

## **Consultation on changes to the profession-specific standards of proficiency for hearing aid dispensers**

Analysis of responses to the consultation on proposed profession-specific standards of proficiency for hearing aid dispensers, and our decisions resulting from responses received

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# 1. Introduction

## About the consultation

- 1.1 We consulted between 13 January 2014 and 4 April 2014 on proposed changes to the profession-specific standards of proficiency for hearing aid dispensers.
- 1.2 The standards of proficiency set out what we expect professionals on our Register to know, understand, and be able to do when they apply to join our Register. We consulted on proposed changes to the standards as part of our regular periodic review of the standards.
- 1.3 We informed a range of stakeholders about the consultation including professional bodies, employers, and education and training providers, advertised the consultation on our website, and issued a press release.
- 1.4 We would like to thank all those who took the time to respond to the consultation document. You can download the consultation document and a copy of this responses document from our website: [www.hcpc-uk.org/aboutus/consultations/closed](http://www.hcpc-uk.org/aboutus/consultations/closed).

## About us

- 1.5 We are a regulator and we were set up to protect the public. To do this, we keep a register of health and care professionals who meet our standards for their professional skills and behaviour. Individuals on our Register are called 'registrants'.
- 1.6 We currently regulate 16 health and care professions:
  - Arts therapists
  - Biomedical scientists
  - Chiropodists / podiatrists
  - Clinical scientists
  - Dietitians
  - Hearing aid dispensers
  - Occupational therapists
  - Operating department practitioners
  - Orthoptists
  - Paramedics
  - Physiotherapists
  - Practitioner psychologists
  - Prosthetists / orthotists
  - Radiographers
  - Social workers in England
  - Speech and language therapists

## Reviewing the standards of proficiency

- 1.7 The standards of proficiency for hearing aid dispensers set standards for the safe and effective practice of the profession. They do so by describing what professionals must know, understand, and be able to do in order to apply to join our Register.
- 1.8 The standards play an important role in public protection. When a professional applies for or renews their registration, or if concerns are raised about their competence while they are registered with us, we use the standards of proficiency in checking whether they have the necessary knowledge and skills to be able to practise their profession safely and effectively.
- 1.9 The standards of proficiency are divided into generic standards, which apply to all the professions on our Register, and standards specific to each individual profession. Under the new structure, most of the standards of proficiency will be profession-specific, listed under 15 new generic standards.
- 1.10 The purpose of the generic standards is to recognise commonality across all the professions that we regulate, while the purpose of the profession-specific standards is to set out additional standards for hearing aid dispensers related to the generic standard.
- 1.11 We consulted on changes to the generic standards of proficiency between July and October 2010.<sup>1</sup> The new generic standards have now been agreed by our Council and were not the subject of this consultation.
- 1.12 The review of the profession-specific standards is an opportunity to make sure the standards of proficiency are relevant to each profession. We regularly review the standards of proficiency to:
- reflect current practice or changes in the scope of practice of each profession;
  - update the language where needed to ensure it is relevant to the practice of each profession and to reflect current terminology;
  - reflect the standard content of pre-registration education programmes;
  - clarify the intention of existing standards; and
  - correct omissions or avoid duplication.
- 1.13 Our initial revision of the profession-specific standards was informed by discussions with the professional body for hearing aid dispensers—the British Society of Hearing Aid Audiologists. We then consulted on these draft revisions.

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<sup>1</sup> You can find more information about the consultation on our website here: [www.hcpc-uk.org/aboutus/consultations/closed/index.asp?id=110](http://www.hcpc-uk.org/aboutus/consultations/closed/index.asp?id=110)

- 1.14 In consulting on proposed changes to the standards, we asked our stakeholders to consider whether the changes we have suggested to the profession-specific standards of proficiency for each profession are appropriate, and whether other changes are necessary. We have used the responses we received to help us decide if any further amendments are needed.
- 1.15 Once the final sets of standards are approved, they will be published. We will then work with education providers to implement the new standards after they are published.

## About this document

- 1.16 This document summarises the responses we received to the consultation. The results of this consultation have been used to revise the proposed standards of proficiency for hearing aid dispensers.
- 1.17 The document is divided into the following sections.
- **Section two** explains how we handled and analysed the responses we received, providing some overall statistics from the responses.
  - **Section three** summarises the general comments we received in response to the consultation.
  - **Section four** outlines the comments we received in relation to specific questions.
  - **Section five** outlines our responses to the comments we received and the changes we are making as a result.
  - **Section six** lists the organisations which responded to the consultation.
- 1.18 This paper has three appendices.
- Appendix one lists the standards after consultation (subject to minor editing amendments and legal scrutiny).
  - Appendix two lists all the comments we received suggesting additional standards.
  - Appendix three lists all the comments we received suggesting amendments to the revised standards.
- 1.19 In this document, 'you' or 'your' is a reference to respondents to the consultation, 'we', 'us' and 'our' are references to the HCPC.

## **2. Analysing your responses**

- 2.1 Now that the consultation has ended, we have analysed all the responses we received. Whilst we cannot include all the responses in this document, a summary of responses can be found in sections three and four.

### **Method of recording and analysis**

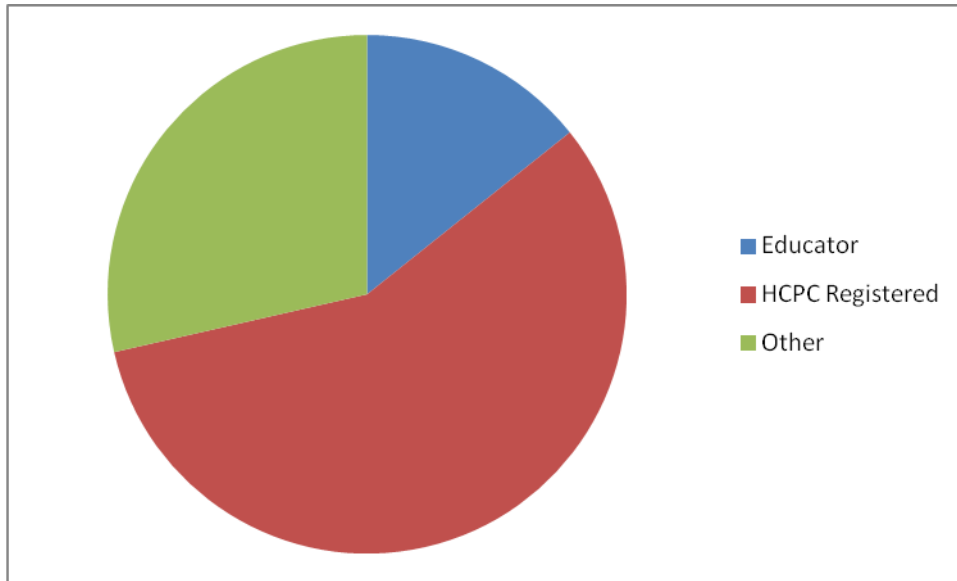
- 2.2 The majority of respondents used our online survey tool to respond to the consultation. They self-selected whether their response was an individual or an organisation response, and, where answered, selected their response to each question (e.g. yes; no; partly; don't know). Where we received responses by email or by letter, we recorded each response in a similar manner.
- 2.3 When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses, and indicates the frequency of arguments and comments made by respondents.

