



Priorities for Audiology 2023



BRITISH ACADEMY
OF AUDIOLOGY

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Introduction

In May 2022, the British Academy of Audiology conducted a series of workshops with stakeholders from across the UK to understand the changing landscape of NHS Audiology and implications for future service provision. This was primarily driven by increasing reports of concerns from audiologists surrounding education, service quality and workforce recruitment & retention.

The series of 1.5 hr workshops were arranged to address the following themes:

- Education & Workforce
- Quality Assurance & Improvement
- Service Innovation

Key stakeholders invited included representatives from (1) NHS Heads of Service from England, Northern Ireland, Scotland and Wales (2) NHS England (3) UK Higher Education Institutions (4) Early Career Professionals and (4) the National Institute of Health Research.

Given this changing landscape, stakeholders were asked to consider the following:

What are our key priorities, challenges and facilitators for



Developing an effective and resilient workforce



Ensuring high quality and safe services



Innovating and developing audiology pathways

The "Key Findings" section of this report summarises the range of stakeholder views expressed in these workshops (not necessarily the British Academy of Audiology), so may, at times, appear contradictory or conflicting. The final section, "Next steps", outlines the actions the British Academy of Audiology will take to address these priorities and the focus of our engagement with the NHS.

Key Findings: Education & Workforce

In this workshop, participants were asked to comment on their key priorities for the NHS audiology workforce over the next decade, alongside the challenges and possible ways to achieve these aims. Participants quickly identified that almost all NHS audiology services were experiencing recruitment issues that made it a challenge to even anticipate the impact of increasing burden on their services.

The discussion around challenges and potential solutions to the workforce crisis they were facing highlighted key barriers and facilitators to building an effective and resilient workforce as listed in Tables 1 & 2 below and summarised in the figure overleaf. The facilitators and barriers were categorised in terms of the impact they were/could have on (a) individual staff (b) services and (c) at a national level.

Table 1 - Barriers to developing an effective workforce

| | |
|---------------|---|
| Individual | A change in values and reduced loyalty amongst students who are no longer on an NHS funded program (e.g., the historical BSc Audiology) and have to consider tuition fee repayment. |
| | Perceived lack of progression amongst early career professionals. |
| Service level | Capacity – already overstretched departments struggling to find capacity for training (placement or apprenticeships). |
| | Limited understanding of work-based training opportunities. |
| | Difficulty recruiting locum audiologists to meet immediate needs. |
| National | No dedicated representation of Audiologists within the NHS at a national level to promote the priorities for these services. |
| | An absence of workforce planning. |

“ People don't want to come in and do hearing aid fittings for the rest of their lives! ”

Education & Workforce

Table 2 - Possible facilitators of an effective workforce

| | |
|---------------|---|
| Individual | Implementing a preceptorship so graduates are well-supported and can see their career development. |
| | Promote NHS Audiology as a long-term career option highlighting all the possible paths/specialisms |
| Service level | Raising awareness of how to access the apprenticeship levy. |
| | Raising awareness and understanding of the full range of training models, both work-based and placement options. |
| | Sharing guides and support on how to arrange sponsor visas. |
| National | Proactive workforce planning – Wales highlighted as a good example of planned workforce, including creation of places according to need and a bursary tie in (i.e., stay for 2 years or pay back the tuition fees). |
| | Coordinated advocacy for the funding of specific places for audiology trainees (as currently working in Wales). |
| | Workforce planning needed, including opportunities to widen the innovation in the workforce. Population, demographics and equity of access to be considered. |
| | Promoting improved communication with Higher Education Institutions. |
| | Creating and promoting a culture of research, scholarship and quality assurance in audiology departments |
| | Spaces to connect research active audiologists with academic researchers/HEIs to support the development of research careers. |
| | Promotion of the profession at all levels, including for school leavers/careers advisors to encourage audiology study amongst high quality candidates. (Values-based recruitment) |

Key Findings: Quality Assurance (QA) & Improvement

Participants were asked to define what a quality service looked like and how that perspective might vary between stakeholders. They discussed the challenges around quality assurance, engaging with services who don't participate in these processes, and supporting all centres with improving services. The challenges included securing support from commissioners, developing leadership knowledge and expertise to implement the quality assurance process, and identifying meaningful outcome measures.

