**Applying to Join the BAPAM Directory of Practitioners**

The British Association for Performing Arts Medicine (BAPAM) is the largest provider of clinical services to the whole UK performing arts sector. Our Directory lists UK-based health professionals who are experienced supporting individuals in the creative industry, and who provide high quality and accessible care. We also include some clinically-led professional practices, partnerships and companies (please email directory@bapam.org.uk for more information about company/practice listings).

The BAPAM Directory provides an opportunity for practitioners to contribute their expertise and develop their experience in this increasingly established speciality.

BAPAM is a medical organisation. Our Directory focuses on clinical professions and has a formal application process. Where we include allied healthcare practitioners, we normally require a degree level or equivalent qualification and regulation of the practice by an accredited body. We also consider the evidence base for the practice’s efficacy in supporting performing arts clients. We recognise that many people find a range of other approaches helpful and [we publish advice about this here](https://www.bapam.org.uk/bapam-directory-and-finding-a-health-care-practitioner-guidelines/).

There is no charge to join the Directory. BAPAM is a charity and we depend on the support of our practitioner community. We ask that those listed in our Directory please consider offering a reduced private fee for BAPAM registered patients and clients. We are also extremely grateful for [donations, fundraisers and other support](https://www.bapam.org.uk/support-bapam/).

**BAPAM’s in-house clinical team:** In our own clinics, *BAPAM Assessing Clinicians* provide free medical assessments for performing arts professionals and students with health problems related to their work. If you are a doctor, physiotherapist, osteopath or clinical or counselling psychologist interested in working with us as a BAPAM Assessing Clinician, and have not already discussed this with us, please get in touch.

**BEFORE APPLYING: Ensure your profession is included in the list below and that you have read the enclosed requirements and guidance.**

**Professions listed in the BAPAM Directory**

* Licensed Medical or Dental Practitioner (e.g. ENT consultant, GP, Occupational health specialist, Rheumatologist, Orthopaedic Surgeon, Psychiatrist, dentist)
* Acupuncturist (requires dual medicine or physiotherapy qualification)
* Alexander Technique teacher
* Art Therapist, Arts Psychotherapist, Dramatherapist or Music Therapist
* Audiologist
* Chiropractor
* Counsellor
* Dietician
* Dyslexia Diagnostician
* Hand Therapist
* Massage Therapist
* Occupational Therapist
* Optician, Ophthalmologist, Optometrist
* Osteopath
* Performance Coach (with high level psychology training)
* Physiotherapist
* Pilates teacher
* Podiatrist/Chiropodist
* Psychologist
* Psychotherapist
* Speech and Language Therapist/Speech Therapist
* Sports Therapist or Sport Rehabilitator

**Minimum experience level**

As Performing Arts Medicine has developed considerably as a specialty, BAPAM is working towards adopting a tiered listing system that acknowledges practitioners’ differing skill and experience levels. We aim to recognise those who have worked in the field for many years, while welcoming practitioners who are building skills at an earlier stage of their career.

Prior experience relevant to supporting performing arts workers is essential. As a guide, BAPAM requires applicants to have accrued a minimum of 100 hours of practice specifically with patients/clients who work in the performing arts, *in addition to* the appropriate level of experience and training in working with patients/clients in wider contexts. This practice should take place in a setting in which practitioners take part in regular supervision, case discussion (in an MDT if relevant), peer support, and training. Practitioners should have a clear awareness of the scope of their own role, and when to refer to specialist colleagues.

Where practitioners have a background of 5 years or more personal experience contributing to the performing arts, we may also take this into account in assessing their understanding of the needs of BAPAM’s service users.

Speech and Language Therapists who treat performers will need to have gained at least 3 years’ experience working with singers, actors and professional voice users.

**Commitment to performing arts medicine**

Applicants should demonstrate that they have committed time to the development of the performing arts medicine specialty in the same way as outlined in the Health Education England paper [commitment\_to\_speciality.pdf](https://www.bapam.org.uk/wp-content/uploads/2024/10/commitment_to_speciality_HEE.pdf). In addition to CPD and training, this might include research, presenting at conferences, writing guidance etc.

