

July 2018

Appendices

Embedding physical activity in the undergraduate curriculum

Commissioned by Public Health England (PHE) and Sport England to embed physical activity in the undergraduate curricula in a sample of medical schools and schools of health in England during 2017 and 2018. This is part of the PHE & Sport England's Moving Healthcare Professionals Programme



movement
for movement

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Executive Summary Appendices July 2018



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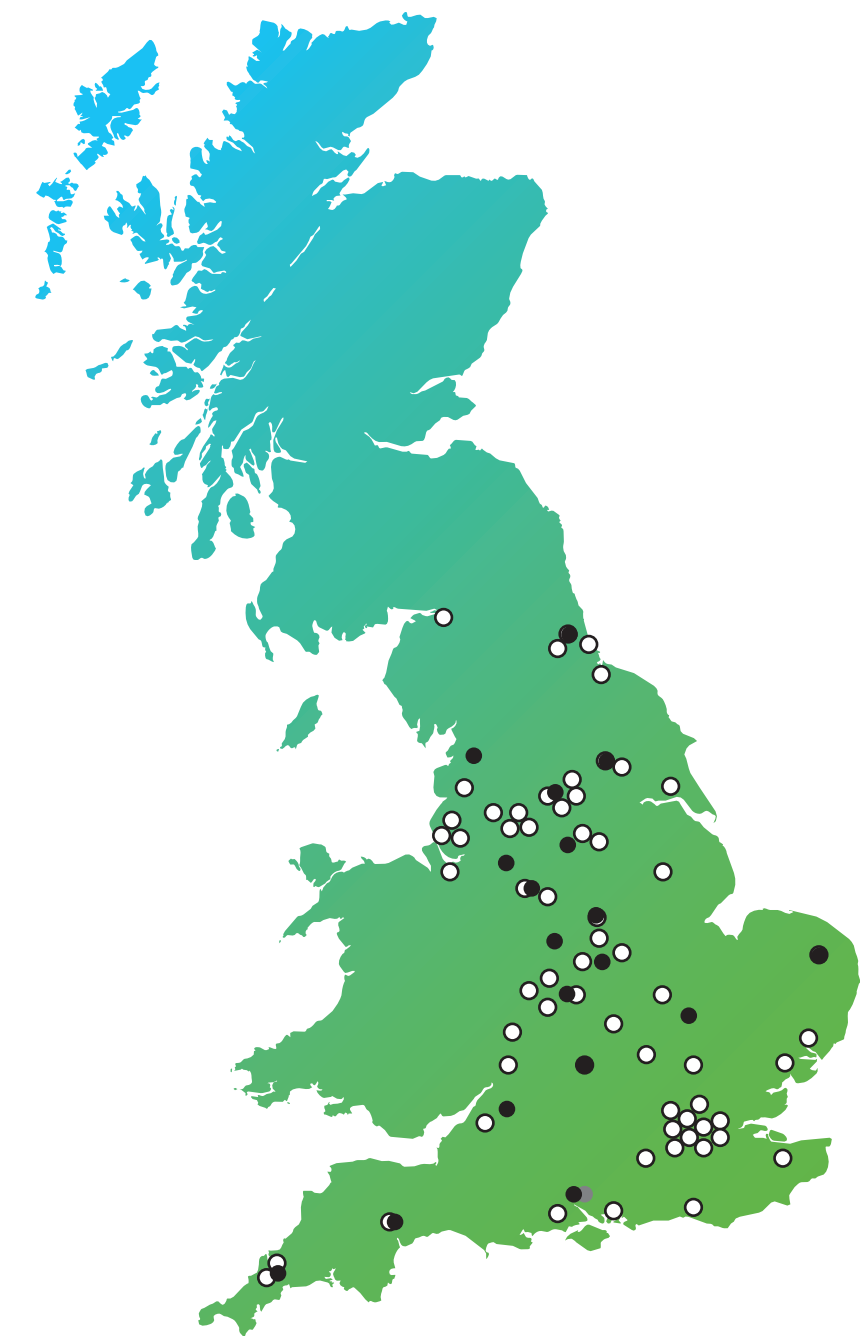
Appendix 1: Visits and approaches to PA in the curriculum of 16 medical schools and 64 HEIs in England

Medical schools ●

Plymouth (University of), Faculty of Medicine
Exeter (University of), Medical School
Lancaster University, Faculty of Health & Medicine
Bristol (University of), Medical School
Warwick (University of), Warwick Medical School
Leicester (University of)
Norwich UEA University, School of Medicine
Keele (University of)
Birmingham (University of), Medical School
Newcastle/Durham Medical school
Hull/York Medical Schools (NOTE: maybe separate visits)
Leeds University
Sheffield University and Sheffield Hallam University
Southampton (University of), School of Medicine (● Did not visit)
School of Clinical Medicine, University of Cambridge
Oxford (University of), Medical Sciences Division
Manchester University Medical School

Schools of Health ○

Anglia Ruskin University
Birmingham City University
Bournemouth University
Brunel University
Buckinghamshire New University
Canterbury Christ Church University
City University London
Coventry University
De Montfort University
Edge Hill University
Keele University
King's College London
Kingston University / St George's, University of London
Leeds Beckett University
Liverpool John Moores University
London South Bank University
Manchester Metropolitan University
Middlesex University
Newcastle University
Northumbria University
Oxford Brookes University
Plymouth Marjon University
Plymouth University
Sheffield Hallam University
Staffordshire University
Teesside University
The Open University
The University of Nottingham
The University of Sheffield
University of Bedfordshire
University of Birmingham
University of Bolton
University of Bradford
University of Brighton
University of Central Lancashire
University of Chester
University of Cumbria
University of Derby
University of East Anglia
University of East London
University of Essex
University of Exeter
University of Gloucestershire
University of Greenwich
University of Hertfordshire
University of Huddersfield
University of Hull
University of Leeds
University of Lincoln
University of Liverpool
University of Manchester
University of Northampton
University of Portsmouth
University of Salford
University of Southampton
University of Suffolk
University of Sunderland
University of Surrey
University of the West of England, Bristol
University of West London
University of Wolverhampton
University of Worcester
University of York
York St John University



Appendix 2: Narrative summaries from each of the visits

The medical school visits took place from September 2017 – June 2018

Plymouth University Peninsula Medical and Dental School

11th September 2017 5

University of Exeter Medical School

12th September 2017 6

Lancaster University Medical School

14th September 2017 7

Bristol University Medical School

15th September 2017 8

University of Nottingham School of Health Sciences and Medicine

27th September 2017 9

Warwick Medical School

28th September 2017 10

Leicester Diabetes Centre with Professor Kamlesh Khunti and Leicester Medical School

29th September 2017 11

The Norwich Medical School at University of East Anglia

12th October 2017 12

Keele University School of Medicine

30th October 2017 13

School of Medical Sciences at the University of Birmingham

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Hull York Medical School

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Leeds Medical School

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Sheffield Symposium for the wider community and Sheffield Medical School

7/8th February 2018 18

School of clinical medicine, University of Cambridge

11th April 2018 19

Oxford University Medical School

11th May 2018 21

Manchester Medical School

19th June 2018..... 21

Plymouth University Peninsula Medical and Dental School

11th September 2017

Attendees:

Dr Tony Davies
*Director of Clinical Studies
& Honorary Clinical
Associate Professor*

Keith Waters
*Lecturer / Academic CPD
Coordinator*

Dr Liz Drake
Consultant Anaesthetist

Dr Adrian Taylor
*Associate Dean for
Research*

Ms Catherine Hughes
Lecturer in Nursing

Dr Adele Hill
*Lecturer in Biomedical
Sciences*

Mr Rob Williams
*Consultant Trauma and
Orthopaedic surgeon*

Dr David Derry
*Consultant respiratory
physician*

The host team provided an enthusiastic and well-prepared welcome for the visitors. The presentations were well received and led into a productive workshop with several promising areas where work in the curriculum would allow the principles of PA to be embedded at all stages.

Feedback from the visit included:

“Many thanks for your excellent, clear and thought-provoking presentations”

*“I am really keen that we do showcase our excellent work!
Also, some scope for collaborative work with colleagues on
the Allied Health Professions, Nursing and Physician Associate
programmes who attended”*

*“Our paed's out-patients is apparently currently having a face
lift, so XXXX will see if some of these [infographics] can be
incorporated”*

There is a clear recognition that the Physical Activity agenda will apply to nursing, AHPs and other health professional training.

A summary of the workshop brainstorming ideas is included in Appendix 3 (Author Professor Tony Davies).

Plymouth University's School of Health Professions is also using the #MovementForMovement resources to provide some innovative interprofessional learning across all the allied health professional undergraduate disciplines. As part of the undergraduate physiotherapy 'Inspiring Health and Exercise' module, Plymouth University is exploring undergraduate, interprofessional peer led learning groups to facilitate the concepts behind 'every contact counts.' Using these groups as a 'show and tell', the medical school is planning to collaborate in the coming academic year 2018.

University of Exeter Medical School

12th September 2017

Attendees:

Professor Jean McEwan
*Professor of Clinical
Education, Vice Dean
(Education)*

Dr Russell O'Brien
*Director (BMBS
Programme)*

The authors found a clear understanding of the relevance of PA for public health and a consequent recognition that it should be integrated into the curriculum. There is no explicit attempt to incorporate PA across all years of the curriculum at present, but the resources and exam bank questions were well received.

There was no clear indication of feedback or an action plan.

Meeting with Professor Craig Williams, Director of the Children's Health and Exercise Research Centre (CHERC) to help forge links with the PHE work and to develop teaching links with the medical school. Discussion between the visitors and Professor Williams led to agreement that CHERC could lead on resources for teaching about exercise for children with chronic diseases specifically for medical school teaching. For example: children and young people with cancer, cystic fibrosis, musculoskeletal disorders etc. These will be launched as part of the #MovementForMovement resources in November 2017.

Lancaster University

Medical School

14th September 2017

Attendees:

Dr Rachel Isba
*Head of Lancaster
Medical School*

Dr Gill Vince
*Director of Medical
Studies*

Dr Fiona Curtis
Teaching Fellow

Dr Michelle Swainson
Lecturer in Physiology

Lancaster has recently embraced the resources available from the “Movement for Movement” campaign and they are well embedded in the curriculum at all stages. Even more impressive is the fact that they include PA in their assessments.

The exam bank questions were welcomed and there is a commitment to improve assessments of communication skills in relation to physical activity.

Appendix 4 provides a case study detailing the PA in the curriculum work at Lancaster.

Bristol University Medical School

15th September 2017

Attendees:

Dr David Dymock
*Professor of Dental
Education*

Dr Andrew Blythe
*MB ChB (MB16)
Programme Director*

Professor John Henderson
*School of Social and
Community Medicine*

Physical Activity features in the curriculum both for the personal health and wellbeing aspects of the UG programme but also in parts of the clinical and public health curricula. There is an aspiration to widen this out across all healthcare curricula, including veterinary medicine.

There are no current assessments or exams of PA knowledge and skills, but they welcomed the exam bank questions, access to the resources and the possibility of uptake in the primary care modules and the skills/communications modules.

