

***ANNUAL COMPLAINTS REVIEW
2007/2008***

***HEARING AID COUNCIL
INVESTIGATING COMMITTEE***

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1 CHAIRMAN'S INTRODUCTION

Welcome to the second Complaints Annual Review of the Investigating Committee. The report covers the period 1 between April 2007 and 31 March 2008.

This year has been another busy and productive year for the Investigating Committee. The Investigating Committee has noticed a dramatic increase in the number of complaints that it has received during the course of this year. The level of seriousness of these cases is also increasing. Complaints highlight the concerns of the most important participants in the hearing aid industry: the consumers.

This year the Investigating Committee has concentrated on the regulatory objectives identified in the HAC's Statement of Regulatory Intent. In producing this review, we have focused on specific areas of poor practice and have suggested potential solutions which are designed to improve overall standards practised in the industry.

In order to make the consumers experience count, the Investigating Committee has attempted to set out clearly and transparently what it believes is wrong with current practices in order that the issues may be addressed and the need for enforcement action by the HAC minimised. We have attempted to highlight areas where current practice could be improved quickly and cost effectively in order that consumers are treated fairly and safely at all times.

We hope that you find this report interesting and useful in understanding more about the work of the Investigating Committee.

Denise Yates
Chair of the Investigating Committee

2 THE INVESTIGATING COMMITTEE

The Investigating Committee is a statutory Committee established by the HAC to be responsible for the preliminary investigation of complaints.

The members of the Investigating Committee during 2007-8 were:

Denise Yates (Chair)	Consumer Representative
Professor Gerald Armstrong-Bednall	Dispenser Representative
Professor Deepak Prasher	Medical and Technical Representative

A detailed outline of the investigative and disciplinary processes employed by the Investigating Committee and Disciplinary Committee is set out at Appendix 1.

Case Load

We have witnessed a significant increase in the number of complaints during 2007-8:

- 133 new complaints were received (76 new complaints were received in 2006-7) an increase of 75%
- The average length of time it takes to deal with a complaint was further reduced from 22 weeks in 2006-7 to 20 weeks this year
- 131 complaints were closed by the Investigating Committee during the course of the year.
- One individual was the subject of 18 (out of the 133) separate complaints to the HAC.
- 37 cases remained open at as at 31 March 2008

Investigation Committee Process

Despite handling more cases the Investigating Committee was able to reduce the number of times it sat from 7 in 2006-7 to 4 in 2007-8.

In order to accommodate a case of the utmost seriousness, the Investigating Committee was able to respond with speed to a clear regulatory risk to consumers by holding a meeting by telephone.

The Investigating Committee were able to consider a complaint and reach a final determination in 95% of cases.

Outcome of Complaints

Along with the increase in the number of complaints received, the Investigating Committee has also noted a rise in the seriousness of those cases.

During the year 2006-7, the percentage of cases which were closed without a referral to the Disciplinary Committee being made was 77%. However, in 2007-8, 39% of complaints resulted in a referral to the Disciplinary Committee.

3 DISCIPLINARY COMMITTEE

The Disciplinary Committee is made up of five members of the Hearing Aid Council, none of whom have been members of the Investigating Committee. It is chaired by the Chairman of the Hearing Aid Council. Its membership varies from case to case, but the HAC tries to ensure that membership on each case includes a consumer representative and a RHAD.

Case Load

The Disciplinary Committee sat on 7 occasions in 2007-8.

- 36 individual complaints were dealt with by the Disciplinary Committee
- 18 individual dispensers were disciplined (one individual was disciplined twice) – in 2006-7 3 individual dispensers were disciplined.
- 1 dispensing company was the subject of disciplinary action
- 2 applications for restoration to the register were dealt with by the Disciplinary Committee
- 1 dispenser was removed from the Register as a result of a criminal conviction which had resulted in a custodial sentence

Disciplinary Process

During the course of 2007-8, the Disciplinary Committee met on 7 occasions in London. The venue for all cases was the HAC's offices. However, in one case due to the unavailability of a defence witness, the hearing took place in a London venue which had video conferencing facilities.

The Investigating Committee and Disciplinary Committee have worked together to ensure that the HAC adopts a proportionate response to any disciplinary action which is initiated against registered hearing aid dispensers. Accordingly a significant majority of cases which are referred to the Disciplinary Committee by Investigating Committee are initially referred as Fast Track cases unless an issue involving Clause 1 (ethical conduct) arises. Whilst this approach seeks to minimise costs, the Disciplinary Committee recognises that further work is necessary to ensure that dispensers who are the subject of Fast Track Disciplinary Proceedings understand the process in order that the Disciplinary Committee's stated aim of reducing the costs of disciplinary proceedings is achieved.

