

Hearing Aid Council

Corporate plan 2007 to 2009

March 2008

Section A – Introduction and background

1. Regulating the provision of hearing aids

In March 2005, the Government announced its intention to abolish the Hearing Aid Council and transfer its statutory responsibilities to successor bodies. The Council welcomed this proposal and took the opportunity to consider how the provision of hearing aids should be regulated in the future. This is a significant challenge, which has involved:

- understanding why those involved in the provision of hearing aids should be regulated;
- developing a vision and set of strategic objectives, outlined what should be achieved of the regulation of those involved in the provision of hearing aids;
- setting out which organisations are best suited to regulate those involved in the provision of hearing aids; and
- establishing the nature and extent of change necessary in the regulatory framework to ensure that the above objectives are met.

The Council has worked with advocacy groups, other regulators, professional bodies and others in undertaking this work.

2. Why regulate?

Providing a hearing aid is more than selling a simple product. It involves assessing the cause, nature and extent of an individual's hearing loss, and making onwards referral to medical practitioners where appropriate. It involves advising on appropriate products to adjust for the individual's hearing loss. It involves fitting an aid, understanding its technical operation and adjusting/setting the aid to maximise hearing gain. It involves a commercial transaction. As such, there are three key reasons why hearing aid dispensers and audiologists require regulation. These are:

- hearing aid dispensers and audiologists are healthcare professionals and should be regulated as such to ensure safe and effective clinical practice;

- the level of technical knowledge and understanding required to adjust and fit a hearing aid creates an asymmetrical relation between consumer and provider; and
- hearing aid users are generally older, and will experience difficulties related to their hearing loss. Many hearing aids are provided to users in their own homes. As such, the potential vulnerability of hearing aid consumers requires a level of consumer protection regulation.

Having established why the provision of hearing aids should be regulated, it is essential to set out what should be achieved by such regulation. In July 2005, the Council and its partners developed a vision and set of strategic objectives, which are set out in the section below.

3. Our vision and strategic objectives

Our vision is of a clear and focused regulatory system for the provision of professional services associated with the supply of hearing aids that works in the interests of hearing impaired people. In delivering this vision, we will work with others to meet four objectives:

- 1 There are clear standards of professional practice (*including performance, conduct, ethics, education and training, continuing professional development*) that are continually developed, implemented, maintained and improved
- 2 Hearing impaired people are enabled and informed about the nature of hearing loss and their hearing assistance options.
- 3 There is transparency for hearing aid users, providers and others around the operation of the hearing aid market.
- 4 There is equality, timely access and a choice of hearing aid audiology services within a unified market.

4. Delivering out vision: corporate plan 2007-2009

Making the vision a reality will involve significant change in the way in which the sale of hearing aids and the way in which hearing aid dispensers and audiologists are regulated.

In September 2005, the Council published its corporate plan, covering the period 2005-7. This plan set out how we thought the vision would be achieved. It was supported by specific proposals in a series of action plans. Much of this work has been completed, and other areas require updating and changes. Progress against the first plan, and planned actions over the next two years, are set out in this corporate plan. The plan also sets out the operational implications of the proposed actions, and the implications of failure by the Council or its partners to deliver the actions outlined here. As well as protecting consumers today, the Council must also prepare for the transfer of its register to the Health Professions Council in March 2009. The work the Council will do to make sure the transfer is a success for consumers and registrants are also set out in this plan.

Section B: Objectives and corporate plan

STRATEGIC OBJECTIVE ONE: *There are clear standards of professional practice (including performance, conduct, ethics, education and training, continuing professional development) that are continually developed, implemented, maintained and improved.*

What does this objective mean?

This objective is focused on the conduct of hearing aid audiology professionals: the requirements for entry into the profession, how they will maintain their skills and expertise, what can hearing aid users expect from the service they get, and what action will be taken when standards fall below those expected. It does not cover commercial, contractual or trading standards relating to the sale of a hearing aid.

