

# BAA Higher Training Scheme – what's it all about?



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So, BAA has a training scheme that is accessible to all its members, modular 'pick and mix', based on learning outcomes, flexible, with ongoing development. Great! All that is needed now are audiologists who are keen to develop their career to do it. Numbers registering are a little low and I guess the main reasons are that it's not immediately clear to the membership exactly how the scheme works, what it is that they have to do to become registered, and – let's be honest with the next one – what's in it for me - well, you? So, let's start from the very beginning.

In 2004, with the amalgamation of the BAAT, BAAS and BSHT – to form the BAA, a very sensible and logical move was to unite training requirements for audiologists here, used in the generic term to include audiologists, clinical scientists and hearing therapists. Helen Martin, bravely agreed to chair a working group with the remit to develop and implement a higher training scheme that would provide training for all audiologists once they had completed their basic training. This included BSc Audiology graduates, the first cohort graduated in summer 2006, as well as PGDip students and, importantly, the existing audiology practitioners who already had BAAT and hearing therapy qualifications. The thorny issue of MSc Audiology students, their standard post-university training, the CAC – Certificate of Audiological Competence - scheme was also to be addressed. See Stop Press later in this article.

## **Background:**

After lots of back room discussion and work by an enthusiastic group comprising all three groups, the Higher Training Scheme (stage 1) (HTS1) was finally launched at the BAA conference at Telford in November 2006. At that point,

the basic framework for the scheme had been developed, which included: regulations, modules, registration and training centre accreditation processes, costings etc, with plans for development of future modules. A summary of the remit of the scheme, taken almost word for word from the Regulations is shown here:

“The scheme, HTS1, is to be an in-service professional development scheme designed to enable individuals to acquire the required depth and breadth of knowledge and competence to fulfil the needs of specialist and advanced practitioners at Healthcare Scientist career framework (HCSF)1 levels 6 and 7 within Audiology. In addition, it aims to ensure that the profession has a base on which further higher training, stage 2, can be developed to enable individuals to fulfil the requirements for level 8 and 9 practitioners, and to ensure that the profession has individuals who can lead and develop Audiology on a national and international level, raising the profile of UK Audiology”.

## **Structure:**

All that was needed was for people to register onto the scheme and to get the ball rolling. Although there was a lot of information on the BAA website ([www.baaaudiology.org](http://www.baaaudiology.org) – see Training and CPD), to explain the different aspects of the scheme, it became clear early on in 2007 that there was some uncertainty as to what the scheme was and what people needed to do. There are now a number of flow-diagrams to help make the structure and the mechanics of the scheme more digestible. The structure is shown in Fig. 1. For further explanation, read this in conjunction with the Regulations, available on the BAA website.

