

# CLINICAL GOVERNANCE POLICY

June 2011

# Contents

## 1. Introduction

## 2. Clinical governance applied to systems

- 2.1 Clinical governance lead
- 2.2 Medical risk assessment
- 2.3 Clinical Services (Patient-centredness, Dignity and privacy, Assessment clinics, Treatment, AMABO)
- 2.4 Helpline (Confidentiality, Training, Clinical advice)
- 2.5 BAPAM Directories (Specialist, Practitioners, Clinical standards, Maintenance/IT)
- 2.6 User involvement – clients (User satisfaction questionnaire, Review of feedback, Patient follow up, Complaints procedure, Trustee report)
- 2.7 User involvement – ‘stakeholders’
- 2.8 Clinical care monitoring for clinic doctors and physiotherapists, and for AMABO doctors (Annual administrative check, Appraisal, Training, Audit)
- 2.9 Information management (Confidentiality, Medical records, Electronic records, Consultations outside clinics, Data Protection Act, Audit, Information for patients, IT, Website)
- 2.10 Research (inc. Ethical considerations)
- 2.11 Education and training (Clinicians and practitioners, Non-clinical staff, Performers)
- 2.12 Appraisal systems (NHS, In-house, Physiotherapists)

## 3. Clinical governance applied to individuals

- 3.1 Medical Committee (Role, Terms of reference, Membership)
- 3.2 Medical Trustees (Representation, Trustee competency)
- 3.3 Specialist Directory: Clinic and AMABO doctors, plus Clinic physiotherapists (Job description, Volunteer agreement, Application process, Selection process, GMC/professional registration, Professional indemnity, CRB checks, Training, Record keeping, Appraisal, Revalidation/relicensure, Performance standards and monitoring, Compliance failure)
- 3.4 Specialists’ Directory: Other Clinicians (Application process, Professional registration, Indemnity insurance, Training)
- 3.5 Practitioners’ Directory (Application process, Professional registration, Indemnity insurance, Training Day attendance, Confidentiality and record keeping, Performance standards and monitoring)
- 3.6 Non-clinical staff (Confidentiality and data protection, Helpline, Monitoring)

# APPENDICES

1. Working in a BAPAM assessment clinic for performing artists
2. Practitioners' directory application form
3. Patient feedback questionnaire
4. Annual CPD return for BAPAM clinic and AMABO doctors
5. Induction day curriculum
6. Performing arts medicine outline training syllabus
7. Revised terms of reference for Medical Committee
8. AMABO job description
9. Compliments and Complaints Procedures

## ***BAPAM's mission statement***

*'To achieve nationwide occupational health provision for professional, semi-professional and student performing artists, including health promotion and education, and clinical advice for performance-related medical problems'<sup>1</sup>*

# **1. Introduction**

'Clinical governance' has been defined by the government as:

'a framework through which [NHS] organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish'.

The overarching ethos of BAPAM<sup>2</sup> provides the core principles that underlie BAPAM's development of a clinical governance policy:

- Adherence to the highest professional and clinical standards
- Uniting clinical expertise with a deep understanding of the special healthcare needs of performing artists
- Access for all professionals, semi-professionals and students engaged in the performing arts
- Client confidentiality
- Access irrespective of financial means
- Prompt and efficient response
- As far as possible, underpinning practice with sound scientific research
- Promoting good practice and prevention to minimise need for treatment for performance-related health problems

BAPAM's Clinical Governance Group (Para 2.1) has identified that successful clinical governance requires an organisational culture in which team members

- are willing and able to acknowledge their problems
- work together to improve performance
- value personal development and education
- feel valued in their work
- recognise the importance of the patient's experience of care
- seek ways of improving care as a matter of routine

and that, in this context, team members include Trustees and all paid and volunteer personnel, whether clinical or non-clinical.

---

<sup>1</sup> Business Plan 2006-8, p11

<sup>2</sup> Business Plan, p10.

Clinical quality assurance was a key part of BAPAM's 2006 Business Plan, which set out the roadmap for a significant expansion of BAPAM's reach and activities up to 2009. It remains central to the 2010-2012 Strategic Plan which was adopted by the Board of Trustees in December 2009

BAPAM's clinical governance policy falls into two overlapping parts:

- **systems**
- **individuals**

It draws on the Business Plan, a paper on clinical governance drawn up for BAPAM by Dr David Fielding (BAPAM Honorary Physician), various NHS documents on appraisal, and the discussions of the Clinical Governance Group comprising Dr. Penny Wright (GP, BAPAM Trustee and Medical Committee Chair) and Drs Frances Carter and David Fielding (GPs and BAPAM Honorary Physicians). Care has also been taken to ensure that it complies with the requirements of the Care Quality Commission in respect of Independent Health Care as set out in the National Minimum Standards Regulations (identified here as 'NMSR').

The policy was initially approved by BAPAM's Medical Committee in autumn 2007. The Committee resolved to review the policy regularly, to allow for feedback from clinician volunteers and staff, and consideration of the relevance of changes in the organisation and its environment, including legislation. The most recent review took place in June 2011. The Committee undertook to ensure that any amendments to the policy following reviews would be posted on the BAPAM website as soon as possible.

## **2. Clinical governance applied to systems**

### **2.1 Clinical governance lead**

The lead will be a standing clinical governance group appointed by the Medical Committee, rather than just one person. Henceforward, the group will comprise the Honorary Medical Director, BAPAM's Chief Officer, and a minimum of one other volunteer clinician. The status of the lead, and its appointment, will be kept under review to reflect changes in *General Medical Council (GMC)* and public policy, and BAPAM's future relationship with the *GMC*.<sup>3</sup>

### **2.2 Medical risk assessment**

There will be a formal clinical risk assessment, to be reviewed annually. Its content will comply with relevant Care Quality Commission requirements (NMSR Core Standards 20-3, 25-6) and result from liaison with defence unions (e.g. *MDU/ MPS*

---

<sup>3</sup> See the Donaldson Report, *Good Doctors. Safer Patients*

*Risk Consulting*) and other experienced parties e.g. NHS practice managers and any other relevant voluntary sector organisations that we identify.

## 2. 3 Clinical Services (NMSR Core Standards 2, 4, 6)

**2.3.1 Patient centred services:** BAPAM's clinical services are organised and delivered in ways intended to ensure that the care provided is patient centred. Access, be it by telephone or in person at a clinic, is provided as rapidly as is commensurate with clinical effectiveness and efficiency and the personnel constraints of a small organisation where clinical services are delivered by volunteers. BAPAM does not claim, or seek, to provide emergency care, and patients will be redirected to the NHS in circumstances where urgent care is required.

- **Dignity and privacy etc:** With its client group drawn from the performing arts, relatively high levels of informality are regarded as generally acceptable. However, BAPAM still requires all patients to be treated with **courtesy and consideration**, including being addressed by their preferred name and title, and being seen in a **safe and welcoming environment** free of behaviour or attitudes that could be considered bullying or harassment.

**Patients' privacy, dignity and confidentiality** are respected at all times. In particular, consultations with patients are held in confidential treatment rooms equipped with window blinds and screens as required.

BAPAM has a strong commitment to **equal opportunities**. Patient centred services includes services which are equally accessible to users irrespective of gender, ethnicity, religion, age, disability, sexuality, disability, HIV status, status in the performing arts (other than being professional, semi-professional or studying performing arts).

**Non compliance:** Breach by a clinician or a non-clinical staff member of the obligation to provide an appropriately patient centred service will be treated as a serious disciplinary offence and dealt with under BAPAM's **Volunteer Agreement** or its **Personnel Policy and Procedures**.

**2.3.2 BAPAM Assessment Clinics:** The expansion of BAPAM's nationwide network of assessment clinics requires a standardised approach to clinical governance issues, including the appointment, training and monitoring of clinic personnel; the conduct of assessments, including examinations, consent and the presence of observers; and information management, such as medical record systems and procedures.

- **Medical assessments:** BAPAM's remit for the delivery of clinical services is to provide *free* face-to-face medical assessments and advice, including advice about appropriate sources of treatment, but not to provide treatment *per se*. The majority of initial assessment appointments are offered by general physicians and GPs, although some self-evident musculoskeletal problems are initially assessed by clinical specialist physiotherapists or by consultant rheumatologists. In addition, some patients are referred on for a more detailed

secondary assessment to consultants (e.g. in orthopaedics, rheumatology or ENT) within BAPAM clinics.

The medical history of the patient is ascertained as a matter of course, as part of an assessment and prior to treatment.

Where necessary, patients are always appropriately referred following their initial assessment. Referral may be back to the patient's GP, and hence to NHS hospital services, or to a private specialist approved by BAPAM in line with its Clinical Governance policies.

Details of BAPAM assessment clinics and related information are set out in Part 1 of Appendix 1. Information regarding the appointment of clinic personnel and the scope of their duties is set out in Part 2.

