



# Scotland's Singing for Health Network

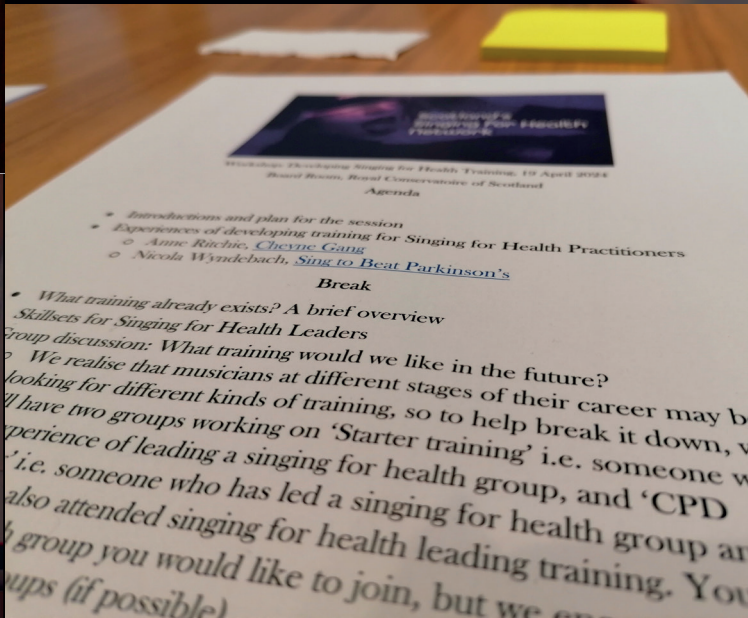
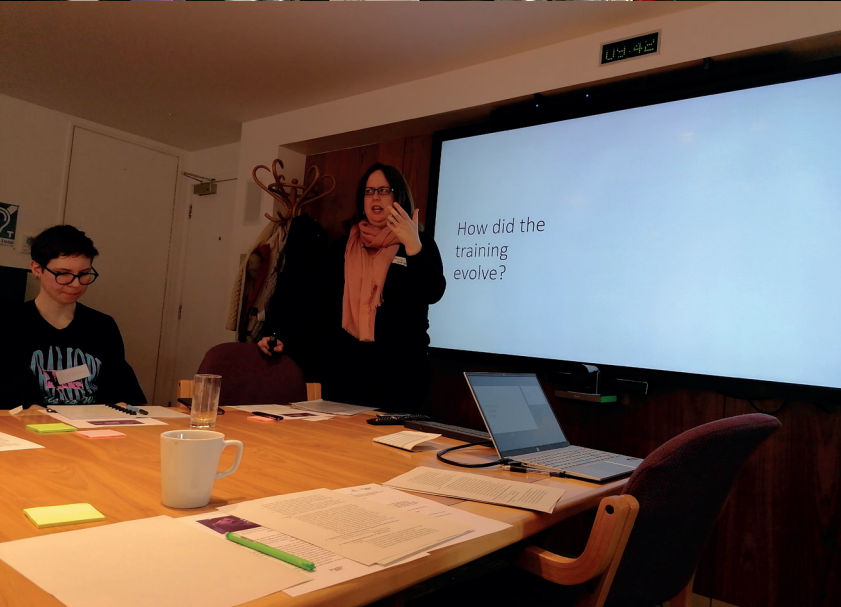
Workshop report:  
Singing for Health Training for Medics  
16 August 2024

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<https://portal.rcs.ac.uk/scotland-singing-for-health-network>





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# Executive summary

- Social prescribing in Scotland is currently disjointed, with differences in how it operates across regions. Issues include difficulties in funding arts-led community health activities and barriers to access to available activities.
- Arts and cultural activities save the NHS money, and it is critical that we learn how to evaluate this cost for singing for health.
- Incorporating singing for health into medical curriculums would have positive impacts for student learners, as well as helping to shape the ecosystem of social prescription in Scotland.
- Modules on singing for health would be well placed in a wide range of health and social care disciplines.
- Learning via in-person workshops, online resources, and placement would be well received. Student-directed learning could incorporate placement with singing groups, and this would give beneficial experiences for students to learn more about how people manage their conditions in the community.
- Safeguarding protocols are essential when managing student placements.
- Funding is an issue across the arts; this is no different when we discuss funding these training opportunities. It is essential to recognise that singing practitioners mainly work in a freelance capacity and must be paid for their work.