A further issue which has affected the Disciplinary Committee work load is the difficulty in arranging hearings.

Nature of Case Load

In summary during the course of 2007-8:

- The number of disciplinary cases increased from 5 to 20.
- There were 18 fast track cases and 2 full disciplinary hearing.
- In order to raise the standards of practice of individual dispensers, additional training was directed by the Disciplinary Committee on 8 occasions.
- Poor clinical practice accounted for 12 convictions by the Disciplinary Committee.
- A failure to treat the client fairly by failing to provide the best possible advice accounted for 5 convictions by the Disciplinary Committee.
- One dispenser was disciplined twice.

A list of the cases determined by the Disciplinary Committee during the course of 2007-8 can be found at Appendix 2.

A summary of the factual basis of the charges brought against individual dispensers is set out at Appendix 3.

Costs relating to Disciplinary Hearings

There are a number of fixed costs which relate to all disciplinary cases. A one day hearing of the Disciplinary Committee will typically involve the following expenses:-

Description	Cost
Venue hire and associated costs	£ 515.00
Stenographer (1 day)	£ 2,820.00
Legal Assessor	£ 840.00
Disciplinary Committee members (three man panel)	£ 700.00
Disciplinary Committee members (five man panel)	£ 1,166.00
HAC/Registrar Costs	£ 262.50
Solicitor to the Council	£ 150.00 per hour

These figures exclude travel expenses for members, costs of members reading days, legal costs and palantypists where appropriate.

In an attempt to minimise costs, it has become standard practice to list at least five fast track cases to be heard on the same day. The fixed costs can therefore be divided by the number of cases dealt with on that day.

The average legal cost for a fast track case in 2007-8 was £1,151.50. The lowest fast track legal fee was £433.73, the highest was £3,539.75.

The largest legal bill in respect of a single dispenser during the period 1 April 2007 to 31 March 2008 incurred by the HAC was £18,144.47. This case involved a fully contested hearing of a number of charges relating to multiple breaches of the HAC Code of Practice.

4 STATEMENT OF REGULATORY INTENT

A key objective of the Council is to ensure that consumers are treated fairly and safely in relation to the purchase of a hearing aid and the subsequent follow up care provided by dispensers and their employers.

In order to achieve this objective, the Council has published a Statement of Regulatory Intent (SORI) which sets out a number of key areas which cause the Council concern together with a suggested 'road map' as to how these issues will be addressed by the HAC. The SORI sets out solutions to raise standards which include targeted enforcement action.

The key areas are as follows:

- maintenance of good clinical standards;
- treating the consumer fairly through the provision of appropriate advice;
- ensuring employers take responsibility for the work of their dispensers and
- developing an open, honest and transparent relationship between the Council and those it regulates.

Complaints received by the HAC allow the Investigating Committee to monitor the progress of the industry towards meeting the objectives of the SORI. The SORI is a key instrument in determining the regulatory significance of complaints and enhances the Risk Assessment Framework previously adopted by the Council.

Accordingly, the Investigating Committee and Disciplinary Committee have implemented a strategy which takes into account the regulatory objectives set out in the SORI. This strategy is clearly demonstrated by analysis of the cases referred to the Disciplinary Committee during the year and the manner in which they were concluded by the Disciplinary Committee.

5 ADVERTISING AND DATA PROTECTION REVIEW

The Investigating Committee has become increasingly concerned about the content of marketing campaigns and material commissioned by dispensing companies throughout the private hearing aid sector. Their concerns were uppermost in respect of advertisements in the printed media.

Consequently, the HAC commissioned Xtreme Media to collate details of advertisements for the hearing aid industry that appeared in the national and regional press, together with magazines and mailings during the period April to June 2007. Ninety nine advertisements were published during this time and formed the basis of the survey.

These complaints were reviewed to assess compliance with the British Code of Advertising, Sales Promotion, and Direct Marketing (the CAP Code) and also the First Principle of the Data Protection Act which relates to the processing of personal information. The results of the analysis were then considered by the Investigating Committee.

Advertising Concerns

The Advertising Review identified a significant number of potential breaches of and failures to comply fully with the CAP code.

