



**BRITISH ACADEMY  
OF AUDIOLOGY**  
Higher Training Scheme

**EDUCATION, ACCREDITATION & REGISTRATION TEAM**  
**REGULATIONS FOR THE HIGHER TRAINING SCHEME**  
Version 6 (November 2023)

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The Higher Training Scheme is run by the Higher Training Scheme Committee, reporting to the Education Team of the BAA. The following regulations were approved by the British Academy of Audiology, and are effective from 20/11/2023.

## **1.0 General**

- 1.1. The Higher Training Scheme (HTS) is an in-service professional development scheme designed to enable individuals to acquire the required depth and breadth of knowledge and competence to fulfil the needs of NHS specialist and advanced practitioners (at Health Care Scientist career framework (HCSF) levels 6 and 7) within Audiology.
- 1.2. The HTS is a modular scheme, designed so that an individual can access the modules relevant to their role and development needs at any stage of their career. The BAA will award a certificate to individuals who successfully complete a module.
- 1.3. Any BAA member who is a graduate (or equivalent) who holds a qualification in Audiology, typically a BSc in Audiology (or equivalent), may access the scheme. All modules assume an underlying and up-to-date level of skills and knowledge, and this is detailed in the module specifications. Potential candidates who do not meet these requirements, but are able to demonstrate relevant experience, will be considered on a case by case basis. Whilst the scheme is principally aimed at meeting the needs of NHS Audiologists, it is open to all UK Audiological professionals who are members of the BAA who can arrange the necessary infrastructure of supervision and clinical practice associated with the modules being taken.
- 1.4. The term 'candidate' is used for the individual completing parts of the scheme throughout the documentation. Candidates are likely to be in employment whilst completing modules; it is not envisaged that candidates would be supernumerary.
- 1.5. The Higher Training Scheme syllabus and regulations will be reviewed and updated as needed. The BAA will endeavour to carefully manage changes to syllabus and regulations mindful of the impact to those already registered on the scheme. Those registering on the scheme should be mindful of this possibility that remains at the discretion of the BAA.
- 1.6. All candidates and accredited supervisors must abide by the BAA Code of Conduct throughout training. Any concerns should be brought to the attention of the BAA.
- 1.7. All candidates, accredited supervisors, examiners and those who provide clinical training for HTS candidates are expected to be familiar with the regulations, HTS handbook and other relevant information, and to ensure their knowledge is kept up to date by reading new or updated documents and / or information made available on the BAA website.
- 1.8. An equivalence route may be available for those who have already completed in-house training but have not completed an externally assessed examination to prove competence. Availability of this route will be advertised on the BAA website. If following this route, not all sections of these regulations apply. Please see appendix 1.

## **2.0 Structure**

- 2.1 The scheme comprises a number of different clinical modules. Current modules are given on the BAA website. Members can complete individual modules or a series, according to individual and / or service needs. Successful completion of a module results in the 'Higher Training Scheme Award' in the particular specialist area.
- 2.2 It is necessary for all candidates to broaden their knowledge base and to demonstrate the necessary underpinning theoretical knowledge together with critical appraisal and reasoning skills in order for them to operate at a specialist or advanced level. This knowledge and skills should be at Masters level. Each module specification gives the required knowledge and skills. The candidate is expected to gain the theoretical knowledge through academic study, tutorials, self study and discussion.
- 2.3 Candidates must gain a minimum of 10 Masters level credits from a UK Higher Education Institute (or equivalent) covering the main areas required for the module, before taking the practical examination. The candidate and their supervisor should determine the suitability of a particular course by comparing the course content with the required theoretical knowledge outlined in the module specification. The BAA

cannot be held responsible if a candidate completes a course which does not cover the required theoretical knowledge for the particular module.

