

CHAPTER 29

PHYSICAL DEVELOPMENT

CONTENTS

SECTION 1 - GENERAL

Para

- 2901. Introduction
- 2902. PDev Strategy and Policy

SECTION 2 - PILLARS OF PHYSICAL DEVELOPMENT

- 2903. Pillars of Physical Development
- 2904. Physical Education (PEd)
- 2905. Adventurous Training (AT)
- 2906. Sport
- 2907. Physical Development Communications

SECTION 3 - ROYAL NAVAL FITNESS TEST (RNFT)

- 2908. General
- 2909. Validity
- 2910. Command Role

SECTION 4 - ROYAL NAVY HEALTH AND WELLBEING

- 2911. Health and Wellbeing
- 2912. Policy Drivers
- 2913. Unit Health Committees (UHC)

ANNEX

Annex 29A: Unit Health Committee - Terms of Reference

CHAPTER 29**PHYSICAL DEVELOPMENT (PDev)****SECTION 1****GENERAL****2901 Introduction**

Armed conflict, at its most extreme, is characterised by intense, extensive and sustained combat. Even routine Naval activities in peacetime can place considerable physical and mental demands on personnel. Therefore, Naval personnel must be physically fit and robust enough to withstand the rigours of Service life whether at war or in peace. PDev plays a crucial role in this process and is instrumental to developing a range of appropriate attributes for Naval personnel. It also plays an important part in the maintenance of morale which, amongst the ten principles of war, is considered the single most important critical success factor across the spectrum of conflict, including military activities in peace¹. The delivery of individuals who are mentally and physically robust with a war-fighting spirit and who understand how the physical, mental and emotional components impact on military effect, contributes significantly to the development and sustainment of the Moral Component of Operational Capability. PDev is the cornerstone that provides a 'Winning Spirit' comprising self-confidence, leadership, teamwork, robustness, grit and the will to win.

2902. PDev Strategy and Policy

Head of People Support is the OF5 lead for PDev Strategy and Policy and is also the Head of the PT Specialisation. Working through the Deputy Director People (DDP) to the Director People and Training (Dir P&T), Head of People Support is responsible for the governance and delivery of SQEP PTIs, Physical Education (including the promotion of Healthy Lifestyle), Adventurous Training and access to sport. Day to day desk level activity for the development, implementation and assessment of PDev policy is delegated to three SO1s, each responsible for the pillars outlined below:

- a. **Physical Education (PEd).** SO1 PDEV
Tel: 9380 28030
email: NAVY NPS-PEOPLE COTEM SO1PED
- b. **RN Adventurous Training HQ.** SO1 AT
Tel: 9380 28038,
email: NAVY NPS-PEOPLE SPT AT SO1
- c. **Sport.** SO1 NS
Tel: 9380 28034
email: NAVY NPS-PEOPLE SPT SPORT SO1

¹ British Defence Doctrine Annex A (JWP 0-01).

SECTION 2

PILLARS OF PHYSICAL DEVELOPMENT

2903. Pillars of Physical Development

a. There are three pillars of Physical Development: Physical Education (PEd), Adventurous Training (AT) and Sport. Singularly, the pillars are valuable; taken as a whole their impact is invaluable. The collective outcome of Physical Development programmes and opportunities is to develop the ability to respond instantly and effectively to the physical and psychological demands of operations and be able to maintain that response over prolonged periods. The PDev Mission is therefore:

To provide accessible support services that strengthen and enhance the resilience and resourcefulness of RN personnel, their families and communities'.

b. The BR providing detailed instructions and guidance for PDev is BR 51.

2904. Physical Education (PEd)

a. PEd includes Executive Health and RNFT, both of which address the core requirement for physical fitness by promoting a life-long exercise habit and healthy lifestyle, underlining the importance of these in a Naval context. Its purpose is to enable personnel to withstand the physical rigours of Service life and imbue them with a winning war-fighting spirit. The main reference is BR 51, the Physical Training Handbook, which although primarily a book of reference for the PT Specialisation, is also of general interest and use to all those concerned in any way with physical training, physical fitness and recreational training in the Royal Navy. RNFT policy and guidance is detailed in BR 51 Volume 2 Chapter 2. RNFT Policy is delivered by RNFTO (Tel: 9380 28029).