## Workshop Aims

This workshop was delivered as part of a programme of work funded by the University of Glasgow's [Founders Fund for Creatives](#). The funding allowed us to explore the feasibility for integrating singing for health into curriculums for medical students. As such, over the past four months, we have been forging links with medical schools across Scotland to establish what this might look like.

As well as an enthusiastic response from medical schools to our proposals to introduce singing for health in the curriculum, over the course of this project, we have also come across some barriers and challenges for achieving this. The aim of this workshop was, therefore, to bring together a wide range of perspectives to discuss these issues and think creatively about solutions. Our audience included representatives from a range of backgrounds and experiences from people working in the medical field, education, research and the third sector. These included lecturers working in medicine, and lecturers in music, health and wellbeing degrees; nurses; community link practitioners; researchers in the arts, culture, and health sphere; music and singing practitioners; representatives from arts-health organisations.

# Workshop Structure

The workshop started with an introduction from Brianna and Sophie, and three discussion sections followed. As many people were attending a Scotland's Singing for Health Network (SSfHN) workshop for the first time, the introduction included a singing warm-up, an introduction to singing for health and a brief presentation of the research that supports using singing across a broad range of conditions. The introduction also summarised SSfHN activities over the past four years to contextualise where this workshop was positioned in our programme of work and the goals we had established in our March 2023 workshop. Finally, the introduction section of the day contextualised the workshop within a broader framework of health and social care in Scotland. This wider context considered the Scottish Government's vision for [Realistic Medicine](#), particularly the emphasis on 'value' and cost, as well as offering a critical analysis of social prescription in Scotland and the ways in which singing can fit into social prescribing practices.

Following this introduction, there were three main points for group discussion:

1. The social prescription model in Scotland: Practitioner and Medics Perspectives
2. Facilitating links between practitioners and medics via training
3. Packets of training for medical schools, collaboration, and funding

The day was interactive and discursive, and offered an exciting opportunity for networking across the broad range of represented professional backgrounds. This report will summarise the key headlines workshop participants raised in conversations around each of these discussion points.

# Discussion 1

## The social prescription model in Scotland: Practitioner and Medics Perspectives

It is widely recognised that there are many challenges facing social prescription in Scotland, and these challenges were raised at our March 2023 meeting. In designing training content for medical students, we felt it was important to address these challenges, particularly from an arts and culture perspective.

The key questions for discussion were:

1. What is the social prescription model in Scotland?
2. What are the challenges to sustaining a social prescription model in Scotland from an arts and health perspective?
3. What could training for medics include to ensure they understand the challenges facing artists?

## Where medicine meets the arts: barriers of access

There are pockets where social prescription is working really well, and geographical areas where there is a huge challenge in achieving these connections; this is often an urban/rural divide. The challenge of bridging these gaps is placed on the third-sector where the burden of funding for these arts-health activities comes from charities and organisations, as well as from freelancers themselves, who are constantly seeking funding for their work.

A report published by Voluntary Health Scotland in November 2023 entitled [\*Essential Connections: Exploring the range and scope of community link worker programmes across Scotland\*](#), points to many of the successful practices in social prescription such as the strength of Community Links Practitioners (CLPs) to tackle health and social inequality, as well as the challenges in the health landscape caused by the lack of a joined-up approach across the country. These challenges were raised in the workshop discussions in order to improve access to community-based resources. There can be a challenge around language, where misunderstandings arise between the clinical and non-clinical language. We need to open avenues of conversation between medical spheres and arts and cultural spheres to bridge some of these gaps. This might look like training current GPs, nurses, and health professionals into the creative health landscape of Scotland and their place in achieving a joined-up approach for accessing community resources. It may also look like training singing practitioners to know more about the health and social care landscape. Opportunities to train health professionals and singing practitioners together was also an idea posed during these conversations, which could take the form of joint modules for institutions who have both a medical school and arts departments (for example, University of Aberdeen and University of Glasgow).



