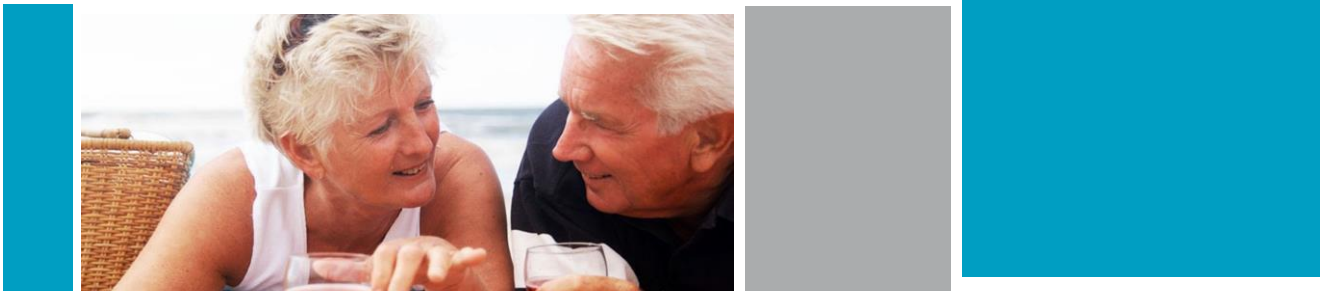




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**Audiometrist
Supervision and Membership Requirements Booklet
Updated February 2018**



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Definitions

The following terms are used throughout this document:

Term	Definition
Approved Supervisor	A MNZAS audiologist who holds a current CCC and who has demonstrated competence in providing clinical supervision and oversight.
Audiometrist Member	<p>An audiometrist who has met requirements for Audiometrist membership with the NZAS.</p> <p>Audiometrists conduct hearing screening, audiological assessment including diagnostic hearing assessment, rehabilitation and hearing aid fitting and follow-up specific to adults with non-complex hearing loss. Audiometrists may also evaluate hearing assessment results and determine appropriate interventions in adults with non-complex hearing loss subject to criteria set down within this document or as specified by funders of hearing devices where those requirements exceed those in this document.</p> <p>Audiometrists have successfully completed a recognised qualification (where core competencies have been acquired and assessed during a qualification process as agreed between ANZAI, NZAS, University of Canterbury and University of Auckland) in audiometry which includes core knowledge areas and a practical examination of clinical skills in hearing assessment and hearing rehabilitation. An audiometrist has no less than two years work experience post completion of a recognised qualification in Audiometry. Audiometrists are accountable for their actions to their level of knowledge and experience and in accordance with professional standards and codes of conduct. Each audiometrist has mentoring and support by a MNZAS audiologist whose name is linked in some way to the client application for funding as deemed appropriate by the MoH.</p>
Direct supervision	An MNZAS Audiologist is in the room at all times including during the client consultation.
Indirect supervision	An MNZAS Audiologist is always available for consultation if questions arise either on site

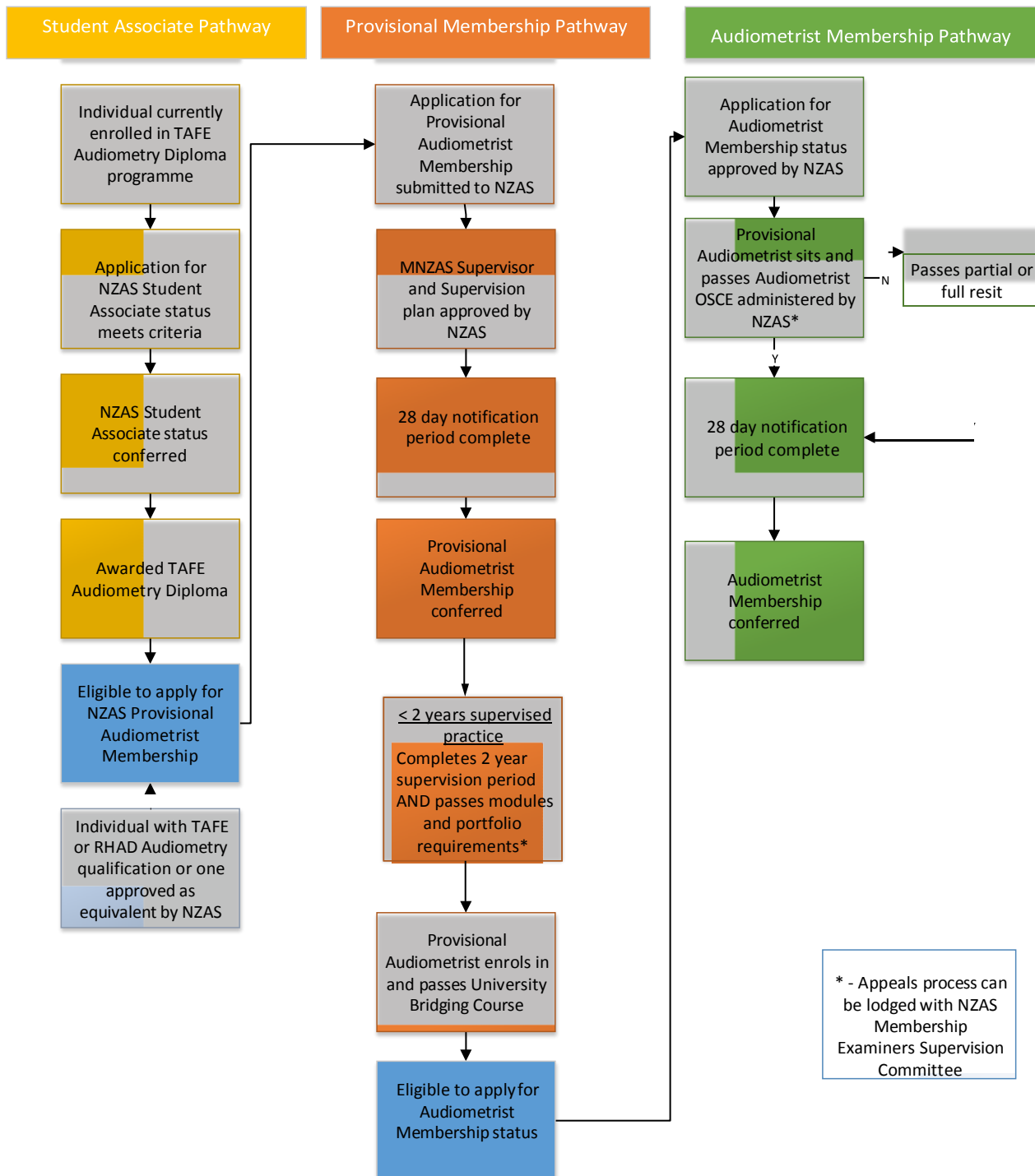
Term	Definition
	(oversight) or off site. If the supervising MNZAS audiologist feels that the audiological health professional needs more support it is their responsibility to increase the level of indirect or direct supervision as appropriate.
Mentoring and Support audiologist	A MNZAS audiologist who holds a current CCC and who has demonstrated competence in providing clinical supervision and oversight.
MNZAS Audiologist	Audiologist who is a full member of the New Zealand Audiological Society with a current certificate of Clinical Competence.
Paediatric	Aged between 0 and 16.
Practice a health profession or practice	To perform services that falls within the description of the health profession.
Provisional Member (audiometrist)	Holds a recognised qualification in audiometry having met the requirements for provisional membership with NZAS. Practices within the Scope of Practice for Audiometrists; competencies (i)-(viii) under the direction and delegation of an MNZAS audiologist.
Scope of Practice	In relation to the profession of audiology, one or more health services that the practitioner is granted permission to perform. Refer to the NZAS Scope of Practice – Audiometrists for more information.
Student Audiometrist	Is <u>enrolled</u> in a programme to achieve a formally recognised qualification in audiometry. Student audiometrists are not eligible for membership with NZAS, but may be recognized as Student Associates of the NZAS.
Supervising Audiologist (or Supervisor, or Supervising MNZAS Audiologist)	An approved supervisor. The supervisor must be a full member of the NZAS. They also preferably will have had at least two years' experience as a clinical audiologist and preferably have successfully completed training in supervision. They should be familiar with the CETI 2011 Superguide Handbook for Supervising Allied Health Professionals.

