

Council, 11 December 2008

Standards of proficiency and threshold level of qualification for entry to the Register for Hearing aid dispensers

Executive summary and recommendations

### **Introduction**

The Hearing Aid Council (HAC) and Health Professions Council (HPC) consulted jointly between 15 July 2008 and 15 October 2008.

The consultation was publicised via the HAC and the HPC websites, a joint press release, communication with professional bodies and other stakeholders, and a letter sent by the HAC to all registered dispensers.

The responses have been analysed by the HAC and were considered by a recent meeting of the HAC's working group, STEP:UP. A member of the HPC Executive attends meetings of the group.

The consultation responses document put together by the HAC, and considered by their Council, is attached to this paper. This includes the consultation draft of the standards of proficiency with tracked changes to indicate the changes made at the last STEP:UP meeting, but before consideration of the HAC Council.

Annex one is a brief paper from the HPC Executive explaining the role and function of the standards of proficiency and the threshold level. The paper outlines the Executive's recommendation for the threshold level.

Annex two is the final copy of the standards following the HAC Council meeting.

The Education and Training Committee considered this paper at their meeting on 2 December 2008 and a verbal update of their decision will be provided.

### **Decision**

The Council is invited to agree:

- the text of the attached consultation responses document (subject to minor editing amendments);
- the text of the standards of proficiency in annex two (subject to minor editing amendments); and

- that the threshold level of qualification for entry to the hearing aid dispensers part of the register in the standards of education and training should be set at a foundation degree and read:

'Foundation degree for hearing aid dispensers'

### **Background information**

- The Section 60 Order necessary to transfer the regulation of hearing aid dispensers to the HPC has yet to be published for consultation by the Department of Health. However, it is anticipated that the part of the Register will be 'hearing aid dispensers' with the titles 'hearing aid dispenser' and 'hearing aid audiologist' protected.
- The timetable for the regulation of hearing aid dispensers has been delayed. It is now anticipated that the transfer from the Hearing Aid Council will take place by the end of March 2010.
- At its meeting on the 3 July 2008, the Council also agreed to consult separately on an amendment to the Health Professions Council (Registration and Fees) Rules Order of Council 2003, in order to set the registration cycle for hearing aid dispensers. This consultation ended on 14 November 2008. The delay in the timetable for regulation is likely to mean that this consultation will need to be repeated and a paper about this will be brought back to the Council at a subsequent meeting.

### **Resource implications**

- Type-setting and publication of standards

These implications will be accounted for in the policy and standards budget for 2009/2010.

### **Financial implications**

- Printing standards of proficiency
- Printing standards of education and training

These implications will be accounted for in the policy and standards budget for 2009/2010.

### **Appendices**

Please see previous page and attached paper

### **Date of paper**

1 December 2008

This is the consultation responses analysis put together by the Hearing Aid Council and considered at their Council meeting on 12 November 2008

## **Consultation on the proposed Standards of Proficiency and Threshold Qualification Point for Hearing Aid Audiologists/Dispensers**

### **Analysis of responses**

#### **Background**

In July 2008, the Hearing Aid Council and Health Professions Council launch a joint consultation on the proposed Standards of Proficiency and Threshold Qualification Point for Hearing Aid Audiologists/Dispensers. The proposed standards were developed by STEP:UP, a stand-alone working group established by the Hearing Aid Council in September 2006 and involving professional bodies, consumer advocacy groups and the Council. The consultation is a major step in our joint preparations for the dissolution of the Hearing Aid Council and the commencement of registration and regulation of dispensers by the Health Professions Council, which is expected to happen at some point after March 2009. The consultation period ended on 15<sup>th</sup> October.

On 22<sup>nd</sup> October, STEP:UP met to consider the consultation responses and determine whether, and if so how, the draft standards should be changed. STEP:UP made several changes to the detailed standards and have also made recommendations to HPC in terms of the core standards that apply to all registrants. The amended standards are set out in the appendix to this document for your approval and will also be considered by the HPC's Education and Training Committee. The standards can then be published ahead of the transfer of regulatory responsibilities to the HPC, enabling registrants and dispensing companies to prepare for the new regulatory regime.

## Number and nature of responses

Fourteen responses were received. Four were from professional bodies representing different parts of the family of audiological professions, one was from a consumer advocacy group, two from HEIs, three from large dispensing companies and a number from others involved in dispensing. The table below sets out analysis of the responses received.