b. Executive Health in this instance refers to the non-clinical aspects of Health Promotion and the decision-making process associated with the maintenance of a healthy lifestyle. The aim of Executive Health is to increase resilience, reduce the incidence of Musculo-Skeletal Injury (MSKI) and ultimately maximise RN Personnel capability. The Naval Health and Wellbeing Committee (NHWC), chaired by Head of People Support, has the policy lead for the RN and links together the PDev, Executive, Medical and the PT departments. The NHWC is responsible for supporting the development and implementation of the Naval Health and Wellbeing Plan (NHWP). The NHWP includes five objectives that are based around each life-stage of Naval People, and are summarised as: Join Well, Train Well, Work Well, Live Well, and Leave Well. To ensure RN targets are met, four working groups sit under the NHWC; Lifestyle, Mental Health, Injury Prevention and Preventive Health. Unit Health Committees have a vital input to the Health and Wellbeing structure of the RN. It is a requirement for all units to have an active UHC that meets on a termly basis with meeting documents sent to SO2 Executive Health. Guidance for Unit Health Committees can be found in BR 51 Volume 2, Chapter 1 or on the NAVYfit Portal (www.royalnavy.mod.uk/sports/physical-education/executive-health/health-and-wellbeing/health-promotion-tools). Executive Health Policy is delivered by SO2 Executive Health (SO2 ExH) (Tel: 9380 28074).

2905. Adventurous Training (AT)

a. AT is defined in JSP 419 as “challenging outdoor training for Service personnel in specified adventurous activities, involving controlled exposure to risk, to develop leadership, teamwork, physical fitness, moral and physical courage, among other personal attributes and skills, vital to Operational Capability”. Therefore the importance of participation in AT has been recognised by 2SL who has included it within his Personnel Functional Standards (PFS) as a Cat A mandated requirement. Personnel should be given the opportunity to conduct 5 days of AT per year as a minimum requirement. The activities listed below are recognised as Adventurous Training by the three Services and are conducted under the Joint Service AT (JSAT) Scheme to encourage and increase Service participation:

- (1) Offshore Sailing.
- (2) Sub Aqua Diving.
- (3) Canoeing and Kayaking.
- (4) Caving.
- (5) Mountaineering.
- (6) Skiing.
- (7) Parachuting.
- (8) Gliding.
- (9) Mountain Biking.

b. The RN also has a number of Challenging Activities (CA) to supplement the JSAT Scheme, which are generally lower level activities and more easily accessible to RN personnel but conducted under similar rules (including duty status) as AT. These are as follows:

- (1) Lowland Walking.
- (2) Low Level Trail Cycling.
- (3) Road Cycle Touring.
- (4) Naval Indoor Climbing (Auto-Belay).
- (5) Stand Up Paddle Boarding.
- (6) Hill and Moorland Walking.

- (7) Sit-on-Top Kayaking.
- (8) Dinghy Sailing.
- (9) Snorkelling.
- (10) Coasteering.

c. BR 51 Volume 3 provides a comprehensive guide for planners and authorisers of all AT/CA activities. AT/CA assurance and the management of the RN AT policy is conducted by SO3 AT (Tel: 9380 28027 or 02392 573027).

2906. Sport

Sport in the Royal Navy makes a significant contribution to operational effectiveness, fighting spirit and personal development. It is recognised as a feature of the Armed Forces Covenant, and plays an important part in Service life, including recruiting and retention and in many instances provides excellent public visibility of the Services. Thus it has a wide role, but specifically within the envelope of Physical Development (PDev), it contributes to fitness, teamwork, leadership, self-discipline, determination, co-ordination, courage, competitive spirit, individual and collective resilience, and consequently military ethos. Inextricably linked to operational efficiency, authorised sport is a Condition of Service with duty status and is a core activity that cannot be considered discretionary. Sport supports the recovery and rehabilitation of the wounded, injured and sick (WIS). It also provides a balance in the lives of Service personnel from the pressures of military commitments and, during periods of high tempo operations, an invaluable opportunity for decompression. It is to engender all these qualities that public funding and time is made available for Service sport. This Policy applies both to Regular and Reserve Service personnel.

a. **Principles.** The principles underpinning the Royal Navy sport policy are:

- (1) To create an environment which encourages Service personnel, both Regular and Reserve, to participate in a full range of sporting activity, whatever their level of ability.
- (2) To provide personnel with time for sport and access to a clearly defined standard of sports facilities and equipment, in order to achieve and maintain fitness, health and wellbeing.
- (3) To encourage sporting success at individual, unit and representational level and provide a framework for Service, Inter-Service and United Kingdom Armed Forces sports competitions and representational sporting opportunities.

b. **Governance.** 2SL provides strategic direction of Naval Sport. Responsibility for Naval Sport policy, higher-level coordination of its resources, both public and non-public, together with promotion and management is exercised by Dir P&T, through Chairmanship of the Royal Navy Sports Board (RNSB) and subordinate Commanders (DDP, Head of People Support and Head of Navy Sport). All RN sports are played in accordance with national governing body (NGB) rules and RN Sports Associations administer their sport in accordance with Service instructions and any directives from the relevant NGB. RN Sports Associations are MOD bodies accountable through the chain of command under Para 3. The responsibilities of Commanding Officers for sport are detailed in Queen's Regulations, Training Directives and Second Sea Lord's Personnel Functional Standards (see Chapter 22), all of which encourage participation in sport along with the provision of time and public funding. Commanding Officers are responsible for sport within their Commands and should authorise activity through Unit Sports Boards and/or through Physical Training staff.

c. **Further information.** JSP 660 (Sport in the UK Armed Forces) and BR 51 Volume 4 (Sport in the Royal Navy) are the books of reference for Naval Sport.

2907. Physical Development Communications

A number of channels of communication have been developed to assist culture change and inform the Royal Navy on PDev issues and opportunities, as follows:

a. **NAVYfit.** In 2016 the outward face of RN (PDev) was rebranded as NAVYfit to raise awareness of the PDev opportunities available to all RN personnel and provide renewed focus. NAVYfit now stands as the all-encompassing face of RN PDev to raise awareness of PDev key messages and the offer, available to all RN personnel.

b. **NAVYfit Publication.** 'NAVYfit' magazine is a publication that acts as a shop window to encourage and promote participation in sport, AT/CAs and associated activities through the collation of articles and multimedia, inclusive of Service personnel submissions.

c. **NAVYfit Portal.** The NAVYfit Portal (to be superseded by the NAVYfit App on 31 May 21) is a comprehensive website, accessible through the Defence Gateway, providing a one-stop-shop for all Sport, AT, Physical Fitness and Health & Wellbeing contact details, fixtures and results, news, multimedia and opportunities.

d. **Sports Master Fixtures List (MFL).** The Sports Master Fixtures List is an interactive Excel document, providing details of RN sports fixtures, including those authorised for travel at public expense.

e. **Social Media.** The NAVYfit Twitter, Facebook, Instagram and NAVYfit YouTube playlist (accessible via the Royal Navy's YouTube channel), provides news, multimedia, opportunities, fixtures and results.

SECTION 3

ROYAL NAVAL FITNESS TEST (RNFT)

2908. General

Fitness – physical and mental - is essential to Operational Effectiveness. The Royal Navy Fitness Test (RNFT) provides an indication of an individual's aerobic fitness in relation to a scientifically derived standard based on generic tasks such as firefighting and casualty evacuation. Physical strength is assessed using a fire fighting task based simulation; this part of the RNFT is to be taken on completion of the relevant aerobic test. It is an important element of the PDev agenda and the Naval Health and Wellbeing Plan, both of which aim to maximise the number of personnel fit for task. It is the duty of all RN personnel who are not exempt from the test to be in date for RNFT.

2909. Validity

The underlying principle of the fitness testing regime is that personnel should be able to pass the RNFT at any time and not treat it as a periodic event. An In Date RNFT is valid until the next test, which must be taken on or before the expiry date of the previous test. The individual is considered to be 'in date' if they take and pass the RNFT, hold a valid exemption based on medical, age or location limitations, take and fail the RNFT and undertake a Remedial Training package or have been awarded an Operational Extension by their Commanding Officer. It is not acceptable to be Out Of Date (OOD) for RNFT. The only recognised official records for an 'in date' status are JPA and the RNFT 5 Certificate - locally produced alternatives are not to be used. Inaccurate data will give a false impression of a unit's overall RNFT performance and may also result in an individual not being presented for consideration for promotion. All RN personnel are personally responsible for ensuring that JPA reflects their individual RNFT competence correctly. Full details of RNFT policy, protocols and advice to Medical Officers and Commanding Officers, including the warning system applicable to all Officers, Senior Ratings and Junior Ratings, are documented in BR 51, Volume 2.