- **Examinations etc:** In the nature of its work, BAPAM patients do not undergo intimate examination. However, patients are entitled to bring a friend or relative with them to a clinic assessment. Subject to the availability of suitable clinicians, patients who choose not to discuss health matters with a member of the opposite sex will be offered a consultation with a health care professional of the same sex.
- **Chaperones:** In line with GMC guidelines, if any clinician or patient does not wish any examination to proceed without the presence of an impartial observer ("chaperone"), this should be arranged. This may entail delaying the examination until a later date. A chaperone does not have to be medically qualified but should be sensitive and respectful of the patient's dignity and confidentiality; prepared to reassure the patient if they show signs of distress; familiar with the type of examination involved; and prepared to raise concerns if any arise. Any discussion about, use of, or declining of a chaperone should be recorded in the notes. A notice advising patients about their right to a chaperone should be displayed in the waiting area.
- **Treatment:** A variety of physical and psychological therapies are available to performers, mainly via the directory of practitioners (Para 2.5), and patients are fully informed about treatment options. Occasionally treatment is offered within the context of a BAPAM clinic, most notably courses of physiotherapy. Such physiotherapy treatment is either offered free of charge by the physiotherapists concerned or is funded by the patient. Where a charge for treatment is made, patients are always advised of the cost at the time of booking the appointment
- **Soft tissue injections:** these are sometimes undertaken in BAPAM clinics and should be performed in line with good medical practice and BAPAM's policy on giving such injections. In particular only appropriately trained specialists should administer soft tissue injections and there should always be a third party available in the clinic at the time of an injection to assist in the event of a

patient fainting. Ordering and storage of injection materials and disposal of sharps should be in accordance with BAPAM policies.

- **Consent:** Department of Health guidance on consent to treatment is followed. BAPAM practitioners will ensure patients are informed about and understand the implications of any examination or treatment and voluntarily consent to it. Given the nature of BAPAM's work, it is not considered generally necessary for patients to sign a consent form. However, standard consent forms are available in the event that a clinician does consider this necessary. If patients under 16 are seen in clinics or by AMABO doctors (see below), the Gillick Competencies principles are followed (see BAPAM Child Protection Policy).
- **Consent to observation for training purposes:** If BAPAM wishes to enable health practitioners (chiefly medical practitioners and physiotherapists) to attend clinics to observe for training purposes, where possible, patients will be telephoned for consent before the clinic. Patients will, in any event, be asked for consent when they arrive. In all instances, it will be made clear that access to or quality of service provided will remain unaffected by their decision.

**2.3.3. Association of Medical Advisers to British Orchestras (AMABO):** Under the AMABO scheme, an individual medical practitioner, usually a GP or Occupational Health Physician, is appointed as Medical Adviser by an orchestra, to provide free, confidential and independent medical advice to its members. This scheme is valued by orchestral players for its accessibility combined with independence of orchestral management.

As the scheme relies on individual Medical Advisers building up a relationship with their orchestra, ways of working may vary, but the clinical governance issues are similar to those relating to BAPAM clinics, and include appointment of doctors, conduct of assessments, (including consent, and the presence of observers), training, clinical care monitoring and information management.

## 2.4 Helpline

BAPAM's helpline offers excellent access, and is greatly valued by clients, clinicians and funders. Key clinical governance issues are as follows:

- **Confidentiality** within an open plan office. Without significant alteration to the environment, the sensitivity and training of the helpline operators are key in this respect, given that the helpline may be answered by any member of staff if the operator is not present
- Formal **training** will be undertaken by any staff who might answer helpline calls. Medical receptionists' courses or the *Telephone Helpline Association's* programme of training are suitable sources. Training should include emphasis on confidentiality, the inappropriateness of non-clinical staff offering clinical advice, and the importance of referring urgent medical queries to the client's GP/NHS Direct.

- **Clinical advice.** The possibility of offering limited clinical advice via the Helpline, based on clinical protocols, may be reviewed in the future, though such advice, in the form, for example, of patient information leaflets, will also become available via the website.

## 2.5 BAPAM Directories

BAPAM's directory of practitioners has, historically, contained professional and contact details of a wide range of clinicians working with or for BAPAM, as well as in independent practice. Until 2007, criteria for inclusion in the directory had been fairly generous, and, as it had been an in-house document, enquiries about directory members had to be handled by the office staff, usually via the helpline.

As the directory has now become a public document, accessible via the BAPAM website, its status has changed, and inclusion criteria and application procedures have needed to be tightened significantly.

The Medical Committee reviewed these issues in order to balance the twin objectives of offering a high standard of specialised clinical care to performers with medical problems, together with nationwide spread and a wide range of healthcare practices. The outcome was a decision to split the directory into two parts - specialists and practitioners. The Medical Committee oversees invitations and applications to join each directory.

**2.5.1 Directory of Specialists in Performing Arts Medicine:** This is a listing of medical doctors and senior clinicians who have the high level of training and expertise required to assess and diagnose performers' medical problems on behalf of BAPAM. Membership is currently restricted to medical practitioners and clinical specialist physiotherapists (members of the MACP), though other clinicians may be included at a later stage.

New applicants will be invited to submit a CV accompanied by two written references specifically addressing applicants' interest in and suitability for working in performing arts medicine. The Medical Committee will appoint members to vet applications and make individualised recommendations about initial training requirements, e.g. attending training days or sitting in on BAPAM clinics. Attendance at a BAPAM Induction Day will be mandatory

There will be an annual check of contact details, professional registration/licensing, indemnity insurance and appropriate ongoing CPD/personal learning, including attendance at a minimum of one BAPAM training day every two years. (In addition, for all doctors working in BAPAM clinics or as AMABO doctors, evidence will be required of satisfactory annual appraisal (Para 2.8)).

Members of the specialists' directory will be listed on the BAPAM website, but their contact details will not be made public: they will only be contactable via the BAPAM helpline. Every effort will be made to include, by invitation, all doctors and other relevant senior clinicians who have previously accepted referrals from BAPAM. It is

expected that all members will offer to see BAPAM patients free of charge, or for a small honorarium, or for a reduced fee equivalent to at least a 30% discount on their standard private fee.

**2.5.2 Practitioners' Directory:** This will include names and contact details of a wide variety of mainstream and complementary practitioners who have expressed an interest in working with performing artists. Entry will be by submission of a completed application form set out in Appendix 2, accompanied by copies of professional registration and indemnity insurance certificates.

The Medical Committee will appoint members to vet application forms. Attendance at a BAPAM induction day and at least one BAPAM training day every two years will be mandatory. There will be an annual check of professional registration and indemnity insurance, as well as training attendance.

Contact details for members of the practitioners' directory will be made public via the BAPAM website, unless members choose only to be contactable via the BAPAM helpline. It is expected that directory members will see BAPAM patients free of charge or at a reduced rate equivalent to 30% off their standard private fee.

**2.5.3 Overseeing clinical standards of directory members:** In November 2009, a system for overseeing the CPD, training day attendance and appraisal requirements (as appropriate) for members of the Specialists' Directory was launched. As a guide to relevant CPD, BAPAM's training syllabus is available to all members for use in personal learning via Appendices 5 and 6 of this document. Directory members will also be supplied with a simple annual return requesting details of relevant personal learning undertaken that year (Appendix 4).

For additional clinical care monitoring of clinic personnel and AMABO doctors, including annual appraisal, see Para 2.8.

Management of the practitioners' directory: Other than enforcing Induction and Training Day attendance, BAPAM is currently unable to require or guarantee any evidence of clinical standards of Practitioners' Directory members. In this situation, BAPAM must be careful not to be seen to be 'recommending' or authorising individual practitioners, and a disclaimer to this effect will appear on every page of the on-line directory of practitioners.

**2.5.4 Directory maintenance and IT:** Robust administrative and IT systems need to be maintained to ensure the directories are up to date and that appropriate annual reviews are carried out and sanctions enforced if necessary.

## **2.6 User involvement – clients**

Key clinical governance issues are as follows:

- **User satisfaction questionnaire:** BAPAM's long standing patient feedback questionnaire has been redesigned and is shown in Appendix 3. In the London

clinic, the questionnaire is sent to patients along with their appointment letter, and is also handed to patients at the end of each assessment appointment, or at the end of a course of treatment. It is, additionally, being rolled out for use by AMABO doctors and in all other BAPAM assessment clinics, but, if necessary, with slight adaptations to acknowledge the 'outreach' aspect of these services. Patients who cannot complete their form before leaving will be given a freepost return envelope. The questionnaire will also be available via the BAPAM website.

- **Review:** The questionnaires will be reviewed regularly by clinic administrative staff and periodically by senior personnel, e.g. the Chief Officer or a member of the Medical Committee. Clinicians will also have access to all questionnaires relating to their own consultations.
- **Follow up:** The questionnaire includes a request for permission to re-contact patients electronically in six months' time, for follow-up and audit purposes, and for contact details for those clients who agree to participate. The design and administration of follow-up and outcome measures will be the responsibility of BAPAM's Service Evaluation and Research Advisory Group (SERAG) (see 2.10).
- **Complaints** about clinics or individuals:
  - Notification of the complaints procedure is set out clearly on the patient feedback questionnaire and in a prominent poster on the London office notice board.
  - The procedure itself – a detailed protocol for acknowledgment, investigation and response - is based on a synthesis of NHS general practice complaints procedures and procedures used by voluntary sector organisations with a health remit.
  - Copies of the BAPAM complaints procedure are provided in leaflet form at all clinic locations. It is also posted on the website. It is contained here in Appendix 9
  - Any clinician or staff member who receives a complaint directly from a patient is required to advise the Chief Officer as soon as possible, and also to provide the patient concerned with a copy of the BAPAM complaints procedure.
  - The Chief Officer will receive all complaints (except any complaints about the Chief Officer – which will be referred directly to the Chair of the Board of Trustees), and will be responsible for assessing and replying to non-clinical complaints, referring to one or more Trustees if necessary and overseeing any remedial action required.
  - Clinical complaints will be referred to the Medical Director, who will discuss these with the Clinical Governance Lead Group. Where necessary, advice will be taken from the appropriate medical defence organisation

- The Clinical Governance Lead Group will regularly review and act on complaints, including those requiring remedial action or removal from clinical involvement.
- Clinical governance is a fixed agenda item for Medical Committee meetings.
- **Informal complaints:** patients may not necessarily want to make a formal complaint but may nevertheless have important and well-intended comments to make about BAPAM's performance. These comments should be received equally seriously and openly, and passed to the Chief Officer or Clinical Governance Lead as appropriate so that they can inform future developments in BAPAM services.
- **Compliments procedure:** BAPAM considers both positive and critical feedback to be equally important. Its complaints procedure also explains how patients can register positive feedback and make suggestions about BAPAM services via the user satisfaction questionnaire.
- **Trustee Report:** The Board of Trustees receives a quarterly report, summarising the contents of user satisfaction questionnaires and the issues raised; and the nature and outcome of any complaints received whether formal or informal. Where required, changes will be made to practice and procedures, to acknowledge the issues contained within quarterly reports and these changes will be notified as appropriate to volunteers and paid staff. Once approved by the Board, the report will be posted on the BAPAM website. Hard copies will be available on request.