**Figure 1: Analysis of responses**

Respondee	Questions			
	<i>Do you think the standards are at a threshold level for safe and effective practice?</i>	<i>Do you think any additional standards are necessary?</i>	<i>Do you think there are any standards which should be reworded?</i>	<i>Do you agree that the threshold level of qualification for entry to the hearing aid audiologists part of the HPC Register should be set at a foundation degree?</i>
Consumer group	Yes	Yes	Yes	Yes
Professional Body	Yes	No	No	No
Dispenser	Yes	No	Yes	Yes
Dispensing company	Yes	No	No	No
Professional Body	Yes		No	Yes
Dispensing company	Yes	No	Yes	Yes
HEI	Yes	No	No	No
Dispensing company	Yes	No	Yes	Yes
Dispenser	No	No	Yes	Yes
HEI	Yes	Yes	Yes	Yes
Professional Body	Yes	No	No	Yes
Dispensing company	Yes	No	No	Yes

Of the fourteen responses, two did not respond to the four consultation questions and are therefore not included in the above analysis.

In the appendix to this report, the detailed responses to each consultation question are set out. STEP:UP has considered whether the draft standards and proposed threshold qualification point should be rejected, amended or remain unchanged in light of these detailed comments. The final draft of the proposed standards is set out in the appendix for approval by the Hearing Aid Council and

the Health Professions Council. Following final approval, the standards will be circulated to all registered dispensers, employers of registered dispensers, relevant HEIs, professional bodies and others in preparation for the transfer to the Health Professions Council.

Two responses were general in nature. One commented on the fragmented nature of the regulatory framework governing the family of audiological professions both current and in the future (this was mirrored by a second professional body). A second set out why the organisation in question was not responding to the consultation.

There was also some confusion about the status of core standards (standards that apply to all registrants and were not the subject of the consultation) and the profession-specific standards. Several respondents made comments about, or suggested amendments to, the core standards. STEP:UP has referred these comments and proposals to HPC for consideration when the core standards are next revised.

One core standard that was commented on by two professional bodies was that relating to use of research. Both professional bodies stated that individuals educated to foundation degree level would not have the required skills to meet this standard. However, STEP:UP believed that the learning outcomes from a foundation degree would be sufficient to meet these requirements and did not feel that the proposed threshold qualification should be changed.

STEP:UP then spent some time to consider the individual comments and proposed amendments made by respondees. A number were accepted as appropriate and necessary amendments to the proposed standards. Some were accepted by their location within the overall standards changed.

## **Appendices**

### **Appendix 1: draft standards following consultation**

#### **Amendments as tracked changes**

---

#### **Proposed standards**

#### **Expectations of a health professional**

##### **1a: Professional autonomy and accountability**

##### **Registrant hearing aid audiologists must:**

1a.1 be able to practise within the legal and ethical boundaries of their profession

- understand the need to act in the best interests of service users at all times
- understand what is required of them by the Health Professions Council
- understand the need to respect, and so far as possible uphold, the rights, dignity and autonomy of every service user, including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
- be aware of current UK legislation applicable to the work of their profession

1a.2 be able to practise in a non-discriminatory manner

1a.3 understand the importance of and be able to maintain confidentiality

1a.4 understand the importance of and be able to obtain informed consent

1a.5 be able to exercise a professional duty of care

1a.6 be able to practice as an autonomous professional, exercising their own professional judgement

- be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
- be able to initiate resolution of problems and be able to exercise personal initiative
- know the limits of their practice and when to seek advice or refer to another professional
- recognise that they are personally responsible for and must be able to justify their decisions

1a.7 recognise the need for effective self-management of workload and be able to practise accordingly

1a.8 understand the obligation to maintain fitness to practise

- understand the need to practice safely and effectively within their scope of practice
- understand the need to maintain high standards of personal conduct
- understand the importance of maintaining their own health
- understand both the need to keep skills and knowledge up to date and the importance of career-long learning

## **1b: Professional relationships**

### **Registrant hearing aid audiologists must:**

1b.1 be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers

- understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team

- understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals

- be able to make appropriate referrals

1b.2 be able to contribute effectively to work undertaken as part of a multi-disciplinary team

1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers

- be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers

- be able to communicate in English to the standard equivalent to level 7.0 of the International English Language Testing System, with no element below 6.5

- understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability

- be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others

- be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status

- understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions

- understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible

- recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility

- *be able to explain the financial implications of suitable hearing aid systems*

- be able to recognise anxiety and stress in clients, and recognise the potential impact upon communication*

- *understand the difficulties in communication experienced by those with impaired hearing and be aware of appropriate steps to overcome communication barriers*

