



# End-point assessment plan for **Hearing Aid Dispenser** apprenticeship standard

Standard reference number	Level of this EPA plan	Integrated
ST0600	5	

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## Introduction and overview

This document sets out the requirements for end-point assessment (EPA) for the Hearing Aid Dispenser apprenticeship standard. It is for end-point assessment organisations (EPAOs) who need to know how EPA for this apprenticeship must operate. It will also be of interest to Hearing Aid Dispenser apprentices, their employers and training providers.

Full time apprentices will typically spend 24 months on-programme (before the gateway) working towards the occupational standard, with a minimum of 20% off-the-job training. All apprentices will spend a minimum of 12 months on-programme.

The EPA period should only start, and the EPA be arranged, once the employer is satisfied that the apprentice is consistently working at or above the level set out in the occupational standard, all of the pre-requisite gateway requirements for EPA have been met and that they can be evidenced to an EPAO.

All pre-requisites for EPA assessment methods must also be complete and available for the assessor as necessary.

As a gateway requirement, and prior to taking the EPA, apprentices must complete one of the following qualifications as mandated in the Hearing Aid Dispenser standard.

These are:

- Level-5 Foundation Degree in Hearing Aid Audiology
- Level-6 BSc healthcare science (audiology)
- Level-5 Certificate or Diploma in Audiology
- Level-5 Equivalent Award in Hearing Aid Dispensing Competence

For level 3 apprenticeships and above apprentices without English and mathematics at level 2 must achieve level 2 prior to taking their EPA.

The EPA must be completed within an EPA period lasting a maximum of 3 month(s), beginning when the apprentice has met the EPA gateway requirements.

The EPA consists of 3 distinct assessment methods.

The individual assessment methods will have the following grades:

### **Assessment Method 1 Multiple Choice Exam (MCQ)**

- Distinction
- Pass
- Fail

### **Assessment Method 2 Observation of simulated practice**

- Pass
- Fail

### **Assessment Method 3 Professional Discussion**

- Distinction
- Pass

- Fail

Performance in the EPA will determine the overall apprenticeship grades of:

- Distinction
- Pass
- Fail

## EPA summary table

<b>On-programme</b> (typically 24 months)	Training to develop the occupation standard's knowledge, skills and behaviours.
<b>End Point Assessment Gateway</b>	<ul style="list-style-type: none"> <li>• Employer is satisfied the apprentice is consistently working at, or above, the level of the occupational standard.</li> <li>• English/mathematics Level 2</li> </ul> <p>Apprentices must complete one of the following approved qualifications mandated in the standard:</p> <ul style="list-style-type: none"> <li>• Level-5 Foundation Degree in Hearing Aid Audiology</li> <li>• Level-6 BSc Healthcare Science (Audiology)</li> <li>• Level-5 Certificate or Diploma in Audiology,</li> <li>• Level-5 Equivalent Award in Hearing Aid Dispensing Competence,</li> </ul> <p>Apprentices must also complete</p> <ul style="list-style-type: none"> <li>• A Portfolio of evidence – with all patient data anonymised - that is verified by the employer that the apprentice has completed all necessary training, to the correct standard, and has demonstrated the required knowledge, skill and behaviour at work. The portfolio requires evidence of:             <ul style="list-style-type: none"> <li>○ Examples of reflections from their clinical practice</li> <li>○ Examples of continuing professional development</li> <li>○ Employer's workplace observation documents from                 <ul style="list-style-type: none"> <li>▪ at least 3 new full test appointments</li> <li>▪ at least 3 fitting appointments</li> <li>▪ at least 2 rehabilitation appointments</li> <li>▪ at least 2 service or follow up appointments</li> </ul> </li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>▪ at least 2 wax removal appointments, evidenced by before and after photo images.</li> </ul>
<b>End Point Assessment</b> (which would typically take months)	<p>Assessment Method 1: Multiple Choice Exam (MCQ)</p> <p>Assessment Method 2: Simulated Observation of practice</p> <p>Assessment Method 3: Professional Discussion</p>
<b>Professional recognition</b>	<p>Aligns with recognition by:</p> <ul style="list-style-type: none"> <li>• Health and Care Professions Council (HCPC)</li> <li>• British Society of Hearing Aid Audiology (BSHAA)</li> </ul>

## Length of end-point assessment period:

The EPA (including all assessment methods) must be completed within 3 months of the first part of the end-point assessment commencing and within the total EPA period.

## Order of assessment methods

The end-point assessment should be completed in the following order:

- First, assessment method 1, MCQ. This should be passed before undertaking the remaining assessments to evidence that the apprentice has the underpinning knowledge to complete the remaining stages.
- Second, assessment method 2, Simulation Observation of practice. This will allow for the demonstration of skills and safe working practice to be observed, before entering the professional discussion.
- Final, assessment method 3, Professional Discussion.

## Gateway

The EPA period should only start once the employer is satisfied that the apprentice is consistently working at or above the level set out in the occupational standard, they have achieved occupational competence. In making this decision, the employer may take advice from the apprentice's training provider(s), but the decision must ultimately be made solely by the employer.

In addition to the employer's confirmation that the apprentice is working at or above the level in the occupational standard, the apprentice must have completed the following gateway requirements prior to beginning EPA:

English and mathematics at level 2. For those with an education, health and care plan or a legacy statement the apprenticeships English and mathematics minimum requirement is Entry Level 3 and British Sign Language qualification are an alternative to English qualifications for whom this is their primary language.

Apprentices must complete one of the following approved qualifications as mandated in the standard:

- Level-5 Foundation Degree in Hearing Aid Audiology
- Level-6 BSc Healthcare Science (Audiology)
- Level-5 Certificate or Diploma in Audiology,
- Level-5 Equivalent Award in Hearing Aid Dispensing Competence,

For Assessment Method 1 MCQ: No specific requirements

For Assessment Method 2:: Simulated Observation of practice: No specific Requirements

Assessment Method 3: Professional Discussion

At least 3 weeks in advance of the professional discussion, the apprentice will be required to submit to the End Point assessment Organisation:

A Portfolio of evidence– with all patient data anonymised- that verifies

- The Employer is satisfied the apprentice is consistently working at, or above, the level of the occupational standard.
- the apprentice has completed all necessary training, to the correct standard, and has demonstrated the required knowledge, skill and behaviour at work.
- Examples of reflections from their clinical practice
- Examples of continuing professional development
- Employer's workplace observation documents from
  - at least 3 new or fresh full test appointments
  - at least 3 fitting appointments
  - at least 2 rehabilitation appointments
  - at least 2 service or follow up appointments
  - at least 2 wax removal appointments, evidenced by before and after photo images.
- English/mathematics Level 2

Apprentices must complete one of the following approved qualifications mandated in the standard:

- Level-5 Foundation Degree in Hearing Aid Audiology
- Level-6 BSc Healthcare Science (Audiology)
- Level-5 Certificate or Diploma in Audiology,
- Level-5 Equivalent Award in Hearing Aid Dispensing Competence,

# Assessment Methods

## Assessment Method 1: MCQ

### Overview

The rationale for this assessment method is:

To test wide ranging underpinning knowledge of the apprentice in areas where knowledge is not identifiable in the completion of the observation of practical skills. Examples include; Knowledge of Health and Care Professions Council code of ethics, and standards of proficiency, legal issues including GDPR, Safeguarding, Equality and Diversity, Finance and consumer legislation.