## 2.7 User involvement – ‘stakeholders’

These include paid and unpaid staff, Board members, funders and donors, Friends, practitioners and ‘corporate’ clients, such as orchestras with AMABO doctors.

All need to be involved in and informed about BAPAM's activities, in order to foster an atmosphere in which everyone is welcome to contribute ideas that lead to quality improvements.

## 2.8 Clinical care monitoring for clinic doctors and physiotherapists, and for AMABO doctors

As indicated, special arrangements are required for ensuring that clinicians working for BAPAM in clinics or as AMABO doctors provide high standards of care.

- **Annual administrative check:** At present these clinicians, in common with all practitioners on BAPAM's directories, receive an annual request to provide an up-to-date indemnity insurance certificate and professional registration certificate (except in respect of registration/licence to practice for medical practitioners, which BAPAM staff check on-line via the GMC website).

- **Appraisal:** The Medical Committee has agreed that all doctors involved in BAPAM clinics or AMABO should supply evidence of a satisfactory annual appraisal, with BAPAM providing an appropriate in-house appraisal for those doctors who do not receive one elsewhere. Evidence could be in the form of a copy of 'Form 4' or the 'sign off' of the standard NHS appraisal documents, or, if preferred, a simple confirmation of the date of appraisal and name of Appraiser and relevant PCT.

Annual appraisal for physiotherapists is not currently widespread, but the Health Professions Council imposes a duty on physiotherapists to keep records of annual CPD activity, monitored by a system of random sampling. An annual check of relevant CPD/personal learning for BAPAM physiotherapists should be instituted, informed by the CPD guidelines produced by the Chartered Society of Physiotherapists.

In-house annual appraisals for physiotherapists could be considered in the future, as well as any other clinicians (e.g. senior clinical psychologists) who may, at some point, be admitted to the BAPAM specialist register (Para 2.5.1) and who provide assessments for BAPAM.

- **Training in performing arts medicine:** BAPAM clinic personnel and AMABO doctors are invited to attend all BAPAM training days, and many speak at these events..

Although attendance at BAPAM training days will not necessarily be the only CPD these clinicians undertake relevant to their work for BAPAM, attendance at one training day in two years will now be a minimum requirement, as evidence of both ongoing training and active participation in the organisation.

In addition, an annual return will be requested recording all CPD activities undertaken in that year that are relevant to BAPAM's work, as indicated by BAPAM's training syllabus. A form has been designed for that purpose (Appendix 4). A system for checking returns, and for assessing whether each individual's resulting 'personal learning' is satisfactory, will be established in the coming year.

- **Audit:** All clinicians will be required to keep personal statistics in order to feed into BAPAM audits, and will be encouraged to use the Patient Feedback Questionnaire for all consultations.

## 2.9 Information management (NMSR 29-31)

Core clinical governance issues identified here are.

- **Confidentiality:** Patient confidentiality must underpin all BAPAM's information systems.
- **Medical records (manual) - storage:** BAPAM will follow national protocols for record storage: paper records kept in locked cabinets and stored for seven years after last entry, longer for patients under 21. For clinics outside London,

returning notes to the London office for storage will be considered, unless a proper storage facility is available locally.

- **Medical records (manual) – content:** all entries in patients' health records made by health care professionals will be legible, dated and signed, with the signature accompanied by the name and designation of the signatory. Any alternations or additions will be dated and signed and made in such a way that the original entry can still be read. Should it be deemed necessary for a patient to give written consent, the form will be retained as part of the patient's notes.
- **Medical records (electronic):** An increasing number of records will be in electronic form in future and must be stored on an appropriately secure system.
- **Records of consultations outside clinics:** Records of consultations outside clinic settings (for example by AMABO doctors), including telephone consultations, must be kept under the same conditions. If this is not possible, they must be returned to BAPAM's London office.
- **Data Protection Act:** BAPAM has sought advice from the Office of the Information Commissioner regarding data protection requirements and, specifically, the use of home computers to store patient information and the transfer of such information between BAPAM and outlying clinics and doctors. The advice received is that all doctors working for BAPAM are allowed to hold and transfer data on BAPAM's behalf *without* requiring separate registration as data holders, provided their systems and procedures are secure.

BAPAM itself has responsibility for ensuring that such data are held and processed in line with the eight principles of the Data Protection Act, namely that data is:

- fairly and lawfully processed
- processed for limited purposes
- adequate, relevant and not excessive
- accurate and up to date
- not kept longer than is necessary
- processed in line with an individual's rights
- secure
- not transferred to other countries without adequate protection

In addition, individuals have a right to know what information is held about them.

All clinicians who work for BAPAM clinics or AMABO must, therefore, agree to abide by the Data Protection Act in respect of medical records held at home. This requirement will be incorporated into volunteer clinicians 'job descriptions'.

**Access:** BAPAM ensures that patients have access to their medical records in line with the Data Protection Act.

Where a patient requests access to their Medical Records, either in person or in writing, staff will check initially with the clinician involved. A photocopy of the relevant record will be supplied to the patient free of charge, with a covering

letter inviting them to make contact if language or medical terminology is used that they do not understand.. Copies of records will also be supplied where a written request is made by another party e.g. a solicitor, provided the request is accompanied by appropriate signed and dated authorisation from the patient.

Notices at BAPAM clinics will advise patients of their entitlement to inspect their medical records.

Where a patient wishes to have a copy of a referral letter sent as a result of their assessment, this will be supplied by the BAPAM office.

- **Medical records and patients' GPs:** BAPAM accepts both referrals from GPs and patient self-referrals. Patients are always asked if they wish their GP to be written to following their appointment or copied in to any subsequent correspondence. Patients' GPs will only be contacted with the patient's consent.
- **Audit:** At present, statistics relating to helpline calls and clinic attendances are routinely collected for BAPAM clinics and form part of BAPAM's annual report. Similar basic workload statistics will be sought from AMABO doctors, to be presented as figures for AMABO as a whole, rather than for individual doctors. This will also apply to any other consultations outside the clinic system. A system for monitoring patient satisfaction (Para 2.6) is also operating in the London clinic, and will be extended to outside-London clinics and AMABO consultations.

BAPAM collects 'satisfaction data' via its patient feedback questionnaire, but, as yet, there is no routine collection of data relating to *outcomes*. While it is recognised that designing a meaningful process for outcome data collection is difficult, this is a priority for consideration by the Service Evaluation and Research Advisory Group (see 2.10).

- **Information for patients:** Information available to performers about BAPAM's work will be reviewed annually to ensure it is clear and accurate. This applies to material on the BAPAM website and also leaflets and clinic appointment letters. These last need to be explicit as to what patients can and cannot expect from an appointment and also to contain information about donations, gift-aiding and other sources of funding, for example, private health insurance cover.
- **IT:** BAPAM's in-house IT systems must be secure and appropriate for a clinical organisation. Future IT development should request Medical Committee input at design level.
- **Website:** It is envisaged that, from now on, an increasing amount of BAPAM's work will be presented on-line, including the directory of practitioners, patient information leaflets containing clinical advice, clinical governance and other service related policies, and e-education materials. It is vital that such publicly available material should be up to date and accurate, and that clinical and educational material is based on identifiable scientific evidence wherever possible.

## 2.10 Research

BAPAM has a longstanding ambition to be involved in research in performing arts medicine, and, to progress this, has set up a **Service Evaluation and Research Advisory Group (SERAG)**. This will be responsible for developing **research policy** and overseeing a research programme to support the aims of the organisation, including assessing the quality, efficacy and accessibility of all clinical and health promotion activities.

The size and funding of the organisation dictate that BAPAM's research role is that of a Knowledge Hub and partner/co-ordinator, rather than financial sponsor, of individual projects.<sup>4</sup> Central to this role will be ensuring high standards of research conduct and ethics.

- **All research queries**, including requests to work in partnership with BAPAM or to have access to BAPAM patients or records/databases must be forwarded to the Chair of SERAG in the first instance.
- As per national policies, BAPAM will maintain a **Research Register** and all BAPAM clinicians involved in any form of research involving BAPAM patients must record their research in the Register.
- **Ethical considerations:** The use of any kind of patient data for audit/research, and the nature of the consent required for this must comply with GMC guidelines.
- **SERAG Terms of Reference** and the **BAPAM Research Policy** can be accessed via the BAPAM website.

