Pearson BTEC Level 4 Diploma for Hearing Care Assistant

Specification

BTEC Professional qualifications

First teaching August 2014

Issue 2

Edexcel, BTEC and LCCI qualifications

Edexcel, BTEC and LCCI qualifications are awarded by Pearson, the UK's largest awarding body offering academic and vocational qualifications that are globally recognised and benchmarked. For further information, please visit our qualifications website at qualifications.pearson.com. Alternatively, you can get in touch with us using the details on our contact us page at qualifications.pearson.com/contactus

About Pearson

Pearson is the world's leading learning company, with 35,000 employees in more than 70 countries working to help people of all ages to make measurable progress in their lives through learning. We put the learner at the centre of everything we do, because wherever learning flourishes, so do people. Find out more about how we can help you and your learners at qualifications.pearson.com

This specification is Issue 2. Key changes are listed in summary table on next page. We will inform centres of any changes to this issue. The latest issue can be found on the Pearson website: qualifications.pearson.com.

This qualification was previously known as:

Pearson BTEC Level 4 Diploma for Hearing Care Assistant (QCF)

The QN remains the same.

References to third-party material made in this specification are made in good faith. We do not endorse, approve or accept responsibility for the content of materials, which may be subject to change, or any opinions expressed therein. (Material may include textbooks, journals, magazines and other publications and websites.)

All material in this specification is correct at time of publication.

ISBN 978 1 446 94023 5

Summary of Pearson BTEC Level 4 Diploma for Hearing Care Assistant specification Issue 2 changes

Summary of changes made between previous issue and this current issue	Page number
All references to QCF have been removed throughout the specification except in documents from other organisations eg Assessment Guidance in an Annexe	
Definition of TQT added	1
Definition of sizes of qualifications aligned to TQT	1
Credit value range removed and replaced with lowest credit value for the shortest route through the qualification	3
TQT value added	3
GLH range removed and replaced with lowest GLH value for the shortest route through the qualification	3
QCF references removed from unit titles and unit levels in all units	13 - 65
Guided learning definition updated	9

Earlier issue(s) show(s) previous changes.
If you need further information on these changes or what they mean, contact us via our website at: qualifications.pearson.com/en/support/contact-us.html.

Pearson BTEC Professional qualification titles covered by this specification

Pearson BTEC Level 4 Diploma for Hearing Care Assistant

Qualifications eligible and funded for post-16-year-olds can be found on the funding Hub. The Skills Funding Agency also publishes a funding catalogue that lists the qualifications available for 19+ funding.

he Qualification Number (QN) should be used by centres when they wish to seek public funding for their learners. Each unit within a qualification will also have a unit code.

The qualification and unit codes will appear on learners' final certification documentation.

The QN for the qualification in this publication is:

Pearson BTEC Level 4 Diploma for Hearing Care Assistant	**601/1840/4**

This qualification title will appear on learners' certificates. Learners need to be made aware of this when they are recruited by the centre and registered with Pearson.

This qualification is accredited by Ofqual as being Stand Alone.

Welcome to BTEC Level 4 Diploma for Hearing Care Assistant

Focusing on the Pearson BTEC Level 4 Diploma for Hearing Care Assistant

The Pearson BTEC Level 4 Diploma for Hearing Care Assistant provides the knowledge, understanding and skills required by a hearing care assistant to support colleagues and customers during the hearing aid process and aftercare.

Recognition

BTECs are understood and recognised by a large number of organisations in a wide range of sectors. BTEC qualifications are developed with key industry representatives and Sector Skills Councils (SSCs) to ensure that they meet employer and student needs – in this case the Skills for Health SSC. Many industry and professional bodies offer successful BTEC learners exemptions for their accredited qualifications.

Unit mapping

Pearson BTEC Level 4 Diploma for Hearing Care Assistant is a new version of the Pearson EDI Level 4 Diploma for Hearing Care Assistant and an overview map of units between the old and the new qualifications can be found in *Annexe C.*

Contents

What are BTEC Level 4 Professional qualifications?

BTEC Professional qualifications are qualifications at Level 4 to Level 8 are designed to provide professional work-related qualifications in a range of sectors. They give learners the knowledge, understanding and skills that they need to prepare for employment. The qualifications also offer career development opportunities for those already in work. Consequently they provide a course of study for full-time or part-time learners in schools, colleges and training centres.

BTEC Professional qualifications provide much of the underpinning knowledge and understanding for the National Occupational Standards for the sector, where these are appropriate. They are supported by the relevant Standards Setting Body (SSB) or Sector Skills Council (SSC). A number of BTEC Professional qualifications are recognised as the knowledge components of Apprenticeships Frameworks.

On successful completion of a BTEC Professional qualification, learners can progress to or within employment and/or continue their study in the same, or a related, vocational area.

Total Qualification Time (TQT)

For all regulated qualifications, Pearson specifies a total number of hours that it is estimated learners will require to complete and show achievement for the qualification – this is the Total Qualification Time (TQT). The TQT value indicates the size of a qualification.

Within the TQT, Pearson identifies the number of Guided Learning Hours (GLH) that we estimate a centre delivering the qualification might provide. Guided learning means activities, such as lessons, tutorials, online instruction, supervised study and giving feedback on performance, that directly involve tutors and assessors in teaching, supervising and invigilating learners. Guided learning includes the time required for learners to complete external assessment under examination or supervised conditions.

In addition to guided learning, other required learning directed by tutors or assessors will include private study, preparation for assessment and undertaking assessment when not under supervision, such as preparatory reading, revision and independent research.

TQT is assigned after consultation with employers and training providers delivering the qualifications.

BTEC Professional qualifications are generally available in the following sizes:

- Award – a qualification with a TQT value of 120 or less
- Certificate – a qualification with a TQT value in the range of 121–369
- Diploma - a qualification with a TQT value of 370 or more

Pearson BTEC Level 4 Diploma

The Pearson BTEC Level 4 Diploma extends the work-related focus from the Pearson BTEC Level 4 Certificate. There is potential for the qualification to prepare learners for employment in a particular vocational sector and it is suitable for those who have decided that they wish to enter a specific area of work.

Key features of the Pearson BTEC Level 4 Diploma for Hearing Care Assistant

The Pearson BTEC Level 4 Diploma for Hearing Care Assistant has been developed to give learners the opportunity to:

- engage in learning that is relevant to them and that will provide opportunities to develop a range of skills and techniques, personal skills and attributes essential for successful performance in working life
- achieve a nationally recognised Level 4 to Level 8 vocationally related qualification
- progress to employment in a particular vocational sector
- progress to related general and/or vocational qualifications.

National Occupational Standards

Where relevant, Pearson BTEC Level 4 qualifications are designed to provide some of the underpinning knowledge and understanding for the National Occupational Standards (NOS), as well as developing practical skills in preparation for work and possible achievement of NVQs in due course. NOS form the basis of National Vocational Qualifications (NVQs). Pearson BTEC Level 4 qualifications do not purport to deliver occupational competence in the sector, which should be demonstrated in a work context.

Rules of combination

The rules of combination specify the credits that need to be achieved, through the completion of particular units, for the qualification to be awarded. All accredited qualifications within the have rules of combination.

Rules of combination for the Pearson BTEC Level 4 qualifications

When combining units for the Pearson BTEC Level 4 for Hearing Care Assistant it is the centre's responsibility to ensure that the following rules of combination are adhered to.

Pearson BTEC Level 4 Diploma for Hearing Care Assistant

1 Qualification credit value: a minimum of 57 credits. TQT 570. GLH 336.

2 Minimum credit to be achieved at, or above, the level of the qualification: 41 credits.

3 All credits must be achieved from the units listed in this specification.

Pearson BTEC Level 4 Diploma for Hearing Care Assistant

The Pearson BTEC Level 4 Diploma for Hearing Care Assistant is a 57-credit and 336-guided-learning-hour (GLH) qualification that consists of 11 mandatory units (where at least 41 credits must be at Level 4 or above).

Pearson BTEC Level 4 Diploma for Hearing Care Assistant			
Unit	**Group A: Mandatory units**	**Credit**	**Level**
1	Principles of Study Skills	4	2
2	Principles of Communication Skills for the Hearing Care Assistant	4	3
3	Audiology Services	4	3
4	Anatomy of the Ear and the Physiology of Hearing	7	4
5	Pathology of the Auditory System	6	4
6	Acoustics and Psychoacoustics	6	4
7	Audiometric Examination	6	4
8	Amplification, Hearing Aid Technology and Ear Moulds	6	4
9	Principles and Practice of Hearing Aid Fitting	6	4
10	Aftercare for Hearing Aid Wearers	4	4
11	Dealing with Customer Emergencies	4	3

Assessment

All units within this qualification are internally assessed. The qualifications are criterion referenced, based on the achievement of all the specified learning outcomes.