- 2.4 There is a separate module specification for each module. The module specification outlines the required activities the individual needs to carry out, and the knowledge, skills and standards the individual needs to meet prior to examination. The module specifications are available to download from the BAA website. The module specification includes the following:
- Scope of the module, in terms of types and range of clinical cases
  - Minimum requirements for the module, to include the number of supervised sessions, tutorials, case studies, calibration sessions and placements.
  - Theoretical knowledge required, which need to be applied in clinical work and will be examined in the general viva
  - Learning outcomes
  - The range of procedures in which competence needs to be demonstrated (Part A)
  - Types of cases for periodic appraisals of whole patient management (part B)
  - Examination details, outlining what the examination will comprise
  - Examination marking schedule
- 2.5 An online portfolio needs to be completed whilst carrying out training to record training and competence assessments. The portfolio includes the following:
- Record of clinical experience
  - List of tutorial dates and subjects.
  - Secondment reports.
  - Record of masters level credits gained
  - Observation of technical competence in clinical procedures (referred to as Part A)
  - Periodic appraisals of whole patient management and reflective diary (referred to as part B). Summary of minimum requirements for completion of practical elements
  - Case Study upload.

### **3.0 Required experience and standards**

- 3.1 The required standards needed to be demonstrated by individuals who are considered ready for examination are given as learning outcomes for each module. These learning outcomes are given in each module specification.
- 3.2 There are different sized modules; small, medium and large, reflecting the notional learning hours involved in each module.
- 3.3 In order to ensure the candidate has opportunity to gain experience with a wide range of different cases, a minimum number of supervised clinical hours is required prior to examination. This minimum requirement differs for the different modules, and is given in the module specification. These sessions need to be supervised by an appropriate practitioner (see section 6). Clinical hours can include clinic preparation, tidy and report writing. Of these sessions, a minimum of 50% must be directly supervised (i.e. supervisor present 100% of the time). However, many candidates may require more than this minimum number in order to demonstrate consistent competence at the required level.
- 3.4 There is also a need to complete a number of sessions (of 3.5 hours) in the specialist area, on secondment in at least one other department. These secondment sessions can be part of or additional to the minimum clinical hours requirement. It is recommended that secondments occur once the candidate is able to lead appointments, so that they are able to get the most from their secondment. Report(s) are required to cover all secondment sessions to confirm the content and also any recommendations for training.
- 3.5 There may also be a need to complete a number of placements, which typically would be in areas which work alongside the specialist clinical area as part of a multidisciplinary and / or multiagency approach, and therefore a good understanding of the different roles is required. Reports are not required for placement sessions, but they must be logged on the online portfolio.

- 3.6 The part B appraisals should be used to assess the candidate against the examination standards, once they are leading appointments, as follows:
- Each appraisal is on one clinical case.
  - A candidate is required to have a minimum of five appraisals in each part B section, prior to examination. This would often show progression of competence as training progresses
  - The candidate needs to show consistent (i.e. on two occasions or more) scores of exam standard (scoring 1 or 2), prior to applying to take their examination.
  - At least one part B appraisal should be done by a suitable person from another department. It is recommended that they are either an accredited supervisor or a HTS Examiner, so they are familiar with the requirements and standards of the scheme. This external assessment can be completed on secondment, or by the suitable person visiting the candidate's own department. It is recommended that this appraisal is towards the end of training, and is run like a mock exam to give the candidate experience of an exam scenario.

#### **4.0 Registration & time limits**

- 4.1 Candidates need to apply to register on a module by completing the online application form accessible via the BAA website, prior to starting training. There is a fee payable for each registration. Current fees are given on the BAA website.
- 4.2 Normally there is a three year time limit within which a candidate must have completed the required training and requested to be examined. This period commences when registration occurs, and the portfolio must have been successfully completed and examination requested within 36 months of this date.
- 4.3 This period can be extended in exceptional circumstance only, and is at the discretion of the HTS Committee. For example due to parental leave, a career break or significant long term sickness. Appeals to have this extended, must be received in writing to the Chair of the HTS Committee, a minimum of three months prior to the end of the three year period, but can do so at any stage.
- 4.4 Candidates who have not applied for examination within this three year period will automatically have registration terminated, at the end of the three year period. If in the future the candidate wishes to re-register, a further registration fee has to be paid.
- 4.5 Candidates must maintain their BAA membership for the entire period they are registered on the scheme. If membership lapses, registration on the HTS scheme will be terminated.