- *recognise the need to seek external assistance for those situations when communication is ineffective for whatever reason*

1b.4 understand the need for effective communication throughout the care of the service user

- recognise the need to use interpersonal skills to encourage the active participation of service users

- *recognise the need for and be able to apply the particular interpersonal skills required to facilitate effective care for the appropriate age groups and those with impaired hearing at the optimum time*

- *understand the need to empower clients to manage their aural health and related issues and recognise the need to provide advice on self treatment where appropriate*

## **The skills required for the application of practice**

### **2a: Identification and assessment of health and social care needs**

#### **Registrant hearing aid audiologists must:**

2a.1 be able to gather appropriate information

- *be able to undertake and record appropriate case histories*
- *understand the need to make and keep full and accurate records of assessment results, hearing aid prescription and actual settings, rehabilitation plans and outcomes*

2a.2 be able to use appropriate assessment techniques

- *be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment*
- *be able to check that equipment is functioning accurately and within specifications and to take appropriate action in the case of faulty functioning and operation*

2a.3 be able to undertake or arrange clinical investigations as appropriate

2a.4 be able to analyse and critically evaluate the information being collected

- *be able to interpret the data arising from case history, physical examination and hearing assessments.*
- *be able to check that equipment is functioning accurately and within the specifications, and to take appropriate action in the case of faulty functioning and operation.*

### **2b: Formulation and delivery of plans and strategies for meeting health and social care needs**

#### **Registrant hearing aid audiologists must:**

2b.1 be able to use research, reasoning and problem solving skills to determine appropriate actions

- recognise the value of research to the critical evaluation of practice
- be able to conduct evidence-based practice, evaluate practice systematically, and participate in audit procedures
- be aware of a range of research methodologies
- be able to demonstrate a logical and systematic approach to problem solving
- be able to evaluate research and other evidence to inform their own practice

2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements

- be able to change their practice as needed to take account of new developments
- be able to demonstrate a level of skill in the use of information technology appropriate to their practice

2b.3 be able to formulate specific and appropriate management plans including the setting of timescales

- understand the requirement to adapt practice to meet the needs of different client groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors
- *be able to formulate and provide appropriate advice regarding hearing aids and associated technologies and their use to facilitate informed choices by patients, clients or users*

2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skillfully

- understand the need to maintain the safety of both patients, clients and users and those involved in their care
- *ensure that the environment in which clients are seen is appropriate for the assessment, service, care and attention given*
- *be able safely to use such appropriate techniques and equipment to assess hearing loss and the physical condition of the ear*
- *be able to evaluate and select the most appropriate hearing aid system and/or associated technologies for clients*
- *be able to plan, implement and manage appropriate rehabilitation programmes for clients to optimise successful outcomes*
- *be able safely and competently to take impressions of the ear*
- *be able safely and competently programme and physically fit hearing aids*
- *be able to understand that need to provide clients with access to continuing care, maintenance and support*

2b.5 be able to maintain records appropriately

- be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines
- understand the need to use only accepted terminology in making records

## **2c: Critical evaluation of the impact of, or response to, the registrant's actions**

### **Registrant hearing aid audiologists must:**

2c.1 be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly

- be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care
- be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
- recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
- be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
- *be able to recognise those conditions or circumstances that require the involvement of other professionals and give the appropriate advice to clients.*
- *be able to select the most appropriate hearing aids and/or associated technologies*

2c.2 be able to audit, reflect on and review practice

- understand the principles of quality control and quality assurance

- be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures
- be able to maintain an effective audit trail and work towards continual improvement
- participate in quality assurance programmes, where appropriate
- understand the value of reflection on practice and the need to record the outcome of such reflection
- recognise the value of case conferences and other methods of review
- *recognise the need to be aware of emerging technologies and new developments in hearing assistance*

## **Knowledge, understanding and skills**

### **3a: Registrant hearing aid audiologists must:**

3a.1 know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice

- understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction
- be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process

- recognise the role of other professions in health and social care

- understand the theoretical basis of, and the variety of approaches to, assessment and intervention

- *understand, in the context of hearing aid audiology, -*

- *the anatomy and physiology of the outer, middle, inner ear and central auditory pathways*
- *medical and pschsocial aspects of hearing loss*
- *psycho-acoustics*
- *acoustics, speech production and perception*
- *the measurement of hearing and of other auditory system functions*
- *hearing aid and associated technologies - selection, fitting, programming and evaluation.*
- *appropriate approaches to auditory rehabilitation*

3a.2 know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual

3a.3 understand the need to establish and maintain a safe practice environment

- be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these

- be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation
- be able to select appropriate protective equipment and use it correctly
- be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control

### **Appendix 3: analysis of individual responses**

---

**Question 1: Do you think the standards are at a threshold level for safe and effective practice?**

One detailed response was received. This response stated:

*I do not believe that the STANDARDS OF PROFICIENCY are of sufficient detail as written to be at a level for safe and effective practice.*

## **Question 2: Do you think any additional standards are necessary?**

Two respondees felt that additional standards were necessary. The proposed additional standards are set out below, in boxed italics.