**Documentation to be included with your application**

1. Professional **qualification** and professional **accreditation** certificates

2. Current professional **registration** certificate

3. Up-to-date professional **indemnity insurance** certificate, covering all your health care work, including private, charitable, and NHS roles

4. An **enhanced DBS** certificate **or PVG** certificate issued within the last 3 years, or your DBS Update Service subscription information. Alternatively, we can arrange a DBS check for you once your application has been assessed, if you cover our costs.

5. If you see patients face to face in your own premises, your **public liability insurance** certificate

6. Evidence of relevant **CPD**

7. Your **CV** (optional – you can also provide employment details on the form)

**Applications with missing documents (with the exception of a DBS certificate where BAPAM agrees to arrange your DBS check) will not be accepted.**

 **What happens once my application is received?**

The BAPAM Medical Director and clinical leads in each broad area meet quarterly to assess new applications. We will contact you once your application has been assessed. We will inform you if we need any further information. We may request that you meet with a BAPAM clinical lead to discuss your application.

**Our contact information**

Please send completed application forms and enquiries to directory@bapam.org.uk.

If you would like to speak to a member of our team about applying to join the BAPAM Directory, please email us to arrange this.

Find out more about BAPAM at [www.bapam.org.uk](http://www.bapam.org.uk).

**The application form starts on the following page**

**BAPAM Directory of Practitioners Application Form**

*Please* ***type*** *your answers and return this form by email in Word or pdf format to* directory@bapam.org.uk

|  |  |
| --- | --- |
| **Name and title** |  |
| **Date of birth** *BAPAM admin use only* |  |
| **Personal Contact details***BAPAM admin use only**You must be based in the UK* | Address: Mobile: Telephone: Email: |
| **Online listing options***We do not include phone numbers in online listings* |

|  |  |
| --- | --- |
| List online and include my practice email address |  |
| List online but do not include my practice email address. Note that we will include your own website link if available |  |
| Do not list my practice online. Information will only be provided to clients directly by the BAPAM Helpline or admin team |  |

