



BAA Higher Training Scheme (HTS): Examination Issues

- Expectations
- Examination Process
- Examiners
- Ingredients for Success

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What is Expected of Candidates: The Quality Assurance Agency's qualification descriptions for Higher Education(1)

Honours Level

- A systematic understanding of key aspects of their field of study, including acquisition of coherent and detailed knowledge, at least some of which is at or informed by, the forefront of defined aspects of a discipline;
- An ability to deploy accurately established techniques of analysis and enquiry within a discipline;
- Conceptual understanding that enables the student:
to devise and sustain arguments, and/or to solve problems, using ideas and techniques, some of which are at the forefront of a discipline; and
to describe and comment upon particular aspects of current research, or
equivalent advanced scholarship, in the discipline;
- An appreciation of the uncertainty, ambiguity and limits of knowledge;
- The ability to manage their own learning, and to make use of scholarly reviews and primary sources (e.g. refereed research articles and/or original materials appropriate to the discipline).

Master Level

- A systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of their academic discipline, field of study, or area of professional practice;
- A comprehensive understanding of techniques applicable to their own research or advanced scholarship;
- Originality in the application of knowledge, together with a practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in the discipline;
- Conceptual understanding that enables the student:
to **evaluate critically current research** and advanced scholarship in the discipline; and
to **evaluate methodologies and develop critiques of them and, where appropriate, to propose new hypotheses.**



What is Expected of Candidates: The Quality Assurance Agency's qualification descriptions for Higher Education (2)

Honours Level

- Apply the methods and techniques that they have learned to review, consolidate, extend and apply their knowledge and understanding, and to initiate and carry out projects;
- Critically evaluate arguments, assumptions, abstract concepts and data (that may be incomplete), to make judgements, and to frame appropriate questions to achieve a solution - or identify a range of solutions - to a problem;
- Communicate information, ideas, problems, and solutions to both specialist and non-specialist audiences;
- Qualities and transferable skills necessary for employment requiring:

The exercise of initiative and personal responsibility;

Decision-making in complex and unpredictable contexts; and

Learning ability needed to undertake appropriate further training of a professional or equivalent

Master Level

- Deal with complex issues both systematically and **creatively**, make **sound judgements in the absence of complete data**, and communicate their conclusions clearly to specialist and non-specialist audiences;
- **Demonstrate self-direction and originality in tackling and solving problems, and act autonomously in planning and implementing tasks at a professional or equivalent level;**
- Continue to advance their knowledge and understanding, and to develop new skills to a high level;
- The qualities and transferable skills necessary for employment requiring:

The exercise of initiative and personal responsibility;

Decision-making in complex and unpredictable situations;

Independent learning ability required for continuing professional development.



Supervisor checklist: Is the trainee ready?

Can the trainee:

1. **Relate their own practice to a supporting knowledge base – inc reference to evidence based and/or recognised good practice?**
2. **Clearly justify any of their own clinical decisions made in the assessment or management of patients?**
3. **Understand and explain the roles and objectives of others within the multidisciplinary team?**
4. **Explain the local structures (ie, care/treatment pathways) for processing patients and offer critical comment?**
5. **Critically comment and reflect on their own actions?**
6. **Show independent thought through comment and presentation of alternative (and justified) approaches to existing local practice?**
7. **Show creativity, initiative and originality of thinking in tackling and solving practical problems?**
8. **Articulate the above clearly through presentation and constructive discussion with colleagues?**



The Examination Process

Desirables:

- Fair
- Relevant
- Efficient

What is Expected?

(eg Paediatric Assessment Module)

Learning Outcomes (inc Critically evaluate and reflect on clinical practice)

Familiarity with Clinical Procedures 'Part A – observation and technical competence' for procedures as listed in portfolio insert. Knowledge and understanding of associated national protocols, procedures and standards (eg those produced by the English NHSP) is expected.

Underpinning Knowledge: Will require knowledge of child development focusing in particular on the development of hearing and language, aetiology of hearing loss in children and associated disorders, screening for hearing loss, plus the roles of the wider multidisciplinary team.

Context of Paediatric Assessment: Candidates must also understand and be able to comment on the context of individual assessments within national and local structures/processes for diagnosis and management of hearing impairment.



