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Publication information

Published November 2014

This document will be reviewed in 1 year and updated in line with educational and national developments
Introduction page

The aim of this document is to confirm the current scope of practice for the professional workforce within the field of Audiology.

Scope of practice is a way of defining what you are trained and competent to do. It describes the areas in which you have the knowledge, skills and experience to practise safely and effectively in the best interests of patients.

Scope of practice can be easily identified by three categories.

**Education and training:**
- Has the person been educated academically or on-the-job and have documentation proving education to carry out the procedure?

**Registration body:**
- Does your professional or registration body that oversees the skill or profession allow (or not allow) the procedure to be carried out?

**Workplace**
- Does your employer allow a person or their profession to carry out the procedure?

The Scope of Practice needs to assure alignment with Healthcare Science National profiles and management pathways

**Section 1** covers scope of practice for each levels of the HCS Career Framework

**Section 2** covers pathways, demonstrating range of activities undertaken

With respect to registration it is expected that all professionals within audiology will have the appropriate registration and maintain this in line with current national requirements for the Healthcare Science workforce. Any accountability is held with service provider.

Responsibility to ensure that all staff remain competent within all relevant practice lies with service providers.

**This document relates to educational levels and does not relate to agenda for change pay scales.**
Section One:
Career Level Descriptors
### Career Level Descriptors: Summary

<table>
<thead>
<tr>
<th>Career Framework Level</th>
<th>Summary</th>
<th>Knowledge, Training, Experience</th>
<th>Supervision</th>
<th>Freedom to Act</th>
<th>Research &amp; Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Healthcare Science Assistant—Entry Level (HCSA) (Audiology) Performs protocol-limited tasks under the direct supervision of more senior staff</td>
<td>GCSE Education including IT to carry out basic tasks. Understand a small number of routine procedures gained through induction and training</td>
<td>Works under direct supervision and demonstrates personal effectiveness in straightforward tasks</td>
<td>Work under direct supervision within well established procedures and practices</td>
<td>Contributes to simple audits or surveys relevant to own area of work</td>
</tr>
<tr>
<td>2</td>
<td>Healthcare Science Assistant (HCSA) (Audiology) Performs protocol-limited tasks under the direct supervision of more senior staff</td>
<td>GCSE Education including IT to carry out straightforward tasks. Undertaking further training to achieve, or have obtained a relevant NVQ award or equivalent</td>
<td>Works under close but not continuous supervision and takes limited responsibility for improvements in performance</td>
<td>Works to established procedures/protocols which are supervised</td>
<td>Performs simple audits or surveys relevant to own area of work</td>
</tr>
<tr>
<td>3</td>
<td>Healthcare Science Assistant—Higher Level (HCSA) (Audiology) Performs protocol-limited tasks under indirect supervision of more senior staff</td>
<td>Requires understanding of a range of routine and non-routine duties with a basic level of theoretical knowledge. To have obtained a relevant NVQ 3 award or equivalent</td>
<td>Takes responsibility for completion of tasks demonstrating some independence in work</td>
<td>Works within established procedures/protocols where supervision is readily available</td>
<td>Performs simple audits or surveys relevant to own area of work and may occasionally participate in research and development</td>
</tr>
<tr>
<td>4</td>
<td>Healthcare Science Associate (HCSA) (Audiology) Performs a wider range of clinical or technical procedures than those in CF1-3 with remote supervision</td>
<td>Requires a greater understanding of a range of routine and non-routine duties with an intermediate theoretical knowledge. To have obtained a relevant Higher National Diploma/Foundation Degree or equivalent</td>
<td>Will follow set procedures for their area of work with advice generally being available from more experienced staff Indirect support may include well defined responsive telephone and tele-audiology support</td>
<td>Takes responsibility for completion of tasks demonstrating independence in some elements (specified in local protocols) of delivering the patient pathway</td>
<td>Might assist with research projects within own area of work if projects are available</td>
</tr>
<tr>
<td>5</td>
<td><strong>Healthcare Science Practitioner (HCSP) (Audiology)</strong></td>
<td>Uses a broad theoretical and practical knowledge and shows awareness of limits to knowledge base. To have obtained a relevant honours degree level (BSc in Audiology / BSc in Healthcare Science (Audiology) or equivalent qualification</td>
<td>Manages work independently that requires problem solving. Supervision, as required, must be provided by a Specialist or Advanced Healthcare Scientist</td>
<td>Will involve working independently in order to plan, organise and prioritise their own work, activities and tasks</td>
<td>Able to use research reasoning and problem solving to determine appropriate actions within own clinical practice and participate in audit</td>
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<tr>
<td>6</td>
<td><strong>Healthcare Science Practitioner (HCSP) (Audiology)</strong></td>
<td>Uses a detailed theoretical and practical knowledge and demonstrates the mastery of methods and tools in complex and specialised work areas. Also demonstrates innovation in terms of methods used. A Specialist Healthcare Scientist will have a BSc (Audiology) BSc in Healthcare Science (Audiology) or equivalent.</td>
<td>Manages work independently that requires problem solving. Supervision, as required, must be provided by an Advanced Healthcare Scientist</td>
<td>Works independently and directly works activities of a team or others</td>
<td>Participate in Research and Development and regularly undertake Audit</td>
</tr>
<tr>
<td>7</td>
<td><strong>Healthcare Scientist (Audiology)</strong></td>
<td>A Healthcare Scientist will have developed skills and theoretical knowledge to a very high standard through performing an in-depth, highly complex role. Have gained the relevant level of experience and training in audiology. MSc in Audiology / MSc in Healthcare Science (Neurosensory Sciences) or equivalent. Registration with appropriate relevant body.</td>
<td>Demonstrates leadership and innovation in practice that are complex and unpredictable</td>
<td>Responsible for a work area, specialist services or clinical pathways. May be accountable for direct delivery of part of a service. Develop their scope of practice, delivering expected results which being guided by principles and broad policies</td>
<td>Initiate and develop R&amp;D programmes</td>
</tr>
<tr>
<td>8</td>
<td><strong>Consultant Specialist Healthcare Scientist (Audiology)</strong></td>
<td>Consultant/Principal HCS require a Masters degree or equivalent including management knowledge and qualification. HCS Principal, Consultant Researcher and Service Manager posts require broad and extensive knowledge and experience with in-depth knowledge to Doctorate level or equivalent. Such knowledge will normally be acquired through formal study at Doctoral level and further higher specialist training.</td>
<td>Demonstrates substantial leadership, innovation and independence</td>
<td>Will work autonomously in managing a team and area of work. Direct influence commissioning and/or service provision or accountable for direct delivery of a service/s</td>
<td>Implement R&amp;D programmes. May additionally involve extensive commitment to initiating and developing R&amp;D programmes, either locally or nationally</td>
</tr>
</tbody>
</table>
Career Level 1- Healthcare Science Assistant – Entry Level (Audiology)