#### **5.0 Accredited Supervisor**

- 5.1 Each candidate must have an Accredited Supervisor who is a minimum of a Healthcare Scientist Career Framework level 7 (or equivalent ) and experienced in successfully training practitioners, ideally at UK masters level (i.e. has provided significant day to day clinical training at this level with a successful outcome for at least one individual, ideally more). Alternatively the Accredited Supervisor may have completed an M-level training programme or equivalent (STP equivalency?) themselves (e.g. CAC, STP, HTS) and have experience of supervision at an undergraduate level and / or M-level. Equivalent training and / or experience will be considered on an individual basis (see section 5.3). It is recommended that Accredited Supervisors undergo training in supervision / mentoring if not already completed.
- 5.2 The Accredited Supervisor does not need to have completed the HTS module in the area they are supervising, or currently do clinical work in this area, if they have experience of M-level training, although this is recommended. However, the Accredited Supervisor does have to have enough knowledge of the module area to enable them to fulfil the role of the Accredited Supervisor.
- 5.3 Potential Supervisors need to gain accreditation prior to a candidate applying for registration on the scheme. To gain accreditation, the supervisor needs to apply using the online form accessible via the BAA website. Equivalent training and / or supervision experience outside of the recommended minimum criteria set out in section 5.1 will be considered on an individual basis, by the HTS Committee. Where equivalence is not met, additional supervisor experience / training may be suggested in order to help support the accreditation

process. Any additional supervisor experience / training would need to be arranged by the prospective Supervisor.

- 5.4 Accredited Supervisors must complete HTS Training at least every three years.
- 5.5 The Accredited Supervisor is responsible for planning and arranging all the training required, although elements of this can be delegated.
- 5.6 The Accredited Supervisor is responsible for ensuring all training occurs by appropriate staff (see section 6) in appropriate locations (see section 7), and with appropriate patients (see Module Specification for each different module).
- 5.7 It is the responsibility of the Accredited Supervisor to confirm the suitability of the candidate conduct, character and health to undergo training, and to monitor this throughout. It is the responsibility of the Accredited Supervisor to terminate training, if appropriate, and inform the HTS Committee in the timely manner. In exceptional circumstances it may be possible to request a suspension of registration on the scheme for a short period due to significant ill health, and all such requests must be made in writing to the Chair of the HTS Committee.
- 5.8 The Accredited Supervisor has specific responsibilities for the examinations, being responsible for all host department responsibilities outlined in section 9.
- 5.9 The candidate should meet with the Accredited Supervisor a minimum of once a month to review progress.
- 5.10 The Accredited Supervisor must observe the candidate in a minimum of one clinic each month throughout training, even if the Accredited Supervisor does not currently carry out clinical work in this area. This is to ensure the Accredited Supervisor has direct knowledge of how the training clinics are progressing from both a candidate and training clinic supervision perspective. Depending on the skills and knowledge of the Accredited Supervisor, it may be appropriate to also have the session supervisor present.
- 5.11 Remote supervision is possible if there is not an Accredited Supervisor within the same department as the candidate, however, the requirements of the Accredited Supervisor must still be met.
- 5.12 Accredited supervisors do not have to be BAA members, although this is recommended as the majority of HTS updates are sent in membership mailings. Supervisors who are not BAA members must sign a separate declaration to confirm they will abide by the BAA code of conduct whilst a BAA accredited supervisor, and it is their responsibility to make sure they have a mechanism in place to be updated with any HTS news or updates which is sent out to BAA members, e.g. by asking the candidate to keep them updated.
- 5.13 Staff in other departments who manage HTS secondments (often referred to as 'secondment supervisors'), do not need to be BAA accredited supervisors, although this is recommended.