To achieve a 'pass' a learner must have successfully passed **all** the assessment criteria.

Guidance

The purpose of assessment is to ensure that effective learning has taken place to give learners the opportunity to:

- meet the standard determined by the assessment criteria and
- achieve the learning outcomes.

All the assignments created by centres should be reliable and fit for purpose, and should be built on the unit assessment criteria. Assessment tasks and activities should enable learners to produce valid, sufficient and reliable evidence that relates directly to the specified criteria. Centres should enable learners to produce evidence in a variety of forms, including performance observation, presentations and posters, along with projects, or time-constrained assessments.

Centres are encouraged to emphasise the practical application of the assessment criteria, providing a realistic scenario for learners to adopt, and making maximum use of practical activities. The creation of assignments that are fit for purpose is vital to achievement and their importance cannot be over-emphasised.

The assessment criteria must be clearly indicated in the assignments briefs. This gives learners focus and helps with internal verification and standardisation processes. It will also help to ensure that learner feedback is specific to the assessment criteria.

When designing assignments briefs, centres are encouraged to identify common topics and themes. A central feature of vocational assessment is that it allows for assessment to be:

- current, i.e. to reflect the most recent developments and issues
- local, i.e. to reflect the employment context of the delivering centre
- flexible to reflect learner needs, i.e. at a time and in a way that matches the learner's requirements so that they can demonstrate achievement.

Qualification grade

Learners who achieve the minimum eligible credit value specified by the rule of combination will achieve the qualification at pass grade.

In the Pearson BTEC Level 4 Professional qualifications each unit has a credit value that specifies the number of credits that will be awarded to a learner who has achieved the learning outcomes of the unit. This has been based on:

- one credit for those learning outcomes achievable in 10 hours of learning time
- learning time being defined as the time taken by learners at the level of the unit, on average, to complete the learning outcomes of the unit to the standard determined by the assessment criteria
- the credit value of the unit remaining constant regardless of the method of assessment used or the qualification to which it contributes.

Quality assurance of centres

Pearson BTEC Levels 4–7 qualifications provide a flexible structure for learners, enabling the study of programmes of varying credits and combining different levels. For the purposes of quality assurance, all individual qualifications and units are considered as a whole.

Centres delivering the Pearson BTEC Levels 4–7 qualifications must be committed to ensuring the quality of the units and qualifications they deliver, through effective standardisation of assessors and verification of assessor decisions. Centre quality assurance and assessment are monitored and guaranteed by Pearson.

Pearson quality assurance processes will involve:

- centre approval for those centres not already recognised as a centre for BTEC qualifications
- approval for the Pearson BTEC Levels 4–7 qualifications and units.

For all centres delivering BTEC qualifications at Levels 4–7, Pearson allocates a Standards Verifier (SV) for each sector offered, who will conduct an annual visit to quality assure the programmes.

Approval

Centres are required to declare their commitment to ensuring the quality of the programme of learning and providing appropriate assessment opportunities for learners that lead to valid and accurate assessment outcomes. In addition, centres will commit to undertaking defined training and online standardisation activities.

Centres already holding BTEC approval are able to gain qualification approval online. New centres must complete a centre approval application.

Quality assurance guidance

Details of quality assurance for the Pearson BTEC Levels 4–7 qualifications are available on our website (Qualifications.pearson.com) under Signposts to Quality.

Programme design and delivery

Mode of delivery

Pearson does not normally define the mode of delivery for Pearson BTEC Level 4 to Level 8 qualifications. Centres are free to offer the qualifications using any mode of delivery (such as full-time, part-time, evening only, distance learning) that meets their learners' needs. Whichever mode of delivery is used, centres must ensure that learners have appropriate access to the resources identified in the specification and to the subject specialists delivering the units. This is particularly important for learners studying for the qualification through open or distance learning.

Learners studying for the qualification on a part-time basis bring with them a wealth of experience that should be utilised to maximum effect by tutors and assessors. The use of assessment evidence drawn from learners' work environments should be encouraged. Those planning the programme should aim to enhance the vocational nature of the qualification by:

- liaising with employers to ensure a course relevant to learners' specific needs
- accessing and using non-confidential data and documents from learners' workplaces
- including sponsoring employers in the delivery of the programme and, where appropriate, in the assessment
- linking with company-based/workplace training programmes
- making full use of the variety of experience of work and life that learners bring to the programme.

Resources

Pearson BTEC Level 4 qualifications are designed to give learners an understanding of the skills needed for specific vocational sectors. Physical resources need to support the delivery of the programme and the assessment of the learning outcomes, and should therefore normally be of industry standard. Staff delivering programmes and conducting the assessments should be familiar with current practice and standards in the sector concerned. Centres will need to meet any specific resource requirements to gain approval from Pearson.

Where specific resources are required, these have been indicated in individual units in the *Essential resources* sections.

Delivery approach

It is important that centres develop an approach to teaching and learning that supports the vocational nature of Pearson BTEC Level 4 qualifications and the mode of delivery. Specifications give a balance of practical skill development and knowledge requirements, some of which can be theoretical in nature. Tutors and assessors need to ensure that appropriate links are made between theory and practical application and that the knowledge base is applied to the sector. This requires the development of relevant and up-to-date teaching materials that allow learners to apply their learning to actual events and activity within the sector. Maximum use should be made of learners' experience.

Access and recruitment

Pearson's policy regarding access to its qualifications is that:

- they should be available to everyone who is capable of reaching the required standards
- they should be free from any barriers that restrict access and progression
- there should be equal opportunities for all wishing to access the qualifications.

Centres are required to recruit learners to BTEC qualifications with integrity. This will include ensuring that applicants have appropriate information and advice about the qualifications and that the qualification will meet their needs. Centres should take appropriate steps to assess each applicant's potential and make a professional judgement about their ability to successfully complete the programme of study and achieve the qualification. This assessment will need to take account of the support available to the learner within the centre during their programme of study and any specific support that might be necessary to allow the learner to access the assessment for the qualification. Centres should consult Pearson's policy on learners with particular requirements.

Centres will need to review the entry profile of qualifications and/or experience held by applicants, considering whether this profile shows an ability to progress to a higher-level qualification.

Restrictions on learner entry

The Pearson BTEC Level 4 for Hearing Care Assistant is accredited on the for learners aged 16 and above.

In particular sectors the restrictions on learner entry might also relate to any physical or legal barriers, for example people working in health, care or education are likely to be subject to police checks.

Access arrangements and special considerations

Further information on access arrangements can be found in the Joint Council for Qualifications (JCQ) document *Access Arrangements, Reasonable Adjustments and Special Consideration for General and Vocational qualifications*.

Details on how to make adjustments for learners with protected characteristics are given in the document *Pearson Supplementary Guidance for Reasonable Adjustment and Special Consideration in Vocational Internally Assessed Units.*

Both documents are on our website at:
http://qualifications.pearson.com/en/support/support-topics/understanding-our-qualifications/policies-for-centres-learners-and-employees.html

Recognition of Prior Learning

Recognition of Prior Learning (RPL) is a method of assessment (leading to the award of credit) that considers whether a learner can demonstrate that they can meet the assessment requirements for a unit through knowledge, understanding or skills they already possess and so do not need to develop through a course of learning.

Pearson encourages centres to recognise learners' previous achievements and experiences, at work, at home and at leisure, as well as in the classroom. RPL provides a route for the recognition of the achievements resulting from continuous learning.

RPL enables recognition of achievement from a range of activities using any valid assessment methodology. Provided that the assessment requirements of a given unit or qualification have been met, the use of RPL is acceptable for accrediting a unit, units or a whole qualification. Evidence of learning must be sufficient, reliable and valid.

Unit format

All units in the Pearson BTEC Level 4 Professional qualifications have a standard format. The unit format is designed to give guidance on the requirements of the qualification for learners, tutors, assessors and those responsible for monitoring national standards.

Each unit has the following sections.

Unit title

This is the formal title of the unit that will appear on the learner's certificate

Unit code

Each unit is assigned a unit code that appears with the unit title on the National Database of Accredited Qualifications.

Level

All units and qualifications have a level assigned to them. The level assigned is informed by the level descriptors by Ofqual, the qualifications regulator.

Credit value

All units have a credit value. The minimum credit value that may be determined for a unit is one, and credits can be awarded in whole numbers only. Learners will be awarded credits for the successful completion of whole units.

Guided learning hours

Guided Learning Hours (GLH) is the number of hours that a centre delivering the qualification needs to provide. Guided learning means activities that directly or immediately involve tutors and assessors in teaching, supervising, and invigilating learners, for example lectures, tutorials, online instruction and supervised study.

Unit aim

The aim provides a clear summary of the purpose of the unit and is a succinct statement that summarises the learning outcomes of the unit.