## Learning from other successful holistic health models

The [Live Active](#) programme focuses on movement and exercise access for those who require support to make positive lifestyle changes. This has been a well-received, funded and supported programme across NHS Greater Glasgow and Clyde, and as such, it is widely recognised and utilised by GPs across the region. Live Active advisors help individuals learn about exercise and movement activities as well as healthy eating advice to support that individual to make informed decisions about healthy activities that would suit them. Where this has been positively received by GPs, it would be beneficial for singing and health to be raised to a similar profile with a similar methodology. A social prescription model that sees CLPs offering advice for people to join singing groups mirrors this model, and further input from GP and consultant referrals would offer further support.



## Profiling singing for health across different spaces

Raising the profile of singing and health work, as well as arts and culture more broadly could examine the place of singing in the cultural life of the nation. For example, it was suggested that schools implement healthy singing to normalise and promote singing across the population. Singing for health could be used in higher and further education settings to help students manage stress and anxiety through breathing techniques, relaxation, and experience benefits from collective singing (e.g. endorphins). Furthermore, profiling singing for health techniques such as, breathing exercises, relaxation techniques, and physical warm-ups in spaces where people access health care, such as on screens GP / A&E / dentist waiting rooms, would act to promote the health benefits of singing across different populations, and this could be paired with information on accessing singing for health groups.



# The value of arts and culture

A “cultural prescribing” approach asks what culture can provide to help people’s health and independence. Culture and the arts are an asset and should be costed in public health priorities. CLPs are an important bridge between GPs and cultural activities. An All-Parliamentary Group report was produced in 2017 entitled [Creative Health: The Arts for Health and Wellbeing](#). This report costed the economic value of arts and creativity for saving the NHS money, see figure 1 below for a visual representation of the report cost/benefit summary (from pg.9 of the All-Parliamentary Group report).