A Healthcare Science Assistant (Audiology) performs protocol limited tasks under supervision and direction of more senior staff. Shows understanding of a small number of routine work procedures gained through a local induction and training/competency assessment. They are expected to work as part of an integrated team.

1. **Knowledge, Skills, Training and Experience**
   Basic, general education to GCSE standards and appropriate Information Technology skills. Introductory qualifications at main entry level – for Assistants, to gain 5 Core units in each specific to Healthcare Science.

2. **Supervision**
   Works under direct supervision and demonstrates personal effectiveness in straightforward tasks.

3. **Professional and Vocational Competence**
   Accepts guidance on work practice and demonstrates awareness of procedures for solving problems.

4. **Analytical/Clinical Skills and Patient Care**
   Performs limited tasks in a narrow area.

5. **Organisational Skills and Autonomy/Freedom to Act**
   Works within well established procedures/protocols under direct supervision.

6. **Planning, Policy and Service Development**
   Follows policies and procedures in their own work area.

7. **Financial, Administration, Physical and Human Resources**
   Observes personal duty of care in relation to equipment and resources used in the course of work.

8. **Research and Development**
   Contributes to simple audits or surveys relevant to own area of work.
Career Level 2 - Healthcare Science Assistant (Audiology)

A Healthcare Science Assistant (Audiology) performs protocol limited tasks under supervision and direction of more senior staff. Carries out tasks where action is governed by rules defining routines and processes. They are expected to work as part of an integrated team. Selects and applies basic methods, tools and strategies of the work area. May undertake further training to enhance career development.

1. **Knowledge, Skills, Training and Experience**
   - Basic, general education to GCSE standards and appropriate Information Technology skills.
   - Relevant level of experience and training in audiology ie. Apprenticeship, QCF Diploma level 2 – competence based, Technical certificate.

2. **Supervision**
   Works under close but not continuous supervision and takes limited responsibility for improvements in performance.

3. **Professional and Vocational Competence**
   Seeks guidance on work practice and solves problems using information provided.

4. **Analytical/Clinical Skills and Patient Care**
   Performs clinical, technical, administrative or scientific tasks in a narrow area.

5. **Organisational Skills and Autonomy/Freedom to Act**
   Works to established procedures/protocols which is supervised.

6. **Planning, Policy and Service Development**
   Follows policies and procedures in their own work area.

7. **Financial, Administration, Physical and Human Resources**
   Responsible for care of equipment used by self and others.

8. **Research and Development**
   Performs simple audits or surveys relevant to own area of work.
Career Level 3 – Healthcare Science Assistant- Higher Level (Audiology)

A Healthcare Science Assistant –Higher Level (Audiology) performs a range of protocol limited tasks under indirect supervision of a Specialist HCS (Audiology). Higher Level Assistants may assist in training new staff. They are expected to work as part of an integrated team. Selects and applies basic methods, tools and strategies of the work area. May undertake further training to enhance career development.

1. **Knowledge, Skills, Training and Experience**
   Requires understanding of a range of duties with a basic level of theoretical knowledge.
   - Relevant level of experience and training in audiology ie. Apprenticeship, QCF Diploma level 3 – competence based, Technical certificate.

2. **Supervision**
   Takes responsibility for completion of tasks demonstrating some independence in work.

3. **Professional and Vocational Competence**
   Takes responsibility for own development and work practice.

4. **Analytical/Clinical Skills and Patient Care**
   Performs a wider range of protocol driven clinical, technical, administrative or scientific tasks.

5. **Organisational Skills and Autonomy/Freedom to Act**
   Works within established procedures/protocols. Supervision is readily available.

