



BRITISH ACADEMY OF AUDIOLOGY

Northern Ireland Audiology Services Briefing Paper

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1. Introduction

Audiology is a healthcare science profession encompassing hearing, tinnitus and balance services and is predominantly provided by NHS healthcare science staff in conjunction with many partners. Audiology services provide assessment, diagnosis, intervention and rehabilitation services from new-born to older adults with suspected or diagnosed hearing, tinnitus and balance disorders. These services are sometimes integrated with ear nose and throat (ENT) departments or wider in primary care and are a cost effective use of knowledge and skills. Hearing loss often occurs in combination with other disabilities so audiology services also work closely with multi-disciplinary teams, social care, education and the 3rd sector.

The predominant footfall for Audiology services is related to diagnosis and management of adults with hearing loss and tinnitus. Hearing loss can occur across all age groups and unaddressed hearing loss can have a serious impact on health and wellbeing. People with hearing loss are more likely to experience emotional distress and loneliness and we know that hearing loss doubles the risk of developing depression. Those with a hearing loss are at least twice as likely to develop dementia (Action on Hearing Loss, 2016a).

In 2015 a survey conducted by Action on Hearing Loss revealed that an estimated 11 million people in the United Kingdom have a hearing loss, equating to 1 person in every 6 (Action on Hearing Loss, 2016c). In Northern Ireland (NI) with an estimated population of 1.86 million, this is around 286 000 people being affected with some degree of hearing loss.

The Executive Office in Northern Ireland has projected the number of adults aged 65 and over to increase by 74.4% between 2014 and 2039, from 285,900 to 498,500. By mid-2039 almost one in four (24.7%) of the population is expected to be aged 65 and over (NISRA, 2015). Furthermore, estimates suggest more than 70% of over 70 years-old and 40% of over 50 years-old have some kind of hearing loss (Action on Hearing Loss, 2016c). This fact, combined with the increase in the ageing population and corresponding comorbidity is likely to result in substantial increased demands, not only for NHS audiology services but also for ENT, wider primary care, multidisciplinary care teams, social care, education and the 3rd sector services.

This briefing paper sets out to describe the current status of audiology service provision in NI and the related issues impacting on their future sustainability to support the projected increase in demand. The paper highlights the NI audiology profession's concerns and suggests mitigating options to address these.

2. Background

2.1 Workforce Profile

Guidelines from Action on Hearing Loss indicate that, NI requires between 90 and 120 Audiologists to meet the need for diagnostic assessments, rehabilitation and on-going support for those with hearing difficulties across the life cycle. The current NI Audiology workforce comprises of only 72.68 substantive WTE clinical staff across 5 Health trusts (table 1); a shortfall of between 17.32 and 47.32 WTE for the NI population. To further compound the workforce problem across the region, vacancies remain at around 17.3% (12.58 WTE) of the total funded establishment.

Table 1: Audiology services workforce in 2016

	Current Staff in post – Headcount	Current Staff in post – WTE	Current Vacancies – WTE	Total Funded establishment
Band 4	2	1.5	4.5	6
Band 5	24	20.7	7.08	27.54
Band 6	23	22.04	4	23.19
Band 7	10	9.15	1	9.95
Band 8	6	6	0	6
Total	65	59.39	12.58	72.68

There is also significant impact from age and gender profiling on current and future sustainability of workforce. For example:

- Age profiling carried out by Health and Social Care Board (HSCB) predicts that 51% of the current clinical workforce will retire in the next 3-10 years (by 2024) (table 2).
- Females of child bearing age comprise at least 90% of the current clinical workforce, with circa 9.3% (6.76 WTE) accounting for maternity leave during 2014-16. Added to the 17.3% vacancy problem, NI holds more than a quarter (26.6%) of its workforce shortfall at any one time. Hence without much needed supportive maternity backfill, services will be very vulnerable and unlikely to meet the service demands.
- Approximately 9% of staff are part time.

All this renders the workforce to be very vulnerable with a small number of current workforce being between 40-50 years of age.