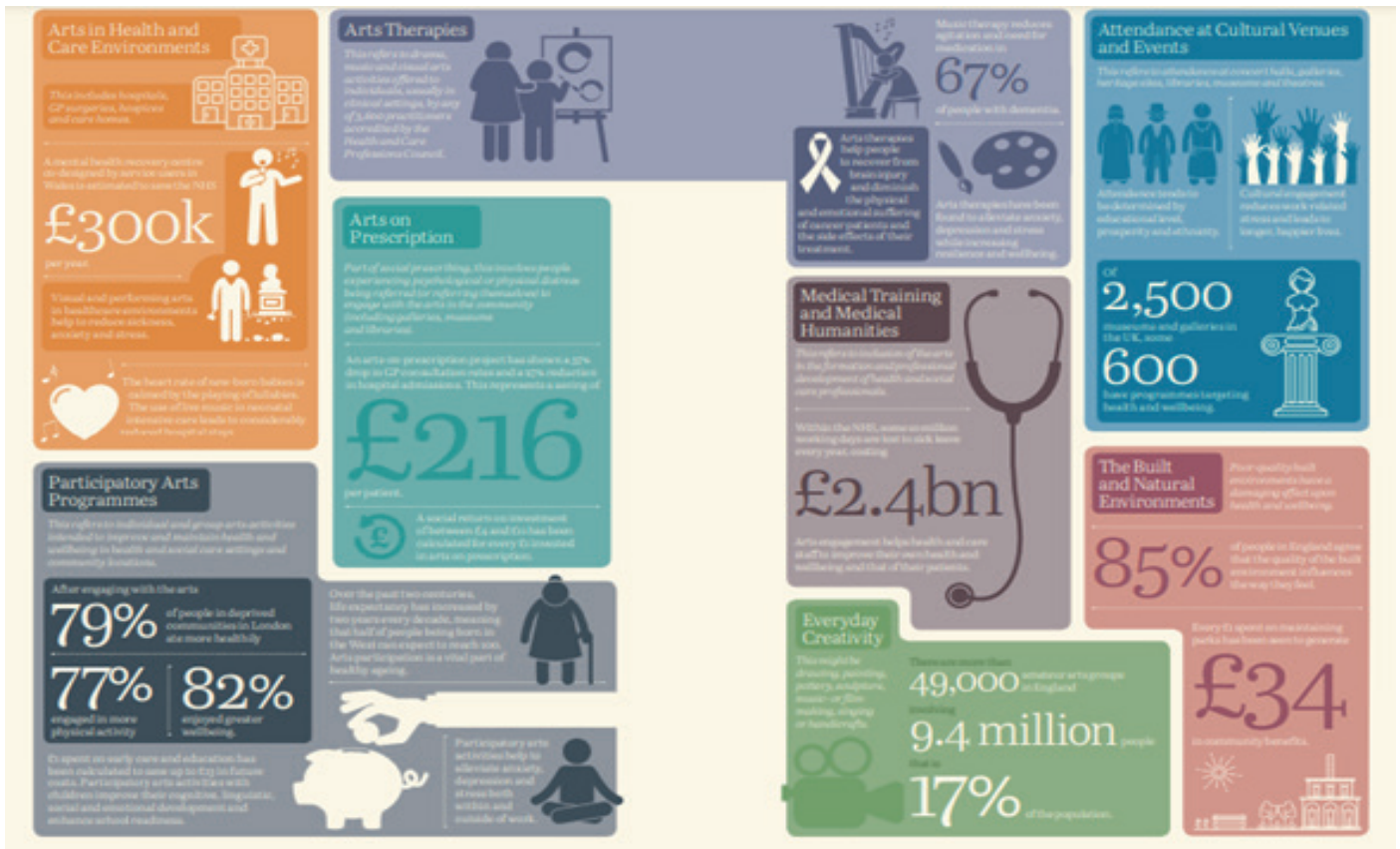


Figure 1. The cost/benefit of the arts for saving NHS money. From page 9 of the All-Parliamentary Group report





## A future where Scotland could be a world-leader in arts-health innovation

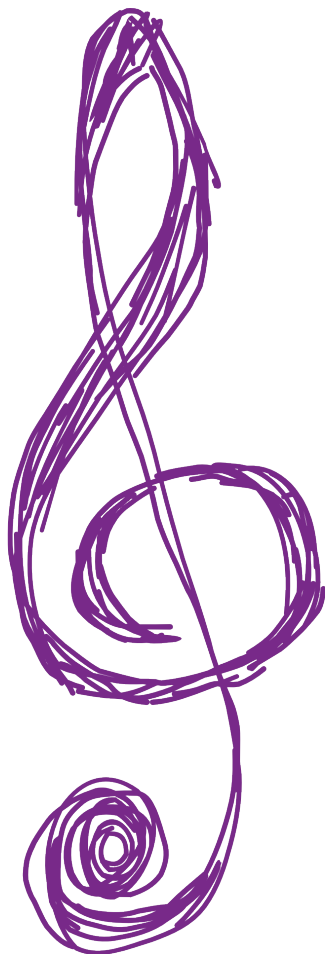
In an ideal future, the Scottish Government would fund a National Creative Health Service, recognising that arts and culture save the NHS a significant amount of money and are an important asset to the economy in their own right. This infrastructure would provide sustainable funding for arts and cultural activities linked to health and wellbeing in communities across the country, supporting access to such activities through social prescription, and providing training to both medics and health professionals about the benefits of these community resources. This vision may be a long way off, but it is important to illustrate what a well-funded model of arts, culture and health would look like, especially when arts and cultural funding is currently facing cuts. Future research into the cost-benefit of arts and culture for the NHS and for the economy more generally would be a first step to evidencing the financial benefit of a National Creative Health Service. **Research could also establish a path to achieving this goal via a sustainable framework of goals in funding, training and the development of a joined-up social prescription model.** This is a research project that Scotland's Singing for Health Network could investigate as part of our future work.

## Discussion 2

### Facilitating links between practitioners and medics via training

Key questions asked during this second discussion were:

1. What should future medics know about singing for health?
2. How can training facilitate links between singing and health?
3. In an ideal world, what is a sustainable singing for health landscape, and how can training medics build and maintain that landscape?



## Bringing singing into the medical classroom

Course content for medical students should incorporate live singing and participating in the typical exercises of singing for health groups. Doing so will allow the students to understand the physiological aspects of singing through an embodied learning experience that maps onto knowledge of specific different conditions. For example, learning breathing exercises used in lung health groups and thus experiencing the visceral sensation of engaging core muscles can help students to understand how these specific exercises would benefit someone with COPD. Furthermore, by singing together, students could also gain insight into the psychosocial experience of group singing, including potential anxiety and worry about singing for the first time, enjoyment of the session, boosted endorphins, and a sense of peer support.

