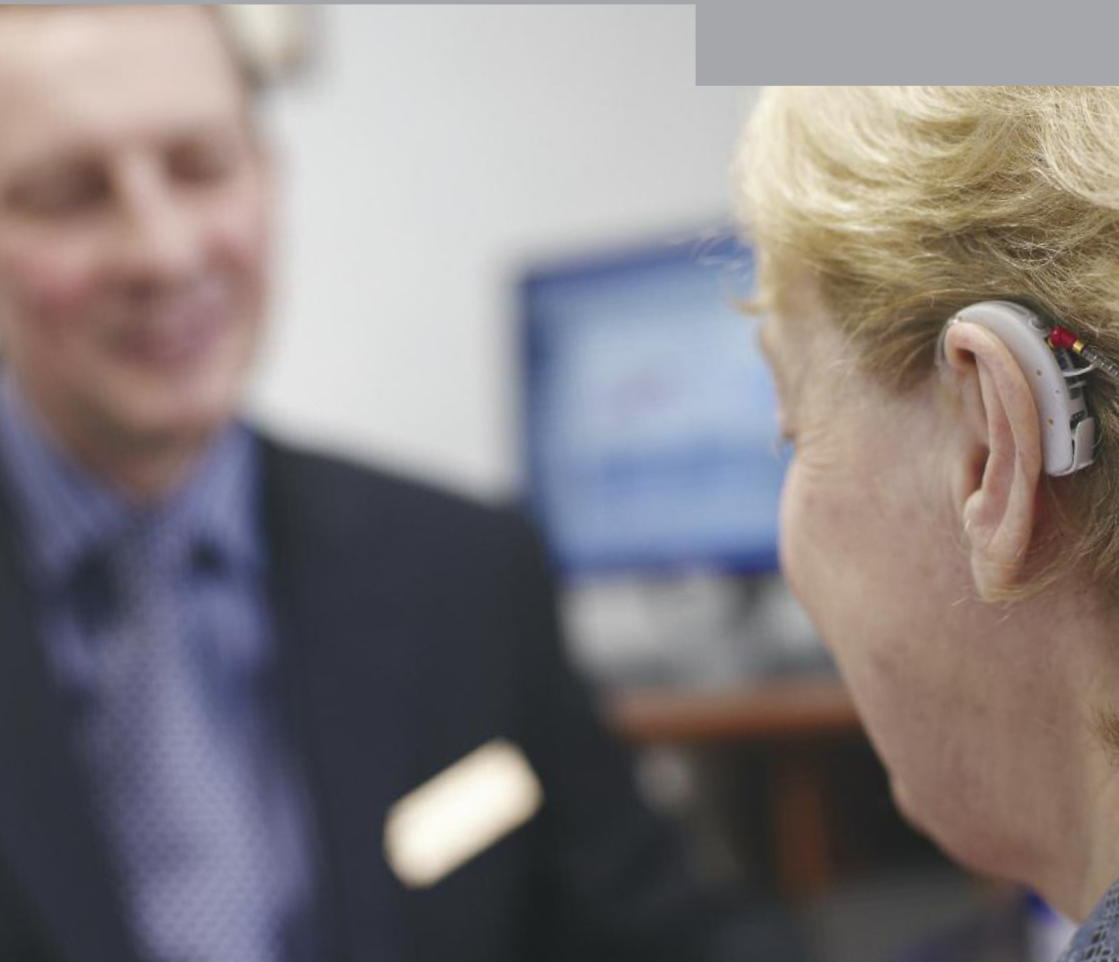


Guidance on professional practice for **Hearing Aid Audiologists**



Assuring High Quality Professional Hearing Care

Introduction

This booklet is intended to be guidance on good professional practices for Registered Practitioners who are members of the British Society of Hearing Aid Audiologists.

It is hoped it will be particularly helpful with the interpretation of the Health and Care Professions Council Standards of Conduct, Performance and Ethics and Standards of Proficiency for Hearing Aid Dispensers as well as providing greater assurance that you will comply with what the HCPC expects of you.