Currently, different standards operate in the independent and NHS sectors. Standards in the independent sector are determined by the Hearing Aid Council, as a statutory body responsible for regulating the sale of hearing aids. In the NHS, there are a mixture of standards which are determined by professional bodies, local NHS trusts and the Health Professions Council.

The Hearing Aid Council believes that the current position is not in the best interests of hearing aid users. Hearing aid users have a right to expect a common standard of professional conduct, regardless of how they access hearing aid services. In setting this objective, the Hearing Aid Council seeks to ensure there is a minimum, common set of standards that apply to all hearing aid audiology professionals. This will not be an easy objective to achieve, and cannot be achieved by the Council alone.

Who should deliver this objective following abolition of the Hearing Aid Council?

The Health Professions Council is best placed to ensure that there are clear standards of professional practice that are continually developed, implemented, maintained and improved. The Health Professions Council is a statutory registration and regulation body for a wide range of non-medical healthcare

professions, including many audiologists¹ currently covered by statutory registration. The Hearing Aid Council has recommended to Government that the Health Professions Council should be its successor body, and is currently working towards application as an aspiring profession.

What do we need to do to deliver this objective?

There is a legislative and administrative process that needs to be undertaken before the professional standards regulatory functions of the Hearing Aid Council can be transferred to the HPC. Over and above this, appropriate standards (codes) will be required by the HPC before it can register and regulate hearing aid dispensers and audiologists. These standards include:

- developing threshold entry requirements, setting out the minimum education and training required before an individual can be registered (in line with objective 4 of the Council's vision and objectives); and
- developing standards of proficiency, setting out minimum standards required of registrants to ensure safe and effective practice (in line with objective 1 of the Council's vision and objectives).

The corporate plan 2005-8 required significant work to be undertaken to ensure these standards were developed and capable of being implemented from the point of HPC-regulation. Much of this work has been completed, and significant progress against plan has been made. Progress and further work required in terms of the threshold entry point is outlined in the section relating to objective four.

In September 2006, the Council established STEP:UP, an external working group consisting of the professional bodies and advocacy groups. The role of STEP:UP is to develop and recommend to the Council proposals for the standards of proficiency: the professional standards that hearing aid dispensers and audiologists will be required to follow once HPC-regulated. STEP:UP met on two occasions in 2007 and will meet twice more in 2008. It will consult on draft standards in the summer then consult jointly with the HPC on final standards so they are ready for the December 2008.

¹ Individuals registered as clinical scientists and practicing in audiology are currently registered with the Health Professions Council. Individuals voluntarily registered with the Registration Council for Clinical Physiologists and practicing in audiology are likely to be covered by statutory registration with the HPC in the near future.

How will we achieve this objective?

The Council will ensure that appropriate advice and support is provided to STEP:UP to deliver its work, and will regularly review whether appropriate resources have been committed.

The Council will ensure that current registrants are regularly updated concerning the changing regulatory framework and its impact on their work.

The Council has facilitated discussions between the relevant professional bodies and consumer representatives around HPC regulation.

By July 2008 – the Council will receive a report from STEP:UP around its proposals for the draft Standard of Proficiency that will apply to hearing aid dispensers and audiologists from the point of HPC-regulation

By December 2008 – the Council will complete formal consultation (to Cabinet Office guidelines) on proposed Standard of Proficiency and make appropriate recommendations to HPC.

Who will we work with to achieve this objective?

As is clear from the vision and strategic objectives and from this corporate plan, the Hearing Aid Council believes that there should be a commonality of standards across all hearing aid audiology professionals, whether practicing in the NHS or independent sectors. The development and implementation of such common standards will have significant and lasting consequences for hearing aid users and those with hearing loss. However, the scale of this task should not be underestimated. The Hearing Aid Council will need to work in partnership with key stakeholders in the Department of Health, NHS, professional bodies other regulators and others to achieve this objective. This will also involve the Council working closely with hearing aid users, those with hearing loss, advocacy and representative groups, registered hearing aid dispensers and their employers.

Resource implications of this work

The Council's corporate lead for this work is the Director of Policy and Communication. The Council has also committed the Modernisation and Transfer Manager and one member of the administrative team to undertake work in this area.