## **6.0 Training clinics**

- 6.1 Requirements of staff providing training clinics (to include whilst on secondment) are that the clinical training sessions should be provided by an individual who meets all the following criteria:
  - They are a practising Healthcare Scientist working at a minimum of a Healthcare Scientist Career Framework level six practitioner (or equivalent as judged by the HTS Committee)
  - carries out clinical work in the specialist area on a regular basis, and has done so for a minimum of two years
  - either holds the HTS module themselves (or equivalent), or is considered by the Accredited Supervisor to be equivalent in level of competence for all relevant aspects of training
  - Undergoes regular training in managing training clinics and giving feedback
  - are familiar with the HTS, its requirements and standards

## **7.0 Training location**

- 7.1 The Accredited Supervisor is responsible for ensuring training takes place in a suitable department with access to the necessary facilities, and is supervised by appropriate individuals meeting the requirements of section 6. This includes secondments.
- 7.2 It may be necessary for candidates to gain experience in a number of different departments in order to access the required range of facilities and test equipment for a particular module.

## **8.0 Applying for examination**

- 8.1 Once all training has been completed, and the candidate is consistently meeting the examination standards, the candidate can take the examination. The aim of the examination is to provide the candidate with the opportunity to demonstrate competence in clinical skills, theoretical knowledge, critical appraisal and reasoning, inter-personal skills and the application of broad knowledge of the principles and systems appropriate to clinical matters, such as calibration, as appropriate.
- 8.2 There is a fee payable for each examination session, including any re-sits. Current fees are given on the BAA website. An 'exam session' is up to 7.5 hours, and it may be possible to be examined for two related modules or have two candidates examined for the same module within one department, within the one exam session. If this is being considered this should be discussed with the HTS Committee in advance of applying for examinations, who will assess and decide if this is possible.
- 8.3 Once ready for the examination, the candidate must ensure their online portfolio is completed fully and ask their Accredited Supervisor to confirm this by completing the Supervisor's declaration. The online portfolio will then be reviewed to check it meets the minimum requirements for the module. Once this review has been completed, if the portfolio is confirmed as meeting the requirements, the BAA will invoice the candidate and liaise with prospective examiners and the candidates department in order to organise a suitable date for the exam to take place. It may take several months to organise practical exams following the receipt of the completed portfolio and both candidates and their supervisors should allow for this in their planning. Due to the limited availability of examiners, candidates are expected to make themselves available and for departments to rearrange clinical work to accommodate the examiners availability. This may require candidates to work on days that they do not routinely work.

## **9.0 Examinations**

- 9.1 Assessments for each module will take place in the form of an examination normally over no more than a one-day period, usually at the department where training has taken place. The practical exam will consist of two components;
- one or more clinical case(s) (which includes a case viva voce(s) and one written clinical report with report viva if required),
  - a general viva voce.
- The candidate is required to pass each clinical case and the general viva in order to achieve a pass. If one of the clinical case(s) or the general viva is not passed, the candidate is only required to re-sit that component of the exam (i.e. the specific clinical case and/or the general viva) if the application for the re-sit is within 12 months of the first exam date. If the re-sit is applied for between 12 – 24 months of the first exam date, it will be necessary to re-sit all components of the exam (i.e. all clinical cases and the main viva) regardless of previous outcome.
- 9.2 The candidate will be examined by a minimum of two examiners, one of whom is a Lead Examiner, and at least one will have an active clinical role as defined in section 11
- 9.3 A third examiner will be available remotely by telephone, for advice, if required.
- 9.4
- 9.4.1 All exam patients must be real clinical cases, meeting the requirements for exam cases set out for each module on the BAA website.
- 9.4.2 The candidate can have access to the referral and case notes in advance, in line with local procedures.
- 9.4.3 It is the responsibility of the host department to ensure examination cases are suitable, and if necessary, advice should be sought from the examiners in advance.