Figure 1 - Participant views on what constitutes a quality service

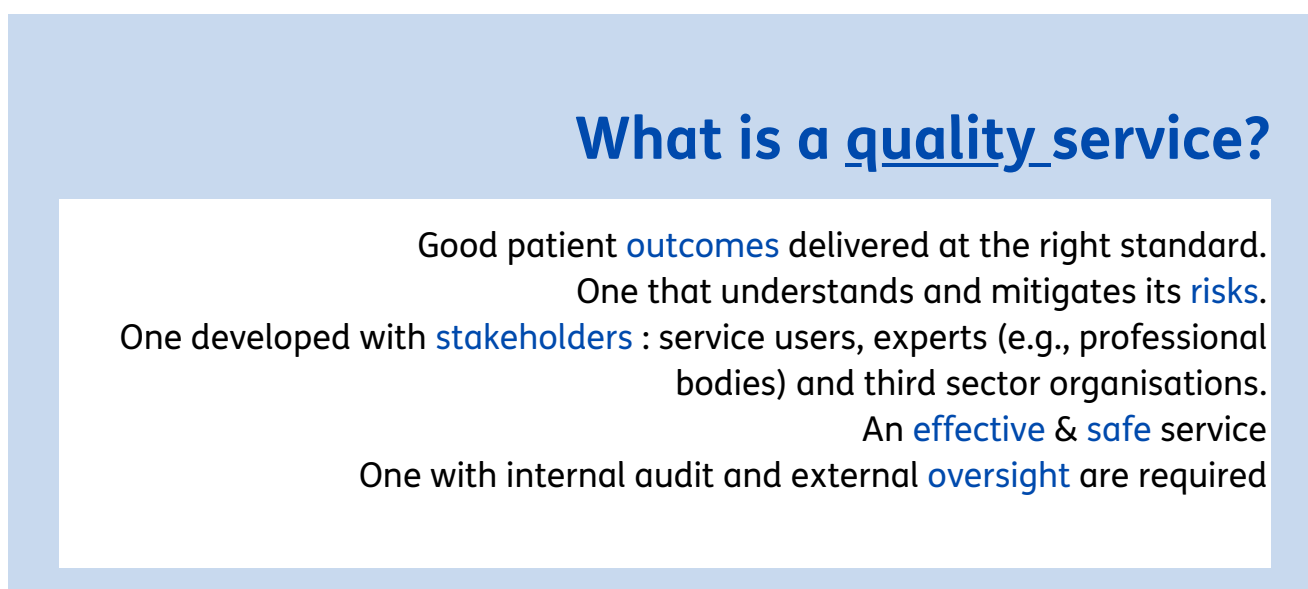


Table 3 - Challenges in implementing quality assurance processes.

| | |
|--------------------------------|---|
| Support from senior leadership | Communicating value of service and getting support from management teams for quality assurance when it is not considered mandatory. |
| | Commissioning services tend to prioritise financial decisions rather than supporting a quality service. |
| Conceptual | Difficulty around defining what a “good service” looks like with some challenges around developing standards. |
| | Challenges making outcome measures realistic, person-specific and reviewable. |
| Leadership & knowledge | People grow in clinical roles, but don't get leadership training and support in this area, particularly those in smaller departments. |

Quality Assurance (QA) & Improvement



Table 4 - Potential promoters to support centres in ensuring quality assurance and implementing service improvement

| | |
|--|--|
| Encourage smaller centres to engage with Improving Quality in Physiological Services (IQIPS) and Quality Assurance processes | Hub and spoke model, so smaller centers are supported for more complex diagnostic assessments e.g., Auditory Brainstem Responses, some balance assessments. |
| | Celebrating success, especially for struggling departments who attempt to implement quality assurance process (potentially with BAA awards) |
| | BAA actively promotes accredited services, highlighting their success in reports. |
| | Supporting collaborative working across integrated care systems (ICs) where possible. |
| | Sharing between “good” services and those newer to quality assurance assessments. |
| | Sharing innovative practice and developments. E.g., within London, the NHS Futures platform is being used to share information for departments going through Improving Quality in Physiological Services (IQIPS) with protocols, information and examples of what a quality manual looks like. |
| National support for quality assurance and service improvement | Use of standards locally, but also strategically on a national level, to focus on improvements across the board. |
| | Focusing on developing good audiology leaders (a manual needed with training & resources). |
| | Development of regional networks – perhaps under regional BAA reps – to provide leadership and quality assurance training. |
| | Ensuring quality assurance is mandatory, also for private providers under Any Qualified Provider (AQP). |
| | Identifying realistic and sensible KPIs; not just waiting times but also measures of patient experience and time to treatment. |
| | Establishing physiology quality manager at trust level to support Improving Quality in Physiological Services (IQIPS). |



We need to recognise that quality assurance is a skill set and a specialism.