### **Statistics**

- 2.4 We received 13 responses to the consultation document. Seven (54 per cent) of these responses were received from individuals – of which four (57 per cent) were from HCPC registered professionals – and six (46 per cent) from organisations.
- 2.5 The breakdown of respondents and of responses to each question is shown in the graphs and tables which follow.

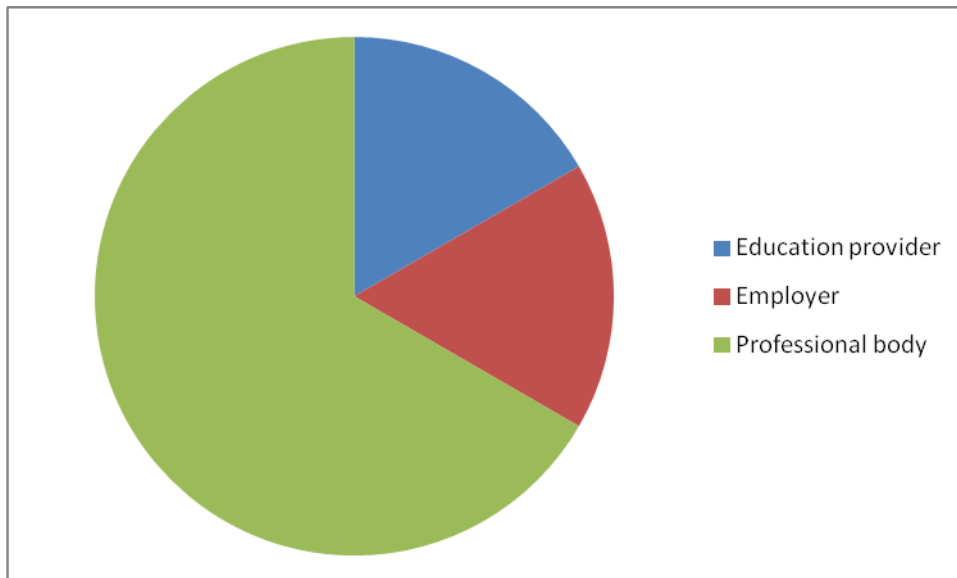
**Graph 1 – Breakdown of individual responses**

Respondents were asked to select the category that best described them.



**Graph 2 – Breakdown of organisation responses.**

Respondents were asked to select the category that best described their organisation.



**Table 1 – Breakdown of responses to each question**

Questions	Yes	No	Partly	Don't know
1. Do you think the standards are at a threshold level necessary for safe and effective practice?	8	1	3	0
2. Do you think any additional standards are necessary?	7	5	N/A	0
3. Do you think there are any standards which should be reworded?	7	3	N/A	1
4. Do you have any comments about the language used in the standards?	5	5	N/A	0

**Table 2 – Breakdown of responses by respondent type**

	Individuals				Organisations			
	Yes	No	Partly	Don't Know	Yes	No	Partly	Don't Know
Question 1	4	1	2	0	4	0	1	0
Question 2	5	2	N/A	0	2	3	N/A	0
Question 3	3	2	N/A	1	4	1	N/A	0
Question 4	2	3	N/A	0	3	2	N/A	0

- Question five invited any further comments rather than 'yes' or 'no' answers so it is not included in the above tables.

### 3. General comments

- 3.1 This section outlines general themes that arose from the responses we received to the consultation.

#### **‘Generic’ and profession-specific standards’ content**

- 3.2 A few respondents were concerned about the content of some of our generic and profession-specific standards. These concerns included possible omissions, ambiguity and/or duplication. The following provides an overview of the main concerns.
- 3.3 Two respondents were concerned that standard 2.1 failed to adequately address the need for registrants to act in the best interests of individual service users.
- 3.4 A few respondents supported the provision of further prescriptive detail in our record keeping requirements. This would require the provision of further guidance in a number of areas. This included:
- the timely completion of records; and
  - the use of accepted terminology.
- 3.5 A few respondents were concerned over the use of terminology and/or phrases in the standards. This included questioning their applicability to hearing aid dispensers. These included:
- information governance;
  - financial considerations;
  - self-treatment;
  - inter-disciplinary; and
  - case conferences.
- 3.6 A few respondents commented on communication issues in the standards. This included:
- strengthening the communication requirements in a number of standards;
  - identifying the impact of the specific condition on a service user’s individual communication needs including their mental capacity;
  - combining similar communication related standards in order to strengthen, avoid duplication and reduce the number of standards; and
  - providing additional hearing advice and education to service users in order to manage their condition and improve outcomes.
- 3.7 A few respondents sought to combine and/or remove a number of related standards in order to reduce the number of standards, avoid duplication and superfluous information. These included:
- removing reference to situations of personal incompatibility in standard 2.4;



- strengthening the role and involvement of service users and carers in the entire treatment process in order to improve outcomes;
  - recognising the role of other professions and when to seek inter-professional collaboration for the benefit of a service users; and
  - incorporating the use of research in problem solving.
- 3.8 Some respondents were concerned that the standards failed to take account of a number of developments in practice. These developments mainly referred to strengthening the involvement of service users in all aspects of managing their condition and/or treatment. These included:
- reference to joint decision making;
  - obtaining informed consent; and
  - reference to self-treatment.
- 3.9 Other respondents sought the inclusion of additional profession-specific standards and detail in the following areas.
- Additional clarity around awareness of legislative requirements.
  - Ensuring stronger reference to quality assurance programmes.
  - Ensuring that the standards fully take account of the risks associated with the profession including prescribing and its commercial aspects.
  - Additional clarity on the use of ‘management plans’ and the context for same.
  - Strengthening reference to evidence-based practice.
  - The inclusion of profession-specific standards under generic standard six ‘Be able to practise in a non-discriminatory manner’.
  - The inclusion of timescales for newly qualified registrants meeting the standards.

### **Nature of the role and meeting the standards**

- 3.10 A few respondents were concerned about some registrants being able to meet some of the revised standards of proficiency. These included:
- questioning whether an employed registrant would have control over the resources at their disposal; and
  - questioning the ability of registrants who work in independent practice being able to meet the building and maintenance of professional relationships and/or working in a team requirements.
- 3.11 However, two respondents disagreed with the last assessment and supported amending the standard to take account of registrants needing to both understand and practise the need to build and maintain professional relationships as a member of a team.