Means of Assessment - Clinical

- Completed portfolio (inc initial administrative check)
- Practical Examination @ Exam centre, with accompanying viva
- Written Exam (if required)

Means of Assessment - Clinical

- Completed portfolio (inc initial administrative check)
- Practical Examination @ Exam centre, with accompanying viva
- Written Exam (if required)
 - Completed on a 'seen' basis over a four week period
 - Offered a minimum of once a year.
 - No more than 4,000 words needs to be submitted,
 - Marked by two examiners using a pre-agreed marking scheme.
 - Minimum of 50% to pass.

HTS:
Module Portfolio
Insert



**Higher Certificate of Clinical
Competence
(HCCC) Portfolio Insert**

Paediatric Assessment

HTS: Module Insert Contents

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HTS: General Standards & Expectations

General Standards and Expectations for HCCC Modules

The HTS scheme is intended to support the acquisition of competencies and affirm those competencies required to practice effectively as Band 6/7 Healthcare Scientists in Audiology. The general expectation should be that all such trainees (meeting pre-requisite and associated M-level educational requirements) are capable of successful completion of the scheme's HCCC modules and examinations given an adequate plan of supervision. The role of the supervisor in ensuring successful completion of the scheme cannot be over-emphasised. It is imperative that both the trainee and supervisor understand the standards expected and the regulations for the scheme. In particular, the required scope and level of M level knowledge required to succeed should be recognised for each module. For a definition of M-level study, see Appendix A. in the HTS Regulations. More specific guidance on the knowledge base required for successful completion of the written examination associated with this module is provided in Appendix 1 of this portfolio document.

The HTS examinations will assess technical and clinical skills, and a critical knowledge of recent published data, procedures and the scientific literature that bring scientific underpinning to clinical practice and service development roles as Healthcare Scientists. As a professional training scheme, trainees will be expected to demonstrate an ability to integrate relevant knowledge (acquired through to study at M-Level) with practical competencies. Trainees should therefore ensure that their knowledge base relevant to this module remains up to date; development of a knowledge base should not stop on completion of an HEI course (or written exam) but should be maintained and further developed throughout the module training period.

Trainees should take every opportunity at the HTS practical examination to make the examiners aware of their skills and wider critical knowledge. This might not be possible during an examined clinical session, and therefore the viva voce component of the practical examinations offers further opportunity to discuss and explain these wider issues. It is important that trainees are able to demonstrate not only what they do know, but also their own critical self awareness (i.e. awareness of where there are still areas for improvement, or gaps in knowledge). Such critical self awareness is regarded as a positive attribute to any assessment.

Trainees should also demonstrate that they are able to see and understand the patient in the wider context (e.g. developmental observations in paediatric testing); slavish adherence to a standard test approach or to sophisticated technology should be balanced against sensible contingent decisions on how to proceed most effectively. Professional competence at this level implies the ability to choose alternative approaches or adapt approaches when necessary, and to be able to articulate and justify actions to colleagues. The discipline of Audiology features uncertainties and practical problems. Consequently, the trainee needs to demonstrate that they have the necessary skills to tackle and solve practical problems by both systematic and





HTS Expectations: stated in each portfolio insert

Extract from Portfolio Insert:

'HTS examiners will be looking for a safe, competent and confident practitioner who can demonstrate the full range of generic and specific skills expected at this level. A successful supervisor will carefully plan and customise training provision based upon the mandatory training requirements, the learning outcomes described and the evolving abilities of the trainee'.

HTS: Advice on Preparation for Examination

creative thinking, complemented by originality of thought and initiative. Demonstration of independent thought and comment will be expected.

Finally, the trainee works within a multidisciplinary team, receiving referrals, and referring onwards where appropriate. The ability to understand their own role, the objectives of others and implications of their own decisions (in effectively and efficiently meeting the health needs of patients) are important. Consequently, a broader understanding of their own role within that of the team and the wider health outcomes for patients is expected.

Advice on Preparation for Examination

This document sets out requirements in terms of prescribing the composition of and numbers of the different elements of the portfolio insert that must be completed prior to external assessment (examination). However, it must be emphasised that these are minimum requirements. Effective local training provision will be planned and feature a progressively increasing scale and scope of experience. Additionally, preparation for examination cannot be effectively determined by empirical measures alone (eg number of sessions completed); the quality of experience is also of critical importance. In order to best prepare trainees for examination successful supervisors will offer training opportunities (eg through selecting patients and tutorial topics) that challenge the trainee in order to extend their skills. Such experience will be acquired steadily in order that learning is cumulative and skills can improve. Individuals may therefore require additional training provision (eg appraisal sessions and secondments) where there has been disruption to their training, where local provision is limited or where that training has extended over a very long period.