## 2.11 Education and training

Training provision and compliance with training requirements underpin BAPAM's clinical governance policy.

- **Training in performing arts medicine for clinicians and practitioners:** The training requirements for BAPAM specialists and practitioners are set out at Para 2.8 above.

The content of induction and training day programmes will be informed by BAPAM's training curricula (Appendices 5/6). In particular, BAPAM training days should aim to cover the entire syllabus every five years. Compliance with this requirement will be overseen by the Medical Committee, who will have overall responsibility for ensuring the quality of the training offered, via a sub-group, the Professional Development Group.

A copy of the training syllabus will be supplied to all clinicians working for BAPAM in clinics or as AMABO doctors and will be available on the BAPAM website. Other sources of training and education should also be available and

---

<sup>4</sup> Business Plan 2006-8 p 26.

encouraged, for example, external courses and conferences, websites, personal reading, journals etc. BAPAM is ideally placed to collect information about such resources and to advertise them on its website

- **Diploma in Performing Arts Medicine:** BAPAM will continue to promote Performing Arts Medicine as an academic discipline in its own right and to further this aim has developed a post-graduate qualification in PAM in association with University College London and PPL.
- **Training for non-clinical staff:** Training in issues such as patient confidentiality and answering helpline calls will be part of the induction of all new office staff.
- **Health promotion and education for performers.** BAPAM's Health Promotion programme focuses on the development and delivery of education programmes, including e-education, to music students, in partnership with performing arts educational institutions<sup>5</sup>, as well as to music teachers and professional musicians.

However, the models and materials developed could also be used in parallel educational programmes for performers other than musicians, and BAPAM's aim is to make them as widely available as possible. Irrespective of their target recipients, BAPAM acknowledges that all materials must be based as far as possible on sound and identifiable scientific evidence.

The Health Promotion programme is the responsibility of BAPAM's Health Promotion Officer, overseen and advised by a sub-group of the Medical Committee, the Health Promotion Advisory Group.

## 2.12 Appraisal systems

BAPAM requires all doctors working for its clinics or AMABO to have an annual appraisal. As the status of appraisal, and, in particular, its role in revalidation, is likely to change over time, the Medical Committee will review regularly whether these initial arrangements are sufficient.

- **NHS or other outside appraisal.** Evidence of a satisfactory appraisal will be requested annually from all doctors who are appraised as part of their routine work outside BAPAM. This could consist of a copy of Form 4 ('summary of appraisal discussion') or equivalent, or, if preferred, a statement giving the date of appraisal, name of appraiser and PCT. This will go to the Clinical Governance Lead Group for review and storage. A system will be established for checking forms are requested and returned annually.
- **In-house appraisal.** An in-house appraisal will be required for those doctors whose only clinical practice is via BAPAM. A pilot has been carried out using the standard appraisal forms for NHS GPs. With some minor modifications, these have proved suitable for the relatively simple annual review deemed appropriate for the limited amount of clinical work performed by these doctors.

---

<sup>5</sup> Business Plan 2006-8, p 23.

Again, Form 4 from this exercise will be returned to the Clinical Governance Lead Group for review and storage.

BAPAM currently has four NHS GP appraisers among its AMABO doctors who may be available to do in-house appraisals. Funding for this is available. As BAPAM expands, the numbers of doctors requiring in-house appraisal will probably grow, and more importance will be placed on appraisers to safeguard clinical standards.<sup>6</sup> In this situation, the availability of indemnity insurance for appraisers operating outside the NHS needs clarifying as a priority.

The feasibility of providing in-house appraisal will be kept under review pending the development of the GMC's revalidation process, and liaison with other sources of independent appraisal, for example the Independent Doctors' Forum, may need to be considered.

- **Appraisal for assessing physiotherapists** (and other non-doctors e.g. clinical psychologists, who may, one day, be admitted to BAPAM's specialist register). This may be desirable in the future and should be kept under consideration.

## 3. Clinical governance applied to individuals

### 3.1 Medical Committee

- **Role:** The Medical Committee provides the Board of Trustees with medically related policy and strategy recommendations. In the context of a medical charity, this input is crucial to the future direction of the organization. The Medical Committee is chaired by the Honorary Medical Director.
- **Terms of reference:** The Medical Committee was reconstituted in 2006<sup>7</sup> with revised terms of reference. These have since been further developed, and are set out in their present form in Appendix 7, together with details of Advisory Groups and the role of the Honorary Medical Director. To ensure the terms of reference are complied with, a fixed agenda of 'key areas of concern' has been adopted for Medical Committee meetings, with each, in turn, constituting a main item.
- **Advisory Groups:** The structure and composition of the Medical Committee is intended to demonstrate a suitable mix of professional expertise, while an Advisory Group structure has been adopted to provide detailed advice in various areas which are integral to BAPAM's work, such as health promotion, research and clinical governance.
- **Membership** of the Medical Committee and Advisory Groups is currently by invitation, but more formal recruitment, application and selection procedures should be considered. Similarly, there is currently no formal training for

---

<sup>6</sup> Chief Medical Officer's Report.

<sup>7</sup> Business Plan 2006-8, p28.

committee members nor any formal attendance or performance requirement. All these matters may require review as BAPAM expands its clinical services.

### 3.2 Medical Trustees

- **Medical representation:** The Board of Trustees has agreed that its membership should include a minimum of four medically qualified trustees.
- **Trustee competency etc:** A Trustee job description has been adopted by the Board of Trustees, addressing issues like selection, induction, duties, attendance, terms of office, and expected personal and professional qualities.

### 3.3 Specialist Directory: Clinic and AMABO doctors, plus Clinic Physiotherapists

- **Job description:** Historically, BAPAM clinic personnel, including Honorary Physicians and AMABO doctors, have been recruited *ad hoc*, with a range of working patterns resulting. This has been understandable in the context of an almost exclusively voluntary group.

However, as BAPAM expands, and formal recruitment of new doctors, physiotherapists and anyone else who may be approved to provide assessments for BAPAM is implemented, clear job descriptions for different roles will be essential – see Appendix 2 Part 2 and Appendix 8.

Development of a **volunteer contract** will also need consideration at the earliest opportunity practicable. Irrespective of the pace of such developments, all BAPAM doctors will be expected to abide by BAPAM's clinical governance policy.

- **Application process:** This is by submission of an up-to-date CV and covering letter, supported by two written references confirming the applicant's suitability for or interest in working with performers. In addition, personal details sufficient to comply with the BAPAM database are required. An application form is also available, but its use by members of the Specialist Directory is optional.
- **Selection process:** This is currently devolved upon individual members of the Medical Committee who vet applications and make suggestions about training requirements and suitable roles within BAPAM. However, a formal process for short listing and interviewing may need to be set up where recruitment for specific posts is undertaken. Mentoring of new clinicians by more experienced colleagues should also be considered. Induction Day attendance is mandatory for all applicants to the Specialists' Directory
- **GMC and other professional registration:** Doctors' registration/licence to practice are checked annually by BAPAM clinic staff via the GMC website. Other practitioners are required to provide annual evidence of continuing professional registration.
- **Professional indemnity:** BAPAM makes it mandatory for all practitioners on its directories to be indemnified and to provide documentary evidence of insurance cover annually. Where practitioners work for BAPAM in its clinics or

as AMABO doctors, BAPAM requires them to keep their defence organisations up to date regarding the nature and quantity of the work they do for BAPAM.

It has been agreed that BAPAM will, if necessary, fund the insurance subscription for any doctor whose sole professional work is for BAPAM and who works for BAPAM on a voluntary basis for sufficient hours.

- **Criminal Records Bureau (CRB) checks:** As an organisation governed by the Care Quality Commission's requirements, BAPAM requires paid but non-clinical personnel to be CRB checked in accordance with legal requirements. In addition, all clinic and AMABO practitioners must be CRB checked.

BAPAM is advised that even where volunteer medical personnel already possess CRB checks in connection with their paid employment, they may need to be separately checked for BAPAM work. BAPAM will review the situation of all volunteer medical personnel and arrange such CRB checks as may be required.

- **Training:** All clinicians providing assessments for BAPAM will need to demonstrate via an annual return (Appendix 4) that they have fulfilled their performing arts medicine learning obligations. They will be given the BAPAM outline curriculum to guide their learning. Training options are not restricted to BAPAM training days (though minimum attendance at one training day in two years will be expected), but could include a wide range of sources, such as:
  - observing colleagues' clinics
  - mentoring by a senior colleague
  - in-house discussions and case presentations, including the possibility of regional small groups
  - sessions with expert music teachers
  - observing rehearsals etc.
  - video material e.g. examination routines
  - books and journals
  - on-line facilities, including international performing arts medicine websites and recommended 'free' educational sites. BAPAM will collect and update information about such sites and provide links to them on its website.
  - external courses e.g. in musculoskeletal medicine
  - external academic qualification e.g. MA in Performance and Media Health.
  - Undertaking the Diploma in PAM.

NB: While a charge is made to directory members and other health practitioners who wish to attend BAPAM training days, these days are free to all clinicians who provide BAPAM clinic and AMABO services on a voluntary basis or for an honorarium only.

