

**ANNUAL COMPLAINT REVIEW  
2007-2008**

**HEARING AID COUNCIL  
INVESTIGATING COMMITTEE**

# CONTENTS

1	CHAIR'S INTRODUCTION .....	4
2	THE INVESTIGATING COMMITTEE.....	5
3	DISCIPLINARY COMMITTEE.....	7
4	STATEMENT OF REGULATORY INTENT .....	11
5	ADVERTISING AND DATA PROTECTION REVIEW .....	12
	Advertising Concerns .....	12
	Data Protection Act Concerns .....	13
6	MAKING THE CONSUMER EXPERIENCE COUNT.....	15
	Principles of Complaint Handling.....	16
7	LOG BOOK REVIEW .....	18
8	RECORD KEEPING .....	20
	Issues which arose relating to records at Investigating Committee .....	22
	Cases referred to the Disciplinary Committee as a result of Poor Record Keeping.....	23
	What are good records? .....	23
9	WHO COMPLAINS TO THE HAC? .....	26
10	WHAT DO COMPLAINANTS COMPLAIN ABOUT?.....	28
11	PROFILE OF THE HAC REGISTER.....	29
12	PROFILE OF DISPENSERS WHO ARE THE SUBJECT OF COMPLAINTS .....	31
13	EMPLOYERS OF REGISTERED HEARING AID DISPENSERS.....	34
14	CONCLUSION.....	35
	APPENDIX 1 An Outline of the Hearing Aid Council's Investigative & Disciplinary Process .....	36
	APPENDIX 2 List of the Cases Determined by the Disciplinary Committee from 1 April 2007 to 31 March 2008.....	44
	APPENDIX 3 A Summary of the Factual Basis of the Charges Brought Against Individual Dispensers from 1 April 2007 to 31 March 2008.....	46

APPENDIX 4 Guidance note for supervision of trainees .....57

# **1 CHAIR'S INTRODUCTION**

Welcome to the second Annual Complaint Review of the Investigating Committee. The report covers the period between 1 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. While it is important to remember that the complaints are about a small minority of dispensers, the level of seriousness of these cases is also increasing. Complaints highlight the concern 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 consumer's 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. During this period approximately 207,500 hearing aids were sold in the UK.

- 133 new complaints were received by the HAC (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 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.

## **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, compared to 3 occasions in 2006-7.

- 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 hearings.
- 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 4.

## 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

*\* The presence of a stenographer is a statutory requirement*

These figures exclude travel expenses for members, legal costs and palantypists where appropriate. Where a Barrister is instructed by the HAC, this will increase the cost of the hearing to the HAC by approximately £1,000.00 in relation to a one day hearing.

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 therefore £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.

## *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 published during this time 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.

## ***5 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 some parts of the industry have 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 feedback 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 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 outcome 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.

## **6 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 training 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 Examination 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 Examination 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.

## ***7 RECORD KEEPING***

An issue which continues 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 client's 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 dispenser's care of the patient will be judged by the quality of the notes. If a dispenser faces an investigation into any aspect of a client's 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;
- accurate computerised records;
- correspondence including emails;
- programming data;
- printouts; and
- 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; and
- 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 other than 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; and
- 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 an 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.

## 8 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%

## 9 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.

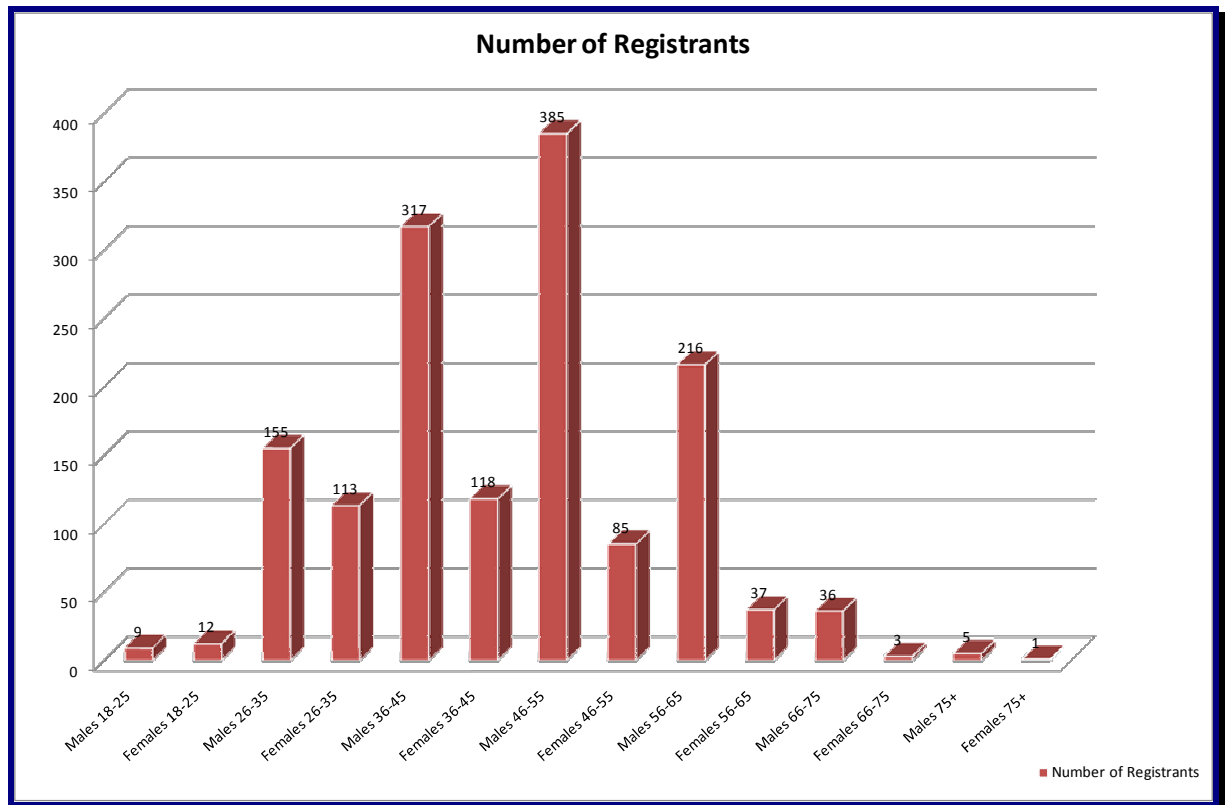
The following analysis provides a breakdown of the subject matter of complaints in relation to three major age groups.