Table 2: Audiology Staff; predicted retirements 2017-2024 and workforce required to meet population requirements (Action on Hearing Loss predictions, 2002)

Year	Number of predicted retirements Audiology WTE all Band 5 and above
June 2017	8.26 6.34 (retired Aug 16)
June 2019	9.81
June 2024	17.73

2.2 Recruitment and Retention

There is a significant impact of geographical location and unfilled vacancies on the current and future sustainability of workforce in departments. Northern Ireland also does not have parity with AFC banding in Great Britain, or across regions. This has resulted in NI audiology posts being less attractive than their counterparts on the mainland. Furthermore, staff preferring to stay in NI is being attracted by more competitive remuneration packages from private sector providers. The NI audiology departments are not able to compete with such aggressive recruitment tactics. This situation has resulted in perverse variations across the patch including:

- Exacerbating variations of AFC grading and “poaching” of staff from neighbouring trusts in Northern Ireland.
- Lack of attractiveness of jobs and consistent pay structure, has created barriers to recruiting new staff from mainland UK into Northern Ireland.
- Geographical difficulties in attracting locum staff.
- Difficulties in filling part-time vacancies across the boards.
- Retention problems of existing staff are exacerbated through lack of career development opportunities, training and CPD.

2.3 Education and Training

To further compound the workforce crisis, NI has not had any audiology training courses available since 2008 and hence, there are no facilities to develop new recruits. Prior to 2008 Audiology training in NI consisted of a BSc Clinical Physiology course delivered by Ulster University, Jordanstown; in conjunction with British Association of Audiology Technicians (BAAT) exams delivered by the professional body. This course also included a 1 year clinical placement. The BAAT exams are no longer available, partly due to the establishment of BSc (Hons) in Audiology courses in 2003, which was then superseded by the Modernising Scientific Careers (MSC) courses in 2010.



Trusts now have limited recruitment options; either recruiting from the already depleted neighboring NI audiology workforce, or attempt to attract new staff from mainland UK. Both of these have their unique challenges and are proving to be 'Hobson's choices'.

Another option would be to send students to mainland UK for training but there are no funding options available to support this, and some UK courses requires students to register full-time for a minimum of three years on campus. An additional factor with this option is that funding also needs to include more than just course fees, as students are required to attend clinical placement blocks on either block or day release. More often than not these are facilitated within UK accredited departments, therefore reducing feasibility for students to complete their training in NI departments. It should also be noted that onsite training requires established infrastructure for mentoring and supervision training of staff to support students on site. There are also no guarantees that after mainland training trainees will return to NI.

Whilst the preferred option would be to train students in NI, to ensure course viability Higher Education Institutions (HEIs) require around a minimum of 8 to 10 students per cohort. To help inform decisions on the preferred training options a workforce planning exercise is required to help determine viable trainee numbers per year.

In addition, there is limited succession planning with on-going training (Continuous Professional Development (CPD)) for existing staff, which means they are poorly equipped for senior positions when they become vacant. There are specific concerns for the lack of access to senior leadership and management training for heads of services and those coming up through the ranks.

2.4 Wider impact on other health needs

Ear nose and throat services rely on Audiology services to support their clinics with diagnostic assessments. The two are inextricably linked with changes to one service significantly impacting the other. Hence there are concerns around the current ENT reform project. It is vital that this project undertakes a robust impact assessment on Audiological resources, highlighting unintended consequences and developing mitigation plans to any associated risks. Of note an increase in ENT service provision will invariably increase demand for audiology workforce; something the current establishment will not be able to accommodate.

2.5 Meeting Performance and Quality Standards

Due to significant capacity issues as described above some services are struggling to meet their Key Performance Indicators (KPIs). For the past number of years numerous trusts have struggled to meet the required waiting targets (9-weeks referral to assessment & 13-weeks assessment to treatment), resulting in patients not being able

to access quality services in a timely manner. For several years short term measures, such as Waiting List Initiatives, have been utilised to attempt to address the increase in waiting times. These short term measures do not achieve long term sustainable outcomes, resulting in a poor patient experience.

Service pressures results in BAA Scope of Practice¹ (2014) guidelines not being adhered to as services are unable to implement recommendations for time allocation for appointments and minimum staff career levels, applicable to clinical pathways.

Audiology services in NI are expected to work to a rigorous set of quality standards introduced in response to pressure from Action on Hearing Loss (Action on Hearing Loss, 2016b). The Scottish *Quality Standards for Adult Hearing Rehabilitation Services* (Scottish Government, 2009) were adopted by the Northern Ireland Audiology Services in 2013. The first peer review of services revealed the following:

- Variation of between 56.8% and 78.6% in meeting the Quality Standards across the region.
- Quality Standard 6, which measures Outcomes for patients, scored consistently the lowest in each Trust.
- Quality Standard 9 which measures Service Effectiveness, an indication of patient satisfaction, also scores low for each Trust.

