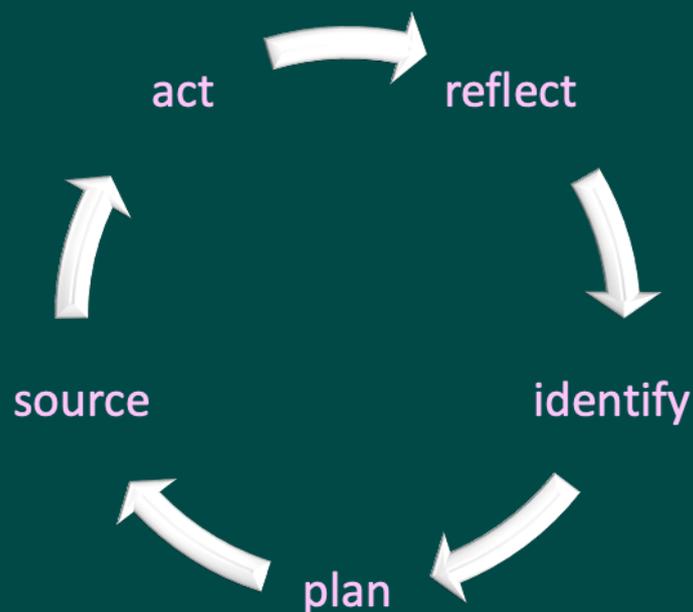


Anam Beo Artists & Health Organisation Continued Professional Development

Continued Professional Development is the ongoing process to be competent and professional, for those working in the arts and health sectors it is to develop the values and beliefs relevant to the provision and growth of successful arts in health programmes. It ensures the acquisition of knowledge and skills necessary for experiential learning and creative journeys for evolving arts practices and careers. It may include both personal and professional development in a formal or informal manner. Julie Spollen 2020



To consider as part of a Care for Artists Policy Document to include a definition for artists CPD; What does continued professional development mean for the artists own practices, artists career and the workplaces within care & community settings? Expand.

Anam Beos Values

Individual and Community Health

Anam Beo value arts and culture encourage individuality and a community voice for older people. Through deep listening, engagement, critical thinking, and communication we believe the arts enrich societal health and contemporary culture. We value its benefits to participants and to be part of an inclusive society.

Arts Practices

We value and have a duty of care to artists. The organisation provides a conduit for an arts and health environment for quality experiences for older people, from planning through to outcomes, research, documentation and evaluation. Anam Beo work with professional arts practices that have an empathy to the individuals and the community they work with.

Participation

Participation within an arts practice is a core value. We enable accessible arts which bring artists together with specific groups of people in a mutually beneficial two-way engagement that nurtures and values the different ideas, experiences and skills of those involved.

Collaboration

We value collaboration and listen to all involved in our projects and programme, the participants, artists, management and key staff, agencies and organisations that we work with. Collectively and collaboratively networking nationally, providing an arts service that enhances wellbeing and contemporary culture for older people and the community.

Anam Beos Strategic Priorities 20- 2023

Source: Anam Beo to source core funding for the organisations sustainability to ensure that it has the internal capacity and governance to fulfil its values and strategic aims.

Support: Anam Beo will support professional arts practices in arts & health, care and community settings to ensure that it has a network and internal capacity to fulfil its values and strategic aims.

Share: Anam Beo will create collaborative artwork & methodologies to share. Share research, evaluation & processes to contribute to the evidence based benefits of the arts.

A (Duty of) or A Care Policy for The Arts in Health Sector

Anam Beo believe this will support individuals self-belief & self-care within the sectors organisations. A Duty of Care document will allow administrators and artists to reference and identify how these supports may be delivered who work in care and community settings, for example procedures for...

- 1) Traumatic events
- 2) Dealing with loss within the workplace
- 3) Artist Development (AD) & Continued Professional Development (CPD)

Focus

3) Artist Development AD & Continued Professional Development CPD

In my experience definitions for AD & CPD may be contentious when it involves seeking resources and this is why Anam Beo recommends that arts in health professionals, organisations and arts practitioners within this context seek to define AD & CPD; using an established, contemporary knowledge base from the arts, health and community sector. Subsequently to ensure a fluidity for arts administrators, professionals, artists and arts organisations to be up to date and be relevant. That they are competent with the ever changing workplace and that the arts in health sector advancement is continuous if not organic. Some organisations refer to formal, informal and bespoke CPD which allows scope for the non-credit bearing over the recorded and assessed professional development.

CPD - Continued Professional Development is a process by which you improve and update your professional knowledge and skills on an ongoing and recorded basis.

AD- Artist Development is similar to CPD but seems to allow for an informal and organic interpretation of CPD for artists and the arts sector. Or is it that the arts prefer the term AD t over the term CPD (as it is eludes to a 'career' as opposed to a 'practice')? Some artists do not see their practice as a career at all; more often than not others see it as a secondary career that sits in tandem with an occupation that provides a reliable income.