Contents

- 4** What the HCPC Expects of You
- 5** Making and Keeping Records
- 6** Confidentiality
- 7** Informed Consent
- 8** The Protocol and Criteria for Referral for Medical or other Specialist Opinion
- 14** Ensuring Informed Decisions
- 15** Taking and Recording Case Histories
- 17** Otoscopy
- 17** Pure Tone Audiometry
- 17** Aural Impression Procedures
- 18** Keeping Accurate Records of Prescriptions and Rehabilitation/Individual Management Plans
- 19** Maintaining Your Practice Environment
- 20** The Value of Reflection on Practice
- 21** Notes

What the HCPC expects of you

- ① Hearing Aid Audiologists who are registered Hearing Aid Dispensers must comply with the following standards set by the HCPC:
 - a. Standards of conduct, performance and ethics.
 - b. Standards of proficiency.
 - c. Standards for continuing professional development.
- ② Further information about all of the Health and Care Professions Council's standards may be obtained:
 - a. From the Health and Care Professions Council's website:
<http://www.hcpc-uk.org>
 - b. By writing to the Health and Care Professions Council at:
Park House, 184 Kennington Park Road, London, SE11 4BU

Making and keeping records

- ① Throughout this document, the importance of accurate, legible and complete records is strongly emphasised. All your activities and interactions with clients, their relatives and carers should be recorded.
- ② Records should be:
 - a. Objective recordings of your findings, of advice given and of other actions taken.
 - b. Clear and legible.
 - c. Made at the time and either signed and dated or securely recorded electronically.
 - d. Kept securely.
- ③ You should ensure that all those for whom you are responsible such as reception staff or people you supervise, such as trainees, students and Hearing Care Assistants should, whenever appropriate, understand the importance of accurate records relating to the services and/or advice given to clients.
- ④ In the absence of other guidance on health records in general, records should be retained in accordance with current legislation.
- ⑤ Previously completed records relating to an existing client who is being fitted with a new hearing aid system should be retained to accompany all new records. Such previously completed records should not be altered in any way to make any part of them illegible.

Confidentiality

- ① In addition to your own professional duty to maintain client confidentiality, you should ensure that all those for whom you are responsible, such as reception staff, or people you supervise, such as trainees, students and Hearing Care Assistants, should respect the need for confidentiality in their dealings with clients, their relatives or carers and especially in respect of client records.
- ② How you store clients' records and who is authorised to have access to them should take account of the importance of maintaining confidentiality.
- ③ In the event of a request for disclosure of a client's records by any person other than the client, you, or an appropriate person on your behalf, should obtain either written consent from the client or written confirmation that the person making the request has the authority to act on the client's behalf.
- ④ For more detailed information on the subject of confidentiality, refer to the HCPC publication *Confidentiality – Guidance for Registrants*.



Informed consent

- ① Informed consent is a phrase often used to indicate that the consent given by a client meets certain minimum standards. Informed consent can be said to have been given based upon a clear appreciation and understanding of the facts, implications and future consequences of an action. In order to give informed consent, your client must have adequate reasoning faculties and be in possession of all relevant facts at the time consent is given.
- ② Written consent from your client is not normally required.
- ③ The Health and Care Professions Council defines informed consent as being when *“a service user has all the necessary information in a format they can understand so that they can make an informed decision about whether they want to have a particular treatment”*.
- ④ Informed consent is particularly important for the following procedures:
 - a. Otoscopic examination.
 - b. Pure tone audiometry.
 - c. Aural impressions.



The protocol and criteria for referral for medical or other specialist opinion

The HCPC defines referral as being when *“a health professional asks another practitioner to take over the care of a service user because it is beyond their scope of practice or because the service user has asked for a second opinion”*.

Protocol and criteria for referral

You should establish any requirement for referral of a client for a medical or other specialist opinion and/or treatment on at least the following occasions and for the following reasons:

- ① When you are consulted by a client for the first time.
- ② When a client has not been seen by you or other appropriately qualified professional for at least twelve months.
- ③ Whenever your client reports or you find a change in hearing or in any condition arising in or related to the auditory or vestibular systems which, in your professional opinion, is significant.
- ④ Subject to the guidelines in paragraphs 5 and 6 of this section below, the criteria for referral of a client for a medical or other, specialist opinion and/or treatment are as follows:
 - a. The whole or partial obstruction of the external auditory canal that would not allow proper examination of the eardrum and/ or the safe and accurate taking of an aural impression. This particularly refers to the presence of wax or foreign bodies.
 - b. Abnormal appearance of the eardrum and/or the outer ear such as:
 - i. Inflammation of the external auditory canal
 - ii. Perforated eardrum
 - iii. Active discharge

