

Training routes in Audiology in the UK – past, present and future



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This article came about for two reasons. The first was that we found ourselves on the same flight going to an APD conference in Cincinnati, and to pass the time we drew out all the options for training in Audiology, as you do. By the time we'd finished, the piece of paper resembled the flight paths into Heathrow (see Fig. 1). Shortly after, a third year PhD student at IHR wanted to know more about having a career in Audiology, as he'd had enough of ferrets and fancied more human interaction. From the information he could find, he was confused as to exactly what route he should take and where it might lead him down the line. At that time he was blissfully unaware of the convoluted registration issues and after producing yet another series of arrows, boxes and decisions, it seemed that a single summary article on training would be of value. Oh, and a third; a few months ago Don called to say he was putting together a training and education issue of the BAA Newsletter - so here we are.

A brief history of training in Audiology in the UK

Prior to 2002 there were three training routes. From the 1960s, Audiology training was delivered via 'Schools of Audiology' across the UK, leading to membership by examination of the 'Society of Audiology Technicians & Therapists'. This later became the Audiology Technicians Group of the BSA. In or around 1980, the British Association of Audiology Technicians (BAAT) was formed and became responsible for both theory and practical training through its approved 'Schools of Audiology'. Entry qualifications were either GCSE (or for those older than 40, its predecessor, 'O' levels) or 'A' levels. In 1969 the title of 'hearing aid technician' was replaced with Physiological Measurement Technician (Audiology) (PMT(A)), and in 1989 to Medical Technical Officer (MTO). These enrolled on a Medical Physics and Physiological Measurement (MPPM) two year training scheme that included both in-service training and more formal lectures and practicals alongside the BAAT training course. MTOs qualified with BAAT parts I and II and ONC (MPPM). In the 1980s, there was also the option to do a supernumerary training programme i.e. ONC or HNC (Ordinary or Higher National Certificate) in physiological

measurement, which covered basic training in many different areas of physiological measurement with specialisms such as Audiology, Cardiology, Respiratory, Physiology.

During the 1950s, 60s and early 70s an emerging need for graduate-level Audiologists was met by a small number of people entering the (then un-registered) profession with relevant graduate and postgraduate qualifications (e.g. in psychology or physics) and a keen interest in Audiology. This trend prompted the University of Southampton in the mid 1970s to start an MSc in Audiology, closely followed by the University of Manchester and by UCL. Entry onto these courses was usually via a science degree such as physics or psychology, although they could also be accessed by able Audiologists who had come through the more traditional MTO route. The MSc comprised theoretical and practical/clinical components plus a research dissertation. One other option was to omit the research component, which resulted in the award of a Postgraduate Diploma (PGDip) in Audiology. A few years after the MSc programmes started, the Certificate of Audiological Competence (CAC) in-service training scheme was introduced by the British Association of Audiological Scientists (BAAS, itself formed in 1978). This was because it was recognised that a one-year MSc was insufficient to achieve clinical competence as well as the knowledge base, critical skills, and scientific content necessary for postgraduate clinical scientists. The CAC had three clinical components (DAV, adult rehabilitation and paediatric audiology) with competence assessed by a practical examination, and a written examination to assess primarily service delivery and management issues. The CAC scheme has undergone many changes since its inception in the early 1980s and is still around today in its broadly conceived format.

Third, in response to the 1974 Advisory Committee on Services for Hearing Impaired People (ACSHIP) Committee Report that expressed 'deep concern at the extent to which rehabilitation services for the hearing impaired are lacking in the NHS' (see also Markides, BJA Supplement No 1, 1977), the Certificate in Hearing Therapy was set up in 1978. The course was initially held at the City Lit, London. Academic qualifications were less important for this course, as it aimed to attract people with experience in working with people with hearing impairment, but many applicants had degrees in related areas such as psychology, linguistics etc. It placed emphasis on teaching relevant professional practice skills, such as counselling and communication skills. The professional body that represented these practitioners was the British Society of Hearing Therapists (BSHT).