**Fig. 1. Structure of BAA Higher Training Scheme (stage 1)**

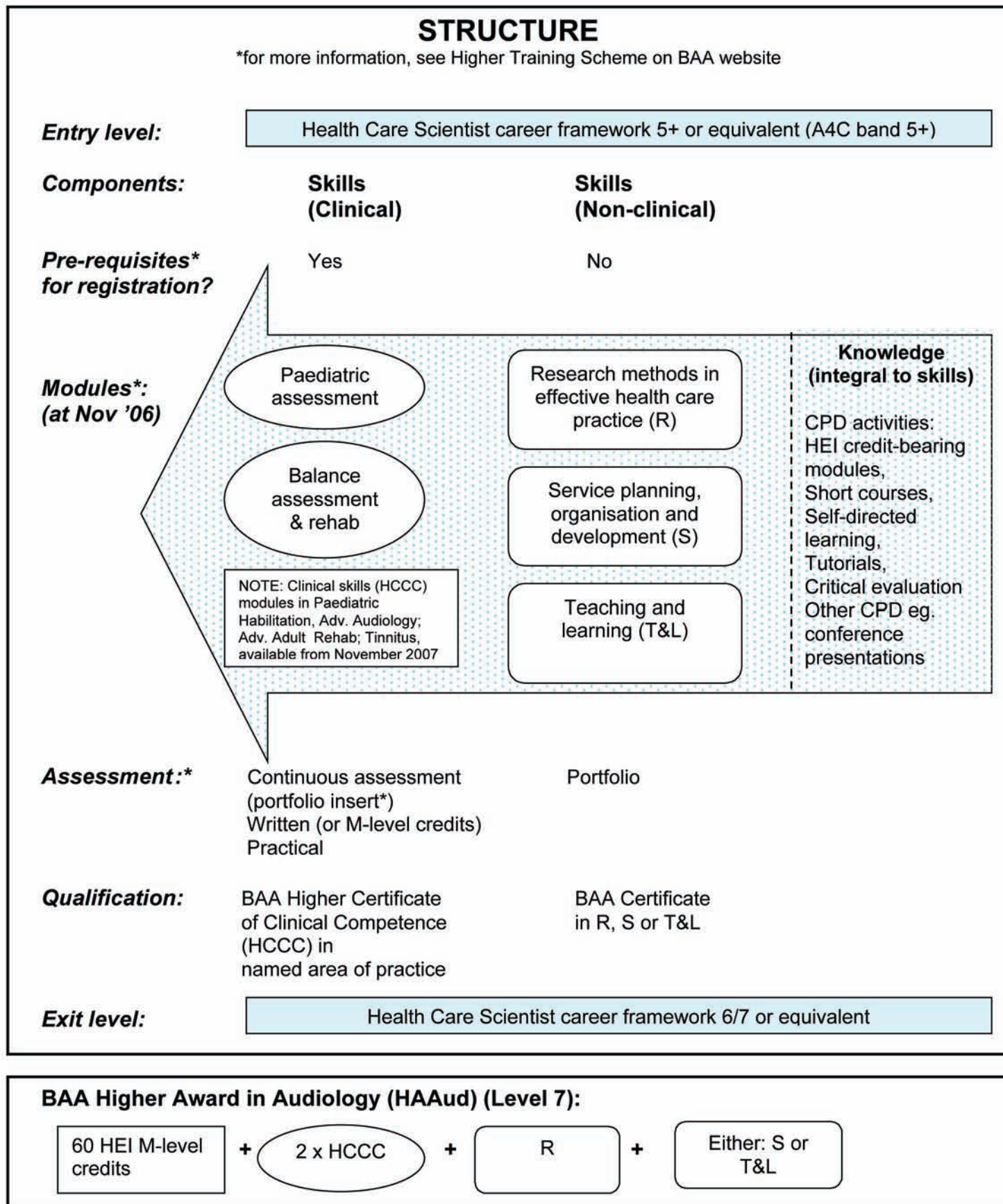


Fig. 1 shows the different modules that are currently available. All modules are portfolio-based and will form part of an audiologist's continuous development (CPD). There are two skills elements (a) clinical and (b) non-clinical.

(a) Clinical modules

The current clinical modules are:

- Paediatric Assessment
- Balance\* Assessment and Rehabilitation.

\*The eagle-eyed amongst you will have noticed that the Vestibular module has now been renamed as Balance Assessment and Rehabilitation to reflect more general balance problems rather than just those of the vestibular organs.

Prior to registering for any clinical module, there is a requirement to provide evidence of previously attained knowledge in these areas, known as pre-requisites. It is important to bear in mind that this is a higher training scheme, building on previous learning and training. Thus, in clinical areas at least, there is an expectation that an HTS1 trainee will already have a certain level of prior audiology knowledge at HCSF level 5. For example, from a BSc Audiology or other relevant courses (see BAA for list of approved courses). All the modules are learning outcome based. The learning outcomes are specified in each portfolio insert, which can be downloaded from the BAA website. The portfolio inserts also specify certain requirements, such as the minimum number of directly supervised clinical sessions. In addition, there is now a syllabus specifying what is required for the acquisition of knowledge as part of the HTS1 training (see (ii) below).

There are up to three elements to the assessment of the clinical modules.

(i) *Continuous assessment.* The portfolio inserts are submitted to the assessors to ensure all module requirements have been fulfilled.

(ii) *Theoretical knowledge.* Although the trainee will have demonstrated some previous knowledge prior to registration onto the scheme, there is an expectation that the clinical skills they will develop as part of the training programme, will be underpinned by continuous acquisition of theoretical knowledge. This can be done by a number of routes. For example, short M-level master level2, courses provided by Higher Education Institutes (HEIs). Other methods include self or supervisor-directed learning, supervisor-led tutorials and short courses (non-HEI) such as those run by the Ear Foundation. A list of BAA approved courses HEI and non-HEI is available on the website. Theoretical knowledge will be tested with a written exam, which will be scenario and problem-based, equivalent standard to M-level. If a trainee has completed a relevant M-level course minimum 10 credits, they will be exempt from this exam. However, it is expected that in several years time this theoretical knowledge will be delivered and assessed by the people who do this best, the HEIs. So the written exam is a mid-term stop-gap arrangement.