- c. Persistent pain affecting either ear which has lasted for more than seven days within the last 90 days prior to the consultation.
- d. Discharge from the ear, other than wax, within the last 90 days prior to the consultation.
- e. Conductive hearing loss where audiometry shows 25dB or greater air-bone gap present at two or more of the following frequencies: 500, 1000, 2000 Hz or 4000 Hz. An air-bone gap is the difference in air conduction and bone conduction thresholds of hearing for the same ear and at the same frequency.
- f. A unilateral or asymmetrical hearing loss as indicated by a difference in left and right bone conduction thresholds of 20dB or greater at two or more of the following frequencies: 500, 1000, 2000, 4000 Hz.
- g. Sudden onset of hearing loss or sudden deterioration in hearing. Sudden is within one week and referral should be to A&E or Urgent Care ENT clinic.
- h. Rapid onset of hearing loss or rapid deterioration in hearing. Rapid is within 90 days or less.
- i. Evidence of deterioration of hearing by comparison with an audiogram taken within the last 24 months. This means a deterioration of 15dB or more in air conduction threshold readings at two or more of the following frequencies: 500, 1000, 2000, 4000 Hz.
- j. Fluctuating hearing loss not associated with head colds or other respiratory tract infection.
- k. Tinnitus which is:
 - i. unilateral or asymmetrical, pulsatile or distressing tinnitus lasting more than 5 minutes at a time.
 - ii. troublesome and may lead to sleep disturbance or be associated with symptoms of anxiety or depression.

- l. Vertigo or other disturbance of balance which includes dizziness, swaying or floating sensations (frequently associated with unsteadiness) that may indicate otological, neurological or medical conditions.
 - m. Normal peripheral hearing, as assessed audiometrically, but with abnormal difficulty in hearing in noisy backgrounds, possibly having problems with sound localisation or difficulty following complex auditory directions.
 - n. Abnormal auditory perception (dysacusis).
 - o. If your client is under the age of 16 years.
 - p. Any other unusual presenting features which, in your informed opinion, should be the subject of medical or other, specialist investigation. In this context, you must be particularly mindful of your duty to work within the limits of your scope of practice.
- 5 You may decide that referral is not appropriate or in the best interests of your client when the following apply:
 - a. When there is sufficient evidence that the condition has been fully investigated by your client's GP and/or appropriate medical specialist and any possible treatment has been provided.
 - b. The condition has not worsened or changed significantly since the previous investigation and/or treatment.
 - c. If you find the whole or partial obstruction of the external auditory canal, the referral may be to a person who is not medically qualified but who has been appropriately trained in Clinical Ear Care and is, therefore, trained and qualified to remove ear wax. In this instance if you have been appropriately trained you do not need to refer.

- ⑥ When your client has made an informed and competent decision not to accept your advice to seek a medical opinion, you may proceed to recommend appropriate hearing aid systems subject to the following considerations:
- a. The recommendation will not have any adverse effects on your client's health or general wellbeing.
 - b. Your client is, without any reasonable doubt, capable of making the informed decision either independently or with the assistance of a close member of their family, a carer or other competent advisor.
 - c. Clients known or suspected to be suffering from any condition affecting their ability to make informed decisions should be advised by a person who can and has the authority to act on your client's behalf and in your client's best interests
 - d. Your records confirm that all necessary considerations about your client's best interests have been made.
 - e. Your client or an appropriate and competent person on their behalf has signed a suitably worded disclaimer to confirm that your referral advice has not been accepted and that it is an informed decision by them or the appropriate person on their behalf.



- 7 When you identify the need to advise your client to seek a medical or other, specialist opinion, the following actions should be taken:
 - a. You should obtain your client's consent before you provide information to their GP or appropriate specialist.
 - b. If your client is under 18 years of age, before you provide information to their GP or other appropriate specialist you should obtain the consent of their parent(s) or guardian.
 - c. Your client's GP or other appropriate specialist should be informed, preferably in writing and without delay, about the reason(s) for advising your client to seek medical advice.
 - d. The information to the GP or other appropriate specialist should, whenever possible, be sent directly rather than via your client.
 - e. The information provided to the GP or other appropriate specialist should be as detailed as is appropriate and, when relevant, should include the client's most recent audiogram and any previous audiogram which is also relevant.
 - f. The information provided to the GP or other appropriate advisor should be unambiguous and include sufficient information to ensure that your client is properly identified. This identification should be achieved by the inclusion of at least the following personal information:
 - i. Their title, forenames or initials and surname.
 - ii. Their home address with postcode.
 - iii. Their date of birth.
 - iv. When known, their NHS number.
 - g. The information provided to the GP or other appropriate specialist should be accompanied by information to facilitate any reply or request for further information.
 - h. A copy of any report to the GP or other appropriate advisor should be made available on request to your client or appropriate person acting on their behalf.
 - i. A copy of any report to the GP or other appropriate advisor and of the consent to provide such a report should be retained by you with your client's other case records.