The GP present was unaware of the CMO infographics but did know the recommendations. It was recognized that this should be prominent in the curriculum. Links were discussed with child health and wellbeing.

They explored links to the health and wellbeing elements of the curriculum together with a link to student mental health and wellness.

Opportunities for linking with the City of Bristol initiatives were discussed, for example Bristol being the UK's first Cycling City.

University of Nottingham School of Health Sciences and Medicine

27th September 2017

Attendees for Health Sciences meetings:

Fiona Moffatt
*Associate Professor,
Lecturer, Faculty of
Medicine & Health Sciences*

Roger Kerry
*Associate Professor,
Lecturer, Faculty of
Medicine & Health Sciences*

Alison Dinning
*Inter professional Education
Lead, Nottingham University
NHS Hospitals Trust*

Elizabeth Wilkinson
*Chief Allied Health
Professional and Head
of Therapies at Nottingham
University Hospitals
NHS Trust*

Clear commitment was demonstrated to embed the #MovementForMovement resources and existing resources into the nursing and allied health professional curricula together with linking in current health care campaigns such as #EndPJPParalysis, #Fit2Sit and The Daily Mile into placement discussions and undergraduate interdisciplinary working and University dissertation work.

Leadership links and opportunities were identified with all attendees agreeing to report back to Ann-Marie Riley Deputy Chief Nurse at Nottingham University Hospitals NHS Trust, regarding key actions, progress and development of the curricula and assessments.

Assistant Professors Fiona Moffatt and Roger Kerry agreed to lead a specific project evaluating the #MovementForMovement resources in the undergraduate modules for physiotherapy and sports rehabilitation courses. In addition, they are leading discussions with the University of Nottingham School of Health Sciences Interprofessional Learning (IPL) Team, who deliver multiprofessional education sessions to undergraduate students including doctors, nurses, physiotherapists, pharmacists, dieticians, sport rehabilitators and midwives. The plan is to design a session for first year students identifying the significance and impact of the sedentary behaviour epidemic, and the role of healthcare professionals in effecting positive behaviour change. Based on the principles of a Movement for Movement and Making Every Contact Count, students will be encouraged to think how they can contribute to improving physical activity within their patient populations, and introduce them to resources such that they feel competent, confident and capable to deliver appropriate education and advice. The potential target audience for these sessions is currently in the region of 900 students per year.

Attendees for the Medical School Meeting:

Professor Gill Doody
*Dean of Medical Education,
Professor in General Adult
Psychiatry and Medical
Education, Faculty of
Medicine & Health Sciences*

Dr William Dunn
*Director, BMedSci.
Designated Individual, HTA
Research Licence, Faculty of
Medicine & Health Sciences*

Teaching and assessment of medical students on physical activity is done using their own content, but no evidence of this provided. Surprisingly, there was no awareness of the #MovementForMovement resources launched by Nottingham University School of Medicine in 2015 (see <https://www.nottingham.ac.uk/news/pressreleases/2015/january/exercise-is-the-best-medicine.aspx>).

Warwick Medical School

28th September 2017

Attendees:

Professor Caroline Meyer
*Professor, Warwick
Manufacturing Group*

Professor Kate Owen
*Social Science & Systems
in Health, Health Sciences*

Dr Wendy Robertson
*Statistics & Epidemiology,
Health Sciences*

Dr Clare Blackburn
*Mental Health & Wellbeing,
Health Sciences*

Dr Andrew Marsh
Department of Chemistry

Mr Alastair Anderson
*4th year MBChB student
(final year student)*

Clear and evaluated use of Making Every Contact Count (MECC) for physical activity across the medical curriculum was demonstrated. (Appendix 6).

Warwick Medical School use their own resources for teaching PA. They are looking at #MovementForMovement resources and the exam bank questions and assessment opportunities.

This was the first visit that included a very welcome medical student. He contributed enormously to discussions. No staff representing other healthcare disciplines were present. As a consequence of the visit, the attendees agreed to work to enhance year 2 training specifically around physical activity and feedback.

Leicester Diabetes Centre with Professor Kamlesh Khunti and Leicester Medical School

29th September 2017

Attendees Leicester Diabetes Centre:

Professor Kamlesh Khunti
*Head of Department and
Professor of Primary Care
Diabetes and Vascular
Medicine*

Good discussions regarding opportunities for collaboration, research and teaching on physical activity in the curricula, involvement in the #MovementForMovement resource authorship and peer review team, and discussions about linking to wider public health initiatives such as the Leicester Cardiovascular Biomedical Research Unit.

The authors established links with Dr Tom Wilkinson regarding chronic kidney disease and exercise resource sharing.

Attendees Leicester Medical School:

Richard Charles Holland
*Head of Leicester Medical
School and Professor
Public Health Medicine*

Dr Jonathon Hales
*Senior Lecturer at School
of Medicine, University of
Leicester*

Dr Jane Bethea
*Associate Professor in
Public Health/Consultant
in Public Health*

Dr Caroline Woodley PhD
MMedEd MBChB(Hons)
BMedSci MRCS FHEA
*Associate Professor in
Medical Education Phase
1 Assessment Lead and
Musculoskeletal Unit Lead*

Jonathon Goldney,
Tom Rickaby, Ali Shah
*Final year students and
committee members of the
Leicester Medical School
Sports and Exercise Society
(SEMSoc)*

There was clear evidence of physical activity being taught in the Health Enhancement Programme by Dr Caroline Woodley and Dr Jonathon Hales (Appendix 7). None of their resources are embedded in the NHS MECC theme. They agreed to review the physical activity exam bank questions and provide quality input via their assessment lead (Dr Caroline Woodley). Their exam team have agreed to submit the revised exam bank questions to the Medical Schools Assessment Alliance.

The three medical students made valuable contributions to the discussions. Professor Holland agreed a 5-point plan for action and review. This was an excellent visit with good discussion. Topics included the addition of video teaching materials and interdisciplinary links directed towards making every contact count for physical activity. Scenarios were suggested that promote representation of the local population and the challenges around health promotion.

The attendees are keen to investigate Motivate2Move resources highlighted in the presentations (Appendix 8).

The Norwich Medical School at University of East Anglia

12th October 2017

Attendees at UEA:

Professor Alys Burns
*Clinical Professor in
Medical Education, MB BS
Course Director, Norwich
Medical School*

Professor Andy Jones
Professor in Public Health

Dr Charlotte Salter
*Senior Lecturer Health
and Communication*

Dr Dickie Young
*Honorary Senior Lecturer
and Primary Care Lead, MB
BS Course*

Harpreet Kaur
*Year 3 Medical Student,
Norwich Medical School*

Jennie Vitkovitch
*Lecturer Speech and
Language Therapy, School
of Health Sciences*

Jon Lerner
*Lecturer in Physiotherapy,
School of Health Sciences*

Karen Milton
Lecturer in Public Health

Sandra Winterburn
*Senior Lecturer in
Consultation Skills*

Dr Sarah Hanson
*Lecturer in Nursing Sciences,
School of Health Sciences*

Mr Stuart Irving
*Consultant urologist
and Year 3 Lead, MB BS
Course, Norwich Medical
School*

UEA agreed to capture the outcomes from the workshop and Dr Alys Burn's concluded by saying that she "hoped that I have managed to capture at least the highlights of our discussions and very much look forward to updates on this project"

UEA workshop action list:

- To share resources and toolkit from Ian and Ann (commission leads and report authors) which may be built into the curriculum
- To share some questions for assessment which are being developed through the Medical Schools Council Assessment Alliance which can be share as appropriate, (however these are not for general distribution).
- To identify a lead in each profession within the school of health sciences and medicine who has oversight of actions being taken to embed PA into the curriculum, and can meet to share good practice/resources
- Each School to nominate a lead to get this group established - it could be a 'virtual' forum with email discussion if that works better (or the group could go for a walk round the Norfolk Broad!).
- For the MB BS Course, to specifically discuss how UEA could embed PA into consultation skills, to compliment it with sciences in Module 1, to embed into Practice Based Learning (PBL) and primary care, and how it can be promoted in secondary care (specifically but not exclusively, in surgery)
- To raise this at MB BS executive team to share more widely with the year leads and PBL lead, and with support from our lead (possibly Karen Milton) to put together a small working group who can work with module and theme leads.
- To raise role modelling and culture change which would be part of the remit of the wider faculty group to consider options to role this out more widely across campus and promote a culture change, working with student representatives.
- To draw on the experience of the GAIN project, which is a collaborative project between primary care and Active Norfolk to "Get Active in Norfolk".
- To connect with Dr Brian Johnson regarding primary care.
- Podcast / Re-launch of the #MovementForMovement update: while not part of the workshop, UEA hosted a podcast promoting physical activity in the undergraduate curriculum, to which Professor Dylan Edwards, Dr Sarah Hanson and Dr Alys Burn's contributed. There will also be a sound-bite contribution from Plymouth Medical School. This is being launched through the British Journal of Sports and Exercise Medicine (BJSM), and UEA will circulate the link once available. It is hoped to coordinate the release of this BJSM podcast on "physical activity in the curricula" with the re-launch of the #MovementForMovement update.
- The official resource update will be led via a press release from the UK Council of Deans of Health (CoDH) in mid to late November 2017.

Keele University School of Medicine

30th October 2017

Attendees at Keele:

Professor Pauline Walsh
*Pro- Vice-Chancellor and
Executive Dean for the
Faculty of Medicine &
Health Sciences*

Dr Katie Maddock
*Reader, School of
Pharmacy, Faculty of
Medicine & Health Sciences*

Angela Dale
Head of Sport

Anne O'Brien
*Senior Lecturer, School of
Health and Rehabilitation*

Ian Smith
*Lecturer in Pharmacy
Practice, School of Pharmacy*

Interdisciplinary student
representatives; Edward
Smith 3rd year medical
student, Steven Cho 3rd
year pharmacy student,
Brandon Munemo 2nd year
pharmacy student, Sara
Marshall final year graduate
entry nursing

Dr Amit Arora
(present for initial meeting)
*Consultant geriatrician
at the University Hospital
of North Midlands and
past Chairman of England
Council of the British
Geriatrics Society*

He and his team have
developed the campaign
“Sit up, Get Dressed, Keep
Moving” which is being
adopted in many NHS
hospitals and abroad

Roundtable discussions resulted in a Dean-led action plan including:

- A strategic review of current PA content, student knowledge of PA, student assessment frameworks and links across and within the faculty
- A faculty-wide approach to PA in interprofessional education (IPE) in terms of new knowledge, skills development and leadership/team working
- High level strategic links to the faculty-wide lead on “Health and Wellbeing” and associated themes of inclusivity, “civic nature”, research, collaboration and sustainability
- Access to the #MovementForMovement resources and review of content
- A student focus group approach to curriculum development
- Forging clearer collaborative links with the Staffordshire and Shropshire health communities, sports partnerships, University estates, and local initiatives (for example the development of The Daily Mile, or Walk with a (student) Doc/health care professional projects)

Physical activity in the curriculum was demonstrated in only the physiotherapy (use of Chief Medical Officer infographics and in specific diseases) and pharmacy undergraduate courses (making every contact count and communication assessments). The nursing and medical student confirmed that there was very limited teaching on the health benefits of PA. The school of pharmacy has agreed (via Ian Smith) to provide an exemplar case study of the teaching and assessment framework for pharmacy students by 2018.