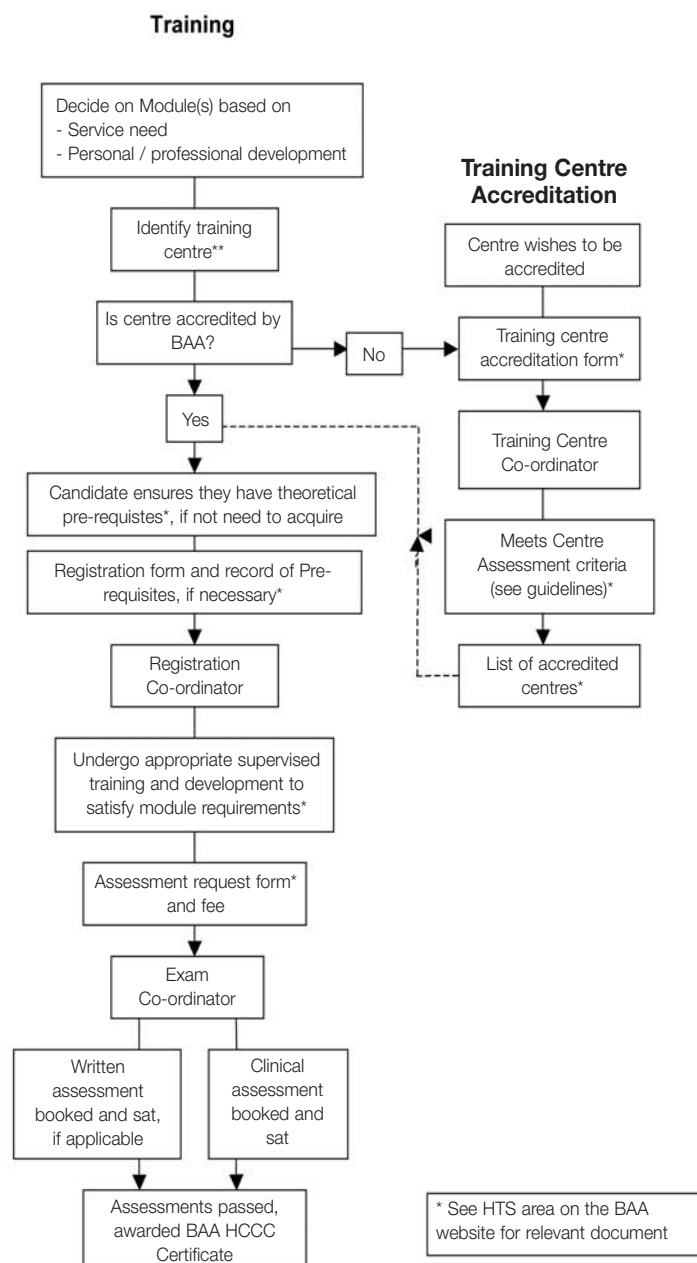
(iii) *Practical exam.* This involves testing a minimum of two relevant patients whilst being observed by at least two examiners, at a BAA approved exam centre, most likely

not to be the trainee's home department. This will include the writing of a report detailing history, results and patient management and viva

Successful completion of all elements leads to the award of a BAA Higher Certificate in Clinical Competence (HCCC) in the named area of clinical practice. It is expected that the training will take the trainee to level 6/7 on the HCSF. This, however, does not necessarily mean the trainee can expect to be promoted to A4C band 6 or 7. That will depend on what posts are available at the time.

A summary of this process is shown in Fig. 2

**Fig. 2. Process for HCCC clinical modules**



A further four clinical modules have been developed over the last year (module lead in brackets) in:

- Paediatric Habilitation (Christine Cameron)
- Advanced Diagnostic Audiology (Guy Lightfoot)
- Advanced Adult Rehabilitation (Amanda Casey)
- Tinnitus (David Baguley).