2910. Command Role

- a. Whilst it is an individual responsibility to remain in date for the RNFT, it is the Command's responsibility to ensure that there is sufficient opportunity and encouragement to do so through regular rigorous physical exercise and good RNFT administration. Regular reviews by the CO of the unit's RNFT status using the OBIEE JPA tools, supported by strong leadership from Divisional Officers and Senior Rates, will provide the necessary focus on those personnel who fail to remain in date. Such reviews will also ensure that the unit's programme takes into consideration future opportunity for RNFT testing and identify times such as leave periods when a large number of personnel are likely to fall out of date. Personnel who, after Command intervention, continue to exhibit a recalcitrant attitude to the RNFT should be subject to Minor Administrative Action (MAA), or disciplinary action as appropriate.

b. Commanding Officers are also to ensure that the Discharge Warning Process for RNFT failures, contained in BR 51 Volume 2, Chapter 2 and BRd 3(1) Chapter 54, are properly applied. Failure to allocate a warning at the appropriate time will prolong the discharge process and can be misconstrued as a lack of conviction on the Service's part to enforce the fitness regime.

SECTION 4

ROYAL NAVAL HEALTH AND WELLBEING

Reference: Naval Service People Health and Wellbeing Strategy 2019-2022

2911. Health and Wellbeing

- a. The Royal Navy (RN) Health and Wellbeing Vision is for a RN that:
 - (1) Improves Deployability and Employability.
 - (2) Facilitates physical and mental resilience.
 - (3) Prevents injury and illness.
 - (4) Promotes lifelong healthy behaviours.
 - (5) By creating a positive attitude towards health and wellbeing.
- b. Across the UK, there is a developing epidemic of immediate and long-term preventable health issues due to an increasingly unhealthy population; the RN's people are no different. Within the RN, the biggest challenges are: smoking, alcohol, weight management and mental fitness - 'The Big 4' (see Para 2906). By addressing 'The Big 4', the RN will move towards a culture that embraces smoke free environments, reduces alcohol consumption, manages healthy weight and enhances mental fitness.
- c. The success of the RN rests firmly upon the quality of its people. Maintaining their health and wellbeing is a major contributor to recruitment, retention and the moral and physical components needed to deliver Operational Capability (OC). Healthy and well-motivated people have a positive impact on productivity and effectiveness; if a substantial reduction in sickness absence and temporary medical downgrading is to be achieved, the focus must be on increasing physical and mental fitness thus preventing injury and illness.
- d. Encouraging and supporting health and wellness should be considered essential to operational capability and as a way of delivering the sustainable manning growth needed to meet operational commitments. The Health and Wellbeing end state will be an overall increase in OC.
- e. The Six Strategic RN objectives incorporated in the strategy are as follows:
 - (1) **Join Well.** Recruiting RN personnel whose physical and mental health, with reasonable adjustment where appropriate, enables them to undertake their chosen career within the RN.
 - (2) **Train Well.** RN personnel have access to training and education opportunities in a safe, supportive environment in order to maximise positive personal health behaviours.

- (3) **Live Well.** RN personnel adopt a lifestyle which optimises their health and wellbeing.
- (4) **Work Well.** RN personnel are supported to maintain or improve their health through healthy workplaces according to appropriate levels of risk management.
- (5) **Leave Well.** RN personnel transition back into to the wider community in the best achievable mental and physical health.
- (6) **Re-Join Well.** RN personnel transition back into the Service by understanding the individual's mental and physical health and their education and experiences since leaving the Service.