Is there a need both AD/CPD as terminologies to co-exist? What does continued professional development mean for artists within arts in health practices, arts professionals, arts organisations, arts administrators and within their workplace? Is it anything that assists artists in developing & maintaining their practice and helps them to establish a career?

The phrase CPD in itself appears formal and may also imply that artists have a continual progress/pathway that is recordable to assess when this is not always the case for one reason or another. There is a distinction between the terms 'practice' and 'career' but they do overlap between carrying on with an artistic practice and developing a career within or outside of the arts sector in order to provide an income.

In order to continue an artist practice or career the need to overcome external factors and barriers to success as priorities change over time: starting a family, bereavement, relocating, adapting to the changes of working alone and the need to earn a living. Is there a need for some artists to stop their practice in order for them and others to 'survive'? How do we ensure that artists professional development is accessible, accepted and beneficial at different stages?

The importance is to provide access to the right support at the right time in order for artists to continue their experiential learning, creative journeys and the acquisition of knowledge. So what happens when there is a lack of reference over what CPD means within arts organisations between artists, administrators or board members who may not be fully aware of approaches for critically current arts practices? And an expectation of proof or value for the artist? A guide is needed for the arts practitioners and organisations and agencies to encourage and promote accessible opportunities for artists.

So AD/CPD may be research-based, learner-focused and relevant to the individual and /or the organisations needs on a standalone basis. Both cover a range of different opportunities that artists could make for themselves or that are instigated and supported by others. Individuals reflect on their practice, assess their knowledge and skills which is also dependent upon the context of the artists practice/career itself i.e. working environment, in an arts organisation, arts in health, arts in disability, arts with older people and artists in the community. Personally, I like the HSE CPD terms Formal & Informal, and the National University Ireland Galway (NUIG) have clearly defined explanations of Credited, Non-credited & Bespoke. So potentially what would I envisage as a draft CPD term for artists et al who work within the arts in health and or the arts in the community organisations?

I would like it to be simply put, with no strings attached as until such a time where resources available will cater for the artists time value needed for feedback and record of events which may or may not be quantifiable or understood at that moment in time.

For example.

Artists in Health / Artists in the Community CPD: is the ongoing process to be competent and professional, for those working in the arts and health sectors it is to develop the values and beliefs relevant to the provision and growth of successful arts in health programmes. It ensures the acquisition of knowledge and skills necessary for experiential learning and creative journeys for evolving arts practices and careers. It may include both personal and professional development in a formal or informal manner.

Opportunities for Artists

Developing technical and/or theoretical knowledge and access to networks and opportunities. This can range from one day seminars with leading experts and researchers, to modules using blended learning or online learning. Traditionally CPD expects a record and evaluation of what you experience, learn and then apply within your practice and workplace. Though for artists this may have an undefined path and therefore hard to record and evaluate as creativity means working with the known and unknown. This non predictable element of the arts is what gives artists their individual angle and experience, while the predictable aspect respects an accumulated knowledge and acceptance of what CPD means for other professions. Continued professional development is a cyclical process. Usually it will begin with reflection on development needs, but sometimes learning occurs unexpectedly at another point in the time. I find it interesting that 'Reflective Practice' is an all embracing term for CPD the Health Service Executive use.

So, what counts as CPD? Any activities that have an impact on your current or future professional practice can be included. This list is not exhaustive but provides some examples of CPD activities for artists, arts professionals, arts organisation and administrators.

1. Mentoring & peer support (received from other artists with more experience).
2. Networking with other arts professionals/organisations/ galleries, etc.
3. Business & Financial Advice.
4. Time management - business & administration - not to overshadow new work.
5. Mentoring (for other artists with less experience).
6. Critique sessions and portfolio reviews.
7. Formal education, lectures, seminars, courses.
8. Teaching, supervising research, writing articles or papers.
9. Attending Workshops & Masterclasses.
10. Pension advice and future planning.
11. Gallery Visits/Research Trips/Residences/Artist Exchanges
12. Exhibitions & events & experiential opportunities.
13. Intellectual Property Rights Advice.
14. Self-initiated projects and associate schemes.
15. Arts practice exploration & new directions, research and development.
16. Technical - equipment and digital applications and processes.
17. Presentation & PowerPoint skills; conferences - attending or giving.
18. Remote and e-learning modules, reading books, journals, internet articles.
19. Film, TV, documentaries, radio programmes and blogs - learning or doing.
20. In-service training and work shadowing within an organisations.

Within an arts organisation who is responsible for CPD?