### **Regulation of hearing aid dispensers and/or audiologists**

- 3.12 One respondent was concerned over the current regulatory arrangements for hearing aid dispensers and audiologists with resultant public protection implications. This respondent supported the

transferring of the audiologist register with the Registration Council for Clinical Physiologists (RCCP) to the HCPC. They identified only one standard as being unique to hearing aid dispensers with regard to explaining the financial implications of hearing aid systems to a service user. They were also critical of our timing in consulting on the draft standards in the absence of the wider regulatory question being addressed.

## **4. Comments in response to specific questions**

4.1 This section contains comments made in response to specific questions within the consultation document.

### **Question 1. Do you think the standards are at a threshold level necessary for safe and effective practice?**

- 4.2 The majority of respondents (67 per cent) agreed that the draft standards are set at a threshold level necessary for safe and effective practice.
- 4.3 80 per cent of organisations who responded thought the standards were set at a threshold level necessary for safe and effective practice, but only 57 per cent of individual respondents thought the standards were set at the appropriate threshold level for safe and effective practice.
- 4.4 A number of respondents did not or only partly agreed that the standards were set at a threshold level necessary for safe and effective practice (eight and 25 per cent respectively).
- 4.5 The concerns raised by some of these respondents included:
- pointing to the generic nature of the majority of the standards and arguing that relatively few of them were profession-specific to the requirements of the profession;
  - questioning how we would use these standards to approve education and training programmes;
  - strengthening the standards to take account of the complexity of the education and training of the profession;
  - seeking reference to the issue of over-charging for hearing aids in the standards;
  - voicing unease with the reference to the standards as the 'minimum' threshold requirements for safe and effective practice in the guidance and/or commentary to the standards which they felt did not take account of their comprehensive nature; and
  - arguing that the standards did not adequately refer or address the protected function requirements of hearing aid dispensers and/or the skills and knowledge required for same.

### **Question 2. Do you think any additional standards are necessary?**

- 4.6 A majority of respondents did not think that any additional standards were necessary. With 58 per cent stating this to be the case, as opposed to 42 per cent stating that additional standards were necessary.
- 4.7 However, some respondents suggested that additional standards were necessary. 71 per cent of individual respondents supported additional

standards, but only 40 per cent of organisation who responded supported the inclusion of additional standards.

### **Question 3. Do you think there are any standards which should be reworded?**

- 4.8 The majority of respondents (64 per cent) did not think the standards needed to be reworded. 80 per cent of organisations who responded supported amendments, but only 50 per cent of individual respondents thought the standards needed to be reworded or amended.
- 4.9 Some of the suggestions we received were based on observations and/or concerns about the general use of language in the standards, these have been summarised in response to question four below.
- 4.10 We have listed all the proposed amendments to the standards in appendix three.

### **Question 4. Do you have any comments about the language used in the standards?**

- 4.11 There was an equal division between respondents who provided comments about the language used in the standards, with 50 per cent of respondents wishing to make additional comments, and the other 50 per cent of respondents indicating that they had no further comments in this area.
- 4.12 60 per cent of organisations who responded had additional comments about the language used in the standards, but only 40 per cent of individual respondents commented on the use of language.
- 4.13 The majority of respondents who commented on this issue supported the language used in the standards. This reasons included:
- the standards were accessible, clear, concise, straightforward and comprehensible; and
  - the standards provided a more balanced service user-centred perspective than previous versions.

### **Question 5: Do you have any other comments on the standards?**

- 4.14 A few respondents indicated that they had other comments to make regarding the standards. To avoid duplication, some of those comments have not been included here if they have been addressed elsewhere in this document. Some respondents:
- welcomed the layout of the new standards and proposed amendments;
  - questioned whether the standards were targeted specifically at private hearing aid dispensers and not audiologists working in the NHS;

- recommended a more concise version of the standards which they felt would be more effective through focusing on core principles and streamlined standards whilst ensuring the same level of public protection and aiding clarity; and
- welcomed the widening of standard 4.4 with regard to making and receiving appropriate referrals.

4.15 With regard to the latter point, this respondent commented that hearing aid dispensers currently only refer to GP and/or ears, nose and throat (ENT) departments in instances of sudden hearing loss. They observed that there are currently no mechanisms in place for hearing aid dispensers to make referrals to other associated audiology specialisms/specialists. For example, tinnitus clinics, hearing therapy and speech therapy. They were concerned that such mechanisms need to be put in place before this amended standard was fully feasible.

## **5. Our responses**

- 5.1 We received a range of comments about the standards during the consultation process, including suggested amendments and possible additional standards, which we have carefully considered. The following section outlines our responses to these comments and suggestions including those changes we will make to the draft standards.

### **Regulation of Hearing Aid Dispenser and/or Audiologists**

- 5.2 We acknowledge the concerns of one respondent with regard to the current regulatory arrangements for hearing aid dispensers and audiologists. Hearing aid dispensers dispense hearing aids in the private sector, often working for high street retailers. Hearing aid dispensers were previously regulated by the Hearing Aid Council (HAC) until March 2010, when their regulation was transferred to the HCPC. The protected function or 'activity' requirements mean that only someone registered with the HCPC as a hearing aid dispenser is able to perform certain activities if they intend to supply a hearing aid by way of retail, sale or hire. We have previously recommended to Government the regulation of clinical physiologists – including audiologists – who are currently voluntarily registered by RCCP be transferred to us. We continue to hold this view.
- 5.3 However, decisions about whether statutory regulation should be extended to clinical physiologists – including audiologists – is a matter for government. The government has no current plans for the statutory regulation of this group.

### **Level of detail in the standards:**

- 5.4 A number of comments we received suggested additional standards and amendments to provide more prescriptive detail about the requirements of hearing aid dispensers.
- 5.5 We considered the following in deciding whether we should make suggested changes or amendments:
- Is the standard necessary for safe and effective practice?
  - Is the standard set at the threshold level for entry to the Register?
  - Does the standard reflect existing requirements for hearing aid dispensers on entry into the profession?
  - Does the standard reflect existing education and training?
  - Is the standard written in a broad and flexible way so that it can apply to the different environments in which hearing aid dispensers might practise or the different groups that they might work with?

- 5.6 The standards set out the proficiencies necessary to practise the profession. However, the standards are not a curriculum document nor are they intended to be a list of activities which registrants must undertake in any situation. For example, a registrant needs to 'be able to maintain confidentiality' on entry to the Register. However, this is an ability and does not mean that there will not be situations where information might need to be shared with, or disclosed to others for the benefit of service users or in the public interest.
- 5.7 Part of our focus for the review of the standards is to ensure that the standards are relevant to the scope of practice of the hearing aid dispensers' profession. When making decisions about whether to make changes to the standards, we must therefore consider whether the changes would make the standards too specific or would limit the scope of the standards.
- 5.8 We also aim to avoid duplication in the standards, to ensure they are clearly worded, and maintain consistency between different professions' standards wherever possible and appropriate. However, we do not agree with combining related standards as we feel that the individual standards are equally important in their own right and that combining them would limit and/or narrow their scope.