School of Medical Sciences at the University of Birmingham

30th October 2017

Attendees at Birmingham:

Professor David Adams,
FMedSci
Pro-Vice Chancellor, Head of College of Medical and Dental Sciences, Dean of Medicine, Professor of Hepatology

Dr Matthew Morgan MB
ChB, MRCP, PhD
Clinical Senior Lecturer in Renal Medicine / Deputy MBChB Programme Director, Institute of Clinical Sciences

Professor Jamie Coleman,
MBChB, MD, MA (Med Ed),
FRCP, FBPhS
Professor in Clinical Pharmacology and Medical Education / MBChB Deputy Programme Director, Institute of Clinical Sciences

Roundtable discussions identified the need and opportunity to teach PA in the curriculum. There was Dean agreement to pursue the concept of developing a 'Stanford 25' video teaching approach to health promotion and physical activity advice. No evidence of ad hoc PA teaching materials was provided. Links to the #MovementForMovement resources, exam bank questions, Motivate2Move materials were provided and scenarios for objective, structured clinical examinations (OSCE's) were discussed.

Newcastle Medical School

5th February 2018

Attendees:

Professor Stephen McHanwell
Professor of Anatomical Sciences and Director of Unit for Educational Research Development and Practice

Dr Nicole Lallini
Lecturer in Speech-Language Pathology, Degree Programme Director, BSc, Speech and Language Sciences, School of Education, Communication and Language Sciences

Dr David Kennedy
MBBS Degree Programme Director

Dr Andrea Myers
Deputy Director of Medical Studies

Followed by a small educational presentation workshop attended by key education and medical leads.

Comments from the visit lead, Professor Stephen McHanwell included:

“Though the seminar attendance was small, this was the start of a new semester for us, I think useful contacts were established. It seemed to me that the MB BS Programme was quietly getting on with the agenda on physical activity but I hope that your visit will stimulate them towards seeing things more holistically. In Speech and Language Therapies clearly there is work to be done as there is, I would imagine, in some of our other healthcare programmes, but in Dr Nicole Lallini we have a strong advocate who can move things along in their programmes, especially during the time of programme renewal that they are in, and then by presenting the results at internal L&T fora can act as an advocate more widely across the University”.

Feedback from the curriculum leads, Dr Meyers and Dr David Kennedy, is included in Appendix 10 and a contribution by A Gates and I Ritchie to a blog from the medical school education leads was published to raise awareness across all educational leads at the University (Appendix 11).

Hull York Medical School (HYMS)

6th February 2018

Attendees:

Professor Martin Veysey
MB BS Programme Director

Dr Jon Bateman
*Clinical Tutor Development
Manager*

Hassan Al-Moasseb

Victor Bodo

Marie Cohen

Michael Crooks

Karamjit Marwah

Alison Pettigrew

Gordon Hayes

Frank Agada

Kevin Anderson

Vijay Jayagopal

Sarah Osborne

Martha Nicholson

Charlotte O'Driscoll

Grant Abt

Jess Trevett

Steven Oliver

Aswin Mallya

Anne Bontoft

See Appendix 12 for workshop flyer.

A good workshop meeting held virtually across five sites with good interaction between clinicians, students and allied health professions. The debate was enthusiastic and there was a realisation that although physical activity is important it isn't currently part of the undergraduate curriculum as fully as they might wish. The meeting was chaired by Dr Martin Veysey who was very welcoming to the concepts and to the proposition that this should be included in the undergraduate curriculum. Their feedback comments and next steps were:

The workshop illustrated the clear appetite within the school, areas of the NHS, and also within the student body to see the integration of exercise medicine into undergraduate teaching and the promotion of Making Every Contact Count (MECC) from an early stage in the education of future doctors. Hull York Medical School works with a considerable number of clinical education providers, and identifying and engaging with the MECC champions within each of our partner trusts is a clear priority to the school.

The Making Every Contact Count initiatives already in place offer a useful infrastructure to support our promotion of physical exercise medicine and increasing its integration within our curriculum. We have established a strong link with the MECC lead within one of our key educational partners (North Lincolnshire and Goole NHS Foundation Trust) and are now actively developing an exemplar model for integrating physical activity. Initial developments include the integration of a MECC session into a Tutor Development Day at Scunthorpe Hospital, and sessions with the MECC lead provided for third, fourth, and fifth year students during their induction with the Trust. The aim is to develop this pilot into an exemplar model to illustrate good practice to our other educational partners, and to provide clear and achievable processes for the school to advance the teaching of physical education medicine throughout the curriculum.

In addition to this there are scheduled teaching sessions for Year 3 students. Given the enthusiasm of some of the student body, we will also be looking at the possibility of involving the school's student sports societies in promoting inclusion in physical exercise from a health and well-being perspective.

Leeds Medical School

7th February 2018

Attendees:

Professor Hilary L Bekker
(PhD)
*Chair in Medical Decision
Making, Leeds Institute of
Health Sciences, School
of Medicine, University of
Leeds*

Dr Rob Lane
*Principle Teaching Fellow,
Head of communication
skills, IDEALS course
manager, Chair of
Assessment and Standards
Board*

Dr Phil Burns
*Course Lead – MBChB Yr2
Essential Medical Science,
Senior Lecturer in Tumour
Pathology*

We had excellent discussion about the concepts of physical activity and the need for it to be in the undergraduate curriculum.

The philosophy in Leeds is of continual improvement of the curriculum and there were several constructive ideas about how this might be done in Leeds. Dr Lane is responsible for professional development and could see specific year work and educational themes in which this could be innovatively introduced to the students. There is the potential for some mentorship roles for Ann with students at Leeds.

The overview was that Leeds has the breadth and depth of vision to see PA implemented in innovative ways that will include their students, society and existing national and international links. This transformational approach clearly indicates that they have the capacity to embed PA in the curriculum and to enrich the health of their population as a result.

Sheffield Symposium for the wider community and Sheffield Medical School

7th/8th February 2018

Attendees:

Professor Elizabeth Goyder
Public Health SchARR.

Dr Kelly Mackenzie
MBChB, BA, MSc, MPH,
MFPH
*Public Health, School
of Health and Related
Research*

Katie Marino
*Final Year Medical Student
and President of Sheffield
SEMSoc*

Dr Ben Jackson
*Senior Clinical University
Teacher. BSc (Hons)
MBBS MRCP MRCGP
DipMedEd, Academic
Unit of Primary Medical
Care, Academic Lead
for PG Dip in Physician
Associate Studies, Lecturer,
Postgraduate Certificate in
Medical Education*

An excellent, open access symposium with over 100 attendees resulting in good sharing of knowledge and an opportunity to see how PA is being promoted nationally as well as local efforts in Sheffield.

The following day, a meeting was held with members of the Sheffield Medical School curriculum development group.

Student Katie Marino was tasked with connecting the #MovementForMovement resources with key areas in the clinical course, this included: discussing a video with the clinical skills team on how to take a PA history, incorporating exercise into the Integrated Learning Activities (ILA's) during the GP block in phase 3a (in 3rd/4th year), and putting the #MovementForMovement on Minerva, the intranet for medical students

Whilst this is a hugely positive development, reliance on medical students to drive the development of the curriculum is not sustainable. There is a need for strong leadership from the teaching staff to ensure a sustainable approach or whole systems driver for PA in the curriculum in the future.

The medical school has indicated that it wishes to use some of the exam bank questions for their physician associate course.

School of Clinical Medicine, University of Cambridge

11th April 2018

Attendees:

Dr Mark Lillicrap

Early discussion centered on the Cambridge approach being one of 'Lifestyle' rather than a separate physical activity message. This instinctively feels as the correct approach to embedding understanding about the importance of PA for medical students.

Dr Lillicrap introduced the concept of exercise consisting of three elements: 1. Be active and sit less 2. Build strength 3. Practice balance. This was felt to be an important concept in helping to deliver meaningful physical activity advice. In Cambridge, this will be taught and assessed in years 4-6.

A proposal for all medical students to do exercise as described above so that the advice is given from a lived experience.

Given the Cambridge model of undergraduate life where cars are discouraged on campus and there is a general acceptance that bicycles are necessary for movement about the town, there is less need to emphasise the importance of PA on student health.

Suggestion of a podcast of approximately 10 mins length setting out the scientific basis and evidence for the efficacy of physical activity for society in general and individuals in particular. This would be a useful aid for teaching and would be influential if it were to be endorsed by PHE.

Discussion about the role of elective modules in promoting PA. In this context the 'pen to paper' scheme was suggested as a way of involving students in promoting PA to elderly people at risk of loneliness.

A possible research project assessing the impact of the "Cambridge" lifestyle on graduates 10 years after graduation.

Concern was expressed about the lack of a PG focus on PA. The AoMRC have produced an excellent document 'Exercise, the Miracle Cure'. However, if it isn't in the Royal Colleges' curricula and it isn't assessed in PG exams, the UG teaching will lose impact over time.

Oxford University Medical School

Friday 11th May 2018

Attendees:

Professor Ashok Handa
*Director of Surgical
Education, Associate
Professor in Surgery,
Consultant Vascular
Surgeon, Training
Programme Director
(Vascular Surgery), Tutor for
Graduates (St. Catherine's
College)*

David Nunan *Departmental
lecturer and senior research
fellow*

Oxford Medical School are piloting a new module in Public Health for year 5 students that will include behaviour change training in physical activity. This will include brief intervention training. Good discussion about the importance of role models and the challenges in ensuring that class room work on PA is also reflected in clinical teaching and experience throughout primary and secondary care. The principles of PA in the UG curriculum are to be presented to the Curriculum committee by Professor Ashok Handa. Professor Handa also believes that PA would fit in with Values Based Medicine (VBM) training. Oxford Medical School have also promised to present back progress on inclusion of PA in the curriculum to the visitors. The NHS clinical attachment programme (CAPE) is a useful vehicle for developing PA within curricula. The discussions revealed that there is agreement amongst the attendees about the importance of the topic with a desire to include PA teaching throughout the curriculum. This will need to be demonstrated in future.

Manchester Medical School

Data to be added once the visit has taken place in June 2018

Appendices from the Medical School Visits

Appendix 3: Case study summary of workshop outputs by Plymouth Peninsula Medical School

PHE Activity workshop September 11th 2017

Brainstorm activity: Areas for potential development within BM BS curriculum

Year 1+2

Consider within: Interactive sessions Year 1 + 2, Jigsaw groups, incorporation in health promotion + self-care teaching.

Consider when addressing aspects relating to managing behaviour change and shared decision making. Need to emphasise reduced demand on NHS. Adele has good understanding of where it is currently taught in Year 1-2 and link to obesity/nutritional teaching

Should physical activity be part of standard history taking? Addition to current focus on smoking + alcohol history

SSU: Consider full theme: activity+ movement or health promotion + social engagement.