6. **Planning, Policy and Service Development**
   Offers comments/suggestions for improvements to procedures or possible service developments.

7. **Financial, Administration, Physical and Human Resources**
   Responsible for care of equipment used by self and others. Eg responsible for maintaining stock.

8. **Research and Development**
   Performs simple audits or surveys relevant to own area of work and may occasionally participate in research and development or testing equipment.
Career Level 4 – Healthcare Science Associate (Audiology)

A Healthcare Science Associate (Audiology) performs a wider range of clinical or technical procedures than those in Career Stages 1-3 which may be more patient focused. They are expected to work as part of an integrated team to undertake protocol driven tasks under indirect supervision of a Specialist HCS (Audiology).

1. Knowledge, Skills, Training and Experience
   Requires a greater understanding of a range of duties with an intermediate level of theoretical knowledge.
   - Relevant level of experience and training in audiology i.e. Relevant Foundation degree or equivalent.
   - Registration with appropriate relevant body.

2. Supervision
   Takes responsibility for completion of protocol driven patient activity, demonstrating some independence in work. Supervision, as required, must be provided by career framework 5 or above.

3. Professional and Vocational Competence
   Demonstrates self directed development and work practice.

4. Analytical/Clinical Skills and Patient Care
   Performs clinical, technical, administrative or scientific tasks as part of a complete patient pathway ensuring access to Specialist HCS is readily available.

5. Organisational Skills and Autonomy/Freedom to Act
   Will follow set procedures for their area of work with advice generally being available from more experienced staff.

6. Planning, Policy and Service Development
   Involved in the implementation of policies. Formally makes comments/suggestions for improvements to procedures or possible service developments.

7. Financial, Administration, Physical and Human Resources
   Responsible for care of equipment used by self and others. Takes responsibility for training of junior members of staff.

8. Research and Development
   Assists with research projects within own area of work.
Career Level 5 – Healthcare Science Practitioner (Audiology)

A Healthcare Science Practitioner (Audiology) performs a wider range of complex clinical or technical procedures and is accountable for his/her own actions and the actions of those they direct and/or supervise.

1. **Knowledge, Skills, Training and Experience**
   Requires broad theoretical and practical knowledge and shows awareness of limits to knowledge base.
   - Relevant level of experience and training in audiology. To have obtained a relevant honours degree level (BSc (Hons) in Audiology / BSc (Hons) in Healthcare Science (Audiology)) or equivalent qualification.
   - Registration with appropriate relevant body.

2. **Supervision**
   Manages work independently that requires problems solving. Supervision, as required, must be provided by career framework 6 or above.

3. **Professional and Vocational Competence**
   Evaluates own practices and identifies development. Makes judgements based on knowledge of relevant issues.
   Demonstrates experience of operational interaction within work area.

4. **Analytical/Clinical Skills and Patient Care**
   Makes judgements requiring analysis, interpretation and comparison of options. Performs broad range of clinical, technical or scientific tasks.

5. **Organisational Skills and Autonomy/Freedom to Act**
   Will involve working independently in order to plan, organise and prioritise their own work, activities and tasks.

6. **Planning, Policy and Service Development**
   May develop procedures and changes in working practices or procedures for own work area in order to improve the quality of service.

7. **Financial, Administration, Physical and Human Resources**
   Works within organisational processes. Contributes to administration and management of work area.

8. **Research and Development**
   Able to use research reasoning and problem solving to determine appropriate actions within own clinical practice and participate in audit.
Career Level 6 – Healthcare Science Practitioner (Audiology)

At this level a Healthcare Science Practitioner (Audiology) performs a highly complex clinical, scientific or technical role which involves working directly with the patient and/or supervises a team.

1. **Knowledge, Skills, Training and Experience**
   Requires a detailed theoretical and practical knowledge and demonstrates the mastery of methods and tools in complex and specialised work areas. Also demonstrates innovation in terms of methods used.
   - Relevant level of experience and training in audiology. A Healthcare Science Practitioner will have a BSc (Hons) Audiology, BSc (Hons) in Healthcare Science (Audiology) or equivalent and evidence of M level study for example HTS modules, university modules.
   - Registration with appropriate relevant body.

2. **Supervision**
   Manages work independently that requires problems solving. Supervision of CF 1-5 as required and supported by Career level 7 and above.

3. **Professional and Vocational Competence**
   Consistently evaluates own practices and identifies development. Solves problems by integrating information from expert sources.

4. **Analytical/Clinical Skills and Patient Care**
   Provides specialist clinical, technical or scientific services making judgements involving a range of complex facts, options, analysis and interpretation.

5. **Organisational Skills and Autonomy/Freedom to Act**
   Works independently and directs works activities of a team or others.

6. **Planning, Policy and Service Development**
   Implements policy and proposes/changes working practices or procedures. Plans complex activities involving liaison with other and/or over long time periods.

7. **Financial, Administration, Physical and Human Resources**
   Works within organisational processes. Contributes to administration and management of work area.

8. **Research and Development**
   Participate in Research and Development and regularly undertake Audits.
Career Level 7 – Healthcare Scientist (Audiology)

An Advanced Healthcare Scientist (Audiology) will have developed skills and theoretical knowledge to a very high standard through performing and in-depth, highly complex role, and continuously developing clinical, scientific or technical practice within Audiology; and/or has management responsibilities for a section of a department or be largely involved in research and development.