### **Expectations of a healthcare professional**

**Under standard 1a: Professional autonomy and accountability**, to add to 1.a.6 be able to practice as an autonomous professional, exercising their own professional judgement the following:

*understand the need to make and keep full and accurate records of assessment results, hearing aid prescription and actual settings, rehabilitation plan and outcomes.*

**Under standard 1b: Professional relationships**, 1b.1 be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers, add:

*be responsible for any unregistered support worker involved in the assessment and care of patients, giving direction and advice as appropriate.*

Then **under 1b.3** be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers, add:

*be able effectively to communicate the financial consequences of the purchase of a hearing aid system.  
understand the need for transparency in informing service users about commercial transactions and agreements that are involved in meeting their short and long term hearing care needs.*

Then **under 1b.4** understand the need for effective communication throughout the care of the service user, add:

*understand how the timing and format of information provided affects the service user's ability to make good use of it.*  
*be able to deliver accessible information at optimum times during the care pathway.*

## **The skills required for the application of practice**

**Under standard 2a:** Identification and assessment of health and social care needs, 2a.2 be able to use appropriate assessment techniques, add:

*be able to check that equipment is functioning accurately and within the specifications, and to take appropriate action in the case of faulty functioning and operation.*  
*understand the need to conduct assessments in an appropriate physical environment, particularly with regard to acoustic characteristics.*  
*be able to assess individual circumstances, needs and abilities that may influence assessment techniques, hearing aid prescription and rehabilitation plan.*

**Under 2a.4** be able to analyse and critically evaluate the information being collected, add:

*be able to recognise conditions that require onward referral.*

**Under 2b:** Formulation and delivery of plans and strategies for meeting health and social care needs, 2b.3 be able to formulate specific and appropriate management plans including the setting of timescales, add

*be able to provide references to relevant published, peer-reviewed evidence for the information and advice given to service users.*  
*be able to refer or signpost service users, their relatives and carers to other relevant health and social care providers and voluntary organisations.*

**Under standard 2b.4** be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully, add:

*- understand the need to provide service users with convenient access to continuing care, maintenance and support.*

### **Add standard 2.b.6**

*be able to communicate management plans in a clear and concise manner to professional colleagues, service users and their relatives and carers.*

**2c: Critical evaluation** of the impact of, or response to, the registrant's actions, standard 2c.1 be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly, add:

*be able to evaluate and select the most appropriate hearing aid system and hearing aid performance settings for the individual service user.  
be able to evaluate and select the most appropriate associated technologies for the individual service user (for use either in conjunction with hearing aids or as an alternative to them).*

### **Knowledge, understanding and skills**

**Under standard 3a.1** know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice, add:

*those conditions or circumstances that require the involvement of other professionals.  
the impact of tinnitus and available sources of help in managing it.  
the social and psychological consequences of difficulties in hearing and communication.  
techniques, strategies and skills that may assist hearing rehabilitation and human communication.  
other relevant assistive equipment and services.*

**Question 3: Do you think there are any standards which should be reworded?**

**Proposed changes and comments are italicised.**

*I think there needs to be reference to CPD as well as career long learning.*

**Under 1b: Professional relationships,** 1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers

*Delete as repetitive the words- be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers*

*Add to the draft understand the difficulties in communication experienced by those with impaired hearing the words and be aware of appropriate steps to overcome communication barriers.*

**Under 1b.3** - be able to communicate in English to the standard equivalent to level 7.0 of the International English Language Testing System, with no element below 6.5.