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%

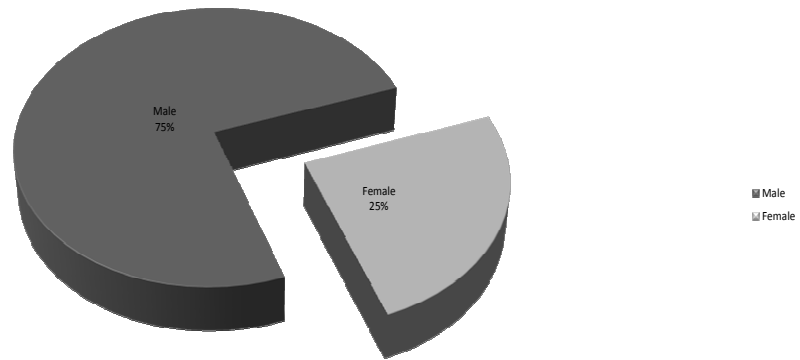
\* All percentage figures are rounded up to the nearest 1%

## 10 PROFILE OF THE HAC REGISTER

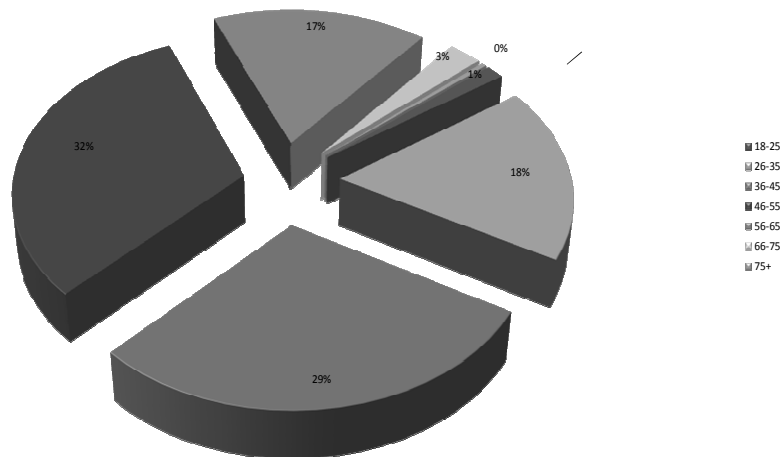
The Register maintained by the HAC was comprised of 1,500 dispensers as at 31 March 2008. The number of employers was 314. The following tables illustrate the composition of the register by sex, age and number of years qualified.



Percentage of RHADs by gender at 31 March 2008



Percentage of RHADs by age cohort at 31 March 2008



## 11 PROFILE OF DISPENSERS WHO ARE THE SUBJECT OF COMPLAINTS

The 131 cases which were closed by the Investigating Committee during the period 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.