Section 1: Introduction to the membership process

1.1 Introduction

The process for applying for membership with NZAS as a student associate, provisional audiometrist or audiometrist is outlined below. Please also refer to the full application form available on the NZAS website and NZAS Scope of Practice - Audiometrists.

1.2 Membership pathway diagram



1.3 Student associates

Requirements for student associates are summarised below.

1. An NZAS application form needs to be completed. This is available on the NZAS website. There are a number of documents that need to be provided with the application which will need to be notarised.
2. Applicants need to be enrolled in an approved training programme to qualify as a Student associate member. Currently, this is the TAFE Diploma (Australia).

Note that student audiometrists are not eligible for membership with NZAS, but may be recognised as Student Associates of the NZAS.

1.4 Overview of the membership process - provisional audiometrists

Requirements for provisional membership are summarised below.

1. An NZAS application form needs to be completed. This is available on the NZAS website. There are a number of documents that need to be provided with the application which will need to be notarised.
2. Minimum qualification requirements are either a TAFE Diploma (Australia) in audiometry or holding current Registered Hearing Aid Dispenser (RHAD) (United Kingdom) status.
 - a. If an applicant does not hold either of these they can apply for membership based on their qualification being equivalent to the TAFE Diploma or RHAD. The application will take longer to process as an equivalence process will need to be undertaken.
3. Applicants need to be nominated by two Full Members or Audiometrist members of NZAS (proposer and seconder). They need to sign the application form and each must provide a confidential professional reference that is sent directly to NZAS.
4. Applicants need an Approved Supervisor.
 - a. The Approved Supervisor does not need to be the same person as one of the nominators for membership.
 - b. The Approved Supervisor has specific responsibilities they need to agree to in their role as a supervisor.
5. If an audiometrist holds membership with another professional body they need to provide evidence of good standing and a copy of their current certificate of clinical competence or annual practicing certificate included in their application for membership.
6. If English is not the applicant's first language and/or their audiology qualification was not taught in English, they will need to complete an International English Language Testing System (IELTS) academic test and achieve a score of no less than 7.5 in speaking, 7.5 in listening, 7.0 in writing and 7.0 in reading and an average score of 7.5 or higher before applying to membership. Results need to be submitted with the application for membership.

If all requirements are met, provisional audiometrist membership is conferred.

1.5 Overview of the membership process - audiometrist

A provisional audiometrist member can choose to apply for audiometrist membership. Requirements for audiometrist membership are summarized below.

1. To be eligible to apply for audiometrist membership the provisional audiometrist needs to have successfully completed;
 - A minimum of 2 years supervised clinical practice.
 - Chart submission and review checklist.
 - Professional practice module.
 - Bridging course.

Note: The Bridging course, chart submission and review checklist, and module can be completed at any stage after provisional audiometrist membership conferred by the NZAS and prior to applying for Audiometrist membership.

2. Following successful completion of the provisional requirements above, applicants are then able to sit an Objective Structured Clinical Examination (OSCE).
 - A fee is payable to NZAS to sit the OSCE.
 - Results are typically available within two weeks of sitting the OSCE.
 - If a full re-sit is required, the applicant will need to pay an additional fee.
3. Applicants who have audiometrist membership conferred, will then work within the audiometrist scope of practice.
 - This includes the ability for an audiometrist to apply for Ministry of Health (MOH) hearing aid subsidies on behalf of eligible people.
 - The Audiometrists mentoring and support audiologist's approved assessor number will be linked in some way to the funding application as deemed appropriate by the Ministry of Health (with the consent of the mentoring and support audiologist).

Audiometrists need to continue to meet the requirements of the certificate of clinical competence, have an approved supervisor act as a mentor and support Audiologist, have a written mentoring and support program as specified in this document and satisfy the requirements of that programme.

A written procedure for implementing additional support and mentoring meetings where the mentor or support Audiologist believes that additional support or additional training is required. This procedure must include a mechanism for notifying the audiometrist's peer reviewer to ensure that the annual peer review encompasses all such areas of concern.