*With this professional person being required to be an effective communicator both spoken, written and listening the IELTS should be increased to 7.5 and no element below 7.0.*

*I think you should provide a reference link to detail on International English language Testing.*

**Under 1b.3** be able to identify anxiety and stress in patients, carers and others, and recognise the potential impact upon communication

*To be able to 'identify' requires a medical judgement by the HAA on the patients level of anxiety and stress in arrange of people; I doubt whether Hearing Aid Audiologist are qualified to make such judgments.*

*A suggestion would be: be aware of any anxiety and stress in patients, carers and others, and recognise the potential impact upon communication.*

*We believe that 1.b.3 should be replaced with "be able to adapt communication style to meet the different needs of patients and carers that may be dictated by age, level of understanding, level of hearing impairment, level of anxiety displayed."*

**Under 1b.4** understand the need for effective communication throughout the care of the service user

- recognise the need to use interpersonal skills to encourage the active participation of service users
- recognise the need for and be able to apply the particular *interpersonal skills* required to facilitate effective care for the appropriate age groups and those with impaired hearing

Delete the following standard- *be able effectively to communicate the financial consequences of the purchase of a hearing aid system*

*We believe that the particular skills required to facilitate effective care ought to be defined along the lines of patience, empathy, clear communication etc.*

*The self treatment ought to be explained by giving specific examples.*

*The financial consequences ought to be clarified eg ongoing maintenance costs, cost of battery replacement, repairs etc. Separate consumer legislation protects the patient from a commercial point of view and we do not consider it advisable for standards of professional and clinical conduct to stray into this area.*

### **The skills required for the application of practice**

**Under 2a.2** be able to use appropriate assessment techniques, make the following change

be able to undertake and record a thorough, delete the word sensitive and replace with accurate and detailed assessment, using appropriate techniques and equipment

*I believe the Draft Profession Specific Standards under 2a2 are far too vague and need to be much more specific in what comprises a minimum portfolio of tests required to meet the objective. Having a clear recipe in 2a2 will naturally lead the professional in to meeting the objectives of 2a3.*

**2a.2** be able to use appropriate assessment techniques

- be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment

*When assessing people experiencing a hearing impairment often requires taking a holistic view of the assessment need and not just the 'ears'. A suggestion would be:*

*be able **to take a holistic approach** and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment*

**2b: Formulation and delivery of plans and strategies for meeting health and social care needs**

**2b1** requires “ability to use....research skills”, which are not taught until Masters level.

**2b.3** be able to formulate specific and appropriate management plans including the setting of timescales

- Add the words be able to discuss options in a way that facilitates informed choices by delete the words patients, clients or and add service users, their relatives and carers.

**2b.4** be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skillfully

-  
add the words be able safely to use appropriate techniques and equipment to assess hearing loss and the physical condition of the ear.

- be able to evaluate and select the most appropriate hearing aid system and hearing aid performance settings for the individual service user.

- be able to evaluate and select the most appropriate associated technologies for the individual service user and delete the words patients, clients and users then add (for use either in conjunction with hearing aids or as an alternative to them).

**2b.4** - be able safely and competently fit hearing aids

*I would expect a Hearing Aid Audiology to do more than ‘fit’ a hearing aid. It undervalues what is required and what the patient should expect as part of their care. A suggestion would be:*

***“be able safely and competently select, programme according to individual need and give advice about the process of adaption to hearing aids”***

*Delete the word “successful” before outcomes in relation to be able to implement appropriate rehabilitation programmes. The word successful is subjective and may create a conflict with the optimal outcome in certain patient situations.*

**2.b.5** *Delete the word “only” before “accepted terminology” where referring to record keeping.*

### **Knowledge, understanding and skills**

Add to the standard 3a.1 know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice

- understand the theoretical basis of, and the variety of approaches to, assessment and intervention
  
- understand in the context of hearing aid audiology -
- the anatomy and physiology of the outer, middle, inner ear and central auditory pathways
- medical aspects of hearing loss add the words , *tinnitus and balance problems*

*Add the following under “understanding the context of hearing aid audiology” the words “the principles of auditory rehabilitation.”*

*I believe that a further entry under 3a1 is required relating to Business Practice Standards both from the point of view of ethics and trade best practice - as a Health Care Professional working in the public arena.*

*Item 3a.1 includes a lot of detail under the heading "understand in the context of hearing aid audiology -" In the Clinical Scientists Standards of Proficiency they include the wording "know the basic science underpinning the modality in which the registrant practices, understand relevant basic clinical medicine and be aware of the fundamental principals of clinical practice" I think that this covers all*

*of the sub topics and in the proposed standards and makes easier reading without being overly specific.*

**Question 4: Do you agree that the threshold level of qualification for entry to the hearing aid audiologists part of the HPC Register should be set at a foundation degree?**

We note that a foundation degree is currently the lowest academic level qualification and would therefore support the proposal to have this as the threshold. However it does not appear to be clear, from the consultation document, whether people are still in training via the 'company based route'. The document states that the company based route was closed to new trainees from March 2008, however it is not clear whether people who embarked on their training, via this route, will have had time to complete their training and become registered with the Hearing Aid Council prior to any transfer taking place. If people will still be in training via this route then we would suggest that consideration be given as to how they may eventually gain registration and that alternative routes, to the expensive grandparenting process, be available to them.