Although this portfolio describes and prescribes a variety of means to develop skills this should not be regarded as a definitive 'checklist' to success but rather as a guide to the minimum training provision required. Success as a trainee is more likely if there has been exposure to additional approaches to training that complement those mandatory elements described in this document. This could for example include setting of defined learning tasks, presentations to colleagues on relevant topics at departmental CPD/audit/training events and local short secondments with other relevant professionals. Training will be more effective if it is multifaceted and those activities are integrated; for example using recent practical patient management experience (say from a Part B appraisal) to prompt a related tutorial learning task and subsequent presentation to colleagues.

If there are any special circumstances in the lead up to the examinations for this module which may affect the trainee's performance, the supervisor and trainee should both decide whether the exams should go ahead. The exams should proceed only if both supervisor and trainee are confident the trainee will meet the required standard. Under no circumstances will the pass level be lowered.



HTS: Learning Outcomes

Learning Outcomes

On completion of the module the trainee should be able to integrate theoretical knowledge and practical skills to enable them to:

- Objectively and comprehensively calibrate equipment and facilities used in paediatric assessment, e.g. soundfields, audiometers
- Prepare test facilities & equipment, to include daily calibration checks and room set up
- Formulate assessment plans, liaising with the relevant professionals to co-ordinate assessments & care, as appropriate
- Plan clinical approaches, using clinical reasoning strategies, evidence based practice
- Take a full and relevant history (see following section)
- Brief patients and/or carers appropriately with reference to their information needs and expectations of assessment.
- Carry out testing in a safe and effective manner adapting as required to ensure information gained is maximised within the time available
- Collate relevant information, interpret and make an informed decision concerning the diagnosis and management of individual cases
- Give clear information on results of hearing tests, advice and recommendation for follow-up actions/interventions to patients and carers using appropriate language and communication strategies. This includes the ability to 'break difficult news' to parents / carers about hearing loss in infants and children.
- Keep appropriate clinical records
- Write reports on test results and recommendations suitable for the intended audience, to include a range of professionals and parents
- Critically evaluate and reflect on clinical practice

This will require knowledge of child development focusing in particular on the development of hearing and language, aetiology of hearing loss in children and associated disorders, and screening for hearing loss (See also Appendix 1). The trainee will be expected to understand their own role and those of other professionals (eg, Speech & Language Therapists, Paediatricians, ENT Consultants and primary hearing screeners) and agencies who contribute to the management and welfare of the patient and their family.

The range of clinical procedures in which the trainee must be competent (with reference to the above learning outcomes) are those listed under 'Part A – observation and technical competence' on page 10 of this document. Up to date knowledge and understanding of associated national protocols, procedures and standards (e.g. those produced by the English NHSP for ABR and VRA assessment) is expected.

HTS: (Continuous Assessment) - Appraisal Form

Rating definitions:

- N/A: Not applicable in the selected examination patient**
1: Satisfactory only in initial phase of training
2: Some progress but further training required
3: Just below minimum examination standard
4: Just meets examination standard
5: Easily meets examination standard

In order to pass the candidate must score all 4s or 5s

Patient Category 0 - 6 months Developmental Age

Appraiser _____ Centre _____ Date _____
 --

Area of competence	Rating	Comments on session
Preparation: Completion of stage A calibration checks, preparation of facilities and equipment sufficient for reliable and safe assessment.		Appraiser's comments: Principal test procedures performed:
Planning: Formulate and plan clinical approaches, using clinical reasoning strategies with reference to identified purpose of assessment and information needs of others.		
History Taking: Take a full and relevant history		
Briefing: Ensure patients and/or carers are appropriately briefed/instructed with reference to their information needs and expectations of the session		
Testing: Carry out any testing in a safe and effective manner adapting as required to ensure information gained is maximised within the time available		
Diagnosis and Management Decisions: Interpret relevant information and make an informed decision concerning the diagnosis and management of individual cases		
De-briefing: Give clear information on hearing tests and recommendation for follow-up to patients and carers using appropriate language and communication strategies		
Record Keeping: Keep appropriate clinical I records		
Report Writing: Write reports on outcomes and recommendations, suitable for the intended audience, to include a range of appropriate professionals.		
Ability to justify approach taken. Appropriate critical evaluation and reflection on clinical practice.		

