

QiPCA – Quality in Primary Care Audiology

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1. Executive summary

The Quality in Primary Care Audiology (QiPCA) framework is a structured quality assurance and improvement tool designed specifically for Primary Care Audiology services. It supports:

- Provider self-assessment
- Independent and peer review
- Continuous quality improvement
- Commissioning and accreditation assurance

QiPCA is **audiology specific** and pan-UK in scope

Where appropriate, it **aligns with** (but does not replicate):

- British Society of Audiology (BSA) recommended procedures
- Improving Quality in Physiological Services (IQIPS)
- NHS Wales Quality Standards (and therefore BAA quality standard which overlaps) and NHS Scotland Quality Standards for Adult Hearing Rehabilitation Services
- Health Improvement Scotland Quality Assurance Framework
- NICE guidance and recognised good practice
- Finally, given primary care audiology is often co-located with primary eye care services, QiPCA also maps across applicable standards from Quality in Optometry (QiO)

QiPCA is structured as:

- A core Primary Care Audiology standard (applicable pan-UK)
- An optional NHS England bolt-on module, clearly separated.

2. Scoring and assurance methodology

2.1 Response options

Each assurance statement is rated as:

Response	Definition	Rating
Yes (Y)	Fully met, embedded, and evidenced	 Green
Partial (P)	Largely met, non-material gaps identified	 Amber
No (N)	Not met or material gaps identified	 Red
Not Applicable (N/A)	Not applicable	 Grey

2.2 Assurance

QiPCA is designed to support robust self and peer assessment. Providers should define a quality assurance approach proportionate to the type and scale of their organisation.

2.3 Continuous Quality Improvement (CQI)

QiPCA requires a CQI process for all areas. Providers can use the table below (and add rows) to focus on areas for improvement in a structured way. An excel sheet, maintaining the same structure, automatically populates the first two columns as providers complete the workbook.

Domain	QiPCA statement	Response	Issue identified	Risk level	Action agreed	Owner	Target date	Review outcome

3. Domain structure (QiPCA core)

The domains below are not in order of priority but instead cover core operational (system) requirements (D1-5) and then service specific domains (D6-8) to aid delegation across the provider organisation – e.g. often domains 1-5 will be completed by different leads, and domains 6-8 will typically be led by an audiologist/clinical team.

D1. Business and organisational governance

- The provider is a legally constituted organisation with clear governance, accountability, and sustainable planning arrangements.

D2. Workforce and human resources

- The provider employs, supports, and retains a competent, appropriately trained and well-led workforce.

D3. Premises, facilities and equipment

- Premises and equipment are safe, accessible and appropriate for audiological assessment and care.

D4. Health, safety, safeguarding and risk management

- Risks to patients, staff and others are identified, mitigated, and reviewed.

D5. Information governance, data security and protection

- Patient information is handled lawfully, confidentially and securely.

D6. Patient experience and person-centred care

- Care is person-centred, accessible and responsive.

D7. Staff assurance (individual level)

- Staff understand their role, responsibilities and professional obligations.

D8. Clinical governance and quality

- Clinical care is safe, effective, and evidence based.

Each domain includes:

- Provider self-assessment statements
- Factors to consider for internal compliance checks
- Suggestions of evidence providers can use to demonstrate compliance
- Useful resources including tips, links to template policies and relevant guidance

4. Domain standards

Domain 1 – Business and organisational governance

Standard:

The provider is a legally constituted organisation with clear governance, accountability, and sustainable planning arrangements.

Provider statements

- The organisation's legal status and ownership are clearly defined
- Appropriate medical malpractice insurance in place
- Other appropriate insurances are in place e.g. employers insurance, public liability insurance etc
- A mission, vision and values statement exists and is accessible
- Business and service continuity plans are in place
- Equipment procurement and management processes are documented
- Gifts, hospitality and conflicts of interest policy is in place

Factors to consider for internal compliance checks

- Governance clarity and accountability
- Evidence of forward planning rather than reactive compliance

Evidence

- Organisational plan
- Insurance certificates
- Mission and values statement
- Business or service continuity plan
- Procurement guidance
- Gifts, hospitality and conflicts of interest policy

Useful resources

- [NCHA overview of medical malpractice insurance](#)
- NCHA member Market law helpline accessible [here](#)
- Mission and values statement pro forma
- Business/service continuity plan pro forma
- Procurement guidance pro forma
- NCHA guidance on [Compliance with the Bribery Act](#)
- Gifts, hospitality and conflicts of interest policy pro forma

Domain 2 – Workforce and human resources

Standard:

The provider employs, supports, and retains a competent, appropriately trained and well-led workforce.