- **Record keeping:** BAPAM clinic personnel and AMABO doctors are expected to keep high quality contemporaneous records, whether paper or electronic, of all clinical encounters, and must observe the highest standards of patient confidentiality. All entries in paper records must be legible, dated and signed by the clinician, and accompanied by the clinician's full name and designation. Any alternations or additions to medical records must also be dated and signed

and made in such a way that the original entry can still be read. Storage of paper records must be appropriate, and patient data kept at home must be stored according to the principles of the Data Protection Act. In addition, all clinicians should keep basic statistical data about their consultations to add to BAPAM's data collection and audit.

- **Appraisal:** This will be an annual requirement for all doctors working in BAPAM clinics or for AMABO. Annual appraisal for assessing physiotherapists etc will be kept under consideration.
- **Revalidation/relicensure:** BAPAM will keep abreast of national developments, with particular attention to revalidation for doctors who are retired or not in clinical practice other than for BAPAM. Whatever revalidation system is finally introduced nationally, all BAPAM doctors must ensure that their work in performing arts medicine is included in their revalidation process.
- **Performance standards and monitoring:** This will be conducted via patient feedback and annual appraisal. Use of the patient feedback questionnaires will be routine for all clinics, and AMABO doctors will also be supplied with these for use for face-to-face consultations.

BAPAM's complaints and compliments procedure is announced on its feedback questionnaire and publicised via its website. Copies are also available in leaflet form, and a poster about the procedure is posted on the BAPAM office notice board. Feedback from colleagues is also likely to be part of revalidation, and the GMC is aiming to produce questionnaires that may be suitable or adaptable for use for peer feedback in BAPAM in the future. (See too Para 2.6)

- **Compliance failure:** Any serious incident or pattern of inadequate performance will be reviewed by the Clinical Governance Lead Group and reported to the Medical Committee for a decision on further action. This may include reporting to the relevant regulating body. BAPAM doctors, Medical Committee members and medical members of its Clinical Governance Lead Group are, like all medical doctors, bound by the GMC's *Good Medical Practice* requirements.

### 3.6 Specialists' Directory: Other Clinicians

Those listed in the Directory of Specialists who receive referrals, but who do not work for BAPAM in clinics or for AMABO, are expected to adhere to high standards of clinical governance, analogous to those set out in Para 3.3 above, as part of their own professional practice. Requirements specific to membership of the directory include:

- **Application process:** This will be as in Para 3.3
- **Professional registration/licence to practice:** This will be checked annually either via the GMC website or by a request for an annual certificate.
- **Indemnity insurance:** This will be checked annually with a request for a copy of the annual insurance certificate.
- **Training:** A minimum attendance at one BAPAM Training Day in two years is required, plus an annual return (Appendix 4) of relevant CPD/personal learning.

### 3.7 Practitioners' Directory

Requirements specific to membership of this directory include:

- **Application process:** See Para 2.5.2 and Appendix 2.
- **Professional registration:** BAPAM practitioners are expected to be registered with a body that has its own regulatory structure, whether statutory or not, and a code of practice to ensure high professional standards.
- **Professional indemnity insurance:** This is essential. It must cover the clinical practice actually offered by practitioners who receive clients either via BAPAM's helpline or its on-line directory.
- **Induction & Training Day attendance:** Attendance at a BAPAM Induction Day is a mandatory requirement for joining the Directory of Practitioners. In addition, minimum attendance at one BAPAM training day in two years will be required in order to stay on the Directory.
- **Confidentiality and record keeping:** Observance of appropriate standards is assumed under each practitioner's own professional code of practice.
- **Performance standards and monitoring:** There will be no formal performance standards monitoring by BAPAM. This will be stated via a disclaimer on every page of the practitioners' directory.

However, any problems and complaints that come to BAPAM's attention will be reviewed by the Clinical Governance Lead Group. Following investigation, appropriate action will be taken, including possible removal from the directory and reporting to the relevant professional regulatory body.

### 3.6 Non-clinical staff

This includes paid/volunteer/freelance staff working for BAPAM in its offices or elsewhere.

- **Confidentiality and data protection:** Training in good practice and sign-up to BAPAM's confidentiality agreement should be provided.
- **Helpline:** Training will be arranged for all staff answering helpline calls (Para 2.4). If protocols for clinical advice are developed, additional training will be provided.
- **Monitoring:** The patient feedback questionnaire includes questions about the performance of the helpline operator and (in respect of London services) clinic reception staff. Any concerns in this area will be reviewed in the first instance by the Chief Officer and appropriate remedial action instituted.

# APPENDICES

# CLINICAL GOVERNANCE APPENDIX 1



## Working in a BAPAM assessment clinic for performing artists

### Information for clinic personnel

#### **PART ONE: What performing artists need to know about BAPAM clinics**

##### ***What?***

- A BAPAM clinic is a service delivered by a general practitioner or general physician (or in some cases a specialist physiotherapist). The clinics provide free face-to-face medical assessments and advice for professional, semi-professional or student performing artists with performance-related health problems.
- As well as British performers, foreign nationals who are on contract or touring in Britain or Ireland are entitled to attend a clinic.

##### ***When?***

- While some clinics are held on an ad hoc basis, most are arranged at regular intervals - at least once, sometimes twice a month. All clinics are run on an appointments basis.
- Usually clinics are held during office hours but occasionally they happen in the early evening.
- BAPAM does not provide a drop-in service, but every effort is made to fit patients in at the earliest opportunity

##### ***Where?***

- BAPAM's London clinic is held in its specially designated treatment rooms within its central London offices
- Clinics outside London may be based in a performing arts venue, a conservatoire/educational establishment or in a surgery or hospital setting.
- Patients are given detailed information about how to reach their clinic. Where possible this is confirmed in writing or by email.

## ***Appointments***

- Performers can access the clinics by self-referral via the BAPAM clinic lines (0845 602 0235 for landline calls and 020 7404 8444 for mobile phones). Patients may be referred by their GP but this is not essential<sup>8</sup>. Patients can also email [clinic@bapam.org.uk](mailto:clinic@bapam.org.uk) and request a call back.
- The clinic lines are open from 9am to 5pm Monday to Friday. Calls made outside these times go onto the answer phone and are dealt with as soon as the line reopens.
- When booking their first appointment, patients are asked to provide brief personal information for inclusion on the confidential BAPAM database. Patients are asked for their GP details, and also whether they are a union member, but neither is mandatory<sup>9</sup>.
- Clinic appointments can generally last up to 30 to 45 minutes. This enables doctors to get to the root of complex problems.
- Instrumentalists are requested to attend the clinic with their instrument if at all possible.
- As medical assessments are free, there is a heavy demand for appointments. It is therefore very important for patients to be on time for their appointment, and if they find they cannot attend a clinic, they should let BAPAM know immediately. A telephone call to the office confirming an appointment is always welcome.

## ***Treatment and referrals***

- BAPAM'S doctors and physiotherapists may be able to sort out a problem then and there.
- If they feel the patient needs further help, they have access to a network of other specialists and practitioners who have experience in treating performing artists.
- Sometimes it is possible to refer a patient within the NHS. This will require liaison with the patient's GP.
- However, for speed, or to obtain specialist services, or because liaison with an NHS GP is not possible, it may be necessary to make private referrals for further investigation or treatment. In that case, by virtue of being BAPAM patients, they can usually expect reduced-price treatment from a specialist or practitioner on the BAPAM database.
- BAPAM does not provide financial assistance for treatment, but it does hold information about possible sources of financial help for those patients for whom it is difficult or impossible to fund private care.

## ***Feedback***

- At the end of their BAPAM clinic appointment, patients are asked to complete a feedback form. This is voluntary, but BAPAM values this information as a crucial way of helping improve its services and ensure they are relevant to performing artists' needs.

---

<sup>8</sup> Special arrangements apply for BAPAM's South West clinic which has a unique link with the NHS via the National Hospital for Rheumatic Diseases, Bath, where the clinic is held. Patients for this clinic who provide BAPAM with an NHS referral letter have full access to NHS assessment and referral facilities. Patients who prefer not to involve their GP or do not have an NHS GP have equal access to the assessment services of the South West clinic, but if they require a referral for further investigations or treatment, this cannot be done via the NHS without their GP's involvement.

<sup>9</sup> The Musicians Union and the actors' union, Equity, are both BAPAM funders and expect to receive statistical data concerning the proportion of patients who are union members. However, union membership is not a pre-requisite for access to BAPAM's services.

## **PART TWO: What medical practitioners and specialist physiotherapists need to know about BAPAM assessment clinics**

### ***Who are the BAPAM clinic personnel?***

- The appointment of all practitioners is overseen by the BAPAM Medical Committee
- BAPAM assessment clinics rely on three types of practitioner:
  - General physicians (including GPs) who run most of the assessment clinics;
  - Specialist medical consultants to whom patients are generally referred for further assessment and advice, though some do see patients for initial assessment;
  - Specialist physiotherapists who are members of the Manipulation Association of Chartered Physiotherapists (MACP). Some patients with musculoskeletal problems will be referred for assessment directly to an MACP physiotherapist.
- All above clinicians are registered with their professional body and hold up-to-date indemnity insurance. Both registration and insurance cover are checked annually by BAPAM staff.
- All clinic personnel must attend a BAPAM induction day and will be expected to attend a minimum of one BAPAM training day every two years, and to provide annual evidence of other relevant continuing professional development.
- BAPAM clinic personnel work on a voluntary basis. A small honorarium is available, though most provide assessment clinics for free.
- Where needed, BAPAM provides clinic personnel with basic secretarial support: typing, copying and post of referral letters.
- Contact details and professional information about all practitioners is held on the BAPAM Directory. Practitioners can decide how much of this information is in the public domain.