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| **Practice contact details***Available to the public**Your practice must be based in the UK*  | *If you practise at more than one location please include all addresses. We do not include your full practice address online but indicate location e.g. regions covered, nearest towns, borough etc*Address:Telephone:Mobile: Email: Website: Social media links: |
| **Do the premises have disabled access?** |  |
| **Who (organisation or person) is responsible for the public liability insurance at your practice address?** | *If you are responsible for this, please include your PLI certificate with your application*  |
| **What is your profession?**  | *Branch(es) of healthcare in which you practise* |
| **Professional qualifications and dates achieved**  | *Include your main qualifications and additional relevant specialist training* |
| **Professional or accrediting bodies and membership numbers** | *E.g. BPS, BACP, CSP* |
| **Registering bodies and registration numbers** | *E.g. GMC, HCPC, CNHC* |
| **Please confirm that you have a complaints procedure in place, which is accessible to your service users** | *You must have your own complaints procedure. A template, which you may adapt for your own use, is provided here:* [*Practitioner Complaints Procedure Template.docx*](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.bapam.org.uk%2Fwp-content%2Fuploads%2F2022%2F01%2FPractitioner-Complaints-Procedure-Template.docx) |
| **Are you aware of any recent or pending procedures against you by your registering body or any other regulatory body? If yes, please include further information** |  |
| **Professional indemnity insurance - company and policy number** | *Include a copy of your certificate*  |
| **Do you have an enhanced DBS certificate issued within the last 3 years?**  | *Include a copy of your certificate (if you are registered with the DBS Update Service, provide your certificate number). BAPAM can arrange an enhanced DBS check for you on request if you cover our costs of £63.90. We use DDC to carry out DBS checks. The total cost is the current standard charge for an enhanced DBS check plus DDC’s admin fee.*  |
| **Psychosocial practitioners only – who provides your clinical supervision and how often does supervision take place?** |  |
| **Employment record** | *Please include dates of employment. If you prefer, you may upload your CV instead of completing this question*  |
| **Commitment to performing arts medicine** **Please provide some examples of CPD you have undertaken in the past 2 years, relevant to your work with performing arts patients/clients.** *Please include evidence showing that you take part in ongoing CPD e.g. examples of course certificates. We do not require certificates for every course you attend. We may ask some applicants to attend BAPAM CPD as a condition of acceptance.* **How else have you demonstrated consistent commitment to the specialty of performing arts medicine?** *Examples from Health Education England can be found here:* [*commitment\_to\_speciality.pdf*](https://www.bapam.org.uk/wp-content/uploads/2024/10/commitment_to_speciality_HEE.pdf) |
| **Approximately how many performing arts workers or students have you supported in your current role?**  | *Number of patients or clients seen in* *the profession for which you are applying to be listed, not in other roles* |
| **Accrued practice hours** *Your practice hours must be accrued in the healthcare profession for which you are applying to be listed, not in other roles. They should take place in a setting in which you have access to regular supervision, peer discussion and ongoing training. Highly experienced applicants may provide an approximate number of hours.* **How many practice hours have you accrued specifically with performing arts patients or clients?** *Early career practitioners, please specify whether the hours were accrued pre-qualification or post-qualification***How many practice hours have you accrued with all patients or clients (not specifically performing arts)?** *Early career practitioners, please specify whether the hours were accrued pre-qualification or post-qualification* |
| **Do you specialise in supporting a particular group of professionals in the performing arts?** | *e.g. musicians (any specific instruments?), dancers, vocalists, musical theatre, circus artists, actors, technicians and backstage workers?*  |
| **What types of problems and conditions can you help with?** |  |
| **What types of assessments, investigations, treatments and therapeutic modalities do you offer?** | *E.g. Manual Therapy, X-ray, MRI, Therapeutic injections, Splints, Equipment modification, Ultrasound, Exercise, Surgery, CBT, EMDR* |
| **Have you worked professionally or gained long term experience in the performing arts?**  | *If yes, please tell us about your background in the performing arts, including how long your experience is/was, and how this informs your healthcare practice* |
| **Do you have connections with other professional networks?**  | *e.g. Special interest groups within your professional body or union, peer support networks, directories such as BAATN and Pink Therapy.* *Osteopaths – are you a member of* [*OPACA*](https://www.opaca.co.uk/)*?*  |
| **Optional: Published information about ethnicity, gender and other background factors** | *We are committed to equality of access in healthcare settings. Some people accessing services may wish to seek support from a professional of a particular background, or with specific personal experience or training. Ethnicity, languages spoken, gender identity, sexual orientation and other factors may be relevant to them. If you would like to include additional information about you as an individual, or your practice, in the BAPAM Directory to help people who are looking for a particular profile, please add this here* |
| **How are your patients/clients referred to you - private, NHS, self-referral etc?** | *If you see patients on the NHS, what is the referral pathway (e.g. how do NHS GPs find you on the eReferral System)?* |
| **Normal private assessment fee/duration** |  |
| **Normal private follow-up fee/duration** |  |
| **Are there additional fees for scans, investigations, hospital charges etc?**  |  |
| **Optionally, what discount could you offer patients/clients who are registered with BAPAM?**  |  |
| **Do you provide online or telephone consultations?**  | *Are the fees for remote consultations the same as above?*  |
| **Do you stipulate a particular consulting pattern for individual clients?** | *E.g. regular/flexible; weekly/twice-weekly. Do you suggest a minimum number of sessions for individual clients?* |
| **Is there any additional information you would like to include with your application?**  |
| **Optional Equality monitoring: Gender** *BAPAM admin use only* |  |
| **Optional Equality monitoring: Ethnicity** *BAPAM admin use only* |  |
| **I confirm that the information I have supplied is correct and that I will inform BAPAM of any changes** | **Signature**:**Date:** |

*Please return this form by email in Word or pdf format to* directory@bapam.org.uk