### **Comments on specific standards:**

- 5.9 A number of respondents highlighted concerns about some hearing aid dispensers being able to meet all of our standards and/or possible omissions. These concerns included:
- questioning whether an employed registrant has control over their resources;
  - pointing to the difficulty for registrants who work as independent practitioners meeting our standards;
  - questioning the use of certain terminology and its applicability to the profession;
  - voicing concerns about the widening of standards relating to referrals and the practicalities for same;
  - ensuring that the standards adequately reflect and address the risk associated with the profession including prescribing, its commercial aspects and protected functions; and
  - providing timescales for newly qualified registrants meeting our standards.
- 5.10 With regard to ensuring that the standards adequately address the protected function requirements for hearing aid dispensers, the standards do address this issue under standards 8.8, 14.3, 14.13 and 14.19. Hearing aid dispensers have a protected function. Only a hearing aid dispenser registered with the HCPC may:
- assess or test a person's hearing; or
  - prescribe a hearing aid for a person

where the hearing aid dispenser or any other person intends to supply or provide a hearing aid by way of retail, sale or hire.

- 5.11 Therefore individuals who perform those functions where they are unconnected to the retail sale or hire of a hearing aid (for example, in the public sector) may lawfully do so without being HCPC registered.
- 5.12 With regard to the proposal to provide timescales for newly qualified registrants meeting our standards, the standards set out the threshold proficiencies of applicants when they first apply to join the Register. Therefore someone completing an approved programme needs to meet the standards in order to become registered. As such the setting of timescales for meeting these standards would be inappropriate.
- 5.13 Once on the Register, every time registrants renew their registration, they are asked to confirm that they continue to meet the standards of proficiency that apply to their own scope of practice – the area of their profession in which they have the knowledge, skills and experience to practice safely and effectively.
- 5.14 We recognise that a registrant’s scope of practice will change over time and that the practice of experienced registrants may become more focused and specialised than that of newly registered colleagues. However, the standards are intended to set the threshold knowledge, understanding and skills required by a registrant for entry to our Register. Therefore, we do not outline or stipulate competencies above a threshold level.
- 5.15 We have carefully considered and noted the comments above. However, we have concluded that, on balance, we are satisfied that these standards do reflect the threshold entry requirement for safe and effective practice for entry to the profession.

## **Our decisions**

- 5.16 We have made two changes to the standards based on the comments we received in consultation as summarised below. The draft revised standards following consultation can be found in appendix one.
- We have made a minor amendment to standard 8.13 with regard to amending ‘self-treatment’ to ‘self-management’ which is a more appropriate term for this profession.
  - We have made a minor amendment to standard 9.5 with regard to amending ‘inter-disciplinary team’ to ‘multi-disciplinary team’ for clarity.



## **6. List of respondents**

Below is a list of all the organisations that responded to the consultation.

British Academy of Audiology (BAA)  
British Association of Audiological Physicians  
British Society of Hearing Aid Audiologists (BSHAA)  
National Community Hearing Association  
Scrivens Hearing Care

## Appendix 1: Draft standards of proficiency for hearing aid dispensers

New standards and amendments to standards are shown in **bold and underlined**. Deletions are shown in ~~strikethrough~~. The standards in this section are subject to legal scrutiny and may be subject to minor editing amendments prior to publication.

No.	Standard
<b>1</b>	<b>be able to practise safely and effectively within their scope of practice</b>
1.1	know the limits of their practice and when to seek advice or refer to another professional
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly
<b>2</b>	<b>be able to practise within the legal and ethical boundaries of their profession</b>
2.1	understand the need to act in the best interests of service users at all times
2.2	understand what is required of them by the Health and Care Professions Council
2.3	understand the need to respect and uphold the rights, dignity, values and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
2.4	recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
2.5	be aware of current legislation applicable to the work of their profession
2.6	understand the importance of and be able to obtain informed consent
2.7	be able to exercise a professional duty of care
<b>3</b>	<b>be able to maintain fitness to practise</b>

3.1	understand the need to maintain high standards of personal and professional conduct
3.2	understand the importance of maintaining their own health
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning
<b>4</b>	<b>be able to practise as an autonomous professional, exercising their own professional judgement</b>
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
4.3	be able to initiate resolution of problems and be able to exercise personal initiative
4.4	recognise that they are personally responsible for and must be able to justify their decisions
4.5	be able to make and receive appropriate referrals
4.6	understand the importance of participation in training, supervision and mentoring
<b>5</b>	<b>be aware of the impact of culture, equality, and diversity on practice</b>
5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals
<b>6</b>	<b>be able to practise in a non-discriminatory manner</b>
<b>7</b>	<b>understand the importance of and be able to maintain confidentiality</b>
7.1	be aware of the limits of the concept of confidentiality
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information

7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public
<b>8</b>	<b>be able to communicate effectively</b>
8.1	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, carers, colleagues, and others
8.2	be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5 <sup>2</sup>
8.3	understand how communication skills affect assessment of and engagement with service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability
8.4	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others
8.5	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs
8.6	understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions
8.7	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter wherever possible
8.8	be able to explain the financial implications of suitable hearing aid systems

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<sup>2</sup> The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.

8.9	understand the specific communication needs of those with impaired hearing and be aware of appropriate steps to overcome communication barriers
8.10	recognise the need to seek external assistance in situations where communication is ineffective for whatever reason
8.11	recognise the need to use interpersonal skills to encourage the active participation of service users
8.12	recognise the need to use appropriate interpersonal and communication skills to facilitate effective care for those with impaired hearing
8.13	understand the need to empower service users to manage their aural health and related issues including self-treatment - <b>management</b> where appropriate
<b>9</b>	<b>be able to work appropriately with others</b>
9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff, and others
9.2	be able to recognise those conditions or circumstances that require the involvement of other professionals and give the appropriate advice to service users
9.3	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
9.4	understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals
9.5	be able to contribute effectively to work undertaken as part of a <b>multi- inter-disciplinary</b> team
<b>10</b>	<b>be able to maintain records appropriately</b>
10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols, and guidelines
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines

<b>11</b>	<b>be able to reflect on and review practice</b>
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection
11.2	recognise the value of case conferences and other methods of review
11.3	be aware of emerging technologies and new developments in hearing care practices
<b>12</b>	<b>be able to assure the quality of their practice</b>
12.1	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures
12.2	be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care
12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance, and the use of appropriate outcome measures
12.4	be able to maintain an effective audit trail and work towards continual improvement
12.5	be aware of, and be able to participate in, quality assurance programmes, where appropriate
12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
12.7	recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
<b>13</b>	<b>understand the key concepts of the knowledge base relevant to their profession</b>
13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession
13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process