Rating definitions:
 N/A: Not applicable in selected examination patient
 1: Satisfactory only in initial phase of training
 2: Some progress but further training required
 3: Just below minimum examination standard
 4: Just meets examination standard
 5: Easily meets examination standard



HTS: Practical Examinations – Exam Schedule

Rating definitions:

N/A: Not applicable in the selected examination patient

1: Satisfactory only in initial phase of training

2: Some progress but further training required

3: Just below minimum examination standard

4: Just meets examination standard

5: Easily meets examination standard

In order to pass the candidate must score all 4s or 5s

Date _____ Examiners _____

Definition of Performance:	Performance rating:	
	Case 1 6-24 months developmental age	Case 2 30-42 months developmental age
Preparation: Completion of stage A calibration checks, preparation of facilities and equipment sufficient for reliable and safe assessment.		
Planning: Formulate and plan clinical approaches, using clinical reasoning strategies with reference to identified purpose of assessment and information needs of others.		
History Taking: Take a full and relevant history		
Briefing: Ensure patients and/or carers are appropriately briefed/instructed with reference to their information needs and expectations of assessment.		
Testing: Carry out testing in a safe and effective manner adapting as required to ensure information gained is maximised within the time available		
Diagnosis & Management Decisions: Interpret relevant information and make an informed decision concerning the diagnosis and management of individual		
De-Briefing: Give clear information on results of hearing tests and recommendation for follow-up actions to patients and/or carers using appropriate language and communication strategies		
Record Keeping: Keep appropriate clinical records		
Report Writing: Write reports on test results and recommendations suitable for the intended audience, to include appropriate professionals and parents		
Case viva: Discusses salient issues specific to case which may include i) Justification for approach taken and evidence-based practice ii) Critical evaluation and reflection on clinical practice		
General viva voce: to include underpinning theory, application of clinical knowledge across the module, content of the portfolio and scenario questions relating to assessment of a 0-6 month age child.		
EXAMINER(S) RECOMMENDATION FOLLOWING PRACTICAL EXAMINATION	PASS / REASSESS	



HTS: Practical Examinations – Exam Schedule 1

Preparation: Completion of stage A calibration checks, preparation of facilities and equipment sufficient for reliable and safe assessment.

Planning: Formulate and plan clinical approaches, using clinical reasoning strategies with reference to identified purpose of assessment and information needs of others.

History Taking: Take a full and relevant history

Briefing: Ensure patients and/or carers are appropriately briefed/instructed with reference to their information needs and expectations of assessment.

Testing: Carry out testing in a safe and effective manner adapting as required to ensure information gained is maximised within the time available

Diagnosis & Management Decisions: Collate relevant information, interpret and make an informed decision concerning the diagnosis and management of individual

De-Briefing: Give clear information on results of hearing tests and recommendation for follow-up actions to patients and/or carers using appropriate language and communication strategies



HTS: Practical Examinations – Exam Schedule 2

Record Keeping: Keep appropriate clinical records

Report Writing: Write reports on test results and recommendations suitable for the intended audience, to include appropriate professionals and parents

Discussion and explanation: Discusses salient issues specific to case which may include i) Justification for approach taken and evidence-based practice ii) Critical evaluation and reflection on clinical practice

Case viva: Discusses salient issues specific to case which may include i) Justification for approach taken and evidence-based practice ii) Critical evaluation and reflection on clinical practice

General viva voce to include underpinning theory and application of clinical knowledge across the module.



HTS: Non-clinical modules

- Research Methods *
- Service Development *
- Teaching & Learning

* Required for registration as a Clinical Scientist



HTS: Non-clinical modules

- Module pack (not portfolio insert)
- Undertake suitable activities to meet defined learning outcomes.
- Present portfolio of evidence to show that learning outcomes have been met.
- Portfolio to include action plan, summary statement, verification and evidence summary sheet.
- Assessment of module pack by two examiners – judged against learning outcomes.