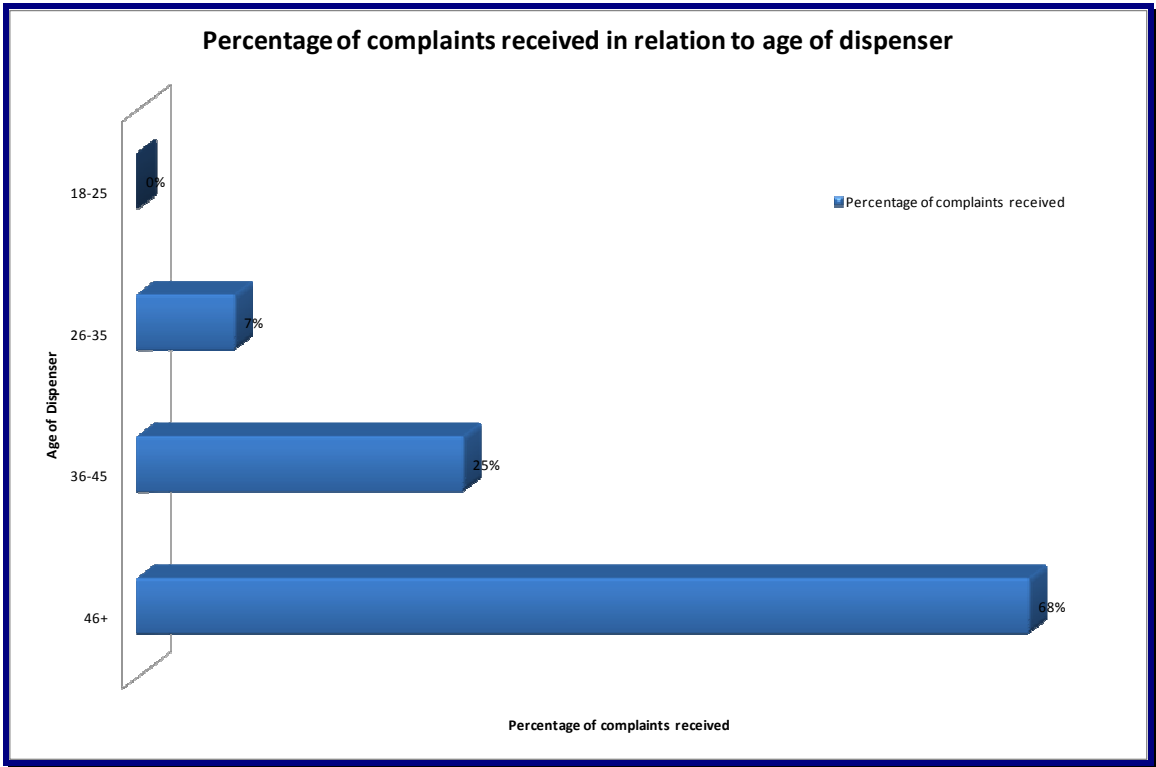
<b>Total No of Complaints Closed by IC between 1/4/7 and 31/3/8</b>		<b>131</b>
No complaints involving one dispenser		93
No complaints involving two dispensers		15
No of complaints involving three dispensers		1
No of complaints involving no dispensers *		22
<b>Total No of individual dispensers involved</b>		<b>91</b>
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

*\* These cases included complaints relating to advertising, data protection, anonymous complaints relating to company procedures, etc*

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 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.

## 12 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.

A total of 58 dispensing companies were the subject of a complaint.

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%

## **13 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](mailto:hac@thehearingaidcouncil.org.uk)

**DENISE YATES**  
**Chair of the Investigating Committee**

# *APPENDIX 1*

## *An Outline of the Hearing Aid Council's Investigative & Disciplinary Process*

## **1.0 *Introduction***

- 1.1 Hearing aid users, especially if elderly, are vulnerable to a number of potential risks. Often these risks are related to their circumstances, many are elderly, live alone and, as a result of their hearing impairment, may be isolated from other members of society.
- 1.2 The Hearing Aid Council ('HAC') is a Government body which is responsible for setting standards of professional training, performance and conduct for individuals and companies involved in the assessment of hearing loss and sale of hearing aids in the United Kingdom.
- 1.3 There are currently 1500 dispensers and 314 companies which employ them on the HAC's Register. Only individuals and companies that meet the HAC's standards of professional training, performance and conduct are registered to dispense hearing aids. The Department of Trade and Industry oversees the work of the HAC. The Department for Business, Enterprise and Regulatory Reform oversees the work of the HAC.

## **2.0 *Who can complain to the HAC?***

- 2.1 Anyone can make a complaint about a Registered Hearing Aid Dispenser ('RHAD'). However, the HAC can only consider allegations about people who are currently on the Register of Hearing Aid Dispensers and the companies which employ them.
- 2.2 The HAC has no jurisdiction over NHS audiologists or hearing aid manufacturers. This means it cannot investigate complaints involving the NHS or the poor manufacture of a hearing aid. Further, certain types of purchases fall outside the HAC's jurisdiction. Importantly, it may not be able to investigate internet sales.

### **3.0 *What types of complaints can the Council consider?***

3.1 The HAC can only consider allegations if they relate to breaches of its Code of Practice. The Code of Practice regulates many aspects of the practice of RHADs and the companies which employ them. The Code sets out the kinds of behaviour and standards which the Council expect those involved in the hearing aid industry to follow.