13.3	recognise the role of other professions in health and social care
13.4	understand the structure and function of health and social care services in the UK
13.5	understand the concept of leadership and its application to practice
13.6	understand the theoretical basis of, and the variety of approaches to, assessment and intervention
13.7	<p>understand, in the context of hearing aid audiology:</p> <ul style="list-style-type: none"> <li>- the anatomy and physiology of the outer, middle, inner ear and central auditory pathways;</li> <li>- psycho-acoustics;</li> <li>- acoustics, speech production and perception;</li> <li>- the measurement of hearing and of other auditory system functions;</li> <li>- hearing aid and associated technologies including selection, fitting, programming and evaluation; and</li> <li>- appropriate approaches to auditory rehabilitation</li> </ul>
<b>14</b>	<b>be able to draw on appropriate knowledge and skills to inform practice</b>
14.1	be able to change their practice as needed to take account of new developments or changing contexts
14.2	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, or other actions safely and effectively
14.3	be able to safely use appropriate techniques and equipment to assess hearing loss and the physical condition of the ear
14.4	be able to select and evaluate the most appropriate hearing aid system and performance settings and/or associated technologies for service users
14.5	be able to plan, implement and manage appropriate rehabilitation programmes for service users to optimise outcomes
14.6	be able to safely and competently take impressions of the ear
14.7	be able to safely and competently programme and physically fit hearing aids
14.8	understand the need to provide service users with access to continuing care, maintenance and support

14.9	be able to formulate specific and appropriate management plans including the setting of timescales
14.10	be able to formulate and provide appropriate advice regarding hearing aids and associated technologies and their use to facilitate informed choices by service users
14.11	be able to gather appropriate information
14.12	be able to undertake and record appropriate case histories
14.13	understand the need to make and keep full and accurate records of assessment results, hearing aid prescriptions and actual settings, rehabilitation plans and outcomes
14.14	be able to select and use appropriate assessment techniques
14.15	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
14.16	be able to check that equipment is functioning accurately and within specifications and to take appropriate action in the case of faulty functioning and operation
14.17	be able to undertake or arrange investigations as appropriate
14.18	be able to analyse and critically evaluate the information collected
14.19	be able to interpret the data arising from case history, physical examination, and hearing assessments
14.20	be able to demonstrate a logical and systematic approach to problem solving
14.21	be able to use research, reasoning and problem solving skills to determine appropriate actions
14.22	recognise the value of research to the critical evaluation of practice
14.23	be aware of a range of research methodologies
14.24	be able to evaluate research and other evidence to inform their own practice



14.25	be able to use information and communication technologies appropriate to their practice
<b>15</b>	<b>understand the need to establish and maintain a safe practice environment</b>
15.1	understand the need to maintain the safety of both service users and those involved in their care
15.2	ensure that the environment in which service users are seen is appropriate for the assessment, service, care and attention given
15.3	be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these
15.4	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation
15.5	be able to establish safe environments for practice, which minimise risks to service users, those treating them and others, including the use of hazard control and particularly infection control

## Appendix 2: Suggested additional standards

No.	Standard	Suggested additional standards
1.	be able to practise safely and effectively within their scope of practice	
2.	be able to practise within the legal and ethical boundaries of their profession	
3.	be able to maintain fitness to practise	
4.	be able to practise as an autonomous professional, exercising their own professional judgement	
5.	be aware of the impact of culture, equality, and diversity on practice	
6.	be able to practise in a non-discriminatory manner	<p>Two respondents commented on generic standard six. One respondent suggested an additional standard which clarified the requirements of the over-arching principle contained in the generic standard:</p> <ul style="list-style-type: none"> <li>• to treat all service users as individuals and as you would want to be treated yourself whatever level of hearing loss, background or beliefs</li> </ul> <p>Whereas, the second respondent observed that there were no profession-specific standards under the generic standard.</p>
7.	be able to maintain confidentiality	
8.	be able to communicate effectively	<p>Two respondents commented on generic standard eight. One respondent suggested an additional standard which dealt with honesty in relation to fees:</p> <ul style="list-style-type: none"> <li>• to provide honest fees</li> </ul>

		Whereas, the second respondent argued that the standards need to accurately reflect the risks inherent in dispensing hearing aids and to mitigate these risks including the commercial aspect of the profession, which they commented was commission based. They also questioned whether the education requirements for hearing aid dispensers provide an appropriate level of knowledge and understanding in order to mitigate these risks.
9.	be able to work appropriately with others	
10.	be able to maintain records appropriately	
11.	be able to reflect on and review practice	
12.	be able to assure the quality of their practice	
13.	understand the key concepts of the knowledge base relevant to their profession	One respondent commented that the description of the profession-specific standards which relate to audiology should be more specific and contain timescales for newly qualified registrants meeting these standards.
14.	be able to draw on appropriate knowledge and skills to inform practice	Two respondents sought further descriptive detail under generic standard 14. These included: <ul style="list-style-type: none"> <li>• providing additional content for the profession-specific standards which relate to audiology; and</li> <li>• referring to the provision of a wide range of hearing advice and/or education to potential service users, for example, those people suffering from tinnitus and to adult aural rehabilitation.</li> </ul>
15.	understand the need to establish and maintain a safe practice environment	

## Appendix 3: Detailed comments on the draft standards

Respondents' proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold**.

This section does not include comments received about the generic standards, as they were not within the scope of the consultation.

No.	Standard	Comments
1	be able to practise safely and effectively within their scope of practice	
1.1	know the limits of their practice and when to seek advice or refer to another professional	
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly	<p>One respondent suggested that this standard should be reworded to the following:</p> <ul style="list-style-type: none"> <li>• recognise the need to manage their own workload <del>and resources</del> effectively and be able to practise accordingly</li> </ul> <p>This respondent argued that the standard, as worded, was unrealistic and unenforceable.</p>
<b>2</b>	<b>be able to practise within the legal and ethical boundaries of their profession</b>	
2.1	understand the need to act in the best interests of service users at all times	<p>Two respondents were concerned that the plural use of 'service users' in this standard was too general and did not take account of acting in the best interests of each 'individual' service user. They suggested that this standard should be reworded to the following:</p> <ul style="list-style-type: none"> <li>• understand the need to act in the best interests of <b>the</b> service users at all times.</li> </ul>

2.2	understand what is required of them by the Health and Care Professions Council	
2.3	understand the need to respect and uphold the rights, dignity, values and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	
2.4	recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility	<p>One respondent suggested that this standard should be reworded to the following:</p> <ul style="list-style-type: none"> <li>recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care <del>even in situations of personal incompatibility</del></li> </ul> <p>This respondent commented that the last part of the standard was superfluous.</p>
2.5	be aware of current legislation applicable to the work of their profession	<p>One respondent suggested that this standard should be reworded to the following:</p> <ul style="list-style-type: none"> <li><del>be aware of</del> <b>understand</b> current legislation applicable to the work of their profession <b>and to the operation of their practice</b></li> </ul>
2.6	understand the importance of and be able to obtain informed consent	
2.7	be able to exercise a professional duty of care	
<b>3</b>	<b>be able to maintain fitness to practise</b>	
3.1	understand the need to maintain high standards of personal and professional conduct	