HTS: Means of Assessment: Non-clinical module Examinations

Learning outcome	Examples
Carry out a service audit, evaluating current practice, identify the need for improvement / change, action as necessary and re-evaluate.	<ul style="list-style-type: none"> • Audit to assess if staff are following clinical protocols • Audit of clinical outcomes from balance rehabilitation • Audit of patients referred for tinnitus therapy to see if there is a more appropriate patient journey for them
Identify areas for service development based on evidence based practice, assess the benefits and risks of the ideas, and seek constructive feedback regarding your ideas from colleagues.	<ul style="list-style-type: none"> • New areas of knowledge / development such as auditory desynchrony, auditory processing disorders, dead regions testing • Introduction of a service not currently provided within local service • Develop departmental training strategy
Write a detailed business case for at least one proposed service development to include details of resources needed and costs.	
Provide constructive feedback to others with respect to service development discussions	<ul style="list-style-type: none"> • Minutes from meetings • Written responses to proposals you have been asked to comment on
Take responsibility for organising a specific area of service development, by developing a realistic and achievable project plan and overseeing implementation	<ul style="list-style-type: none"> • Project plan • Gantt charts • Meeting minutes • Written proposals
Understand the relationship between local service development and the wider organisational framework	<ul style="list-style-type: none"> • Summary document showing local organisation, stakeholders, decision making processes within department and directorate / division / hospital
Monitor the outcome of an area of service	<ul style="list-style-type: none"> • Procedure for monitoring • Report from monitoring •
Challenge poor practice in a safe and constructive manner	<ul style="list-style-type: none"> • Description of problems identified, approach taken, outcome • Notes on giving feedback in a constructive way • Reflective diary entries
Encourage shared responsibility for any arising problems	<ul style="list-style-type: none"> • Meeting minutes • Action plans • Notes from discussions • Reflective diary entries
Demonstrate good problem solving techniques to overcome potential barriers.	<ul style="list-style-type: none"> • Managing waiting lists using capacity and demand tools • Meeting minutes • Action plans • Notes from discussions • Reflective diary entries
Demonstrate effective evaluation techniques	<ul style="list-style-type: none"> • Discussion of potential ways to evaluate a particular service, highlighting the advantages and disadvantages of each
Demonstrate effective team working, to include inter-agency work	<ul style="list-style-type: none"> • Meeting minutes • Action plans • Notes from discussions • Reflective diary entries • Copies of joint proposals



Examiners:

Requirements stated in HTS regulations

Examiners & Trainee Assessors

- HSCF level 7 and above practitioner, or equivalent
- **Suitable experience** in at least one of the modules
- Completed assessor training
- Full member of the BAA



Examiners

‘Suitable Clinical Experience’:

‘Examiners for clinical areas (eg Paediatric Assessment or Adult Rehabilitation) areexpected to be performing an active clinical role (at least 2 clinical sessions per week in that area). Alternatively, they may have previously performed as an M-level practitioner in the relevant examined area and have maintained close knowledge of the area (eg through a service management/leadership role, employed in formal education of M-level practitioners or employed in the research field with close affinity to clinical practice). ‘.....

- Grandparenting: Special provision exists for CAC and BAAT Examiners
- Nomination and Training of Examiners



Examiners

Organisation of Examiners:

1. Chief Examiner
2. Exam Board (Senior Examiners with responsibilities for individual modules)
3. Senior Examiners
4. Trainee Examiners

Administration:

Processes defined and supporting documents are to be provided on examiners section of website. eg,: guidance doc, nomination form, training form

Processes managed by HTS Exam Administrator

Closing the Loop:

Feedback from exams through reports



A high hurdle?

First Time Pass Rates:

Legal Practice Certificate	75%
Accountancy diploma	60-70%
CAC elements	c75%

Summary: The Ingredients for Success

Responsibility	Elements
BAA HTS	Structure of Scheme - Clarity and appropriateness of materials
BAA Examiners	Examination - fair and relevant

Summary: The Ingredients for Success

Responsibility	Elements
BAA HTS	Structure of Scheme - Clarity and appropriateness of materials
BAA Examiners	Examination - fair and relevant
Supervisors	Supervision – quality of training (inc available resources)

Summary: The Ingredients for Success

Responsibility	Elements
BAA HTS	Structure of Scheme - Clarity and appropriateness of materials
BAA Examiners	Examination - fair and relevant
Supervisors	Supervision – quality of training (inc available resources)
Trainee	Learning – willingness, aptitude, application