STRATEGIC OBJECTIVE TWO: Hearing impaired people are enabled and informed about the nature of hearing loss and their hearing assistance options.

What does this objective mean?

There is a dearth of good quality, impartial information available to those with hearing loss and hearing aid users about hearing aids. This can affect when and how individuals seek advice on the nature of hearing loss and their hearing assistance options. Once individuals have sought advice, they expect to be given sufficient information about their hearing loss and the hearing assistance options open to them to make an informed decision.

The current mixture of standards, services and choice as they apply to the independent sector and the NHS is complex and confusing. This complexity is not in the interests of hearing impaired people or the hearing aid audiology profession as a whole.

The Hearing Aid Council believes that there needs to be significant improvements in both the general information available and how advice during and following a hearing assessment is given.

What do we need to do to deliver this objective?

There are three streams of work we need to undertake to achieve this objective.

1. Improving access to general information about hearing loss and hearing assistance options.

We will work with advocacy and representative groups and the NHS, to identify current available information. We will determine whether the current information is of sufficient quality and is accessible. We will work with others to improve the quality and accessibility of such information. We will determine whether and if so how, publicity campaigns could be targeted at groups at risk of hearing loss.

2. Improving information on available services

The Council will ensure that hearing aid users are enabled to understand the commonalities and differences in the standards, services and choices they can expect from the independent and NHS sectors. Registered hearing aid dispensers will be required to provide information to hearing aid users on the standards, services

and choices that apply in the independent sector. They will also be required to signpost hearing aid users to where they may obtain similar information on local NHS standards, services and choices.

3. Requiring registered hearing aid dispensers to demonstrate they have enabled users to make an informed choice

The Hearing Aid Council believes that registered hearing aid dispensers should be required to demonstrate that they have enabled users to make an informed choice. The Council wants to ensure there is an open and informative dialogue between professionals and hearing aid users. The Council will work with the hearing aid profession and with hearing aid users to determine the most effective means of achieving this, both in terms of minimising the administrative burden on the profession and maximising the enablement of hearing aid users.

How will we meet this objective?

In November 2006, the Council approved a Communication Strategy for the period 2006-9. Delivering the work outlined in the strategy has involved meeting the objectives outlined above. The strategy includes objectives such as:

- updating the Council's web-site on a quarterly basis. To achieve this, the Council appointed an external web-master;
- regularly writing to registrants with updates on the changing regulatory framework; and
- regularly briefing key stakeholders, particularly advocacy and representative groups.

We have had success getting information to our registrants through the website. As we approach transfer, we will need to explain more complex issues to our stakeholders. We will hold more frequent meetings with consumer groups, increase the number of Chairman's letters and work closer with those bodies capable of representing the industry to help them explain issues to their members. We will also build relationships with members of the BERR family, such as the National Consumer Council, who can help us reach harder to reach consumers, trading standard agencies and consumer representatives.

Who will we work to achieve this objective

The Hearing Aid Council will need to continue working in partnership with key stakeholders in the Department of Health, NHS, professional bodies and others to achieve this objective. This will also involve the Council working closely with hearing aid users, those with hearing loss, advocacy and representative groups, registered hearing aid dispensers and their employers.

There are a range of public agencies and others that work with and for those groups at risk of hearing loss. This includes a number of organisations for whom hearing loss is not their primary focus of interest or concern. To achieve the first work-stream outlined above, we will continue to identify and work with a range of such agencies.

Resource implications of this work

The Council's corporate lead for this work is the Director of Policy and Communication working alongside the Modernisation and Transfer Manager. The Council has also committed a member of the administrative team to undertake work in this area.

STRATEGIC OBJECTIVE THREE: *There is transparency for hearing aid users, providers and others around the operation of the hearing aid market.*

What does this objective mean?

The regulated profession is currently governed by a Code of Practice, which was approved by the Hearing Aid Council in 2004. This code contains three parts: a Code of Trade Practice and a Standard of Competence (pursuant to s1 (3) of the Hearing Aid Council Act 1968 (as amended)) and Registration Rules (pursuant to s4 of the Act).