Provider statements

- HR policies reflect fair employment practice and staff wellbeing
- A register of HCPC registered clinical staff is maintained and kept under ongoing review
- Details of all locum's medical malpractice insurance is documented
- Records of criminal records checks are kept for all applicable staff and locums
- Appraisal and supervision arrangements are in place
- Training and CPD needs are identified and reviewed, including access to learning disability, autism and d/Deaf awareness training
- Up-to-date records of mandatory and role-specific training are maintained
- Clinical governance and leadership roles are clearly defined
- Conflicts of interest are declared and managed
- Whistleblowing policy is in place and implemented
- A proportionate mechanism for staff feedback is in place

Factors to consider for internal compliance checks

- Workforce sustainability
- Governance competence vs paper compliance

Evidence

- HR policies
- Register of clinical staff
- Details of locum's medical malpractice insurance
- Evidence of criminal records checks for all staff and locums
- Appraisal records
- Training matrix
- Leadership structure
- Conflict of interest policy and sample declaration
- Whistleblowing policy

Useful resources

- NCHA [criminal record checks](#) guide
- Training matrix pro forma
- Conflict of interest policy pro forma
- Whistleblowing policy pro forma

Domain 3 – Premises, facilities and equipment

Standard:

Premises and equipment are safe, accessible and appropriate for audiological assessment and care.

Provider statements

- Premises support confidentiality and dignity
- Consulting rooms are safe and accessible
- Consulting rooms meet acoustic and testing distance requirements
- Appropriate audiological equipment is available for the services offered
- Equipment is maintained and calibrated to schedule
- Infection prevention facilities are available

Factors to consider for internal compliance checks

- Suitability matched to scope of service
- Evidence of routine oversight

Evidence

- Premises inspection records
- Acoustic reports
- Calibration certificates

Useful resources

- [Link to BSA practice guidance on acoustic and testing requirements](#)

Domain 4 – Health, safety, safeguarding and risk

Standard:

Risks to patients, staff and others are identified, mitigated, and reviewed.

Provider statements

- Health and safety and risk management policies are in place
- Chaperone policy is in place and available to users
- Risk assessments (e.g. fire, lone working) are completed and reviewed
- Accident and incident reporting arrangements exist
- Safeguarding policies and named leads are in place
- Consent policy is in place and is consistent with the mental capacity act
- Infection prevention and decontamination procedures are documented
- Patient safety incidents can be identified, reported and reviewed

Factors to consider for internal compliance checks

- Risk ownership
- Learning from incidents

Evidence

- Health and safety and risk management policies
- Chaperone policy
- Risk assessments
- Accident/incident reporting guidance
- Safeguarding policies
- Consent policy
- Infection prevention policy
- Incident logs

Useful resources

- Health and safety and risk management policies pro formas
- Chaperone policy pro forma
- [Sample risk assessments](#)
- Accident/incident reporting guidance pro forma
- Safeguarding policy pro forma
- NCHA [Consent at a glance](#)
- Consent policy pro forma
- Infection prevention policy pro forma
- Incident log template

Domain 5 – Information governance, data security and protection

Standard:

Patient information is handled lawfully, confidentially and securely.

Provider statements

- Information governance and data protection policies are current
- ICO registration exists where required
- A named individual is responsible for data protection practices
- Staff confidentiality obligations are documented
- Data security training is undertaken and monitored
- Business continuity includes data and cyber security

Factors to consider for internal compliance checks

- Practical understanding of data risk
- Evidence of training, not just policy

Evidence

- IG policy
- Data protection policy
- ICO registration details (if applicable)
- Sample staff confidentiality statement
- Training logs
- Asset registers
- Business continuity plan

Useful resources

- IG policy pro forma
- [NCHA data protection guidance](#)
- [Legal helpline](#)
- Staff confidentiality statement template
- Training logs pro forma
- Asset registers template
- Business continuity plan pro forma

Domain 6 – Patient experience and person-centred care

Standard:

Care is person-centred, accessible and responsive.