3.2	understand the importance of maintaining their own health	
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning	
<b>4</b>	<b>be able to practise as an autonomous professional, exercising their own professional judgement</b>	
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem	<p>One respondent suggested that this standard should be reworded to the following:</p> <ul style="list-style-type: none"> <li>• be able to assess <del>a professional situation</del> <b>the underlying reasons for a service user to request assistance</b>, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem</li> </ul> <p>This respondent was concerned that the use of ‘a professional situation’ in this standard was too specific and could be interpreted to include situations outside the professional scope of practice of a hearing aid dispenser.</p>
4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately	
4.3	be able to initiate resolution of problems and be able to exercise personal initiative	
4.4	recognise that they are personally responsible for and must be able to justify their decisions	

4.5	be able to make and receive appropriate referrals	
4.6	understand the importance of participation in training, supervision and mentoring	
<b>5</b>	<b>be aware of the impact of culture, equality, and diversity on practice</b>	
5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals	<p>One respondent suggested that this standard should be reworded to the following:</p> <ul style="list-style-type: none"> <li>understand the requirement to adapt practice to meet the needs of different groups and individuals <b>and how interactions should be modified to address and take account of factors such as age, capacity, learning ability and physical ability</b></li> </ul> <p>This respondent argued that the above amendment had strengthened this standard and removed ambiguity and possible repetition elsewhere (in reference to standard 8.3).</p>
<b>6</b>	<b>be able to practise in a non-discriminatory manner</b>	
<b>7</b>	<b>understand the importance of and be able to maintain confidentiality</b>	
7.1	be aware of the limits of the concept of confidentiality	

7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information	<p>Two respondents were concerned with the reference to ‘information governance’ in the standard which they felt was an NHS specific term. They noted that registrants also work in non-NHS settings. One respondent argued that data protection and patient confidentiality are more universal requirements. The respondents suggested that this standard should be reworded to the following:</p> <ul style="list-style-type: none"> <li>• understand the principles of <del>information governance</del> <b>data protection, the need for confidentiality</b> and be aware of the safe and effective use of health and social care information; or</li> <li>• understand the principles of <b>data protection</b> <del>information governance</del> and be aware of the <b>duty of confidentiality (including the limits of confidentiality) and the</b> safe and effective use of health and social care information.</li> </ul>
7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public	
<b>8</b>	<b>be able to communicate effectively</b>	



8.1	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, carers, colleagues, and others	<p>Two respondents sought to clarify and/or strengthening the communication requirements contained in this standard. One respondent was concerned that there was duplication between this standard and standard 8.4. The respondents suggested that this standard should be reworded to the following:</p> <ul style="list-style-type: none"> <li>• be able to <b>choose and</b> demonstrate effective and appropriate <b>forms of</b> verbal and non-verbal <b>communication skills</b> in communicating information, advice, instruction and professional opinion to <b>with</b> service users, <del>carers, colleagues,</del> and others <b>when communicating information, advice, instruction and professional opinion</b>; or</li> <li>• <b>understand the specific communication needs of those with impaired hearing, be aware of appropriate steps to overcome communication barriers and understand how communications affect assessment of</b> <del>be able to demonstrate effective and appropriate verbal and</del> <b>engagement with</b> <del>non-verbal skills in communicating information, advice, instruction and professional opinion to</del> service users, <del>carers, colleagues, and others</del></li> </ul> <p>Whereas, the second respondent argued that the latter amended standard better reflected the sector specific requirements and placed the service user at the heart of the standard.</p>
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8.2	be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5 <sup>3</sup>	<p>Two respondents commented on this standard. One respondent suggested that this standard should be amended to the following:</p> <ul style="list-style-type: none"> <li>• be able to <b>demonstrate effective and appropriate verbal and non-verbal skills in communicateing information, advice, instruction and professional opinion to service users, carers, colleagues, and others</b> <del>in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5</del></li> </ul> <p>Whereas, the second respondent noted that if we are using this standard to take account of our requirements under the Recognition of Professional Qualifications Directive, then the existing standard should be moved to the last standard under generic standard eight.</p>
8.3	understand how communication skills affect assessment of and engagement with service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability	<p>Two respondents commented on this standard. One respondent suggested that this standard should be reworded to the following to take account of mental capacity:</p> <ul style="list-style-type: none"> <li>• understand how communication skills affect assessment of and engagement with service users and how the means of communication should be modified to address and take account of factors such as age, <b>mental</b> capacity, learning ability and physical ability</li> </ul> <p>Whereas, the second respondent recommended that this standard should be removed.</p>

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<sup>3</sup> The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.

8.4	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	<p>Two respondents were concerned that there was duplication in content between this standard and standards 8.1-8.2. One respondent recommended combining both this standard and standard 8.1 to the following:</p> <ul style="list-style-type: none"> <li>• be able to <del>select, move between and use</del> <b>choose and demonstrate effective and</b> appropriate forms of verbal and non-verbal communication with service users and others <b>when communicating information, advice, instruction and professional opinion</b></li> </ul>
8.5	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs	<p>One respondent recommended that this standard should be removed as the content is already covered in standards 5.1, 8.1 and 8.2.</p>
8.6	understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions	<p>Two respondents commented on this standard. One respondent was concerned that this standard failed to highlight the increasing role of shared decision-making in practice. Whereas, a second respondent recommended that this standard should be removed.</p>
8.7	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter wherever possible	<p>One respondent recommended combining this and standard 8.10 to the following:</p> <ul style="list-style-type: none"> <li>• understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter wherever possible <b>and to seek external assistance in situations where communication is ineffective for whatever reason</b></li> </ul> <p>Whereas, a second respondent recommended that this standard should be removed.</p>

8.8	be able to explain the financial implications of suitable hearing aid systems	<p>Two respondents commented on this standard. Both respondents supported the substitution of 'financial implications' with 'cost' or 'costs'. The reasons included:</p> <ul style="list-style-type: none"> <li>• widening the scope of the standard; and</li> <li>• providing additional clarity.</li> </ul> <p>One of the respondents suggested that this standard should be reworded to the following:</p> <ul style="list-style-type: none"> <li>• be able to explain the <del>financial</del> <b>cost</b> implications of suitable hearing aid systems</li> </ul> <p>However, both respondents suggested making further changes to the standard which would provide further guidance on situations when a service user might decide not proceed with treatment and/or obtain a hearing aid which would require obtaining their informed consent. Both respondents suggested that this standard should be reworded to the following to take account of this:</p> <ul style="list-style-type: none"> <li>• be able to explain <b>alternative treatment options where applicable including the costs</b> <del>financial implications of suitable hearing aids</del> <b>or other assistive</b> systems; or</li> <li>• be able to explain <b>treatment options and modalities including the costs</b> <del>financial implications of suitable hearing aid</del> <b>technology</b> systems.</li> </ul>
8.9	understand the specific communication needs of those with impaired hearing and be aware of appropriate steps to overcome communication barriers	<p>One respondent recommended that this standard should be removed although they supported cross-referencing this standard with other related standards if it was not deleted. For example, standards 8.1 and 8.2.</p>