- 9.4.4 The examiners reserve the right to deem a case unsuitable on the day of exam, prior to the start of the observation period. Once the observation period has started a case can then be deemed unsuitable only if due to unforeseen circumstances. In such cases the observation has to be abandoned and the candidate has not been able to demonstrate clinical skills. In all cases both examiners must agree that the case is unsuitable and inform the candidate and supervisor as soon as practically possible. If this occurs it is the responsibility of the exam host to find a suitable alternative patient on the same day and therefore exam centres are advised to book 'back up' patients. If a suitable patient is not found, the exam cannot be completed. In the case of examinations which include two cases, it may be possible to go ahead with the examination for one of the cases. The report writing and general viva would go ahead as long as one suitable case was seen. However, there would need to be a second fee paid and second general viva when the 'unsuitable' case examination is held.
- 9.4.5 It is the responsibility of the host department to ensure consent is gained from service users to take part in the examination.
- 9.4.6 Clinical responsibility remains with the host department throughout the examination.
- 9.4.7 Examiners will score the candidate's performance using the marking schedule in the Module specification (or Exam marking schedule if 2019 scheme). The examiners need to agree the candidate demonstrates the required competence level for each element assessed for the clinical cases. On occasion examiners may require further discussion with the candidate, e.g. to understand the justification for an approach taken or to assess critical reflection on the part of the candidate, prior to deciding if the required standard has been met, and if so this should be done in the case viva(s), see 9.4.9. Any score of 0 in the clinical examination schedule constitutes an overall fail for that case.
- 9.4.8 The candidate will be required to write a report on one practical case to the referrer, and submit this to the exam team by a specified time on the day of exam, before the general viva. The examiners choose which case is the subject of the written report, if two practical cases have been seen. If the examiners wish to discuss any aspect of this, it should be done in a case viva before the general viva. In the case of a re-sit of just one practical case, a written report will always be required for this case.
- 9.4.9 Following each clinical case and report writing the candidate will be asked to discuss salient issues specific to each case, in the form of a case viva, which may include;
- justification for approach taken and evidence-based practice
  - critical evaluation and reflection on clinical practice specific to the case.
- This should not last longer than 20 minutes, and is usually considerably shorter.
- 9.4.10 A candidate may choose to have a member of their own team available directly or remotely for assistance during practical cases. This would usually only be in clinics where two members of staff traditionally work together, e.g. paediatrics, patients with additional needs, and some balance clinics, although it is not restricted to these appointment types. In all cases, the candidate must show that they are leading the appointment and managing the patient themselves, to include leading all patient / family communication. Test facilities and arrangements should be appropriate to accommodate the assistant and both examiners. The test set up should facilitate the candidate leading and performing the required elements of a clinical session in order that their competency can be adequately judged. It is recommended that candidates who intend to work with an assistant have ample practice under 'exam conditions' prior to their exam.
- 9.5 The general viva voce will last between 40 - 60 minutes, and is examined as a separate element of the scheme. It will be used to explore broader issues prompted by the practical exams, training, and assess theoretical knowledge. If one or more of the clinical cases were very straight forward, the general viva should also be used to explore what the candidate would have done if it had turned out differently. The competencies the candidate will be assessed against are given in the exam marking schedules, and relate to the required theoretical knowledge outlined in the module specifications. If a candidate failed to meet the required standard in any element of the General Viva they would be required to re-sit the whole viva. If the

candidate is only required to re-sit the viva and not any practical cases, this can be done via remote video call with two examiners, and in such cases a reduced exam fee is applicable.

- 9.6 The format of the exam day should be drawn up by the host department and in line with guidance in the HTS handbook. The timetable should be distributed to the examiners and candidate at least 2 weeks prior to the exam date.
- 9.7 Candidates may be informed of the outcome of the examination on the day. However, examiners refer the right to defer feedback. In which case, results will usually be confirmed to the candidate by email within 10 working days of the examination.
- 9.8 The maximum number of re-sits per module is two, and these must be applied for within 24 months of the original exam date. If a pass is not achieved at the second re-sit, the candidate will no longer be registered on the scheme, and will need to re-register if they wish to continue.