Provider statements

- Equality of access statement is available
- Consent processes are clear and documented
- Personalised care planning and shared decision making are promoted
- Information is accessible and inclusive
- Information includes, where appropriate, signposting to additional resources/technology/support groups
- Effective feedback and complaints processes are in place
- Patient feedback is reviewed and acted upon
- Duty of Candour principles are applied
- Patients are involved in service development where feasible

Evidence

- Equality of access statement
- Consent policy
- Sample patient individual management plan
- Patient information
- Feedback/complaints policy
- Feedback/Complaints records, including resulting actions
- Previous service development work including patient contributions

Useful resources

- Equality of access statement pro forma
- NCHA [Consent at a glance](#)
- Consent policy pro forma
- Patient individual management plan template
- Feedback/complaints policy pro forma
- Feedback/Complaints records template
- NCHA duty of candour [guidance](#)

Domain 7 – Staff assurance (individual level)

Standard:

Staff understand their role, responsibilities and professional obligations.

Individual declarations

- I understand my scope of practice and supervision requirements
- I understand confidentiality and data protection responsibilities
- I am aware of safeguarding responsibilities
- I understand referral pathways and recordkeeping standards
- I understand the complaints process
- I follow Infection Prevention and Control (IPC) protocol
- I have completed mandatory and role specific training
- (Clinical staff) I am appropriately registered and work within BSA guidance

Evidence

- Peer review documentation

Domain 8 – Clinical governance and quality

Standard:

Clinical care is safe, effective, and evidence based.

Provider statements

- A named individual(s) is responsible for clinical governance and performance
- Written clinical protocols exist for services provided
- Protocols align with applicable BSA recommended procedures and NICE guidance
- Any justified deviation from guidance is documented
- Processes in place to review protocols and keep them up to date
- Follow up is offered after hearing aid fitting and is available as required
- Stage A / daily equipment checks are undertaken
- Clinical records are completed contemporaneously and are in a consistent format, ensuring all relevant information is captured
- Supervision arrangements exist for new staff or staff undergoing training
- Peer review and record review are undertaken
- A programme of clinical audit exists
- Clear referral pathways are defined, regularly reviewed and available to stakeholders

Factors to consider for internal compliance checks

- Clinical reasoning, not tick-box adherence

Evidence

- Leadership structure
- Clinical protocols
- Evidence that follow up is offered – this could be a question documented in the clinical record. For example ‘client was offered the choice of a follow up appointment and has elected a face to face follow up/telephone follow up/ patient initiated follow up’
- Stage A check records
- Template clinical record
- HR policy
- Peer review and record review documentation
- Clinical audit overview
- Referral protocols

Useful resources

- Links to [BSA recommended procedures](#)
- Link to [NICE guidance NG98](#)
- Link to [NICE tinnitus guidance NG155](#)
- Link to [NICE quality standard QS185](#)
- Clinical record template

- NCHA [clinical guidance](#)
- Referral protocols pro forma

5. NHS England bolt-on module (optional)

Many of the additional bolt-on items below will already be covered by the core domains and through your existing protocols/procedures. This bolt-on simply translates what is often already done into NHS England contractual terms and in other cases introduces NHS specific targets – e.g. diagnostic waiting times.

When this module applies

This module **applies only** where:

- A service delivers NHS commissioned audiology activity in England, or a provider chooses to use QiPCA to demonstrate assurance to **NHS commissioners**

This module **does not apply** to:

- Self-funded audiology activity
- Services operating exclusively outside England (unless required by local arrangements)

Relationship to the QiPCA core standard

The QiPCA core standard remains:

- Pan-UK
- Audiology specific
- NHS neutral by default

This NHS England bolt-on:

- Does not alter the QiPCA domains
- Does not introduce a separate scoring or outcome framework
- It instead adds elements which respond directly to NHS England procedures/requirements

Assurance outcomes from this module should be interpreted **alongside the QiPCA core assessment**, not in isolation.

Note:

Failure to meet NHS bolt-on elements does **not** imply failure of core QiPCA.

Standard:

The provider complies with NHS commissioning requirements.