8.10	recognise the need to seek external assistance in situations where communication is ineffective for whatever reason	<p>Two respondents recommended combining this and standard 8.7 to the following:</p> <ul style="list-style-type: none"> <li>• <b>understand</b> recognise the need to <b>assist the communication needs of service users such as through the use of an appropriate interpreter wherever possible and to</b> seek external assistance in situations where communication is ineffective for whatever reason.</li> </ul>
8.11	recognise the need to use interpersonal skills to encourage the active participation of service users	One respondent recommended that this standard should be removed in order to avoid duplication.
8.12	recognise the need to use appropriate interpersonal and communication skills to facilitate effective care for those with impaired hearing	One respondent recommended that this standard should be removed in order to avoid duplication.
8.13	understand the need to empower service users to manage their aural health and related issues including self-treatment where appropriate	<p>Three respondents commented on this standard. Two respondents recommended combining this and standard 9.4 to the following:</p> <ul style="list-style-type: none"> <li>• understand the need to empower service users <b>and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals and</b> to manage their aural health, <del>and related issues</del> including self-treatment where appropriate</li> </ul> <p>The third respondent was concerned with the reference to 'self-treatment' in this standard. They argued that this was an overly medical term which implied a paternalistic approach being adopted; therefore they supported its substitutions with 'self-management' as being a more appropriate and patient centred term.</p>
<b>9</b>	<b>be able to work appropriately with others</b>	

9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff, and others	<p>One respondent suggested that this standard should be reworded to the following:</p> <ul style="list-style-type: none"> <li>• be able to work, <del>where appropriate</del>, in partnership with service users, other professionals, support staff, and others</li> </ul> <p>This respondent observed that ‘where appropriate’ is implied.</p>
9.2	be able to recognise those conditions or circumstances that require the involvement of other professionals and give the appropriate advice to service users	<p>Two respondents recommended combining this and standard 13.3 to the following:</p> <ul style="list-style-type: none"> <li>• <b>recognise the role of other professions in health and social care and</b> be able to recognise those conditions or circumstances that require the involvement of other professionals and give the appropriate advice to service users</li> </ul>
9.3	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	<p>Three respondents commented on this standard. Two respondents sought to strengthen the requirement of the standard with the inclusion of ‘be able’. They suggested that the standard should be reworded to the following:</p> <ul style="list-style-type: none"> <li>• <del>understand the need</del> <b>be able</b> to build and sustain professional relationships as both <b>as</b> an independent practitioner and collaboratively as a member of a team; or</li> <li>• understand the need <b>for and be able</b> to build and sustain professional relationships as both <b>as</b> an independent practitioner and collaboratively as a member of a team.</li> </ul>

9.4	understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals	<p>Two respondents commented on this standard. One respondent recommended combining this and standard 8.12 to the following:</p> <ul style="list-style-type: none"> <li>• understand the need to <b>empower</b> <del>engage</del> service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals <b>and to manage their aural health, including self-treatment where appropriate</b></li> </ul> <p>Whereas, the second respondent recommended that this standard should be deleted in order to avoid duplication.</p>
9.5	be able to contribute effectively to work undertaken as part of an inter-disciplinary team	<p>Three respondents commented on this standard. Two respondents recommended removing the standard. Whereas, another respondent was concerned about independent practitioners meeting this standard. Two of the respondents commented on the use of 'inter-disciplinary' in the standard. These included:</p> <ul style="list-style-type: none"> <li>• questioning our rationale for changing the reference from 'multi-disciplinary' to 'inter-disciplinary';</li> <li>• commenting that 'inter-disciplinary' would be difficult to define; and</li> <li>• arguing that independent practitioners cannot be part of an inter-disciplinary team.</li> </ul>
<b>10</b>	<b>be able to maintain records appropriately</b>	

10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols, and guidelines	<p>Two respondents recommended strengthening and/or providing further descriptive detail in this standard. They suggested the standard should be reworded to the following:</p> <ul style="list-style-type: none"> <li>• be able to keep accurate, comprehensive, <del>and</del> comprehensible <b>and timely</b> records in accordance with applicable legislation, protocols, and guidelines; or</li> <li>• be able to keep accurate, comprehensive, <del>and</del> comprehensible <b>and contemporaneous</b> records in accordance with applicable legislation, protocols, and guidelines.</li> </ul> <p>With regard to the former recommendation, this respondent supported the amendment in order to give additional guidance on when such records should be completed. The inclusion of ‘timely’ would encompass both contemporaneous notes and notes which may need to be added to the record shortly after treating a service user.</p>
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines	<p>One respondent suggested that this standard should be reworded to the following:</p> <ul style="list-style-type: none"> <li>• recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines <b>using only accepted terminology when making records</b></li> </ul> <p>This respondent felt that the initial wording was insufficient.</p>
<b>11</b>	<b>be able to reflect on and review practice</b>	
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection	



11.2	recognise the value of case conferences and other methods of review	One respondent noted that the term 'case conferences' is not generally used in audiology and recommended its substitution in this standard with 'case studies' and/or 'multi-disciplinary case studies'. They observed that the latter would highlight the reflective and reviewing requirement identified in the standard.
11.3	be aware of emerging technologies and new developments in hearing care practices	One respondent suggested that this standard should be reworded to the following: <ul style="list-style-type: none"> <li>• be aware of emerging technologies and new developments in hearing care practices</li> </ul>
<b>12</b>	<b>be able to assure the quality of their practice</b>	
12.1	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures	
12.2	be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care	
12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance, and the use of appropriate outcome measures	One respondent recommended combining this and standard 12.5 to the following: <ul style="list-style-type: none"> <li>• be aware of the role of audit and review in quality management, <b>and be able to participate in</b> including quality control, quality assurance <b>programmes</b>, and the use of appropriate outcome measures</li> </ul>
12.4	be able to maintain an effective audit trail and work towards continual improvement	One respondent recommended that this standard should be removed.