Throughout the 1980s and 90s the three professional Audiology groups co-existed side by side although not always in complete harmony. It was widely acknowledged that there was some overlap between the three different professions, and sometimes this was considerable. The three groups came together in 1983 to develop the 'TTSA [Technicians, Therapists and Scientists in Audiology] guidelines' but there remained the view that, while the different training routes gave a diverse mix of skills and abilities, they were also at times seen to be divisive and not helpful in the development of coherent services and the public understanding of Audiology.

So, what changed?

In 2000, the Department of Health (DH) allocated over £90m to fund the Modernising Hearing Aid Services (MHAS) programme. This programme introduced digital hearing aids and a modernised rehabilitation service with defined outcome measures for both adult and child services across all the Audiology services in England. This was probably one of the biggest, most far-reaching initiatives that had happened within UK Audiology, and the impact was felt early on when the demands of the new service soon mopped up any 'spare' Audiologists. At the same time newborn hearing screening was being introduced, with all the consequent developments in paediatric Audiology services that followed. It soon became abundantly clear that there was a national shortage of Audiologists.

Most importantly, the Government's NHS Plan (2000) resulted *inter alia* in a wholesale restructuring of NHS Healthcare Scientist (HCS) career routes, pay and training. Rationalisation of the numerous career routes, pay scales, and training into a nine-band career framework and associated training, including graduate-level programmes for all HCS professions and the closing down of the old non-graduate training routes, was undertaken. For Audiology, this meant the creation of the BSc in Audiology, funded by the NHS.

How were the new, modernised services to be maintained?

The new graduate training route for Audiologists promised both to meet the need for more Audiologists and to fit the new HCS career framework, producing practitioners with graduate-level skills and knowledge and the flexibility to work within a rapidly-changing, evaluative and evidence-based clinical environment. The BSc was introduced in stages, first at Manchester and De Montfort Universities, followed by another seven Higher Education Institutes (HEIs) over the next couple of years. The aim was to produce substantial numbers of well-qualified Audiologists not only to maintain services but to develop and expand them to meet the increasing needs of the hearing-impaired population. Around this time, there were extensive talks taking place between the three professional bodies, with a view to having a single unified professional body. This vision was realised in November 2004, when the British Academy of Audiology was formed by amalgamating BAAT, BSHT and BAAS.

Audiology training in the here and now

The hearing therapy training course and the BAAT route to non-graduate Audiology training have now closed, and the vast majority of Audiologists are now coming through the BSc Audiology route, with a smaller number of MSc students and an even smaller number of PGDip students.

Unfortunately, the picture remains unnecessarily confusing. The 'Certificate of Clinical Competence' (CCC) is the clinical competence part of the BSc award, but does not cover independent paediatric or vestibular competencies. The NHS funds some students via local Strategic Health Authorities (SHAs) to take the MSc followed by a separate CCC year, while the MSc is also funded, and at a higher level, by a different NHS route that includes funding for the CAC, which itself includes independent practice in paediatrics and vestibular competencies. Not all Universities offering the MSc realise the importance of (or even allow) recruitment of (good)

BSc Audiology graduates to the MSc; at least one SHA does not allow such recruitment, on the grounds that the BSc graduate is already registerable as a practitioner; and there are two different registration routes and different job titles with doubtful justification which reflect old historical divisions within the profession (and within DH thinking). The reasons for a given student ending up with his or her particular combination of training are often as not based on happenstance rather than sensible planning, and students often face levels of uncertainty and confusion that should be unacceptable. Furthermore, students will (understandably) try to move between training routes and funding streams at different points in order to realise the advantages of one route over another.