1.6 Roles, responsibilities and expectations

The roles and responsibilities of the various parties are outlined below.

All student audiometrists, provisional audiometrists and audiometrists must have an MNZAS supervisor or mentoring and support Audiologist as specified in this document. In addition to complying with supervision requirements, they must refer to their MNZAS supervisor or mentoring and support Audiologist with immediate effect any case of an abnormal presentation or finding.

Student audiometrists and provisional audiometrists practice under the direction and delegation of a MNZAS audiologist to acquire and consolidate skills whilst delivering audiological services to adult health consumers.

Provisional audiometrists and audiometrists are accountable for their actions to their level of knowledge and experience and in accordance with professional standards and codes of conduct.

Provisional audiometrists and audiometrists conduct hearing screening, audiological assessment including diagnostic hearing assessment, rehabilitation and hearing aid fitting and follow-up specific to adults with non-complex hearing loss.

Audiometrists may also evaluate hearing assessment results and determine appropriate interventions in adults with non-complex hearing loss subject to criteria set down within the Scope of Practice for Audiometrists or as specified by funders of hearing devices where those requirements exceed those within scope of practice requirements.

1.6.1 Tasks not included within the Scope of Practice - Audiometrists

Tasks outside the scope of practice are:

- The setting up and monitoring of Newborn Hearing Screening programmes
- All paediatric diagnostic audiometry
- All paediatric hearing instrument selection, fitting and evaluation
- All diagnostic tests for developmentally delayed/ intellectually impaired or clients with cognitive dysfunction
- All electrophysiological assessments
- All tests of central auditory function
- All auditory processing assessments and subsequent management (which may include assistive listening devices)
- Cochlear implant work
- Complex adult diagnostic assessments¹ and hearing aid fittings²
- Tinnitus assessment and treatment
- Hyperacusis assessment and treatment.

¹Refer Section 2.3.1

²Refer Section 2.3.2

Section 2: Supervision and mentoring requirements

2.1 Student audiometrists

A student audiometrist is enrolled in a programme to achieve a formally recognised qualification in audiometry. The process to acquire core knowledge comprises successful completion of curriculum requirements in addition to observing the practice of audiologists and audiometrists.

The supervising audiologist maintains overall responsibility for the student audiometrist's client assessment interpretation and clinical decision making.

Note that additional supervision to that outlined in this document may be required consistent with the requirements for successful completion of the audiometry qualification concerned.

2.1.1 Core knowledge areas

Student audiometrist's must acquire core knowledge to allow them to commence supervised clinical practice where they then have an opportunity to consolidate learning and demonstrate competence in a direct supervision environment.

The core knowledge areas required prior to commencing supervised clinical practice are:

- Anatomy and physiology
- Acoustics
- History taking
- Basic diagnostic audiometry
- Hearing Aid Technologies
- Case management

2.1.2 Direct supervision

Supervision is provided to a student audiometrist by an audiologist who is a member of NZAS. Supervision will initially comprise a minimum of 40 hours direct supervision in audiometric testing and 40 hours in hearing aid fitting and management.

The student audiometrist must demonstrate competence as determined by the formal training course and consistent with all components of the Scope of Practice for Audiometrists; competencies (i)-(viii) before a student audiometrist is permitted to work without direct supervision.

Refer to Appendix A for the student associate supervision log template.

2.1.3 Indirect supervision

The student audiometrist remains under indirect supervision of an audiologist who must be available on site at all times. The supervisor must review all test results, reports and other matters while the client remains within the clinic.

Support provided by an audiometrist to the student audiometrist must be consistent with the standards of the student's formal training programme and is additional to any supervision, oversight and supervision hours specified in this document and which must be provided by an MNZAS audiologist.

2.2 Provisional Audiometrists

Provisional Audiometrists work to consolidate skill sets under the supervision of an Approved Supervisor. The Approved Supervisor maintains overall responsibility for client assessment interpretation and clinical decision making.

2.2.1 Minimum requirements for supervision

A combination of direct and indirect supervision is provided which reflects the individual provisional audiometrist's need for supervision. Minimum requirements are:

- a. Three hours direct supervision per week
- b. Indirect Supervision (Approved Supervisor on-site and available to provide oversight).

Indirect supervision requirements:

- i. The Approved Supervisor will review all audiometry results and reports and will verify the onward management (including hearing aid selection) that has been recommended, prior to a decision being made for implementation of next steps (and must occur within one week).
- ii. Prior to a hearing aid(s) fitting being finalised, the supervisor will review the file to ensure that appropriate decisions were made throughout the fitting.
- iii. The supervising MNZAS audiologist holds responsibility for every client's assessment and rehabilitation including ensuring that goals identified from the needs assessment have been achieved.
- iv. For the first 12 months FTE the supervising audiologist will be available on- site at all times for consultation and to provide oversight.
- v. After the first 12 months FTE and subject to the Approved Supervisor's assessment that the provisional audiometrist is competent to work with less immediate support and supervision, the supervisor may be off-site for up to one day per week provided that when they are off-site they are available at all times for consultation remotely as required. All conditions of direct and indirect supervision (a and b (i, ii and iii) above) must continue to be met.
- vi. After 18 months FTE and subject to the Approved Supervisor's assessment that the provisional audiometrist is competent to work with less immediate support and supervision, the supervisor may be off-site for up to two days per week³ provided that when they are off-site they are available at all times for consultation remotely as required. All conditions of direct and indirect supervision (a and b (i, ii and iii) above) must continue to be met.

2.2.2 Supervision plan

The supervising audiologist and the provisional audiometrist must agree on a written supervision plan which must be lodged with the application for provisional audiometrist membership. The plan must include details of how supervision will be maintained during

³ On-site availability applies pro-rata for provisional members working less than full time. In any week, the supervisor shall be onsite for at least three of every five hours that the provisional member works.

planned and unplanned absences of the supervisor. The plan must provide for alternate supervision that meets requirements above except in exceptional, unplanned circumstances⁴ extending no more than one business day.