3.2 The Code of Practice allows the HAC to consider the following key activities of RHADs:-

- i The quality of the hearing test which was conducted.
- ii The advice given about hearing aids including:
  - the choice of aids available given the individual's hearing loss;
  - the types of aid which would be suitable for each individual client;
  - the functions of each aid;
  - the likely benefit which can be expected from a hearing aid;
  - the cost implications of the aids given individual budgets;
  - follow up care provided by RHADs; and
  - sales techniques operated by RHADs.

3.3 There is no time limit in which a complaint has to be made, but it should be made as soon as possible and ideally within 5 years of the events which are the subject of complaint.

## **4.0 *What the Council cannot do***

- 4.1 The HAC does not have any powers to allow it to take action where the physical or mental health of a RHAD may be impairing their ability to act safely and effectively.
- 4.2 The Council does not have the power to award compensation to consumers affected by the poor practice of RHADs or their employers, nor does it have the power to order that consumers are refunded the cost of inappropriate, faulty, damaged or unwanted hearing aids. This is a significant hole in the HAC's armoury. However, the HAC does take into account the overall consumer experience in considering the professional conduct of RHAD once it has been determined that there has been a breach of the Code of Practice.

## **5.0 *HAC Disciplinary Process***

- 5.1 The HAC's enforcement procedures are divided into two distinct and separate stages, firstly the investigative stage and secondly the disciplinary proceedings.
- 5.2 During the investigation stage, complaints are investigated to assess whether they need to be referred for closer scrutiny by the Disciplinary Committee ('the DC') to determine whether a breach of the Code of Practice has occurred. The Disciplinary stage consists of a formal hearing of those cases in front of a specially convened Committee.
- 5.3 A key aim of the HAC is to protect consumers by improving standards of professional practice across the hearing aid industry. Accordingly, any action which the DC takes following referral by the Investigating Committee, is intended to protect the public and is not intended as a punishment

5.4 The outcome of all formal disciplinary action taken by the HAC is published on its website.

## **6.0 *Investigating Committee ('the IC')***

6.1 The IC is a statutory committee established by the HAC to be initially responsible for the preliminary investigation of the complaints.

6.2 The IC is comprised of three members including a consumer representative, an audiologist and a RHAD. This balance ensures public input into the HAC's decision making process combined with the professional expertise of the HAC's audiological and RHAD advisers.

6.3 The IC does not make the decision about whether the complaint is proven. It conducts a paper based examination of the facts which have been gathered by case handlers acting on its behalf including any information submitted by the RHAD or his employers. RHADs are not invited to attend in front of the Committee. If the IC considers that there is a prima facie case for the RHAD to answer, then the matter will be referred to the DC.

## **7.0 *How are complaints handled?***

7.1 Upon receipt of a complaint against a RHAD, the case will be forwarded to the HAC's case handlers who will conduct the day to day administration and handling of the complaint.

7.2 The process applied to each complaint will depend upon the nature of the concerns which are raised by the complaint. An investigation may include:-

- obtaining evidence from dispensers, their employers, the complainant or other parties;
- obtaining programming information for individual hearing aids;
- obtaining witness statements;
- obtaining expert records on audiological matters; and
- obtaining medical records where appropriate

7.3 The RHAD will be contacted during the course of an investigation and provided with a copy of the letter of complaint. The HAC must allow the RHAD 21 days to respond before the case can be put to the IC. The HAC also has power to demand information from RHADs or their employers if it is relevant to a complaint.

## **8.0 *Disciplinary Proceedings***

8.1 The disciplinary proceedings brought by the HAC fall into two distinct categories. The HAC has adopted this bipartite approach in order to minimise costs.

8.2 When making a referral to the DC, the IC can offer defendants the choice of Fast Track proceedings or a Full disciplinary hearing.

### **8.2.1 *Fast Track Disciplinary Proceedings***

In relation to Fast Track proceedings, the IC puts forward proposals to the RHAD against whom the complaint has been made as part of an intended settlement process. The proposals relate to the penalty which the IC believes is appropriate in the event of that person submitting a guilty plea and agreeing to the penalty imposed.

If the RHAD agrees to the proposed settlement then the case can be dealt with by way of submissions of agreed facts with the cost of a fully contested disciplinary hearing being avoided. However, the settlement is not binding on the DC and they may adopt a different approach to the case.

## **9.0 *What happens if the Investigating Committee refers a complaint to the Disciplinary Committee?***

9.1 The DC will conduct a formal hearing to determine whether or not the RHAD, or his employer, are in breach of the Code of Practice. A public hearing will take place to consider whether the allegation against the RHAD or his employer is proved. At the end of the hearing, a decision will be taken about what to do.

## **10.0 *What is the Disciplinary Committee?***

10.1 The DC is made up of five members of the HAC. It is chaired by the Chairman of the HAC who is a lawyer. Its membership varies from case to case, but the HAC tries to ensure that membership on each case includes a consumer representative. The DC can sit with three or four members, if the Defendant agrees.