What do we need to do to deliver this objective?

The Code of Trade Practice covers both professional standards and consumer protection standards. At the point of HPC regulation, professional standards will be covered by the Standard of Proficiency (as set out above in relation to objective 1). To achieve objective 3, the Council proposes to develop a separate code that will cover consumer protection issues. There are four possible levels of code that might be developed, including:

- a statutory code;
- a voluntary code approved by a statutory body (such as the Office of Fair Trading);
- a voluntary code approved by a non-statutory body (such as the British Standards Institute); and
- no code.

The Council has considered these four options, and believes that a voluntary code approved by the Office of Fair Trading (OFT) is the most appropriate route to follow. The OFT's Consumer Codes Approval Scheme (CCAS) is a two stage process: the first stage is to develop and agree a code that can apply to all those involved in the sector; the second stage is to demonstrate compliance with the approved code.

How will we meet this objective?

The Council mapped out where consumer protection issues arise when hearing aid dispensers and audiologists acquire, monetise and manage clients. We identified where current and planned legislation addresses these issues, including assessing the Unfair Commercial Practices Directive² as it covers pressure selling, misleading marketing and unfair advertising and assessing the proposed cool-off period for goods purchased from an individual's home, whether from a solicited or unsolicited contact.

The Statement of Regulatory Intent sets out the guidance, inspection and enforcement activities the Council undertakes over its remaining lifetime to improve commercial practices in relation to clauses 1(a), 3, 11 and 12 of the Code of Trade Practice (2004).

The Council completed its work on developing proposals to replace the s3(1) offence under the Hearing Aid Council Act 1968 (as amended). The Council will publish guidance in relation to clause 11 of the current Code of Trade Practice (2004) with a view to increasing transparency around pricing and in relation to the portability of audiological records.

The Council held discussions with the OFT about acting as code sponsor in the development of a consumer code for hearing aid dispensers and audiologists. However, the OFT made it clear that code would only succeed if it were industry led. Instead, the Council is committed to operating in a mentoring role to support the code and will work with those who appear capable of making the project a success throughout 2008-9.

² Directive 2005/29/EC

Who will we work with to achieve this objective?

The Hearing Aid Council will need to continue to work in partnership with key stakeholders in the Department of Health, NHS, professional bodies and others to achieve this objective. This will also involve the Council working closely with hearing aid users, those with hearing loss, advocacy and representative groups, registered hearing aid dispensers and their employers.

Resource implications of this work

The Council's corporate lead for this work is the Director of Legal Services. The Council has also committed the Director of Policy and Communication, the Modernisation and Transfer Manager and one member of the administrative team to undertake work in this area.

STRATEGIC OBJECTIVE FOUR: *There is equality, timely access and a choice of hearing aid audiology services within a unified market.*

What does this objective mean?

The introduction of plurality of provision in social markets is a major theme of this Government's approach to public sector reform. This model involves public sector organisations commissioning services from a range of providers from the public, private and voluntary sectors. When delivered through a unified market, such plurality maximises choice for consumers and best value for commissions and therefore tax payers. In this context, the word unified means an integrated market: underpinning this commissioning process are common standards, setting out how services should be accessible and the quality of services that should be delivered. Those involved in commissioning are also expected to ensure processes and procedures meet appropriate standards.

There has been a plurality of provision in relation to hearing aids for a number of years. Hearing aid audiology services and hearing aids are available from the NHS, funded by the NHS and delivered by the independent sector, and available from the independent sector. However, there is an absence of common standards and the complex regulatory system that applies to this plurality of provision. This does not work for the benefit of consumers.

What do we need to do to deliver this objective?

As previously stated, the Hearing Aid Council believes that there should be common standards that apply to all hearing aid audiology professionals, whether in the NHS or independent sectors. Our proposals for achieving this are set out under objective one in this corporate plan.