A written record including attendance by the supervisor must be kept and available for review by the NZAS. Refer to Appendix B for the Provisional Audiometrist Supervision Log Book Template. Supervision logs must be lodged quarterly with NZAS from the time of Provisional Audiometrist membership until Audiometrist membership is granted.

Refer to appendix C1 for a template that can be used to assist in the development of a Supervision plan.

2.3 Audiometrist members

Each audiometrist member, while not directly supervised, will have a designated mentoring and support MNZAS audiologist who will be responsible for, and available to assist with any situation that extends beyond the Scope of Practice for Audiometrists.

The mentoring and support audiologist will be available for consultation (via phone, secure email, skype, video conferencing or in-person) if questions arise or if a case presents with any of the clinical indicators listed below – or if a case presents with unusual findings.

2.3.1 Clinical indicators requiring consultation with an MNZAS Audiologist

A MNZAS audiologist is to be consulted within five working days and prior to any rehabilitation including hearing aid fitting whenever the audiometrist encounters a complex case, including (but are not limited to) the following:

- Fluctuating hearing (e.g. Meniere's Disease)
- Unilateral hearing loss
- Absent or elevated acoustic reflex thresholds inconsistent with other test results obtained
- Dead regions / Ski slope hearing losses
- Poor speech discrimination compared to audiogram
- Possible Auditory processing disorders
- Unilateral or pulsatile tinnitus
- Hyperacusis and severe recruitment
- Profound hearing loss

In all such cases, the support and mentoring audiologist must review the results of clinical tests and must actively participate in clinical decisions including decisions regarding further tests, referrals or rehabilitation. The support and mentoring audiologist's involvement must be evident in the client's written clinical notes.

⁴ Exceptional unplanned circumstances: If the supervising Audiologist is absent due to sick leave, bereavement or parental leave, an alternate supervisor may provide off-site consultation in place of the on-site requirements. All such instances must be noted in the supervision log.

2.3.2 Complex Hearing Aid Fittings requiring consultation with an MNZAS Audiologist

A MNZAS audiologist is to be consulted whenever the audiometrist encounters a complex hearing aid fitting situation including (but are not limited to) the following:

- a. Profound hearing loss (a hearing loss where the average hearing threshold level for 0.5, 1 and 2 kilohertz (kHz) in the person's better ear is greater than, or equal to, 80 decibels.); or
- b. Hearing loss and severe communication impairment. Severe communication impairment means communication difficulty that prevents the person from communicating effectively in his or her daily environment; or is caused or aggravated by significant physical, intellectual, mental, emotional or social disability

In all such cases, the support and mentoring audiologist must actively participate in the rehabilitation plan of the individual. The support and mentoring Audiologist involvement must be evident in the client's written clinical notes.

2.3.3 Written Mentoring and Support plan

An individualised written mentoring and support plan shall be developed between the mentoring and support audiologist and audiometrist and lodged with NZAS. At a minimum, it will include:

- a. A mechanism for the mentoring and support audiologist to review clinical files⁵ and to consult directly with the client where further information is required.
- b. Support and mentoring sessions totalling at least three hours duration every quarter year to be conducted in person or via secure video conferencing that include case discussion and/or clinical file reviews in addition to identifying on- going learning and development needs. Discussion shall include at a minimum a selection of non-referred cases within the audiometrist's scope of practice and all those cases of a complex nature which were referred during the quarter.
- c. A written record of these meetings shall be maintained and submitted quarterly as part of the audiometrists CEP programme. In addition to details of meeting dates and discussions, the record shall include actions and outcomes arising from each meeting and evidence that these are monitored at the next meeting.
- d. A written procedure for implementing additional support and mentoring meetings where the procedures outlined above reveal that additional support or additional training are required. This procedure must include a mechanism for notifying the audiometrist's peer reviewer to ensure that the annual peer review encompasses all such areas of concern.

Refer to appendix C2 for a template that can be used to assist in the development of a mentoring and support plan.

⁵ For example via secure email or through a shared server.

Section 3: Module and Chart Requirements

The following section outlines the requirements for the clinical assessment module and patient chart.

3.1 Module

The professional practice module must be completed and submitted to NZAS during the provisional membership period. The module can be accessed via the NZAS website. The pass mark for the module is 90%.

The expected learning outcome of this module is that the candidate can demonstrate knowledge of professional and ethical issues in the audiology sector.

3.2 Chart Review

A patient chart and chart review checklist is to be completed and submitted to NZAS during the provisional membership period.

The candidate must provide **one** patient chart which details adult hearing rehabilitation including all assessment results, hearing needs assessment outcomes, hearing aid verification and validation methods, etc. The candidate must have completed all work themselves (i.e. It is not acceptable to submit a chart where someone else did the diagnostic test or fitting but the candidate did the rest of the work).

The candidate must complete and submit the chart review checklist. Candidates must demonstrate independent practical competency in each skill on five (5) occasions and their Supervisor, or another MNZAS full member, must observe the skill and sign off on the Checklist. All boxes on each checklist must be filled in with a date and initials of the supervising Audiologist.

The candidate must include reasoning for the real ear prescriptive method used. The portfolio must be completed before a provisional member can apply to take the OSCE exam.

3.2.1 Additional information

The expected length of a chart is between eight and 10 pages long. It is not required to include every minor detail that may be in a true patient file, such as the ear mould order form.

Charts should be scanned and attached to an email. Please remove any patient identifying information in accordance with the Privacy Act 1993 and Health Information Privacy Code 1994.

It is expected that charts chosen will reflect the candidate's best work and will allow the candidate to demonstrate to the examiner their in-depth understanding of best practice, local requirements and regulations and rehabilitation. Refer to appendix D for a copy of the portfolio marking schedule.

If any of the criteria on the chart are deemed 'Not Acceptable' the candidate will be informed that they must submit more charts, i.e. a 100% pass rate for "Acceptable." Minor discrepancies will be discussed by the examining committee and resolved on a case-by-case basis.

3.2.2 Payment

There is a charge to submit the chart. This covers Examiner's time and fees.

If it is necessary to resubmit an additional chart there will be an additional fee payable. Fee information can be found on the NZAS website.