Physiology teaching: Nutrition + exercise plenary.
Epidemiology

Adele: Walk + teach

Clinical skills: ISCE year 2 communication assessment

IPE link with professional colleagues at PU:

- Keith Walker, Lecturer at School of Health Professions, Faculty of Health + Human Sciences
- Brynmor Breese, Lecturer Physiology, SoBHS, PSMD. Already shown interest in discussing this in view of their specialist physiology lab ??opportunity for SSU
- Chris Byrne, Lecturer of Physiotherapy, Faculty of Health + Human Sciences
- Catherine Hughes, Lecturer in Nursing, Faculty of Health + Human Sciences

Consider on Year 2 community placement

More patient involvement in teaching in this area

Year 3-5

Year 3/4 anaesthetic placement: Easy win (Liz Drake). More focus on CPEX assessment of patients with understanding of V02 max and measurement.

Year 3/4 anaesthetic week feedback session: consider including in student presentations

GP year 5 placement project. ??? John Fotheringham step-forward project still on-going

ISCE year 4 difficult communication station: egg patient deriding activity as a therapeutic measure and student needs to discuss.

Grand Round input?

Include as part of early leadership experience.

Other considerations

Start from day 1 in curriculum

Social media

Interlink with Evidence Based medicine approach


Develop in simulation related teaching

Need to consider incorporating in assessment + portfolio

Mayflower project 2020: Community walks being introduced as part of celebrations. ? Student activity ambassadors

Train the trainers to incorporate this where appropriate not just as health promotion but also as a therapeutic measure.

Appendix 4: Case study via Lancaster University Medical School



Movement for Movement at Lancaster Medical School

Following an email from the Medical Schools Council in November 2016, Dr Bob Wheatley, a Clinical Teaching Fellow at Lancaster Medical School (now retired), introduced the Movement for Movement resources at our December 2016 departmental Learning and Teaching meeting. The resources were considered to be a valuable addition to our provision and Dr Wheatley mapped the resources to the curriculum in Years 1 and 2, with suggestions for use in the later years.

The spiral curriculum at Lancaster Medical School utilises problem based learning (PBL) to foster independent study skills around four themes: Medical Sciences, Population Health, Health Culture and Society, and Professional Practice, Values and Ethics. Students in Year 1 study the "normal" Medical Sciences, whereas those in Year 2 begin to apply this knowledge to patients and learn about pathophysiology. Students in later years spend increasing amounts of time on clinical placement rotating through specialties.

Dr Fiona Curtis implemented the Movement for Movement resources in Moodle for the year 2 students (in 2016-17) as they commenced their "Weight matters" PBL module (2.11), using the "book" format.

Movement for Movement resources

- Movement for Movement
- Unsorted resources - please use the Movement for Movement link instead

The first chapter explains the resources and our implementation:

17/18: MBCHB201: Problem Based Learning Year 2 [1]
Movement for Movement


1. Introduction

The "Movement for Movement" resources aim to equip all health and social care students to promote physical activity in the prevention and treatment of disease.

The resources on exercise medicine and health for undergraduate education were endorsed by the Council of Deans of Health when they were first launched in 2015. The revised version contains the latest evidence for future health professionals to use in discussing lifestyle medicine with their patients and deliver safe and effective exercise advice.

Many UK medical schools (16/24) are using the resources in teaching how physical activity is an important brief intervention in the prevention and treatment of disease and ill-health.

The resources include a range of prescripted presentations. Those here have been selected to link with year 2 modules. The main module relating to physical activity in module 2.11, but resources relevant to specific conditions are included along with an indication of the relevant module. Of course, they will also be relevant to the patients you see in clinical practice.



Movement for Movement at Lancaster Medical School

The early chapters contain the more 'generic' resources which integrate perfectly with the "Weight matters" PBL module, with later chapters focussing on specific conditions and associated modules:

1. Introduction

- 2. Introduction to physical activity and health
- 2.1. Physical Activity Medicine for Students
- 2.2. Patterns and trends in physical activity
- 3. Physiological adaptations to regular exercise and risks
- 4. Obesity and exercise
- 5. Prescribing physical activity and exercise
- 6. Physical Activity Coaching
- 7. Physical Activity and the Role of Public Health
 - 7.1. Influencing public health with walking and cycling
- 8. Resources relating to specific medical conditions
 - 8.1. Hypertension and exercise advice
 - 8.2. Heart disease, stroke, peripheral arterial disease and exercise
 - 8.3. Chronic obstructive pulmonary disease (COPD) exercise considerations
 - 8.4. Perioperative Exercise
 - 8.5. Type 2 Diabetes and exercise
 - 8.6. Cancer and Physical Activity
 - 8.7. Osteoporosis and exercise
 - 8.8. Osteoarthritis (OA), Rheumatoid Arthritis (RA) and Exercise
 - 8.9. Mental health and exercise

17/18: MBCHB201: Problem Based Learning Year 2 [1]
Movement for Movement


2. Introduction to physical activity and health

2.2. Patterns and trends in physical activity

The following presentations provide an insight into existing levels of physical activity

- Patterns and trends in adult physical activity
- Patterns and trends in child physical activity
- Physical activity in Scotland

The first Year 2 module, 1.12 (completed after the examinations at the end of Year 1, but examined in Year 2) focusses on hypertension. The link to the resource is embedded, and I extracted the learning objectives from the resource in order to provide context for students:



Movement for Movement at Lancaster Medical School

17/18: MBCHB201: Problem Based Learning Year 2 [1]
Movement for Movement

8. Resources relating to specific medical conditions


- 8.1. Hypertension and exercise advice

This presentation considers the role of exercise in hypertension and links with module 1.12.

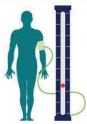
LEARNING OBJECTIVES

- Be familiar with the definition and prevalence of hypertension
- Understand the role of physical activity in the prevention of hypertension
- Understand the role of physical activity in the management of hypertension
- Learn how to prescribe safe exercise programmes for hypertensive individuals
- Access resources, research, and clinical guidance on physical activity and hypertension


On opening the students see the presentation with the Lancaster Medical School logo:



Hypertension and exercise advice



The resources are highlighted in each module, as relevant:



Movement for Movement at Lancaster Medical School

2.01 Matters of the heart

- Module 2.01 lecture timetable 2017/18
- 2.01 Scenario
- 2.01 Learning Objectives
- PBL Module 2.01 Recommended Resources

Please remember to look at the "Movement for Movement" resources for this module

- Lecture Materials
- 2.01 Intended Learning Objectives
- 2.01 CALC ILO's


The resources have also prompted us to review the learning objectives relating to physical activity. In light of this, we added a new learning objective and amended another in the Year 1 curriculum.

We plan to integrate the newly released resources, for example, the Chronic Kidney Disease presentation, into PBL module 2.09.

Dr Fiona Curtis, October 2017

24

Appendix 5: Samples of flyer for the medical school workshops



Training tomorrow's health care professionals in exercise medicine: prevention and therapeutic management including perioperatively


Monday 11th September 9.00-11.00 JBB(Seminar Room 5)

Presentations by

Ann B. Gates MRPharmS (Associate Editor for BJSM)
and
Mr Ian Ritchie FRCSEd (Past President of the RCSEd)
On behalf of: Public Health England

They are leading a PHE funded initiative relating to the development of physical activity teaching in the undergraduate medical and AHP curricula. The focus will include the development of health care understanding of physical activity and exercise from both a preventative and treatment perspective. Following these presentations, there will be the opportunity for discussion regarding the 'how and where' for these to be incorporated within undergraduate health-care programmes.

Suitable for all staff involved in the delivery of undergraduate health-care programmes.
Attendance numbers will be limited so please book your place
Contact Sharon Clark (sharon.clark@plymouth.ac.uk)



Mrs Ann B Gates MRPharmS
Associate Editor for The British Journal of Sports Medicine

Mr Ian K Ritchie FRCSEd (Orth)
Immediate Past President
The Royal College of Surgeons of Edinburgh

Meeting re Physical Activity and the UG Curricula

28 September 2017
1300 – 1600 hrs
Room: A-005, Dean's meeting room

1300 hrs Starting with light lunch followed by light touch presentation by Ann Gates and Ian Ritchie

- Professor Caroline Meyer (Professor, Warwick Manufacturing Group)
- Professor Kate Owen (Social Science & Systems in Health, Health Sciences)
- Dr Wendy Robertson (Statistics & Epidemiology, Health Sciences) (until 1430 hrs)
- Dr Clare Blackburn (Mental Health & Wellbeing, Health Sciences) (until 1400 hrs)
- Dr Andrew Marsh (Department of Chemistry)

4th year MBChB students:
Alastair Anderson – final year student

1530 hrs Telecon with Professor Sudhesh Kumar
Sudhesh to call 024 761 50027

Appendix 6: Warwick Medical School evidence of delivering brief intervention around physical activity

Skilling Up Medical Students to Promote Health Behaviour Change and Deliver Brief Interventions

Clare Blackburn¹, Wendy Robertson¹, Kate Owen¹, Vinod Patel¹, Sarah Hauzweil¹, Harbinder Sandhu¹, Shilpa Patel¹, Jane Wright¹

¹ Warwick Medical School, University of Warwick, Coventry CV4 7AL; ² George Eliot Hospital NHS Trust

THE UNIVERSITY OF
WARWICK

WARWICK MEDICAL
SCHOOL

Introduction


Skilling up doctors to help patients adopt healthier lifestyles is key to reducing preventable chronic diseases and improving health. The increase in preventable conditions and persistence of health inequalities are among the greatest challenges for patients and the NHS. Doctors and other health care professionals are expected to use every contact to help people lead healthier, longer lives.

What are we doing?

At Warwick Medical School we are skilling up our graduate entry medical students, from early in Year 1 to promote health behaviour change and deliver brief interventions.

By the time students enter their first sustained period of clinically based learning in Year 2 they are trained to:

- ✓ Engage in health behaviour change conversations
- ✓ Carry out very brief interventions on smoking and alcohol
- ✓ Deliver these to patients, under supervision, in the clinical setting




Year 1

Theories of health behaviour change, health promotion and health inequality

Identifying readiness to change (with peers and simulated patients)

Practicing taking lifestyle histories and initiating behaviour change conversations (peers)

'Making Every Contact Count' training



Early Year 2

Online training courses:


The *Very Brief Advice* on Smoking course¹ includes core NICE competencies on helping people to quit

The *Alcohol Identification and Brief Advice* course² – learn to identify patients' risk of developing alcohol related problems and to deliver a brief intervention

Practicing smoking and alcohol brief interventions with peers

<https://www.nice.org.uk/guidance/2016/very-brief-advice-on-smoking>

<https://www.nice.org.uk/guidance/2016/very-brief-advice-on-smoking>



Mid Year 2 onwards

Students practice the skills in the clinical setting under supervision

Skills to be assessed using OSCEs

Further teaching and learning on helping patients self-manage chronic conditions

Evaluation

- ✓ Students have given positive feedback on the learning so far
- ✓ By late year 2, only a few students have tried out the skills in practice
- ✓ Need to recruit clinical staff to observe students delivering interventions
- ✓ Skills to become part of learning portfolio: students will need to demonstrate competence
- ✓ More evaluation data being collected at end of Year 2

The programme was developed collaboratively by the public health, psychology, clinical skills and GP teaching teams in conjunction with a NHS health promotion specialist.