Over and above these proposals, there are four areas where the Hearing Aid Council believes that specific work is required. These areas are:

- training and education. The Hearing Aid Council believes there should be an integrated, multi-level system of training and education, with commonality of requirements and protocols between the NHS and independent sectors;
- career pathways should also be integrated, enabling step-on and step-off for professionals between the NHS and independent sectors;
- capacity within the independent sectors needs to be assessed, to determine whether there are sufficient numbers of registered hearing aid dispensers to meet demand now and over the medium to long term. Such an assessment should cover whether, and if so how, access and capacity might be improved through the introduction of tiered dispensing; and
- facilitating the increase of capacity within the NHS.

How will we meet this objective?

The Council has already completed significant work in this area. During 2006, the Council worked with the professional bodies and others to develop proposals for a Foundation Degree in Audiology. The Foundation Degree will be the threshold entry point for registration with the HPC and will be a common, externally validated qualification for all those involved in audiology, regardless of whether or not they work in the private sector.

The Council will work with Higher Education Institutes (HEIs) and others to ensure that Foundation Degrees in Audiology are up and running and, alongside other approved registration routes, they are sufficient numbers of audiologists to maintain access to services. By May 2008, it is the aim of the Council that three Foundation Degrees will be approved.

In July 2006, the Council agreed a protocol for accrediting degree courses, pursuant to clause 1 (4) of its approved Standard of Competence (2004). Graduates from accredited degree courses are automatically eligible to register as hearing aid dispensers with the Council, and the accreditation of courses is therefore an important means of opening up the dispenser labour market. The Council has accredited eight degree courses and will encourage more HEIs to submit accreditation applications.

Who will we work with to achieve this objective

The Hearing Aid Council will need to work in partnership with key stakeholders in the Department of Health, NHS, professional bodies and others to achieve this objective. This will also involve the Council working closely with hearing aid users, those with hearing loss, advocacy and representative groups, registered hearing aid dispensers and their employers.

Resource implications of this work

The Council's corporate lead for this work is the Chief Executive and Registrar. The Council has also committed the Modernisation and Transfer Manager and one member of the administrative team to undertake work in this area.

Section C: Ensuring a smooth transfer to the HPC

The Council strongly supports the Government's policy to transfer its register for dispensers to the HPC and to abolish the Council. This change will remove unhelpful barriers between the public and private sectors, improve transparency and protection for consumers and reduce the direct financial burden on registrants. The Council has been asked to prepare for transfer in March 2009 and much of the work is covered elsewhere in this plan, such as developing the foundation degree and the Standards of Proficiency. This section establishes the additional work we will do to make sure the transfer is a success. The resource implications of this work were agreed in the 2008-9 budget so there are no additional requirements below.

1. Supporting and explaining the legislative process of abolition and transfer

What does this objective mean?

Repealing the legislation that gives the Council its power and enacting new legislation to move the register to the HPC is a complex process that increases the risks the strategic objectives will not be met. The Council, with its expertise of the sector, has a vital role to play working with policy-makers and explaining the outcome to consumer groups and registrants.

What do we need to do to deliver this objective?

The Council has developed strong working relationships with its key stakeholder in Government, the HPC and consumer groups. This Council has also improved its understanding of where consumers are most at risk through STEP:UP, the Statement of Regulatory Intent and its annual analysis of consumer complaints. Using these foundations, the Council will liaise closely with the Department for Business, Enterprise and Regulatory Reform (BERR), the Department of Health (DH) and the HPC as legislation concerning the transfer is being formed to highlight areas of risk and mitigate them.

By working closely with the Government and the HPC during the legislative stage we will be in a strong position to explain to consumer groups and registrants how the new framework will operate. Our communications with registrants are covered in objective one of this plan. Informally, we are in contact with consumer bodies on an ongoing basis but we will invite them to a formal meeting with us once the legislative route is agreed to communicate the process and how we can best mitigate any risks to consumers.

Who will we work with to achieve this objective

We will continue to work with BERR, DH and the HPC and invite consumers groups representing hard of hearing and elderly people.

2. Quality assuring register details, disciplinary history and CPD compliance

What does this objective mean?