Completed charts should be emailed to: admin@audiology.org.nz

Section 4: OSCE requirements

4.1 Overview

The final requirement of the CCC process is the successful completion of an OSCE.

The OSCE is an Objective Structured Clinical Examination (OSCE) format. It is a half-day exam that takes place after the candidate has completed all other CCC requirements. The supervisor must also confirm that the candidate has sufficient clinical experience and management skills to be able to sit the OSCE, by signing the application to sit the OSCE.

The OSCE will consist of the candidate proceeding through a series of four stations that will separately examine aspects of adult audiological test procedures and case management. The stations may have real or simulated patients.

Dates for OSCE are set once six candidates (or their equivalent) have applied and paid to sit the exam. There are limited spaces for each examination date and candidates may need to be wait-listed.

All candidates must bring photo proof of identity with them to the OSCE and letter of invitation to sit the OSCE as issued by NZAS. The cost to sit the OSCE must be paid prior to the examination date.

Candidates will be informed of the venue and equipment that will be used for the OSCE once they have registered. At least two weeks prior to the date, candidates will be provided with further information regarding the specific processes that will be followed as well as additional materials that will be available during the exam. There will also be a short briefing session at the venue on the day of the examination to ensure candidates are familiar with the equipment and examination process

4.2 Examination

The series of four stations will separately examine aspects of adult audiological test procedures and case management. The four stations are: Adult Diagnostic Assessment, Adult Needs Assessment, Adult Hearing Aid Fitting, and Complex Chart Interpretation. The key competencies assessed at these stations are listed in Appendix G. For specific requirements, please see the marking schedule for each station in Appendix H. Please also refer to the current NZAS BPG.

Upon completion of each station, candidates are required to provide the examiners with copies of all assessment results (e.g. audiograms, immittance measures, REMs etc.) together with any clinical notes they may have made during the examination of that station.

4.3 Examiners

The clinical practicum examination will be conducted by NZAS examiners from the examiners' panel. The examiners observe the completion of tasks required at each station.

Each NZAS examiner utilises the NZAS Marking Schedule and the Key Competency document to assess competency. A score is applied to each station completed.

The standard tested is that of a competent audiometrist working to New Zealand Best Practice Guidelines which are available on the NZAS website. The Marking Schedule (Appendix H) are used to score the OSCE stations.

Each OSCE station will be video recorded. This recording will be used to assist the examiners in determining an outcome and for review in the case of an examination appeal. It will then be kept on file by NZAS.

4.3.1 Examiners' Panel

The examiners are full members of the NZAS who have been approved by the NZAS Executive Council.

The Executive Council selects examiners who meet the following criteria:

- Eminent in the profession
- Expertise in the field
- Integrity in practice
- Understanding of ethical issues
- Accountability – to NZAS Executive
- No conflict of interest⁷

These criteria are aligned with the NZAS Mission and Vision Statements and with the NZAS' values.

4.4 Examination outcome

The examination result will reflect a candidate's overall clinical competence. The result of assessment at each station will be: fully attained, attained with recommendations or not attained. To pass the OSCE candidates will need to pass each station receiving an indication of fully attained, or attained with recommendations.

If any significant issues of clinical safety are identified during the examination, these will be discussed amongst the Examiner's Panel following the exam and the candidate may be required to re-sit.

Every candidate will receive an examination report via email within 5 to 15 working days of the exam. This will indicate the outcome for each station and give feedback where a candidate has earned either a 'fully attained', 'attained with recommendations' or 'not attained' grade.

4.4.1 Exam result – 'fully attained' or 'attained with recommendations'

The candidate having successfully demonstrated competence and completed requirements of

Audiometrist membership will be nominated for Audiometrist membership as per the Constitution. A mentoring and support plan must be submitted by the Audiometrist member (Appendix C2). Notification of Audiometrist membership will be given following the 28 day name circulation period. An invoice for Audiometrist Membership will be sent to the candidate. This will be adjusted to reflect the number of months left in the financial year (NZAS financial year ends 31st December). The Certificate of Clinical Competence and an Annual Practising Certificate will be issued at the end of the notification period.

Continuing Education Points (CEPs) must be accrued from the commencement of gaining Audiometrist membership with NZAS. Points accrued for each financial year are then counted for each three year period. Further details on collecting CEPs can be found on the NZAS website.

4.4.2 Exam result – ‘conditionally attained’

At the discretion of the examiners, the candidate may be required to submit further evidence of knowledge before achieving a result of ‘attained’. Once the conditions have been satisfied, as determined by the examiners, the CCC will be issued and the candidate’s name circulated as per the process above.

4.4.3 Exam result – ‘not attained’

Where a candidate fails the clinical practicum examination, the candidate will be allowed to re-sit the examination when their supervisor agrees the candidate has reached the desired level competency. The candidate will need to re-sit each station where they were scored as ‘not attained’.

A minimum of three months post examination supervised work experience is required before the candidate is able to apply to sit again. A maximum of two re-sits can be undertaken – 3 attempts in total. Any further attempts are at the discretion of the Executive Council of NZAS.

Each full re-sit will incur the same cost as the initial clinical practicum examination fee. Partial re-sits will be charged according to the number of stations required.

4.5 Appealing an Examination Outcome

Candidates may appeal the results from the clinical practicum examination on the basis that:

- an incident occurred during the process of the examination that impacted on his or her performance in the examination (i.e. procedural fairness); or
- the candidate considers the examination result does not accurately reflect his or her performance in the examination (i.e. inaccurate results).

Appeals must be lodged within ten working days of the result being emailed to the candidate.

Should a candidate appeal the clinical practicum examination decision, they cannot apply for a re-sit until the result of the appeal is known.

Appeals must be made in writing describing the basis for the appeal. An appeal panel formed by the CCC Appeals Review Manager will initially consider all appeals by:

- review procedural fairness where an appeal relates to an incident

- review of video footage.

4.5.1 Ruling on the Appeal

The CCC Appeals Review Manager will be provided with a copy of the clinical practicum examination report and the digital recordings made on the examination day.

The CCC Appeals Review Manager may also request information from the Examiners who conducted the clinical practicum examination

The CCC Appeals Review Manager will issue a report within four weeks of receipt of the appeal.