We are unable to agree that only foundation degree should be the minimum qualification level for entry onto the HPC register for the following reasons:-

1. It is as yet an untested route for qualification and HPC registration.
2. The foundation degree may ensure that graduates are fit for registration but we do not have any basis for confidence that graduates will be fit to practise.
3. There has been no transitional alternative to foundation degree after early closure of the HAC examination route to registration and after very many years of successful, company-based training of HAC examination candidates.
4. We feel it would be entirely reasonable to have accredited company-based training as an alternative to foundation degree.

5. Only three universities have HAC approved foundation degree courses which is too restrictive a choice for the employer partnership arrangements on which the foundation degree is based.

For information, standard 2b.1 is as follows:

*"Registrant hearing aid audiologists must:*

*2b.1 be able to use research, reasoning and problem solving skills to determine appropriate actions*

- recognise the value of research to the critical evaluation of practice*
- be able to conduct evidence-based practice, evaluate practice systematically, and participate in audit procedures*
- be aware of a range of research methodologies*
- be able to demonstrate a logical and systematic approach to problem solving*
- be able to evaluate research and other evidence to inform their own practice"*

What has been described here is degree level function and not the output of a foundation degree.

Given the great capacity for confusion described above, HPC must be very careful in defining the levels associated with the SOP. If HPC is to avoid a situation that is both confusing for the public and for practitioners (who can do what' under which part of the register, or perhaps not even on it, in the public or private sectors) then this opportunity for harmonisation should not be wasted.

I believe we are now too far along the training route to revisit this topic of threshold level for entry, I would say that an FD is a bare minimum for such professionals today.

Yes, subject to making it clear that the qualification entry route is untried. No graduates have yet completed these programmes to enable assessment of their fitness to practice.

No, this is not a sufficient qualification to provide for all areas of knowledge in the standards and at the educational level described in the standards. A foundation degree in audiology would not fulfil the following standards:

3.a.1 principles and applications of scientific enquiry, including the evaluation of treatment efficacy and research process

2.c.1 to be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly

- Be able to be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care
- be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
- recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
- be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately

2a.4 be able to analyse and critically evaluate the information being collected

2.b.1 be able to conduct evidence-based practice, evaluate practice systematically, and participate in audit procedures  
be aware of a range of research methodologies

- be able to demonstrate a logical and systematic approach to problem solving
- be able to evaluate research and other evidence to inform their own practice
- 2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skillfully

A graduate training programme may fulfil the requirements set down in these standards and BSc Audiology qualification should be the threshold level of qualification for entry to the hearing aid audiologists part of the HPC register.

---

## **Annex one: Standards of proficiency and threshold level of qualification for entry to the Register**

### **Background**

- Standards of proficiency

Article 5(2)(a) of the Health Professions Order 2001 ('the order') says that HPC must:

'...establish the standards of proficiency necessary to be admitted to the different parts of the register being the standards it considers necessary for safe and effective practice under that part of the register'

This means that the HPC must publish standards for each of the professions that it regulates which are the 'necessary' or 'threshold' standards considered to be essential for safe and effective practice.

- Threshold level of qualification for entry to the Register

Article 15 (1) (a) of the Order requires the HPC to establish the standards of education and training that are necessary to achieve the standards of proficiency.

Standard one of the standards of education and training ('SET 1') sets out the threshold level for entry to the Register in the existing regulated professions. This is articulated as a threshold academic award. As the threshold level is the 'minimum' level, programmes delivered at levels above the threshold level may also be approved.

SET 1 provides the threshold levels of qualification 'normally' expected to meet the remainder of the standards of education and training (and thus the standards of proficiency). The term 'normally' is included in SET 1 as a safeguard against the unlawful fettering of the Council's discretion. This means that the HPC could not lawfully refuse approval to a programme that met the standards of proficiency and the remaining standards of education and training solely on the basis that it did not lead to the award of a qualification specified in SET 1.

In reaching its decision, the Council must be satisfied that, as part of the standards of education and training, the threshold specified in SET 1 must not be more than is necessary to achieve the standards of proficiency for hearing aid dispensers and, in turn, those standards of proficiency must not be more than is necessary for safe and effective practice.