Nevertheless, we are where we are. BAA may be able to lead the way to a less confusing and more fit-for-purpose and coherent set of training routes, but the task is not easy since the DH is sceptical of special arrangements for specific professions, preferring a more common structuring for all HCS training. Meanwhile, BAA has been considering the training needs of the new BSc graduates and the existing workforce, so they could continue developing not only themselves but also the service within which they worked. To address this, the BAA set up a working party whose brief was to develop a scheme that would identify training needs for new and existing Audiologists. This scheme would satisfy their individual professional development needs as well as those of the profession, be accessible to all and to help incorporate all these elements, be modular. The first meeting of the working party was held in March 2005, where an enthusiastic group representing BAA members as well as the HEIs and research organisations was formed, ably led by Helen Martin. After much work, the first modules within an overarching structure were released at the BAA Conference in Telford in November 2006 (Fig.2). This scheme was launched as the Higher Training Scheme (HTS), with an emphasis on the 'higher'; it was aimed at providing training for Audiologists who were at HCS Framework level 5 (broadly equivalent to AfC band 5) and above. For more detailed information on the HTS, see the article in the January 2008 issue of the BAA Newsletter (BAA Higher training Scheme – what's it all about?), which is also on the BAA website under CPD and Training, and the HTS article in this issue (Higher Training Scheme - what Audiologists want). The BAA website also provides a host of useful information about the scheme, including all the relevant documentation.

In Spring 2007, the scheme was put before a representative of the DH, to ensure that it was in line with DH strategy. The message was that the scheme needed to encompass the more generic training standards that DH were developing, which would provide a 'common currency' between different Healthcare Scientist groups. But as these were only being developed in 2007, the take home message was to continue with the 'professional handholding'. The BAA view was that doing nothing was not an option. We couldn't wait until the DH got its house completely in order – this could take years. Indeed, the DH is currently re-evaluating HCS training, again. There are talks of a proposed supernumary scheme involving all physiological measurement groups. However, there is lots of uncertainty here. The message coming through is not clear, although what is clear is that there is a need for specialist training within Audiology. The HTS clearly fulfils this role. If you are thinking about whether or not you should take part in this scheme or not, you have a choice. Wait for DH to come up with a scheme that satisfies all the professional bodies, gets fully formulated and (here's the rub), gets out into the workforce (this

is not a given); or focus on your and your department's training needs and register for an appropriate HTS module. By the time this article goes to print, there will be four clinical modules and three non-clinical modules available (see Fig. 2).

The thorny issue of registration

This should probably be left to another day, although Helen Martin has written a comprehensive article in this issue on how to register as a Clinical Scientist. The bottom line is that there are two registration bodies for Audiologists – the Registration Council for Clinical Physiologists (RCCP) and the Health Professions Council (HPC). In due course, RCCP will be encompassed by the HPC but that is probably several years away yet. The position as things stand now is that:

1. RCCP registration is for those with a BSc Audiology, a PGDip Audiology or MSc Audiology and the Certificate of Clinical Competence (CCC), or BAAT qualified Audiologists who were eligible under the grandparenting clause. Although registration is as a Clinical Physiologist, the de facto working title is 'Audiologist'.
2. The HPC registration route is for those with an MSc Audiology, CAC and 4 years experience and includes assessment by the Association of Clinical Scientists (ACS). Registration is as a Clinical Scientist with the de facto working title being 'Clinical Scientist in Audiology'.

The existence of two separate registration routes and two separate registration titles alongside the various training routes is regrettable and works against the UK achieving a unified profession within Audiology of the sort found in, say, USA, Canada, S Africa, Australia and New Zealand. (As an aside this makes for considerable difficulties for UK-trained Audiologists wishing to practice in those countries). The DH's Chief Scientific Officer (CSO) and others have stated in the past that there is a need throughout the nine-level career structure for both 'Audiologist' practitioners and 'Clinical Scientists in Audiology' and that registration route *per se* is no barrier to promotion, but it is difficult to see what the difference in job roles might be, at least at the higher levels. Indeed, the recent Skills for Health publication (Modernising Healthcare Science Careers Programme, 2008—see table 7, page 20) clearly implies that Band 8 will be filled only by those with Clinical Scientist registration. This may be fine, but it then raises the issue of how we make sure that there are no artificial barriers to the best people accessing the necessary training to achieve Clinical Scientist registration when they may have started their training on routes that make access to higher training more difficult. BAA needs to finalise its policy in this area, for which it can then argue and which could help HEIs to plan their future training programmes appropriately. Meanwhile, DH and the CSO continue to choose to meet with selected individuals whose views, in the absence of agreed BAA policy, may not be helpful or representative.