⁷ Note examiners will complete a conflict of interest declaration prior to each examination based on the list of candidates registered for the examination.

Useful links

The following websites may assist you:

- New Zealand Audiological Society: www.audiology.org.nz
- Department of Labour, Occupational Safety and Health: www.osh.govt.nz
- Health and Safety and Employment Act: www.osh.govt.nz/law/quickguide/index.shtml
- Accessable: www.accessable.co.nz
- War Pensions: www.veteransaffairs.mil.nz
- ACC: www.acc.co.nz
- New Born Screening Unit: www.nsu.govt.nz
- Privacy Commissioner: www.privacy.org.nz
- Health and Disability Commissioner: www.hdc.org.nz

Appendix A: Student Associate Audiometrist Log Book Template

Enter a summary of activity for each week of clinical practice. Please submit this to

admin@audiology.org.nz once complete.

Candidate: _____

Supervisor: _____

Week ending (date)	List of direct clinical observation activities	Hours spent under direct supervision	# of days with Supervisor onsite	Candidate's signature	Supervisor's signature
Example: 7-1-13	Adult assessment, Adult HA fitting	15 4 4 Total: 23	5 days		

Appendix C1: Provisional Audiometrist Supervision Plan template
(to be lodged with Application for Provisional Audiometrist membership)

Name of provisional audiometrist	
Contact details	T: C: E:
Best method of contact	
Name of MNZAS Audiologist Supervisor	
Contact details	T: C: E:
Best method of contact	
Direct Supervision: Minimum of 3 hours/week	Provide details of how regular direct supervision is to be achieved and how direct supervision will be maintained during absences of supervisor
Indirect Supervision: Supervisor is on site and available for consultation	Provide details of how indirect supervision is to be achieved. NOTE: for first 12 months FTE it is required 5 days/week. After 12/12 FTE 1 of these 5 days/week may be remote indirect supervision. After 18/12 FTE up to 2 of these 5 days may be remotely supervised. Refer to Requirements.
Remote Indirect Supervision: If eligible for remote indirect supervision (only after 12/12 FTE)	Provide details of how remote indirect supervision will be achieved. Supervisor must be available remotely at all times
Additional support procedure	e.g. Include day to day support; direct supervision; liaison with employer and/or NZAS; contact with peer reviewer; identifying or requiring additional training opportunities; plan for illness.

Appendix C2: Mentoring and Support Plan template

(To be lodged with NZAS by new Audiometrist members)

Name of audiometrist	
Contact details	T: CE :
Best method of contact	
Name of MNZAS Audiologist Supervisor	
Contact details	T: C: E:
Best method of contact	
Method to review clinical files	e.g. remote access log in; secure email
Frequency of mentoring sessions	e.g. six weekly, recurring on a Thursday 6.30 pm – 8.00 pm – outlook invite set up by the audiometrist
Mentoring session location / method	e.g. telephone, skype, video conference – any bookings set up by the audiometrist
Standing agenda items for mentoring sessions	e.g. <ol style="list-style-type: none"> 1. Action points from last meeting 2. Discussion – clinical file review 3. Case discussion – one file in depth 4. Discussion of any clients referred 5. Learning or development areas 6. Action points arising 7. Other business arising <p>Supply clinical files or access to clinical files which includes at least three interesting cases managed by the audiometrist and all cases referred to another health professional one week prior to the session</p>
Written record	e.g. Audiometrist will keep a record and then email to the audiologist who will sign and scan and email back Format: column for agenda items, column for discussion points; column for action points. Discussion points will be brief identifying the area of discussion and will not identify patient details. Heading as case 1, case 2 etc.
Additional support procedure	e.g. Include day to day support; liaison with employer and/or NZAS; contact with peer reviewer; identifying or requiring additional training opportunities

Appendix D: Supervision Checklist – Chart Review and Submission

You are required to demonstrate good documentation on each of the skills below, on 5 occasions. The documentation of clinical work and the ability to critically review charts are key skills which will be examined at the OSCE. It is expected that current NZAS Professional Practice Standards, NZAS Best Practice Guidelines and UNHSEIP Diagnostic and Amplification protocol will be followed for all patient contact and documentation in all clinical notes. The charts may be for adult or paediatric patients. APD charts will not be accepted.

You and your supervisor, or another MNZAS, must initial and date each box to indicate you have both reviewed a chart and you have demonstrated good documentation for each criteria. All boxes must be filled before this checklist is submitted to NZAS.

In addition, you must submit **one** patient chart that meets all of the criteria, as an example of your best work. This checklist and chart must be submitted together, and can be submitted at any time during the provisional audiologist membership period, and must be completed before you apply to take the CCC exam. Please remove any identifying information in accordance with the Privacy Act.

Notes:

The expected length of a chart is between 8 and 10 pages long. It is not required to include every minor detail that may be in a true patient file, such as the ear-mould order form. There are example charts available on the NZAS website.

The marking outcome of the chart submission will be Fully Attained, Attained with recommendations or Not Attained. Where there is evidence of unexplained or invalid deviation from NZAS Professional Practice Standards, NZAS Best Practice Guidelines, or the UNHSEOP Diagnostics or Amplification Protocols, or documentation does not meet the criteria in the following checklist, a further chart submission will be required.

Chart Review Checklist

Candidate Name: _____

Primary Clinic and Location: _____

Supervisor Name: _____

Criteria:	Date Achieved and Candidate/Supervisor Initials				
Case History thorough and appropriate					
Otoscopy results noted					
Complete and accurate results in file					
AC and BC test results accurately documented					
Speech test results and masking levels (if needed) are documented correctly. Choice of speech material is appropriate for the patient's age and language.					
Age appropriate immittance test results are recorded accurately and consistency with other results are noted in file.					
Appropriate recommendations and referrals are made and documented.					
Needs assessment documented. Appropriate selection of hearing aid based on the needs assessment and rationale is documented.					
Hearing aid fitting results and fine-tuning adjustments are documented and consistent with subjective report.					
Follow up and age appropriate fitting validation documented (e.g.: aided/unaided speech testing, questionnaires, behavioural reports).					
Overall presentation of the file is such that another clinician would be able to pick up the file and manage the patient seamlessly.					