## **10. Examiners**

- 10.1 The examiners are appointed by the HTS Committee.
- 10.2 Lead Examiners have the following roles and responsibilities
- Lead practical exams
  - Examine in areas of expertise
  - Supervise new examiners in their initial observation and training session, and confirm suitability (see appendix B)
- Lead Examiners are required to meet the following:
- HSCF level 7 and above practitioner, or equivalent
  - Significant experience in examining audiology practitioners at M-level or equivalent
  - Meet the requirements of examiners as outlined in 10.3

- 10.3 Examiners examine in one or more areas of expertise, and are required to meet the following:
- HSCF level 6 and above practitioner, or equivalent
  - Hold the HTS module in the specialist area in which they are examining (or equivalent), and have at least 2 years post qualification experience
  - Full member of the BAA
  - Registered with the relevant registration body e.g. RCCP, HCPC
  - Be performing an active clinical role (usually 2 clinical sessions per week in that area) or have previously had significant experience as HSCF level 6 or above practitioner in each examined area and have maintained close knowledge of the area (e.g. through a service management/leadership role, employment in formal education of M-level practitioners or research or update their knowledge to specifically enable them to be an examiner in this area).
  - Complete examiners training every year for the first two years, and a minimum of once every three years thereafter, or when significant changes to the scheme have occurred.
  - Be available to carry out at least one set of exams annually (averaged over three years).
  - Keep up to date with the latest HTS regulations, module specifications and guidance

If unable to maintain the above requirements, the individual should inform the HTS Committee and the individual should then no longer refer to themselves as a HTS examiner.

- 10.4 It is the responsibility of examiners (all categories) to advise the HTS Committee if they judge that the status of their expertise is insufficient to act in an HTS examiner role.
- 10.5 Those thought to be eligible to be examiners may be contacted by the BAA, or can respond to a recruitment advertisement or can contact the HTS Committee. New examiners are required to meet the following before becoming an examiner:
- Ensure familiarity with the HTS scheme and role of the examiner, by reading the regulations, HTS Handbook and Examiner's Park, and either attending an examiner's meeting or watching a recording of the latest examiner's meeting



- Attend a set of exams and carry out active observation to enable the individual to take part in the discussions between examiners during the exams to demonstrate suitability as an examiner. i.e. a supernumerary position, but to take part in discussions (see appendix B).

Prospective examiners need to complete a form to apply to become an examiner, which is accessed via the BAA website.

- 10.6 Candidates cannot be examined by their Accredited Supervisor or a colleague with whom they work on a regular basis, or by someone who has been involved directly in their training. This excludes cases of short-term (10 sessions or less) secondment. When examinations are being arranged, examiners will be asked if any such conflicts exist, and if so, advise they cannot examine in this instance.
- 10.7 Examiners are not clinically responsible for the examination cases, but must inform the Accredited Supervisor of any concerns, and advise the candidate immediately if any unsafe practice is seen, to ensure the patient does not come to any undue harm.

### **11. Fees**

- 11.1 Fees will be agreed on an annual basis and advertised on the BAA website.
- 11.2 There is a fee for :
- Registration on each module
  - Each examination, to include any re-sits. There is a reduced fee if just re-sitting the general viva and this is being carried out remotely.
- 11.3 Fees are payable on application. Registration cannot occur nor examinations be arranged unless full payment has been received in advance. The same fees apply in the case of re-sits.