The main issues arising from the review which caused the Investigating Committee concern from an advertising point of view were as follows:

- claims made about the technical specification and capabilities of products, with particular regard to accuracy and substantiation of claims made about the benefits of the product;
- information about free offers and free trials – whether sufficient steps were taken to point out that many offers were in fact conditional upon the purchase of other items or had some other hidden obligation attached that may not have been apparent at the time of enquiry/application;
- the costs of hearing aids were presented in a manner which was potentially misleading; and

- the use of testimonials in advertisements (both attributable and un-attributable) were potentially misleading.

The issue of advertising is one which is cross regulatory. Whilst the HAC has an important role to play in ensuring that dispensing companies have appropriate systems and controls in place to implement the requirements of the CAP Code, the Investigating Committee believes that enforcement of the provisions of the CAP Code itself lies with the Advertising Standards Authority. This is an area which causes consumer stakeholder groups such as the RNID significant concern. Consequently, the RNID and HAC approached the Advertising Standards Authority to examine potential breaches of the CAP Code and formulate a strategy to enforce compliance in the future.

Data Protection Act Concerns

The Investigating Committee has noted a significant rise in the number of complaints concerning the use to which personal information is put by hearing aid companies. Consumers commonly complain that they do not understand how different companies have obtained their contact details and information about their possible hearing loss. This causes genuine confusion, anxiety and concern.

Consequently, as part of the Advertising Review, the Investigating Committee also looked at the manner in which companies gathered information from consumers responding to their advertisements. This involved for the first time an assessment of how advertisements which included a contact box explained to consumers how their personal data could be used as a result of them responding to the advert.

The Investigating Committee believe that improvements to the manner in which personal information is collected by increasing the level of information provided to customers could help dispensing companies comply fully with their duties under the Data Protection Act thereby alleviating a significant degree of consumer distress.

The Investigating Committee noted two particular areas which are of specific concern in the design and format of advertisements relating to hearing aids:

- failure to provide the consumer with a user friendly opt in clause to prevent his or her details being used in subsequent marketing campaigns or by other companies; and

- failure to empower the consumer with an understanding of how his personal information could be used. This concern could be addressed by changes to the layout of advertisements including the size of the print type, position of the opt out clause etc.

Once again, the HAC believes that this is an area which is ‘multi-regulatory’. Consequently, the results of the review have been passed to the Information Commissioners Office for guidance. The Information Commissioner's Office (‘ICO’) is the UK's independent authority set up to promote access to official information and to protect personal information. The HAC and RNID have made a joint referral to the ICO highlighting concerns about some registrants compliance with the Data Protection Act.

6 MAKING THE CONSUMER EXPERIENCE COUNT

There is a great deal of scope for improvement in the manner in which the private hearing aid industry responds to and learns from complaints. Some beacons of good practice exist but overall the Investigating Committee believes that the industry has a long way to go. The Investigating Committee has been disappointed to note that its Complaint Handling Charter mark scheme has not been adopted by the industry, whilst the number of complaints which it has received has increased by 75%.

Complaints count and yet the industry appears reluctant to listen to the feed back and performance assessment which it receives from its consumers in the form of complaints in order to improve standards.

Complaints are most easily resolved as close to the source of the dissatisfaction as is possible i.e. within individual dispensing companies and not at regulatory level.

At present, the Investigating Committee believes that valuable opportunities to improve the consumer experience are lost. An inability or unwillingness to see the value in effective complaint handling has a significant impact upon the work load of the Investigating Committee.

An analysis of the complaints received by the HAC in 2007–8 shows that:

- consumers approached dispensing companies on average on three occasions prior to contacting the HAC regarding their complaint;
- a remedy to the consumer's complaint was proposed by the dispenser in only 46% of cases; and
- the remedial action proposed by the dispenser resolved the complaint in only 12% of cases.

This suggests that a significant number of complaints received by the HAC could be related to poor complaint handling by procedures coupled with an apparent failure to provide appropriate redress.

The Investigating Committee would welcome a cultural shift from the current defensive application of ad hoc and opaque internal complaints handling processes to an outcome-based goal where the objective is to resolve the complaint, not fulfil a process.

Principles of Complaint Handling

The Investigating Committee believes that the key to good complaint handling is not to be found in a prescriptive check list which is applied mechanically. However, the Investigating Committee believes that a positive impact upon the standard of complaint handling in the private hearing aid industry would occur if dispensers and their employers were to consider the following key elements of effective complaint resolution:

- **Getting the right decision makers involved**

Leadership, governance and culture are crucial. Ownership of the complaints process at the top of the organisation is essential.

