CPD profile

1.1 Full name: Audiology
1.2 Profession: Clinical scientist
1.3 Registration number: **CSXXXX**

2. Summary of recent work/practice
As Head of the Clinical Measurement Section of the Department of Clinical Engineering at the a large, acute teaching Hospital, I am accountable for the delivery of the Department's highly specialised sub-Regional clinical measurement services, including the supervision and management of the Section's staff (including those out-posted), responsibility for scientific and professional standards, and efficiency. The current scope of this service includes highly specialised diagnostic measurements of vision, hearing, balance, and monitoring spinal cord function during surgery.

As a Consultant Clinical Scientist in Audiology, I define and provide clinical leadership of an adult audio-vestibular clinical technical sub-Regional service, liaising with referring clinicians, to establish the scientific diagnosis and contribute to the management of patients with hearing and balance disorders. This includes giving specialist advice to clinicians and audiologists on scientific aspects of audiology, and where appropriate, on the interpretation of clinical results including recommendations for further tests or rehabilitation concerning individual patients. The service extends to the provision of a medico-legal service in which I act as an independent national expert in the field, providing results upon which the courts base their judgement and give expert witness testimony where necessary.

I manage & co-ordinate the Section's programme of research and development in Clinical Measurement, liaising with the Head of the Department (NHS) and Head of Electronics and Computing as necessary, and assist in the publication of research in which members of the Section have participated.

My training and teaching responsibilities include the planning and implementation of the Section's programme of Grade A Clinical Scientist training in Physiological Measurement and in Audiology to standards set nationally by the IPEM and BAA, liaising with other NHS and academic staff at local and national level as appropriate. I endeavour to enhance the reputation of the Trust by providing national leadership in the field of Audiology by organising and running national training courses; developing National quality standards and recommended procedures; initiating, conducting and disseminating clinical research and development in Audiology

My primary national professional affairs involvement is to act as my Association's CPD coordinator and to lead the development of a CPD scheme that is web-based, HPC-complient and which meets the needs of our profession.

Total words: 360
(Maximum 500 words)

3. Personal statement

Standard 1: A registrant must maintain a continuous, up-to-date and accurate record of their CPD activity.

I have participated in the British Association of Audiological Scientists (BAAS) CPD scheme for the last six years, the last two as Coordinator of the scheme (now administered under the auspices of the British Academy of Audiology (BAA). This points-based scheme (soon to be replaced by an HPC-compliant scheme) has an annual 50-point target, averaged over the last 5 years. I have chosen to use a spreadsheet-based record, supplemented by additional paper notes /certificates /protocols.
The BAAS scheme requires registrants to have a CPD Mentor with whom current activities are discussed, overall CPD goals reviewed and the next years learning needs identified and planned. Whilst many use their line manager as their Mentor, mine works in a different subject area so I have chosen a peer working in a neighbouring hospital but in the same discipline. Although this makes contact more tiresome, it brings an important degree of independence where his advice is not coloured by budgetary issues or competing management priorities.

Standard 2: A registrant must identify that their CPD activities are a mixture of learning activities relevant to current or future practice.

The BAAS/BAA CPD scheme requires registrants to spread their CPD activity over a range of activities, the categories being: scientific meetings, educational & professional development courses, structured private study, publications, professional activities and local meetings/tutorials. My learning needs are not only identified via meetings with my CPD Mentor but also via an annual appraisal with my manager. These include goals relate directly to patient service developments, together with my training commitments and professional activities such as developing national protocols and CPD scheme development for my professional group. A further group of activities relate to the planning and implementation of clinical research studies in which I have developed a personal interest.

A major aspect of my job is to define, implement and contribute to the provision of an advanced adult audio-vestibular diagnostic service. This requires that I keep abreast of current developments within the subject via the scientific literature and by attending major conferences and meetings as well as conducting my own research studies.

Standard 3: A registrant must seek to ensure that their CPD has contributed to the quality of their practice and service delivery.

I make an indirect contribution to service delivery by the clinical training of local and national clinical scientists enrolled on established programmes and via invited lectures given to BSc and MSc degree courses at Manchester and Southampton Universities. One special interest I have is that of instrumentation and calibration relating to electrophysiological tests of hearing. In the absence of an international standard for the stimuli used in such tests, in June 2005 I brought together a group of about twenty stakeholders with the objective of agreeing an unofficial interim national standard. As a result a policy document has been agreed and has been disseminated via the National Physical Laboratory and the Newborn Hearing Screening Programme web

sites (Evidence 4). This is now used by all centres conducting screening of hearing in the UK. Next year I will be presenting this to an International meeting on the subject in Italy with the objective of facilitating the international comparison and pooling of epidemiological data.

Standard 4: A registrant must seek to ensure that their CPD benefits the service user.

Patients as service users benefit from the implementation of new and developing techniques (Evidence 3, 4 and 5) and the withdrawal of outdated practices. The intellectual exchange of diagnostic service details at conferences and through the scientific literature promotes this. The emerging use of specialist subject web forums offer a convenient medium through which technical queries can be posed or answered and I have found their use to be unexpectedly valuable.

Fellow professionals as service users benefit from my own special interest web site (Evidence 7) which is an educational resource carrying details of an underused diagnostic test. This is one technique covered in a one-week residential course (on ERA & OAE) that I organise and contribute to on an annual basis. They also benefit from my work on national protocols to which I have contributed on the subject of neonatal hearing screening, audiometry, vestibular function tests and equipment calibration.

Trainees and students as service users benefit from my commitment to the subject via one-on-one training secondments for trainees on the national CAC scheme for Audiological Scientists (ten one-week secondments per year). Trainee medical physicists enrolled on the IPEM scheme receive direct tuition and practical sessions in a range of physiological measurement disciplines that I arrange, and in which I provide tuition personally for the subjects of audiology and inter-operative spinal monitoring.

The audiological profession comprise clinical scientists and clinical physiologists; the former are currently registered under the HPC whilst the latter hope to have that status by the end of 2006. As such, both need to comply with the HPC requirements for CPD. I participated in the HPC CPD consultation via one of its roadshows and by written communication. As BAA's CPD Coordinator, I also helped draft the BAA response to HPC. BAA in turn performed a consultation exercise on CPD with its members in order to design a scheme that best met its members' needs. In doing so, I have been a key architect of a BAA scheme, due for launch on 1/4/2006. BAA recognised the advantages of implementing such a scheme via an on-line CPD diary system and I wrote the technical specification used in the tendering process to find a suitable software company to act as our commercial partner. My analysis of the submissions to the tender led to the selection of CoAcS - the company who currently perform that function for the Royal Pharmaceutical College. One of the many on-line tools we would like to develop is to assist our members create the necessary documentation required in the event of their selection for CPD audit.

Total words: 982
(Maximum 1500 words)

4. Summary of supporting evidence submitted

Evidence number	**Brief description of evidence**	**Number of pages, or description of evidence format**	**CPD Standards that this evidence relates to**
Example	Eg: 'Case studies' or 'Critical literature reviews'	Eg: '3 pages', 'photographs', or 'video tape'	Eg: Standards 2 and 4
1	CPD Spreadsheet, 2004 & 2005	Excel spreadsheet	1 & 2
2	Annual appraisal objectives 2004/5	2	2
3	Programmes/CPD certificates for meetings: BSA, BAA, IERASG	4	2 & 4
4	NHSP national protocols	web site	3 & 4
5	Calibration protocol	web sites	3 & 4
6	ERA & OAE Course description	2 pages & web site	3 & 4
7	Special interest web site on CERA	web site	4