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OF AUDIOLOGY

British Academy of Audiology

AUDIOLOGY PROFESSIONALS IN NHS SCOTLAND: PERSPECTIVES ON SERVICE PROVISION

Survey Report

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BACKGROUND

In January 2022, the Cabinet Secretary for Health and Social Care announced that a national audiology review group would be established to examine hearing services provided to both children and adults in health boards across Scotland, as well as to make recommendations on improvements for the service.

The national audiology review was announced in the context of failings highlighted in standards of care provided in the NHS Lothian Paediatric Audiology service, following an independent review conducted by the British Academy of Audiology (BAA).

INTRODUCTION

A series of workshops was conducted by the BAA with NHS audiology professionals in Scotland, to support the national review of audiology (2023). BAA felt that to implement realistic and sustainable change to improve audiology provision, the thoughts, and experiences of audiologists across the country and at all levels should be collated and feed into the review.

To support this, a survey was disseminated to Scottish Audiologists prior to the workshops. The questions, developed by the national review group, focused on training, leadership, career opportunities, raising concerns and quality of care. Respondents were also asked about current strengths and potential opportunities.

The aim of the survey was to give audiology professionals at all levels, an opportunity to give their feedback and suggestions directly into the review.

Following survey analysis, three workshops were structured to identify key priorities for improving the quality of audiology services in Scotland, including the potential facilitators and barriers.

A broad analysis of the survey data and workshop transcripts is presented in this report with the support of selected quotes. This report can only represent the views of those Scottish Audiologists who chose to participate in either the survey or the workshops (survey: 67, workshops: 53) and this should be considered in the interpretation of results and recommendations. A draft version of this report was circulated amongst workshop attendees and amended in response to these comments.[1]

[1] In cases where feedback disagreed with the nature of the statements made by attendees, we were unable to make the requested change. Additionally, a request for quantifying the proportion of “positive” vs “negative” comments is not appropriate for this dataset.

SURVEY OF AUDIOLOGY PROFESSIONALS WORKING FOR NHS SCOTLAND

The survey covered the following key areas:

1. Training and career development
2. Governance and leadership
3. Raising concerns
4. Quality of service
5. Strengths, improvements and demonstrating value to stakeholders.

It was disseminated via email to BAA members working in NHS Scotland Audiology departments and to Scottish Heads of Service (HoS). Department heads were asked to share with their teams to capture the thoughts of audiology professionals who are not BAA members. The survey was open between 14th November 2022 and 2nd December 2022.

67 respondents completed the survey, 77% of whom were working at Band 6 level or above. This equates to approx. 25% response rate according to current workforce in Bands 3-8.

Band	Number of respondents
2	1
4	3
5	7
6	32
7	13
8a	3
8b	4
NR	4

Years working in audiology	Number of respondents
10+ years	40
7-10 years	9
4-6 years	7
0-3 years	6
I am a student	2

Specialism	Number of respondents
Adult Audiology Only	23
Paediatric Audiology Only	15
A mixture of Adult and Paediatric	24
Other	2

AUDIOLOGY SURVEY: KEY FINDINGS

TRAINING & DEVELOPMENT

- Most training opportunities are internal, often led by hearing aid manufacturers. Departments have variable access to external training. Many participants reported limited access, particularly to local training courses and a lack of funding or cover for time. A minority reported being well-supported by their HoS/manager.
- Most respondents reported no or limited career development opportunities.
- Key potential improvements suggested included improved communication networks for information sharing, local and external training in Scotland.
- Barriers listed included budget, staffing and support.

"I have had very little clinical training since I qualified with a hearing aid diploma in 2011."

"Limited to in-house training."

"Very poor - always advised there is no funding for accredited courses and unable to allow staff away due to long waiting times."

"None at present. No roles, funding, or budget exists within current health board and Scottish government structure. I continue to push my own knowledge and role for the benefit of my patients and students. However, there is currently a ceiling on my career progression within my organisation due to structural limitations brought on by an abject lack of budget, roles, and available staff to hire."

