

## Summary of main issues detailed in the comments from the September/October 2022 survey on key elements of the proposed certification framework

### **Overall**

In general, the draft key elements of the framework, particularly the eligibility criteria, received more agreement and positive comment than those in the early version of the framework which was the subject of the consultation in late 2021. Support was stated for the decision to offer alternate pathways, and for the changes to the hours requirements which had featured in the 2021 proposal. Other members commented that they thought the changes made to the key elements were reasonable, and that they were in support of developing a certification framework.

Some members remarked that the framework was very sound and thanked the working group for their work. Some were keen to see the framework come into operation, and commented that certification would be good for the future of the profession. There was gratitude expressed for ensuring the protection of children by developing a certification framework and by developing best practice standards.

Concern was expressed, however, about why payment would be required for this voluntary certification system. Some commented that the framework should not be based on hours of experience, and some questioned the reasons for having a certification system.

Other constructive comments and suggestions for change on particular aspects of the draft framework are summarised below. Comments listed here were made by more than one person.

### **Direct and indirect paediatric clinical activities**

Numerous suggestions were made for activities that should be added to the two lists, with some saying too much administration was included in direct activities, and that this list should have more client contact. Some suggested that the distinction between Direct and Indirect activities were not necessary.

### **Terminology**

Some remarked that the term 'client' should not be used.

### **Eligibility pathways**

There was some confusion over the requirements for Pathway A and Pathway B, including the meaning of FTE, how to calculate the number of months, and the question of whether the requirements applied to those working full time and those working part time. There was also concern that the number of required hours for direct clinical activities for Pathway A was not enough. Some remarked that the 400 required hours for Pathway B was not enough, while there were also opposing views that this number was too high.

Concern was expressed that Pathway A specified a required minimum hours of direct clinical activities, but that Pathway B did not. The different proportion of caseload in paediatrics for Pathway A compared to Pathway B was also questioned.

The main comments regarding the case-by-case pathway were that consistency and fairness in decision making will need to be ensured, and that the decision of whether to award certification is discretionary. It was also remarked that applying through this pathway would require too much work.

### **Requirements to maintain certification**

Some comments were made that the one year duration of certification should be changed to two or three years.

In terms of the CPD requirements, many members expressed concern that there would not be enough CPD events and activities with a paediatric focus available, and asked how paediatric CPD activities will be differentiated from those with an adult focus. Some said that the minimum 4 CPD points were insufficient.

In terms of the hours requirements, some members said that the required 30 hours was too low. Others asked whether the requirement was the same for those working full time and those working part time. Exemptions were requested for reasons such as maternity leave.

Regarding the audit process, some questioned why a higher proportion of those AudA Accredited Audiologists with certification would be audited than of those without. Some said that the audit process was too complicated and would be arduous.

### **Information to submit, and application process**

Comments were made that there was too much work involved in applying for certification, and that there was too much information required for submission in an application. Some described the requirements as onerous and showing a lack of trust.

There were suggestions for changing the information to submit for each of the pathways, in various ways. Some suggested the process and requirements should be made easier for experienced Audiologists. There were some suggestions that the requirements should differ between the pathways, as well as others who said the requirements should be the same.

The case submission for Pathway B was commented on, with some saying there should be more than one submitted, others saying it should also be required for Pathway A, and others suggesting that other information could be more relevant and useful than a case submission.

There were some suggestions about broadening the rules on who could act as a referee, and that finding a referee with certification would be difficult in the early stages of the system.

Some members questioned how assessment panel members would be chosen, and said that there should be an appeals process.

### **Cost**

Some members asked about the cost for certification, and whether there would be a fee for applying for certification as well as one for maintaining certification each year.

### **Policies**

Some comments were received stating that there should be no reduction in CPD requirements to maintain certification because the figure was minimal.