

BAA Scope of Practice Consultation Feedback Document

Introduction

We are currently seeking views on:

1. the overall content of the guidance / document
2. the detail provided within the guidance / document

This feedback document will help us to collate your opinions so that we can incorporate them into the final version.

Consultation Questions

1. What do you think of the general approach taken in this document?

We thank volunteers on the BAA committee for drafting this document for further consultation and development.

This is understandably a complex task which straddles health profession regulation, voluntary PSA accredited registration, non-regulated members of the clinical team and different care settings and patient needs. We therefore fully understand that this draft will undergo a further review after the consultation, during which it will be possible to address some technical points and matters of factual accuracy, especially with respect to legislative and associated facts within.

The NCHA has expertise in the field regulation and workforce and would be pleased to support BAA colleagues in further developing the scope of practice document. In our response below, we provide feedback on some high-level points, but if it would be helpful, we would be happy to support by providing feedback in track changes with comments explaining any suggestions for BAA colleagues to consider further.

2. Please enter your detailed comments about the document in the table below:

Page No.	Text from Document	Reasoning for change	Suggested Text (if appropriate)
1	“The regulatory body for audiologists working in the NHS, the Academy of Healthcare Science (incorporating the Registration Council for Clinical Physiologists), remains voluntary. In contrast, audiology professionals working in the private sector are required to register with the Health & Care Professions Council”	Factual accuracy. The Academy <i>for</i> Healthcare Science (AHCS) holds a PSA accredited register for audiologists, not for NHS audiologists. The HCPC regulates hearing aid dispensers (HADs)(audiologists) and clinical scientists (audiologists), it does not regulate based solely on private sector or NHS provision – although protected functions are specified for self-funded care. Not all audiology professionals in the private sector are required to register with the HCPC, but who does need to register is specified in legislation. HCPC data also show that many HADs work in the NHS, and NCHA data show that many HADs provide NHS care. Likewise, AHCS audiologists work in the private sector – e.g. supporting ENT private hospital clinics. HCPC registered clinical scientists work in the NHS and private sector. The classification system used throughout this first draft could be amended to reflect this.	We would welcome a sector meeting at which we can discuss regulation in the UK and agree on a typology that works around patient needs and care, rather than provider type or funding models. This will also provide an opportunity to bring the sector together and develop a common framework that is fit for the future and which the HCPC and AHCS might be able to acknowledge as a key reference document.
1	Nonetheless, the BAA is not a regulatory body, so the ScoP will be shared with a stakeholder group that includes other audiology professional and regulatory bodies, to ensure that it is both fit for	We would recommend that the follow-up consultation on the next version of this document also proactively engages devolved governments given concerns officials have raise about regulation of non-HCPC registrants. It would also be helpful to consult major	See first comment above

	purpose and effectively utilised by regulatory bodies in conjunction with their professional standards.	employers, and for any further development to include co-creation phase to ensure any final document can be used more widely.	
1	"The aims of this document are as follows: Defining extent and limits of practice for an audiologist..."	The HCPC regulates both HADs and clinical scientists. As a regulator it sets clear standards of conduct, performance and ethics. With respect to scope of practice it states that it "does not define [its] registrants' scope of practice. This means there is a not a set list of tasks that our professions can and cannot perform and this will vary from registrant to registrant." It goes on to set out the reason why [1]. The HCPC also provides extensive guidance on scope of practice. For example: • https://www.hcpc-uk.org/standards/meeting-our-standards/scope-of-practice/what-is-your-scope-of-practice/identifying-your-current-scope-of-practice/ • https://www.hcpc-uk.org/standards/meeting-our-standards/scope-of-practice/what-is-your-scope-of-practice/webinar-work-within-the-scope-of-your-knowledge-and-skills/ • https://www.hcpc-uk.org/standards/meeting-our-standards/scope-of-practice/what-is-your-scope-of-practice/faqs-and-resources/ This means the first objective of the document that is being consulted could conflict with a statutory	Please see our first comment above, we would be happy to participate in a pan-sector meeting to work on this collaboratively.

		regulator's approach to regulation – e.g. this might explain why page 12 states all HADs are C-D, when it is in fact possible, and increasingly common, for HADs to hold a BSc and MSC, and even PhDs. Mapping this scope of practice document to legislation and existing published standards would help address this and other technical points that will need reviewing within the draft. [1] https://www.hcpc-uk.org/standards/meeting-our-standards/scope-of-practice/what-is-your-scope-of-practice/identifying-your-current-scope-of-practice/	
2	Establishing the principles of good audiological practice which <u>all</u> audiologists must adhere to, regardless of career framework level or sector, to ensure patient safety	On page one the BAA acknowledges it is not a regulator, but here it states the goal of the document is to set out what all “audiologists must adhere too”. It is not clear that this document can achieve this goal within scope of legislation, regulation and custom and practice in the UK healthcare system.	See first comment above
2	Identifying minimum levels of clinical capabilities according to career level and/or context.	The HCPC sets standards and oversees approved courses for both HADs and clinical scientists. It is not clear whether this text is referring to the minimum (i.e. point at which somebody can register) or a different minimum. This should be reviewed in context of existing regulatory frameworks in the UK.	See first comment above
2	To achieve these aims, the document has been split into 3 sections. <i>Section A: Who is an audiologist?</i> defines the	Given the goals of the document in the context of regulation in the UK (see above) and the fact the sections that follow are based on the framing on page	See first comment above