The emphasis must be upon outcomes not process.

- **Being customer focused**

The complaints service must be accessible to those who need it.

The service which is provided should be simple, speedy, and flexible. A one size fits all approach is unlikely to deliver consistent results.

- **Being open and accountable**

The complaints process should be published by dispensers. The reasons for a decision in relation to a complaint should be given to the consumer. Records of complaints should be maintained.

- **Acting fairly**

The decision making process should incorporate a review by an individual other than the original decision maker.

- **Putting things right**

Explanations and apologies are useful. However, financial and other remedies should be considered. Customers should be provided with a clear understanding of how a decision about refunds, payments and deposits has or has not been made.

7 LOG BOOK REVIEW

The HAC is committed to improving standards which are practiced in the private hearing aid industry. Dispensers who do not meet minimum standards of practice laid down by the HAC pose a significant risk to consumers and themselves.

The statutory framework through which the HAC operates provides the HAC with limited powers of inspection of training providers. The HAC is also required to scrutinise key elements of the log books prepared by individual trainees to assess the nature, extent and quality of training which each individual trainee dispenser has received.

Accordingly in June 2007, on behalf of the Registrar, the Director of Policy and Communication initiated a log book audit in order to allow the Council an opportunity to consider whether the HAC should take regulatory action in order to raise standards of training afforded to trainees in the private hearing aid industry in the post examination period. The results of the audit were presented to the Examining Body Committee in November 2007.

Four cases were referred to the Investigating Committee by the Registrar as a result of the Log Book Audit.

The Investigating Committee was disappointed by the general lack of understanding of the regulatory standards which the HAC expects trainees and supervisors to meet. Importantly, the lack of understanding on the part of supervisors as to their duties and responsibilities towards trainees could have a detrimental effect on the quality of training afforded to dispensers. Consequently, the Investigating Committee concurred with the view of the Examining Body Committee that market guidance should be issued in order to ensure that the market is aware of and understands the HAC's requirements in this area.

The guidance which has been produced was approved by the Investigating Committee at its meeting on 17 June 2007 and can be found at Appendix 4.

8 RECORD KEEPING

An issue which continued to cause the Investigating Committee concern is the poor standard of record keeping across the industry.

Despite the use of printed pro forma record cards, dispensers continue to fail to record key information concerning their clients which has a direct impact upon client care (see below). Consequently, client records are often less than comprehensive with the care which is given not being fully documented. It is the responsibility of dispensing companies to audit their dispensers to ensure that records are being maintained.

Good records are good practice and an essential part of good audiometric practice. Client care is often a team process. To ensure that clients are treated efficiently and effectively, it is important that dispensers have easy access to high quality client records. Dispensers must therefore keep clear, accurate, legible and contemporaneous client records which report any relevant findings, the decisions made, the information given to clients and any details of any devices dispensed.

The Standards of Conduct, Performance and Ethics which registrants with the Health Professions Council must adhere to includes the duty to 'keep accurate patient, client and user records'. The HPC regards the making and keeping of records as an essential part of patient care and registrants are required to keep records for all individuals whom they treat along with the individuals who request registrant's professional advice or services.

In addition, the Data Protection Act covers certain issues relating to health records. Consequently, dispensers and their employers have a duty to ensure the personal information contained within clients records is held securely and handled in accordance with both the Common law duty of confidence and the Data Protection Act.

As well as enabling high quality care for individual clients, good records are increasingly valuable in improving standards of client care. Auditing records is an important part of the clinical governance process, and records should be written in a way that facilitates this.

In line with other health regulators, the Investigating Committee gives significant weight to the recollections of a client, for whom the purchase of a hearing aid was a

one off event, rather than the memory of a dispenser recalling one of many similar procedures.

Good records are essential to responding to complaints in a positive fashion. Good records provide an objective record of the treatment of a client. Equally, the dispensers care of the patient will be judged by the quality of the notes. If a dispenser faces an investigation into any aspect of a clients care, the notes will form an essential part of that dispenser's defence.