Finally, a word about the private hearing aid sector and related developments. This sector has been represented by the British Society of Hearing Aid Audiologists (BSHAA) and the Association of Independent Hearing Healthcare Practitioners (AIHHP) and regulated by the

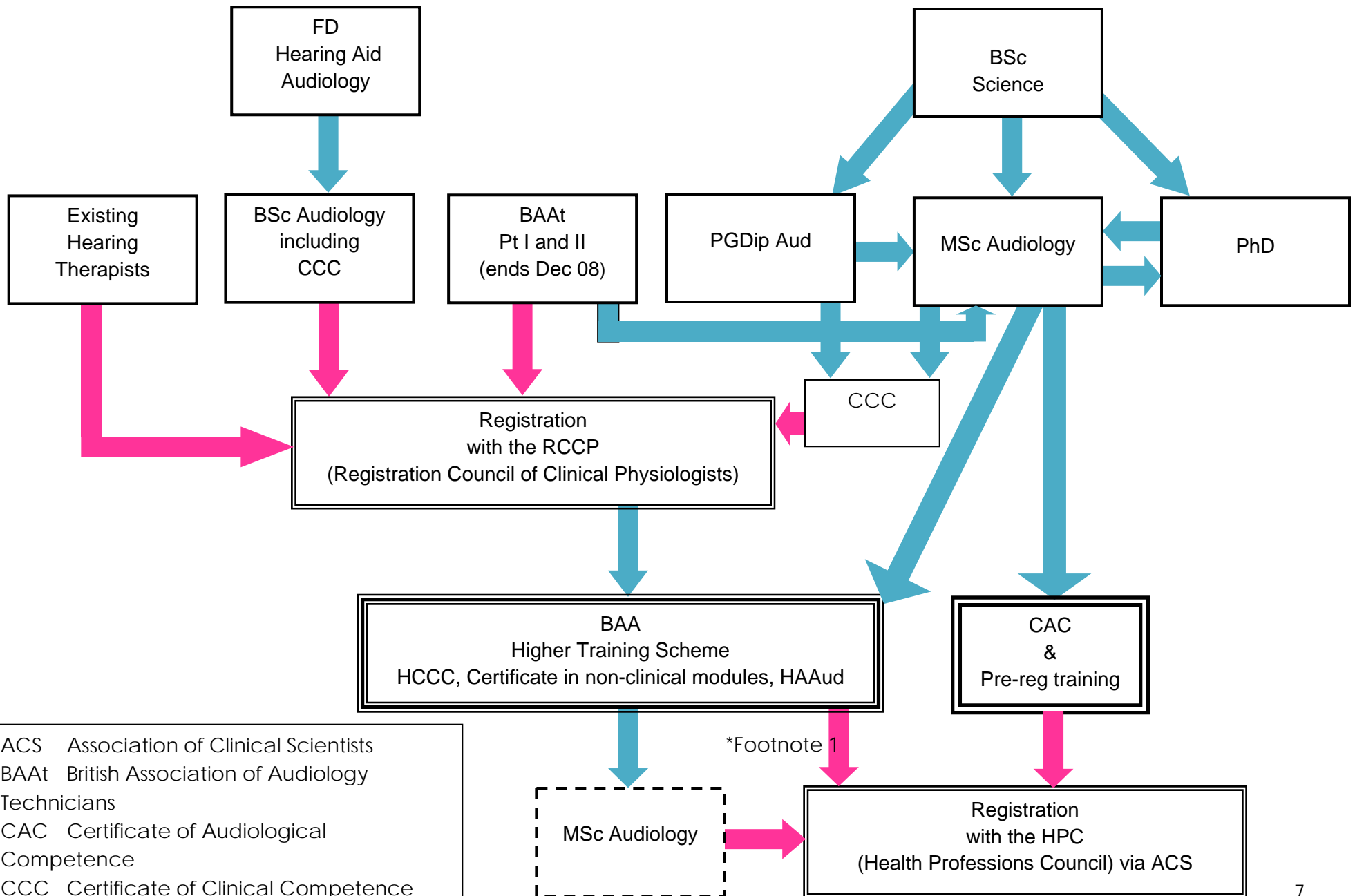
Hearing Aid Council. The latter is soon to be disbanded, with regulation falling under the HPC, and with new training (arguably better than what went before) via two-year Foundation Degrees (FDs) in Hearing Aid Audiology. The issues about the agreed scope of practice for those with this qualification, and the extent to which future FDs might be used for training 'Associate Audiologists' at Level 4 of the Career Framework, and how this might impact upon workforce needs at higher levels, remain to be resolved. It is sadly another strand of potential confusion.