### Test Format

- The test can be computer or paper based, although a computer-based delivery system is preferred for greater efficiency in delivery and marking.
- The test will consist of 60 questions in which the apprentice has to select the one correct answer from a selection of 5 options by selecting a single checkbox as the correct answer
- Each correct answer will score 1 mark. Each incorrect question will score 0 marks.
- These questions will consist of:
  - 30 Closed single response questions covering:
    - The HCPC Code and ethics
    - HCPC Professional Code of Ethics
    - Equality and Diversity
    - Finance
    - Consumer legislation
  - 10 Data-handling questions – in which the apprentice will interrogate audiograms and other clinical data in either graph or table format and make decisions based on the interpretation of the data and select a single check box to indicate their correct answer. Whether an audiogram requires masking or identification of the type and severity of the hearing loss shown in the audiogram are examples of this type of question.
  - 20 Questions based on a scenario / case study. There will be a hearing aid dispenser scenario to read followed by five single response questions that require the candidate to analyse aspects of the consultation or patient care/management plan and select a single check box to indicate their correct answer. This will be repeated a further three times each with a different scenario considering a different aspect of the consultation or care plan management so that each candidate sees 4 scenario's and answers 20 questions.

## Test administration

Apprentices must have a maximum of 90 minutes to complete the test.

The test is closed book which means that the apprentice cannot refer to reference books, notes or materials.

The following equipment is permitted during the test:

- None

Apprentices must take the test in a suitably controlled environment that is a quiet space, free of distractions and influence, in the presence of an invigilator. The invigilator may be the independent assessor, or another external person employed by the EPAO or specialised (proctor) software, if the test can be taken on-line. Using software to deliver the MCQ will aid remote invigilation by controlling the time element of the test and will increase the speed and efficiency of marking by the EPAO. The EPAO is required to have an invigilation policy that will set out how the test/examination is to be carried out. This will include specifying the most appropriate ratio of apprentices to invigilators to best consider the setting and security required in administering the test/examination.

This assessment method will be carried out as follows:

Quiet controlled room and stable network or WIFI connections in the case of computer-based delivery

The EPAO must verify the suitability of the venue for taking the test and the identity of the person taking the test.

## Marking

Tests must be marked by independent assessors or markers employed by the EPAO following a marking guide produced by the EPAO. Alternatively, marking by computer is permissible and preferable because the questions types allow for this, to improve marking speed and reliability.

Any incorrect or missing answers must be assigned 0 marks.

Each correct answer will score 1 mark.

Question and resources development

Questions must be written by EPAOs and must be relevant to the occupation and employer settings. It is recommended that this be done in consultation with employers of this occupation. EPAOs should also maintain the security and confidentiality of their questions when consulting employers. EPAOs must develop 'question banks' of sufficient size to prevent predictability and review them regularly (and at least once a year) to ensure they, and the questions they contain, are fit for purpose. Predictability of questions may also be reduced by randomising the order of questions delivered and the bank of answers within the question.

## Required supporting material

As a minimum EPAOs will produce the following material to support this method:

- A test specification
- sample tests and mark schemes
- live tests and mark schemes
- analysis reports which show areas of weakness for completed tests/exams and an invigilation policy.

## Assessment Method 2: Simulated observation of practice

### Overview

Apprentices must be observed by an independent assessor completing work in a simulation of their normal workplace, in which they will demonstrate the KSBs assigned to this assessment method. The EPAO will arrange for the observation to take place, in consultation with the employer.

One assessor may observe up to a maximum of 1 apprentice at any one time, to allow for quality and rigour.

The rationale for this assessment method is:

The apprentice will not usually complete all tasks within a single appointment in the workplace and several different appointments and patients would be necessary for the apprentice to have the opportunity to display all required knowledge, skill and behaviour for this standard.

The nature of the work is that patients, and or members of their families, frequently cancel or rearrange appointments often with late notice which would fail to provide the observation opportunity within the workplace. There is also the possibility that a patient attending a hearing consultation will present with ears blocked with wax which will likely result in the apprentice being unable to continue with the planned assessment.

For these reasons, observation of practical skills using a simulated environment provides the best opportunity for both apprentice and assessor.

The simulated observation of practice will take 2 hours and 50 minutes plus the time allocated for breaks. The observation will be split into five discrete sections, sections 1-4 will take 40 minutes each and section five will take 10 minutes, A period of 10 minutes will be allowed for movement/breaks inbetween each section.

During the 10 minute gap between sections 4 and 5; the support assessor for section 5 will review the observations from sections 1-4 and formulate relevant questions for section 5, based on the observation of clinical practice from the first 4 sections. The purpose of section 5 is for the assessor to verify or question gaps in the knowledge, skills or behaviours observed.

The simulated observation of practice will be held over a maximum of one working day.



The length of a working day is typically considered to be 7.5 hours. The support independent assessor has the discretion to increase the time of the observation by up to 10% to allow the apprentice to complete a task at the end of this element of the EPA.

The apprentice will have:

5 minutes to read the scenario and instructions for each stage or section

30 minutes to do the demonstration of each stage or section

5 Minutes for question and answer after each stage section

The apprentice will complete sections 1 to 4 in the order the senior independent assessor states. Section 5 will always be the last part of assessment method 2.

## Delivery

Apprentices must be provided with both written and verbal instructions on the tasks they must complete, including the timescales they are working to.

The simulated observation of practice should be conducted in the following way to take account of the occupational context in which the apprentice operates:

Apprentices will enter the assessment section on a rolling basis, moving from one to the other as directed by the senior independent assessor until they have completed all five sections. All sections will be in use simultaneously, each one managed by a support independent assessor who will time and mark the section, using a standardised marking sheet developed by the EPAO. The senior independent assessor will circulate freely between the five sections. Apprentices will be under exam conditions for the demonstration of practice so that they cannot discuss the sections and activities with each other. An actor will be used to play the part of the patient in receipt of service and care in each of sections 1-4 to simulate real-life situations.