### **12. The role of the HTS Committee**

- 12.1 The Committee is responsible for arranging HTS Training for the membership, on an annual basis. This will include examiner and supervisor training.
- 12.2 The committee will ensure a range of information about the scheme is available on the BAA website and advice can be sought from the HTS Committee at any time.
- 12.3 The committee is responsible for the ongoing monitoring of the scheme by, for example, reviewing the numbers registered, pass rates and through membership feedback. An action plan is developed to address any issues or concerns.
- 12.4 The committee produce an annual report, which is submitted to the BAA Board via the Education, Accreditation & Registration Team.
- 12.5 The committee is responsible for carrying out an annual review of the income and expenditure of the scheme, and for making recommendations to the BAA Board of any changes to fees.
- 12.6 The committee is responsible for ensuring the scheme is regularly reviewed and updated, to meet the needs of the membership.

### **13. Complaints and clarifications**

- 13.1 Any complaints regarding the scheme should be made to the BAA Board using the main BAA Complaints procedure.
- 13.2 Any candidate or supervisor requesting clarity regarding an exam decision should request this on the day of the examination, with the examiners, where possible. If this is not possible this request should be made in writing to the HTS Committee, who will liaise with examiners as required, prior to feeding back.

- 13.3 Any appeals against the outcome of a clinical exam should follow the process as shown in Appendix 1.
- 13.4 Candidates who are not satisfied with their individual training circumstances or supervision should resolve this locally, and this is not the responsibility of the BAA.

## **Appendix 1 – Appeals process**

Candidates and Supervisors are encouraged to discuss any issues arising about exam decisions and outcomes after the exam feedback has been given, prior to leaving the exam site. For example, further questioning of why a decision was made, or clarification of exam expectations.

If an issue cannot be resolved on the day, or it arises after the examiners have left the following procedure should be followed. The HTS committee chair is responsible for ensuring the processes outlined are followed, unless he / she was involved in the exam itself, in which case it will be delegated to another member of the committee

If a candidate appeals an exam decision / outcome on clinical grounds, the following process will be followed:

1. The candidate or supervisor appealing the decision need to do so in writing, outlining the issue, and what learning outcome this relates to.
2. The HTS Chair will contact the Examiners, if needed, to clarify any points raised.
3. The HTS Chair will then ask another Lead examiner from the particular clinical area, to review the case, and decide if the appeal is upheld or not, and provide feedback.
4. The Lead examiner will feedback to the HTS Chair.
5. The HTS Chair will then be responsible for feeding back to the candidate.

It should be noted that each learning outcome is scored once. Therefore, whilst an appeal might clarify a particular issue, it may not change the score for a particular learning outcome, and hence exam outcome, as there may have been additional reasons why a candidate did not meet that specific learning outcome unrelated to the appeal.

If the concern was that the exam process was not followed, e.g. did not comply with the HTS regulations, the following process should be followed:

1. The candidate or supervisor appealing the process need to do so in writing, outlining what was done or not done, and what regulation this relates to.
2. The HTS Chair will review the appeal, and contact the examiners for clarification if required.
3. A decision will then be made as to whether the examination should be classed as void, or there are implications for the exam decision / outcome, in which case the procedure above would then be followed.

## Appendix 2 Equivalence route

### 1. Summary

To enable BAA members who have already completed in house training to gain an HTS award to confirm externally verified clinical competence in a specialist area, a new HTS equivalence route may be offered for a limited period only. This will enable members who meet certain criteria to apply for examination without having to complete the specified training in advance. The modules for which this route is available, and the period during which this route will be open for applications will be displayed on the HTS webpages.

### 2. Criteria

Members who wish to apply for the equivalence route have to meet the following criteria:

- a) Have a minimum of five years post training experience in the clinical area. Individuals with less experience will be considered by the committee on an individual basis.
- b) Have read and are familiar with the HTS regulations, HTS handbook and module specification
- c) Confirm they are aware they will be examined against the current learning outcomes
- d) Required to have up to date skills and knowledge in line with the module specification to include theoretical knowledge, part a procedures and part b clinical competencies, and provide evidence of this with their application. This evidence will be in the form of two testimonies (one regarding theoretical knowledge and one regarding clinical skills) and a case study with critical reflection and referenced evidence base.
- e) Understand this examination is at M-level, and have appropriate expectations of exam standards
- f) Take responsibility for organising the exam as outlined in the handbook and regulations, if home-based
- g) Understand the exam may be moved to an exam centre if there is high demand.