These will be made available in early 2008, once all the final checks to ensure consistency across all modules have been completed. Beyond this, further modules will be developed to reflect roles of audiologists.

### b. Non-clinical modules

The current non-clinical modules are:

- Research methods
- Service development
- Teaching and learning

There are no pre-requisites needed for these modules. As with the clinical modules, they are learning outcome based. If some of the learning outcomes have been achieved prior to registration, the evidence for these can be used to satisfy the learning outcomes. For example, an MSc Audiology graduate may have already satisfied many of the learning outcomes for the Research Methods module in their MSc project but may not have disseminated their findings, so publication in a journal will be one of the outcomes that need to be demonstrated. As with the clinical modules, the expected standard is M-level. Assessment is portfolio-based. There is no practical or written exam. Successful completion of the module leads to a BAA Certificate in the named area.

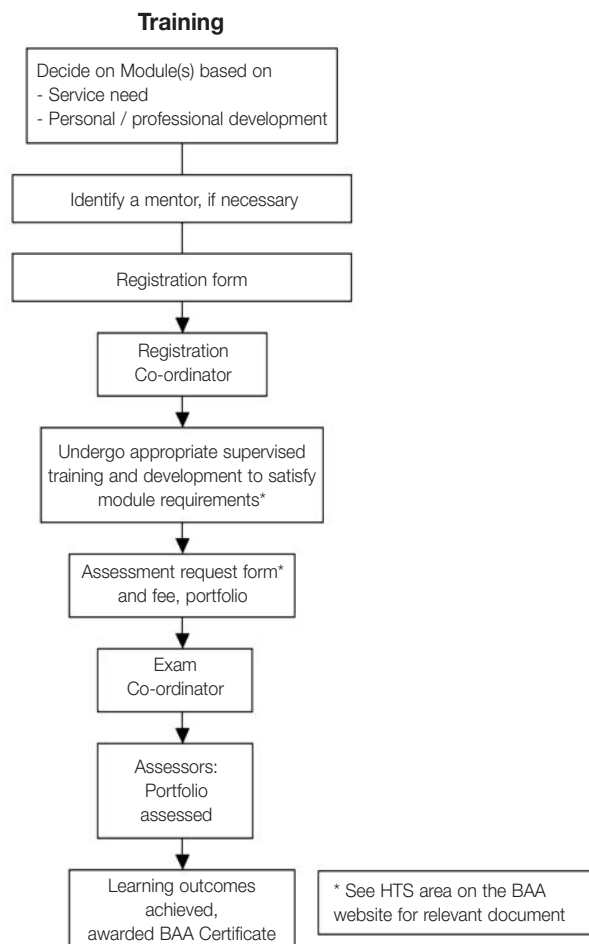
A summary of this process is shown in Fig. 3.

### Fig. 3. Process for non-clinical modules

Choice of modules depends upon the career development of the individual audiologist and will, in part, be governed by service needs. Some people may only complete one module; others may complete several; others may attain the *Higher Award in Audiology (HAAud)*, which would satisfy HCSF 7 (~A4C band 7). The HAAud will be awarded to individuals who satisfactorily complete the following:

- 2 x HCCC modules
- Research Methods module
- Service Development or Teaching and Learning modules
- 60 HEI M-level credits

Fig. 3. Process for non-clinical modules



### STOP PRESS:

In November 2007, the Association of Clinical Scientists, the body that provides the Certificate of Attainment required for registration of clinical scientists, approved outline plans to replace the current CAC with certain modules from the HTS1. These HTS1 modules: are

- Paediatric Assessment
- Balance Assessment and Rehabilitation
- Adult Rehabilitation
- Service Development
- Research Methods

This support for HTS1 is a welcome endorsement of plans to develop, improve and rationalize higher training throughout Audiology. Since the CAC is only part of the current requirement, an MSc in Audiology (180 M-level credits) will still be required to register as a clinical scientist by the shorter, four year, route. Further details will be released in the near future, but it is expected that pre-registration clinical scientists recruited later on this year, will do the components of the HTS1 listed above instead of the CAC, post-MSc from 2009.