- 8 In the event of your client being under the age of 18 years, the following should be observed before you recommend appropriate hearing aid systems:
- a. All advice given and action taken is with the knowledge and consent of your client's parent(s) or guardian(s).
 - b. All advice and actions taken are in your client's best interests without any reasonably foreseeable risk of adversely affecting their physical or mental health, education, communication abilities or general development.
 - c. Your client's hearing impairment has been the subject of all appropriate audiological assessment under the NHS.
 - d. No advice is given or action taken which could potentially conflict with or affect any continuing treatment provided at any NHS Audiology or ENT clinic without the written approval of either your client's GP or ENT Consultant.
 - e. Your client's mental or physical conditions do not require any professional competencies which are outside your scope of practice, training or experience.
 - f. Any financial or other implications from the fitting of a hearing aid system have been fully considered and all those involved fully informed. This particularly applies to implications for the effectiveness of the hearing aid system resulting from your client's physical growth.



Ensuring informed decisions

- ① There is considerable similarity between the requirements for an informed decision and for informed consent.
- ② The ability of a client or appropriate person acting on their behalf to make an informed decision about whether or not to accept your advice is dependent on:
 - a. The information made available to your client prior to making a decision.
 - b. Your client's capacity to make an informed decision.
 - c. The same information being made available to any third party whose involvement will ensure that the most appropriate and informed decision is made by or on behalf of your client.
- ③ You must provide your client and their relatives or carers with advice on the basis of improving your client's quality of life.
- ④ At the conclusion of the pre-fitting procedures, your client and their relatives or carers should be in a position to make an informed decision about whether or not to accept your recommendations about a hearing aid system. This should include considerations of affordability.
- ⑤ All written or printed information should be provided in an easily readable form. If any pre-printed material is accompanied by handwritten information, this should be written legibly.
- ⑥ All printed material should be made available in large print on request.
- ⑦ If your client's informed choice is not to accept your recommendations and advice, it is particularly important that a clear, written record is made about your client's non-acceptance on any of the following:
 - a. Referral to their general medical practitioner or other appropriate medical or non-medical specialist.
 - b. Recommendations for appropriate hearing aids including whether the fitting should be bilateral and, if unilateral, which ear should be aided.

Taking and recording case histories

- ① When appropriate and acceptable to your client, all reasonable endeavours should be made to ensure that they are accompanied by a relative, advisor or carer.
- ② Your client's personal details should be obtained or confirmed in either manual or electronic format. The detail should be sufficient to clearly and unambiguously identify the client concerned.
- ③ If the primary contact details are not those of your client, these should be recorded or confirmed as appropriate. All associated records should clearly state that the primary contact is not your client and any other relevant information should also be recorded for future reference.
- ④ The case history should be recorded at an early stage in the consultation process.
- ⑤ The case history record should contain all the information obtained from your client to inform you as fully and as accurately as possible about the cause(s) and the effects of your client's hearing impairment as well as any other matters which may affect your advice.
- ⑥ The findings from the case history should be recorded either as part of written case notes or as an electronic record or both. Whichever method of recording the findings is chosen, the following should apply:
 - a. Your client should be clearly identifiable.
 - b. The date on which the case history was taken is stated.
 - c. Descriptions of findings should be unambiguous.
- ⑦ The case history should include information at least about the following:
 - a. When the hearing loss was first noticed.
 - b. Nature of the onset of the hearing loss.
 - c. Any actual or potential cause(s) of the hearing loss including any relevant family history or genetic influence.
 - d. The detailed effects of the hearing loss on the lifestyle of your client and, in particular, situations in which hearing difficulties are regularly experienced or in which it is important to your client that the hearing handicap is minimised.