1. **Knowledge, Skills, Training and Experience**
   Requires have developed skills and theoretical knowledge to a very high standard through performing an in-depth, highly complex role, and continuously developing clinical, scientific or technical practice within Audiology.
   - Relevant level of experience and training in audiology. MSc in Audiology / MSc in Healthcare Science (Neurosensory Science) or equivalent.
   - Registration with appropriate relevant body.

2. **Supervision**
   Demonstrates leadership and innovation in practice that are complex and unpredictable. Expected to take accountability for those under supervision.

3. **Professional and Vocational Competence**
   Demonstrates independence in the direction of practice and a high level of understanding of development processes, responding to social, scientific/clinical/ethical issues that are encountered, managing complex change.

4. **Analytical/Clinical Skills and Patient Care**
   Provides highly specialist clinical, technical or scientific services making complex judgements, across an area. Also can be accountable for direct delivery of part of a service.

5. **Organisational Skills and Autonomy/Freedom to Act**
   Responsible for a work area, specialist services or clinical pathways. May be accountable for direct delivery of part of a service. Develop their scope of practice, delivering expected results which being guided by principles and broad policies.

6. **Planning, Policy and Service Development**
   Proposes changes to practice or procedures which impact beyond own work area. Responsible for implementing new or revised policies across the area. Plan and/or organise a broad range of complex activities or programmes with formulation of strategies.

7. **Financial, Administration, Physical and Human Resources**
   Responsible for a work area managing staff and /or services ranging in size and complexity.

8. **Research and Development**
   Initiate and develop R&D programmes.
Career Level 8 – Consultant Healthcare Scientist (Audiology)

A Consultant Healthcare Scientist (Audiology) provides clinical and scientific expertise and leadership within Audiology bringing strategic direction, innovation and highly developed and specialised skills and knowledge to the role and/or has management responsibilities for leading a department or a number of specialist services and or initiates or leads formal research activities.

1. **Knowledge, Skills, Training and Experience**
   Requires highly developed skills and theoretical knowledge to a advanced strategic and operational level including management knowledge, qualification and experience through performing an in-depth, highly complex role, and continuously developing clinical, scientific or technical practice within Audiology.
   Consultant HCS requires broad and extensive knowledge and experience with in-depth knowledge to Doctorate level or equivalent. Such knowledge will normally be acquired through formal study at doctoral level and further higher specialist training (HSST).
   - Relevant level of experience and training in audiology. MSc in Audiology / MSc in Healthcare Science (Neurosensory Science) or equivalent.
   - HSST, doctoral level qualification or equivalent.

2. **Supervision**
   Demonstrates strategic leadership, innovation and independence. Expected to take full accountability for overall service delivery.

3. **Professional and Vocational Competence**
   Demonstrates sustained commitment to developing and implementing new ideas or processes in line with national policies and guidelines. May also involve informing national policy development. Leads operational interactions providing strategic direction within the organisation.

4. **Analytical/Clinical Skills and Patient Care**
   Provides highly specialist clinical, technical or scientific services and/or advice across an area of work and is able to act as an expert in one or more service areas.

5. **Organisational Skills and Autonomy/Freedom to Act**
   Will work autonomously in managing service(s). Direct influence commissioning and/or service provision or accountable for direct delivery of a service(s).

6. **Planning, Policy and Service Development**
   Responsible for advising, evaluating and implementing policy at directorate/organisational level or with other organisations and agencies. This involves formulating long term strategic plans impacting within or across organisations.

7. **Financial, Administration, Physical and Human Resources**
   Responsible for delivery against local and national quality, financial and performance frameworks.

8. **Research and Development**
   Implement R&D programmes. May additionally involve extensive commitment to initiating and developing R&D programmes, either locally or nationally.
Career Level 9 – Director Healthcare Science

People working at Level 9 require knowledge at the most advanced frontier of the field of work and at the interface between fields. They will have responsibility for the development and delivery of a service to a population at the highest level of the organisation. This role is currently not within this scope of practice but will remain under review.
Section 2: Pathways

Implantable Devices Services are not currently covered within this document and the relevant National Service Specifications should be referred to.
Adult Direct Referral for Hearing Assessment

**Service Description**
To assess the hearing threshold and hearing difficulties of patients with the complaint of gradual onset and symmetrical hearing loss for the purpose of appropriate management. Where appropriate, to provide hearing aid management to the patient to alleviate their disability and handicap, or to refer on-ward if hearing aids are not indicated.

**Location**
Hospital or community based model determined in consultation with local health community. However, note that pure tone audiometry – including air and bone conduction, must be carried out in sound treated conditions to current ISO standards ISO 8253 3:2012.

**Referral Criteria**
- Patient age dependent on local commissioning agreement.
- Presenting complaint must be that of a symmetrical, slow onset hearing loss. No other ear, hearing or ENT complaints should be referred through this route.
- Under current practice prior to referral, patients will have been seen by a GP or appropriate healthcare professional to ensure tympanic membranes and external auditory canals are normal in appearance and are clear of wax.