3. Areas of good practice

Despite the numerous concerns NI audiology staff are committed to providing excellent patient centred care. This is exemplified by the following summary of the areas of good practice and service improvements that have already taken place:

- Set up of NI quality standard peer review process for adult services resulting in:
 - Increased accessibility of individual management plans for patients.
 - Significant improvement in information provision and communication with individuals.
 - Improvements in communication for multi-agency working including primary care, 3rd sector and education.
 - Overall quality standard improvements (20.7 – 28.5%) from 2012 to 2015. Services continue to make further continual improvements to their scores.
- Work is currently underway to improve the skill mix of workforce to address the shortfall.
- Maximising use of technology through the use of e-mail and text messaging to improve access and supporting patient self-management of their hearing care.

¹ This document is under review at present with planned publication of revised edition in November 2016.

- Patients now have access to choose between face to face and or telephone follow-up consultations.
- Some trusts have streamlined patient pathways through direct access to MRI, prior to ENT referrals. Hence reducing the expensive medical tariff and improving timely access to patient care.

4. Recommendations

Despite the areas of good proactive service improvements, there remain significant risks unaddressed. Northern Ireland HOS recognise that some solutions are within their gift to address, however there is also a wider need for a strategic plan with input from a wide variety of stakeholders. It is recommended that a number of short term measures are introduced, whilst longer term planning is developed and implemented.

Following a joint NI Heads of Audiology Services meeting, the following critical areas of risk with suggested solutions were identified that requires urgent strategic commitment to help mitigate:

4.1 Achieving a sustainable workforce

A whole system Northern Ireland Audiology workforce planning review is required including:

- DHSSPSNI commitment to support development of a future sustainable Audiology workforce.
- Joint heads of service (HOS) collaboration to complete a national review of the current workforce structure aligned to the British Academy of Audiology (BAA) Scope of Practice document (2014), and where possible linked to Agenda for Change (AFC) banding to establish consistency. Further discussions are planned around this at the HOS meeting on the 12th of September 2016.
- Discussion with Welsh Audiology colleagues to benchmark whole systems workforce planning and hence inform sustainable training programmes. Welsh audiology services perform an annual workforce review to determine the funded student numbers to be recruited for the BSc (Hons) Healthcare Science (Audiology) course at Swansea University.
- Followed by succession planning to facilitate development of cost-effective skill mix across all specialist skills, including peer review and “training the trainers”.



4.2 Recruitment and retention crisis

To exercise a collegiate Northern Ireland region wide workforce planning exercise with:

- Joint HOS collaboration to establish a memorandum of understanding to operate consistent AFC bandings for all job roles and limit poaching of staff across regions. Trusts to agree to be guided by the BAA Scope of Practice publication (2014) when developing job descriptions. Further discussions are planned around this at the HOS meeting on the 12th of September 2016.
- To develop an annual training needs analysis (TNA) across NI through the appraisal process so as to provide DHSSPSNI with a required training plan and hence inform the support for funding requirements.
- To gain agreement from DHSSPSNI for the TNA process and then jointly develop annual TNAs with NI HOS. Initiate discussion on 12th September HOS day and gain agreement.
- To avoid variation and disparity, DHSSPSNI and Trusts to consistently consider introduction of AFC recruitment/retention premium, or not at all. This could help secure staffing at required levels and minimise 'poaching' whilst building sustainability into the workforce.

4.2 Education and training concerns

- From the workforce planning exercise above, establish a short term plan to facilitate training of additional staff at Career Framework level 1-4. This may require sending students to England or Scotland.
- To develop a TNA as discussed above in recruitment and retention section.
- DHSSPSNI to support the exploration of establishment of modernising scientific careers (MSC) practitioner and scientific training programmes (PTP & STP respectively) in Audiology.
- DHSSPSNI to support access to funds for leadership and management training of Audiology heads of service and develop future leaders.

5. Conclusion

As a result of the increase in the ageing population and related occurrence of hearing loss with other comorbid conditions, the situation is untenable. With the lack of substantive workforce and succession planning options services are already struggling to meet current demands, let alone to have the capacity to build sustainable workforce for any additional future demands. An urgent review is required of both the workforce and training needs for NI Audiology services.

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