Issues which arose relating to records at Investigating Committee

The following issues arose repeatedly throughout the year in relation to the records maintained by dispensers:

- failure to make a record of programme settings, particularly when hand held programming devices are used;
- failure to record the examination undertaken to comply with Clause 5 of the Code of Practice (referral for a medical opinion);
- failure to record the client's history fully;
- failure to ensure that records are complete and will stand alone, particularly where the client is referred to the dispenser through the NHS;
- failure to record details of the audiometer used by the dispenser;
- failure to record the advice given to the client regarding the aid which has been dispensed. This is particularly relevant in Clause 3 and 4 cases; and
- failure to record reasons for any deviation from 'standard' clinical practice.

Cases referred to the Disciplinary Committee as a result of Poor Record Keeping

During the course of 2007-8, 10 dispensers were disciplined due to concerns about the quality of the records which they maintained. A dispenser may have done nothing wrong, but unless the records prove this, it can be difficult to defend a disciplinary investigation.

What are good records?

Good records include any information made by or on behalf of a dispenser in connection with the care of an individual client. The Investigating Committee therefore is of the view that good records cover a wide range of material including the following:

- handwritten notes;
- computerised records; accurate
- correspondence including emails;
- programming data; and
- printouts.
- audiometry in line with recommended BSA procedures

Records should allow another dispenser to reconstruct consultations with the client and so promote continuity of care and promote client welfare. Notes should include as a minimum:

- History - including any answers to direct questions.
- Examination - any important findings, both positive and negative, and details of any objective measurements.
- Decision regarding management - in clear, readily understood terms. It should be clear from the notes how the dispenser arrived at his conclusions and include any uncertainties.
- Information - what you have told the client, including any details of the risks and benefits of particular hearing aids.
- Programming information.
- Follow-up - include the arrangements for following up tests, future appointments and any referrals made.
- Hearing assessment records

It is not only the content that is important, but the way that records are presented.

Records must be:

- Clear and accurate
- Contemporary – write notes up as soon as possible after an event.
- First-hand – if information has been given to the dispenser by anyone but the client, record that person's name and position. For example, it may be a relative or friend.
- Tamper-proof – any attempt to amend records should be immediately apparent. For example, written notes should always be written in pen, not pencil, and computer systems should record the date and author of any notes, and track any amendments.
- Original – records should not be altered or amended. If a mistake is discovered an additional note should be inserted as a correction. Make it clear that this is a new note, do not attempt to tamper with the original record. Notes should only be amended if the original information was inaccurate, misleading or incomplete. If it is changed, include a note, signed and dated, to say that the incorrect information was altered. The use of correction media should not occur.

9 WHO COMPLAINS TO THE HAC

The HAC believes that complaints matter. Consequently, the Investigating Committee gives very careful consideration to the profile of the individuals who submit complaints to it.

It is interesting to note that in respect of the 2007-8 year, equal numbers of men and women submitted complaints. The table below illustrates the source of the complaints received by the HAC:

Whilst the percentage of consumers making complaints has dropped, the percentage of complaints referred by employers of registered hearing aid dispensers remains low. As was pointed out in the Investigating Committee's First Annual Review, this level of reporting by employers is not a feature replicated in other professions.

Source of Complaint	Percentage of Complaints*	
	2006-2007	2007-2008
Consumers	76%	54%
Friends/Relatives	17%	26%
Dispensers	5%	6%
Other (including trading standards and Citizens Advice Bureau)	2%	12%
Other regulators/courts	1%	2%

* All percentage figures are rounded up to the nearest 1%

The Investigating Committee has been hampered in its attempts to produce an accurate profile of a typical complaint once again because dispensers do not complete consumer's records on a consistent basis. Consequently, details such as age and previous hearing aid use are consistently neglected. As is shown in the tables below, the 'unknown' user category has not improved since 2006-7.

Age of Complainant	Age Range	Percentage of Complaints*	
		2006-2007	2007-2008
	Under 25	0%	0%
	26 to 65	7%	16%
	66 to 80	30%	29%
	Over 81	31%	28%
	Age Unknown	30%	28%

* All percentage figures are rounded up to the nearest 1%

Previous Aid User	Previous Aid User	Percentage of Complaints*	
		2006-2007	2007-2008
	Yes	61%	49%
	No	20%	13%
	Unknown	19%	38%

* All percentage figures are rounded up to the nearest 1%

Previous NHS Aid User	Previous NHS Aid User	Percentage of Complaints*	
		2006-2007	2007-2008
	Yes	35%	29%
	No	22%	24%
	Unknown	40%	46%

* All percentage figures are rounded up to the nearest 1%

10 WHAT DO COMPLAINANTS COMPLAIN ABOUT?

A typical complaint to the HAC will involve a number of elements. The HAC's jurisdiction over a complaint is defined by the HAC's Code of Trade Practice and the Hearing Aid Council Act 1968. The HAC legislative framework does not provide a 'one stop' shop for consumers who are dissatisfied with a RHAD. However, there is a wide range of consumer protection legislation which affords consumers safeguards.