The EPAO will design 4 demonstration of practice sections to assess the KSBs, mapped to this method at the level expected of a newly registered hearing aid dispenser.

The EPAO will decide whether an actor should remain at each station, ensuring consistency at the station or move through the various stages of the observation of simulated practice with the apprentice. The EPAO must decide on the merits of each approach and arrange the EPA assessment accordingly.

The following activities **MUST** be observed during the simulated observation of practice. A simulated observation of practice without these tasks would seriously hamper the opportunity for the apprentice to demonstrate occupational competence in the KSBs assigned to this assessment method.

The support independent assessor must be unobtrusive whilst conducting the observation.

In each of sections 1-4 the apprentice will interact with an 'actor' who will follow a specific brief to role play the part of the patient. The apprentice will be required to complete all 5

sections to demonstrate their knowledge skills and behaviours, in all core tasks of the Hearing Aid Dispenser role as follows:

- Section 1 Pre-Test – in which the apprentice will meet and greet their ‘patient’, create rapport and use a range of open and closed questions to understand areas of hearing difficulty, lifestyle and medical history. The apprentice will also explain the consultation process and provide information about hearing and the ear in preparation for the physical examination of the ear and consent to proceed.
- Section 2 The Audiological Test – in which the apprentice will conduct a range of tests, including examination of the ear (otoscopy) and Audiometry. The apprentice will be required to discuss the results of the tests with the ‘patient’ and make decisions regarding the need for onward referral and recommendations for action, which may include choice of amplification and technology.
- Section 3 The Fitting Appointment - in which the apprentice will programme a hearing aid, using fitting software and discuss with the ‘patient’ physical fitting, routine maintenance and the first stages of auditory rehabilitation.
- Section 4 The Post Fitting and Rehabilitation Appointment - in which the apprentices will respond to difficulties experienced by the ‘patient’, post fitting, resulting in education, counselling and coaching as part of a continued personalised hearing care plan.
- Section 5 Question and Answers session – After completing the observation of sections 1-4, there will be a period of 10 minutes before section 5, to enable the senior independent assessor to collate evidence from the support assessors of sections 1-4, from which a support independent assessor can formulate the questions for section 5. They will ask questions sufficient to clarify or validate variations in practice observed in the simulated observation of practice and to gain evidence for any gaps in the knowledge, skills or behaviours observed.

The senior independent assessor is responsible for the overall assessment decision.

The simulated observation of practice should be conducted in the following way, to take account of the occupational context in which the apprentice operates:

The EPAO will conducted the assessment as follows:

- Provide a scenario of 200 - 300 words for each section briefing the apprentice
- Provide a ‘bank of scenarios’ and ‘bank of questions’ for the senior and support independent assessor
- Provide assessment specification and tools to the senior independent assessor who will oversee the assessment of the apprentice
- Provide a marking matrix for the senior independent assessor
- Provide a brief to the senior independent assessor to brief the actor who will role play the patient.
- Recruit a bank of ‘actors’ to enact requirements for the section they are working on
- Ensure the section is equipped correctly for the apprentice to demonstrate requirements

- Provide a controlled environment for the assessment to take place
- Each section must be conducted in separate room or designated area
- Each room\designated area will have a support independent assessor specifically skilled in the skills and knowledge required of that stage in assessing an apprentice
- Each support independent assessor will assess one apprentice at a time only
- Assessment templates will be provided to the support independent and senior independent assessors
- The senior independent assessor will collate all the information from the support independent assessors of sections 1-4 to identify the areas of probing and questioning for the support independent assessor to use in section 5. The senior independent assessor will collate all the evidence and make the final assessment pass or fail decision for this method.

Questions may be asked after the simulated observation of practice for sections 1-4 after observation, for up to 5 minutes. The support independent assessor can ask up to two questions from the 'bank of questions'. They may ask follow-up questions where clarification is required. Knowledge, skills and behaviours not observed by the support independent assessor during the simulated observation of practice can be covered by questioning during this period, but these questions must be asked within a period for the section not exceeding five minutes.

KSBs observed, and answers to questions, must be documented by the support independent assessor.

The senior independent assessor will make all final assessment decisions.

### Other relevant information

There will be breaks of 10 minutes between each section of the assessment to allow the apprentice to move from one section to another as required. Refreshments and rests may also be taken during this time.

- The EPAO will find suitable venues in which to conduct the assessment
- Employer's premises may be used provided that the assessment can take place independently away from other employees and managers.

The EPAO will source and brief 'actors' to take part in the simulated observation of practice.

'Actors', or those playing patient roles will:

- Be provided with the scenario brief prior to the section starting
- Enact the brief for the section
- Be briefed by the senior independent assessor prior to starting the assessment
- Follow the script provided

### Grading the sections

Each section will be graded pass/fail by the support independent assessor for that section, using the marking matrix provided by the EPAO. The senior independent assessor will grade the overall assessment. See grading section for the mapped KSBs. Identified 'Red

Flag' behaviours which signify a breach in patient safety, a risk to health and safety protocols or non-compliance will be noted and result in a 'Fail' grade for that stage or section.

### Question development

EPAOs will create a 'bank of open questions' to assess related underpinning knowledge, skills and behaviours. The questions must be asked after the practical element of each section is completed. Questioning must be completed within the total time allowed for the simulated observation of practice.

EPAOs will produce specifications to outline in detail how the simulated observation of practices will operate, what it will cover and what should be looked for. It is recommended that this be done in consultation with employers. EPAOs should put measures and procedures in place to maintain the security and confidentiality of their specifications if employers are consulted. Specifications must be standardised by the EPAO.

EPAOs must develop 'scenario banks' of sufficient size to prevent predictability and review them regularly (and at least once a year) to ensure they, and the specifications they contain, are fit for purpose. The specifications, including questions relating to underpinning knowledge, skills and behaviours must be varied, yet allow assessment of the relevant KSBs

### Venue

The observation can take place in:

- At a venue agreed by the EPAO

Specific venue requirements that must be in place include:

- Controlled environment,
- Equipment and accessories for the assessment to be conducted
- 5 rooms/designated areas, one for each section of the assessment to take place, an additional waiting area for apprentices and a room to be used by the senior and support independent assessors.