Learning outcomes

The learning outcomes of a unit set out what a learner is expected to know, understand or be able to do as the result of a process of learning.

Assessment criteria

The assessment criteria of a unit specify the standard a learner is expected to meet to demonstrate that a learning outcome, or set of learning outcomes, has been achieved. The learning outcomes and assessment criteria clearly articulate the learning achievement for which the credit will be awarded at the level assigned to the unit.

Unit content

The unit content identifies the breadth of knowledge, skills and understanding needed to design and deliver a programme of learning to achieve each of the learning outcomes. This is informed by the underpinning knowledge and understanding requirements of the related National Occupational Standards (NOS), where relevant. The content provides the range of subject material for the programme of learning and specifies the skills, knowledge and understanding required for achievement of the unit.

Each learning outcome is stated in full and then the key phrases or concepts related to that learning outcome are listed in italics, followed by the subsequent range of related topics.

Relationship between content and assessment criteria

The learner should have the opportunity to cover all of the unit content.

It is not a requirement of the unit specification that all of the content is assessed. However, the indicative content will need to be covered in a programme of learning in order for learners to be able to meet the standard determined in the assessment criteria.

Content structure and terminology

The information below shows how the unit content is structured and gives the terminology used to explain the different components within the content.

- Learning outcome: this is shown in bold at the beginning of each section of content.
- Italicised sub-heading: it contains a key phrase or concept. This is content which must be covered in the delivery of the unit. Colons mark the end of an italicised sub-heading.
- Elements of content: the elements are in plain text and amplify the sub-heading. The elements must be covered in the delivery of the unit. Semi-colons mark the end of an element.
- Brackets contain amplification of content which must be covered in the delivery of the unit.
- 'e.g.' is a list of examples, used for indicative amplification of an element (that is, the content specified in this amplification could be covered or could be replaced by other, similar material).

Units

Unit 1: Principles of Study Skills

Unit code: A/505/5890

Level: 2

Credit value: 4

Guided learning hours: 23

Unit aim

This unit aims to enable learners to gain the knowledge and understanding required to study in an organised and controlled way.

Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand time management for distance learning environment	1.1 Explain the benefits of time management in the learning environment
	1.2 Explain how to develop a study programme that will meet own needs during a course
	1.3 Describe the importance of managing your time
2 Understand different learning styles, and how they affect the student's experience and outcome of learning	2.1 Analyse different styles of learning
	2.2 Establish own learning style in order to learn
3 Be able to reflect upon learning experiences	3.1 Develop a reflective diary, recording progress during a course
4 Understand how to use effective study skills	4.1 Explain how to develop a personal study plan
	4.2 Describe the importance of note taking
	4.3 Explain how to develop and plan an essay structure

Unit content

1 **Understand time management for distance learning environment**

Benefits of time management in the learning environment:

Punctuality, discipline, task completion, meeting deadlines, achievement, self-esteem, efficacy, planning, prioritising

Developing a study programme that will meet own needs during a course:

SWOT, targets, priorities, realistic goals, effective use of time/resources, review, SMART objectives, work/study allocation

Importance of managing your time:

Effectiveness, efficiency, achievement, targets, learning plan, progress

2 **Understand different learning styles, and how they affect the student's experience and outcome of learning**

Different styles of learning:

- Kolb's learning styles – diverging, assimilating, converging, accommodating
- Honey and Mumford – Activist, Reflector, Theorist and Pragmatist
- Neil Fleming's VAK/VARK model – visual learners, auditory learners, reading–writing preference learners, kinesthetic learners or tactile learners
- Visual (spatial): you prefer using pictures, images and spatial understanding
- Aural (auditory-musical): you prefer using sound and music
- Verbal (linguistic), physical (kinesthetic), logical (mathematical), social (interpersonal), solitary (intrapersonal)

Establishing own learning style in order to learn:

Learning styles questionnaire, assessment, inventory, model, reflection, review evaluation, supervision, appraisal, feedback

3 **Be able to reflect upon learning experiences**

Developing a reflective diary, recording progress during a course:

Study time, motivation, methodologies, reflection on/in practice, evaluation, pedagogies, meeting of deadlines/goals, aims and objectives, achievement, barriers, motivators, support mechanisms

4 **Understand how to use effective study skills**

Developing a personal study plan:

Identify goals/objectives, stages, SMART objectives, monitoring progress, appraisal, management, timescales

Importance of note taking:

Providing necessary evidence to inform and develop arguments, focusing on points relevant to purpose, summarising and refining ideas in texts

Developing and planning an essay structure:

Identify the given essay task/question, underline key words, set the question in context, break the question into sub-questions/points, outline each section, prepare a summary, use of spider diagrams/visual plans, bullet points, conclusion

Unit 2: Principles of Communication Skills for the Hearing Care Assistant

Unit code: F/505/5891

Level: 3

Credit value: 4

Guided learning hours: 24

Unit aim

This unit aims to enable learners to gain the knowledge and understanding required for successful communication with customers, peers and managers in a hearing care practice or department.

Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand the principles of communication	1.1 Analyse elements essential for verbal communication
	1.2 Explain the importance of listening skills
	1.3 Explain the importance of non-verbal communication
	1.4 Describe the effects of poor communication
	1.5 Explain strategies to overcome communication difficulties
2 Understand how to utilise communication skills when dealing with customers and colleagues	2.1 Explain how to use communication skills in day-to-day interactions with customers and colleagues
	2.2 Explain different types of questions and when they may be used
	2.3 Evaluate strategies to overcome communication difficulties
3 Understand how to maintain accurate clinical records	3.1 Explain the principles of good written communication when maintaining records in clinical practice
	3.2 Explain the importance of clinical record keeping
	3.3 Explain how to keep accurate clinical records

Unit content

1 **Understand the principles of communication**

Elements essential for verbal communication:

Structure, tone, pitch, pace, position, sensory awareness, use of language, body language, non-verbal elements, environment, interpersonal skills

Importance of listening skills:

Time, acknowledgement, valuing of speaker, feedback, currency, correct information, identification of needs/preferences

Importance of non-verbal communication:

Congruence, attending, reinforces verbal communication, signs of attention, visual prompts, information, guidance, support

Effects of poor communication:

Confusion, loss of trust, incorrect details/data, anxiety, expense, waste, loss of self-esteem, misunderstandings, breakdown of relationships

Strategies to overcome communication difficulties:

Clarity, effective communication approaches, time, space, interpreters, Braille, sign language, Makaton, reduction of noise levels, lighting, avoidance of information overload, technological aids, augmentative and alternative communication, positioning, level and pace of communication, use of body language, avoidance of use of jargon/technical terminology

2 **Understand how to utilise communication skills when dealing with customers and colleagues**

Using communication skills in day-to-day interactions with customers and colleagues:

Acknowledgement, affirmation of needs, information gathering, checking, reviewing, testing, feedback, information flow, explanation of service provision, training, supervision, monitoring, daily routine information

Different types of questions and when they may be used:

Customers: questions relating to process, cost, aftercare, faults, resolution of problems, customer care, funding, maintenance, checks

Colleagues: questions relating to systems, policies/procedures, methodologies, timescales, aftercare, staffing, annual leave, entitlements, funding, job roles, responsibilities, maintenance

Strategies to overcome communication difficulties:

Clarity, effective communication approaches, time, space, interpreters, Braille, sign language, Makaton, reduction of noise levels, lighting, avoidance of use of jargon/technical terminology, avoidance of information overload, technological aids, augmentative and alternative communication, positioning, level and pace of communication, use of body language

3 **Understand how to maintain accurate clinical records**

Principles of good written communication when maintaining records in clinical practice:

Clarity, consistency, legibility, currency, do not use correction fluid, sign and date, strikethrough, use of pen not pencil, black ink, use of names, no abbreviations, contemporaneous patient records, policies/procedures, consistent approach to recording

Safe storage, efficient filing, confidentiality, Data Protection Act 1998, accessibility, lockable cabinet, use of passwords, policies/procedures

Importance of clinical record keeping:

Confidentiality, customer/staff confidence, access, updating, safety, safeguarding, reduction of risk, records of progress/needs/assessment, decisions made, treatment agreed, consent

Keeping accurate clinical records:

Current data, sign and date, strikethrough, use of pen not pencil, black ink, use of names, no abbreviations, review data, patient identification, contemporaneous patient records, policies/procedures, consistent approach to recording

Unit 3: Audiology Services

Unit code: Y/506/0093

Level: 3

Credit value: 4

Guided learning hours: 22

Unit aim

This unit aims to enable learners to gain the knowledge and understanding required to practise responsibly and professionally in the interest of customers in the hearing care sector.

Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand regulations and codes of practice relating to hearing aid industry	1.1 Explain the role of the regulatory body for the Health and Care Professions Council
	1.2 Explain codes of practice relating to the hearing aid industry
	1.3 Describe supervisory requirements relating to Health and Care Professions Council rules
2 Understand the provision of free hearing services within the UK	2.1 Explain the structure of National Health Service (NHS) audiology services
	2.2 Explain the relationship between the public and private sector audiology services
3 Understand non-regulatory professional organisations within the audiology industry	3.1 Explain the role of non-regulatory bodies involved in the audiology industry
	3.2 Analyse the roles and responsibilities of the non-regulatory bodies in the audiology industry
4 Understand the scope and limitations of the Hearing Care Assistant role	4.1 Explain the role of the Hearing Care Assistant
	4.2 Describe the limitations of the Hearing Care Assistant role
	4.3 Explain when the Hearing Care Assistant must refer the customer to the hearing aid dispenser

Unit content

1 **Understand regulations and codes of practice relating to hearing aid industry**

Role of the regulatory body for the Health and Care Professions Council:

Public protection, register of practitioners, regulation, a register of approved training programmes, involvement in consultations, production/distribution of publications, dealing with complaints relating to practitioners

Codes of practice relating to the hearing aid industry:

Roles, responsibilities, confidentiality, the giving of advice, compliance, health and safety, effective and appropriate methods of communication, aftercare, response times, explanation of cost implications

Supervisory requirements relating to Health and Care Professions Council rules:

Roles, responsibilities, confidentiality, the giving of advice, compliance, health and safety, effective and appropriate methods of communication, aftercare, response times, explanation of cost implications

2 **Understand the provision of free hearing services within the UK**

Structure of National Health Service (NHS) audiology services:

Department of Health, commissioning, regulation, inspection, national services, local services, local government, community groups, online/phone services, health centres

Relationship between the public and private sector audiology services:

Funding mechanisms, referral, accessibility, safeguarding, financing, competence, research, resources, choice, availability

3 **Understand non-regulatory professional organisations within the audiology industry**

Role of non-regulatory bodies involved in the audiology industry:

Research, funding, training, testing, development, clinical trials, association, advisory, monitoring, assessment, review, analysis, reporting

Roles and responsibilities of the non-regulatory bodies in the audiology industry:

Research, funding, training, testing, development, clinical trials, association, advisory, monitoring, assessment, review, analysis, reporting

4 **Understand the scope and limitations of the Hearing Care Assistant role**

Role of the Hearing Care Assistant:

Customer interaction, liaison between customer and practitioners, audiometric assessments, dispensing, aftercare, servicing work, maintenance tasks, repairs, treatment, payment transactions, advice, guidance, rehabilitation, education, supervision of others, implementing policies/procedures

Limitations of the Hearing Care Assistant role:

Diagnosis, advanced treatments, complex repairs, pre-checks, must work under guidance of senior practitioner, dispensing

When the Hearing Care Assistant must refer the customer to the hearing aid dispenser:

Complex needs, faults, aftercare needs, beyond role/responsibility, modifications, diagnosis, complaints, technical aspects, dispensing

Unit 4: Anatomy of the Ear and the Physiology of Hearing

Unit code: L/505/5893

Level: 4

Credit value: 7

Guided learning hours: 39

Unit aim

This unit aims to enable learners to gain the knowledge and understanding required to understand normal form and function of the hearing organ in order to facilitate examination, assessment and management of hearing aid need and use.

Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand the anatomy and physiology of the outer ear	1.1 Explain the anatomy of the outer ear and external auditory meatus
	1.2 Analyse how sound energy at the pinna transfers through the outer ear to the middle ear
	1.3 Explain the acoustic and localisation properties of the outer ear
2 Understand the anatomy and physiology of the middle ear	2.1 Explain the anatomy of the tympanic membrane and the middle ear cavity
	2.2 Analyse the purpose of the tympanic membrane and middle ear structures in the transduction of sound
3 Understand the anatomy and physiology of the inner ear.	3.1 Explain the anatomy of the inner ear
	3.2 Analyse the purpose of the inner ear in the transduction of sound energy into nerve impulses

Unit content

1 **Understand the anatomy and physiology of the outer ear**

Anatomy of the outer ear and external auditory meatus:

Pinna, concha, earlobe, ear canal, external auditory canal (meatus), cartilage

How sound energy at the pinna transfers through the outer ear to the middle ear:

The pinna collects and directs sounds down the ear canal. The twists and folds of the pinna enhance high-frequency or pitched sounds and also help us to determine the direction of the sound source

Acoustic and localisation properties of the outer ear:

The outer ear and external canal increase sound pressure at the eardrum above that in a free sound field for the middle frequency range; localisation in relation to enable hearing of sounds in front better than behind.

2 **Understand the anatomy and physiology of the middle ear**

Anatomy of the tympanic membrane and the middle ear cavity:

Temporal bone, malleus (hammer), auditory ossicles, incus (anvil), head, stapes (stirrup), footplate

Purpose of the tympanic membrane and middle ear structures in the transduction of sound:

The tympanic membrane vibrates in reaction to sound energy, conveying the resulting mechanical vibrations to the structures of the middle ear

The three bones of the middle ear – the hammer, anvil and stirrup (malleus, incus and stapes) – transmit the sound through a part of the ear known as the oval window

3 **Understand the anatomy and physiology of the inner ear**

Anatomy of the inner ear:

Cochlea, vestibular apparatus, cochlear, vestibulocochlear nerve, Eustachian tube, hair cells, auditory nerve, nerve signals

Purpose of the inner ear in the transduction of sound energy into nerve impulses:

Cochlea biomechanically segregates sound frequencies along the basilar membrane; basilar membrane creates a filter bank of auditory receptors, or hair cells, which convert sound energy into neurophysiological responses

Unit 5: Pathology of the Auditory System

Unit code: R/505/5894

Level: 4

Credit value: 6

Guided learning hours: 35

Unit aim

This unit aims to give learners the knowledge, understanding and skills required to gain an awareness of the causes and indicators of pathology of hearing loss. They will show how to safely examine the ear with a view to assisting the customer's wearing and use of hearing aids.

Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand hearing and the factors which affect it	1.1 Explain the nature of normal hearing
	1.2 Explain adverse medical and environmental conditions which may cause hearing loss within the: • outer ear • inner ear • middle ear
	1.3 Explain symptoms that can be associated with hearing loss
2 Be able to carry out a preliminary case history on a customer	2.1 Analyse the objectives of taking an effective prelim case history
	2.2 Evaluate the essential elements for taking an effective prelim case history
	2.3 Demonstrate the essential techniques for taking an effective prelim case history
	2.4 Undertake a preliminary case history with a customer
3 Be able to perform safe physical examination procedure of the outer ear	3.1 Follow effective aseptic procedure
	3.2 Perform a safe otoscopic examination in line with British Society of Audiology recommended procedures
	3.3 Describe normal and abnormal appearance of all the parts of the outer ear: • pinna • ear canal • eardrum

Learning outcomes	Assessment criteria
4 Understand the criteria for referring a customer to registered dispensers	4.1 Explain the current criteria for referring the customer to the registered dispenser
	4.2 Explain referable conditions present from case history and ear examination

Unit content

1 **Understand hearing and the factors which affect it**

Nature of normal hearing:

Thresholds are measured in units called dBHL – dB stands for decibels and HL stands for hearing level. Anyone with thresholds between 0 and 20 dBHL across all the frequencies is considered to have 'normal' hearing. The greater the threshold level is – in dBHL – the worse the hearing loss

Adverse medical and environmental conditions which may cause hearing loss within the:

- *outer ear*
- *inner ear*
- *middle ear*

Outer ear: ear infection, ear wax, foreign bodies, tumour, malformation of outer ear

Inner ear: severe otosclerosis, superior canal dehiscence, constant loud noises, some medications, skull fracture

Middle ear: acute otitis media, serous otitis media, cholesteatoma, otosclerosis, middle ear tumour, temporal bone trauma, fluid from colds

Symptoms that can be associated with hearing loss:

Difficulty hearing other people clearly, misunderstanding what is said, asking people to repeat themselves, turning up the volume on television/radio, difficulty hearing phone/doorbell, feeling tired or stressed

2 **Be able to carry out a preliminary case history on a customer**

Objectives of taking an effective prelim case history:

Medical history, benchmark, baseline measurements, identification of key issues, creation records, assessment, identification of support needed/available, referral, appropriate services

Eessential elements for taking an effective prelim case history:

Pre-existing medical history, cause of loss, level of loss, baseline tests, assessment, visual examination, audiometry, impression taking, measurement, testing

Essential techniques for taking an effective prelim case history:

Patient details, assessment, case notes, medical details/history, visual assessment, audiometry, speech perception, monitoring, testing, tympanometry, whispered voice test, tuning fork test, bone conduction test