**Appropriate Practice**

**Initial Assessment (Appendix 1)**
- **Time** – minimum 45 minutes
- **Staff** – minimum Career Framework 5

**Notes:** Where patients are unable to attend clinics, domiciliary setting should be considered. Domiciliary setting would still need to comply with BSA recommended procedure of pure tone audiometry.

**Fitting of Hearing aids (Appendix 2)**
- **Time** – minimum 45 minutes (unilateral) 60 minutes (bilateral)
- **Staff** – minimum Career Framework 4 (if in community or domiciliary should be minimum CF 5 to satisfy supervisory requirements)

**Follow-up Appointment 8-12 weeks post fitting (Appendix 3)**
- **Time** – minimum 30 minutes
- **Staff** – minimum Career Framework 4 (if in community or domiciliary should be minimum CF 5 to satisfy supervisory requirements)

**Historical Documentation**
- Pushing the boundaries: Evidence to support the delivery of good practice in audiology, NHS Improvements, 2011
- BSA REM guidelines 2012
Adult Reassessment – Existing Hearing Aid User

**Service Description**  
To reassess the needs of patients who have previously been fitted with a hearing aid.

**Location**  
Hospital based or community based model¹, determined in consultation with local health community. Where pure tone audiometry is carried out accommodation must meet ISO 8253 3:2012 standard.

**Referral Criteria**  
- Self-referral
- GP referral
- ENT referral
- Referral by Audiology staff or within 3 year pathway for review

**Appropriate Practice**

**Reassessment/re-fitting Visit (Appendix 4)**  
**Time** – minimum 60 minutes  
**Staff** – minimum Career Framework 4 (if in community or domiciliary should be minimum CF 5 to satisfy supervisory requirements)  
**Notes:** ¹ Where patients are unable to attend clinics, domiciliary setting should be considered. Domiciliary setting would still need to comply with BSA recommended procedure of pure tone audiometry.

**Follow-up Appointment 8-12 weeks post fitting (Appendix 5)**  
**Time** – minimum 30 minutes  
**Staff** – minimum Career Framework 4 (if in community or domiciliary should be minimum CF 5 to satisfy supervisory requirements)

**Historical Documentation**  
- Pushing the boundaries: Evidence to support the delivery of good practice in audiology, NHS Improvements, 2011
Adult Hearing Aid Maintenance Service

**Service Description**
To provide a hearing aid repair service for those patients who have previously been fitted with a hearing aid and who are having problems with the supplied device.

**Location**
Hospital based or community based model\(^1\), determined in consultation with local health community.

**Referral Criteria**
- Self-referral taking into account local protocols/guidelines

**Appropriate Practice**

**Reassessment/re-fitting Visit (Appendix 4)**
**Time** – minimum 15 minutes  
**Staff** – led by minimum Career Framework 5 and supported by CF 2 +.

*Notes: \(^1\) A variety of setting should be considered for this service, ensuring repair services are brought closer to patients.*

Audiological Support for ENT/Outreach/GPSI Clinics

**Service Description**
To support ENT/ENT Outreach clinics/GPSI clinics in order to provide an audiological assessment on patients who are able to undertake pure tone audiometry.

**Location**
Hospital based, community or locality based model in soundproof accommodation reaching ISO standard (ISO 8253, 3:2012).

**Referral Criteria**
Patients attending and referred through ENT/GPSI* clinics with a history of hearing, tinnitus and/or balance problems requiring an audiological assessment.

**Appropriate Practice (Appendix 7)**
**Time** – minimum 20 minutes  
**Staff** – led by minimum Career Framework 5 and supported by CF 4 +.

*GPSI – GP with a special interest in ENT*
Tinnitus Assessment and Treatment

Service Description
To provide a specialist service for those patients with troublesome tinnitus identified and referred by their GP, ENT or Audiology.

Location
Hospital based or locality based model in accommodation reaching appropriate ISO 8253 3:2012 standard for pure tone audiometry.

Referral Criteria
• Patients referred by the GPs with troublesome tinnitus.

Tinnitus Assessment and Treatment Appropriate practice (Appendix 8)
Time – minimum 60 minutes
Staff – minimum Career Framework 6

Historical Documentation:
• Direct access tinnitus patient pathway,
• Pushing the boundaries: Evidence to support the delivery of good practice in audiology, NHS Improvements, 2011.

Paediatric Objective Hearing Assessment

Service Description
To assess the hearing threshold of children who require objective assessments.

Location
Hospital or Community Based in accommodation meeting the standards required for ISO 8253, 3:2012.

Referral Criteria
• Children who are unable to participate in behavioural testing
• Children who need objective testing to assist in diagnosis

Appropriate Practice (Appendix 7)
Time – minimum 1.5 hours
Staff – minimum Career Framework 7
Paediatric Assessment – Under the Age of 3 Years

Service Description
To assess the hearing of those children under the age of 3 years.

Location
Hospital or Community Based in a sound proof room (ISO 8253, 3:2012).