Domain1: Business and organisational governance

Provider statements

- Business continuity plan meets Emergency Preparedness, Resilience and Response (EPRR) requirements
- Diagnostic wait times are within 6 weeks in at least 95% of cases

Evidence

- Business continuity plan
- Diagnostic wait times overview

Useful resources

- Business continuity plan pro forma

Domain 4: Health, safety, safeguarding and risk management

Provider statements

- Patient Safety Incident Response Policy and Plan are in place and available on the website; these are compliant with the Patient Safety Incident Response Framework and Never Events Framework
- Patient Safety Events are recorded to the Learn from Patient Safety Events (LFPSE) service
- Prevent policy and lead is in place
- NHS Violence Prevention and Reduction (VPR) Standard is Implemented

Evidence

- Patient Safety Incident Response Policy and Plan (including reference to LFPSE)
- Prevent policy
- Completed VPR standard assessment

Useful resources

- Patient Safety Incident Response Policy and Plan pro forma
- Prevent policy pro forma
- Link to [NHS Violence Prevention and Reduction Standard](#)

Domain 5: Information governance, data security and protection

Provider statements

- Freedom of information statement and policy are current, and the policy is available to users
- DSPT is up to date and renewed annually
- NHS England/NHS Digital Guidance on clinical coding is followed

Evidence

- Freedom of Information statement and policy
- DSPT certificate
- Clinical coding guidance

Useful resources

- Freedom of Information statement and policy pro forma
- Link to [DSPT](#)
- Links to [NHS England](#) and [NHS Digital](#) guidance on clinical coding
- Clinical coding guidance pro forma

Domain 6: Patient experience and person-centred care

Provider statements

- Accessible Information Standard is implemented
- Due regard is given to the Armed Forces Covenant and Armed Forces Duty Statutory Guidance

Evidence

- Accessible Information Standard guidance
- Equality of access statement includes reference to the Armed Forces Covenant and Armed Forces Statutory Guidance

Useful resources

- NCHA Accessible Information Standard [guidance](#)
- Link to [Accessible Information Standard](#)

Domain 8: Clinical governance and quality

Provider statements

- Appropriateness of referrals is monitored, including patients requiring onward referral to ENT

Evidence

- Referral audit data

Final statement

QiPCA is designed to **support excellence**, not punish nonconformity.

Evidence of learning, reflection and improvement is considered a core indicator of quality.

Appendix 1: Companion evidence index

Below is an index of all evidence associated with each QiPCA domain, showing what documentation is required at organisational, site or individual level. It serves as a practical checklist to help providers understand exactly what evidence they need to supply for each part of the QiPCA framework, including where NHS England bolt-on requirements apply. [NHS bolt-on evidence are shown in blue.](#)

Domain	Level	Evidence
Domain 1 – Business and Organisational Governance	Organisation	Organisational plan Insurance certificates Mission and values statement Business or service continuity plan Procurement guidance
	Site	Business or service continuity plan (if different to organisational plan) Gifts register Diagnostic wait times overview
Domain 2 – Workforce and Human Resources	Organisation	HR policy Training matrix Leadership structure Conflict of interest policy and sample declaration Whistleblowing policy
	Site	Register of clinical staff Details of all locum's medical malpractice insurance Records of criminal records checks for all staff and locums Appraisal records
Domain 3 - Premises, Facilities and Equipment	Site	Premises inspection records Acoustic reports Calibration certificates
Domain 4 – Health, Safety, Safeguarding and Risk	Organisation	Health and safety and risk management policies Chaperone policy Safeguarding policies Consent policy Mental capacity act policy Infection prevention policy Patient Safety Incident Response Policy and Plan (including reference to LFPSE) Prevent policy Completed VPR standard assessment
	Site	Risk assessments Accident/incident reporting guidance Incident logs
Domain 5 – Information	Organisation	IG policy Data protection policy

Governance, Data Security and Protection		ICO registration details (if applicable) Sample staff confidentiality statement Business continuity plan Freedom of Information statement and policy DSPT certificate Clinical coding guidance
	Site	Training logs Asset registers
Domain 6 – Patient Experience and Person-Centred Care	Organisation	Equality of access statement (includes reference to the Armed Forces Covenant and Armed Forces Statutory Guidance) Consent policy Sample patient individual management plan Patient information Previous service development work including patient contributions Accessible Information Standard guidance
	Site	Feedback/Complaints policy and records
Domain 7 – Staff Assurance (Individual Level)	Organisation	
	Site	Peer review documentation
	Individual	Staff member declarations
Domain 8 – Clinical Governance and Quality	Organisation	Leadership structure Clinical protocols Template clinical record HR policy Referral Protocols
	Site	Evidence that follow up is offered Stage A check records Peer review and record review documentation Clinical audit overview Referral audit data