In addition to our ongoing work to ensure the accuracy of the register, the Council will audit the database to ensure it accurately reflects disciplinary case history for the last seven years. The Council will also conduct a CPD audit to ensure registrants maintain their training up to the point of transfer.

What do we need to do to deliver this objective?

The Council has a strong quality assurance process to maintain the integrity of our register which is reviewed during both internal and external audit. The review of the register will be done in line with these existing procedures. The CPD audit will begin by July 2008 and with further notice given to registrants beforehand that they need to keep up to date with their CPD requirements. Dispensers not up to date with their CPD will be given three months to catch up then audited again. Those who have failed to catch up or comply will be referred to the Investigating Committee.

Who will we work with to achieve this objective

We will work with registrants and the professional bodies to explain the process and outcome.

3. Handing over the power to sign off trainee log books to an external body

What does this objective mean?

The Council will hold its final exams in 2008 (2) and expects to be abolished in March 2009. There will be some trainees who have not completed their pre-registration training at that point. The Council will agree a process with the HPC to allow those trainees who complete their pre-registered training appropriately to be eligible to register with the HPC during a sunset period.

What do we need to do to deliver this objective?

The Council will invite interested parties to apply to take over the role of signing off log books for a sunset period from April 2009 to November 2009. We begin the tendering process by April 2008 and finalise it by September 2008.

Who will we work with to achieve this objective

The Council will invite applications from all interested parties and expect this to include professional bodies and HEIs with practical experience of high standard audiology training.

Objective	Action	Corporate lead	Progress at March 2008
1 (1)	Support STEP:UP in development of Standard of Proficiency	Director of Policy and Communication	Complete by December 2008
1 (2)	Update registrants on new regulatory framework	Chairman Director of Policy and Communication	Ongoing
1 (3)	Facilitate discussions between 3 professional groups re: scope of aspiring professional group	Chief Executive and Registrar	Achieved
1 (4)	Council to receive draft Standard of Proficiency from STEP:UP	STEP:UP Director of Policy and Communication	Complete by July 2008
1 (5)	Council to complete formal consultation of Standard of Proficiency and make recommendations to HPC	Director of Policy and Communication	Complete by December 2008
2 (1)	Regular update of web site	Director of Policy and Communication	Ongoing
2 (2)	Regular updates to registrants and other stakeholders	Chairman CEO & Registrar Director of Policy and Communication	Ongoing
2 (3)	Stakeholder reception, 22 nd March 2007	Chairman	Achieved

		Director of Policy and Communication	
2 (4)	Regular stakeholder briefing	Chairman Chief Executive and Registrar	Ongoing
3 (1)	Map out consumer protection need areas and current legislative provisions and gaps.	Director of Policy and Communication	Achieved
3 (2)	Publish Statement of Regulatory Intent	Director of Legal Services	Achieved
3 (3)	Complete point of sale options appraisal	Director of Policy and Communication	Achieved
3 (4)	Good guidance note: price transparency	Director of Policy and Communication	Achieved
3 (5)	Council to act as code sponsor for completion of stage 1 consumer code for approval by OFT	Director of Policy and Communication	Objective changed. Council to act as mentor. Ongoing.
4 (1)	Approve and ensure implementation of six Foundation Degrees in Audiology	Chief Executive and Registrar	Objective changed. Council to approve three by May 2008.
4 (2)	Accredit a further four degree courses under clause 1 (4) of the Standard of Competence (2004)	Chief Executive and Registrar	Achieved
C (1)	Liaise with BERR, DH and HPC throughout legislative process.	Chairman and Executive Team	Ongoing
C (1)	Invite consumer groups to meeting to explain agreed	Chairman and CEO	Await agreement on process

	transfer process		
C (2)	Audit register to ensure accuracy and disciplinary history for previous seven years in place	Operations Manager	Ongoing
C (2)	Begin CPD audit	Director of Policy	By July 2008
C (2)	Finalise CPD audit with appropriate cases passed to IC	Director of Policy	By December 2008
C (3)	Begin tendering process to sign off log books	Director of Policy	By April 2008
C (3)	Finalise tendering process to sign off log books	Director of Policy	By September 2008