2912. Policy Drivers

- a. The term Health and Wellbeing in this instance refers to the non-clinical aspects of health promotion and the decision-making process associated with the maintenance of a healthy lifestyle. All clinical aspects associated with health promotion and medical treatment are the responsibility of qualified medical personnel.
- b. Complex relationships exist between the built environment, policies, organisational factors and a Service person's health behaviours, health outcomes and their medical employment standard. Tackling these challenges will require a whole systems approach placing health and wellbeing in all RN policies.
- c. **The 'Big 4'**
 - (1) **Smoking Reduction.** RN smoking rates exceed those in the wider UK population. Smoking tobacco is the main cause of preventable ill health and premature death in the UK and evidence demonstrates that RN personnel who smoke have higher rates of musculoskeletal injuries (MSKI) and other illnesses. Reducing the prevalence of smoking is a key component of maintaining personnel growth and improving OC in the RN. Defence policy is to implement a Tobacco Free working environment by 31 Dec 22; all RN establishments and units will be included in the implementation of this policy. The promotion of smoking cessation is a command responsibility and should be led by the Unit Health Committee (UHC) (Para 2907). It is imperative that each unit has sufficient individuals trained as smoking cessation advisors to support personnel in their quest to stop smoking.
 - (2) **Weight Management.** A significant number of people in the UK are overweight or obese; this number is increasing The RN is no different, of personnel with a recorded Body Composition Measurement, 42% are at increased risk of ill health. A multi-disciplinary, multi-level approach to supporting and enabling individuals to maintain a healthy weight is required.

(a) The Defence Occupational Fitness (DOfit) Programme, which is a National Institute for Health and Care Excellence (NICE) best practice weight management intervention programme, has been developed to support personnel having difficulty maintaining a healthy weight; it is especially helpful to those failing the RNFT where being overweight or obesity are contributory factors. The DOfit programme is delivered by Defence Health and Wellbeing Advisors (DHWA), who are Physical Training Instructors or health professionals trained specifically to deliver behaviour change weight management interventions.

(b) UHCs should be aware of the DHWA personnel available at their unit or within their region. DHWA personnel are encouraged and supported to deliver regular DOfit programmes and work with service/civilian catering staff to ensure healthy, balanced, nutritional meals are provided. At least 1 DOfit course should take place per term in each region. Units which do not have a DHWA should contact SO3 Health & Wellbeing (NAVY NPS-PEOPLE SPT H&W SO3) who holds the master database of DHWA personnel in each region and dates of all upcoming courses.

(3) **Alcohol Consumption.** Evidence from Defence Statistics Health shows that 65% of RN personnel (18,980 individuals) are at increased or high risk of alcohol related harm. Alcohol is the leading risk factor for preventable death in 15-49 year olds in the UK and contributes to around 300 disciplinary offences a year in the RN. Excess alcohol consumption also contributes significantly to the maintenance of a healthy weight. Initiatives to reduce alcohol consumption and provide low/no alcohol alternatives should be supported by all units and messes.

(4) **Mental Fitness.** A quarter of people in the UK will experience mental fitness issues over the course of a single year. Whilst rates of mental illness remain lower in the RN than those seen in the general population, rates have increased over time. An increased focus on positive mental wellbeing and reduction in workplace stress is required throughout the RN. Information to support can be accessed at the following link: Commander's Guide to Mental Health².

2913. The Unit Health Committee (UHC)

a. The UHC³ is responsible for overseeing all aspects of health and wellbeing and is accountable to the 2* NS Health and Wellbeing Programme Board chaired by Dir P&T.

b. The UHC is to meet at least twice yearly with returns being sent to SO2 Health & Wellbeing. Terms of Reference for the UHC are at Annex 29A.

² <https://modgovuk.sharepoint.com/teams/52111/EducTrain/Forms/AllItems.aspx?id=%2Fteams%2F52111%2FEducTrain%2F19%5F0555%5FMental%5FHealth%5FA%5FCommander%27s%5FGuide%2Epdf&parent=%2Fteams%2F52111%2FEducTrain>

³ If a unit/establishment does not have a UHC, SO3 Health & Wellbeing at HMS TEMERAIRE (9380 28077) is to be contacted for guidance.