"Within my role I have been able to participate in balance assessment training, tinnitus and CROS training, working with adults with learning difficulties. However, more time is needed to work on CPD portfolio."

GOVERNANCE & LEADERSHIP

- A mixed set of responses. Some participants were unaware of the leadership structure, some felt it was poor, but a few felt there was good communication.
- The need for more effective succession planning was highlighted.
- Lack of a national representation for audiology in Scotland was also highlighted as a key issue.

"Completely ineffective. Largely an old boys club of people who have been in Audiology for years, are on every panel and committee but never make any real changes. HOS do not filter down information from a national level and in some instances choose not to."

"The current leadership structure is not effective or fit for purpose. There is insufficient focus on scientific knowledge, leadership training and experience, service development or clinical research. A more developed senior staff structure is necessary to allow for career progression, ongoing skill development, and provision of a high quality, effective, evidence-based service."

“The leadership structure is poor. Managers should have leadership training in order to manage staff concerns better. There is a lack of clear job roles and responsibilities therefore issues often get ignored or passed off to someone else.”

“Being an audiologist in Scotland is awful. The state of play is determined by heads of service with no appropriate training who make decisions for their own interests to cover their own backs and prevent anyone from seeing how bad their own services are. NHS Lothian paediatrics not an isolated incident.”

CAREER DEVELOPMENT & APPRAISALS

- Most respondents reported having limited career development opportunities. In cases where they reported having opportunities, they were largely in-house although a few reported being supported by their managers in personal development.
- 40% of respondents reported never having an appraisal.
- Those who had, commonly reported it being largely a “tick box exercise” with limited implementation of personal development plans.
- Suggested improvements to service provision included external and local training with a budget for services.
- Potential barriers included waiting lists and funding for training.

“Role expansion is quite limited, and we have a bottom-heavy department which does not seem to promote clinical progression. Also, we are very short staffed right now, so our priorities are ENT and referrals from community rather than time spent on our specialist areas.”

“I again have been fortunate in knowing the area I wanted to go into and it being one that there were few other clinicians interested in. However, this meant that I spent many years doing specialist work – tinnitus, hyperacusis, student training, as a band 5. The choice was, develop professionally but not get paid for it in the hope of the role being rebanded or stick to my scope of practice/banding and over time become bored, and unstimulated. I know many colleagues who were faced with this choice. Eventually I had to move boards completely to get the band 6 which I had probably also developed beyond.”

“None. Progression is largely based on who you know or favouritism. If you don't fit into this, then opportunities to progress will be scarce.”

“ZERO. It is difficult to get higher banding when there are no vacancies to offer this in the NHS. Money is a massive issue for the NHS, so giving a high role or role expansion would require a higher pay, to which is not available. Alongside this, if someone is in a higher band in Audiology, you are basically waiting for them to retire in order to have the opportunity of a career development/role expansion.”

“Annual appraisal is with a Clinical Service Manager who knows very little about Audiology. My last 2 appraisals have been very informal and online. The last one really left me to complete with no feedback from my manager. All in all, not a great experience to be worthwhile.”

AWARENESS OF ISSUES AFFECTING STAFF AND PATIENTS

- The majority of respondents were made aware of issues via monthly staff meetings and emails. There is variability in the perceived value of meetings and effectiveness.

"We have monthly meetings with all the audiologists in which all issues (service, staff and patients) are discussed. There is also an opportunity to input any issues you have come across that month. I feel this works well."

"We find out via gossip. Our head of service addresses any complaints from patients- but complaints are never directly addressed with the people involved. Instead, our management will just book patients to see another clinician when they return. Any staff conflicts are not dealt with at all. They are left alone, hence a very toxic workplace. It can be improved with a good leadership and audits."

RAISING CONCERNS & HANDLING COMPLAINTS

- Most respondents identified flagging concerns with senior staff, some would potentially use Datix, or a whistleblowing pathway. A few were unsure, and a minority would not report concerns for fear of reprisals or inaction.
- Handling of complaints was also variable – in some cases learning was shared amongst the team, but many reported that information was not always shared.

