



Special issue
**Music therapy in Europe:
Paths of professional development**

in partnership with the
European Music Therapy Confederation



Continuing Professional Development – Why, What and How?

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ABSTRACT

This paper examines the role of continuing professional development (CPD) in sustaining and enriching the professional lives of music therapists. Drawing on knowledge and experience of the system in the UK, there is a detailed description of the requirements of the profession's regulator, the Health and Care Professions Council. There is reference to the 'developmental stages' of the profession across Europe and the means by which these are shared through the European Music Therapy Confederation (EMTC) and the World Federation of Music Therapy (WFMT). Finally, there is consideration of ways in which therapists might be motivated to view CPD as an essential means of upholding standards of practice, education and research.

KEYWORDS

skills development; integrity; learning; professionalism; music therapists

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INTRODUCTION

The profession of music therapy relies on a wonderful alchemy of art and science. The highly intuitive, creative 'in the moment' connections made with clients are balanced by knowledge of context, theoretical models, objective examination and reflection.

Training in music therapy provides an introduction to this balancing act between art and science (Maranto 1995) which will continue throughout the career of a music therapist. The quest to sustain and build upon an initial qualification is the purpose of continuing professional development (CPD).

Looking at the profession across Europe, it seems that each country sits at a different position within a spectrum of development. For some countries, training has been a first priority or there may be a sequence of stages whereby individual therapists gain music therapy qualifications elsewhere and return to their country to set up services. This leads to a desire for formal training within that country, the establishment of training placements, research and of one or more professional associations to help to support trainees and practitioners and inform the public. When a professional body establishes a code of ethics and standards for members, this brings a responsibility to have regulatory procedures in

place and to respond to any complaints or concerns raised by the public. If CPD requirements are specified, these again need some form of audit. In time, the levels of training, practice and research within that country lend sufficient weight for music therapists to negotiate with governmental bodies to work towards statutory professional recognition.

This is a point at which it is so important to be mutually supportive. Whilst the culture, politics and economics of a country will influence the potential for recognition, there are examples from which to draw in terms of process (Geretsegger 2012), the development of curriculum frameworks for music therapy training (Stachyra 2014) and the expectation of CPD as described here. This paper will explore what are the skills and professional competencies that we wish to 'continually develop'. There will be consideration of the practicalities of sourcing and paying for CPD activities, particularly when many music therapists are working in relative isolation, in self-employment or working a few hours each week in a number of different workplaces. The digital world offers new opportunities for online learning and sharing of experience, but these must surely sit alongside personal interaction and all the benefits of face-to-face communication.

BACKGROUND

The focus here is on the position of music therapy in the UK, but the general points of development are shared by countries across Europe and worldwide. 'Professionalisation' of music therapy in the UK (Barrington 2005) has been a gradual process, framed by the establishment of supportive societies, charities and a professional association.

The British Society for Music Therapy (BSMT) was founded in 1976 to inform the public and to provide support for music therapists. In 1984, by which time the profession was more established, the Association of Professional Music Therapists (APMT) was created as a means of regulating the profession. It provided guidance and support to therapists and worked with health service systems to determine suitable pay scales.

It was during the 1990s that the recognition of a need for lifelong learning was coming to the fore across the health professions (O'Sullivan 2006), and in 1994 the APMT took the initiative to establish a requirement for CPD as a means of ensuring that standards of practice were maintained post qualification. To support a log of CPD activities, peer review was set up to encourage discussion, planning and reflection.

Music therapy gained government recognition in 1997, when the Council for Professions Supplementary to Medicine (CPSM, est. 1960) extended its regulation of allied health professionals. Music therapy, together with art therapy and drama therapy, was brought together under the 'umbrella' of arts therapies. The CPSM has since evolved into the Health and Care Professions Council (HCPC, est. 2012), the current regulator.

The role of the HCPC is to protect the public. It works with the professional bodies to set appropriate standards for training, professional skills, behaviour and health. It currently holds a register of practitioners from 16 health and care professions. On qualifying from one of the seven approved training courses in the UK, now all at Master's level, it is a legal requirement to register with the HCPC before the title 'music therapist' can be used. A fine of up to £2,000 could be payable on misuse of the title.

In 2011, a merger took place between the BSMT and the APMT to create a single organisation, the British Association for Music Therapy (BAMT). This was a complex process which built upon the work of all the pioneer music therapists whose commitment of considerable time and energy had established music therapy as an allied health profession (AHP).