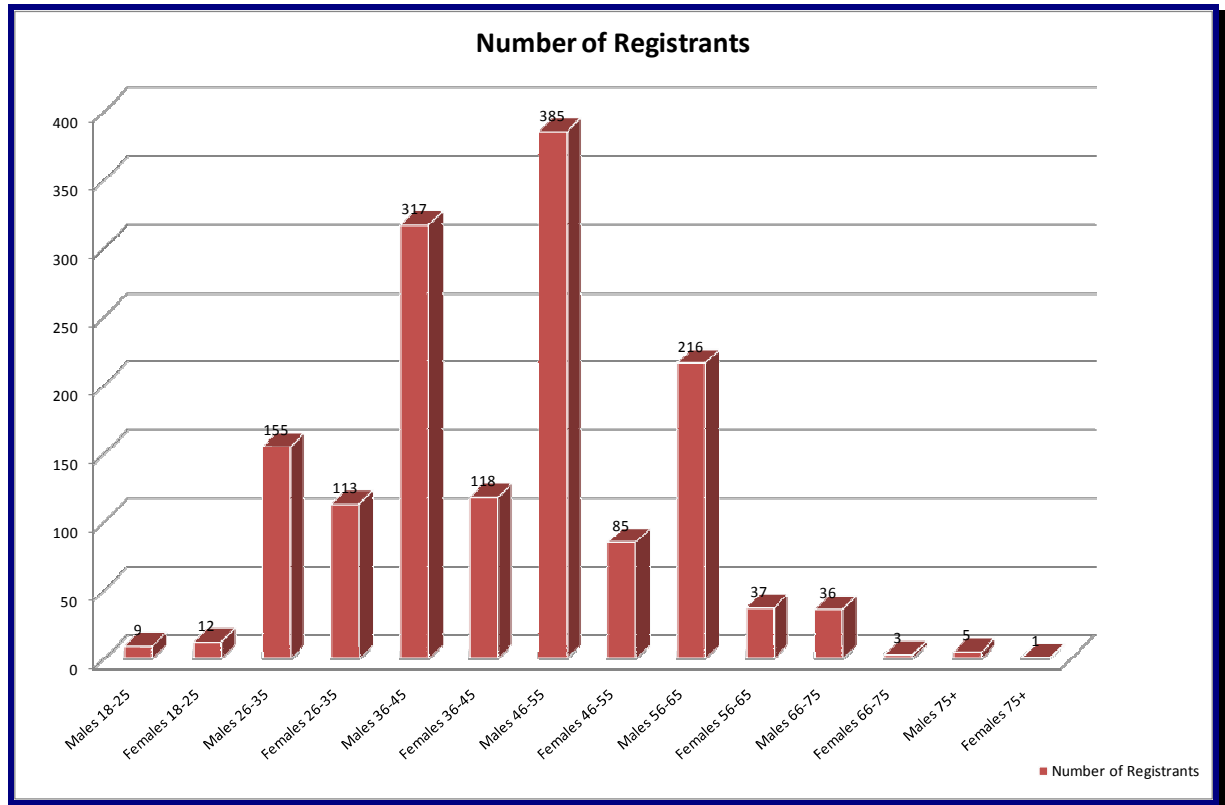
The following analysis provides a breakdown of the subject matter of complaints in relation to three major age groups.

Type of Complaint	Percentage of Complaints Made Per Age *Group		
	26 to 65	66 to 81	Over 81
Advertising/Marketing	0%	2%	4%
Unfit for Purpose – Fit	29%	11%	9%
Unfit for Purpose – Quality of Hearing	7%	22%	18%
Unfit for Purpose – Breakdown Servicing	7%	7%	8%
Unfit for Purpose – Functions	5%	6%	7%
Guarantee Issues	2%	5%	4%
Refund Request	21%	24%	23%
Terms of Contract/Small Print	2%	5%	1%
Follow up Care	20%	9%	14%
Fraud/Dishonesty	0%	1%	1%
Sales Practices	7%	5%	11%
Manufacture of Aid	0%	2%	0%