Submission of CCC Chart Checklist

I _____, Module User ID number _____

certify that:

- The chart submitted is a true and accurate record of the a case I have been involved in.
- Patient details have been removed from the charts.
- My Module ID number is noted in the top right hand corner of the charts.
- I have shown these charts to my supervisor and we are both confident that they are ready for submission to the NZAS examiners' panel.
- My supervisor and I are signing below to confirm that we have each checked these charts and are happy with the quality of them for submission.

Signed: _____ Date: _____

CANDIDATE

Signed: _____ Date: _____

SUPERVISOR

This form must be submitted with your chart to admin@audiology.org.nz.

Appendix E: Chart Review Marking Schedule

Criteria:	Fully Attained	Attained with Recommendations	Not Attained
Complete case history documented.			
Otoscopy results noted.			
AC and BC test results accurately documented.			
Speech test results are documented correctly and any masking used is documented. Choice of speech material is appropriate for the patient's age and language.			
Age appropriate immittance test results are recorded accurately, and consistency with other results are noted in the file.			
Appropriate recommendations and referrals are made and documented.			
Needs assessment documented. Appropriate selection of hearing aid based on the needs assessment, and the rationale is documented.			
Hearing aid fitting results and fine-tuning adjustments are documented and consistent with subjective report.			
Follow-up and age appropriate fitting validation documented (i.e.: aided/unaided speech testing, questionnaires, behavioural reports).			
Overall presentation of the file – can another clinician pick up the file and manage the patient seamlessly?			
The file follows NZAS Professional Practice Standards, NZAS Best Practice Guidelines and UNHSEIP Diagnostic and Amplification Protocols (or any deviation from these protocols has a valid explanation).			

Appendix F: Application to sit Clinical Practicum Exam (OSCE)

Candidate: _____

Supervisor: _____

Date: _____

Workplace: _____

Please confirm the following:

- The module, chart and Bridging Course have been completed and passed.
- Both the candidate and the supervisor have read and understood all relevant information regarding the clinical exam and agree the candidate is prepared to sit the Clinical Practicum Exam.

Supervisor's Summary:

I confirm that the candidate has demonstrated the key clinical competencies required for me to recommend he/she is ready to sit the Clinical Practicum Exam

Supervisor's signature: _____

Candidate's signature: _____

Please scan and submit this and the log book (Appendix B) to admin@audiology.org.nz

Appendix G: OSCE key competencies

Please refer to current NZAS Best Practice Guidelines for procedures to be followed. Note that if the candidate feels the need to deviate from current NZAS BPGs during the OSCE, they need to be able to explain their reasoning to the examiners. Please also refer to the OSCE marking schedules for specific requirements.

i) Adult Diagnostic Assessment

1. An appropriate case history is obtained and follow-up questions must be asked in areas of concern.
At least the six following questions are covered in an adult history:
 - a. patient's view of their hearing
 - b. surgery / medical problems with ears present or past
 - c. family history of hearing loss
 - d. history of noise exposure
 - e. tinnitus
 - f. balance

2. Patients are informed:
 - a. of the test and/or appointment procedures in a clear and logical manner
 - b. of results accurately in a clear and logical manner
 - c. The explanation of integrated results is accurate.
 - d. The explanation of integrated results is complete: all major test results covered.

3. Otoscopy is attempted
 - a. Otoscopy must be attempted in all cases unless the candidate can justify their decision.
 - b. The description of the eardrum is consistent with the immittance findings or possible discrepancies explained.

4. The tympanogram is interpreted correctly
 - a. Tympanogram is defined using standard nomenclature (e.g. Type A/B/C) including an indication of "d" or "s" as appropriate.

- b. If the result is ambiguous, tympanometric width measurements should be taken into account and classification based on integration of other results (e.g. acoustic reflexes, pure tone audiometric results).

- 5. Acoustic reflex testing is interpreted correctly
 - a. Reflex threshold level should be identified through the following three categories: threshold, reproducibility, growth
 - b. Candidate expected to be able to discuss common reflex patterns and their clinical indications (e.g. probe effect)

- 6. Pure tone audiometry air conduction is performed accurately
 - a. Intermediate frequencies are tested if equal or >20dB difference in thresholds between adjacent octave frequencies or if there is significant history of noise exposure.
 - b. Air conduction masking is performed if necessary, based on appropriate inter-aural attenuation values, which will be provided
 - c. AC masking is performed after BC masking if large A-B gap indicates masking is required.

- 7. Bone conduction is performed accurately
 - a. At frequencies 500, 1000, 2000 and 4000Hz only. Additional frequencies may be tested at the candidate's discretion.
 - b. Bone conduction is attempted if thresholds are equal or > 20dBHL
 - c. Bone conduction thresholds are masked accurately using standard methods where appropriate (i.e. if the air bone gap is ≥ 15 dBHL).
 - d. The non-test ear is not occluded for testing at 500 and 1000Hz and/or extra masking used to check for occlusion at these frequencies
 - e. When an explained air bone gap is present at 4000Hz, the test ear should be occluded to account for acoustic radiation.

- 8. Speech audiometry is performed and results are interpreted correctly
 - a. Speech audiometry is only performed above 90 dBHL if clinically indicated and tolerable.
 - b. Speech testing is performed even if the client has a supposed 'dead ear'.

