issues, including:

- the role of physiotherapy in treating women with mesh complications and those who have had it removed;
- methods that we could employ to educate more physiotherapists on mesh issues;
- the role of pessaries in prolapse management;
- the role of physiotherapists in fitting and managing pessaries;
- innovative ways to support the growing number of women with mesh complications and those who have had it removed when there is only a relatively small group of specialist physiotherapists available;
- the role of the Chartered Society of Physiotherapy and POGP in the current mesh situation – what these organizations have done so far, and what they are planning to do; and
- how to promote better relationships between the mesh community and healthcare professionals.

I have requested at each of the three stages that the review body gets in touch with both the CSP and the POGP Executive Committee to increase our involvement. I was disappointed to hear that the secretary, who was originally a physiotherapist herself, had not intended to contact either the CSP or POGP. She did not feel that the CSP would have anything to offer, and she had not heard of POGP; I was only included because I had e-mailed the baroness directly. I believe that the need to promote our speciality and our professional body remains a priority.

I am always happy to answer any mesh-related queries, and can be contacted at the e-mail address below.

**Myra Robson**

*Senior Physiotherapist  
Physiotherapy Department  
Lewisham Hospital  
London  
UK*

*E-mail: myra.robson@hotmail.co.uk*

## Reference

Independent Medicines and Medical Devices Safety Review, The (IMMDSR) (2018) *IMMDSReview ORAL HEARINGS – Tuesday 27th November 2018 – SESSION 3*. [Online video.] URL [https://www.youtube.com/watch?v=gqjDVpb2xj0&feature=youtu.be&fbclid=IwAR23OQWZ-3GjemEog4je6ctLGU\\_CDtpHiTqzmLp-GWhk\\_x8piEiqM36gIT8](https://www.youtube.com/watch?v=gqjDVpb2xj0&feature=youtu.be&fbclid=IwAR23OQWZ-3GjemEog4je6ctLGU_CDtpHiTqzmLp-GWhk_x8piEiqM36gIT8)

## Vulval and sexual dysfunction special interest group

A new special interest group (SIG) had been established in the East Midlands. It was founded by members of the regional multidisciplinary team who assess and/or treat women who suffer from vulval/vaginal pain, pain during sex and/or have pelvic floor dysfunction. The membership includes general practitioners, dermatologists, gynaecologists, obstetricians, psychosexual therapists, genitourinary medicine specialists and physiotherapists.

It began with “Sex Matters”, a conference held in Nottingham on 22 June 2018. Forty professionals listened to speakers exchange information about their role in pelvic pain, including:

- Mr David Nunns, consultant gynaecological oncologist;
- Dr Vanessa Hodgkinson, consultant in pain medicine;
- Mary Chestnutt, women’s health physiotherapist;
- Dr Clare Gribbin, consultant obstetrician, maternal and psychosexual medicine;
- Alison Towner, psychosexual therapist; and
- Michele McCulley, sex and relationship therapist.

The aims of the day were to:

- examine the common causes of genital pain;
- explore the impact of genital pain on sexual function;
- consider referral pathways; and
- look at the physical and psychological treatment options for managing genital pain and resulting sexual dysfunction.

The membership plan to meet every 6 months for education and training. In between meetings, the intention is that the SIG should be a resource for health professionals that will allow them to share information, plan research, create guidelines, and discuss cases and review pathways.

The second meeting was on the evening of 20 November 2018. A gynaecologist, physiotherapist and psychosexual therapist presented a case study of a woman with vulval pain syndrome whom all three had assessed and treated. The evening also provided an opportunity for networking and sharing resources. A resource list was e-mailed to all of the members following this meeting. Information for patients regarding local oestrogen use, particularly following previous cancer, is currently being ratified for use in the Nottinghamshire area.



The SIG will hold another evening session on the 11 June 2019, and we plan to run an all-day event in November.

If you wish to find out more, please get in touch (e-mail: vsdspecialinterestgroup1@gmail.com).