### ***Clinic personnel: scope of duties***

- A BAPAM General Physician/GP is a doctor who has a special interest in the medical problems of performing artists and receives special training in performing arts medicine via BAPAM.
- At a BAPAM assessment clinic, the BAPAM General Physician/GP makes a general, holistic assessment of all aspects of a performer's medical problem(s) and may then refer patients on to the most appropriate medical consultant, specialist physiotherapist or other healthcare practitioner for further assessment and/or treatment.
- BAPAM clinic personnel also have access to the BAPAM Directories of Specialists and Practitioners as a resource.
- Some medical doctors who work as general physicians for BAPAM also engage in other health care practice e.g. homeopathy, acupuncture, hypnotherapy, osteopathy etc. When conducting a clinic for BAPAM, they are acting as general physicians only. If, during an assessment, such a doctor considers their other practice may offer suitable treatment for the patient, s/he must make it clear that such treatment would be outside the assessment being provided on behalf of BAPAM. If such treatment is accepted and provided at this assessment consultation, it is assumed there will be no charge to the BAPAM patient.

### ***BAPAM Directory of Specialists in Performing Arts Medicine***

- General Physicians, GPs and physiotherapists who do BAPAM assessment clinic have access to a range of specialists to whom they can refer patients.

- A BAPAM Specialist is a senior clinician (e.g. a consultant rheumatologist, orthopaedic surgeon, ENT surgeon, psychiatrist, clinical psychologist, neurologist) who has a special interest in the medical problems of performing artists and agrees to see BAPAM patients *pro bono* or at a reduced rate.

### ***BAPAM Directory of Practitioners***

- BAPAM assessment clinic General Physicians, GPs and physiotherapists can also refer patients to one of the healthcare practitioners on the BAPAM Directory of Practitioners. These may be, for example, counsellors, podiatrists, acupuncture practitioners, Alexander Technique teachers.
- Healthcare practitioners on the BAPAM Directory have been asked to treat performers at a reduced rate or for free.

### ***BAPAM's overarching expectations***

- As well as clinical expertise and a commitment to performing artists, all BAPAM's practitioners are expected to have a full understanding of the health needs of performing artists.
- Equally, they need to recognise that performers who come to BAPAM for help generally have little money and need to be able to continue or get back to performing as soon as possible. Practitioners contemplating recommending treatment which involves a long-term remunerated therapeutic relationship should keep these issues in mind

# APPENDIX 2



## DIRECTORY APPLICATION FORM

### PRACTITIONERS' LIST

Thank you for your interest in registering as a practitioner with BAPAM. Our organisation provides free medical assessments and specialist referrals (including for affordable ongoing treatment) for professional, semi-professional and student performing artists with performance-related health problems. A key service is our Directory of Practitioners listing health practitioners who support BAPAM and offer their services either free or at a reduced price.

Via our Directory (Practitioners' List) we aim to create a national network of practitioners, available to performers via the BAPAM website. In order to qualify for entry in the Directory, you will need the following:

- An appropriate professional qualification
- Registration with an appropriate accrediting body
- Professional indemnity insurance
- Interest in and prior experience of treating performing artists
- Attendance at a BAPAM Induction Day. This is offered free to Directory applicants as a way of introducing you to BAPAM's aims and operations.
- If you work in private practice, willingness to offer a reduction of at least 30% on your standard professional fees for performing artists.
- Attendance on at least one BAPAM Training Day every 2 years.

Directory practitioners will receive notification of dates of BAPAM Training Days and medical seminars. In addition, we encourage practitioners to become Friends of BAPAM so as to be kept informed about developments in Performing Arts Medicine.

**To apply to join the Directory** please complete the attached application form, and send it to BAPAM in the enclosed prepaid envelope with the following documentation:

- A copy of your professional qualification. This must be awarded by a recognised accrediting body.
- A copy of your current professional registration certificate.
- A copy of your up-to-date professional indemnity insurance certificate.

Your application will be vetted by a member of BAPAM's Medical Committee.

**To remain on the Directory**, you will receive an annual request to supply an up-to-date professional registration certificate (unless this is web-based and can be checked directly by BAPAM) and your current indemnity insurance certificate. We will also check your record of attendance at BAPAM Training Days to see that you comply with our minimum requirement of one day every two years. In addition, we will ask you to check your current application form and update it where necessary.



<p><b>5. Agreement that all relevant information (name, qualifications, specialist interests, professional contact details) be included on BAPAM website.</b></p> <p>This will enable visitors to the website to contact you directly without going through the BAPAM office.</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">No</td> <td style="width: 25%;"></td> </tr> </table> <p><b>If 'No', please tick your preference below:</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 75%;"> <ul style="list-style-type: none"> <li>• <b>All information except your professional contact details to be provided on BAPAM website.</b> Visitors to the site will have to speak to someone in the BAPAM office if they wish to contact you.</li> </ul> </td> <td style="width: 25%;"></td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>• <b>No information about you to be placed on the BAPAM website.</b> Information about you will only be provided to clients who contact the BAPAM office seeking information about a suitable practitioner</li> </ul> </td> <td></td> </tr> </table>	Yes		No		<ul style="list-style-type: none"> <li>• <b>All information except your professional contact details to be provided on BAPAM website.</b> Visitors to the site will have to speak to someone in the BAPAM office if they wish to contact you.</li> </ul>		<ul style="list-style-type: none"> <li>• <b>No information about you to be placed on the BAPAM website.</b> Information about you will only be provided to clients who contact the BAPAM office seeking information about a suitable practitioner</li> </ul>	
Yes		No							
<ul style="list-style-type: none"> <li>• <b>All information except your professional contact details to be provided on BAPAM website.</b> Visitors to the site will have to speak to someone in the BAPAM office if they wish to contact you.</li> </ul>									
<ul style="list-style-type: none"> <li>• <b>No information about you to be placed on the BAPAM website.</b> Information about you will only be provided to clients who contact the BAPAM office seeking information about a suitable practitioner</li> </ul>									
<p><b>6. Branch(es) of health-care in which you practise</b></p>									
<p><b>7. Relevant professional qualifications (with dates achieved)</b></p> <p><b>Please also enclose copy of registration certificate</b></p>									
<p><b>8. Accrediting bodies</b></p>									
<p><b>9. Insurance company/ membership number. Please also enclose copy of indemnity insurance certificate.</b></p>									

**10. Employment  
record  
(continue on  
separate page if  
required)**

<p><b>11. Reasons for wishing to work with BAPAM</b></p>	
<p><b>12. Number of years' experience treating performing artists.</b></p> <p><b>Please also detail type(s) of performers seen, in what settings, and approximate numbers per year.</b></p>	
<p><b>13. Relevant professional development undertaken in last two years</b></p>	

<p><b>14. Most BAPAM clients have few funds and no private health insurance. It is very important that we give them full information about the terms under which you would see them as BAPAM patients.</b></p> <p><b>Please fill in the relevant sections</b></p> <p><b>Please note that where you specify a charge, BAPAM will assume this stays unchanged for at least a year.</b></p> <p><b>BAPAM will update this information by making an annual request for details of changes</b></p>	<table border="1"> <tr> <td><b>1. I would see BAPAM referrals free of charge</b></td> <td></td> </tr> </table>	<b>1. I would see BAPAM referrals free of charge</b>	
	<b>1. I would see BAPAM referrals free of charge</b>		
	<table border="1"> <tr> <td><b>2. I would see BAPAM referrals for a free assessment and then charge a concessionary rate of</b></td> <td>£</td> </tr> </table>	<b>2. I would see BAPAM referrals for a free assessment and then charge a concessionary rate of</b>	£
	<b>2. I would see BAPAM referrals for a free assessment and then charge a concessionary rate of</b>	£	
<table border="1"> <tr> <td><b>3. I would charge BAPAM referrals a concessionary rate of</b></td> <td>£</td> </tr> </table>	<b>3. I would charge BAPAM referrals a concessionary rate of</b>	£	
<b>3. I would charge BAPAM referrals a concessionary rate of</b>	£		
<b>4. Other arrangements (please specify)</b>			

**I confirm that all the above information is correct and will keep BAPAM updated with changes.**

**Signature.....Date.....**

<b>For Office Use only</b>				
<b>Renewal date for checking:</b> <ul style="list-style-type: none"> <li>• Professional registration</li> <li>• Professional indemnity Insurance</li> <li>• Charging arrangements</li> </ul>		<b>BAPAM Induction Day – date of attendance</b>		<b>Training Record – date for first check</b>

# APPENDIX 3

## Patients' Feedback Form



This form is for patients who have attended a BAPAM clinic or have consulted a doctor via the Association of Medical Advisers to British Orchestras (AMABO) scheme.

We want to get our service right for you. This means your views on the help you have received from us are important. We would be very grateful if you would take a few minutes to fill in this brief form. You may find that not all the questions are relevant; if so, just complete the parts that apply.

Name and date of birth .....

Student / Professional Performing Artist (please circle)

Instrumentalist / Singer / Actor / Dancer / Variety Artist (please circle)

Clinic consultation: GP / Physiotherapy / Orthopaedic / Rheumatology / Counselling (please circle)  
OR AMABO consultation (please circle)

Date attended.....