- c. The UHC is to hold regular Health and Wellbeing days/events/initiatives to promote a Healthy Lifestyle throughout their respective unit.
- d. **UHC Assurance**
- (1) To ensure the continual improvement of Health and Wellbeing external assurance will be undertaken on a regular basis as follows:
 - (2) **Ships and Submarines.** Inspections will be undertaken as a component of the Executive Check, which will consider whether the UHC is fulfilling the requirements stated at Annex 29A.
 - (3) **Establishments.** PDev Assurance visits of all RN Establishments will be carried out every 24 months by the PDev Team at HMS TEMERAIRE. The Health & Wellbeing element of the inspection will consider whether the UHC is fulfilling the requirements stated at Annex 29A.
- e. **Supporting Resources.**
- (1) Resources to support UHCs are available on the dedicated Health & Wellbeing Share Point Sites (Health Promotion Tools⁴ and Royal Navy Health and Wellbeing⁵). These sites include a Health Campaign Calendar, UHC toolkit and guidance on how to manage Health & Wellbeing successfully in units both ashore and afloat.
 - (2) The Defence Nutrition Advisory Service (DNAS) is managed by the Institute of Naval Medicine. The service provides evidence-based advice on nutrition and produces a range of resources including factsheets, briefs, workshops and quarterly updates. These resources can be accessed at: Defence Nutrition Advisory Service⁶.
 - (3) The UHC should make use of the RN Health Promotion Calendar to promote national and bespoke Royal Navy health and wellbeing campaigns. This can be accessed through the Health Promotion Share Point site modgovuk.sharepoint.com/teams/53533.
 - (4) For questions regarding Health and Wellbeing contact SO2/SO3 Health and Wellbeing at HMS TEMERAIRE (9380 28074/28077).

⁴ <https://modgovuk.sharepoint.com/teams/52107>

⁵ Health Promotion Tools - <https://modgovuk.sharepoint.com/teams/53533>

⁶ DNAS - <https://modgovuk.sharepoint.com/teams/57892/DNAS/Forms/AllItems.aspx>

ANNEX 29A

UNIT HEALTH COMMITTEE - TERMS OF REFERENCE

1. Units are required to have a standing UHC. The UHC should meet twice yearly and consist of the following personnel:

a. **Ship/Submarine.**

- a. Chair (CO).
- b. XO.
- c. Defence Health and Wellbeing Advisor (DHWA) (see Para 2906.c).
- d. EWO/Cox'n.
- e. PTI/PDev Officer (where applicable).
- f. Medical Team (MO/POMA/LMA/MA).
- g. Catering Representative (LO/DLO/POCS/LCH).
- h. Mess UHC representatives (minimum of Wardroom, Senior Rates, Junior Rates).
- i. Others with special interest in health promotion.

b. **Shore Establishment.**

- a. Chair (CO/SO1).
- b. Vice Chair (XO/1Lt/PDevO).
- c. Defence Health and Wellbeing Advisor (DHWA) (see Para 2906.c).
- d. PT (CPOPT/POPT/Experienced LPT).
- e. ERI (POPT/LPT).
- f. Medical Representative (SO3 & POMA).
- g. Occupational Health Nurse.
- h. Dental Representative.
- i. Catering Representative.

- j. Mess UHC representatives (minimum of Wardroom, Senior Rates, Junior Rates).
- k. Others with special interest in health promotion.

2. Authority

The UHC is authorised to:

- a. Arrange health promotion initiatives and promulgate health promotion and education messages in accordance with the Royal Navy Health and Wellbeing Strategy.
- b. Liaise directly with HMS TEMERAIRE with regards to health and wellbeing matters.

3. Primary Task

To improve OC through the maintenance and improvement of the health and wellbeing of RN personnel.

4. Secondary Tasks

- a. To promote health and wellbeing initiatives that improve and encourage positive lifestyle choices which enhance the health and wellbeing of Royal Navy personnel.
- b. To instigate remedial measures to rectify non-compliance and capture salient details within a Unit health action grid.
- c. To use the RN Health Promotion Calendar to promote national and bespoke Royal Navy health and wellbeing campaigns.
- d. To deliver the DOfit programme. As a minimum, each region¹ is to run at least one DOfit course per term.
- e. Ensure that healthy lifestyle information and support² is available to all personnel. Support to individuals who fail the RNFT is to be provided in accordance with BRd 51(2) Chapters 1 and 2.
- f. Establish and maintain a Health and Wellbeing notice board providing information on health and wellbeing and how to access support. The notice board should be updated at least termly and when new information becomes available.
- g. To make nutritional advice available as published by the Defence Nutrition Advisory Service (DNAS)³.
- h. Promote use of the NAVYfit Social Media Channels and Health Promotion Tools Share Point pages as the source of evidence-based information to promote RN Health and Wellbeing.

¹ Liaise with Regional WOPT to discuss programme.

² This is to include, but is not limited to fitness sessions, adventurous training/challenging activities, briefs, education material, etc.

³ This is the only source to be utilised for advisory purposes by PT and medical staff.