



**Meeting to discuss *Creative Health* Recommendation 8
Monday 9th July 2018
House of Lords Committee Room 3
4-5.30pm**

Notes

This is the second meeting to consider Recommendation 8 in the [Creative Health](#) report. The recommendation being discussed is:

We recommend that the education of clinicians, public health specialists and other health and care professionals includes accredited modules on the evidence base and practical use of the arts for health and wellbeing outcomes. We also recommend that arts education institutions initiate undergraduate and postgraduate courses and professional development modules dedicated to the contribution of the arts to health and wellbeing.

Chair: Lord Howarth of Newport, Co-Chair of the APPG

Participants:

Dr Balamurali, Co-Chair of the Arts and Psychiatry Special Interest Group, RCPsych
Kirsten Baker, Senior Lecturer, Midwifery, Oxford Brookes University
Dr Ruth Bromley GP, Manchester Health & Care Commissioning Board
Dr Pushpam Chadha GP
Bogdan Chiva Giurca, Medical Student Lead on Social Prescribing
Shirley Cramer, CEO, Royal Society for Public Health
Bella Eacott, Research Manager for Performing Medicine
Dr Kathleen Leedham-Green, Medical Education Fellow, Imperial College London
Dr Katharine Low, Lecturer, Royal Central School of Speech and Drama
Dr Joe O'Dwyer, President of the Association of Medical Humanities

Lord Howarth of Newport

Welcome and apologies from: Professor Helen Chatterjee, Dr Daisy Fancourt, Mark Malcomson and Jim Thomas.

Dr Balamurali

The RCPsych is looking at the role of arts, and the role of creative therapies and using art to promote understanding. The arts can help aid doctors resilience and wellbeing. Creativity is present in many careers, but the arts offer something else and we mustn't lose that aspect of it. The way to get the Royal Colleges on board is to use evidence, but unfortunately it's not as robust as other sciences. We need to see medicine as a humanity science rather than a hard science.

Dr Ruth Bromley

Many doctors come with creative skills such as musical talents and understand the importance of creativity for wellbeing. We need to help doctors sustain creativity and a more holistic outlook when the doctor's enter F1, as this is typically when they have to conform to a medical environment. It's not just undergraduate courses, training once doctors enter F1 is needed. We could do this by creating F1 learning outcomes for new doctors once they enter service delivery.

Dt Pushpam Chada

The culture of medicine is evolving, and there is a greater emphasis on the here and now and great results. But the new approach isn't being integrated. It starts with the selection of medical students. We do have appraisals now. Increase awareness of arts and health via networks to spread the word and aid advocacy. Ensuring

awareness of arts and health is vital. We need to incentivise and integrate. We need to understand one another's qualities – ie artists need to understand doctors and vice versa

Dr Jo O'Dwyer

Key is the engagement of the wider medical community and the key to that is education. We have to educate people to understand the benefits of arts for health. Barriers include the traditional views of what healthcare is. We have a crowded syllabus. The biggest challenge in getting it onto the syllabus is that it means giving something else up. Perhaps, with technology, there is room to implement some more creative and critical thinking and move away from the facts. We need to allow more medical students from a variety of humanities backgrounds. There is a shortage of funding and the need to redirect funding (both in medicine and the arts). Interdisciplinarity is important. We need modules on the core messages and benefits of arts and health to be in the medical curriculum in order to open people's eyes to the possibilities of medical interventions.

Bogdan Chiva Giurca

Several suggestions: invite peers to deliver the modules on arts and health; make sure the first interaction/encounter with arts and health modules are taken seriously; bring people in who have been affected by arts and health so students can understand the importance. Going to a patient with a medical perspective, we think about what is the matter with them, but going to the patient with a social prescribing model, we get to the core of what matters to the patient. There are already lots of changes to the medical model of teaching, but we need to have a culture shift in order to move away from seeing the arts as 'woolly'. Don't wait for the GMC - it needs to be a bottom up AND top down approach. We should show that the method works - and then write the guidelines from that.

Shirley Cramer

Public health struggles to get prevention into medical schools, so there may also be a struggle to get arts and health into the curriculum, but we could do it through CPD. We could implement public health awareness at levels 2-4 for arts practitioners so they can talk to and understand the medics. Similarly we can create level 2-4 CPD online courses for health practitioners to understand the vast evidence base of arts and health research. We could get local councils to understand the importance of asset based/place based work for arts and health – we are currently looking at the best ways to talk to the local government structures. The public health agency in Scotland is being set up and there is an opportunity to influence Scotland in how they train people etc.

Dr Katharine Low

We need to look at community-based arts and health work, not just hospital arts and health work. There is value in having the conversations. One of the tools for good/successful collaboration is valuing each other and recognizing the expertise on both sides (for medical students and arts students to recognize this). The arts can be a good space for people to recognize their own expertise eg through using role-play, creative play, and more. We should harness this more and try (where possible) to not use the 'one size fits all' approach.

Dr Kathleen Leedham-Green (not present but sent text)

Medical curriculum is written every decade by the GMC and medical schools follow these guidelines - the latest of which was published last week. The best way to gain acceptance is to align this recommendation with existing outcomes for graduates centring around; health promotion, and disease prevention, and personal health for doctors. Medical curriculum is very busy and you might find it hard to get any space for arts and health work but if you don't go in through the medical school, you could use the 10% self-guided extra curriculum guidelines that the university sets, for art activities. Each university wants students to do some extra curriculum activity to widen awareness eg through volunteering, and this could be good way to get acceptance. Most medical students, some students take a year out to engage in another subject – so training could be offered as a public health integrated BSc.

Kirsten Baker

We need to change regulatory structures and entry-level criteria to welcome more non-science students. We need to welcome complexity in teaching and in practice. We should step away from seeing risk as one set thing – risk is complex and has many possibilities. There needs to be a imagination both in learning and in midwifery practice. Some parts of teaching biology are well suited to art/drama workshops such as teaching chemical reactions like the release of oxytocin and we should welcome this. We should move away from certainty to wonderment. The concept of risk is our cultural and structural barrier. In Midwifery, we don't

locate the agency in the women and it disempowers people. Could we have a conference that focuses on ‘from certainty to wonderment’ to allow people to explore risk and break away from the rigid structures?

Bella Eacott

Art can be used as a process to engage medical staff to help them improve their practice eg voice work and much more. We need to be using the same language. For example, through developing the Performing Medicine Circle of Care technique medical staff were able to see how the art techniques and aspects of teamwork could help reduce staff sickness. How we can embed arts in the fabric of health care institutions? It’s not about artists learning what the evidence is or vice versa, but it’s about how everyone can collaborate. We are all coming from very different trainings. It’s about looking at how can we work together and what does it look like.

Specific answers to the questions of what the APPG can do to break down barriers:

- Public events like conferences and national wellbeing days
- Encourage more patients to ask for change within the system
- Encourage doctors to do less fixing, and more listening
- Create regional and smaller local-scale networks and forums
- Speak to the Dean Directors of the Health Education Unions.