Referral Criteria
- Referrals from any Healthcare Professional/Teacher who suspects a child may have a hearing problem
- Children under surveillance measures stating procedures as defined by local protocol

First Assessment Visit Appropriate Practice (Appendix 10)
Time – minimum 30 minutes
Staff – lead minimum Career Framework 6 (tier 2) CF 7 (tier 3)
Second Tester minimum Career Framework 3

Review Appointment if Necessary
To include the appropriate practice of the first visit and update IMP*
Notify results to referrer, copy to parents and GP

Time – 30 minutes
Staff – lead minimum Career Framework 6(tier 2) CF 7 (tier 3)
Second Tester minimum Career Framework 3

* IMP - Individual Management Plan
Paediatric Assessment – Over the Age of 3 Years

Service Description
To assess the hearing of those children over the age of 3 years.

Location
Hospital or Community Based in a sound proof room (ISO 8253, 3:2012).

Referral Criteria
- Referrals from any Healthcare Professional/Teacher who suspects a child may have a hearing problem
- Children under surveillance measures stating procedures as defined by local protocol

First Assessment Visit Appropriate Practice (Appendix 11)
Time – minimum 30 minutes
Staff – minimum Career Framework 6

Review Appointment if necessary
To include the appropriate practice of the first visit and update IMP
Notify results to referrer, copy to parents and GP

Time – minimum 30 minutes
Staff – minimum Career Framework 6
Paediatric Assessment – Children With Complex Needs

**Service Description**
To assess the hearing of those children with complex needs.

**Location**
Hospital or Community Based in accommodation meeting the standards required for ISO 8253, 3:2012.

**Referral Criteria**
- Referrals from Audiology, ENT, Paediatrician and any Healthcare Professional/Teacher who suspects a child may have a hearing problem
- Part of surveillance measures, stating procedures, as defined by locally agreed protocol

**First Assessment Visit (Appendix 12)**
- **Time** - minimum 45 minutes
- **Staff** - lead minimum Career Framework 7
  second tester minimum Career Framework 6

**Review Appointment if Required**
To include the appropriate practice of the first visit and update IMP
Notify results to referrer, copy to parents and GP

- **Time** – minimum 30 minutes
- **Staff** – lead minimum Career Framework 7
  second tester minimum Career Framework 6
Paediatric Fitting of Hearing Aids

**Service Description**
To fit, verify and evaluate hearing aids for children.

**Location**
Hospital based or Community Based in accommodation meeting the standards required for ISO 8253, 3:2012.

**Referral Criteria**
- Children referred for hearing aids through Newborn Audiological Assessment
- Children referred for hearing aids through ENT/AVM
- Children referred for hearing aids through Paediatric Audiology

**Fitting of Hearing Aid/s Appropriate Practice (Appendix 13 a) to Include**

- **Time** – minimum 1.5 hours
- **Staff** – 2 members of staff minimum Career Framework 7 with second tester minimum Career Framework 6 for under 5 years. Career Framework minimum Career Framework 6 for over 5 years

**Follow-up Appointment Post Fitting (Appendix 13 b)**

- **Time** – minimum 60 minutes
- **Staff** – 2 members of staff minimum Career Framework 7 with second tester minimum Career Framework 6 for under 5 years. Minimum Career Framework 6 for over 5 years

**Historical Documentation:**
- Public functions to be exercised by NHS England- Service Specification 20- NHS Newborn Hearing Screening Programme- November 13
- Guidelines for the early audiological assessment and management of babies referred from the Newborn Hearing Screening Programme- Version 3.1- July 2013
- Guidance for Auditory Brainstem Response testing in babies-Version 2.1 March 2013
Vestibular Assessment

Service Description
To assess the balance function of patients.

Location
Designated vestibular room with appropriate lighting.

Referral Criteria
• Referral for Vestibular Assessment is made either by an ENT Consultant, a member of the ENT Medical team or other referring Consultant eg Audiological Physician/Neurologist or GP

Vestibular Assessment Appropriate Practice (Appendix 14 a)
Time – time allocated to reflect local protocols for appointment structures – eg 90 minutes
Staff – lead minimum Career Framework 7
if required for assessment of balance function second assistant minimum Career Framework 3

Vestibular Follow-up Appointment (Appendix 14 b)
Time – time allocated to reflect local protocols for appointment structures (90 – 120 minutes dependent on complexity of assessment)
Staff - lead minimum Career Framework 7
if required for assessment of balance function second assistant minimum Career Framework 3

Historical Documentation:
• Provision of adult balance services; a good practice guide, Department of Health, Jan 2009
Appendix 1

First Assessment Visit to Include
- Prior to appointment collate patient information, review referral details and additional requirements
- Explain reason for and format of the consultation to patient and/or carer
- Gain consent
- Take relevant medical history including manipulation, cognitive ability and vision
- Complete individual needs assessment and baseline stage of outcome measure
- Otoscopy (Wax removal by an appropriately trained person if needed)
- Pure Tone Audiogram – including air and bone conduction, and in accordance with BSA recommended procedures
- Uncomfortable loudness levels (optional according to local protocol) in accordance with BSA recommended procedure
- Tympanometry where indicated in accordance to BSA recommended procedures
- Agree Individual Management Plan
- Appropriate and timely documentation should be completed at all times

In cases where the patient does not meet the criteria for direct referral, use clinical judgement to decide whether proceeding with hearing aid management is indicated before further medical opinion/intervention. (according to BAA guidance) Issue IMP and ensure that the patient and/or carer have agreed any onward referral and next steps.