"Complaints are generally managed quite transparently within the department. They are usually brought up at staff meetings, especially if our SOPs have to change as a result. However, I feel that many of the complaints are managed by giving the patient what they want, even if we were following our local protocols. As a result, those who scream the loudest get the most, and I sometimes wonder why we bother having protocols."

"Patient complaints are dealt with through the hospital complaints department. Staff complaints are ignored by management. No communication with staff regarding patient complaints."

"Not very well. This is not fed back to the team, even with those involved in the incident. How can we learn from errors if these are not highlighted and addressed. It seems like managers shy away from this."

QUALITY

- Respondents typically commented on staff being caring and dedicated, with some additional comments on the good hearing aid technology and in fewer cases, good waiting times.
- Descriptions of current service provision were again varied, ranging from "excellent" to "awful".

- In response to a question on suggested improvements, most respondents commented on the need for additional staffing and training. Many also commented on the need for equipment and facilities.
- When asked how services could demonstrate service quality to stakeholders, a number referred to publishing patient feedback surveys and audits against quality standards. A few respondents were unsure how this could be achieved.

"I think we offer a very good quality of care to our patients. Many of the Audiologists in our department go above and beyond for their hearing aid caseload patients. Everyone strives to do their best for patients seen on the community clinics however at times I feel the quality of care can be compromised due to time restraints and pressures on these clinics. Much of the excellent quality of care is to do with each individual audiologist who goes above and beyond but then has to stay back late to work as we don't have enough time to offer the best service to patients."

"The quality of care could be better. There is nobody overseeing the quality of work by each member of staff (Audiologists or ATOs) therefore it can be a bit of "potluck" for the patient depending on who they see. There should be peer reviews and opportunities for staff to be monitored. Issues have been raised to management about quality of work, but the issues remain."

"I think it would be good to ensure that the same high clinical standards were being applied across the country. I wonder if it is very postcode dependent, the service you get."

AUDIOLOGY PROFESSIONALS' WORKSHOPS

CHANGES IN AUDIOLOGY SERVICE PROVISION OVER THE LAST 10 YEARS

PREVIOUS GOOD PRACTICE

Participants described how there used to be attention given to audiology services, with investment in service development, high quality training programmes (e.g., the BSc Audiology) – all of which has been cut back over the last decade. They described feeling at the mercy of changes in political whims, describing a cycle of investment to be shortly followed by cuts. There was an awareness that the Lothian review had brought attention and the potential for additional support for audiology, but there was some cynicism around the effectiveness and sustained interest in improving audiology. Much of the earlier success of modernisation was ascribed to a national level leadership for audiology. *"Angela Bonomy was the national lead 10-12 years ago with access to funding and we were forward thinking. We've lost that nationally funded post, and we definitely notice a difference to our audiology service. No access to training like we had then. The health boards paid attention to the national lead. There is no one to tell them to pull their socks up."*

REDUCTION IN INVESTMENT & TRAINING

There is little funding for training post-qualification, and an increase in workload. Many participants described having no annual appraisals, and most of those who did, felt that personal development plans were tokenistic, with goals often compromised by lack of funding or service pressures. The withdrawal of the BSc Audiology and a lack of progression for Band 3 and 4 audiology staff, leaves those staff "stuck" at their current levels. Senior qualified staff also feel the impact; "*It is important to take care of the audiologists who are working now, or they will leave. We need protected time to study to stay updated."*

Participants identified significant training needs for specialised practice; *"We are looking for training in the specialist areas and there is nothing out there to brush up your skills. What do I do for BAHA assessment? How do I do ABR effectively?"*

QUALITY ASSURANCE

Participants felt the lack of training and increased workload was impacting on services, with one commenting on the NHS Lothian review *"There but for the grace of god go I."* There is an awareness that the same issues around quality of care may be affecting other services, and a corresponding concern. This is not limited to paediatric services with all audiology services being impacted on, *"I feel all the audiologists pull our weight and we do want to stay up to date, but the emphasis is on getting the patients through."*