12.5	be aware of, and be able to participate in, quality assurance programmes, where appropriate	<p>Two respondents commented on this standard. One respondent recommended combining this and standard 12.3 to the following:</p> <ul style="list-style-type: none"> <li>• be aware of, <b>the role of audit and review in quality management</b> and be able to participate in, quality assurance programmes, <del>where appropriate</del></li> </ul> <p>Whereas, the second respondent suggested that this standard should be reworded to the following:</p> <ul style="list-style-type: none"> <li>• be aware of, and be able to participate in, quality assurance programmes, <del>where appropriate</del> <b>and work towards continual improvement</b></li> </ul> <p>This respondent argued that standard 12.3 together with the amended standard above would better align registrants with quality assurance programmes in health care.</p>
12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user	
12.7	recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes	
<b>13</b>	<b>understand the key concepts of the knowledge base relevant to their profession</b>	

13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession	<p>One respondent suggested that this standard should be reworded to the following:</p> <ul style="list-style-type: none"> <li>• understand, <b>in the context of hearing aid audiology</b>, the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession</li> </ul> <p>This respondent was concerned about ambiguity in the original wording with the use of ‘together with’ which would possibly require a broader knowledge of the entire human body whilst knowledge of health, disease, disorder and dysfunction would be confined to an individual profession.</p>
13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process	
13.3	recognise the role of other professions in health and social care	<p>Two respondents recommended combining this and standard 9.2 to the following:</p> <ul style="list-style-type: none"> <li>• recognise the role of other professions in health and social care <b>and be able to recognise those conditions or circumstances that require the involvement of other professionals and give the appropriate advice to service users</b></li> </ul>
13.4	understand the structure and function of health and social care services in the UK	
13.5	understand the concept of leadership and its application to practice	<p>One respondent questioned the reference to the ‘concept of leadership’ in this standard. They argued that this phrase had far-reaching significance and potential consequences. Also they commented that it was difficult to understand what exactly this standard sought to achieve. Although they supported a rewording of the standard, they still queried its inclusion in the revised standards.</p>

13.6	understand the theoretical basis of, and the variety of approaches to, assessment and intervention	
13.7	<p>understand, in the context of hearing aid audiology:</p> <ul style="list-style-type: none"> <li>- the anatomy and physiology of the outer, middle, inner ear and central auditory pathways;</li> <li>- psycho-acoustics;</li> <li>- acoustics, speech production and perception;</li> <li>- the measurement of hearing and of other auditory system functions;</li> <li>- hearing aid and associated technologies including selection, fitting, programming and evaluation; and</li> <li>- appropriate approaches to auditory rehabilitation</li> </ul>	Two respondents commented on this standard. One respondent was concerned that the profession-specific standards of proficiency only refer to the fitting rather than prescribing of hearing aids. They argued that the standards should reflect where risks really arise in relation to dispensing ie in the selection and recommendation of appropriate hearing aids for prescription. They also observed that the fitting of hearing aids was not a high risk activity as modern technology has enabled anyone to fit a hearing aid. Whereas, the second respondent supported the removal of 'in the context of hearing aid audiology' from the initial standard as this was already implied.
<b>14</b>	<b>be able to draw on appropriate knowledge and skills to inform practice</b>	
14.1	be able to change their practice as needed to take account of new developments or changing contexts	One respondent queried the significance and/or meaning of the phrase 'changing contexts'. They questioned whether this phrase was different to 'new developments' and/or whether the former phrase was superfluous.
14.2	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, or other actions safely and effectively	
14.3	be able to safely use appropriate techniques and equipment to assess hearing loss and the physical condition of the ear	

14.4	be able to select and evaluate the most appropriate hearing aid system and performance settings and/or associated technologies for service users	
14.5	be able to plan, implement and manage appropriate rehabilitation programmes for service users to optimise outcomes	
14.6	be able to safely and competently take impressions of the ear	
14.7	be able to safely and competently programme and physically fit hearing aids	
14.8	understand the need to provide service users with access to continuing care, maintenance and support	
14.9	be able to formulate specific and appropriate management plans including the setting of timescales	<p>Two respondents commented on this standard. Both respondents supported reference to 'clinical' in management plans for clarity. They suggested that this standard should be reworded to the following:</p> <ul style="list-style-type: none"> <li>• be able to formulate specific and appropriate <b>clinical and rehabilitative</b> management plans including the setting of timescales; or</li> <li>• be able to formulate specific and appropriate <b>clinical</b> management plans including the setting of timescales.</li> </ul> <p>With regard to the former, this respondent was concerned that the use of 'management plans' alone was too broad and non-specific.</p>
14.10	be able to formulate and provide appropriate advice regarding hearing aids and associated technologies and their use to facilitate informed choices by service users	

14.11	be able to gather appropriate information	
14.12	be able to undertake and record appropriate case histories	
14.13	understand the need to make and keep full and accurate records of assessment results, hearing aid prescriptions and actual settings, rehabilitation plans and outcomes	One respondent recommended that this standard should be removed as this content was already covered in standard 10.
14.14	be able to select and use appropriate assessment techniques	
14.15	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment	
14.16	be able to check that equipment is functioning accurately and within specifications and to take appropriate action in the case of faulty functioning and operation	
14.17	be able to undertake or arrange investigations as appropriate	
14.18	be able to analyse and critically evaluate the information collected	
14.19	be able to interpret the data arising from case history, physical examination, and hearing assessments	

14.20	be able to demonstrate a logical and systematic approach to problem solving	<p>Two respondents supported combining this and standard 14.21 to the following:</p> <ul style="list-style-type: none"> <li>• be able to demonstrate a logical and systematic approach to problem solving, <b>including the use of research, to determine appropriate action</b>; or</li> <li>• be able to demonstrate a logical and systematic approach to problem solving <b>including appropriate use of research.</b></li> </ul>
14.21	be able to use research, reasoning and problem solving skills to determine appropriate actions	<p>Two respondents supported combining this and standard 14.20 to the following:</p> <ul style="list-style-type: none"> <li>• be able to <b>demonstrate a logical and systematic approach to problem solving, including the use of research, reasoning and problem solving skills to determine appropriate actions</b>; or</li> <li>• be able to <b>demonstrate a logical and systematic approach to problem solving including appropriate use of research, reasoning and problem solving skills to determine appropriate actions.</b></li> </ul>
14.22	recognise the value of research to the critical evaluation of practice	
14.23	be aware of a range of research methodologies	

14.24	be able to evaluate research and other evidence to inform their own practice	<p>One respondent suggested that this standard should be reworded to the following:</p> <ul style="list-style-type: none"> <li>be able to <b>practise in an evaluate research and other evidence based way utilising information drawn from research, patient values, clinical judgement and available resources</b> to inform their own practice</li> </ul> <p>This respondent supported a strengthened definition for evidence based practice as they argued that the current standard gave undue prominence to research in the process.</p>
14.25	be able to use information and communication technologies appropriate to their practice	
<b>15</b>	<b>understand the need to establish and maintain a safe practice environment</b>	
15.1	understand the need to maintain the safety of both service users and those involved in their care	
15.2	ensure that the environment in which service users are seen is appropriate for the assessment, service, care and attention given	
15.3	be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these	
15.4	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation	



15.5	be able to establish safe environments for practice, which minimise risks to service users, those treating them and others, including the use of hazard control and particularly infection control	
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