© Warwick Medical School, University of Warwick, Coventry CV4 7AL; ² George Eliot Hospital NHS Trust

Appendix 7: Leicester Medical School Health Enhancing Programme evidence of physical activity in the curricula



UNIVERSITY OF
LEICESTER

Learning outcomes:

- Understand the many health benefits of regular exercise
- Appreciate the amount and intensity of exercise associated with health benefits
- Understand what exercise prescriptions are and how they are used in healthcare settings

Exercise (within the Health Enhancement Programme, Year 1 MBChB)

1. Recommended levels of exercise for different age groups

Including how these differ by country
(e.g. England, Wales, Scotland, USA, Australia).

2. Updated exercise guidelines:

150 minutes moderate intensity exercise per week (e.g. cycling, fast walking) OR 75 minutes of vigorous intensity activity spread across the week (e.g. running, swimming, football) or combinations of moderate and vigorous intensity activity.

And muscle strengthening exercises 2 days per week.

3. Exercise levels in the UK

Self-reported levels (e.g. 39% of men and 29% of women met government recommendations in 2008)

Objective measurement e.g. accelerometers
(6% of men and 4% women met CMOs recommendations for physical activity).

4. Inactivity and health in the UK

Prevalence of obesity and overweight

Chronic conditions linked to inactivity (NIDDM, hypertension, cancer, CHD in non-smokers)

Protective effect of exercise (metabolic, genetic, physiological, immunological, neurological)

5. Exercise and mortality

Risk of early death amongst inactive

Improvement in life expectancy even if people take up exercise in later life.

6. Exercise and cancer

Decreased incidence of breast cancer, colon cancer, lung cancer, prostate cancer

Improved cancer survival if exercise regularly (prostate, colon)

7. Exercise and heart disease

Inactivity results in 1.5 – 2-fold increase in risk of CHD

Likelihood of death from heart attack halved if individual has recently been involved in moderate physical activity (improved lipid profile, diminished thrombogenesis, improved insulin resistance, reduced BP, reduced inflammation, improved endothelial function)

8. Exercise and obesity

Metabolic syndrome

Obesity increase not due to overeating but inactivity, due to energy saving devices.

Effect of exercise on BMR

9. Exercise and respiratory function

Benefit in chronic lung conditions e.g. asthma, COPD, cystic fibrosis

Mechanisms: aerobic fitness, reduced inflammation, sputum clearance, oxygen exchange etc.

10. Exercise and musculoskeletal problems

Prevention and/or management of osteoporosis, osteoarthritis, inflammatory arthropathies e.g.

- ankylosing spondylitis
- Improved general mobility
- Falls prevention

11. Exercise and chronic pain

Reduction in acute and chronic pain

Assists coping with pain: endorphins, mood, anti-inflammatory effects

12. Exercise and cognitive decline

Protects against cognitive decline, stimulates neuronal growth in hippocampus, reduces risk of Alzheimer's disease

Benefits in dementia: improved cognitive function

13. Exercise and immunity

Exercise prior to infection can be protective

Strenuous exercise after infection can worsen infection and symptoms

Type, intensity and duration affect outcome

Over-exercise presents a significant allostatic load

14. Exercise and mental health

Improvements in mid-moderate unipolar depression, chronic fatigue syndrome, panic and generalised anxiety disorder, schizophrenia, conversion and somatoform pain disorder, alcohol abuse and dependence, insomnia.

Exercise may be an alternative treatment for some of these conditions (e.g. depression and anxiety)

15. Physical activity and academic performance

Active young people are: less likely to have low self-esteem and more likely to have higher grades; and less likely to smoke or engage in risk-taking behaviour.

16. Exercise on prescription

Tailored to the individual.

Be specific e.g. less use of car, use stairs rather than lifts

Couch to 5K challenge

Types of exercise to recommend: aerobic, resistance, balance/flexibility.

Intensity: What can the person comfortably cope with?
For each metabolic equivalent (measure of energy expenditure) there is a 4% reduction in cardiac risk. Higher intensity exercise is associated with lower risk.

However, extreme exertion can trigger a cardiac event in

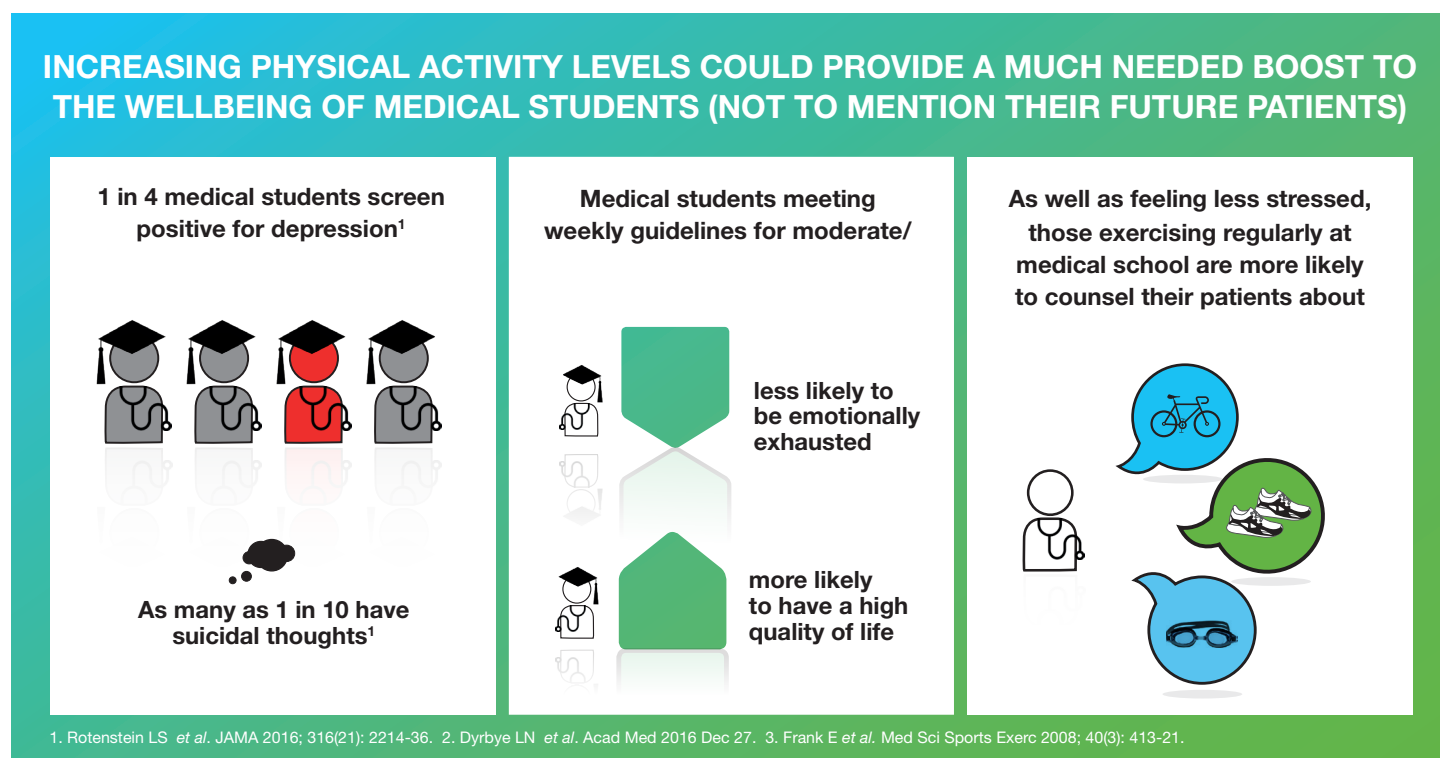
Appendix 8:

Motivate2move flyer highlighted in presentations and by a flyer



Appendix 9:

Infographic shown as part of the Movement for Movement teaching resources



Appendix 10: Newcastle Educational Research Development and Practice



School of Medical Education

Newcastle University
The Medical School
Cookson Building
Framlington Place
Newcastle upon Tyne
NE2 4HH United Kingdom
Professor Philip Bradley
Head of School

26th February 2018

Making Every Contact Count

An approach to behaviour change that utilises day to day interactions that organisations and individuals have with other people to support the min making positive changes to their physical and mental health and wellbeing.

[<https://www.gov.uk/government/publications/making-every-contact-count-mecc-practical-resources>]

Newcastle University MBBS programme

We provide an integrated case based programme which is delivered by a dedicated teaching team within the University Campus (years 1 & 2) and our regional NHS partners in secondary and primary care trusts. A key element of this integration is early clinical experience, which occurs throughout years 1 and 2 and provides clinical context to the science knowledge the students accumulate.

The experiential clinical learning occurs throughout the course but is concentrated in the clinical years 3 to 5 which is delivered across the North East. The learning outcomes of health promotion, including exercise and diet for example, are delivered throughout the clinical rotations but are of particular importance in child health and also the long term conditions rotation. All our clinical rotations include multi-disciplinary team working and the importance of these professionals in empowering patients to self-manage their condition. These professionals have regular contact with our students across the curriculum. We also offer specific student selected components in Sport and Exercise Medicine.

Assessment of MBBS outcomes.

Our clinical final assessments include a MOSLER (Multi-station Objective Structured Long-case Examination Record) which allows each student to be assessed in multiple clinical encounters where the student has to carry out a focussed history, appropriate examination and then discuss clinical reasoning and management with the observing examiner. This assessment allows the examiner to probe a student's clinical reasoning and can include where appropriate health promotion, exercise and life style advice.

direct dial: +44 (0) 191 208 5020
switchboard: +44 (0) 191 208 6000
fax: +44 (0) 191 208 5016

e-mail: sme@ncl.ac.uk
www.ncl.ac.uk/sme

The University of Newcastle upon Tyne trading as Newcastle University

Student support and wellbeing.

Wellness in the student body whether that be good physical and/ or mental health is a key message that the university endorses and is delivered to the students via Student Wellbeing.

Student local press publication (4.2.18)

Do yourself a favour and get off the Metro early
Research by a Newcastle University medical student suggests stepping off the train early could help people achieve the NHS's daily exercise targets.
<http://bit.ly/2FLIM43>

Dr David Kennedy
MBBS Degree Programme Director

Dr Andrea Myers
Deputy Director of Studies (Engagement)

A place for Physical Activity in all undergraduate curricula

**TO GET ONE SMOKING PATIENT
TO GIVE UP CIGARETTES¹**

**DOCTORS NEED TO ADVISE
50-120**

**TO GET ONE INACTIVE
PATIENT TO MEET
RECOMMENDED
ACTIVITY LEVELS²**

**DOCTORS NEED TO ADVISE
12**

**BOTH HAVE
COMPARABLE
HEALTH BENEFITS¹**

**"Let's make every
contact count,
for physical
activity!"^{2a}**

1. Thornton JE et al. Br J Sports Med 2014; doi:10.1136/bjsports-2014-094393.
2. Gallet AB. Br J Sports Med 2010; 34(80): 322-3.