- e. Previous hearing assessments and hearing aid experience including when and by whom undertaken and outcomes if known.
 - f. Any known or reasonably foreseeable allergy or hypersensitivity which may be relevant to the use of a hearing aid system.
 - g. Any relevant, previous medical or surgical interventions including when and by whom undertaken and outcomes. This includes information about medications and other therapies if known.
 - h. Any known or suspected asymmetry of hearing loss.
 - i. Any of the following conditions relating to the ear(s) or hearing and whether any condition is currently experienced or is in the recent or more distant past:
 - i. Tinnitus.
 - ii. Vertigo.
 - iii. Pain in or around the ear(s).
 - iv. Discharge in or from the outer ear.
 - v. Onset or progress of the hearing loss.
 - vi. History of excessive noise exposure.
 - vii. Any other significant conditions relating to the auditory system and the client's general physical and mental health.
 - j. The contact details of your client's general medical practitioner.
- ③ It is recommended that the case history is supplemented by the results of a hearing needs assessment.

Otoscopy

Otoscopy, conducted by you working within your scope of practice, should follow the current British Society of Audiology (BSA) recommended procedure.

Essential information

BSA Recommended Procedure for Ear Examination:

http://www.thebsa.org.uk/docs/RecPro/RecProc_EarExam_25Jan2010.pdf

Pure Tone Audiometry

Pure tone audiometry, conducted by you working within your scope of practice, should follow the current British Society of Audiology (BSA) recommended procedure for pure tone audiometry.

Essential information

BSA Recommended Procedure for Pure Tone Audiometry:

<http://www.thebsa.org.uk/docs/RecPro/PTA.pdf>

Aural impression procedures

Aural impressions, conducted by you working within your scope of practice, should follow the current British Society of Audiology (BSA) recommended procedure.

Essential information

BSA Recommended Procedure for Taking an Aural Impression:

<http://www.thebsa.org.uk/docs/RecPro/Imp%20Taking-final%20Sept%2007.pdf>

BSA Recommended Procedure for Ear Examination.

http://www.thebsa.org.uk/docs/RecPro/RecProc_EarExam_25Jan2010.pdf

Keeping accurate records of prescriptions and rehabilitation/individual management plans

- ① After hearing aid prescription, you should record all appropriate information relating to:
 - a. The manufacturer, model and fitting style of the hearing aid(s) to be supplied.
 - b. The characteristics of any earmoulds or earfitting(s).
 - c. The ear(s) being fitted.
 - d. The signal processing technology and associated technical features.
 - e. Any reasonably foreseeable limitations of the hearing aid system to be fitted based on what is known about your client's hearing loss and related conditions, lifestyle needs, physical and mental capacities.
- ② After deciding the rehabilitation/individual management plan, you should record all appropriate information relating to:
 - a. The rehabilitation advice as the most appropriate to optimise outcomes based on the needs and abilities of your client and on any previous hearing aid experience.
 - b. The timing and purpose of the post-fitting review appointments.
- ③ Your client and, when appropriate, their relatives or carers should be provided with a written summary of all of the advice given at the fitting appointment including how to obtain advice or assistance in between post-fitting review appointments.
- ④ The actions taken and outcomes of all post-fitting review appointments, including the results of outcome measure questionnaires, should be recorded.

Maintaining your practice environment

Practice Environment in General

- ① The overall requirement is that premises in which clients are assessed and in which service, care and attention are provided must have an appearance and functionality which is professional and safe in all the areas to which clients, their relatives or carers have access as well as being a safe environment for all those who work there.
- ② When relevant, the guidance and recommendations in this document also apply to the environment in which domiciliary services are provided.

Consulting Room

- ③ The consulting room, whether it is the audiometric test environment or not, should comply with the following:
 - a. Be safely and easily accessible from the reception area with all possible account being taken of the requirements of those with impaired vision and/or mobility problems.
 - b. Along with its access areas, be maintained in a manner which is consistent with professional premises.
 - c. The room and its access areas should not display any advertising material which would be inappropriate for professional hearing care premises or misleading as to the products and services available at or through the premises.
 - d. It should be a safe and comfortable environment for all who have access to it.
 - e. It should have the furnishings, equipment and ancillary items which enable you to comply with all relevant standards of professional practice including access to facilities to ensure personal and equipment hygiene.

The value of reflection on practice

- ① You have a personal responsibility to keep your knowledge and skills up to date in order to ensure that you remain able to provide your clients and their relatives or carers with the best possible advice at all times.
- ② In order to meet their obligations for continuing professional development (CPD), you should ensure that you are fully conversant with the Health and Care Professions Council's Standards for Continuing Professional Development and with the BSHAA Rules for CPD.
- ③ An essential component of CPD is regular reflection on practice, recording the learning outcomes from such reflection and how these may be of benefit to future service provision.
- ④ You should maintain and keep up to date a portfolio containing the evidence of your CPD activities and your records of the outcomes of your reflections on practice.