### Support material

EPAOs will produce the following material to support this assessment method:

- In advance of the simulated observation of practice, provide apprentices with a guidance document, with information on the format of the observation, including timescales.
- Marking frameworks and materials that allow gaps in clinical practice or competence to be identified and documented.
- Outline of the simulated observation of practice requirements
- Marking materials that allow evidence and gaps to be recorded
- an outline of each section, how it should be set up and with what equipment
- Guidance document for employer on how the assessment will be conducted
- A brief for the senior independent assessor to use with the support independent assessors and the 'actor'

- A structured template for the senior independent assessor to use for managing the assessment to ensure consistency
- A marking matrix for the senior independent assessor to use to ensure consistency and allow for moderation
- A marking matrix for the section independent assessors to use to ensure consistency
- Materials and equipment required for each section

## Assessment Method 3: Professional Discussion

### Overview

This assessment will take the form of a professional discussion between the independent assessor and the apprentice, which must be appropriately structured to draw out the best of the apprentice's competence and excellence and cover the KSBs assigned to this assessment method. It will involve the questions that will focus on the analysis of two given scenarios, covering prior learning or activity, problem solving, communication.

The scenarios will be previously unseen by the apprentice, developed and provided by the EPAO to support the professional discussion. Each scenario will consist of a written text of 400-500 words in length that describes an aspect of patient centred care.

The scenario will present the apprentice with a situation that they can first prepare and then discuss with the independent assessor in relation to what they have read and to give examples from their own experiences of how they have acted in similar situations. The independent assessor will have prepared three discussion areas, for each scenario, using a 'bank of questions' provided by the EPAO that will enable the apprentice to evidence the required skills, knowledge and behaviours mapped to the professional discussion assessment. The independent assessor can ask up to 3 follow up questions for each scenario during the discussion.

The apprentice is allowed 10 minutes preparation for each scenario, prior to the 60 - minute discussion, to read, and make notes for the discussion.

The EPAO will devise a bank of 10 scenarios' and a 'bank of questions' for each scenario for use during the end-point assessment. The EPAO will ensure that scenarios are of comparable demand.

In the event of re-sits or re-takes the apprentice will be presented with different scenarios

The professional discussion can take place in any of the following:

- a suitable venue selected by the EPAO (e.g. a training provider's or employer's premises)

Additional, specific venue requirements include:

The EPAO will ensure the independent assessor brings copies of assessment tools and grading criteria, marking sheets etc.

The rationale for this assessment method is:

A professional discussion is not simply a question and answer session but a two-way dialogue between the apprentice and independent assessor. It allows the apprentice to use standardised 'scenarios' as a starting point to explore their own practice and experiences with the independent assessor. A professional discussion is a well-recognised method of checking knowledge, skills and behaviours and is widely used within the health sector

## Delivery

The independent assessor will conduct and assess the professional discussion.

The professional discussion must last for 60 minutes. The independent assessor has the discretion to increase the time of the professional discussion by up to 10% to allow the apprentice to complete their last answer. Further time may be granted for apprentices with appropriate needs, for example where signing services are required.

During the discussion, the independent assessor must combine questions from the EPAO's question bank and those generated by themselves.

The professional discussion will be conducted as set out here:

The professional discussion will allow the apprentice to demonstrate the depth and breadth of their hearing aid dispensing knowledge, skills and behaviours required to practice both safely and effectively. As a structured, in-depth two-way conversation between the independent assessor and apprentice, the professional discussion will provide an effective holistic assessment of complex understanding and knowledge. This is valuable in determining not only what and how an apprentice is performing, but also:

- how they work in line with the HCPC standards
- how they provide patient centred individualised care
- how they work as an effective member of the wider health and retail team

The discussion format is a method to cover the range of knowledge, skills and behaviours required.

The Professional Discussion will assess the KSBs mapped to the following discussion areas:

- **Area 1 – Professionalism:** How the apprentice practices in accordance with the HCPC standards, within the limits of own competence and experience, developing and improving their own practice
- **Area 2 – Programmes of patient centred care:** How the apprentice determines and provides programmes of individualised personal hearing care
- **Area 3 – Teamwork:** How the apprentice works as part of the wider health retail team both within the employer's organisation and with onward referral.



The independent assessor will use a bank of 'discussion points for drawing out the knowledge, skills and behaviours for this method. The apprentice will be asked to draw on their understanding and experience to articulate a reasoned answer. Since most questions will not have a single correct answer the independent assessor must use their knowledge and expertise of the profession to assess understanding and rationale of the apprentice's responses.

Apprentices may draw on material contained within their portfolio to underpin what they are saying. The portfolio and contents, itself, is not part of the assessment process.

The independent assessor must use the assessment tools and procedures that are set by the EPAO to record the professional discussion. The independent assessor will make all grading decisions.

## Venue

The professional discussion should take place in a quiet room, free from distractions.

## Other relevant information

A structured discussion points, scenario bank and question bank must be developed by EPAOs. The 'question bank' must be of sufficient size to prevent predictability and review it regularly (and at least once a year) to ensure that it, and its content, are fit for purpose. The scenarios, including questions relating to the underpinning knowledge, skills and behaviours, must be varied yet allow assessment of the relevant KSBs.

EPAOs must ensure that apprentices have a different set of questions in the case of re-sits/re-takes.

Independent assessors must be developed and trained by the EPAO in the conduct of professional discussions and reaching consistent judgement.

The professional discussion must be conducted by an independent assessor who is a HCPC Registered Hearing Aid Dispenser or is of an equivalent standing to have the personal depth and breadth of audiology knowledge and experience as will be required to judge the appropriateness of the apprentices responses to the scenarios.

## Scenarios

The apprentice will be given two scenarios. The scenario will aim to draw out the KSBs for this method through discussion where the independent assessor will draw discussion points from the template provided and use follow up questions to ensure that all the discussion areas are covered. The apprentice must also draw from their own experience examples to demonstrate the KSBs.

Below are some examples of the types of scenarios that may be used:

- Safeguarding
- Professional conduct
- Health and safety
- Ethical dilemmas
- Confidentiality and Data Protection Principles
- Designing and managing individualised care plans
- Managing priorities and case loads
- Problem solving rehabilitation and fitting issues

These examples are just illustrative; it is up to the EPAO to develop a suitable 'bank of scenarios' of this type to be used during the professional discussion to enable the apprentice to evidence their KSBs for this method.

In the event of re-sits or re-takes the apprentice will be presented with a different scenario

EPAOs will produce the following material to support this assessment method:

- Discussion point bank
- Question bank
- Bank of Scenarios
- Grading criteria

## Weighting of assessment methods

The three assessment methods:

- Method 1 MCQ
- Method 2 Practical Observation
- Method 3 Professional Discussion

Have equal weighting.