## **Hearing aid dispensers**

In the past, most entrants to the HAC Register have successfully passed an examination set by the HAC, followed by the successful completion of 850 hours of supervised practice. Applicants for this route are employed by a registered employer, with a supervisor who is responsible for their training. The company-based route was closed to new trainees from March 2008.

The HAC approves a number of programmes delivered by Higher Education Institutions. The academic awards of these qualifications vary from Foundation degree to Masters degree. HAC previously publicly consulted on changing the threshold education and training route to a foundation degree.

At the last meeting of the HAC's STEP:UP group, the group concluded that a Foundation degree would be the appropriate threshold entry level but also recognised that it could be possible for a programme to be developed and approved that met the standards of education and training and standards of proficiency but did not result in the formal award of a foundation degree (please see previous page).

## **Consultation responses**

The HAC and the HPC consulted on a proposal that the threshold level should read:

'Foundation degree in hearing aid audiology'

As outlined in the main paper (please see page two), the majority of respondents agreed with the proposal to set the threshold level at a foundation degree, and did not provide any additional comments.

One professional body and one employer said that the current foundation degree entry route was in its infancy and therefore had yet to be tested. It was further argued that existing provision was currently limited and therefore it should be possible and reasonable to have accredited company based training as an alternative to the foundation degree.

In addition, two respondents commented that they believed that the generic research standards outlined in 2b.1 could not be achieved by education delivered at foundation degree level.

## **Discussion and decision**

The only route for entry to the HAC Register is a programme delivered at foundation degree level or above. A small number of individuals are completing their training via the company-based route but this route is closed to new entrants. As outlined on the previous page, the Council could approve education and training that resulted in a different award other than a foundation degree, as long as this met the remaining standards of education and training and the standards of proficiency.

In the view of the HAC STEP:UP group, the research standards could be achieved by a foundation degree and therefore the threshold level proposed should not be amended. In addition, the HPC already approves programmes delivered at academic levels below a foundation degree that successfully meet the standards of proficiency.

The Executive proposes that the threshold level of entry for the hearing aid dispensers part of the Register should be set at a Foundation degree.

In the standards of education and training consultation (which recently closed), for consistency it is proposed that SET 1 clearly refers to the name of the part of the Register, rather than to the profession or to the name of the programme. Therefore the Executive proposes a minor amendment to the wording and recommends that the threshold level should be expressed in the following terms:

'Foundation degree for hearing aid dispensers'

**Annex two: Standards of proficiency following HAC Council meeting**  
[Profession-specific standards are shown in italics]

**Expectations of a health professional**

**1a: Professional autonomy and accountability**

**Registrant hearing aid audiologists must:**

1a.1 be able to practise within the legal and ethical boundaries of their profession

- understand the need to act in the best interests of service users at all times
- understand what is required of them by the Health Professions Council
- understand the need to respect, and so far as possible uphold, the rights, dignity and autonomy of every service user, including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
- be aware of current UK legislation applicable to the work of their profession

1a.2 be able to practise in a non-discriminatory manner

1a.3 understand the importance of and be able to maintain confidentiality

1a.4 understand the importance of and be able to obtain informed consent

1a.5 be able to exercise a professional duty of care

1a.6 be able to practice as an autonomous professional, exercising their own professional judgement

- be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
- be able to initiate resolution of problems and be able to exercise personal initiative
- know the limits of their practice and when to seek advice or refer to another professional
- recognise that they are personally responsible for and must be able to justify their decisions

1a.7 recognise the need for effective self-management of workload and be able to practise accordingly

1a.8 understand the obligation to maintain fitness to practise

- understand the need to practise safely and effectively within their scope of practice
- understand the need to maintain high standards of personal conduct
- understand the importance of maintaining their own health
- understand both the need to keep skills and knowledge up to date and the importance of career-long learning

## **1b: Professional relationships**

### **Registrant hearing aid audiologists must:**

1b.1 be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers

- understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
- understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals
- be able to make appropriate referrals

1b.2 be able to contribute effectively to work undertaken as part of a multi-disciplinary team

1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers

- be able to communicate in English to the standard equivalent to level 7.0 of the International English Language Testing System, with no element below 6.5
- understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability
- be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others
- be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status
- understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions
- understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible

- recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility

*- be able to explain the financial implications of suitable hearing aid systems*

*- be able to recognise anxiety and stress in service users, and recognise the potential impact upon communication*

*- understand the difficulties in communication experienced by those with impaired hearing and be aware of appropriate steps to overcome communication barriers*