Undertaking a preliminary case history with a customer:

Pre-existing medical history, cause of loss, level of loss, baseline tests, assessment, visual examination, audiometry, impression taking, measurement, testing

3 **Be able to perform safe physical examination procedure of the outer ear**

Effective aseptic procedure:

Personal protective equipment (PPE), collect equipment, preparation of area, preparation of outer ear, decontaminate hands, safe/correct disposal of used equipment

Safe otoscopic examination in line with British Society of Audiology recommended procedures:

Effective communication, exploration of issues/symptoms, clarify process with customer, demonstrate procedure/use of otoscope if required, arrange comfortable seating, gather and check equipment, select correct speculum, infection control procedures, examine ear with least observable damage first, examination of pinna/adjacent features, examination of the ear canal and tympanic membrane, record findings

Normal and abnormal appearance of all parts of the outer ear:

- *pinna*
- *ear canal*
- *eardrum:*

Pinna – normal: clear/clean skin, no tenderness, no masses, no scarring, no deformity, no inflammation, symmetrical shape. Abnormal: redness, weeping, scarring, deformity, masses, tenderness, pitted skin, signs of trauma, lesions

Ear canal – normal: skin coloured, hairs, yellowish brown ear wax. Abnormal: presence of pus, tender, swollen, pain, inflammation, distortion

Eardrum – normal: light-grey colour or a shiny pearly-white, light reflects off the eardrum surface. Abnormal: red, bulging, pain, absent light reflex, liquid bubbling, presence of blood

4 **Understand the criteria for referring a customer to registered dispensers**

Current criteria for referring the customer to the registered dispenser:

Beyond scope of role, responsibilities, complex prescription, abnormalities, inconclusive results, current treatments not effective, fitting, further checks/assessment, at risk

Referable conditions present from case history and ear examination:

Infection, injury, trauma, bleeding, extensive swelling, obstruction, perforation, prolonged infection not responding to treatment

Unit 6: Acoustics and Psychoacoustics

Unit code: Y/505/5895

Level: 4

Credit value: 6

Guided learning hours: 36

Unit aim

This unit aims to enable learners to gain the knowledge and understanding required to underpin the process and psychological acoustics of hearing and the application of acoustic principles.

Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand the propagation and dynamic properties of sound	1.1 Analyse the propagation of sound and the dynamic characteristics of sound waves including: • frequency • amplitude • intensity • wavelength • phase
	1.2 Define the units commonly used for sound measurement
	1.3 Explain the difference between: • decibels (dB) • decibel sound pressure level (dBSPL) • decibel hearing loss (dBHL) • decibel (A weighting scale) (dBA)
2 Understand the different types of sound	2.1 Define commonly used terminology relating to types of sound
	2.2 Analyse types of sound used in audiometry
3 Understand the principles of psychoacoustics	3.1 Explain the human perception of sound
	3.2 Explain the concepts of: • loudness • pitch • timbre
	3.3 Analyse the principles of human sound localisation

Unit content

1 **Understand the propagation and dynamic properties of sound**

Propagation of sound and the dynamic characteristics of sound waves, including:

- *frequency*
- *amplitude*
- *intensity*
- *wavelength*
- *phase:*

Sequence of waves, oscillation of pressure transmitted, composed of frequencies within the range of hearing, energy flowing through a certain area in a given time or intensity, the energy of a wave is proportional to the square of its amplitude, intensity of a wave is also proportional to the square of its amplitude, wavelength of sound is the distance between analogous points of two successive waves, phase theory, phase velocity

Units commonly used for sound measurement:

Decibels (dB) provide a logarithmic scale to describe sound pressure and sound power levels

Difference between:

- *decibels (dB)*
- *decibel sound pressure level (dBSPL)*
- *decibel hearing loss (dBHL)*
- *decibel (A weighting scale) (dBA):*

Decibels (dB) is a logarithmic unit used to express the ratio between two values of a physical quantity usually measured in units of power or intensity

Decibel sound pressure level (dBSPL) is a logarithmic measure of the effective sound pressure of a sound relative to a reference value

Decibel hearing loss (dBHL) is hearing loss due to exposure to either a sudden, loud noise or to loud noises for a period of time

Decibel (A weighting scale) (dBA) is a scale measuring the intensity of sound over the entire range of frequencies audible to humans

2 **Understand the different types of sound**

Commonly used terminology relating to types of sound:

Pure-tone average is the average of hearing sensitivity at 500, 1000 and 2000; audibility is the level of sound required to be just audible; narrow-band noise; frequency-modulated tones; speech perception

Types of sound used in audiometry:

A range of volumes/pitches, background noises, sound intensities, speech

3 **Understand the principles of psychoacoustics**

Human perception of sound:

The lightest sound a human can hear is called the threshold of hearing. Since humans can hear in such a great range, the decibel scale is used to measure the audibility of sounds. The human ear is less sensitive to sounds in the low frequencies compared with the higher frequencies

Concepts of:

- *loudness*
- *pitch*
- *timbre:*

Loudness – a quality defined as the intensity of sound energy as it comes in contact with an eardrum or other surface

Pitch – the psychological sensation or perception of a sound by people

Timbre – a term for the distinguishable characteristics of a tone

Principles of human sound localisation:

A listener's ability to identify the location or origin of a detected sound in terms of direction and distance. The auditory system uses several cues for sound source localisation, including time and level differences between both ears, spectral information, timing analysis, correlation analysis and pattern matching

Unit 7: Audiometric Examination

Unit code: D/505/5896

Level: 4

Credit value: 6

Guided learning hours: 36

Unit aim

This unit aims to enable learners to gain the knowledge, understanding and skills required to perform a safe and competent audiometric examination of a customer.

Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand the concepts of pure tone audiometry	1.1 Explain the mechanisms of hearing by: • air conduction • bone conduction
	1.2 Explain the principle of threshold of hearing
2 Be able to perform pure tone audiometry	2.1 Analyse the purpose of audiometric assessment
	2.2 Perform pure tone audiometry according to British Society of Audiology procedure
3 Be able to generate and record audiometric results	3.1 Explain the limitations of testing for: • air conduction • bone conduction
	3.2 Explain the concept of cross hearing
	3.3 Analyse the potential for erroneous results of cross hearing
	3.4 Complete a pure tone audiogram
	3.5 Explain when referral to the registered dispenser is necessary for further testing
4 Understand the importance of maintaining audiometric equipment	4.1 Identify the requirements for maintenance of the audiometer to British Society of Audiology recommended procedures
	4.2 Identify the requirements for calibration of the audiometer to British Society of Audiology recommended procedure
	4.3 Explain how to carry out daily checks on the audiometer

Unit content

1 **Understand the concepts of pure tone audiometry**

Mechanisms of hearing by:

• *air conduction*

• *bone conduction:*

Air conduction – the ability to hear sounds transmitted to the hearing mechanism through the air

Bone conduction – the ability to interpret sound information that is conducted through bones, including the forehead

Principle of threshold of hearing:

The smallest amount of a stimulus that a person can detect

2 **Be able to perform pure tone audiometry**

Purpose of audiometric assessment:

To establish an individual's range of hearing. Audiometric assessment can establish the extent as well as the type of hearing loss. Audiometric techniques are also used when an individual has vertigo or dizziness

Pure tone audiometry according to British Society of Audiology procedure:

Effective communication, exploration of issues/symptoms, clarify process with customer, arrange comfortable seating, gather and check audiometer, review results, record findings

3 **Be able to generate and record audiometric results**

Limitations of testing for:

• *air conduction*

• *bone conduction:*

Air conduction – distinguishing test tones from tinnitus, use of headphones, issues with ear canal collapse, not to be carried out if infection/obstruction/abnormality present, calibration difficulties, vibrotactile perception, identifying threshold, full test can be tiring

Bone conduction – calibration only for monaural hearing, occlude the ear canal at high test frequencies is likely to lead to artificially acute b-c thresholds, testing is not recommended at frequencies below 500 Hz

Concept of cross hearing:

When the stimuli presented to the test ear stimulate the cochlea of the non-test ear, this is known as cross hearing

Potential for erroneous results of cross hearing:

Does the intended ear hear the sound? Better ear may detect the signal more easily, results may not be accurate

Pure tone audiogram:

Effective communication, exploration of issues/symptoms, clarify process with customer, arrange comfortable seating, gather and check equipment, review results, record findings

When referral to the registered dispenser is necessary for further testing:

Inconclusive results, inaccuracy, test not completed, poor interpretation, concerns relating to results

4 Understand the importance of maintaining audiometric equipment

Requirements for maintenance of the audiometer to British Society of Audiology recommended procedures:

Clean and examine audiometer and accessories daily, replace any damaged parts, switch on equipment and leave to warm up, carry out any setting-up adjustments as specified by the manufacturer, check battery level, check that earphone and bone vibrator serial numbers tally with the instrument serial number, check that the audiometer output is approximately correct on both air and bone conduction, check that the masking noise is approximately correct at all frequencies through both earphones, perform a high-level listening check on air and bone conduction at all frequencies used, check all earphones and the bone vibrator for absence of distortion and intermittency, check plugs and leads for intermittency, check that all the switches are secure and that lights and indicators work, check that the subject response button works correctly, checks must be logged, if faults are noted audiometer must not be used until fully functioning

On a weekly basis: listen at low levels for any sign of noise or hum, for unwanted sounds or for any change in tone quality as masking is introduced, check subject communication speech circuits, check tension of headset headband and bone vibrator headband, perform an audiogram on a known subject, and check for significant deviation from previous audiograms

Every three months: measure and compare with the appropriate standards:

1. Frequencies of test signals
2. Sound pressure levels in an acoustic coupler or artificial ear from earphones
3. Vibratory force levels on a mechanical coupler from bone vibrators
4. Levels of masking noise
5. Attenuator steps over a significant part of the range
6. Harmonic distortion

Basic calibration tests will be required only when a serious erroror fault occurs, or after a long period of time has passed since last calibration test.