Key Findings: Service improvement

The service innovation workshop involved discussions around innovations in service delivery, some challenges audiology services faced in constructing business cases and implementing changes in the pathway, and ways to overcome these challenges.

Table 5 - Challenges around service improvement and innovation, and potential facilitators.

| | | |
|--------------|---------------------|---|
| Challenges | Workload | Managing waiting lists with increasing referrals and reduced capacity (in some cases) for infection control issues alongside existing workforce challenges. |
| | Workload | Difficulties around post-COVID changes, including increased telephone ENT appointments later requiring PTAs, no open repair clinics. |
| | Workload | Change fatigue – particularly post-COVID. |
| | Representation | Difficulty getting heard especially in MSCs with no lead healthcare scientist. |
| | Representation | Challenges being heard. Failing services appear to get more attention than those trying to improve. |
| | Leadership training | Lack of mentoring and support for those new into leadership around writing business plans. |
| Facilitators | Collaboration | Improved networking, including engaging with the regional lead scientists. |
| | Collaboration | Sharing good practice, e.g., template business cases for effective service innovation. |
| | Collaboration | Coordinated action (as in Wales) with development of hearing loss, tinnitus, BPPV and wax management within GP clusters. Piloted effectively in North Wales. Also working on pre-memory clinic hearing assessments as a national programme. |
| | Collaboration | Sharing examples of how a diagnostic hub could help for Audiology. |
| | Targeted action | Identifying hearing loss is an unmet need and considering health inequalities. |
| | Targeted action | Identifying local GP leads and outlining how innovations can reduce their workloads. |
| | Training | Leadership support and training. |
| | Quality Assurance | Improved quality assurance and governance around AQP, so systems can be shared, accessible and consistent. |

Examples of innovative service developments that had been effectively delivered by NHS Audiology included audiologist led grommet pathways, audiology services in primary care (hearing loss, tinnitus, BPPV and wax management within GP clusters) and pre-memory clinic hearing assessments for people at risk of dementia. Some changes to practice, e.g., audiograms on arrival for ENT, had more varied results.

Education & Workforce

Figure 2 - A summary of the key barriers and facilitators to developing an effective workforce categorised according to the level at which they impact.

| | | | |
|---------------------|---|---|--|
| Barriers | <p>Perceived lack of progression</p> <p>Reduced "sense of loyalty" to NHS</p> | <p>Capacity</p> <p>Difficulty recruiting locum cover</p> <p>Low awareness of "grow your own" opportunities</p> | <p>No national representation of Audiology within the NHS</p> <p>An absence of workforce planning.</p> |
| | Individual | Service Level | National |
| Facilitators | <p>Preceptorship</p> <p>Promotion of long-term, flexible NHS career options</p> | <p>Raise awareness of accessing apprenticeships & full range of training models</p> <p>Support for arranging sponsor visas.</p> | <p>Proactive workforce planning and culture change</p> <p>Promoting the profession</p> <p>Increasing communication with HEIs</p> |

Quality Assurance (QA) & Improvement

Figure 3 Summary of potential promoters of quality assurance

| | |
|--|---|
| <p>Leadership</p> <p>Training and resources for leadership</p> <p>Trust level physiology quality manager</p> <p>Making QA mandatory also for AQP</p> | <p>Celebrating success</p> <p>BAA awards</p> <p>Promoting services who are accredited and highlighting their successes</p> |
| <p>Collaboration</p> <p>Hub & spoke support for complex diagnostics</p> <p>Working across ICSs</p> <p>Sharing innovative practice e.g. across regional networks</p> | <p>Meaningful outcomes</p> <p>Realistic and sensible KPIs e.g. measuring patient experience and time to treatment</p> |

Service improvement

Figure 3 - Summary of challenges and facilitators to service improvement



Factors across Education & Workforce, Quality Assurance & Improvement and Service Innovation

Although different factors emerged across the workshop discussions, there were a few common priorities, challenges and potential facilitators that were repeated across multiple sessions.