If proceeding with hearing aid management:
- Provide pre-fitting counselling, including modifying expectations where necessary
- Consider management of hearing loss in association with the IMP
- Where appropriate discuss hearing aid options and agree type/model with patient and or/carer
- Offer bilateral aiding in all clinical appropriate cases
- Where appropriate consider slim tube/RIC fitting or where indicated undertake aural impressions taking into account additional requirements such as venting/tubing using BSA recommended procedure
- Issue Patient Information leaflets
- Proceed to hearing aid fitting (where one-stop is employed) or arrange next appointment in accordance with local protocol

If not proceeding with hearing aid
- If the patient declines to wear a hearing aid or is not suitable for an aid, advice to be given on hearing tactics, assistive devices, referral for lip reading classes, counselling from a Hearing Therapist/Rehabilitative Audiologist in accordance with patient’s needs
- Provide appropriate sign-posting to external services where required
- Appropriate and timely documentation should be completed at all times
Appendix 2

**Fitting of Hearing Aid/s to Include**

- Prior to appointment collate patient information, review IMP, review needs assessment/baseline outcome measure data and any additional requirements
- Explain reason for and format of consultation to patient and/or carer
- Gain consent to proceed
- Hearing aids to be fitted and REMs performed to BSA recommended protocol
- Evaluate subjective sound quality/comfort (including own voice) and fine tune where necessary
- Check all areas on IMP have been addressed, with appropriate onward sign posting if required.
  Where areas of IMP are still outstanding, re-evaluate and advise the patient and / or carer of next steps
- Instruction re use and management of hearing aid to be given to patient
- Issue written information about hearing aids, batteries and local services, including repair service operating times, location and contact details
- Appropriate and timely documentation should be completed at all times

Appendix 3

**Follow-up Appointment 8-12 Weeks Post Fitting to Include**

- Prior to appointment collate patient information, review IMP, review outcome measure data and additional requirements
- Explain reason for and format or consultation to patient and/or carer
- Gain consent to proceed
- Check hearing aid progress with patient and/or carer
- Complete the ‘outcome measure’ part 2
- Follow up on patient/carer responses along with checking whether there are any problems with insertion, comfort, sound quality, adequacy of loudness, loudness discomfort, noise intrusiveness, telephone use, battery life, hearing aid cleaning regime and how much use is being made of the aid/s
- Check use of different programmes and loop
- If face to face appointment fine tune if necessary based on patients comments and outcome measures and REM as required, using BSA/BAA recommended procedure. If telephone consultation then arrange for face to face fine tune appointment in accordance with local protocol
- Assess need for Hearing Therapy, or Assistive Listening Devices, further follow up appointments based on outcome measures
- Appropriate and timely documentation should be completed at all times

In cases where the patient does not meet the criteria for direct referral, use clinical judgement to decide whether proceeding with hearing aid management is indicated before further medical opinion/ intervention. (According to BAA guidance) Issue IMP and agree future management.
Appendix 4

Reassessment / Re-fitting Visit to Include

- Review outcome measure data if available and any special requirements
- Review medical history
- Complete new outcome measure for current amplification
- Pure Tone Audiogram – including air and bone conduction, using BSA recommended procedure
- Uncomfortable loudness levels (optional according to local protocol) using BSA recommended procedure
- Tympanometry where indicated using BSA recommended procedure
- Check situations for IMP
- Discuss available options for hearing aid provision and select an appropriate hearing instrument(s) if required
- Hearing aids to be fitted and REMs performed to BSA recommended protocol
- Hand out patient information leaflet, written information on the aids and local services
- In discussion with patient, consider onward referral
- Appropriate and timely documentation should be completed at all times

Appendix 5

Follow-up Appointment 8-12 Weeks Post Fitting to Include

- Ask how the patient is getting use to the hearing aid/s
- Review IMP
- Outcome measure part 2
- Follow up responses and ask about problems with insertion, comfort, sound quality, adequacy of loudness, loudness discomfort, noise intrusiveness, telephone use, battery life, cleaning
- Fine tune if necessary based on patients comments
- REM if necessary
- Change hearing aids or mould/open fit if necessary.
- Assess need for onward referral or sign posting to other agencies
- Appropriate and timely documentation should be completed at all times
Appendix 6

Appropriate Practice Within a Hearing Aid Repair Service May Include -

• Obtain reason for visit from the patient or carer
• Gain consent to proceed
• Review IMP
• Assess earmould/slim tube/RIC. Replace tubing or take an aural impression if required
• If collecting an earmould, insert earmould and trim tube to correct length
• Check hearing aid in test box and by self-assessment. Replace if required
• Evaluate subjective sound quality (including own voice) and fine tune if necessary
• Hand out patient information leaflet, written information on the aids and local services if required
• Appropriate and timely documentation should be completed at all times

Appendix 7

Audiological Support for ENT/AVM/Outreach/GPSI clinics
Appropriate Practice

• Pure Tone Audiogram – including air and bone conduction following BSA recommended procedures
• Otoadmittance assessment where clinically indicated following BSA recommended procedure
• Appropriate and timely documentation should be completed at all times