## **11.0 *What can the Disciplinary Committee do?***

11.1 If the DC decides that the complaint is found proved then it has the following range of options to it:

11.1.1 decide to take no further action;

11.1.2 impose a caution or admonition;

- 11.1.3 order the RHAD or his/her employer to pay a maximum fine of £5,000 per charge proven;
- 11.1.4 suspend the RHAD registration; or
- 11.1.5 remove the dispenser's name from the register.
- 11.1.6 In addition, one of the things that the DC has formally built into its range of options is the ability to accept a qualifying promise. This is where the dispenser promises to undertake an activity (such as training). The purpose of the qualifying promise is to raise standards practiced by the individual dispenser in the area where a deficiency in his practice has been identified.

## **12.0 *Hearings***

- 12.1 The DC normally holds its hearings in public. However, it can hold a hearing in private if an application is made to the DC Chairman.

## *APPENDIX 2*

*List of the Cases Determined by the  
Disciplinary Committee from 1 April  
2007 to 31 March 2008*

Dispenser	Employer at time of events giving rise to charges	Penalty	Costs	Qualifying Promise
<b>Relationship with Regulators</b>				
<b>Clause 21</b>				
Hearing Health	Hearing Health Limited	£4,000.00	£9,238.32	No
Mr R Borland	Indpendent	£3,000.00	£3,000.00	No
Mr L Ross (2)	Direct Digital Hearing Limited	Erasure	£27,000.00	No
<b>Treating Clients Fairly</b>				
<b>Clause 3</b>				
Mr P Shaw	Hidden Hearing Limited	£400.00	£600.00	Yes
Mr M Colclough	Hidden Hearing Limited	£1,000.00	£2,000.00	No
Mr P Clarke	Amplifon Limited	£500.00	£2,000.00	Yes
Mr P Hamill	Hearing Health Limited	£1,000.00	£1,000.00	No
Mr G Oxley	Prestige Hearing Limited	£3,000.00	£2,000.00	No
Mr L Ross (1)	Direct Digital Hearing Limited	£3,000.00	£9,000.00	Yes
<b>Clause 1</b>				
Mr L Ross (1)	Direct Digital Hearing Limited	£3,000.00	£9,000.00	Yes
Mr L Ross (2)	Direct Digital Hearing Limited	Erasure	£27,000.00	No
<b>Clinical Practice</b>				
<b>Clause 9</b>				
Mr S Pierce	Hidden Hearing Limited	Admonish	£500.00	No
Ms S Brain	Hidden Hearing Limited	£500.00	£5,639.99	No
Mr P Ellams	Hidden Hearing Limited	£500.00	£3,000.00	No
Mr S Roll	Hidden Hearing Limited	£500.00	£3,000.00	Yes
Mr S Heylings	Amplifon Limited	£500.00	£1,000.00	Yes
Mr C Elcocks	Prestige Hearing Limited	£500.00	£1,000.00	Yes
Mr G Oxley	Prestige Hearing Limited	£3,000.00	£2,000.00	No
Mr J O'Neill	St John's Hearing Centre	£500.00	£1,000.00	No
Mr G Connor	Advanced Hearing Limited	£350.00	£1,000.00	No
Mrs H Tenwolde	Indpendent	£500.00	£1,000.00	Yes
Dispenser	Employer at time of events giving rise to charges	Penalty	Costs	Qualifying Promise
Mr R Borland	Indpendent	£3,000.00	£3,000.00	No
Mr L Ross (1)	Direct Digital Hearing Limited	£3,000.00	£9,000.00	No
<b>Clause 5</b>				
Mr R McLean	Hidden Hearing Limited	Admonish	£1,000.00	No
Mr C Jones	Hearing Health Limited	£500.00	£1,000.00	Yes
<b>Registration/Restoration Cases</b>				
Mr C Figes		Restored	£1,625.00	No
Mr S Boswell		Restored	£1,600.00	No
<b>Conviction Case</b>				
Mr S Yates		Removed	£3,000.00	No
A number of dispensers have been found guilty of more than one breach of the Code of Practice				
(1) First Hearing involving dispenser				
(2) Second Hearing involving dispenser				

## *APPENDIX 3*

*A Summary of the Factual Basis of the  
Charges Brought Against Individual  
Dispensers from 1 April 2007 to 31  
March 2008*

## Hearing Health – 20 April 2007

### Clause 21

The dispenser failed to comply with the terms of Clause 21 of the Code of Practice in that he failed to respond with reasonable expedition to requests for information made on behalf of the Registrar.

#### **Outcome:**

**Sanction:** £4,000.00

**Costs:** £9,238.32

## Mr J O'Neill – 20 April 2007

### Clause 9

In August 2005, the dispenser failed to comply with the terms of Clause 9(a) of the Code of Practice in relation to audiometry which was conducted in that Sections 7 and 8 of the BSA Standards were not applied and masked bone conduction was not undertaken.