1 Leadership

Leadership training and targeted support particularly for new Heads of Service who may not be engaging with the British Academy of Audiology or Quality Assurance processes.

2 Support

Support from senior leaders and commissioners for recruitment, quality assurance and innovation.

3 Audiology voice

Promotion of an Audiology voice at regional and national levels within the NHS

4 Collaboration

Creation of networks and spaces to support learning development, sharing good practice and collaborative working.

5 Recruitment & Education

Improving workforce capacity through recruitment and education drives.

6 Mandating quality assurance

Mandating quality assurance, including for private providers under Any Qualified Provider (AQP)

Next Steps for BAA

Education and workforce



- Formation of working groups to produce online resources, webinars and articles to support service leads with building their workforce and retaining employees.
- Continue to advocate nationally for Audiology to be appropriately financially supported at all levels e.g. students receiving the Learning Support Fund, and adding Audiology to the list of courses eligible for funding high-cost courses.
- Continue to develop resources to support workforce training and development such as Curriculum Guidance and Scope of Practice documents.



IQIPS Standards and Criteria
Audiology

Quality Assurance & Improvement

- Continue to be actively involved in the IQIPs ACAG group and advocate for meaningful improvements to the standard, how it is implemented and assessed.
- Continue advocating for accreditation for all NHS services. Sharing IQIPs success stories/improved outcomes within Audiology.
- Encouraging and supporting audit and service evaluation in departments to assess and measure quality through the development of online resources, webinars and articles
- Supporting and promoting engagement and participation in regional networks and peer review
- Continue to develop critical resources such as Paediatric and Adult Quality Standards



Developing a Sustainable Workforce

Along with many other departments, our team at The Royal Wolverhampton NHS Trust has an ageing workforce demographic, particularly in the higher bands.

About two years ago, we decided as a team that we needed to address the issues and attempt to produce a sustainable workforce by empowering existing staff to develop their knowledge and skills, foster a culture of education and learning and embed this into practice. The aim was to be able to upskill staff to fill the gaps created by staff leaving or retiring in a planned and considered way. We are quite realistic and pragmatic though and know that there will always be situations outside of our control. This year has proved exceptional in many regards and has tested us severely. We identified that some staff were working beyond their current bands and undertook a staffing restructuring to address this. This also addressed levels of accountability and responsibility and gave a structured hierarchy for the team. Our previous structure was too flat, and we needed to identify leads for each of our teams at the right level. So how did we go about developing our sustainability model? Firstly, we took a long hard look at what we wanted to achieve, our current workforce, including age, what skills they had, their aspirations and whether they wanted to be developed. We focused on developing a vision (Figure 1) and integrating all the available information to identify where potential gaps would open across the service over time. Our initial steps included a review of the current skills within the team by completion of a skills matrix, working with the staff to identify areas of specialist, and from this determining where our efforts need to concentrate. Over this period, we have been developing roles for a departmental training officer, a practitioner, supervisors, mentors and assessors and have our own skills escalator which will change and improve as new qualifications become available (Figure 2). We have developed four of our existing 85 staff into specialist



Service innovation

- Support and promote a culture of continual improvement and innovation in services through sharing examples of innovative and best practice from individuals, services and Nations that have led to quality improvements through online resources, webinars and articles
- Continuation of the UK's largest annual audiology conference - focused on practical, clinical presentations, showcasing best practice and service improvements. Poster displays of the best UK research/service innovations.
- Celebrating UK success stories through the BAA annual awards
- Engaging with central NHS services in the home nations to support and encourage the collection of national audiology data to inform improvement across the profession
- Participation in the National Audiology Review in Scotland and supporting the anticipated recommendations

Next Steps

Engagement with central NHS



BAA will continue to work with the central NHS teams in the home nations to:

- Understand current staffing and service provision to enable effective workforce planning.
- Identify and implement short term measures to improve capacity and decrease waiting times now and long term measures to ensure the longevity of NHS Hearing Services
- Explore increasing the number of student Audiologist placements
- Ensure appropriate support is in place for continual professional development for both new and experienced audiologists and leaders
- Explore mandatory Quality Assurance of NHS audiology services
- Explore mandatory registration and regulation of audiologists
- Ensure Audiology and Hearing Services are represented at a national level
- Ensure the quality of audiology is prioritised when commissioning services to reduce the economic, social and personal costs to children and adults in the UK from poor practice



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