- c. A maximum discrimination level and measure of consistency with the audiogram are obtained as per NZAS BPG.
- 9. Speech masking is performed if necessary
 - a. Based on appropriate interaural attenuation values, air- bone gap considerations and peaks of speech.
 - b. Speech masking should be performed after BC masking complete, although will not 'not achieve' unless A-B gap indicates that extra speech masking is required.
- 10. Case is managed appropriately
 - a. An appropriate management decision is made without intervention from the examiner.
 - b. Referral to other services is appropriate and in line with national or local practices (e.g. GP, ENT, SLT etc.).
 - c. Review is appropriate and in line with clinic practice and/or national guidelines.

ii) Adult communication needs assessment and hearing aid selection

- 1. Communication needs are established
 - a. Using formal means (a blank COSI will be provided and must be completed)
 - b. As a minimum should cover the following environments: work, home, community.
- 2. Appropriate rehabilitation is recommended based on patient history, communication needs, financial / social / physical considerations
- 3. All funding streams the patient may be eligible for are identified, and the next steps for the patient are accurately described.
- 4. If hearing aids are recommended, options are discussed with the patient in terms of style, technology and price.
- 5. Appropriate hearing aids are selected
 - a. Based on patient history, communication needs, financial / social / physical considerations
 - b. Specific hearing aid models are discussed with patient and/or examiner.

iii) Adult hearing aid fitting

1. Real ear measures are performed
 - a. Either insertion gain or speech mapping are acceptable.
 - b. Safely: otoscopy, probe tube insertion
 - c. Targets are met for soft, medium and loud speech for speech like stimuli, or valid reasons are given if this is not possible. MPO is tested objectively.

iv) Other areas

1. Privacy and Ethics
 - a. Adherence to the Privacy Code and the NZAS Code of Ethics.
 - b. Appropriate infection control strategies.
 - c. Professionalism in terms of language and demeanour.
 - d. Appropriate time management skills
2. Infection Control
 - a. The candidate demonstrates appropriate infection control strategies.
3. Clinical Safety
 - a. The candidate does not jeopardise patient safety
 - i. otoscopy is performed prior to inserting probes or plugs into the ears
 - ii. test stimuli should not be presented at an unsafe level
4. Professionalism

The candidate is well presented, does not use inappropriate language, shows respect for patients and colleagues.

Appendix H: Clinical Practicum Examination Key Competencies

Diagnostic Assessment Station

Criteria	Fully Attained	Attained with Recommendations	Not Attained
Case history is obtained using open ended questions and expanding on relevant areas.			
Test procedure is explained.			
Performs otoscopy accurately.			
Air conduction masking is performed if necessary and performed accurately using either the standard plateau method or the step method.			
Bone conduction and masking is performed if necessary and performed accurately using either the standard plateau method or the step method.			
Speech audiometry with appropriate masking is performed in line with Best Practise Guidelines, obtaining a maximum discrimination score and appropriate cross- check (half peak level).			
Performs and accurately interprets tympanometry that is provided for each case			
Performs and accurately identifies acoustic reflex thresholds provided and is able to interpret abnormal patterns			
Integrates the results and communicates to patient and addresses the reason for referral. Case is managed appropriately including referral for further testing, habilitation or medical management.			

Notes regarding 'attained with recommendations':

Notes regarding skills 'not attained':

Hearing Needs Assessment Station

Criteria	Fully Attained	Attained with Recommendations	Not Attained
Communication needs are established using formal methods (including the COSI) for a range of situations that accurately define the patient's needs			
Appropriate habilitation is recommended (e.g. HAs, ALDs, FM, further referral)			
Hearing aid options are discussed with patient, relevant to their identified communication needs			
Hearing aids are discussed in terms of style, technology and price			
Any funding streams are identified that the patient may be eligible for and described accurately			
Appropriate hearing aid is selected from a wide range of options. Examinee is expected to be able to justify this selection identifying specific features that meet the client's needs.			
Otoscopy performed prior to ear impression taking			
Otoblock placed safely just beyond the second bend by bridging/bracing patient during insertion of otoblock.			
Accurate ear impression taken and demonstrates a good model of the subjects ear canal			
Critical evaluation of the ear impression with any improvements identified			
Second attempt of ear impression may be allowed dependent on time			

Notes regarding 'attained with recommendations':

Notes regarding skills 'not attained':

Hearing Aid Fitting Station

Criteria	Fully Attained	Attained with Recommendations	Not Attained
Clear explanation to patient regarding proceedings of appointment			
Real ear measures performed (Speech mapping or insertion gain) and targets reached or valid reasons are given if not			
Patient given opportunity to comment on sound quality			
Physical comfort of aid is checked			
Feedback issues are addressed			
Occlusion is addressed			
Objective and subjective loudness intolerance/MPO tested			
Appropriate fine tuning made			
Management of patient's expectations			
Hearing aid is described to patient			
Cleaning, batteries, and controls are described			
Patient is instructed on insertion			
Appropriate follow up and referral to other services is made if necessary			

Notes regarding 'attained with recommendations':

Notes regarding skills 'not attained':

Chart interpretation & Management

You have been asked to review a case of a colleague. Please critically evaluate the accuracy and completeness of the diagnostic and rehabilitative results. For the diagnostic assessment please indicate any further questioning in the history or further testing you would recommend to ensure the testing is accurate and complete and follows NZAS best practice guidelines. Please indicate how you would manage this case. Regardless of the outcome of the diagnostic assessment please continue to review the rehabilitation chart.

For the rehabilitation section, review all aspects of the case from the needs assessment, the verification and validation and the decisions that the clinician made. Please provide comments on anything you would have done differently or any additional information you would have given the client. The following headings are to guide you through the case.

Adult Hearing Assessment Chart:

Criteria	Candidate's Comments
Case History thorough and complete – identify any further questions that you would ask	
Accurate and complete air and bone conduction testing – identify any areas for further testing	
Accurate and complete air and bone conduction masking– identify any areas for further testing	
Accurate and complete speech audiometry – identify any areas for further testing	
Accurate and complete immittance testing – identify any areas for further testing	
Accurate integration of the test results and summary of diagnostic findings reported accurately – identify any changes you would make to the report to the GP	
Appropriate recommendations and Management made – indicate if there are any further recommendations/referral you would make for this client	

Adult Hearing Aid Chart:

Criteria	Candidate's comments
Needs Assessment completed – identify any areas for further questioning and/or any further counselling you would complete	
Evaluate the choice of hearing aid model in relation to the hearing loss (degree, configuration)	
Evaluate the identified funding streams – are they complete and accurate?	
Evaluate the REMs according to targets for soft, moderate and loud inputs – document any further adjustments you would make	
Evaluate the adjustments made based on the client report - identify any further possible adjustments to the hearing aid settings or changes to the hearing aids that could be made for this client	

Notes regarding 'attained with recommendations':

Notes regarding skills 'not attained':