	clinical and professional capabilities of an audiologist. <i>Section B: Good Audiological Practice Guide</i> outlines expectations of audiologists in practice, including (i) knowledge, skills & performance, (ii) safety and quality, (iii) communication partnership and teamwork and (iv) maintaining trust, and <i>Section C: Career Framework</i> links career levels to capabilities ¹ ,	1-2, results in complexities throughout the draft document. Working through the feedback above, will also help framing in the rest of the document.	
4	The guidance in this document reflects best practice at the time of publication	We are not aware of any best practice standards that would underpin a project such as this. It would be helpful to reference this statement or delete it.	NA
4	The British Academy of Audiology (BAA) is the professional body which represents Audiology Professionals who may be registered with the Health & Care Professions Council (HCPC) or the Academy of Healthcare Scientists ² (AHCS).	The BAA is one of several bodies that represents audiology professionals that might be registered with the HCPC, AHCS or both. AIHHP, BSHAA and NCHA also represent audiology professionals.	The text could be amended to something like "This document is to support BAA members define and understand their own scope of practice. BAA members might be registered with the HCPC, AHCS or both. Some BAA members are not registered"
4	It provides a framework for BAA members	While we appreciate this document is solely for BAA members, many BAA members work across a range of settings and are also members of other sector bodies. Those members will also depend on medical malpractice insurance, which could be impacted by a	See first comment above

¹ This document relates to educational/skill levels and not relate to agenda for change pay scales.

² Now incorporating the Registration Council for Clinical Physiologists (**RCCP**)

		scope of practice document. It would be helpful to take this into consideration as the draft document is developed further post this first consultation. Also, if a scope of practice document exists, under the duty of fair presentation organisations might need to share this with underwriters and explain in detail any reasons why they do not recognise something as being factually accurate. Hence it is important any final draft has sector wide buy-in.	
6	In employing Audiology Professionals to carry out some or all of the tasks identified above, the employer must ensure the employee has undergone the appropriate training, supervision and has a programme of continuing professional development to maintain and develop competence	Employers are vicariously liable for their employees. In primary care audiology, employers check the registered status of HCPC registrants. Employers also support registrants with CPD. They also have clinical protocols to ensure safe and effective care. It is however each HCPC registrant's own duty to ensure they undertake the necessary CPD and work within their scope of practice. The text might therefore benefit from a review.	See first comment above
6	Section 2.2.5	We welcome the BAA setting out how it will support its own members in these specific scenarios. It is not clear this should form part of a scope of practice document. The advice might be better suited to a separate guide which helps provide additional guidance.	NA

7-10	Section B	The BAA states in its guidance that “we set out the areas that each professional regardless of role, occupational setting or experience within their profession should achieve”. The BAA is not a regulator and is not accredited to set criteria in this way for regulated professionals. Also, HCPC registrants (HADs and clinical scientists) already have standards which they must comply with. While the document states that this section is aligned with HCPC and AHCS standards, it might simplify matters for all audiologists to shorten this document and avoid duplication by asking audiologists to ensure they comply with already published standards.	Section B can be replaced with “HCPC registrants should comply with all relevant HCPC standards. AHCS registrants should comply with all relevant AHCS standards. The BAA strongly advocates for all audiologists that work in the NHS to be registered with either the HCPC or AHCS and comply with applicable standards. For audiologists not eligible for registration, the BAA expects members to comply with AHCS standards”
11	In some ways it sits outside of a scope of practice document because an individual’s scope of practice is independent of their job description.	We agree that some of the content in this section sits outside a scope of practice document. Given the purpose of the document and regulation in the UK, we would suggest this section is reviewed in detail, so it is consistent with a scope of practice document.	See first comment above
11	Scope of practice is the limit of an individual’s knowledge, skills and experience and is made up of the activities they carry out within your professional role. It applies to everyone working within an	There seems to be no scientific or legal basis for referring throughout the document to NHS and private care. A patient might choose or be forced to access services either by the NHS or self-funded care (e.g. due to lack of availability of one or affordability of the other). The document would be improved if it was	Scope of practice is the limit of an individual’s knowledge, skills and experience and is made up of the activities they carry out within your professional role. This applies to everyone working within an audiology service regardless of how care is funded.

	audiology service whether NHS or private sector	agnostic on how care is funded. It would also help the audiology profession grow collectively as a united profession, working together to meet growing population need.	
12	Image	This is not consistent with the objectives set out in section 1.2 or other sections in the document. For example, • somebody might be registered with the HCPC as a HAD and clinical scientist and with the AHCS as an audiologist, so the labels used in the third column are confusing • a HAD might run a large NHS practice out of hospital, and clearly have the knowledge and responsibilities further down the list. It is not clear how the classification system has been applied • an audiologist might hold a BSc, MSc or PhD but have decided to register as a HAD and following the HCPC scope of practice will not be restricted to the domains as set out in this image. Hence the image could conflict with the HCPC's own views on scope of practice It is therefore not clear how the analysis of knowledge and skills using the career framework has been applied. We would welcome a meeting to discuss this and would be happy to support commissioning a new infographic that would help address the issues shared in our feedback to this consultation.	See first comment above

3. If you have any further comments on the document please add them here:

We appreciate that this is difficult document to produce as it requires analysing a lot of complex content and mapping it to HCPC standards, UK health care profession regulation and NHS agenda for change. On balance we feel it would be beneficial to review the first draft with a wider range of stakeholders and work together to find pragmatic solutions to some of the more complex technical elements within. We would be happy to support this work, with heads of professional services from across the UK if that would be helpful.

Optional

Organisation: NCHA – The Association for Primary Care Audiology

Profession: Representative body for audiology providers and professionals

Email address: healthpolicy@the-ncha.com

Please return the consultation form to: admin@baaudiology.org

End