Exercise medicine teaching workshop



Tuesday 6th February 2018 9.30-11.30 – available at all HYMS Teaching Centres

Training tomorrow's health care professionals in exercise medicine: prevention and therapeutic management including perioperatively

Presentations by

Ann B. Gates MRPharmS (Associate Editor for BJSM)

Mr Ian Ritchie FRCSEd (Past President of the RCSEd)

On behalf of Public Health England

They are leading a PHE funded initiative relating to the development of physical activity teaching in the undergraduate medical and AHP curricula. The focus will include the development of health care understanding of physical activity and exercise from both a preventative and treatment perspective. These presentations will be video linked to each of the HYMS Teaching Centres (details below). Following the presentation there will be the opportunity for discussion at each location regarding the 'how and where' for these to be incorporated within undergraduate health-care programmes, before reconvening the meeting for the presenters to wrap-up.

All staff involved in the delivery of both the MB BS undergraduate and Physician Associate postgraduate programmes are invited to attend. Students on these programmes are also welcome to attend and contribute to the discussion.

More information

Attendance numbers will be limited so please book your place by contacting the site you would like to attend:

York Hospital

Paul Gibson-Simpson (Student Liaison Manager), 01904 726471, Paul.Gibson-Simpson@york.nhs.uk

Scarborough Hospital

Jeanette Clews (Student Liaison Manager), 01723 236172, Jeanette.Clews@york.nhs.uk

Hull Royal Infirmary

Andrew Murphy-Pittock (Student Liaison Manager), 01482 608909, Andrew.Murphy-Pittock@hey.nhs.uk

Scunthorpe Hospital

Louise Coult (Student Liaison Officer), 03033 305805, Louise.Coult@nhs.net

Diana Princess of Wales Hospital, Grimsby

Mandy Derringer (Undergraduate Administrator), 03033 303576, Mandy.Derringer@nhs.net

For further information about this and other tutor development opportunities please contact Jon Bateman (HYMS Clinical Tutor Development Manager), 01904 321858, jon.bateman@hyms.ac.uk



SHEFFIELD PHYSICAL ACTIVITY IN HEALTHCARE SYMPOSIUM

2 CPD POINTS

SPEAKERS INCLUDE: DR. REBECCA ROBINSON (MBBS),
ANN GATES (MRPharmF), MR. IAN RITCHIE (FRCSEd), ANNA
LOWE (MCSP), HELEN SPEAKE AND JO PEARCE

When? 7th February 7-9pm. **Price?** Free for all.

Where? University of Sheffield Medical School.
S102RX. Lecture Theatre 1.

Who is the event aimed at? All healthcare
practitioners (doctors, physios, nurses etc) and
undergraduates in healthcare-related courses.
Certificates will be provided.



LEARNING OUTCOMES:

UNDERSTAND THE
IMPACT OF PHYSICAL
ACTIVITY (PA) & THE
GUIDELINES

OVERVIEW OF HOW WE
CAN BETTER EDUCATE
UNDERGRADUATES

LEARN WHAT LOCAL
PA SERVICES YOU CAN
REFER PATIENTS TO

HINTS AND TIPS FOR
ADVISING PA

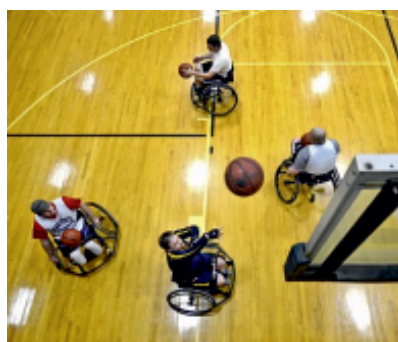
NETWORKING

FOR MORE INFO & TO REGISTER VISIT:

www.eventbrite.co.uk/e/sheffield-physical-activity-in-healthcare-symposium-registration-41355402121

EXERCISE THE WONDER DRUG

PRESCRIBING IT TO PATIENTS



Movement For Movement. This seminar looks at how clinicians can support patients into physical activity and what we can do to tackle the population's inactivity problems.

Ann Gates

Founder and CEO of Exercise Works!
Everyone's business, from consult to boardroom, **Delivering on the physical**

Ian Ritchie

Royal College of Surgeons Edinburgh
Making every contact count and every influence matter!

Monday 18th June, 7pm

Leamington Theatre, Samuel Alexander Building,
Lime Grove, Manchester, M13 9PP

Book your place for this FREE event now at -
<https://thewonderdrug.eventbrite.co.uk>



Appendices from the Schools of Health Visits

including case studies from five schools of health in England

Appendix 14: UK Council of Deans of Health press release to 83 schools of health



**Council of
Deans of Health**

Twenty years of
leadership in education
and research

Exercise medicine resources launched for health and social care students

18 November 2016

Working with the Council of Deans of Health, Exercise Works! has launched the latest update of its physical activity and health resources designed specifically to support teaching in undergraduate health programmes. The “Movement for Movement” resources aim to equip health and social care students to promote physical activity in the prevention and treatment of disease.

The resources on exercise medicine and health for undergraduate education were endorsed by the Council of Deans of Health when they were first launched in 2015. The revised version contains the latest evidence for future health professionals to use in discussing lifestyle medicine with their patients and deliver safe and effective exercise advice.

Ann Gates, Director of Exercise Works said:

“I’m delighted to be able to launch these updated resources that address one of the most pressing public health challenges of our time. I look forward to seeing how universities use them to strengthen teaching about exercise in their programmes.”

The resources, which were endorsed by the Council of Deans of Health in 2015, have been used by over 10,000 healthcare students worldwide and are designed to support the Chief Medical Officers guidance on physical activity and the NICE guidance for chronic disease management implementation.

Dr Sarah Hanson, Lecturer in Nursing Sciences at the University of East Anglia, who has conducted research on the impact of walking in preventing cancer and chronic diseases, said:

“It is critical that health staff are trained and feel confident in promoting activity to their patients. As well as prevention, this could include building fitness in preparation for surgery and treatments such as chemotherapy; utilising activity to aid post-treatment quality of life and recovery time; preventing de-conditioning for those who are chronically unwell and improving the psychological health of those with mental health problems. The #movementformovement resources are excellent. They are evidence based and have been peer reviewed. They are a great aid to HEIs who are adding physical activity to their curriculum”.

Notes to editors:

1. The “Movement for Movement” aims to build capacity in delivering physical activity interventions by all future health care workers through working as a community of practice both professionally and educationally. The resources are available for free to all universities with health programmes.
2. Exercise Works! promotes the use of physical activity in preventing and treating disease. For further details, contact Ann Gates on 07771 650052. <http://www.exercise-works.org/>
3. The Council of Deans of Health is the voice of the deans and heads of UK university faculties for nursing, midwifery and the allied health professions. For further information about the work of the Council of Deans of Health please see councilofdeans.org.uk.
4. For more information on this press release, please call 07496 693806 or email Jon Eames.

Appendix 15: Division of Physiotherapy and Rehabilitation Sciences



**University of
Nottingham**

UK | CHINA | MALAYSIA

The Division continues to be actively involved in supporting and utilising the #MovementForMovement resources within undergraduate modules. In particular, a new module has been designed and delivered by Dr Roger Kerry and Dr Fiona Moffatt in 2017-18. Targeted at final year physiotherapy and sport rehabilitation students, 'Exercise and Sport in Special Populations' has delivered education regarding physical activity and exercise in women, children, older adults and patients with chronic conditions or deconditioning/frailty. A critical component has regarded inspiring and motivating behavioural change within these populations. The #MovementForMovement resources have been integral to the delivery of this intent.

A new development planned for 2018-19 is the use of the #MovementForMovement resources within the Interprofessional Education (IPE) Programme. The IPE Programme is accessed by students from nursing (adult, children's, mental health branches), midwifery, physiotherapy, sport rehabilitation, pharmacy and medicine. As such it has the potential to reach 900 students per annum. To date, the proposed project has the approval and support of the Director for IPE. The aim is to collaboratively design and deliver a one-day activity which challenges first year students' confidence, competence and capability in terms of making physical activity recommendations for a (relevant) specialist population. Students will work in small, inter-professional groups, and will be encouraged to consider national guidelines, physiological considerations, safety, contraindications/precautions, and barriers to engagement. They will integrate these into an infographic which they present to their peers as part of the day's activity. It is proposed that the best infographic for each population will be published and displayed across the Schools of Medicine, Pharmacy and Health Sciences. Students will subsequently be signposted to the full suite of #MovementForMovement resources for future use and reference.

Dr Fiona Moffatt, Assistant Professor

Dr Roger Kerry, Associate Professor

Appendix 16: Update on implementing physical activity in the curriculum by the physiotherapy department at the University of Worcester



We have adopted the ExerciseWorks! modules, which can be accessed using the following link:

<http://ooc.peoples-uni.org/course/index.php?categoryid=3>

as new content to the BSc Physiotherapy first year module “Guiding principles of physiotherapy practice”.

This has included the following acknowledgement as an introduction to the module:

- Welcome to this course on exercise and health. It is based on a set of presentations prepared by an international collaboration led by Ann Gates, Member of the World Heart Federation Emerging Leaders Programme and the #MovementForMovement “community of practice” educational team of over 40 authors.

This introduction also included the following links:

- [University link to resources home page.](#)
- https://www.youtube.com/watch?v=oklfgyN_HUI
- [@annalowephysio](#)
- [@exerciseworks](#)

During this module 64 slides from the above library were utilised. This included the following additional information which has not previously been part of this module:

- Public health and exercise
- Resistance training adaptations
- Strength detraining and aging
- Health benefits of physical activity
- Exercise medicine
- Minimum physical activity guidelines
- The size of the problem (national and international)
- Active and inactive groups
- Risks of physical activity
- Safety, including contra-indications and side-effects
- The challenge for the public health agenda

• How to approach patients

Students in all three years groups have been given access to the on-line ExerciseWorks! modules referred to above. Students have been encouraged to access these independently and to aim to work through each module in their own time. It is anticipated that this is most likely to occur during the summer months as opposed to whilst they are currently at university due to workloads. It would be interesting to identify how many students do access these resources later in the year.

The BSc Physiotherapy course is in its fifth year at the University of Worcester. It is therefore currently going through a Reapproval process with the HCPC and the CSP.

As part of this process and linked to feedback from students from previous years, our intention is to introduce a new 15 credits level 4 module dedicated to Exercise from September 2018. This module is still in development. It is anticipated that the ExerciseWorks! resources will form a significant component of this module. In addition, it is possible that there will be more onus on the students accessing and utilising the ExerciseWorks! resources in the coming years. Further information on these plans will be available later in 2018.

I would once again like to take this opportunity to thank everyone involved in the production of the ExerciseWorks! resources which, as evidence-based, engaging presentations are likely to become a significant resource for our course.