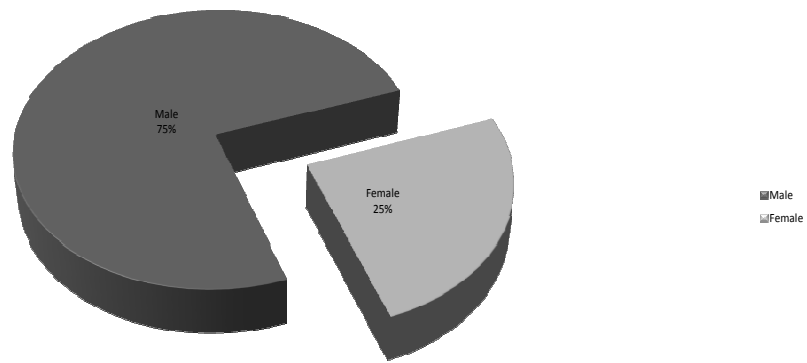
* All percentage figures are rounded up to the nearest 1%

11 PROFILE OF THE HAC REGISTER

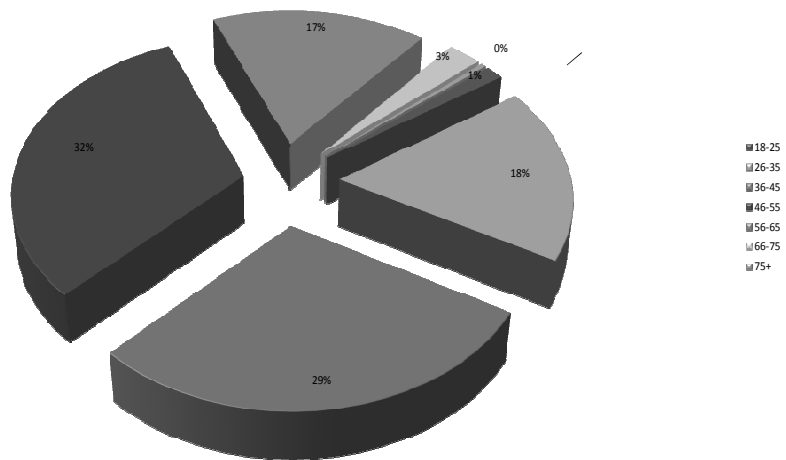
The Register maintained by the HAC was comprised of 1,500 dispensers as at 31 March 2008. The number of employers was 314. The following tables illustrate the composition of the register by sex, age and number of years qualified.



Percentage of RHADs by gender at 31 March 2008



Percentage of RHADs by age cohort at 31 March 2008



12 PROFILE OF DISPENSERS WHO ARE THE SUBJECT OF COMPLAINTS

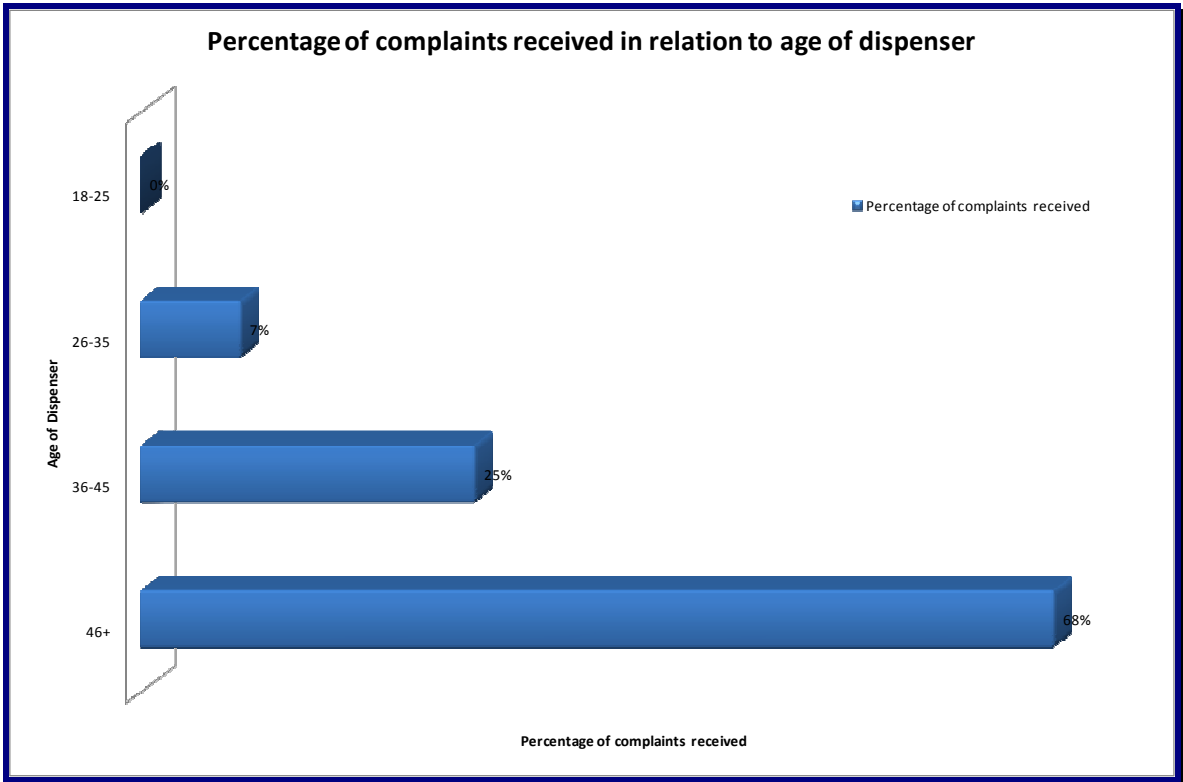
The 131 cases which were closed by the Investigating Committee during the period between 1 April 2007 to 31 March 2008 involved a total of 91 dispensers. 12 of those dispensers were the subject of a complaint made by more than 1 consumer.