#### **Outcome:**

**Sanction:** £500.00

**Costs:** £1,000.00

**Qualifying promise: to undertake 5 hours of CPD in hearing aid selection and advising clients of the potential benefits to be obtained from the aids.**

## Mr S Pierce – 20 April 2007

### Clause 9

In September 2005, the dispenser failed to comply with the terms of Clause 9 (a) (i) (iii) of the Code of Practice in relation to audiometry which was conducted, in that the dispenser did not apply sections 7 and 8 of the British Society of Audiology Recommended Procedure for Pure Tone Air and Bone Conduction Threshold Audiometry With and Without Masking and Determination of Uncomfortable Loudness Levels (March 2004 Edition) (“BSA Standards”).

#### **Outcome:**

**Sanction:** Admonished  
**Costs:** £500.00

## **Mr R McLean – 20 April 2007**

### **Clause 5**

In July 2005, the dispenser failed to comply with Clause 5(d) of the Code of Practice in relation to the examination of a consumer. Despite noting the presence of a substance other than wax in the consumer's ear, he did not advise the consumer to seek medical advice.

### **Outcome:**

**Sanction:** Admonished  
**Costs:** £1,000.00

## **Mr P Shaw – 16 May 2007**

### **Clause 3**

In January 2006, the dispenser failed to comply with terms of Clause 3 of the Code of Practice that he failed to provide the best possible advice to the consumer because:

- i. The aid dispensed provided very limited benefit due to its technical specification and the consumer's individual hearing loss.
- ii. The dispenser failed to make an entry in the client's records as to the limited benefit which the consumer could expect to receive from the aid dispensed.

### **Outcome:**

**Sanction:** £400.00  
**Costs:** £600.00

**Qualifying promise:** to undertake 10 hours of CPD in audiology and the managing clients' expectations.

## **Mr L Ross – 22 June 2007**

### **Clause 9**

In May 2006, the dispenser failed to comply with Clause 9(a)(iii) of the Code of Practice in that he failed to carry out audiometry in accordance with BSA Standards.

### **Clause 3**

In April 2006, the dispenser failed to comply with Clause 3 of the Code of Practice in that a specific hearing aid was recommended by the dispenser without him having first established the consumer's hearing loss by audiometry.

The dispenser did not give the best possible advice to the consumer regarding the hearing aids dispensed in that the consumer's hearing loss in both ears did not fit the specification of the aids.

### **Clause 1**

In April 2006, the dispenser failed to maintain a high standard of ethical conduct towards the consumer in that he failed to comply with a written undertaking that a full refund would be given of the cost of the aids purchased if a four week trial period was unsuccessful.

#### **Outcome:**

**Sanction:     £3,000.00**

**Costs:         £9,000.00**

**Qualifying promise: to undertake 2 days training in audiometry.**

## **Mr R Borland – 17 August 2007**

### **Clause 9 (a)**

In August 2005, the dispenser failed to comply with the terms of Clause 9(a) of the Code of Practice in relation to the audiometry which was conducted in that:

- i.     The dispenser did not apply Section 7 of the BSA Standards and was thereby unable to determine the extent of any bone conduction response from the consumer's left ear.

### **Clause 9 (c)**

In August 2005, the dispenser failed to comply with the terms of Clause 9(c) of the Code of Practice in relation to the audiometry which was conducted in that:

- i. The dispenser failed to maintain case history records which included programme settings for the consumer either at the time of fitting or the subsequent occasions upon which the aids were adjusted.

### **Clause 21**

The dispenser failed to comply with the terms of Clause 21 of the Code of Practice in that he failed to respond with reasonable expedition to requests for information made on behalf of the Registrar.

#### **Outcome:**

**Sanction: £3,000.00**

**Costs: £3,000.00**

### **Mr P Hamill – 17 August 2007**

#### **Clause 3**

Between November and December 2004, the dispenser failed to comply with the terms of Clause 3 of the Code of Practice in that he failed to provide the best possible advice to the consumer as:

- i. The hearing loss exhibited by the consumer's audiogram did not fit the manufacturers recommended hearing range for the device which the dispenser eventually supplied.
- ii. The dispenser failed to take notice of the manufacturer's warnings regarding residual hearing.

#### **Outcome:**

**Sanction: £1,000.00**

**Costs: £1,000.00**

**Qualifying promise: to undertake a training programme on the selection of hearing aids.**

## Mr C Jones – 17 August 2007

### Clause 5

In August 2005, the dispenser failed to comply with Clause 5(f) of the Code of Practice in relation to the examination of a consumer. Despite identifying an asymmetric hearing loss at two frequencies, namely 500Hz and 1 kHz, he did not advise the consumer to seek medical advice. He also failed to make any record in the notes of advice given to the consumer regarding asymmetric hearing.