## Singing as a “pathfinder” to social prescribing

In exploring module content that successfully incorporates singing for health into the curriculum, the role of singing as a “pathfinder” for social prescription could be explored. This would use singing as a case study example for understanding how a social prescription model operates, how it could be evaluated, and how this practice could be replicated across different community-led arts, culture, and creative activities.

## Communicating the validity of singing for health research and practice

There is already a wealth of evidence that illustrates that group singing activities have targeted impacts in the lives of people living with chronic health conditions. However, in order for the medical audience to listen, this research has to be communicated in an effective way. Language is highly important and should be adapted to the audience, e.g. medical students who have been learning about the physiology of a condition will benefit from the same physiological language being used. While quantitative data tells scientific stories about the physical and psychosocial benefits of singing, well-communicated qualitative data can also be very effective at narrating patient / service user experiences. **As such, voices from singing group members should be profiled when communicating these impacts, such as inviting guest speakers from singing groups to address students.**

Furthermore, singing practitioners who attended the workshop expressed concern at their own abilities to collect data and evaluate the effectiveness of their singing activities. This included a lack of confidence in communicating the benefits to a health audience, such as social prescribers. As such, the accredited short course developed by Scotland's Singing for Health Network will address these issues when it runs in the summer of 2025 (subject to internal approval).

## Developing curiosity in the medical curriculum

Incorporating creative workshops on singing and health helps to develop an ethos of curiosity in the learning environment. This builds curiosity about the people who will be future patients via a person-centred approach to health. In this approach, outlined in the current government strategy for Realistic Medicine, there is an effort to understand the person as a whole and the activities and resources that could help them manage their condition. Furthermore, arts and humanities in the curriculum, such as singing for health workshops and placements in the community, may help medical students to gain a curiosity about themselves and their own interests, and how these interests might map onto a career in health. As such, incorporating creativity and the arts into the curriculum may also align with the current emphasis on assessment of **skills** as part of a person-centred approach, as opposed to purely assessing knowledge of facts.

# Discussion 3

## Packets of training for medical schools, collaboration, and funding

The third section of the workshop was prefaced by an introduction to the funding and payment challenges faced by arts organisations and practitioners. This summary was based on research that we have recently carried out by consulting practitioners, health trusts and third-sector organisations. The key headlines from this research discussed the need for a standardised rate of pay across the sector, which reflects the experience levels of practitioners and the time spent on activities relating to running a group, such as preparation, organisation and administration. A summary of these findings will be made available in September 2024 when we will publish our guidance for pay rates.

Key questions and prompts for the third discussion were:

1. What training could be offered and what would be useful for future medics? Examples include:
  - Practitioner workshops
  - Virtual materials
  - Placement opportunities
  - Other
2. How do we fund these opportunities, so practitioners are fairly paid when offering training?
3. What opportunities are there for singing for health artists to collaborate with medical schools and medics?

# Applied learning in context

Workshops, virtual materials, and placement opportunities would be effectively combined as a programme of learning for medical students. To maximise the benefits of learning, singing should be aligned with course modules on specific conditions, where students are immersed in learning about the physical symptoms of different illnesses, as well as the psychological challenges that come with these long-term conditions.



## Placing medical students in community singing spaces

Placements for medical students to spend time in a singing for health group would offer beneficial learning opportunities. For example, placing medical students in community settings can strengthen doctor-patient relationships where the student can develop language, build empathy, and foster new ways of understanding patients.

Safeguarding students, service users, singing group leaders, and mentors/supervisors is paramount when designing placements. It is critical that a well-developed safeguarding protocol is at the heart of this learning process. This would include ethical considerations for working with vulnerable service users, e.g. PVG checks and ethical approval for any research undertaken, appropriate professional boundaries between students and mentors, and codes of conduct for behaviour in the placement setting. An example we can look to in the broader arts context is the [accredited Intimacy Co-ordination training](#), which lays out protocols for safely managing boundaries and ethical issues. Furthermore, universities should also have ethical guidance for navigating any issues from student placements

If a student is doing a supervised self-directed learning project, an explicit agreement of expectations of the mentor/supervisor must be made clear, e.g. number of supervisions and contact time. Mentors/supervisors must be trained to provide this learning support and must be provided with clear guidance as to their role in supporting the student. Mentoring/supervision time provided by the singing group leader or someone in the arts organisation must be **appropriately remunerated**.