As both a charity and a professional association, BAMT draws together those who use music therapy services with those who provide them. A catalyst for this change was in some part, I believe, the handing over of regulatory powers leading to a re-appraisal of the overlapping roles of the APMT and BSMT. BAMT has taken on the remit of providing support for students and practitioners in working towards and upholding their HCPC registration, and plays a significant role in sharing information and knowledge for the public benefit.

BAMT offers a voluntary scheme for recording CPD activities, which runs alongside the HCPC process and reflects their standards. The provided templates, examples and suggested activities are particularly helpful for music therapists who work independently and are therefore not supported by the organisational structures of appraisal and management supervision. In the ever changing cultures in health, education and social care, a flexible, attentive approach is increasingly required to remain up-to-date and effective. The advice and support of a professional association can be invaluable.

REGULATORY REQUIREMENTS FOR CPD

The HCPC (2014) defines CPD as

“a range of learning activities through which health and care professionals maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice”.

Rather than specifying a set number of hours to be dedicated to CPD, there is an expectation by the HCPC that activities will take place regularly and they will be evaluated on an outcomes basis. The ‘*Standards for Continuing Professional Development*’ are as follows (HCPC 2014):

Registrants must:

1. maintain a continuous, up-to-date and accurate record of their CPD activities;
2. demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice;
3. seek to ensure that their CPD has contributed to the quality of their practice and service delivery;
4. seek to ensure that their CPD benefits the service user; and
5. upon request, present a written profile (which must be their own work and supported by evidence) explaining how they have met the standards for CPD.

There is flexibility built into these standards so that therapists can select CPD opportunities to match their professional circumstances and make choices to favour their learning styles.

Every two years, at the time of registration renewal, registrants are required to complete a professional declaration. This is to confirm that they have continued to practice their profession since the last registration (this includes work in education, management or research), or if not, that they have satisfied the HCPC requirements for “returning to practice”; that the HCPC standards of proficiency have been upheld; that practice has not been not compromised on grounds of either character (including convictions) or a health condition which is affecting fitness to practice; and, that the standards for CPD have been met.

A percentage of each profession category (e.g. 2.5% of arts therapists) is audited for the amount, quality and impact of the CPD undertaken. The required profile is expected to lay out the thinking behind the activities chosen, the intended benefits of each element and the learning outcomes – all supported by suitable evidence.

At the time of writing, the HCPC has recently launched a series of webinars which clearly describe the process of registration renewal and CPD audit and address common concerns.

WHAT CAN BE UNDERTAKEN AS CPD?

The environment(s) in which a therapist works in part determine what is to be kept up-to-date, and a therapist’s style of clinical practice will inform relevant ongoing skills development. For example, a role within an organisation may call for the development of professional attributes such as people management, strategic planning or the application of health economics in creating budgets. For those therapists who work independently, new skills to develop may include marketing, accounting, effective negotiation and computer literacy.

The HCPC links CPD to their standards of proficiency which are profession specific. For music therapy, the standards include awareness of cultural context, improvisation skills, instrumental competency and a recognition of the psychological effect of music making.

Categories are (HCPC 2014):

- Work based learning (e.g. in-service training, clinical supervision, expanding your role);
- Professional activities (e.g. professional body involvement, mentoring, organising an event);
- Formal/educational (e.g. courses, conferences, research, writing articles or papers);
- Self-directed learning (e.g. reading journals, internet research, reviewing books);
- Other (e.g. voluntary work, public service).

Regular clinical supervision underpins safe practice so this has now been included in the HCPC standards of proficiency for arts therapists under the section heading ‘*Be able to reflect on and review practice*’.

HOW DO THERAPISTS FIND CPD OPPORTUNITIES?

Professional associations can play a key role here by hosting events, or by promoting the CPD activities of other providers, such as music therapy training establishments. In the UK, BAMT has embraced this role and has a diary of activities listed on the website which bring together colleagues from around the country to learn together.

To encourage motivation and collaboration, BAMT allocates each member to an area group, supporting the development of CPD events which are locally based and relevant to the region. There are also a series of national networks which bring together therapists with shared clinical interests and experience.