#### **Outcome:**

**Sanction: £500.00**

**Costs: £1,000.00**

**Qualifying promise: to undertake 10 hours of CPD on the medical aspects of hearing loss.**

## Mr G Oxley – 17 August 2007

### Clause 3

In August 2006, the dispenser failed to comply with the terms of Clause 3 of the Code of Practice in that he failed to provide the best possible advice to the consumer as:

- i. The consumer was dispensed a newer version of her existing hearing aid which would not have provided her with a discernable difference in the quality of her hearing.

### Clause 9

In August 2006, the dispenser failed to comply with the terms of Clause 9 of the Code of Practice in relation to audiometry which was conducted in that:

- i. The dispenser did not comply with BSA Standards in relation to the requirement to perform unmasked bone conduction.

#### **Outcome:**

**Sanction: £3,000.00**

**Costs: £2,000.00**

## **Ms S Brain – 11 October 2007**

### **Clause 9**

In October 2001, the dispenser failed to comply with Clause 9(a) of the Code of Practice in that audiometry which was conducted failed to comply with BSA Standards as the extent of any bone conduction response from the consumer's left ear was not determined.

#### **Outcome:**

**Sanction: £500.00**

**Costs: £5,639.99**

## **Mr P Clarke – 11 October 2007**

### **Clause 3**

In March 2005, the dispenser failed to comply with the terms of Clause 3 of the Code of Practice in that he failed to provide the best possible advice to the consumer because:

- i. In light of the consumer's hearing being within normal limits between the frequencies of 250Hz and 2000Hz, there was a potential that the aid which the dispenser dispensed would give the consumer limited benefit.
- ii. The dispenser failed to make an entry in the consumer's records as to the risk of limited benefit which the consumer might receive from the hearing aid dispensed.

#### **Outcome:**

**Sanction: £500.00**

**Costs: £2,000.00**

**Qualifying promise: to undertake 5 hours of CPD in the approach to the quantification and discussion of the benefits of hearing aids.**

## Mr C Elcocks – 11 October 2007

### Clause 9

In February 2005, the dispenser failed to comply with the terms of Clause 9(a) of the Code of Practice in relation to audiometry which was conducted in that:

- i. The dispenser did not conduct bone conduction audiometry at 4000hz as required by the BSA Standards and the HAC Code of Practice. Further the dispenser failed to undertake masking despite identifying a 15 dB air bone gap at 500 Hz and 1kHz. As a result, he was unable to establish the extent to which the consumer's hearing loss was conductive or sensorineural.
- ii. The dispenser failed to record the reason in the consumer's notes as to why masked bone conduction testing was considered unnecessary on this occasion.

### Outcome:

Sanction: £500.00

Costs: £1,000.00

**Qualifying promise: to undertake 5 hours of CPD in BSA procedures.**

## Mr S Heylings – 11 October 2007

### Clause 9

In August 2004, the dispenser failed to comply with the terms of Clause 9(a) of the Code of Practice in relation to audiometry which was conducted in that:

- i. The dispenser did not apply Section 7 of the BSA Standards.
- ii. The dispenser failed to test or record bone conduction.

### Outcome:

Sanction: £500.00

Costs: £1,000.00

**Qualifying promise: to undertake 5 hours of CPD in audiometry.**

## **Mrs H Tenwolde – 11 October 2007**

### **Clause 9**

In August 2006, the dispenser failed to comply with Clause 9(a) of the Code of Practice in relation to audiometry which was conducted in that:

- i. The dispenser failed to conduct bone conduction masking and therefore did not apply Rules 1 and 3 of the BSA Standards.

#### **Outcome:**

**Sanction:** £500.00

**Costs:** £1,000.00

**Qualifying promise:** to undertake 5 hours of CPD in audiometry.

## **Mr G Connor – 9 November 2007**

### **Clause 9**

In May 2006, the dispenser failed to comply with the terms of Clause 9(c)(i) of the Code of Practice in relation to audiometry which was conducted in that audiometry was not recorded in accordance with BSA procedures.

#### **Outcome:**

**Sanction:** £350.00

**Costs:** £1,000.00

## **Mr P Ellams – 9 November 2007**

### **Clause 9**

Between June and July 2005, the dispenser failed to comply with the terms of Clause 9(c)(i) of the Code of Practice in that he failed to make and retain entries in the consumer's records of the programme settings which were used to programme the consumer's aids.

#### **Outcome:**

**Sanction:** £350.00

**Costs:** £3,000.00

## **Mr S Roll – 9 November 2007**

### **Clause 9**

In January 2005, the dispenser failed to comply with the terms of Clause 9(c)(i) of the Code of Practice in that he failed to make and retain entries in the consumer's records of the programme settings which were used to programme the consumer's aids.

#### **Outcome:**

**Sanction: £500.00**

**Costs: £3,000.00**

**Qualifying promise: to undertake 5 hours of CPD in computerised record keeping.**

## **Mr M Colclough – 17 December 2007**

### **Clause 3**

Between 10 November and 13 December 2004, the dispenser failed to comply with the terms of Clause 3 of the Code of Practice in that he prescribed a hearing aid which was not appropriate for the consumer's individual hearing loss since the air-bone conduction gap at two frequencies did not exceed the British Society of Audiology threshold.