INCREASES AND CHANGES IN WORKLOAD

Overall, audiology services are facing increases in workload that are making service provision unsustainable with longer waiting times impacting on the quality of care provided. *".. it is now a*

production line to get people through. We are a small profession that is often overlooked. We had a 10 week wait but now it is a year." This is having an impact on staff working in the service now, with a growing number considering leaving the NHS. One participant remarking "*as far as I am concerned the Scottish executive have 12 months to respond in a positive way or I won't be sat here in 12 months' time. I have one more career move in me. I've done 15 years and I've done 3-4 years unpaid overtime in those years."*

Participants also expressed concerns about the nature of the work they were now doing: *"The demands on clinicians are also changing. We have been expected, for instance, to deal with suicidal patients. Audiology is becoming a "dumping ground" for problems we are not trained or equipped to deal with."*

"The roof is falling down, not leaking! There's always a promise of things getting better that keeps us here. But I love my job and I want it to get better."

DEVELOPING A QUALITY AUDIOLOGY SERVICE

TRAINING PROGRAMMES

Participants identified an urgent need for high quality training programmes that can attract local students who can work in their communities. They want work-based learning options as well as traditional degree routes (with placement blocks) for school leavers. Some participants had graduated from the previous degree routes in Scotland, and praised this system, expressing the view that the change in degree structure had been a step backward for audiology in Scotland.

Participants also noted that changes in the nature of the role were not always met by training *"Before we were seen as part of ENT and not responsible for our own case load – we are now responsible for that. You have to make the clinical decision and my remit is babies. My job is completely different now. We are doing everything now. Not necessarily negative, but it is a big change. But not adequately resourced in this. No training given, it just evolved"*

COMMUNICATION

Participants were largely unaware (at the time of the workshops, Jan 23) about the progress of the national review of audiology services. Whilst the HoS meet regularly, some audiologists in the workshops remarked that this was the first time they had seen the faces of some of their colleagues in different services. A number remarked on a lack of communication networks between audiology professionals across services and many had a desire to build more connections and share learning. *"We all work in isolation, and we don't support each other. We don't have the opportunity to support each other. If I get a funny looking ABR, I don't have anyone to share that with and get advice/support."*

PERSONAL DEVELOPMENT & CPD

Participants felt that their personal development was often compromised due to workload issues and waiting time. A minority of participants reported being able to access external training, but in most cases, even if funding was secured for training, the high waiting times meant that staff were often compromising their development. Several audiologists made efforts to access online training in their own time and engage in training from hearing aid manufacturers but were aware that these did not address all their training needs.

PROGRESSION

Career progression was described as highly variable, with some audiology staff progressing at an accelerated rate due to staff shortages and others not progressing at all. There was a desire for a career progression framework *that "requires professional development and isn't based on time in service"*.

QUALITY ASSURANCE

There is no external oversight of audiology or quality assurance. Whilst many participants remarked on the need for peer review, a few also recognised the limitations of internally administered quality assurance and the challenges in achieving this with current workload *"It's harder to be harsh on people we know. We are trying to implement quality measures and we are battling against waiting times and bring in audits."*

HEADS OF SERVICE WORKSHOP

CHANGES IN AUDIOLOGY SERVICE PROVISION OVER THE LAST 10 YEARS

SCOPE OF PRACTICE, CASELOAD AND RESOURCING

A key change in the last decade for audiology was increased workload, in part, resulting from an increased referral rate (e.g., from health visitors) and more complex cases (e.g., autism-related referrals for assessments). Audiologists have expanded their scope of practice to encompass tasks previously undertaken by Ear, Nose & Throat (ENT) specialists, but without proportional increases in workforce or resourcing. Equipment and facilities are often out of date, some services have difficulty in accessing funding for repair or replacement of equipment.

WORKFORCE AND EDUCATION

The audiology workforce has changed in composition. Although, the overall numbers of audiology staff have remained largely unchanged, there are fewer audiologists with BSc or M-level qualifications. There is a greater proportion of staff at Band 3 and 4 levels in Audiology services (i.e., working at assist or support levels). Education routes in Scotland for audiology have also changed with the removal of the BSc Audiology programmes, and broader healthcare science degrees not providing specialist training required for audiology professionals. Current programmes appear to be struggling to recruit UK students, so services are involved in training overseas students who leave after qualification. Services are then struggling to recruit qualified audiologists who will stay in Scotland. Support services (e.g., speech and language therapy, teachers of the deaf) have been experiencing workforce shortages, increasing the challenges for paediatric services.