Appendix 17: Movement for Movement at Wolverhampton University



The Faculty of Education Health and Wellbeing (FEHW) of the University of Wolverhampton is partly consisted of the Institute of Health as well as the Institute of Community and Society. Within these Institutes, students can undertake the following courses: Nursing, Physiotherapy, Paramedic Sciences, Community Health, Physician Associate, Social Care and Public Health and Wellbeing Courses.

Dr Ian Lahart and Professor George Metsios introduced the Movement for Movement initiative during FEHW University meetings and had individual discussions with Course Leaders regarding its implementation within their curricula. The Movement for Movement Initiative has been received with a high interest by Course Leaders. It has been decided to implement Movement for Movement resources initially in the Physiotherapy and Nursing Courses.

Following the discussions and meetings in 2017, specific action plans for the 2018 has been initially prioritised with the Departments of Physiotherapy and Nursing. In specific, the University of Wolverhampton has a specific process of developing curriculum changes, using a specific online platform. Dr Lahart and Professor Metsios will help Course Leaders to implement the Movement for Movement resources in Year 2 initially (generic physical activity and health information), with a further view to expand to 3rd Year of study (physical activity for specific non-communicable diseases). In addition to this, further meetings have been planned with Course Leaders of the Paramedic Science as well as Public Health and Wellbeing Courses, to investigate where in the curriculum the Movement for Movement resources can be placed.

Appendix 18: UEA Movement for Movement: Embedding physical activity into the undergraduate health care curriculum



Andy Jones, Karen Milton, Sarah Hanson, Jon Larnar
Progress document – January 2018

The Royal College of Surgeons Edinburgh, the UK Council of Deans of Health, and Public Health England have a commitment to embedding physical activity and health within the undergraduate health care curriculum. Since meeting with Ann Gates and Ian Ritchie in October 2017, UEA has demonstrated a commitment to develop and pilot test a range of resources and approaches to maximising the presence of physical activity and health within the curriculum of all health care related courses that we deliver. We have also undertaken advocacy and awareness raising activities. For example, staff from UEA recently contributed to a podcast on the importance of embedding physical activity into the education of future health professionals. This podcast has been viewed over 4,400 times, and can be accessed at <https://soundcloud.com/bmjpodcasts/physical-activity-in-the-curriculum-impact-in-schools-of-medicine-and-new-healthcare-professionals>. We have been promoting this agenda at UEA through updates in the Faculty E-Bulletin, as well as more widely via social media.

At UEA we have established a group of 'champions' to lead this agenda. The champions are faculty members across the Norwich Medical School and the School of Health Sciences, both members of the UEA Faculty of Health, who have expertise in physical activity and health. The group has established regular meetings to advance the inclusion of physical activity within the curriculum of our health-related courses. This short report summarises the work undertaken by this group to date, including a review of the courses that we deliver which would benefit from the inclusion of physical activity and health, the development of online resources, and best practice examples of actions that are already underway to embed physical activity into the undergraduate health care curriculum.

A review of relevant courses at UEA

At UEA we deliver a range of health care related courses and have identified five existing courses that we feel would benefit from the inclusion of physical activity and health.

These courses are:

- The 5 year MBBS (Batchelor of Medicine) degree
- BSc in Adult Nursing
- BSc in Paramedic Science
- BSc in Physiotherapy
- BSc in Occupational therapy

Online Resources


At UEA we use the Blackboard web-platform for teaching and learning. We have established a new area on Blackboard dedicated to physical activity and health. A screenshot of the 'homepage' is shown in Figure 1 below.




Figure 1. The UEA Physical Activity and Health homepage

The following screenshots show examples of the content of the site. Key sections include resources (which contains the CMO physical activity infographics and the ISPAH Investment that Work document) and evidence on the benefits of physical activity for the prevention and treatment of a range of conditions (including heart disease and stroke, hypertension, diabetes, osteoporosis and sarcopenia, mental health, obesity and falls). Screenshots are included in Figures 2, 3, and 4. We also include a link to the Movement for Movement website (also shown in Figure 3).


Figure 2: Key resources




Chief Medical Officer's Physical Activity Infographics




The Physical Activity infographics were commissioned by the Chief Medical Officer to facilitate the communication of the physical activity recommendations to practitioners and the public. Four infographics have been developed, which are targetted at different population groups: Under 5's; children and young people; adults and older adults; and pregnant women. They can be displayed in practices (e.g. in waiting rooms) as well as distributed to patients




Investments that Work for Physical Activity

Enabled: Statistics Tracking
Attached Files:  GAPA Investments that Work for Physical Activity_Eng_high.pdf (1.877 MB)




Investments that Work for Physical Activity is a resource developed by the International Society for Physical Activity and Health (ISPAH), aimed at highlighting the wide range of sectors that can influence physical activity and the types of action that each sector can take.


Figure 3. The Evidence Hub and Link to Movement for Movement




Physical Activity and Health - The Evidence



This folder contains information on the role of physical activity in the prevention and treatment of a range of health conditions



Motivate2Move Website




The Motivate2Move website has been designed as a comprehensive education packaged to tackle the barriers to promoting activity in primary care. It contains resources to help health professionals incorporate exercise advice routinely within patient consultations.

Designed as brief bites of information but with links to more detailed material for those who need it.


<http://www.motivate2move.co.uk>

Figure 4. PowerPoint slides on the benefits of physical activity for the prevention and treatment of a range of health conditions




Hypertension


Attached Files:  P9 Hypertension and exercise.pptx (21.302 MB)




Presentation on the links between physical activity and hypertension



Diabetes

Attached Files:  P10 Diabetes (T2D) and exercise.pptx (13.521 MB)



Presentation on the links between physical activity and diabetes

Information about the new web pages has been sent to all staff who teach on our health-related courses to explain what resources are available and to request support from all staff to embed physical activity and health within their teaching wherever possible.

Best practice examples

1) Problem Based Learning on the MBBS

Much of the medical teaching at UEA centres on problem based learning (PBL). We are reviewing the case study examples upon which our PBL teaching is based and aim to add statements to many of these cases about the patients' physical activity level. Students will be encouraged to consider the potential role of physical activity in addressing the patients' health issues and how they might approach the promotion of physical activity with these patients in their consultations.

2) New undergraduate nursing curriculum

We are reviewing the content of the undergraduate nursing curriculum and will be launching the new curriculum in September 2019. Physical activity will be embedded across the programme. In addition, training on motivational interviewing on physical activity is being added to the OSCE for nursing students. Within the revised curriculum, specific focus will also be placed on encouraging nurses to be more physically active so that they are 'fit to care' for their patients.

3) The BSc in Paramedic Science

Physical activity and health has been added to the BSc in Paramedic Science that we deliver at UEA. Content includes national statistics on inactivity, inactivity and disease, inactivity and inequality, and the use of the CMO infographics.

4) New undergraduate course on physical activity and health

Members of staff from the Faculty of Health have contributed to the teaching of parts of the physical activity programme delivered in the School of Education and Lifelong Learning (EDU) for a number of years. In 2019 the School will launch a new BA in Physical Activity for Health. The degree will be aimed at potential teachers and those involved in the delivery of physical activity programmes. It will take a much more holistic approach to physical activity promotion than is common with such programmes, and will include significant public health and medical components. Members of staff from the Faculty of Health are already working with staff from EDU to design the curriculum and will contribute to the teaching programme. The aim is to produce a shared resource of materials that will also be used to contribute to teaching on the medical curriculum and the possibility of identifying opportunities for students to experience relevant parts of the different programmes is being explored.

5) New innovations on the physiotherapy curriculum

We have implemented a range of innovative actions to promote the physical activity and health agenda within the physiotherapy curriculum. We have been sending email signposts called 'Fit Bits' to encourage students to engage with different aspects of the new online resources. We have also started a series of workshops where students develop strategies for the promotion of physical activity to different groups and pitch their ideas in a Dragons Den format to lecturers and a local clinician, who act as commissioners and decide whether they would fund the proposal. The Movement for Movement resources have been valued by students as they helped students to explain and 'sell' the benefits of physical activity to their patients/clients, helped in understanding the research evidence underpinning different interventions, and supported their ideas for community or population based interventions.



Brief interventions and the role of physical activity

Background

The role of the pharmacist in promoting health and well-being is established and they are seen as being able to make a positive contribution (1). The Healthy Living Pharmacies Framework has been established with the objective of delivering a broad range of high quality services through local pharmacies. These services are aimed at improving the health and well-being of the local population. All pharmacies are required to conduct health promotion campaigns and to perform interventions with prescription patients to promote health. Therefore, it is a requirement that trainee pharmacists at an undergraduate level are educated in health promotion.

Reference

World Health Organisation and International Pharmaceutical Federation. Developing pharmacy practice a focus on patient care; 2006 ([cited 2010 August 5]: Available from: http://www.who.int/medicines/publications/WHO_PSM_PAR_2006.5.pdf

Keele Framework

In Keele, patient contact starts in stage 1, where students talk to both real and simulated patients about their condition and their lifestyle and they are encouraged to probe the patients with regard to their levels of physical activity. This is built upon in stage 3 in the "Public Health and Health Promotion" strand of activities where the students are introduced to various techniques to promote health and change behaviour. Within this they are exposed to the latest information on PA. They then use this information to consider how they will make brief interventions when talking to their patients in a community pharmacy setting. The emphasis is on tailoring the information on PA to meet the individual needs. The students are assessed on the knowledge and skills they have acquired in time-limited competency based assessments and written examination questions. The former utilised simulated patients which the students must question and advise; one key area they are expected to consider is PA. In stage 4 this strand of development then culminates in groups of students producing, developing and presenting a health promotion activity which they then take out to the local community. Many of these events will incorporate elements of increasing public awareness and involvement in PA.

Appendix 20: British Journal of Sports and Exercise Medicine podcast

<https://soundcloud.com/bmjpodcasts/physical-activity-in-the-curriculum-impact-in-schools-of-medicine-and-new-healthcare-professionals?in=bmjpodcasts/sets/bjism-1>

The screenshot shows the SoundCloud interface for a podcast episode. At the top, the SoundCloud logo and navigation links (Charts, Search, Sign in, Create account, Upload) are visible. The main player area features a green background with the title 'Physical activity in the curriculum: impact in Schools of Medicine and new healthcare professionals' and the artist 'BMJ talk medicine'. A waveform visualizer is at the bottom of the player, showing a duration of 14:07. To the right, a large green square contains the white text 'BJSM'. Below the player, there is a comment section with a 'Write a comment' input field and buttons for Like, Repost, Share, and More. Further down, a section titled 'Follow BMJ talk medicine and others on SoundCloud.' includes buttons for 'Create a SoundCloud account' and 'Sign in'. At the bottom, a description of the podcast is provided, mentioning its focus on building capacity in the future workforce and featuring two UK medical schools. It also includes a link to 'www.exercise-works.org/' and a reference to a 'BMJpodcasts - Training-' episode.