## Grading

### Assessment Method 1:

#### MCQ

KSBs	Name of grade	Grade descriptor
K1 K2, K7, K11, K16 K17 K21 K22 K26 K30 K33 K34 K38 K46 K48  S17	Distinction	The apprentice scores between 90% and 100% of the total available marks.
	Pass	The apprentice scores between 60% and 89% of the total available marks.
	Fail	The apprentice scores between 0% and 59% of the total available marks.



The MCQ Test shall consist of questions that cover each knowledge criteria equally

Question Type	KSB Mapping
Closed Response Questions	(K1 K2 K11 K16 K17 K30 K33 K34 K46)
Data Handling Questions	(K7 K21 K22 K26 K34 K38 K48 S17)
Scenario Based Questions	(K2 K17 K33 K38 K46 K48)

The following grade boundaries apply to the test:

Grade	Minimum score (%)	Maximum score (%)
Distinction	90	100
Pass	60	89
Fail	0	59

## Assessment Method 2: Simulated Observation of practice

KSBs	Name of grade	
<b>K5 K6 K7 K8 K12 K14 K15 K20 K23 K24 K25 K35 K47 K49 K50 K52 K53 K54 K55</b>	Pass	The apprentice can:  Demonstrate correctly how to complete the individual stages of a hearing consultation, including safe examination and assessment, how hearing works and propose interventions with an individual. (K6, K7, K8, K12, K23, K25, S6, S10, S13)
<b>S1 S2 S3 S6 S8 S9 S10 S13 S14 S15 S16 S18 S19 S21 S26 S27 S28 S30 S31 S33 S34 S35 S36 S38 S39 S40 S41 S42 S43</b>		Demonstrate correctly how to assess, prescribe and facilitate the effective use of hearing technology. (K14, K15, K20, K24, K53, K54, K55 S1, S2, S3, S8, S9, S14, S15, S16, S18, S19, S36, S38, S39, S40, S41, S42, S43)
<b>B1 B2 B3 B4</b>		Demonstrate the correct fitting of hearing devices and the necessary rehabilitation practice, and aftercare service to ensure patient satisfaction (K35, K49, K50 S21, S26, S27, S28, S30, S31, S33, S34)  Demonstrate effectively how they practice within their scope of practice as a Hearing Aid Dispenser as defined by regulatory and professional bodies. (K47, K52, B1, B2, B3, B4 K5)

		Gain informed consent from an individual prior to assessment and intervention. (S1, S2)  Appropriately modify and apply a range of interpersonal and communication approaches correctly to meets the needs of the individual and enable the individual to make informed decisions. (S6, S10, S35)
	Fail	The apprentice did not meet the pass criteria

### Assessment Method 3: Professional Discussion

KSBs	Name of grade	Grade descriptor
<b>K1, K3 K4, K5, K9 K10 K18 K19 K27 K28 K29 K31 K32 K36 K37 K39 K40 K41 K42 K43 K44 K45 K51 K56 K57</b>  <b>S4, S5, S7, S11, S12, S20 S22 S23 S24 S25 S29 S32 S37 S44</b>  <b>B1</b>	Distinction	<p>The apprentice provides responses that fully meet the assessors scoring matrix for all the following Knowledge and Skill areas (K9, K37, K39, K42, S25, S29, S32)</p> <p>Gives examples of how they have evaluated and reviewed their research evidence base to identify a range of solutions and options and selects for implementation those which will benefit the practice organisation e.g. advances in technology or improved patient outcomes. (K45, K57, S23, S24, S29)</p> <p>Critically evaluates, appraises and synthesise evidence of the identified knowledge, skills and behaviours and demonstrates the application of this within a framework of clinical accountability and responsibility. (K3, K9, S20, S22, S23, S25, S32)</p> <p>Gives an example of how they have delivered, evaluated and adapted their delivery of compassionate person-centred care for a difficult patient that has empowered them to appraise themselves to make informed decisions and</p>

		<p>choices about their own care (K37, K39, K40, S25)</p> <p>Shows commitment to continuous CPD by changing their practice as a result of continually reflecting practice e.g. change their approach to dealing with patient care or change how they educate others (K3, S4, S5,)</p> <p>Give example of where they have evaluated the results of service user feedback and identified themes and or areas of improvement and provided possible solutions and associated benefits to improved patient or service outcomes. (K4, S23)</p>
	Pass	<p>The apprentice can:</p> <p>Explain the key concepts of reflective practice and the Health and Care Professions Council requirements for Continuing Professional Development. (K1, K3, K4, K5, K57, S4, S5)</p> <p>Give examples of how they have used a range of evidenced based interventions to produce a personalised management plan, taken feedback and verified the information and verification methods to support patients through rehabilitation and on to full integration. (K19, K27, K28, K29 K31, K32, K36, K41, K42, K43, K51, S20, S22, S23, S24, S25, S29 S32)</p> <p>Discuss how a hearing aid dispenser would accurately adapt practice to address, disability, diversity and equality to meet the needs of individuals, groups and communities. (K9, K18, K37, K39, K40, K44, K45, S22, S37, B1)</p> <p>Discuss how learning, supervision, research and audit informs and enhances accurate practice and how they have carried this out in practice. (K1, K3, K4, K10, S4, S5, S7)</p>

		<p>What informed consent is, why it is important and how it is correctly obtained. (K1, K10, S7, S11, S37)</p> <p>Discuss the Hearing Aid Dispensers responsibility for Safeguarding and the impact of mental health and cognitive ability on the consultation. ( K1, K9, K10, K18, K31, S11, S22, S37)</p> <p>The importance of managing records accurately and other information correctly in accordance with legislation, regulatory, professional and organisational standards. K1, K10, K57)</p> <p>Discuss how technology and future product development may affect and benefit the service user. (K27, K32, K36)</p> <p>Give an example of when they have had to refer a patient to another service, including describing the processes and protocols for discharge, the types of service available and where they can seek additional help or advice from (K18, K19)</p> <p>Accurately maintains patient record K10, S7)</p> <p>Can demonstrate and discuss by example effective wax removal (S12)</p> <p>Can discuss and provide reasoned argument for techniques to manage a balanced approach to prioritisation of work, effective caseload management and achieving work/life balance in the role (K56, K57, S44)</p>
	Fail	The apprentice does not meet the pass criteria

## Overall EPA grading

All EPA methods must be passed for the EPA to be passed overall. Grades from individual assessment methods should be combined in the following way to determine the grade of the EPA as a whole:

Simulated Observation	MCQ	Professional Discussion	Overall Grade
Pass	Pass	Pass	Pass
Pass	Pass	Distinction	Pass
Pass	Distinction	Pass	Pass
Pass	Distinction	Distinction	Distinction