National arts companies and large arts organisations (such as Scottish Opera) may be well placed to support these placement activities via training workshops and funding.

## The challenges of funding training via medical school funding structures

There is a disparity between clinician pay structures and payment for artists. Artists generally work in a freelance pay structure, and this is often precarious. When designing training, we must ensure that practitioners are fairly paid for their preparation, contact time, and time spent in a mentoring capacity.

Medical schools tend to have a different financial structure to other university departments. In the medical school structure, guest speakers are often internal, and short-term contacts are discouraged. It is unclear where the budget is held to pay for invited speakers. However, some external organisations, such as role-play actors, are paid for their work within medical schools. It is, therefore, difficult to ascertain how singing for health workshops would be funded internally. Devising a payment structure that breaks down the costs of delivering different aspects of training is necessary for navigating the funding landscape. External funding, such as from [AHRC](#), [NIHR](#) or [Wellcome Trust](#) may be required to fund a programme of learning across Scottish medical schools. The next steps for SSfHN will be to explore these funding options with the view of rolling out a programme of singing for health training for medical students in Scotland.



## Connecting with different medical spheres

It is important to explore different disciplines within health and social care. Due to time constraints, GPs and consultants are not always well-placed to engage with arts-led community-based interventions. Nurses are often better placed to make social prescription recommendations as they have more contact time with patients. For example, a patient will see a nurse for an annual review, and this appointment will typically offer longer contact time than the patient may have with a GP. In this appointment, the nurse will log changes in symptoms and note any activities the patient is engaged with. Recommending singing groups in this annual review consultation may be appropriate; therefore, offering training for nursing students and nurses would be effective.

Furthermore, the language around training should be more inclusive, where the term 'medic' does not always incorporate the health and social care spheres we should engage with. The term *health care professionals* would be more appropriate and could include doctors, nurses, occupational therapists, community links practitioners, and social workers. Knowledge of the health and social care landscape would shape targeted training across health and social care spheres.

Different health and social care fields may approach funding differently than medical schools, and therefore, embedding singing for health workshops into the curriculum may be more sustainable across different disciplines.



## Accreditation as gold standard

In considering the possibilities for collaboration between singing for health practitioners and medical schools, the need for practitioners to have accredited training was discussed. **For example, singing for health can sometimes be met with uncertainty in medical spheres, so a standardised accreditation model might mitigate some of these concerns.** This accreditation could be embedded in / supported by the medical profession.



# Next steps for Scotland's Singing for Health Network

## Short term activities

- An accredited training CPD course for singing for health practitioners will launch as a short course at the RCS in the summer of 2025 (subject to internal approval). This training will include opportunities for students to develop an understanding the Creative Health landscape in Scotland, evaluation skills, and writing effective funding applications. As such, the course links in well with the outcomes of this workshop.
- We will launch four, open-access short videos on our website which have been designed to be incorporated as online learning resources for medical students and singing for health practitioners.
- We will continue to build connections across medical schools and will connect with other disciplines (e.g. nursing), with the view of incorporating singing for health workshops into their taught modules in upcoming academic years.
- To facilitate placement for students, we will create networking opportunities that connect medical programmes with practitioners and third-sector arts organisations.
- We will work with universities and singing practitioners to devise safeguarding policies for student placements.

## Longer term activities

- We will explore funding opportunities to develop a cost-benefit analysis of singing for health activities as part of a broader programme of work that addresses the sustainability of Creative Health and social prescription in Scotland.
- We will investigate sustainable funding options to roll out singing for health training in health education, such as via grant applications for research funding.
- We will evaluate the impact of singing for health training in student curriculums.
- We will explore options for cross-institutional credit sharing (such as between the RCS and the University of St Andrews) so that medics and music students can engage in side-by-side training in singing for health at the RCS.



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