Other sources of CPD include internet resources, such as journals and online communities; further education establishments which offer qualifications in disciplines such as healthcare management; local workshops run by musicians to develop musical skills using voice, drumming or improvisation; organisations who provide advanced training in the protection of children and vulnerable adults; first aid and management of health conditions.

As the profession comes under pressure to 'justify' itself, sourcing training in such areas as outcome measurement could be extremely valuable. Therapists and organisations may need to move away from the production of output statistics towards the creation of compelling narratives which demonstrate long term cost-effectiveness and social impact, i.e. not showing merely *that* music therapy makes a difference, but being clear about what *is* that difference.

Professional conferences can encompass all aspects of CPD, and online events, webinars and seminars enable learning to take place at any time of day. Conferences offer opportunities to explore new improvisational skills; to learn of different cultures and resonances in music; to hear of the latest research and reflect on the impact the results could have on the development of the profession; to discover online teaching and the uses of music technology in sessions. Whilst some conferences may seem prohibitively costly, there are opportunities for bursaries or scholarships for financial assistance.

Engaging in CPD may not always lead to the place or situation that was hoped for or intended, but may well open unexpected new doors. I would

like to share a personal story to illustrate this (see Box 1).

Having trained in Cambridge on the first year of the MA course at what is now Anglia Ruskin University, I joined the team with a small, rural-based charity. As an independent organisation, our therapists work in a range of settings, but belong to none. Unless we seek out external scrutiny, we could become inward looking and miss the 'bigger picture'. When we applied for an award for community impact in 2008, it was driven by the need for an objective view of our clinical work and organisational strengths and weaknesses. We were successful and there was additional recognition for 'outstanding leadership'.

The concept of someone having highlighted leadership qualities drew me to complete an application for the NHS Allied Health Professionals (AHPs) Leadership Challenge in 2009. To my delight I was selected to join a team with seven other AHPs and as an arts therapist working outside of the NHS, it was a huge learning curve. We were put through a series of challenges and won our heat, going through to the final in London. With coaching, we prepared for our roles in addressing the chosen scenario and the crisis points which were presented. We absorbed aspects of health economics, marketing, public relations, strategic planning and clinical development, and used our knowledge and experience to apply these as a co-ordinated team. Whilst not winning the challenge, we agreed it had been an extraordinary opportunity for personal and professional development. My assumed role had been as Public Relations (PR) officer, one in which it took courage to remain calm in the face of the 'journalists' and TV camera which recorded our staged public interviews.

Shortly afterwards, when our professional association was recruiting for a PR officer, I leapt at the chance. Before then it had never crossed my mind to take an active role, but from that point one bold step led to another and it was only a couple of years later that my involvement became far more comprehensive. This brought an enormous variety of experiences including gaining knowledge of practice around the country, consulting with members to design and develop a new website and getting to grips with all the legislation of running a Charitable Company. Building on these experiences, the latest step took me to a strategic position for supporting the global development of the profession. This process of professional (and personal) development has relevance to my own workplace, and benefited my clients by improving the quality of my work.

Box 1: Case study

THE BROADER PICTURE

Wherever a music therapist is working, there is value in a 'sense of belonging' and it is important to be aware of the organisations which are working to provide a collective voice. Not faceless institutions, but small teams of like-minded people putting aside time and energy for the development of the profession.

The European Music Therapy Confederation (2015) and the World Federation of Music Therapy (2015) both work to promote the development of the profession and to bring therapists together in exchange and collaboration.

CPD has to run hand in hand with the establishment and refinement of training, and a major question underpinning all this work is "What defines a music therapy professional?" The creation of the European Music Therapy Register (EMTR) has been a comprehensive and significant step to establish guidance on what standards of training and practice competencies will define a music therapist working in any part of Europe (De Backer & Sutton 2014).

CONCLUSION

For qualified therapists working as clinicians, trainers and researchers, and those who balance a combination of these elements, the business of planning, accessing and engaging in CPD has to be positive. The subject inevitably raises questions as to responsibilities for sourcing and funding CPD activities, particularly in these economically unstable times, however it is an important aspect of professionalism.

As demonstrated in the above case example, I firmly believe that CPD can genuinely open up possibilities for change and provide a richness of new experiences.

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Suggested citation:

Harrison, A. (2015). Continuing professional development – Why, what and how? *Approaches: Music Therapy & Special Music Education, Special Issue 7(1)*, 62-66.