The Artist; in Health Care and Community Settings

CPD involves professionals taking responsibility for the content, relevance and quality of their own development. It involves them identifying their own needs, planning and learning to meet artistic needs, the needs of the service in which they work and also relevant to the needs of their participants they engage with. The term 'lifelong learning' is integral to their practice. Artists need to know: what the local arts ecology is and how they fit into it, where opportunities can be accessed, whom to approach to progress their development and how they can access needs within the range of opportunities available.

The Arts Organisation

Needs to listen to and trust the artist. Support from management and the organisation to which the individual artist belongs or collaborates with is essential. Sometimes CPD costs are so minimal that to involve an evaluation process takes up a more significant amount of the artists time than that of the monetary value sourced for the CPD itself.

Aspects for working with individuals and community groups must be continually updated. New competencies must be obtained to ensure that programmes and projects are in line with safeguarding, best practice and governance.

Benefits to the participants:

Receive a high quality and professional experience.

Benefits to the Professional Artist and Arts Administrators.

Improves confidence in delivery of professional service.

Promotes and maintains competence to practice.

Promotes lifelong learning.

Provides structure and support for the artist.

It enhances networking and opportunities.

Benefits to the organisation:

Contributes to meeting the increasing demand for accountability, flexibility and a skilled and competent workforce.

Improves inter-professional working.

Meets organisational objectives.

Contributes to quality assurance.

Benefits to the profession:

Enhances the status of profession.

Promotes research and evidence.

Provides stakeholders with evidence of the professions commitment to a quality service.

NUI Galway – Types of CPD

Credit bearing CPD: European Credit Transfer System (ECTS) credits at a specific QQI level on the National Framework of Qualifications.

Non-credit-bearing CPD: These are more informal and because they do not involve assessments they are not recognised on the QQI National Framework of Qualifications. This training may be recognised by professional bodies as meeting their parameters for continuous professional development.

Bespoke CPD: This can range from guest speakers, workshops, training sessions and conferences right up to creating diploma level awards. The format can be developed to meet the specific needs of the person, participants and delivered in a flexible manner.

HSE - CPD involves any activity where the individual is learning. CPD can incorporate a range of formal, informal and work-based activities. It occurs on the job through day-to-day experiences, performance reviews, journal clubs, peer discussion, in-service training, critical analysis and personal reflection. Clinical supervision, lecturing, clinical teaching, writing reports, significant incident analysis and research are also identified as CPD activities. Healthcare professionals also learn from direct association with peers and colleagues, and from interaction between team members and with service users/clients. This can be as a result of planned inter-professional education or can happen spontaneously in the workplace. 'There is also a growing trend to acknowledge the value of interprofessional and team based CPD– CPD should recognise the benefits of learning across professional boundaries' (GMC, 2003).

The Association of Occupational Therapists in Ireland: The process of learning and development which continues throughout a professional's working life that encompasses the following elements...

- The maintenance and development of knowledge, skills and attitudes
- A capacity to practice in an effective & professional manner within current and evolving scopes of practice.
- A range of learning activities and ongoing reflection on, in and for practice.
- A philosophy underlying and a strategy to maintain professionalism.

The Irish Association of Speech and Language Therapists: Continued Professional Development is the ongoing process of developing and updating the knowledge and skills necessary to ensure competent professional practice (IASLT 2008).

The Psychological Society of Ireland provide a number of definitions of CPD in their CPD information booklet for members. This includes; CPD is any process or activity that provides added value to the capability of the professional through the increase in knowledge, skills, and personal qualities for appropriate execution of professional and technical duties, often termed competence. (Professional Assoc Research Network, 2003).

HSE Examples of CPD activities.

This list is not exhaustive and provides some examples of CPD activities.

Each professional body will categorise CPD activities in various ways e.g. Formal, Informal,

- Work- based learning, self-directed activities.
- Attending Courses, conferences and in-services
- Student education
- Writing articles for a newsletter or journal
- Active involvement in your professional association or committees
- Further education and research
- Coaching of and from others
- Discussion about a clinical case with colleagues
- Peer review
- Involvement in wider work of employer
- Work shadowing (this can involve shadowing a professional from another discipline)
- Clinical audit
- Secondments & Job rotation
- Attending or organising a journal club
- Reading journal articles
- Supervision of staff/students
- Presenting at an in-service or workshop
- Developing new policies or procedures for the workplace
- Resolution of conflict
- Organising courses
- Involvement in your professional body
- Membership of special interest groups
- Reflective practice

Further Questions; reflecting on mapping the regions arts in health the following questions arise for further discussion and collaboration.

How can we measure the long-term impact and deferred value of artist development opportunities, in order to ensure that these are both available and appropriate?

How can delivering organisations be encouraged to come together to offer a networked approach to talent development. To consider the needs and desires of both artists and the remits of delivering organisations without undermining the content or scope of opportunities or the remit of individual/organisations?

What form might such a network take? How would it be accessed and resourced?

How would a strengthened arts ecology benefit the region socially and economically?