1. How helpful was the information we supplied before your appointment (if applicable)?

Very Helpful	<input type="checkbox"/>	Helpful	<input type="checkbox"/>	Quite Helpful	<input type="checkbox"/>	Not Helpful	<input type="checkbox"/>
--------------	--------------------------	---------	--------------------------	---------------	--------------------------	-------------	--------------------------

2. Overall, how would you rate our service? Please tick below.

Very Helpful	<input type="checkbox"/>	Helpful	<input type="checkbox"/>	Quite Helpful	<input type="checkbox"/>	Not Helpful	<input type="checkbox"/>
--------------	--------------------------	---------	--------------------------	---------------	--------------------------	-------------	--------------------------

3. How helpful was the Helpline Operator(if applicable)?

Very Helpful	<input type="checkbox"/>	Helpful	<input type="checkbox"/>	Quite Helpful	<input type="checkbox"/>	Not Helpful	<input type="checkbox"/>
--------------	--------------------------	---------	--------------------------	---------------	--------------------------	-------------	--------------------------

4. How helpful were the Clinic Reception staff (if applicable)?

Very Helpful	<input type="checkbox"/>	Helpful	<input type="checkbox"/>	Quite Helpful	<input type="checkbox"/>	Not Helpful	<input type="checkbox"/>
--------------	--------------------------	---------	--------------------------	---------------	--------------------------	-------------	--------------------------

5. How helpful was the doctor or therapist?

Very Helpful	<input type="checkbox"/>	Helpful	<input type="checkbox"/>	Quite Helpful	<input type="checkbox"/>	Not Helpful	<input type="checkbox"/>
--------------	--------------------------	---------	--------------------------	---------------	--------------------------	-------------	--------------------------



# APPENDIX 4



## CONTINUING PROFESSIONAL DEVELOPMENT

Annual Return for BAPAM Specialists

Name.....

Year.....

Please indicate the nature of any personal learning you have undertaken in the past year relevant to your work in Performing Arts Medicine, with reference to the BAPAM Training Curriculum (which you can find on our website [www.bapam.org.uk](http://www.bapam.org.uk))

As well as any BAPAM courses you have attended, we would like to know about other training courses, articles, books, journals and websites you have found useful and that you would recommend to other colleagues in PAM.

# APPENDIX 5



## BAPAM Induction Day – Syllabus

### **Epidemiology of medical problems in performing artists:**

- Survey results – international
- BAPAM surveys
- Who are our patients?
- What sort of problems do they present with?
- Occupational and psychosocial settings: students, freelancers, career patterns etc.

### **Psychological profiling of Performing artists + introduction to Performance Anxiety**

### **Taking an Occupational/Performance history**

### **Risk Factors for Injury + prevalence of overuse/misuse syndromes**

### **Recommendations for good ‘practice habits’:**

- Warming-up and cooling down, breaks in playing etc
- Basic ergonomics and postural awareness
- Sitting

### **Introduction to BAPAM:**

- resources available – helpline, clinics, directory etc
- referral pathways
- clinic availability
- AMABO
- Health promotion work

# APPENDIX 6

## Performing Arts Medicine: Outline Training Curriculum



This is intended to inform programmes for BAPAM Training Days, as well as clinicians' personal learning. It divides into generic topics, equally applicable across all disciplines of the performing arts, and topics specific to instrumentalists, professional voice users and dancers. The suggested syllabus for BAPAM Induction Days is separate.

### Generic Topics

#### **Practical:**

- Examination of the neuromusculoskeletal system
- Examination – ENT, oral, dental
- Ergonomic assessment
- Detecting adverse tensions and assessment during performance

#### **Psychological:**

- Performance anxiety
- Common psychological and psychiatric problems
- Performing with confidence: effective strategies for learning and performing, including mental awareness and mental practice skills
- Group dynamics
- Counselling and relaxation techniques suitable for general consultations.

#### **Lifestyle:**

- Fitness and exercise
- Hydration and nutrition
- Alcohol, smoking, addiction, drug abuse
- Sexual health
- Occupational setting, career patterns, social factors

#### **Neuromusculoskeletal:**

- General muscle functional anatomy and physiology
- Soft tissue injury, repair and rehabilitation
- Psychosocial aspects of symptomatology
- Chronic pain syndromes
- Hypermobility
- Ergonomics – theory and assessment
- Overuse and misuse syndromes
- Healthy playing and practice regimes
- Mental aspects of rehabilitation

**Special senses:**

Physics of musical sound and noise  
Hearing and hearing loss  
The acoustic environment  
Risks to and protection of performers  
Regulatory framework  
Vision and the performer

**Therapeutics:**

Prescribing  
Surgery for the performer  
Physical therapies  
Non-medical, non-surgical interventions – what therapies, what evidence, appropriate referral  
'Release and realignment' methods including the Alexander Technique  
Complementary therapies

**Legal aspects:**

Health and Safety at Work  
Noise at work  
Relevant Employment Law

**Other environmental issues:**

Lighting  
Heat  
Stage smoke

**Travelling and Touring****Adolescence and student performers****Research techniques and critical reading****Instrumentalists**

Examination of the upper limb – in detail  
Demonstration of instrumental techniques  
Instrument-specific ergonomics  
Rheumatological problems in musicians, including osteoarthritis  
Upper limb and neck problems – in detail  
Work-related disorders of the Upper Limb – in detail, including chronic pain  
Neurological problems including nerve entrapments and focal dystonia  
Orofacial disorders: TMJ, embouchure (incl. dystonia), dental  
Headache and facial pain  
Respiratory problems – wind players  
Surgery for musicians – indications and rehab

## **Professional Voice Users**

Functional anatomy and physiology of the voice  
Care of the professional voice  
Disorders of the professional voice – including allergy, GO reflux  
Respiratory problems  
Orofacial disorders and headache  
Prescribing for professional voice users  
Surgery and professional voice users

## **Dancers**

Examination of the spine and lower limb – in detail  
Disorders of the spine, bony pelvis and lower limb  
Dance injuries  
Hypermobility  
Nutrition and fitness  
Female athlete triad  
Surgery and rehab for dancers

## **BAPAM Training Days:**

It is anticipated that all the above could be covered during the course of a five-year rolling programme.

# APPENDIX 7



## MEDICAL COMMITTEE REVISED TERMS OF REFERENCE

### CONTEXT

1. The Medical Committee shall comprise volunteer medical doctors, all of whom are members of BAPAM's Specialist Directory. While some may be BAPAM Trustees, membership of the Trustee Board and of the Medical Committee is not necessarily coterminous. It is the intention that Committee membership covers a wide spread of clinical specialisms relevant to BAPAM's work, but in particular, general practice, rheumatology and orthopaedics. Other specialisms which may be included are psychiatry, ear, nose and throat and neurology.
2. The Medical Committee shall meet a minimum of twice a year. It shall be chaired by an Honorary Medical Director who it shall elect from among its membership.
3. While BAPAM's paid staff are responsible for operational matters, the organisation's work encompasses a range of activities which require medical expertise in respect of operational input. Accordingly, the Medical Committee shall be a working committee, with, as far as possible, each member being the lead, joint lead, or contributing member for a particular area of work as listed below. Where the lead is currently the Medical Director, this is identified (MD).
4. In accordance with good medical practice generally, the Medical Committee shall review its work on an annual basis.

### ROLE OF THE MEDICAL COMMITTEE

- a) **CLINICAL GOVERNANCE:** To keep under review all clinical governance and clinical audit issues, so as to ensure that BAPAM maintains the highest possible standards of patient care (MD)
- b) **ETHICS:** To advise on matters of medical ethics, confidentiality, access to patient records and other legislation relating to the provision of health care services (MD)

- c) **CHILDREN:** To ensure that BAPAM complies with all requirements of law and good practice in relation to its child patients (i.e. those between the ages of twelve and seventeen).
- d) **CLINICAL SERVICE DEVELOPMENT:** To keep under review all developments in BAPAM's medical work, in particular, clinic development, telephone advice, provision of non-medical clinical services
- e) **CLINIC ADMINISTRATION:** To advise on appropriate policies relating to BAPAM's provision of health services such as payment to practitioners, payment by patients, cancellation, repeat bookings
- f) **PRACTITIONER DIRECTORY:** To keep under review all matters concerning practitioner recruitment and retention, both in respect of those who provide services via BAPAM's clinics, and those who are simply members of BAPAM's Directory of Practitioners. This review function includes vetting all applications to provide clinic services or to join the Directory
- g) **HEALTH PROMOTION:** To provide oversight for BAPAM's Health Promotion service via a sub-group, the Health Promotion Advisory Group, and, in particular, to oversee content and speaker invitations for Practitioner Induction and Training Days (MD)
- h) **RESEARCH AND JOURNAL:** To provide oversight for BAPAM's Research service, via the Service Evaluation and Research Advisory Group, including overseeing content and contributor invitations for BAPAM's Journal.

## **ROLE OF THE HONORARY MEDICAL DIRECTOR**

1. The Medical Director shall be a medical doctor elected from among the membership of the Medical Committee
2. The Medical Director shall chair the Medical Committee and attend meetings of BAPAM's Board of Trustees, where s/he will report on the activities and advice of the Medical Committee, either as a Trustee, or as a participating (but non-voting) observer.
3. The Medical Director shall be responsible, in conjunction with the Chief Executive, for coordinating the work of the Medical Committee members. This includes ensuring that there is a lead Medical Committee member, and, where necessary, supporting Committee members, for all areas of responsibility listed below and that the work of such member(s) is carried out as required by the organisation.
4. For the present, in addition to the reporting and coordinating roles described above, the Medical Director shall be the lead in respect of Clinical Governance (including matters of medical ethics) and Health Promotion. Allocation of specific duties among Committee members including the Medical Director shall be reviewed annually.