## Roles and responsibilities

Role	Responsibility
Apprentice	<ul style="list-style-type: none"> <li>complete the on-programme element of the apprenticeship</li> <li>prepare for and complete the EPA</li> </ul>
Employer	<ul style="list-style-type: none"> <li>identify when the apprentice is ready to pass the gateway and undertake their EPA</li> <li>notify the EPAO that the apprentice has passed the gateway</li> </ul>
EPAO	As a minimum EPAOs should: <ul style="list-style-type: none"> <li>appoint administrators/invigilators and markers to administer/invigate and mark the EPA</li> <li>appoint support and senior independent assessors</li> <li>provide training and CPD to the independent assessors they employ to undertake the EPA</li> </ul>

	<ul style="list-style-type: none"> <li>• have no direct connection with the apprentice, their employer or training provider i.e. there must be no conflict of interest</li> <li>• have processes in place to conduct internal quality assurance and do this on a regular basis</li> <li>• organise standardisation events and activities in accordance with this plan's IQA section</li> <li>• organise and conduct moderation of independent assessors' marking in accordance with this plan</li> <li>• have, and operate, an appeals process</li> <li>• Recruit 'actors'</li> <li>• Provide briefs for actors</li> </ul>
Support Independent Assessors	<p>As a minimum a support independent assessor should:</p> <ul style="list-style-type: none"> <li>• manage a simulated observation of practice section</li> <li>• grade the section using the grading matrix developed by the EPAO</li> <li>• pass grades to the senior independent assessor who is responsible for the final grading decisions</li> </ul>
Senior Independent assessor	<p>As a minimum a senior Independent assessor should:</p> <ul style="list-style-type: none"> <li>• be independent of the apprentice, their employer and training provider(s) i.e. there must be no conflict of interest</li> <li>• hold or be working towards an independent assessor qualification e.g. A1 and have had training from their EPAO in terms of good assessment practice, operating the assessment tools and grading</li> <li>• have the capability to assess the apprentice at this level</li> <li>• attend the required number of EPAOs standardisation and training events per year (as defined in the IQA section)</li> </ul> <p>For the simulated observation of practice:</p> <ul style="list-style-type: none"> <li>• Be in charge of a team of support independent assessors</li> <li>• Briefing the 'actors' involved in the simulated observation of practice</li> <li>• Coordinate the assessment</li> <li>• Check the controlled environment is suitable and has the required equipment for the apprentice to</li> </ul>

	<p>demonstrate the KSBs mapped to the demonstration of practice</p> <ul style="list-style-type: none"> <li>• Check all the sections are set up properly</li> <li>• Brief the support independent assessors and 'actor' prior to the assessment commencing, using the brief provided by the EPAO, checking they have understood the brief provided</li> <li>• Use the structured template provided by the EPAO to conduct the assessment</li> <li>• Use the grading matrix provided by the EPAO to collate the grades provided by the support independent assessors</li> <li>• Make the final grade</li> </ul>
Actor	<ul style="list-style-type: none"> <li>• A person independent of the apprentice and their employer, who is provided with a brief that is written by the EPAO in order to role play the part of the patient within stages 1-4 of the simulation. The Actor's script and role must provide the apprentice with the opportunities to display the knowledge, skills and behaviours that the assessor is looking for.</li> <li>• Follow the brief provided by the EPAO</li> </ul>
Training provider	<p>As a minimum the training provider should:</p> <ul style="list-style-type: none"> <li>• work with the employer to ensure that the apprentice is given the opportunities to develop the KSBs outlined in the standard and monitor their progress during the on-programme period</li> <li>• advise the employer, upon request, on the apprentice's readiness for EPA prior to the gateway</li> <li>• Plays no part in the EPA itself</li> </ul>

## Internal Quality Assurance (IQA)

Internal quality assurance refers to the requirements that EPA organisations must have in place to ensure consistent (reliable) and accurate (valid) assessment decisions. EPA organisations for this EPA must:

- appoint independent assessors who have knowledge of the following areas:  
Assessing, testing and prescribing hearing aids  
Designing and delivering individual management plans leading to adult aural rehabilitation  
The retail sales hearing care market
- appoint independent assessors who have significant relevant experience of the occupation/sector

- The assessor will have the following minimum skills, knowledge and occupational competence:
  - A hearing aid dispenser registered with the Health and Care Professions Council, or
  - An educator in the field of audiology and hearing aid dispensing who has specific knowledge of the independent (private) sector.
- provide training for independent assessors in terms of good assessment practice, operating the assessment tools and grading
- have robust quality assurance systems and procedures that support fair, reliable and consistent assessment across the organisation and over time.
- operate induction training and standardisation events for independent assessors when they begin working for the EPAO on this standard and before they deliver an updated assessment method for the first time

## Re-sits and retakes

Apprentices who fail one or more assessment method will be offered the opportunity to take a re-sit or a re-take. A re-sit does not require further learning, whereas a re-take does.

Apprentices should have a supportive action plan to prepare for the re-sit or a re-take. The apprentice's employer will need to agree that either a re-sit or re-take is an appropriate course of action.

An apprentice who fails an assessment method, and therefore the EPA in the first instance, will be required to re-sit any failed assessment methods only.

Any assessment method re-sit or re-take must be taken during the maximum EPA period, otherwise the entire EPA must be taken again, unless in the opinion of the EPAO exceptional circumstances apply outside the control of the apprentice or their employer.

Re-sits and re-takes are not offered to apprentices wishing to move from pass to distinction.

Where any assessment method has to be re-sat or re-taken, the apprentice will be awarded a maximum EPA grade of Pass unless the EPAO determines there are exceptional circumstances requiring a re-sit or re-take.

## Affordability

Affordability of the EPA will be ensured by using at least some of the following practice:

- Using employer premises and equipment
- use of videoconferencing for professional discussion assessment
- MCQ – cost effective method for multiple apprentices to be assessed at the same time

## Professional body recognition

This apprenticeship is designed to prepare successful apprentices to meet the requirements for registration as Hearing Aid Dispenser with The Health and Care Professions Council



and The British Society of Hearing Aid Audiologists (BSHAA)

## Reasonable adjustments

The EPAO must have in place clear and fair arrangements for making Reasonable Adjustments for this standard. This should include how an apprentice qualifies for Reasonable Adjustment and what Reasonable Adjustments will be made. The adjustments must maintain the validity, reliability and integrity of the assessment methods outlined in this assessment plan.