*- recognise the need to seek external assistance for those situations when communication is ineffective for whatever reason*

1b.4 understand the need for effective communication throughout the care of the service user

- recognise the need to use interpersonal skills to encourage the active participation of service users

*- recognise the need to use appropriate interpersonal and communication skills to facilitate effective care for those with impaired hearing*

*- understand the need to empower service users to manage their aural health and related issues and recognise the need to provide advice on self treatment where appropriate*

## The skills required for the application of practice

### 2a: Identification and assessment of health and social care needs

#### Registrant hearing aid audiologists must:

2a.1 be able to gather appropriate information

- *be able to undertake and record appropriate case histories*
- *understand the need to make and keep full and accurate records of assessment results, hearing aid prescription and actual settings, rehabilitation plans and outcomes*

2a.2 be able to use appropriate assessment techniques

- be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
- *be able to check that equipment is functioning accurately and within specifications and to take appropriate action in the case of faulty functioning and operation*

2a.3 be able to undertake or arrange clinical investigations as appropriate

2a.4 be able to analyse and critically evaluate the information being collected

- *be able to interpret the data arising from case history, physical examination and hearing assessments.*

## **2b: Formulation and delivery of plans and strategies for meeting health and social care needs**

### **Registrant hearing aid audiologists must:**

2b.1 be able to use research, reasoning and problem solving skills to determine appropriate actions

- recognise the value of research to the critical evaluation of practice
- be able to conduct evidence-based practice, evaluate practice systematically, and participate in audit procedures
- be aware of a range of research methodologies
- be able to demonstrate a logical and systematic approach to problem solving
- be able to evaluate research and other evidence to inform their own practice

2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements

- be able to change their practice as needed to take account of new developments
- be able to demonstrate a level of skill in the use of information technology appropriate to their practice

2b.3 be able to formulate specific and appropriate management plans including the setting of timescales

- understand the requirement to adapt practice to meet the needs of different client groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors
- *be able to formulate and provide appropriate advice regarding hearing aids and associated technologies and their use to facilitate informed choices by clients*

2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skillfully

- understand the need to maintain the safety of both patients, clients and users and those involved in their care

- *ensure that the environment in which service users are seen is appropriate for the assessment, service, care and attention given*
- *be able safely to use appropriate techniques and equipment to assess hearing loss and the physical condition of the ear*
- *be able to select and evaluate the most appropriate hearing aid system and performance settings and/or associated technologies for service users*
- *be able to plan, implement and manage appropriate rehabilitation programmes for clients to optimise outcomes*
- *be able safely and competently to take impressions of the ear*
- *be able safely and competently to programme and to physically fit hearing aids*
- *be able to understand the need to provide service users with access to continuing care, maintenance and support*

2b.5 be able to maintain records appropriately

- be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines
- understand the need to use only accepted terminology in making records

## **2c: Critical evaluation of the impact of, or response to, the registrant's actions**

### **Registrant hearing aid audiologists must:**

2c.1 be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly

- be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care
- be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
- recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
- be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
- *be able to recognise those conditions or circumstances that require the involvement of other professionals and give the appropriate advice to service users*

2c.2 be able to audit, reflect on and review practice

- understand the principles of quality control and quality assurance
- be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures
- be able to maintain an effective audit trail and work towards continual improvement
- participate in quality assurance programmes, where appropriate
- understand the value of reflection on practice and the need to record the outcome of such reflection
- recognise the value of case conferences and other methods of review
- *recognise the need to be aware of emerging technologies and new developments in hearing assistance*

## Knowledge, understanding and skills

### 3a: Registrant hearing aid audiologists must:

3a.1 know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice

- understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction
- be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
- recognise the role of other professions in health and social care
- understand the theoretical basis of, and the variety of approaches to, assessment and intervention

- *understand, in the context of hearing aid audiology, -*
  - o *the anatomy and physiology of the outer, middle, inner ear and central auditory pathways*
  - o *medical and psychosocial aspects of hearing loss, tinnitus and balance problems*
  - o *psycho-acoustics*
  - o *acoustics, speech production and perception*
  - o *the measurement of hearing and of other auditory system functions*
  - o *hearing aid and associated technologies - selection, fitting, programming and evaluation.*
  - o *appropriate approaches to auditory rehabilitation*

3a.2 know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual

3a.3 understand the need to establish and maintain a safe practice environment

- be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these
- be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation
- be able to select appropriate protective equipment and use it correctly
- be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control