Summary

For more than 40 years, Audiology training in the UK has developed in a piecemeal fashion, but shaped and moulded by highly-motivated and committed individuals whose goal was to develop Audiology services that would address the hearing needs of adults and children. The coming-together of the three key professional groups in nonmedical Audiology to form the BAA, and the huge developments in the NHS since the 2000 have led to much better, graduate-level training opportunities and an expansion of postgraduate training places which helps to meet the needs of a modernised, flexible and evidence-based service with patient care at its centre.

Nevertheless, the training developments have often been uncoordinated, resulting in a confusing set of different routes and different stepping-off and stepping-on points; furthermore, this confusion is compounded by the existence of two (or three) different registration routes. The form of any long-term solutions to these issues remains uncertain; but meanwhile BAA has developed the HTS which should go a considerable way to providing the pre- and post-registration training needed for individuals and services, and which is accessible to all Audiologists whatever their training or registration route.

Fig. 1 Current Training Routes in Audiology



ACS Association of Clinical Scientists
 BAAt British Association of Audiology Technicians
 CAC Certificate of Audiological Competence
 CCC Certificate of Clinical Competence
 FD Foundation Degree
 HCCC Higher Certificate of Clinical Competence
 HAAud Higher Award in Audiology

*Footnote 1

MSc Audiology

*Footnote 2

Registration with the HPC
(Health Professions Council) via ACS

Blue arrows lead to further training, pink arrows to registration.

Footnote 1. To be eligible for registration with the HPC, the ACS require an MSc Audiology, specific HTS elements (HCCC in balance assessment and rehabilitation, paediatric habilitation and adult rehabilitation and first line diagnostic assessment, and BAA certificate in research methods and either service development or teaching and learning) plus four years experience.

Footnote 2. It is theoretically possible for someone who has trained via a route other than an MSc Audiology and then completed all the required HTS elements for ACS eligibility plus has four years experience, to then obtain an MSc Audiology, thus allowing registration with the HPC. Although this is an unlikely training route.

Fig. 2. Higher Training Scheme Modules

Clinical (leading to a BAA Higher Certificate in Clinical Competence, HCCC)

Paediatric Assessment	released Nov 2007, revised March 2008
Balance Assessment and Rehabilitation	released Nov 2007, revised March 2008
Adult Rehabilitation and first line diagnostic assessment	released April 2008
Paediatric Habilitation	available June 2008
Tinnitus and Hyperacusis	available July 2008
Advanced Audiological Assessment	available late 2008
Advanced Therapeutic Rehabilitation	available late 2008

Non-clinical (leading to a BAA Certificate)

Research Methods
Service Development
Teaching and Learning

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