# Mapping of KSBs

## Assessment Method 1: MCQ

Knowledge
<b>K1</b> You must know and understand The Health and Care Professions Council standards of proficiency and code of ethics for the Hearing Aid Dispenser role, including the requirements to obtain informed consent.
<b>K2</b> You must know and understand the regulatory and professional body requirements for Data Protection, Diversity, Safeguarding and other legislation relevant to the role.
<b>K7</b> Know and understand the indicators and responses that signal the need for further questioning or onward referral.
<b>K11</b> Know and understand the anatomical and physiological workings of the ear and associated systems to a level sufficient to converse with end users and other members of the profession
<b>K13</b> Know and understand the effects that medical and pharmacological treatments can have on hearing health to a level sufficient to discuss with end users and other members of the profession.
<b>K16</b> Know and understand what ear wax is and how is it made.
<b>K17</b> Know and understand the advantages and disadvantages of different ear wax removal procedures.
<b>K21</b> Know and understand the requirements for equipment calibration and daily checks.
<b>K22</b> Know and understand the difference between; conductive, sensory-neural and mixed hearing loss and how various pathologies result in different types of loss.
<b>K26</b> Know and understand how to interpret audiometric measurement results and what actions to take.
<b>K27</b> Know and understand how to match the specific features and advantages of the employer's range of products to the specific hearing and lifestyle needs of the end user in a way that provides them with benefit.
<b>K30</b> Know and understand the relevant consumer legislation; including statutory regulation and organisational additions in relation to retail sales.
<b>K33</b> Know and understand how hearing instruments and assistive listening devices are promoted, advertised and market in the UK, including the relevant advertising standards.
<b>K34</b> Know and understand how revenue, cost of sale and other costs affect profitability in relation to the retail sale of hearing instruments and assistive listening devices.
<b>K38</b> Know and understand validation measurers and protocols, and verification standards and protocols.
<b>K46</b> Have knowledge and understanding of different rehabilitation and auditory training tools, their benefits and limitations.

**K48** Know and understand the long term average speech spectrum and the impact on intelligibility with various hearing losses and the amplification strategy used.

**K55** Know the contra-indications to taking impressions.

### Skills

**S17** To be able to interpret the results obtained and make onward referral or determine service user care plan actions.

## Assessment Method 2: Simulated Observation of practice

### Knowledge

**K5** Know how to share information, findings and ideas through a range of media and to different audiences to allow the implementation of learnings to the benefit of the service user.

**K6** Know and understand how to use effective communication to explore aural health and hearing related matter with service users, their families and the wider care team.

**K7** Know and understand the indicators and responses that signal the need for further questioning or onward referral.

**K8** To know how to document case history findings, within your employers operating system and the process for onward referral. (D3:K3)

**K11** To know and understand the anatomical and physiological workings of the ear and associated systems to a level sufficient to converse with end users and other members of the profession.

**K12** To know and understand the pathology of the ear and associated systems to a level sufficient to converse with end users and other members of the profession.

**K13** To know and understand the effects that medical and pharmacological treatments can have on hearing health to a level sufficient to discuss with end users and other members of the profession.

**K14** To know and understand the British Society of Audiology (BSA) recommended procedure for conducting otoscopy.

**K15** To know and understand the choice of instruments and methods available with which to conduct otoscopy together with the associated advantages and disadvantages of each.

**K20** To know and understand the choice of instruments and methods available with which to conduct pure tone audiometry together with the knowledge of the associated advantages and disadvantages of each.

**K21** To know and understand the requirements for equipment calibration and daily checks.

**K23** To know and understand the correct symbols and notation to use for plotting audiometric results.

<b>K24</b> To know and understand the requirements for a suitable testing environment and the effects that ambient noise can have on the results.
<b>K25</b> To know and understand the role of Pre-test patient history questions, and the impact of the answers given on the choice of testing technique used.
<b>K35</b> To know and understand fitting formulae objectives and the impact of these on the fitting approach taken.
<b>K47</b> Have knowledge and understand of different communication strategies and differing approaches to improving listening abilities.
<b>K49</b> Know and understand how to fault find and identify component failure.
<b>K50</b> Know and understand which aspects of repair need to be returned to the manufacturer and the employers process for completing this.
<b>K52</b> To understand the role of history and lifestyle questions and how this will differ from initial assessments.
<b>K53</b> To know and understand the current version of British Society of Audiology Recommended Procedures for taking aural impressions including open jaw impressions.
<b>K54</b> To know and understand the variety and the properties of different impression materials and otostops for suitability of different end products and patients.
<b>K55</b> To know the contra-indications to taking impressions.

Skills
<b>S1</b> To be able to interpret, apply and evidence the practical application of all relevant Health and Care professions Council Standards into actions and behaviours.
<b>S2</b> To be able to exercise a professional duty of care.
<b>S3</b> To maintain objective, professional and comprehensive records that clearly evidences gaining informed consent, activities delivered and accurately reflects all discussions and supports the continuity of end user care.
<b>S6</b> Effective communication skills; including questioning, active listening, observation and rapport with end users, carers, their families and the wider care team.
<b>S8</b> Safely conduct otoscopy to British Society of Audiology standards and safely conduct physical ear examinations.
<b>S9</b> Identify, report and advise on observed abnormalities for onward referral to another healthcare practitioner.
<b>S10</b> Explain the results of the examination to the end user in a professional and empathetic manner advising on the most appropriate action to take and using the findings to inform the next stages of assessment.
<b>S13</b> To take a relevant case history and record findings, specific to wax management, including; the nature and position of wax and the relevant case history and contra indicators to influence the selected removal approach.
<b>S14</b> To safely and effectively dispose of clinical waste.

<b>S15</b> To be able to conduct air conduction and bone conduction audiometry to British Society of Audiology recommended procedure.
<b>S16</b> To be able to interpret air conduction and bone conduction results to determine if masking rules apply and where necessary perform the masking procedure.
<b>S18</b> To be able to adapt testing procedure and explanations to suit different responses and avoid erroneous results, including where tinnitus is present.
<b>S19</b> To be able to explain the audiogram, results and any identified hearing loss to the person being tested.
<b>S21</b> To program and set up a hearing product in a way that provides the best experience for the end user, their families or carers.
<b>S26</b> To be able to explain and demonstrate hearing aid maintenance and use to the service user.
<b>S27</b> To be able to set up assistive listening devices.
<b>S28</b> To be able to adjust or reprogram hearing aids as appropriate to the patient's feedback provided at the rehabilitation appointment.
<b>S30</b> To be able to access and interpret hearing aid data from built in usage log systems.
<b>S31</b> To be able to fine tune the programming of hearing aids to improve the end user experience.
<b>S33</b> Be able to conduct a systematic fault find of a hearing instrument using visual and electronic tests.
<b>S34</b> Perform hearing aid triage - Cleaning, maintaining and making simple repairs of hearing instruments.
<b>S35</b> To communicate with end users resulting in identifying their end goals with relation to their current hearing aids and hearing needs.
<b>S36</b> To be able update and record findings alongside reviewing any previous records to highlight any changes that may have occurred for the end user.
<b>S38</b> To be able to explain the impression taking procedure to patient professionally and calmly.
<b>S39</b> To be able to insert a variety of otostops at the correct position for the required product and to seal ear canal.
<b>S40</b> To be able to take an impression compliant to British Society of Audiology recommended procedures using a variety of impression materials and syringes.
<b>S41</b> To be able to identify when the impression is ready for removal and safely remove it without trauma to the ear.
<b>S42</b> To be able to advise and escalate actions, calmly, if an issue arises during the impression taking or removal procedure.
<b>S43</b> To be able to inspect, examine and review the completed impression to assess its viability for the supplier to use to manufacture the desired product.