### 3. Sections of the regulations which do **not** apply to those on the equivalence route

Section	Specific regulation	
2	Structure	2.3, 2.4, 2.5
3	Required experience and standards	3.3, 3.4, 3.5
4	Registration and time limits	4.1, 4.2, 4.3, 4.4
5	Accredited supervisor	All
6	Training clinic supervision	All
7	Training location	All
8	Applying for examination	8.3
9	Examinations	9.7

### 4. Process

Members wishing to apply for the equivalence route should apply using the online form on the BAA website HTS pages. Criteria will be checked on receipt of the application, and if on paper it looks like the criteria have been met, this will then be verified in a mini viva, lasting no longer than 15 minutes, online. A panel of a minimum of two HTS Examiners will form the viva panel, ideally of which at least one has experience of assessing students at M-level at an HEI. The viva will involve talking through the case study submitted as part of the evidence, and candidate explaining their expectations for the exam. The examiners will ask questions regarding these elements. The outcome of the viva will be given within five working days. If the candidate demonstrates the level of skills and knowledge provided as evidence in the mini viva, the exam can then be arranged in the usual way, unless an exam centre exam is to be arranged in which case there may be a delay to enable this to be arranged.

If the required level of knowledge and skills was not demonstrated, the candidate will provide written feedback for guidance, and the exam will not be arranged.

### 5. Fees

The standard registration and examination fees apply. The registration fee is not refundable if the candidate is not found to be suitable at the mini viva. The exam fee will only be charged if the candidate is found to be suitable and the exam is arranged.

#### 6. Outcomes and award

Candidates who pass the examination will be awarded the 'BAA HTS Equivalence award' in the specific clinical area. Unsuccessful candidates may apply to re-sit the examination once, and to do so a new application needs to be made, and fee paid. If unsuccessful on the second occasion, it is not possible to apply for the equivalence route again, but candidates could enroll on the standard scheme.

**Appendix 3 Regulation amendment log**

<b>Date</b>	<b>Amendment item(s)</b>	<b>Revisions made</b>	<b>Resultant version number</b>
02/07/2021	1.7	Added in need for all those involved in the scheme to be familiar with relevant documents and information and to keep this knowledge up to date.	V2.1
	4.2, 4.3	Clarified the extension can be applied for at any stage, and normal duration is a maximum of 3 years.	
	6.1, 7.1	Clarified supervision requirements for secondments	
	9.3.5, 9.3.6, 9.3.7, 9.4, 9.5	Clarified and corrected information regarding content and timing of case viva(s) and general viva.	
16/05/2022	2.4,3.3, 3.4, 8.2	Change from minimum number of supervised sessions to hours	3
	3.4	Clarification that secondments should be in the specialist area	
	3.5	Addition of information regarding placements	
	5.2, 5.10	Clarification regarding supervision	
	1.8, 5.8, 9.1, 9.3, 9.4, 9.5, Appendix 1, Appendix 2	Addition of pilot of equivalence route	
		Previous section 14 changed to appendix	
04/11/2022	9.1, 9.3.7, 9.4, 9.7, 11.2, appendix	Clarity regarding re-sits, references removed regarding specific module in equivalence route section	4
01/04/2023	1.5, 1.6,1.8.3.6,4.2, 6.1, 8.1, 8.2, 9.3 / 9.4, 9.6, 12.1, 12.6, 13.2	Clarity regarding accredited supervisors, appraisals and external assessments. Changes to candidates' availability for exams, 3 <sup>rd</sup> remote examiner, access to patient records in advance in line with local procedures, HTS committee responsibilities, and exam result process Additional minor rewording for clarity.	5
16/06/2023	10.6, Appendix 1 Appendix 2, appendix 3	Clarification regarding who can carry out the HTS equivalency viva, addition of the appeals process, re-numbering of appendices	6