**Mary Chestnutt**

*Advanced Practice Pelvic Health*

*Physiotherapist*

*Nottingham University Hospitals NHS Trust*

*Nottingham*

*UK*

## University of Bradford postgraduate course update

Pelvic, Obstetric and Gynaecological Physiotherapy recognizes two programmes of study at the University of Bradford. A postgraduate certificate in either Physiotherapy in Women's Health or Continence for Physiotherapists is awarded to students who successfully complete both the theory and practice core modules, which equate to 60 credits at Master's level. Completion of either programme is recognized by POGP as the most common method of demonstrating the level of knowledge and skills required for membership of the organization.

Both courses were delivered during the 2017–2018 academic year, and the attended teaching blocks for each were delivered at the same time. Although there were a number of shared sessions, each programme also included its own unique content.

Cathy Carus continues in her role as the programme leader, and is supported by academic colleagues as appropriate. Teresa Cook and Julia Herbert also continue as the specialist clinical tutors for the continence modules. Gill Brook, who was joined by Jodie Antich, were the specialist clinical tutors on the women's health postgraduate certificate; however, Gill stepped down at the end of the academic year. All staff wish her well with her retirement.

The 2018–2019 academic year is currently underway, and 13 students are registered on the Continence for Physiotherapists programme. Applications are now open for the 2019–2020 academic year, and we welcome your enquiries and/or applications. Further information is available on the POGP microsite (POGP 2015) and also on the University of Bradford website (University of Bradford 2019a, b).

The following students successfully completed their studies in 2018, and are now eligible for

membership of POGP via the Continence for Physiotherapists route:

- Emma Bakes;
- Lynsey Bodle;
- Aileen Curtis;
- Gráinne Donnelly;
- Aisling Finn;
- Rhiannon Griffiths;
- Holly Horsley;
- Biljana Kennaway;
- Esther O'Connor;
- Deborah Plowman;
- Colette Pollard;
- Virginia Rivers Bulkeley;
- Angharad Roberts;
- Sophie Tyrrell;
- Gráinne Walsh; and
- Emily Wyeth.

The following students also successfully completed their studies in 2018, and are eligible for membership of POGP via the Physiotherapy in Women's Health route:

- Judy Battle;
- Kavita Chokshi;
- Aoife Cullen (née Clarke);
- Sarah Macharg;
- Donna Meers;
- Shweta Pradhan;
- Joanne Prosper;
- Alexandra Stephenson;
- Claire Stevens;
- Jenna Sweeney; and
- Suzanne Vernazza.

If you are listed above and are currently registered as an affiliate member on the POGP database, you will be eligible to apply to change your status to member (often known as "full member"). To change your membership category, you need to contact Michaela Jones at Fitwise Management Ltd (e-mail: michaela.jones@fitwise.co.uk). She will need proof of eligibility to change your membership status, preferably in the form of documentary evidence from the university, or a copy of the above-mentioned certificate.

**Teresa Cook**

*On behalf of the University of Bradford*

## References

- Pelvic, Obstetric and Gynaecological Physiotherapy (2015) *Postgraduate Certificates at University of Bradford*. [WWW document.] URL <https://pogp.csp.org.uk/documents/postgraduate-certificates-university-bradford>

University of Bradford (2019a) *Rehabilitation Studies: Physiotherapy in Women's Health*. [WWW document.] URL <https://www.bradford.ac.uk/courses/pg/physiotherapy-womens-health/>

University of Bradford (2019b) *Rehabilitation Studies: Continence for Physiotherapists*. [WWW document.] URL <https://www.bradford.ac.uk/courses/pg/rehabilitation-studies-continence-for-physiotherapists/>

### Copy deadlines

Copy for the Autumn 2019 and Spring 2020 editions of the journal (Nos 125 and 126) must be submitted to the editor by **14 March** and **14 October 2019**, respectively. Please note that academic and clinical articles must be received well before the deadline since time must be allowed so that these can be peer-reviewed. Manuscripts should be presented double-spaced with a wide margin, and adhere to the author's guidelines found on pp. 83–85 and on the POGP website (<http://pogp.csp.org.uk/documents/acpwh-journal-writing-guidelines>). Articles for consideration should be sent to Dr Gillian Campbell, Ashbourne Physiotherapy and Sports Injuries Centre, 1 Spire House, Waterside Business Park, Ashbourne DE6 1DG, UK.