SUPPORT FROM HEALTH BOARDS AND GENERAL MANAGERS

Most HoS reported a lack of support for audiology service development from health boards and general managers. Some expressed frustration with the low interest from boards in supporting them but recognised that the review might elicit greater support for audiology services; *"This national review has created interest for the first time in years. Whilst we are a little scared, we are also a little excited. We need our boards to be interested."*

SERVICE DEVELOPMENT

Some HoS reported having a succession plan that is reviewed quarterly and with team leaders who can come forward as needed. Others reported succession plans being ignored by management. In some cases, HoS are encountering challenges with team members *"those interested will seek out higher posts. We have had a lot of working to rule recently."*

NATIONAL REPRESENTATION

HoS commented on the removal of the national advisory group for Audiology. Participants noted that when the national advisory group was in place, they oversaw modernisation of audiology.

Following the removal of a national audiology role there is an absence of governance structures and quality assurance.

DEVELOPING A QUALITY AUDIOLOGY SERVICE

PRIORITIES FOR DEVELOPING A QUALITY AUDIOLOGY SERVICE

An important short time priority is ensuring the existing workforce can access funding for training and for backfill of positions to limit the impact on services and waiting times. In the medium to long term, there is a need for local training programmes that can support professionals across levels (from Band 3 to 7) with both work-based learning and traditional entry routes.

FACILITATORS TO DEVELOPING A QUALITY AUDIOLOGY SERVICE

Possible ways to achieve this include:

- Development of multiple qualification routes provided in Scotland (reduce travel costs).
- Funding for accredited training and protected time for CPD.
- Funding for recruitment and backfill for training.
- Nationally set targets and governance with a requirement for health boards to evidence support for services, particularly around training and CPD.

SUMMARY & RECOMMENDATIONS

GOVERNANCE AND LEADERSHIP

Respondents raised significant concerns around the governance and leadership of Audiology in Scotland describing it as *"not effective or fit for purpose*" and *"like an old boys club"*. Concerns were raised with the effectiveness of communication between HoS and broader teams.

To address these issues the following recommendations should be considered:

1. Central review of leadership in audiology across Scotland with sufficient support to address any areas of concern. There needs to be clearer roles and responsibilities with opportunities for more staff to take on leadership roles.
2. Central review of the leadership structure in audiology across Scotland to include how audiology is represented at/in National/Political spaces with sufficient support to address any areas of concern.
3. Communication needs to be developed to be bi-directional between leadership and the workforce. Networks should be encouraged, and facilitated, at all levels not just HoS.
4. Development of new or support of existing national peer support networks for specialist disciplines in hearing services e.g., ABR, Tinnitus, Balance.

WORKFORCE

Across workshops, participants reported a progressive reduction in the banding of the workforce and an increase in volume and complexity of workload within audiology services. Audiologists report regularly working unpaid overtime to meet growing patient needs which is detrimental to individual wellbeing and morale.

To address these issues the following suggestions should be considered:

1. Centralised national promotion of the profession to encourage potential students to enter the profession.
2. Centralised expansion of the education routes into Audiology to increase the number of audiology graduates via both traditional undergraduate/postgraduate degree programmes and apprenticeships.
3. HoS to measure and analyse perceived changes in hearing services workload due to increases in volume and complexity of referrals to guide review of hearing services skill mix.
4. HoS to measure and analyse perceived changes in scope of practice and the impact on workload to guide review of hearing services skill mix.
5. HoS/Health board review current workforce structure to ensure that the skill mix is appropriate to meet the needs of the local population in both clinical and administrative positions.

6. HoS/Health boards to maximise workforce retention through implementing strategies to improve wellbeing and morale.
7. HoS/service leads to ensure a succession plan is developed and implemented for all banding levels, most critically in leadership positions.