## MEETING AGENDAS – FIXED ITEMS

- Clinical Governance and Audit (including, as appropriate, reports of patient feedback (including complaints), patient outcomes, accidents, incidents, near misses, risk assessment, drugs and medical records, medical ethics, child protection)
- Clinical Service Development (including Clinical Specialisms) and Administration
- Practitioners and the Directory
- Health Promotion, including Practitioner Induction and Training Days
- Research, including BAPAM Journal

## THE MEDICAL COMMITTEE AND SUB GROUPS

- **Medical Committee:** Carries out clinical oversight and policy making in compliance with its terms of reference. Chaired by the Medical Director
- **Clinical Governance Lead Group:** Carries out detailed advice, drafting and review on clinical governance matters which is received by the Medical Committee. Chaired by the Medical Director.
- **Professional Development Group:** responsible for overseeing BAPAM's provision of training in Performing Arts Medicine.
- **Core Advisory Group:** BAPAM clinicians who are available to give advice as required to the Medical Committee
- **Service Evaluation and Research Advisory Group:** Advises Medical Committee on Research policy and practice.
- **Health Promotion Advisory Group:** Oversees Health Promotion work and advises the Medical Committee on HP policy and practice. Chaired by the Medical Director

# APPENDIX 8

## Association of Medical Advisers to British Orchestras (AMABO)

### JOB DESCRIPTION<sup>10</sup>

#### DEFINITIONS

1. The 'Medical Adviser' is a medical practitioner who has been selected by an orchestra to provide medical support to orchestral members.
2. 'Medical support' covers confidential diagnosis, referral and follow up of any condition that affects a player's performance. Medical support does not usually cover treatment by the medical adviser.
3. The post of Medical Adviser is 'Honorary' i.e. unpaid, but individual orchestras may offer free tickets to their performances.

#### DUTIES

1. The Medical Advisor's role is to work with orchestral members. S(he) liaises with orchestral management only at the invitation of players.
  2. The Medical Adviser should keep in contact with the orchestra and arrange to see players at a mutually convenient time and place such as during orchestra rehearsals. (S)he should provide the orchestra with contact details for display on the orchestral notice board.
  3. Although the position of Medical Adviser is honorary, post holders are acting in their professional capacity and are required to comply with BAPAM clinical governance policy.
  4. The key clinical governance requirements covering Medical Advisers are as follows:
    - Doctors will be members of a medical defence union and supply evidence of membership to BAPAM annually.
    - Doctors will be registered with the GMC. BAPAM will conduct an annual check of their registration and licence to practice via the GMC website.
    - Doctors will supply evidence of revalidation (once requirements have been specified by the government).
-

- Doctors are required to keep up to date with the medical/performing interface by attending a minimum of one BAPAM Training Day every two years, and by engaging in other relevant personal learning.
- Doctors must keep clear and accurate contemporaneous medical records, whether paper or electronic, and store them securely and according to the principles of the Data Protection Act.
- Doctors should collaborate in research by BAPAM if they are able
- Doctors are required to supply any statistics requested by BAPAM (e.g. number of patients seen and diagnoses)
- Doctors should collaborate with their AMABO colleagues on matters of mutual clinical interest.
- Doctors employed by the NHS must supply evidence of a satisfactory annual appraisal to two nominated members of BAPAM's Medical Committee. These members will report to the Medical Committee the fact that appraisal has been satisfactory but not the details of the appraisal.
- Non NHS or retired doctors are required to agree to an internal annual appraisal by an appraiser nominated by the Medical Committee (who will be an approved NHS appraiser). The appraisal will follow the format of the NHS appraisal, with specially modified Forms 3 and 4 supplied by BAPAM, which will be submitted to the two nominated committee members as above.

## NOTE

1. While doctors serve a named orchestra, their authority to work for AMABO derives from BAPAM, not the orchestra.
2. The fees of nominated internal appraisers will be covered by BAPAM and not the doctor being appraised.
3. Arrangements for appraisal will be modified in the light of any changes established by the government for revalidation and will be in line with such arrangements.
4. The Medical Committee will approve annual continuation of the doctor's work for BAPAM/AMABO in the light of clinical governance compliance, including appraisal or other future arrangements.
5. Where, the Medical Committee withdraws approval of further work for BAPAM/AMABO, it will provide reasons for its decision, and if requested, will hold an appeal, but its considered decision on any appeal will be final.

---

<sup>1</sup> This document is based on the original job description written by BAPAM's founder, Ian James, and on a consensus statement written by AMABO doctors, and collated by Dr Robert Butler. It was revised by Dr Frances Carter in March 2007

# APPENDIX 9

## COMPLAINTS & COMPLIMENTS PROCEDURE



This procedure is available to BAPAM clients who wish to complain about or compliment us regarding any matter arising from contact with our organisation.

### PRINCIPLES OF OUR COMPLAINTS PROCEDURE

1. BAPAM considers all patient feedback - complaints, compliments, comments, suggestions etc - very seriously and where the need for change is indicated, will act promptly on what it has learned. Feedback reports will be received quarterly by its Board of Trustees.
2. Where a complaint is registered, BAPAM will try to resolve matters informally. If this is unsuccessful or not acceptable to the complainant, the formal procedure can be invoked.
3. BAPAM will investigate complaints fully and fairly, and as speedily as is practicable given its staffing resources. Where delays are unavoidable, the patient will be kept informed of the reasons, and the stage that the complaint has reached.
4. Complaints will be dealt with in confidence. Information about the complaint will only be available to personnel directly involved and those participating in the investigation.
5. A patient who is unhappy with the response to a complaint has the right to appeal.

### INFORMAL RESOLUTION

1. It is often helpful to see if concerns can be sorted out informally. Therefore BAPAM suggests that, to begin with, you contact the person directly involved and try to resolve the complaint with him/her.
2. However, this is not a mandatory part of our procedure. If you do not wish to try this informal way yourself, or do not achieve an acceptable resolution, then you should contact the Chief Executive\*.
3. If the CE's attempts to resolve the matter informally do not succeed, or if you do not wish to use the informal approach, then you can move to the Formal Procedure.

### FORMAL PROCEDURE: INVESTIGATION

1. To use the formal procedure, please write by letter or email to the Chief Executive\*. The CE will acknowledge receipt in writing within **five** working days of the complaint's arrival, unless circumstances make this impossible, in which case s/he will respond at the first opportunity. The acknowledgment letter may be a record of receipt or it may ask for further information.
2. The Chief Executive will, in the meantime, instigate an investigation of your complaint, either in person, or, in the case of a clinical matter, in conjunction with a member of BAPAM's Clinical Governance Lead Group. During the investigation of your complaint, there will be discussion in confidence with the personnel directly involved.

3. You will receive a full response within **twenty** working days from receipt of your original letter, or, if you have supplied further information, from when this information arrives.
4. The full response will include the following information:
  - details of the investigation
  - the decision whether the complaint has been upheld, and the reason for that decision
  - the redress, if appropriate, which will be offered to you e.g. an apology, additional help, directing you to other sources of advice or support
  - any other action that may be taken in the light of the complaint
5. If it is not possible to provide a full answer to your complaint within twenty working days, the letter will outline the reasons why and give a date by which a full answer may be expected.

## **FORMAL PROCEDURE: APPEAL**

1. If you are not satisfied with the response to your complaint, then within **seven** working days of receiving it, please submit an appeal outlining the reasons for dissatisfaction to the Chief Executive\*. You can appeal by letter or email. The CE will acknowledge receipt in writing within **five** working days of arrival of the appeal, unless circumstances make this impossible, in which case s/he will respond at the first opportunity.
2. The CE will convene an Appeals Panel of three trustees none of whom have any previous involvement in the complaint, including at least one medical and one non medical trustee.
3. The Appeals Panel will read the necessary papers, speak to relevant individuals involved with the complaint and make a final decision.
4. The chair of the Appeals Panel will communicate its decision within **thirty** working days of receiving the appeal. The letter will advise as to:
  - the decision whether the complaint has been upheld, and the reason for that decision
  - the redress, if appropriate, which will be offered to you e.g. an apology, additional help, directing you to other sources of advice or support
  - any other action that may be taken in the light of the complaint
5. If it is not possible to provide a full answer to your complaint within thirty working days, a letter will be sent by the Appeals Panel chair explaining the reasons for the delay together with an adjusted timescale for handling the complaint.

## **REGISTERING A COMPLIMENT OR SUGGESTING IMPROVEMENTS**

If you wish to let us know that you are pleased with our services, or would like to suggest ways in which we could improve, please contact us as below, or make sure you fill in one of our feedback forms (supplied when you attend a clinic).

## **CONTACTING BAPAM**

- Telephone 020 7404 5888 and ask for the Chief Executive or
- Email to [naomi@bapam.org.uk](mailto:naomi@bapam.org.uk) or
- Send a letter marked 'Confidential – FAO Chief Executive\*.

\*If you wish to complain specifically about the Chief Executive, please address all your correspondence to the Chair, c/o BAPAM, marking your letter '*Confidential – FAO Chair*'