Behaviours
<b>B1</b> Treat people with dignity, respecting individual's diversity, beliefs, culture, needs, values, privacy and preferences in an inclusive, person-centric approach that validates the Health and Care Professions Council's requirements for the role.
<b>B2</b> Show respect and empathy for those you work with, have the courage to challenge areas of concern and work to evidence based best practice.
<b>B3</b> Be adaptable, reflective, reliable and consistent, show discretion, resilience, self-awareness and demonstrate leadership.
<b>B4</b> Be professional, confident, knowledgeable, caring, compassionate and sensitive to the needs and feelings of others, conscientious, honest and trustworthy.

## Assessment Method 3: Professional Discussion

Knowledge
<b>K1</b> You must know and understand The Health and Care Professions Council standards of proficiency and code of ethics for the Hearing Aid Dispenser role, including the requirements to obtain informed consent.
<b>K3</b> Know and Understand the Health and Care Professions Council 'Standards for Continuous Professional Development and how to reflect on own practice to maintain knowledge, skills and behaviours required for current and future practice.
<b>K4</b> Know the different types of learning and activity that contribute to continuing professional development and how to access and evaluate both structured and unstructured learning opportunities.
<b>K5</b> Know how to share information, findings and ideas through a range of media and to different audiences to allow the implementation of learnings to the benefit of the service user.
<b>K9</b> To understand the role that family members and other communication partners have when conducting a case history, and the importance of their participation.
<b>K10</b> To understand the professional and regulatory requirements for full, accurate and contemporaneous notes in compiling and maintaining case histories.
<b>K18</b> Know and understand when to cease or change the procedure in line with professional scope of practice.
<b>K19</b> Know and understand the organisations escalation procedure including onward referral pathways where relevant.
<b>K22</b> To know and understand the difference between; conductive, sensory-neural and mixed hearing loss and how various pathologies result in different types of loss.
<b>K26</b> To know and understand how to interpret audiometric measurement results and what actions to take.

<b>K27</b> Know and understand how to match the specific features and advantages of the employer's range of products to the specific hearing and lifestyle needs of the end user in a way that provides them with benefit.
<b>K28</b> Know and understand the financial implications of purchasing hearing instruments and how any available payment plans work.
<b>K29</b> Know and understand the arrangements and considerations of manufacturer's warranty and additional insurance.
<b>K31</b> Know and understand the impact of mental health and cognitive ability on decision making and informed choice.
<b>K32</b> Know understand how hearing instruments work and how changes in technology and the market impact on benefits to service users.
<b>K36</b> To know about the styles, features and specifications of Hearing Instrument and assistive technologies and understand their impact on the fitting objective.
<b>K37</b> To know and understand how to structure and provide content for an Individual management plan (IMP).
<b>K39</b> To know and understand how to create, update and complete a patient centred individual management plan.
<b>K40</b> To know and understand how the acclimatization and adaptation process effects the rehabilitation process and the steps taken to give the best outcomes to the patient.
<b>K41</b> To know and understand how different hearing aids and assistive listening devices are maintained, used and controlled.
<b>K42</b> To know and understand how to construct and complete an outcome questionnaire to validate hearing aid fitting.
<b>K43</b> To know and understand the employers range of assistive listening devices and how they work.
<b>K44</b> To know and understand the British Society of Audiology Practice Guidance on Rehabilitation.
<b>K45</b> To understand the psychology of a person accepting a hearing loss, and hearing aids, and the impact of this on their family, friends and colleagues.
<b>K51</b> Know and understand the combinations of consumable parts and the products they work with for the employers designated product range.
<b>K56</b> Know and understand the principles of time management and prioritisation differentiating between Important and Urgent tasks to achieve an appropriate work life balance.
<b>K57</b> Know and understand the criteria and measurers that will be used to judge the effectiveness and success of the HAD in their role.

## Skills



<b>S4</b> To be able to use a structured approach to building a Continuous Professional Development portfolio that meets regulatory requirements and follows Professional Body guidance.
<b>S5</b> To be able to engage in reflective practice appropriate to the role.
<b>S7</b> To be able to confidently navigate and seamlessly use the employers selected patient/customer record system.
<b>S11</b> To respect physical and cultural barriers that may prevent the examination to be effectively conducted and make adjustments where practical and necessary.
<b>S12</b> Conduct safe, effective and appropriate ear wax removal.
<b>S17</b> To be able to interpret the results obtained and make onward referral or determine service user care plan actions.
<b>S20</b> To analyse audiometric results to select the most suitable technology to assist an end users hearing.
<b>S22</b> To communicate with end users and their families or carers in a way that motivates them to want to take action, while respecting their individuality and competence in making informed choice.
<b>S23</b> The ability to evaluate service user feedback on amplification and how this will be incorporated into the fitting and Individual Management Plan.
<b>S24</b> To be able to use objective outcome verification and outcome validation methods and interpret the results to determine appropriate amplification objective and strategy.
<b>S25</b> To be able to construct and write up a individual management plan centred on patient needs with a joint decision making and goal setting approach.
<b>S29</b> To be able to use an array of hearing satisfaction outcome questionnaires. and objective verification methods.
<b>S32</b> To be able to design a task orientated programme to support the improvement in communication skills of the end user and their support network.
<b>S37</b> To communicate with end users and their families and/or carers in a way that will allow them to make an informed joint decision about their management plan.
<b>S44</b> Time management and prioritisation skills.

## Behaviours

**B1** Treat people with dignity, respecting individual's diversity, beliefs, culture, needs, values, privacy and preferences in an inclusive, person-centric approach that validates the Health and Care Professions Council's requirements for the role.