TRAINING & DEVELOPMENT

Respondents report that they do not receive regular appraisal or feedback from their managers and consequently did not have a realistic professional development plan. Respondents had concerns around continued professional development for the existing workforce and identified the need for accredited training.

To address these issues the following recommendations should be considered:

1. Health boards to ensure that all line managers have completed essential leadership training which should include training on conducting effective appraisals.
2. Health boards to ensure that all Audiology HoS/Line Managers to have undertaken an effective appraisal with their line managers.
3. HoS/Line managers to ensure annual appraisal's and regular 1-2-1's to be carried out for all staff working within hearing services.
4. HoS/Line managers to ensure regular direct observations of clinical practice for all staff working within hearing services with feedback to be included within training and development plans.
5. Health boards to ensure that hearing services are supported both financially and operationally to ensure the workforce has sufficient access to CPD to continue to deliver safe and effective care.
6. Health boards to ensure that leadership and management training and development opportunities are available for current HoS and aspiring leaders (either internally or externally).
7. HoS/service leads to formulate annual training and development plans for teams based on the development needs identified through appraisal and service evaluation.

QUALITY ASSURANCE

Lack of external quality assurance was reported as a significant concern. There is a desire for development of audiology networks to support peer-to-peer learning, support, and service innovation.

To address these issues the following recommendations should be considered:

1. Health boards to ensure that audiology services have appropriate and adequate financial and operational support to implement effective quality assurance cycles.
2. HoS to ensure the introduction of a regular service evaluation/audit cycle.

3. HoS to ensure that the service is working towards meeting the BAA paediatric quality standards or updated Scottish quality standards.
4. Centralise development on a national peer review system which will include ABR peer review as a minimum.
5. Development and centrally mandated performance and quality targets.
6. Health boards to support audiology both financially and operationally to work towards achieving externally accreditation via UKAS.

RESOURCES

Respondents reported being limited in their ability to deliver safe and effective care due to restrictions with resources.

To address these issues the following recommendations should be considered:

1. Health boards to ensure that audiology receive financial support to maintain or replenish the resources required to provide a quality service e.g., Soundproofed rooms, diagnostic equipment, and IT. All this is required to deliver safe and effective care

WELLBEING

Workshop participants reported experiencing consistently high workloads, which, coupled with the psychological and additional workplace challenges surrounding this review, are negatively impacting on wellbeing. The review should consider the impact of their recommendations on staff wellbeing, and ensure they have structures in place to support as needed.

"Thank you for this questionnaire and taking the time to engage with audiologists. There are lots of excellent people who are frustrated with the system with great ideas for improvement. Many of whom would be put off sharing in the presence of audiology leads. This review is a once in a lifetime opportunity to improve audiology in Scotland for patients AND audiologists. We are stakeholders in this too! Don't let it be watered down, pushed under the carpet or left unactioned. Please visit services, look beyond stats and continue to ask questions. Audiology training in Scotland also needs reviewed from university to cpd. Relationships between education and services is poor and there is a reliance on and assumption that in service supervisors are competent. This is not always the case."

"The main issue currently surrounds Audiology in Scotland is workforce. We need training opportunities for existing staff, staff development and pathway for newly trained staff. In addition, we need the Scottish Government to agree upon Quality Standards and ensure these are upheld and supported."

“Much of Audiology in Scotland is currently paralysed by an abject lack of vision, funding and leadership from the highest levels of government and health service management over the last decade. It is my assertion it has not been a favoured valued or prioritised profession. Lack of training of new audiologists, lack of promotion of our profession, and lack of planning for staffing levels has seriously impacted on succession and staffing levels. Budgetary limitations both nationally and locally, have resulted in some services being run to breaking point. The number of highly skilled and qualified Audiologists leaving the sector completely in the last few years represents a waste of talent, and an abject failure of vision and leadership from the highest levels of health service governance. Morale is at an all-time low, and unless positive change is forthcoming soon the "walk away" will continue. The heads of service will have expressed their concerns over the years. But leadership from above is essential.”