#### **Outcome:**

**Sanction: £1,000.00**

**Costs: £2,000.00**

## Mr L Ross – 17 December 2007

The dispenser faced a total of 6 charges of breaches of the Code of Practice:-

### Clause 1b

The dispenser failed to comply with the terms of a qualifying promise given to the Disciplinary Committee at a previous hearing.

### Clause 1a

The dispenser failed to comply with the terms of a promise to the Disciplinary Committee to provide a refund to a consumer.

### Clause 21

Four charges related to a breach of Clause 21 in that information which was requested on behalf of the Registrar was not provided. The information requested included:-

- i. Information regarding arrangements for the continuing care of consumers following the liquidation of a dispensing company of which the dispenser was a director.
- ii. Information regarding complaints made by 13 individual consumers.

### Outcome:

**Sanction:** Erasure

**Costs:** £27,000.00

## *APPENDIX 4*

### *Guidance note for supervision of trainees*

## ***Background***

This guidance is primarily directed at those supervising pre-registered dispensers; trainees who have completed the HAC exams and are undertaking 850 hours of supervised practice. Supervisors are directly responsible for their trainees education, performance and conduct.

The Council requires these trainees to fill in a log book recording what they are doing as they complete the 850 hours. Based on the completed log book and a signature from the trainees' supervisor certifying that the trainee satisfactorily completed their training and is competent to dispense, the Registrar decides if that person has met the Council's eligibility criteria and can therefore join the register of Hearing Aid Dispensers.

As there is no final, independent assessment at the end of the training period, the log book and the supervisor's certification are the only evidence the Registrar has that a trainee is sufficiently competent to register and thereby legally dispense hearing aids. Without adequate supervision, including an accurate and properly completed logbook, neither the supervisor nor the Registrar can state that the trainee has satisfactorily completed training and can dispense in a safe and effective manner.

Following an audit of log books, the Council highlighted a number of reservations about how the log book was being used and how trainees were being supervised. The Council decided to publish guidance to help address these concerns and hope it will support good supervision.

However, it is registrants' responsibility to ensure they comply with regulations and the Disciplinary Committee is the competent authority in deciding whether the Council's requirements have been breached.

If you require any further information, please contact the HAC office:

Tel: 020 3102 4030

Email: [hac@thehearingaidcouncil.org.uk](mailto:hac@thehearingaidcouncil.org.uk)

## ***Why supervise trainees?***

Three objectives underpin the Council's supervision requirements:

- Consumers should receive safe and effective treatment
- Trainees should be appropriately supervised at all times to minimise the risk to consumers and themselves.
- Each trainee should have a designated supervisor, notified to Council, who is responsible for the trainee's training, supervision and performance.

Supervised training is used in many professions, such as clinical placements for health professionals. Log books are widely used in these professionals to support good supervision, direct learning and record progress.

## ***What are the supervision requirements?***

The Hearing Aid Council Act 1968 (as amended) makes it a legal requirement to supervise all trainees. This requirement is explained in clauses 23 to 29 of the Code of Practice and in clauses 1 to 4 of the Standards of Competence. Amongst other requirements, these clauses explain that: supervisors must notify the Council if there is a change of supervisor; that a supervisor must be on hand if needed when the trainee is dispensing alone and that the log book must be completed correctly.

## ***How should the log book be used?***

In the absence of a final assessment, the log book is fundamental in demonstrating that post examination trainees and supervisors are adhering to the requirements set out above during their training and that trainees have reached the necessary level of competence at the end of their training.

Log books are widely used in other professions, and supervisors in the hearing aid industry should make sure that they are completed to similar standards in other professions. For example, log books should be:

- accurate;
- timely (completed at least once a month); and
- easily audited by the HAC or another body (so that the supervisor and their trainee can demonstrate compliance, with the law and regulations made under the law).

Log books must be completed on a regular basis if they are to be an accurate record of a post-examination trainee's clinical training. It is not acceptable to complete them solely at the end of the training period or in a single sitting.

The trainee and the supervisor should file a photocopy of the log book regularly (the regulations state at least monthly). This helps trainees and supervisors to comply with any audits the Council may carry out and also helps demonstrate compliance and competence if the log book is lost.

Only the supervisor notified to the Council can sign the log book. It is vital that supervisors inform the Council (using the form available on the HAC website or from the HAC office) of any change of supervisor. It is the supervisor's responsibility to demonstrate compliance with this requirement and so they are advised to send the form by registered mail or check with the HAC office that it has arrived.

## ***More information***

For more information, please contact the HAC office:

Tel: 020 3102 4030

Email: [hac@thehearingaidcouncil.org.uk](mailto:hac@thehearingaidcouncil.org.uk)

You can download the Standards of Competence and the Code of Practice (2008) from our

Website: [www.thehearingaidcouncil.org.uk](http://www.thehearingaidcouncil.org.uk) .