BMJ talk medicine

Physical activity in the curriculum: impact in Schools of Medicine and new healthcare professionals

2 months ago

Sports

BJSM In playlist: BJSM

0:24 14:07

Write a comment

Like Repost Share More

5,919 11 1

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6,863 2,052

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Report

Embedding physical activity in the undergraduate healthcare curriculum is an important step to building capacity in the future workforce to promote physical activity, every contact. This podcast features two UK medical schools and schools of health describing their approaches to upskilling tomorrow's healthcare professionals, in physical activity, for tomorrow's patients using the #MovementForMovement educational resources and a community of practice approach. More about Ann Gates here: www.exercise-works.org/. And here is the BJSM 2015 podcast with Ann Gates and Ian Ritchie on this topic - [BMJpodcasts - Training-](#)

Show more

Other best practice exemplars

Making every contact count for physical activity: Equipping tomorrow's physiotherapists to deliver high quality physical activity interventions.

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Aims

To address physical inactivity as a key, modifiable risk factor for morbidity, disease related disability, and early mortality and to highlight the potential contribution of future physiotherapists to this national public health priority.

The objectives of the project were threefold;

- (i) to create high quality teaching resources on physical activity and long term conditions ,
- (ii) to support Higher Education Institutions (HEIs) to achieve excellence in their delivery of undergraduate physical activity learning,
- (iii) to equip student physiotherapists to deliver evidence-based interventions to increase physical activity in people with long term conditions.

Outcomes

Evaluation of the quality of the resources was funded by Public Health England and carried out by The University of Nottingham. An international panel of experts concluded that the resources rated highly for relevance, evidence-base and for the clarity and relevance of the learning outcomes. The resources are now being used nationally and internationally. Over 400 secure resource downloads from schools of medicine and health have been recorded.

The resources have been successfully embedded at Sheffield Hallam University and evaluation of one module shows that 58% of students surveyed had accessed the resources and all felt that it complimented the module. Students gave a mean score of 7/10 for overall quality.

Methods

In 2014 Exercise Works! developed resources for all UK undergraduate medical degrees on exercise medicine and chronic disease. In September 2015, these resources were made available for all undergraduate nursing, midwifery and allied health professions courses internationally.

The teaching resources are a series of approximately 30 presentations that cover topics relevant to physical activity and long term conditions, titles include "Cancer and physical activity" "Obesity and exercise" "Diabetes and exercise" and "Dementia and exercise". The resources are securely housed on the web and are editable to enable HEIs to adapt them to suit their needs.

Sheffield Hallam University is an example of one HEI that has integrated the resources into its undergraduate curriculum. A webfolio has been created that houses the resources and approximately 300 physiotherapy students now have secure access. This augments the existing delivery of physical activity and exercise in long term conditions within the undergraduate physiotherapy curriculum.

Conclusions

Physical inactivity is a national public health priority and promoting physical activity is a key competence in contemporary health care. Next steps include encouraging other HEIs to use the resources and encouraging adoption by other health care profession courses.

This innovative project has secured the prominence of physical activity and exercise content in undergraduate curricula. In doing so it has helped to equip tomorrow's physiotherapists to address non-communicable diseases and physical inactivity.

Take home message:

This special interest report shows how partnership working can enhance undergraduate curricula. It highlights the need for curricula to reflect contemporary healthcare issues.



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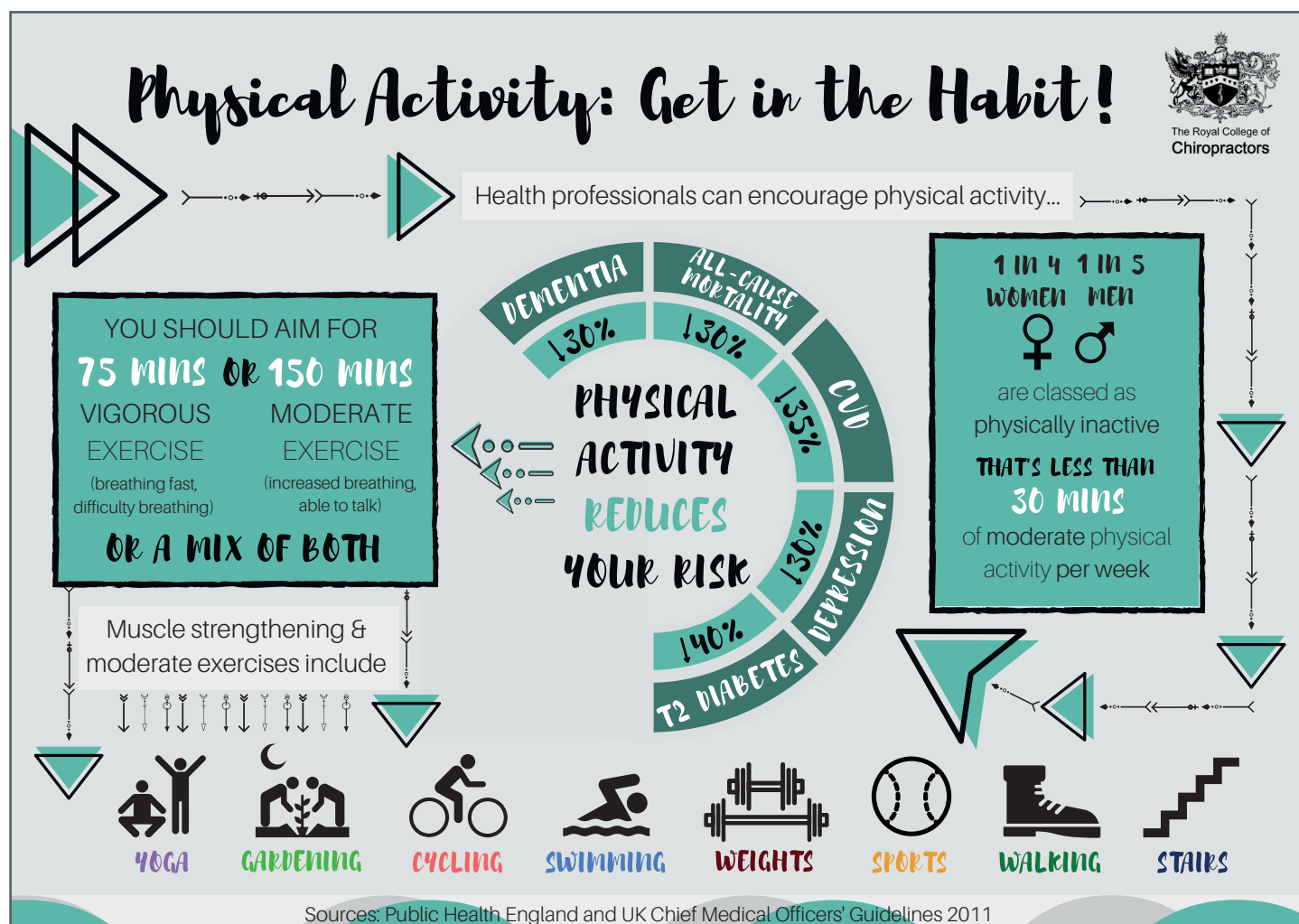
Movement for Movement Resources

We face some stark health inequalities in the UK; with a 20-year difference in life expectancy between our most and least deprived areas. We also have 6 out of 10 adults who are overweight or obese and can currently expect 96,000 tobacco related deaths each year.

These health inequalities resonate strongly with BASRaT accredited Sport Rehabilitators who have been proponents of using physical activity and exercise as both prevention and medicine for a number of years. Physical activity improves sleep, helps maintain a healthy weight, manages stress, improves the quality of life as well as reducing the chances of type 2 diabetes (-40%), cardiovascular disease (-35%), falls, depression and dementia (-30%), joint and back pain (-25%) in addition to reducing colon and breast cancer by up to 20% (1). To support the education of our undergraduate students and help move us towards a community of practice, both educationally and professionally, we needed a strong set of resources that could be utilised across all of our UK HE accredited programmes; the *Movement for Movement* content provides exactly this. The educational material provided in the resources is outstanding, up to date, produced by experts and importantly, it effectively tackles the diversity and inequality we see in our patients. If there was ever a movement that has the potential to really change public health, this is it. BASRaT wholeheartedly supports what can only be described as a crucial resource in the education of UK medical and healthcare professionals.

Steve Aspinall
Chairman
British Association of Sport Rehabilitators and Trainers

1. UK Chief Medical Officers Guidelines 2011.





The Royal College of Chiropractors

quality, safety, professionalism

The Royal College of Chiropractors - Actively Engaging with the Exercise Agenda

The Royal College of Chiropractors (RCC) has developed a public health strategy that introduces a range of initiatives to encourage and help chiropractors actively engage with health promotion activities and recognise the importance of their public health role. There is a particular focus on promoting physical activity. The RCC's initiatives include:

- **Public health conference**
The RCC's 2018 AGM and Winter Conference focused on Public Health with a keynote address from the Royal Society for Public Health (RSPH) highlighting the development and application of the impact pathways described in the RSPH/Public Health England Everyday Interactions report of 2017. A presentation from Exercise Works CEO, Ann Gates, on the public health benefits of exercise helped focus delegates on the RCC's key message: that the provision of exercise advice by chiropractors is not just important, its essential, and chiropractors have a duty of care to participate.
- **Membership of the RSPH**
The RCC has joined the RSPH as a corporate member and, with the RSPH's advice, is scoping the direction of future research around enhancing chiropractors' knowledge and skills in providing advice and support to patients in key areas of public health through provision of information, guidance and training, and helping chiropractors measure and recognise the impact they can have.
- **RCC health promotion and wellbeing society**
A new RCC health promotion and wellbeing society, which will develop into a faculty in due course, is holding its inaugural meeting during 2018, where a steering group will be appointed to take the RCC's public health activities forward. Society members are to be encouraged to join the RSPH and participate in its education programmes.
- **A shift in the postgraduate curriculum**
The RCC's Sport & Exercise Faculty currently supports its members in developing and extending skills and knowledge in the management of sports-related conditions, including rehabilitation. However, its curriculum is now shifting with the realisation that the benefits of exercise extend far beyond the context of rehabilitation. General exercise promotion will fall within the remit of a new faculty.
- **Undergraduate education**
The RCC is collaborating with the educational institutions to assist in embedding all relevant aspects of public health education into the undergraduate chiropractic curriculum, while ensuring appropriate articulation with the RCC's national postgraduate training programme.
- **Social media campaign**
A social media campaign was launched, initially highlighting the Making Every Contact Count (MECC) initiative, and then moving on specifically to the health benefits of exercise. Key messages are communicated simply with the help of impactful infographics and have proved to be popular and engaging.

Dr Mark Gurden, Chair of the Royal College of Chiropractors' Health Policy Unit, said:

"Chiropractors are well placed to participate in public health initiatives. Collectively, they have several million opportunities every year in the UK to support people in making positive changes to their general health and wellbeing, as well as helping them manage their musculoskeletal health of course. Exercise is the core component of the evidence-based, multimodal package of care that NICE recommends for low back pain and sciatica, and is helpful for many other musculoskeletal conditions that chiropractors help people manage."

However, all healthcare professionals, including chiropractors, should equip themselves, and take every opportunity, to recommend and encourage their patients to increase physical activity to maintain and improve their general health, noting the very significant benefits to be gained in terms of reduced risk of cardiovascular disease, diabetes, dementia and cancer."