## Misconceptions

- Only BSc Audiology graduates can do the HTS1. Not true. This scheme is open to all audiologists at HCSF level 5 or above (see Case example 3).
- The HTS1 is a course. Not true. It is an in-service training scheme comprising a selection of modules, where the clinical element is done on-the-job, and knowledge is gained through courses, directed learning etc.
- The HTS1 is compulsory. Not true. Completion of modules is specific to an individual's personal career development and needs of the service.
- Only NHS audiologists can register on the scheme. Not true. Whilst the scheme has a definite slant towards NHS audiologists reflecting the fact that the majority of the BAA membership is NHS employed, independent sector employees can register to do modules if these meet their training needs. At present, it is likely that the non-clinical modules may be more relevant to the independent sector, and the HTS1 sub-committee are in discussion with BSHAA and AIHHP about further potential developments.
- The HAAud equivalent to the CAC and can therefore lead to registration with as a Clinical Scientist. Not true. See Stop Press. The requirements for the CAC (and its HTS replacement) are more rigorous than the HAAud. The latter is not an exam, it is a recognition of achievement in a varied area of Audiology practice.
- The HTS1 is the HAAud. Not true. The HTS1 is the term for an over-arching training scheme, which comprises modules that can contribute towards the HAAud.

So, how does this scheme work in practice? To demonstrate this, here are a few case examples.

### Case example 1

Simon is a BSc Audiology graduate. He is registered with the RCCP and is working in his first job and wishes to pursue a career in paediatric audiology. He has been appointed on A4C band 5 and his post is split 50:50 between adult rehabilitation and paediatrics. He has obtained the theory of paediatric assessment as part of his BSc but needs relevant clinical experience. There is a clear training requirement and his line manager suggests he registers to do the Paediatric Assessment module. This provides a framework upon which his training can be organised and assessed.

Part of his training includes attending a 10 credit M-level, two-week course in paediatrics from a HEI; he is exempt from the written exam. On completion of the module, he obtains his HCCC in Paediatric Assessment. Six months later, one of the

band 6 paediatric audiologists leaves and Simon applies for the post. Armed with his qualification, he gets the position. Simon then looks for further training opportunities and registers for the Paediatric Habilitation module.

### Case example 2

Louis has a similar background and post to Simon. He also obtains his HCCC in Paediatric Assessment. Six months later, a paediatric post becomes vacant in another audiology department. Louis applies for this post along with four others, some BSc, some BAAT qualified. He is the only one with the HCCC. Along with other positive attributes, the fact that he has the HCCC provides evidence that he acquired the appropriate skills for the post. He gets the job.

### Case example 3

Sharon obtained her BAAT parts 1 and 2, several years ago. She has been working as a band 5 audiologist in Adult Rehabilitation and wants to further develop her skills and experience. She discussed this with her line manager who has a shortage of staff to carry out balance assessments. It is suggested that Sharon receives training in this area as part of her Personal Development Plan. Sharon likes this idea.

There is a standard training that all vestibular staff typically undergo. It is broadly similar to the learning outcomes and supervision requirement of the balance module, so she asks if she can formalise her training by doing this. She falls short on some of the pre-requisites, and so her line manager sends her on an HEI-run short course on Balance Assessment and Rehabilitation. She registers and completes her training. This includes secondments to two other centres of excellence where she expands both her clinical and theoretical knowledge. She gets the HCCC in Balance Assessment and Rehabilitation.

She develops a real interest in this area and wants to explore balance rehabilitation and outcomes in positional vertigo and on talking to a band 8 audiologist about research possibilities, registers onto the Research Methods module. All the data collection is carried out within the clinic. She gets help with many aspects of the research from her research mentor (a specialist in VR). After 18 months she gets her Certificate in Research Methods. The down-side is that some of the work contributing to this award is done in her own time. But the advantages are that she has a more stimulating job and has strengthened her CV, making her more employable when applying for higher A4C posts.

There are now a set of FAQs available on the BAA website.

An Information Day was held in Birmingham last July, and another is planned in London on 9th April. Members of the sub-committee will be happy to give talks to interested groups, for example BAA Regional meetings. Each HEI delivering the BSc Audiology will host an HTS1 seminar for their 4th year students. If you have any further queries about the information day, please contact Sarah Murphy at the details shown.

And finally....this scheme provides a framework upon which audiologists, particularly those in the early stages of their career, can hang and fulfil their further training needs to progress and develop along the Audiology career pathway. If this sounds good to you – just do it!

This article first appeared in BSA News August 2007 issue, but has been updated since.

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### **Acknowledgements**

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