Requirements for calibration of the audiometer to British Society of Audiology recommended procedure:

Suggested minimum requirement for a calibration check, measure and compare with the appropriate standards:

1. Frequencies of test signals
2. Sound pressure levels in an acoustic coupler or artificial ear from earphones
3. Vibratory force levels on a mechanical coupler from bone vibrators
4. Levels of masking noise
5. Attenuator steps over a significant part of the range
6. Harmonic distortion
7. Rise and fall times of test tones
8. Interrupter effectiveness
9. Cross-talk between transducers and channels
10. Masking noise spectra
11. Distortion of speech and other external input systems.

Daily checks on the audiometer:

Clean and examine audiometer and accessories daily, replace any damaged parts, switch on equipment and leave to warm up, carry out any setting-up adjustments as specified by the manufacturer, check battery level, check that earphone and bone vibrator serial numbers tally with the instrument serial number, check that the audiometer output is approximately correct on both air and bone conduction, check that the masking noise is approximately correct at all frequencies through both earphones, perform a high-level listening check on air and bone conduction at all frequencies used, check all earphones and the bone vibrator for absence of distortion and intermittency, check plugs and leads for intermittency, check that all the switches are secure and that lights and indicators work, check that the subject response button works correctly

Unit 8: Amplification, Hearing Aid Technology and Ear Moulds

Unit code: H/505/5897

Level: 4

Credit value: 6

Guided learning hours: 36

Unit aim

This unit aims to give learners the knowledge, understanding and skills required for the types of hearing instruments and technology available. They will learn how to safely take an impression of the ear to ensure accurate hearing aid fit.

Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand the different types and styles of hearing aids	1.1 Analyse the range and styles of modern hearing aids
	1.2 Evaluate the advantages and limitations of: • air conduction hearing aids • bone conduction hearing aids
	1.3 Explain the principles, advantages and limitations of: • monaural • binaural fittings
	1.4 Describe the components of hearing aids
2 Understand the principles of amplification and frequency	2.1 Explain linear and non-linear amplification
	2.2 Analyse the features of compression systems and their application
	2.3 Explain graphical representation of hearing aid performance for frequency response and input/output
3 Understand the features of modern hearing aid technology	3.1 Explain the function of the range of features in digital multi-channel programmable hearing aid systems
	3.2 Describe the range and application of ear moulds

Learning outcomes	Assessment criteria
4 Be able to demonstrate safe impression taking	4.1 Follow aseptic procedures when taking impressions
	4.2 Take an impression according to British Society of Audiology recommended standard
	4.3 Analyse the quality and viability of the resulting impressions to suit requirements

Unit content

1 **Understand the different types and styles of hearing aids**

Range and styles of modern hearing aids:

Invisible or in the canal, which are moulded to fit deeply into the ear canal; in the ear, which sit in the outer ear; behind the ear

Some hearing aids are digital and some analogue

Advantages and limitations of air conduction and bone conduction hearing aids:

Air conduction – moulded for each person, convenience, easily fitted, only sound from the hearing aid enters the ear, cannot be worn by people with ongoing infection/eczema, maintenance, frequency adjustment

Bone conduction – surgical procedure involved if bone anchored, risk of infection, potential loss of bone, may not be used for all types of hearing loss, effective for people who cannot use other types of hearing aids, can increase hearing in noisy environments, can help localise sound, more natural sound with less distortion, more comfortable as ear canal left open and unobstructed, reduces infections or allergies

Principles, advantages and limitations of monaural and binaural fittings:

Monaural fittings – not as easily adjusted to, higher volume can be necessary, lower costs, decreased balance, more strain when listening

Binaural fittings – more natural hearing, sound reaches both ears, improved awareness, improved localisation, better balance, less strain when listening

Components of hearing aids:

Microphone – picks up sounds from the air and converts them into electrical signals. Amplifier – increases the intensity of the signals from the microphone. Filters modify the sounds, so that only sounds relevant for the user are amplified. Loudspeaker – converts electrical signals into the acoustic signals heard by the user. Small computer – programmed to manipulate the signals to fit the hearing loss of the individual user

2 **Understand the principles of amplification and frequency**

Linear and non-linear amplification:

Linear – hearing aids with linear amplification perform well where the hearing loss is flat and has a wide dynamic range at all frequencies. Greater benefit when the user has a lifestyle where they experience small variations in the types of sounds during the day

Non-linear – non-linear hearing aids perform well where the hearing loss varies at different frequencies and has a narrower dynamic range and greater difference within the dynamic range over frequency. More suitable for people who have a more varied lifestyle where the person experiences many different types of sounds during the day

Features of compression systems and their application:

When a hearing aid uses compression, the circuit amplifies or boosts softer sounds more than louder sounds. If a hearing aid circuit has wide dynamic range compression, it automatically adjusts the amount of gain so that soft sounds will be made louder and loud sounds won't be distorted or too loud

Graphical representation of hearing aid performance for frequency response and input/output:

A graphical representation of the hearing aid output and hearing performance as a function of frequency. An input/output (I/O) function is a graphical representation of the output of a hearing aid and hearing performance at various input levels

3 **Understand the features of modern hearing aid technology**

Function of the range of features in digital multi-channel programmable hearing aid systems:

Takes the incoming signal from the microphone, converts it into a digital format, then processes the signal using digital technology before converting it back. More flexible and can be used to process sound more selectively

Range and application of ear moulds:

Bodyworn, skeleton, full shell, open mould, acrylic, non-allergenic

4 **Be able to demonstrate safe impression taking**

Aseptic procedures when taking impressions:

Personal protective equipment (PPE), collect equipment, preparation of area, preparation of outer ear, decontaminate hands, safe/correct disposal of used equipment

Taking an impression according to British Society of Audiology recommended standards:

Preparation, ototstop insertion, taking the impression, syringe technique or gun technique, removing the impression

Quality and viability of resulting impressions to suit requirements:

Impression not complete, faulty impression, not a true representation

Unit 9: Principles and Practice of Hearing Aid Fitting

Unit code: H/506/0095

Level: 4

Credit value: 6

Guided learning hours: 36

Unit aim

This unit aims to enable learners to gain the knowledge, understanding and skills required to safely and competently perform an electronic and physical fit of a hearing system.

Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand the role of the Hearing Care Assistant in the hearing aid fitting process	1.1 Analyse the responsibilities of the Hearing Care Assistant in the fitting process
	1.2 Explain the limitations of the role of the Hearing Care Assistant in the fitting process
2 Understand the process and equipment involved in the fitting of modern programmable hearing aid systems	2.1 Describe the equipment and processes required for undertaking a hearing aid fitting
	2.2 Explain how to carry out the entry and manipulation of data for hearing aid fitting
3 Be able to undertake the physical fitting of the hearing aid	3.1 Analyse the common difficulties encountered by customers in the physical fitting process
	3.2 Explain the customer information and guidance required during the physical fitting process
	3.3 Demonstrate fitting a hearing aid to an individual, including giving appropriate information to the hearing aid wearer
4 Be able to programme, verify and adjust a hearing aid	4.1 Explain the customer guidance and information required during the auditory fitting process
	4.2 Fine tune a hearing aid based on customer response
	4.3 Verify performance of the hearing system
	4.4 Fit, adjust and verify hearing aid fit

Unit content

1 **Understand the role of the Hearing Care Assistant in the hearing aid fitting process**

Responsibilities of the Hearing Care Assistant in the fitting process:

Effective communication, infection control, reporting of faults, check ear mould for fit, verification of hearing aid settings, amendment, programming, advice, guidance, after care

Limitations of the role of the Hearing Care Assistant in the fitting process:

Imitations in terms of guidance, prescribing, repair, maintenance, abnormalities, additional medical aspects, after care

2 **Understand the process and equipment involved in the fitting of modern programmable hearing aid systems**

Equipment and processes required for undertaking a hearing aid fitting:

Patient information, testing results, hearing aid, ear mould, tubing, hearing aid, programme for hearing aid, batteries

Carrying out the entry and manipulation of data for hearing aid fitting:

Accuracy, currency, individualised fitting, compression, gain, adjustment, surroundings, types of sound, volume control position

3 **Be able to undertake the physical fitting of the hearing aid**

Common difficulties encountered by customers in the physical fitting process:

Discomfort, difficulty fitting, maintenance, removal, faults, accuracy, mechanics of aid

Customer information and guidance required during the physical fitting process:

Maintenance, after care, trialling, access to advice, accuracy, discomfort, when to access advice/support

Fitting a hearing aid to an individual, including giving appropriate information to the hearing aid wearer:

Patient information, testing results, hearing aid, ear mould, tubing, hearing aid, programme for hearing aid, batteries

4 **Be able to programme, verify and adjust a hearing aid**

Customer guidance and information required during the auditory fitting process:

Maintenance, after care, trialling, access to advice, accuracy, discomfort, when to access advice/support, necessary adjustments

Fine tuning a hearing aid based on customer response:

Measures, real ear measurements, optimal speech recognition, volume setting, effective communication with customer

Verifying performance of the hearing system:

Testing, assessment, range of noises/volumes, comfort, fit

Fitting, adjusting and verifying hearing aid fit:

Programming, parameters, objective/subjective measures, comfort, loud/soft noise audibility, fit

Unit 10: Aftercare for Hearing Aid Wearers

Unit code: M/505/5899

Level: 4

Credit value: 4

Guided learning hours: 25

Unit aim

This unit aims to enable learners to gain the knowledge, understanding and skills required to assist customers in their rehabilitation and to manage practical aspects of ongoing hearing aid use.

Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand the rehabilitative needs of the hearing impaired customer	1.1 Analyse the impact that hearing loss may have on customers
	1.2 Explain the external and internal factors which may affect the rehabilitation of the customer
2 Understand the process of auditory training in rehabilitation of the hearing impaired	2.1 Evaluate auditory training that is available for individual customers
	2.2 Explain the role of the Hearing Care Assistant in rehabilitating hearing impaired customers
	2.3 Explain the importance of using effective communication when rehabilitating the customer
3 Be able to deal with common hearing aid faults	3.1 Describe the common faults which may occur in hearing aids
	3.2 Carry out simple repairs and maintenance of hearing aids
	3.3 Identify hearing aid faults that cannot be dealt with by a Hearing Care Assistant
	3.4 Recommend further action required to resolve any problems or faults in a hearing aid

Unit content

1 **Understand the rehabilitative needs of the hearing impaired customer**

The impact that hearing loss may have on customers:

Isolation, loss of self-esteem, income, socialising, anxiety, frustration, risk, confidence, independence

External and internal factors which may affect the rehabilitation of the customer:

Support network, understanding, guidance, self-esteem, confidence, competence, resources, assessment, work/leisure activities, advice

2 **Understand the process of auditory training in rehabilitation of the hearing impaired**

Auditory training that is available for individual customers:

Care, aftercare, maintenance, use, specific usage, changes, spare parts, warranty, comfort

The role of the Hearing Care Assistant in rehabilitating hearing impaired customers:

Learning, development, demonstration, identifying needs, assessment, review, accessing resources, guidance, advice, signposting, networks, good practice, evidence-based practice, technological advances/resources, use with telephone/television/headphone/headset

The importance of using effective communication when rehabilitating the customer:

Appropriate methodology, clarity, tone, pitch, affirmation, use of jargon/technical terminology, inviting questions from customer, understanding, demonstration, use of positive body language

3 **Be able to deal with common hearing aid faults**

Common faults which may occur in hearing aids:

Fitting, battery, blockages, loss of parts, batteries, obstruction, ear wax, discomfort, ear mould fault, corrosion, dirt, intermittence, effects of moisture

Simple repairs and maintenance of hearing aids:

Battery, tubing, cleaning, testing, removal of obstruction, wax build-up, volume control, testing, comfort

Hearing aid faults that cannot be dealt with by a Hearing Care Assistant:

Complex faults, warranty faults, additional needs of customer, customer at fault, misuse, breakage, missing/faulty parts, misfit of mould

Further action required to resolve any problems or faults in a hearing aid:

Cleaning, refit, replacement parts, servicing, retraining, storage, battery life, cleaning process

Unit 11: Dealing with Customer Emergencies

Unit code: Y/505/5900

Level: 3

Credit value: 4

Guided learning hours: 24

Unit aim

This unit aims to enable learners to gain the knowledge and understanding required to be able to safely deal with customer emergencies.

Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand when a customer might need emergency assistance	1.1 Describe common types of emergency situations that may arise in relation to Health Care Assistant's role
	1.2 Explain the Health Care Assistant's responsibilities in a work setting in relation to administering first aid
2 Understand actions to take in an emergency	2.1 Explain the actions to take when a person needs emergency assistance
	2.2 Explain the Airway, Breathing and Circulation (ABC) resuscitation procedure
	2.3 Describe how to place a collapsed person in the recovery position
	2.4 Explain how to obtain further information on first aid

Unit content

1 **Understand when a customer might need emergency assistance**

Common types of emergency situations that may arise in relation to the Health Care Assistant's role:

Sprains, strains, falls, trips, chest pains, breathing difficulties, stomach pains, insect bites, allergic reaction, foreign body in ear

The Health Care Assistant's responsibilities in a work setting in relation to administering first aid:

Assess situation, call emergency services, clear area, support casualty, report/record incident, contact relatives/next of kin

2 **Understand actions to take in an emergency**

Actions when a person needs emergency assistance:

Use of effective communication, assess situation, call emergency services, clear area, support casualty, report/record incident, contact relatives/next of kin

Airway, Breathing and Circulation (ABC) resuscitation procedure:

A basic emergency procedure for life support. Airway – if an adult has collapsed, check responsiveness by gently shaking a shoulder and asking, 'Are you all right?' To open the airway, gently lift the chin with one hand while pushing down on the forehead with your other hand. Breathing – the best way to give rescue breathing is by using the mouth-to-mouth technique. As you keep an airtight seal with your mouth on the victim's mouth, immediately give two full breaths. Circulation – after giving two full breaths, find the person's carotid artery pulse to see whether the heart is still beating. If you can't find the pulse, as well as providing rescue breathing, you'll have to provide artificial circulation. External chest compressions provide artificial circulation

Placing a collapsed person in the recovery position:

To place someone in the recovery position:

- *Roll a person on their side with their arms and upper leg at right angles to the body to support them*
- *Tuck their upper hand under the side of their head so that their head is on the back of the hand*
- *Open their airway by tilting the head back and lifting the chin*
- *Monitor their breathing and pulse continuously*
- *If their injuries allow you to, turn the person onto their other side after 30 minutes*

Obtaining further information on first aid:

Training, senior practitioner, online resources, practitioners, Health and Safety Executive

Further information and useful publications

To get in touch with us visit our 'Contact us' pages:

- Edexcel: **www.edexcel.com/contactus**
- BTEC: **www.edexcel.com/btec/Pages/Contactus**
- Pearson Work Based Learning and Colleges: **www.edexcel.com/about.wbl/Pages/Contact-us**
- books, software and online resources for UK schools and colleges: www.pearsonschoolsandfecolleges.co.uk

Key publications:

- *Adjustments for candidates with disabilities and learning difficulties – Access and Arrangements and Reasonable Adjustments, General and Vocational qualifications* (Joint Council for Qualifications (JCQ))
- *Equality Policy* (Pearson)
- *Recognition of Prior Learning Policy and Process* (Pearson)
- *UK Information Manual* (Pearson)
- *UK Quality Vocational Assurance Handbook* (Pearson).

All of these publications are available on our website.

Publications on the quality assurance of BTEC qualifications are available on our website at www.edexcel.com/btec/delivering-BTEC/quality/Pages

Our publications catalogue lists all the material available to support our qualifications. To access the catalogue and order publications, please go to www.edexcel.com/resources/publications/Pages

Additional resources

If you need further learning and teaching materials to support planning and delivery for your learners, there is a wide range of BTEC resources available.

Any publisher can seek endorsement for their resources, and, if they are successful, we will list their BTEC resources on our website at: www.edexcel.com/resources/publications/Pages

How to obtain National Occupational Standards

Please contact:

Skills for Health
Lynton House
Tavistock Square
London WC1H 9LT

Telephone: 0207 388 8800

Email: Office@skillsforhealth.org.uk

Website: www.skillsforhealth.org.uk

Professional development and training

Pearson supports UK and international customers with training related to BTEC qualifications. This support is available through a choice of training options offered in our published training directory, or through customised training at your centre.