Total No of Complaints Closed by IC between 1/4/7 and 31/3/8	131
No complaints involving one dispenser	93
No complaints involving two dispensers	15
No of complaints involving three dispensers	1
No of complaints involving no dispensers	22
Total No of individual dispensers involved	91
Dispensers with one complaint	79
Dispensers with two complaints	6
Dispensers with three complaints	3
Dispensers with four complaints	2
Dispensers with more than four complaints	1

The number of complaints involving a male dispenser rose from 85% in 2006-07 to 91% in 2007-08.

An analysis was conducted of when in a RHAD's career a complaint was most likely to arise. Once again it appeared that dispensers were most likely to receive a complaint in their first 8 years of practice.

The age group of dispensers most complained about was the 46+ age group accounting for 68% of complaints.



However, when the percentage of complaints is weighted to reflect the overall age profile of dispensers on the Register, a more accurate picture emerges. The ‘risk’ period for complaints appears to shift to from 2.61% of the complaints per 100 dispensers aged 26-35 to 8.85% of the complaints per 100 dispensers aged 46 and over.

13 EMPLOYERS OF REGISTERED HEARING AID DISPENSERS

The following table shows a breakdown of how Registered Hearing Aid Dispensers were employed in the private hearing aid industry as at 31 March 2008.

How Registered Hearing Aid Dispensers Were Employed	Number of Dispensers Employed	Number of Employers
	1 to 4 Dispensers	263
	5 to 9 Dispensers	19
	10+ Dispensers	9

The following table shows a breakdown of the percentage total of complaints received against the employers of dispensers as defined by the number of dispensers employed.

Percentage of Complaints Received Defined by Number of Dispensers Employed	Number of Dispensers Employed	Number of Employers	Percentage of Complaints Received
	1 to 4 Dispensers	22	33%
	5 to 9 Dispensers	3	4%
	10+ Dispensers	6	59%
	Other	5	4%

* All percentage figures are rounded up to the nearest 1%

14 CONCLUSION

The Investigating Committee faces a number of challenges in the year leading to the abolition of the HAC. We look forward to working with the British Society of Hearing Aid Audiologists as they formulate their Consumer Code and complaints resolution procedure and hope that its implementation will lead to an overall improvement in the manner in which complaints are handled across the private hearing aid industry. The challenge for us now is to support this initiative in order to make the consumer experience count.

However, it must be recognised that the number of complaints which the HAC receives relates to complaints about the conduct of 91 dispensers out of a total of 1500. The majority of dispensers pride themselves on providing consumers with high standards of care. We have to encourage those dispensers who have fallen below this standard to improve their practices in order to ensure that consumers are treated fairly and safely at all times.

Thank you for reading this report and I hope you have found it useful. If you have any feedback or comments, please email me at hac@thehearingaidcouncil.org.uk

Denise Yates
Chair of the Investigating Committee