Appendix 8

Tinnitus Assessment and Treatment Appropriate Practice

• Explain reason for and format of the consultation to patient and or/carer and gain consent to continue
• Take relevant history including details regarding tinnitus, effect on lifestyle, manipulation, cognitive ability, vision and medication
• Carry out detailed audiological assessment including pure tone audiometry, tympanometry, otoacoustic emissions, pitch match testing
• Complete tinnitus questionnaires using locally agreed protocol
• Discussion of evidence-based options and agree appropriate course of action which may include a sound generator (ear level or bedside), hearing aid, combination devices or specific therapy options –patient education, tactics, relaxation, sound enrichment, CBT, sleep management, onward referral or other psychological therapies
• Agree IMP
• Where appropriate arrange for amplification to be discussed (if not within tinnitus practitioner’s scope of practice)
• If within scope of practice, and where required, proceed to hearing aid fitting (where one-stop is employed) or book next appointment if possible or arrange waiting list
• Give appropriate patient information leaflets
• Appropriate and timely documentation should be completed at all times
Appendix 9

Objective Assessment Appropriate Practice to Include
- Outline of assessment and gain consent to proceed
- Take relevant history
- Testing as per NHSP/BSA guidance
- The sequence of tests will be greatly influenced by the behavioural and developmental stage of the child
- Tympanometry (using appropriate test frequency for age)
- OAEs
- Auditory brainstem responses (ABR) or auditory steady state responses (ASSR) to locally determined protocol, reporting and arrangements for peer review
- Explain and discuss the results with the parents, answer questions and provide support
- The management approach adopted will depend upon the clinical findings including the likely degree and type of hearing loss, the development stage of the child including the existence of other disabilities and the views and the wishes of the patients
- Appropriate and timely documentation should be completed at all times

Appendix 10

Paediatric Under 3's First Assessment Visit to Include as Required
- Outline of assessment and gain consent
- Take relevant history
- Tympanometry (using appropriate test frequency for age)
- Development stage related diagnostic assessment eg VRA, play audiometry, otoacoustic emissions
- Toy test/speech discrimination testing where appropriate eg McCormick toy test
- Debrief parents/other of results of the assessment
- Appropriate and timely documentation should be completed at all times

Appendix 11

Paediatric over 3's First Assessment Visit to Include as Required
- Outline of assessment and gain consent
- Take relevant history
- Age related diagnostic assessment eg play audiometry/PTA, tympanometry
- Automated toy test/Speech discrimination tests eg McCormick toy test
- Debrief parents/other of results of the assessment and discuss future management
- Appropriate and timely documentation should be completed at all times
Appendix 12

First Assessment Visit for Children with Complex Needs to Include

- Outline of assessment
- Take relevant history
- Developmental stage related diagnostic assessment eg VRA/play audiometry/PTA, otoacoustic emissions, tympanometry
- Speech discrimination test eg McCormick toy test
- Arrange for electro-physiological testing if required
- Debrief parents/other of results of the assessment
- Appropriate and timely documentation should be completed at all times

Appendix 13

A) Paediatric Hearing Aid Fitting Appropriate Practice to Include

- Prior to appointment collate patient information and any special requirements
- Fitting of hearing aids to follow MCHAS/NHSP guidelines
- Consideration of the child’s amplification requirements will inform decisions regarding the application of various standard and advanced features
- Review IMP and discuss fitting with parents
- Instruct parents/carers re use and management of hearing instruments
- Provide written information on the care of aids; hearing loss and local contacts eg audiology contact; Education, local NDCS
- Appropriate and timely documentation should be completed at all times

B) Paediatric Follow-up Appointment Post Fitting to Include

- Review IMP
- Discuss progress and concerns with parent/carer
- Review the teacher of the deaf report on the child’s use of aids and listening skills
- Check use of different programmes and FM system if used
- Evaluate the effectiveness of the programmed hearing aid/s and measure the benefit of amplification through use of listening questionnaires; Ling sounds; speech tests as appropriate for developmental stage
- Fine tune if necessary based on reports from teacher, parents, clinical observations, evaluation
- Verify changes in programme if necessary
- Evaluate progress using outcomes measures
- Appropriate and timely documentation should be completed at all times
Appendix 14

A) Vestibular Assessment Appropriate Practice May Include –
- Outline assessment
- Take a relevant history
- Refer to previous Audiological assessments and repeat pure tone audiogram and tympanometry if necessary

Further testing is partly dependent on the individual patient case but is likely to involve –
- Assessment of standing balance
- Bedside testing
- Questionnaires

Tests for BPPV
- Side lying test
- Tests for horizontal BPPV
- Dix-Hallpike

If BPPV found – appropriate treatment to be performed

If no BPPV found or BPPV suspected to be secondary to vestibulo pathology full balance assessment to be performed including assessment of eye movements and assessment of balance function (caloric tests), vHIT and VEMP as appropriate

- Appropriate and timely documentation should be completed at all times

B) Vestibular Follow-up Appointment
- Review IMP
- Assess progress
- Vestibular rehabilitation as indicated
- Appropriate and timely documentation should be completed at all times
Reference Group:

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<td>BAA</td>
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<td>Huw Thomas, Lead Examiner</td>
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<td>Jagjit Sethi, Treasurer</td>
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<td>Laura Booth and Harriet Crook</td>
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<td>Directors for Education and Training</td>
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