The support we offer focuses on a range of issues, including:

- planning for the delivery of a new programme
- planning for assessment and grading
- developing effective assignments
- building your team and teamwork skills
- developing learner-centred learning and teaching approaches
- building functional skills into your programme
- building in effective and efficient quality assurance systems.

The national programme of training we offer is on our website at: www.edexcel.com/resources/Training/Pages. You can request customised training through the website or you can contact one of our advisers in the Training from Pearson UK team via Customer Services to discuss your training needs.

BTEC training and support for the lifetime of the qualifications

Training and networks: our training programme ranges from free introductory events through sector-specific opportunities to detailed training on all aspects of delivery, assignments and assessment. We have designed our new network events programme to allow you to share your experiences, ideas and best practice with other BTEC colleagues in your region. Sign up to the training you need at: www.edexcel.com/btec/delivering-BTEC/training/Pages

Regional support: our team of Curriculum Development Managers and Curriculum Support Consultants, based around the country, are responsible for providing advice and support in centres. They can help you with planning and curriculum developments. If you would like your Curriculum Development Manager to contact you, please get in touch with your regional office on: 0844 463 2535.

Your Pearson support team

Whether you want to talk to a sector specialist, browse online or submit your query for an individual response, there's someone in our Pearson support team to help you whenever – and however – you need:

- Subject Advisors: find out more about our subject advisor team – immediate, reliable support from a fellow subject expert – at: www.edexcel.com/Aboutus/contact-us/Pages
- Ask the Expert: submit your question online to our Ask the Expert online service www.edexcel.com/aboutus/contact-us/ask-expert/Pages and we will make sure your query is handled by a subject specialist.

Contact us

We have a dedicated Account Support team, across the UK, to give you more personalised support and advice.

To contact your Account Specialist:

Email: wblcustomerservices@pearson.com
Telephone: 0844 576 0045

If you are new to Pearson and would like to become an approved centre, please contact us by:

Email: wbl@pearson.com
Telephone: 0844 576 0045

Annexe A

Wider curriculum mapping

Pearson BTEC Level 4 qualifications give learners opportunities to develop an understanding of spiritual, moral, ethical, social and cultural issues as well as an awareness of citizenship, environmental issues, European developments, health and safety considerations and equal opportunities issues.

Spiritual, moral, ethical, social and cultural issues

Throughout the delivery of these qualifications learners will have the opportunity to actively participate in different kinds of decision making. They will have to consider fair and unfair situations and explore how to resolve conflict. Working in small groups, they will learn how to respect and value others' beliefs, backgrounds and traditions.

Citizenship

Learners undertaking these qualifications will have the opportunity to develop their understanding of citizenship issues.

Environmental issues

Developing a responsible attitude towards the care of the environment is an integral part of this qualification. Learners are encouraged to minimise waste and discuss controversial issues.

European developments

Much of the content of the qualification applies throughout Europe, even though the delivery is in a UK context.

Health and safety considerations

Health and safety is embedded within many of the units in this qualification. Learners will consider their own health and safety at work, how to identify risks and hazards and how to minimise those risks.

Equal opportunities issues

There will be opportunities throughout this qualification to explore different kinds of rights and how these affect both individuals and communities, for example learners will consider their rights at work and the rights of employers and how these rights affect the work community.

Annexe B

Skills for Health Assessment Principles

Skills for Health Assessment Principles for Qualifications that Assess Occupational Competence Version 2.6 October 2012

1. Introduction

1.1 Skills for Health is the Sector Skills Council (SSC) for the UK health sector.

1.2 This document sets out those principles and approaches to Qualifications and Credit Framework (QCF) unit/qualification assessment not already described in the Regulatory Arrangements for the QCF. The information is intended to support the quality assurance processes of Awarding Organisations that offer qualifications in the sector, and should be read alongside these. It should also be read alongside individual unit assessment requirements.

1.3 These principles will ensure a consistent approach to those elements of assessment which require further interpretation and definition, and support sector confidence in the new arrangements.

1.4 These principles apply to qualifications and the units therein that assess occupational competence, ie those under Purpose D.

2. Assessment Principles

2.1 Learners must be registered with the Awarding Organisation before formal assessment commences.

2.2 Assessment decisions for competence-based units must be made by an occupationally competent assessor primarily using evidence generated in the workplace during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment.

2.3 Assessment decisions for competence-based units must be made by an assessor who meets the requirements set out in the qualification's assessment strategy. Where the Awarding Organisation requires that the assessor holds, or is working towards, a formal QCF qualification, that qualification should be the Level 3 Certificate in Assessing Vocational Achievement. Assessors holding the D32/33 or A1 qualifications are not required to re-qualify. Where an Awarding Organisation does not expect the assessor to hold or be working towards a formal qualification, we would expect that Awarding Organisation to ensure that the assessor meets the same standards of assessment practice as set out in the Learning and Development National Occupational Standard 09 Assess learner achievement.

2.4 Competence-based units must include direct observation in the workplace as the primary source of evidence.

2.5 Simulation may only be utilised as an assessment method for learning outcomes that start with 'be able to' where this is specified in the assessment requirements of the unit. The use of simulation should be restricted to obtaining evidence where the evidence cannot be generated through normal work activity. Where this may be the case, the use of simulation in the unit assessment strategy will be agreed with Skills for Health.

2.6 Expert witnesses can be used for direct observation where they have occupational expertise for specialist areas or the observation is of a particularly

sensitive nature. The use of expert witnesses should be determined and agreed by the assessor.

2.7 Assessment decisions for knowledge-only units must be made by an assessor qualified to make the assessment decisions as defined in the unit assessment strategy.

3. Internal Quality Assurance

3.1 Internal quality assurance is key to ensuring that the assessment of evidence for units is of a consistent and appropriate quality. Those carrying out internal quality assurance must be occupationally knowledgeable in the area they are assuring and be qualified to make quality assurance decisions.

3.2 Skills for Health would expect that where the Awarding Organisation requires those responsible for internal quality assurance to hold formal QCF qualifications, these would be the Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice or the Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice, as appropriate depending on the role of the individual. Those responsible for internal quality assurance holding the D34 or V1 qualifications are not required to re-qualify. Where an Awarding Organisation does not expect those responsible for internal quality assurance to hold or be working towards a formal QCF qualification we would expect that Awarding Organisation to ensure that those responsible for internal quality assurance meet the standard of practice set out in the Learning and Development National Occupational Standard 11 Internally monitor and maintain the quality of assessment.

4. Definitions

4.1 Occupationally competent:
This means that each assessor must be capable of carrying out the full requirements within the competence unit/s they are assessing. Occupational competence must be at unit level, which might mean different assessors across a whole qualification. Being occupationally competent means they are also occupationally knowledgeable. This occupational competence should be maintained through clearly demonstrable continuing learning and professional development. This can be demonstrated through current statutory professional registration.

4.2 Occupationally knowledgeable:
This means that each assessor should possess relevant knowledge and understanding, and be able to assess this in units designed to test specific knowledge and understanding, or in units where knowledge and understanding are components of competency. This occupational knowledge should be maintained through clearly demonstrable continuing learning and professional development.

4.3 Qualified to make assessment decisions:
This means that each assessor must hold a relevant qualification or be assessing to the standard specified in the unit/qualification assessment strategy.

4.4 Qualified to make quality assurance decisions:
Awarding Organisations will determine what will qualify those undertaking internal quality assurance to make decisions about that quality assurance.

4.5 Expert witness:
An expert witness must:

- have a working knowledge of the QCF units on which their expertise is based
- be occupationally competent in their area of expertise
- have EITHER a qualification in assessment of workplace performance OR a professional work role which involves evaluating the everyday practice of staff.

Annexe C

Unit mapping overview

The Pearson EDI Level 4 Diploma for the Hearing Care Assistant (start date 01/09/2012) – the Pearson BTEC Level 4 BTEC Diploma for Hearing Care Assistant (start date 01/08/2014).

Old units / New units	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Unit 10	Unit 11
Unit 1	F										
Unit 2		F									
Unit 3			F								
Unit 4				F							
Unit 5					F						
Unit 6						F					
Unit 7							F				
Unit 8								F			
Unit 9									F		
Unit 10										F	
Unit 11											F

KEY

P – Partial mapping (some topics from the old unit appear in the new unit)

F – Full mapping (topics in the old unit match the new unit exactly or almost exactly)

X – Full mapping + new (all the topics from the old unit appear in the new unit, but the new unit also contains new topic(s))

May 2017

For information about Edexcel, BTEC or LCCI qualifications visit qualifications.pearson.com