

# AUDIENS

The Newsletter of the  
British Association of Paediatricians in Audiology



Issue No. 44

October 2009



**Interacoustics®**

leading diagnostic solutions

## TITAN - Middle Ear Analyser

Wireless, hand held, high performance, Middle Ear Analyser

- Portable solution
- Unique probe-tone AGC
- Fast and reliable testing
- Full clinical test battery
- PC or stand alone operation
- User-defined test protocols
- Customisable printouts



Available for trial now  
Diagnostic or clinical configurations



PCWerth  
**AUDIOLOGY**  
equipment

Tel: +44 (0)208 772 2700  
Email: [info@pcwerth.co.uk](mailto:info@pcwerth.co.uk)  
Web: [www.pcwerth.co.uk](http://www.pcwerth.co.uk)

# AUDIENS

The Newsletter of the British Association of Paediatricians in Audiology

*BAPA is registered as a charity, No. 1019567*

## CONTENTS

List of Officers .....	Page 4
Editorial .....	Page 5
Targeted Behavioural Tests in Wales. Elaine English & Sally Minchom	Page 7
BAPA Exec say goodbye to Keith Stewart. Adrian Dighe .....	Page 10
Feedback from BAPA London Conference. Jane Dalzell.....	Page 12
AUD-M-Ed Trust. Jane Lyons .....	Page 14
The Drive to end Pinnaplasty by 2030. Nicky Bulmer .....	Page 15
Development Group Report. Ann Mackinnon .....	Page 16
BAPA at the RCPCH York Meeting. Ros Aylett .....	Page 19
Personal View on presenting at the RCPCH meeting. Ros Aylett .....	Page 20
Report from the SE meeting. Indira Mohan .....	Page 21
Forthcoming Meetings:	
Midlands Multidisciplinary Deafness Group. ....	Page 24
Joint Meeting of the BSA, BAPA & RSM January 2010 .....	Page 25
BAPA Prize Rules .....	Page 26
Advertisers: P C Werth .....	Page 2
Guymark .....	Page 13
Amplivox .....	Page 27
Puretone .....	Page 28

*Front Cover: Chairs past and present: Ann Mackinnon,  
Susan Rose, Adrian Dighe and Lesley Batchelor*

AUDIENS EDITOR:  
Dr. Jeanette Nicholls  
Email: [jeanettenicholls2004@yahoo.co.uk](mailto:jeanettenicholls2004@yahoo.co.uk)

*Audiens is prepared and typeset by:*  
Alan Batchelor  
167, Chester Road,  
Macclesfield, Cheshire. SK11 8QA  
Tel. 01625 425087,  
Email: [alanbatchelor@hotmail.co.uk](mailto:alanbatchelor@hotmail.co.uk)



## List of Officers

### EXECUTIVE COMMITTEE MEMBERS

Chairman	Dr. Adrian Dighe	<a href="mailto:adrian.dighe@banes-pct.nhs.uk">adrian.dighe@banes-pct.nhs.uk</a>
Immediate Past Chairman	Dr. Susan Rose	<a href="mailto:susan.rose@sash.nhs.uk">susan.rose@sash.nhs.uk</a>
Vice Chairman	Dr. Jane Lyons	<a href="mailto:jane.lyons@nhs.net">jane.lyons@nhs.net</a>
Honorary Secretary	Dr. Veronica Hickson	<a href="mailto:veronica.hickson@gwent.wales.nhs.uk">veronica.hickson@gwent.wales.nhs.uk</a>
Treasurer	Dr. Ken Abban	<a href="mailto:ababio@ic24.net">ababio@ic24.net</a>
Meetings Secretary	Dr. Jane Dalzell	<a href="mailto:jane.dalzell@coch.nhs.uk">jane.dalzell@coch.nhs.uk</a>
Audiens Editor	Dr. Jeanette Nicholls	<a href="mailto:jeanettenicholls2004@yahoo.co.uk">jeanettenicholls2004@yahoo.co.uk</a>
Development Group Co-ordinator	Dr. Ann MacKinnon	<a href="mailto:ann.mackinnon@nhs.net">ann.mackinnon@nhs.net</a>
BAAP Representative	Dr. Deirdre Lucas	<a href="mailto:deirdre.lucas@royalfree.nhs.uk">deirdre.lucas@royalfree.nhs.uk</a>
	Dr. John Irwin	<a href="mailto:john.irwin@nhs.net">john.irwin@nhs.net</a>
BACCH Representative	Dr. Daniela Lessing	<a href="mailto:daniela.lessing@ealingpct.nhs.uk">daniela.lessing@ealingpct.nhs.uk</a>

### REGIONAL REPRESENTATIVES

Midlands	Dr. Mahadeva Ganesh	<a href="mailto:m.ganesh@telfordpct.nhs.uk">m.ganesh@telfordpct.nhs.uk</a>
North West/North Wales	Dr. Veronica Kennedy	<a href="mailto:veronica.kennedy@bolton.nhs.uk">veronica.kennedy@bolton.nhs.uk</a>
Scotland	Dr. Paddy Townsley	<a href="mailto:ptownsley@nhs.net">ptownsley@nhs.net</a>
South East	Dr. Roshan Ansari	<a href="mailto:roshan.ansari@thpct.nhs.uk">roshan.ansari@thpct.nhs.uk</a>
Yorkshire/ North East	Dr. Kathleen Coats	<a href="mailto:kathleen.coats@nhs.net">kathleen.coats@nhs.net</a>
South West/ South Wales	Dr. Alison Hooper	<a href="mailto:alison.hooper@ubht.swest.nhs.uk">alison.hooper@ubht.swest.nhs.uk</a>
Northern Ireland	Dr. Esther Harper	<a href="mailto:esther.harper@western.hscni.net">esther.harper@western.hscni.net</a>

### BAPA SECRETARIAT:

Mrs. P Williams,  
23, Stokesay Road, Sale, Cheshire M33 6QN  
Tel./answerphone: 0161 962 8915  
Fax: 0161 291 9398  
Email: [pamelawilliams@onetel.com](mailto:pamelawilliams@onetel.com)

Disclaimer  
The views expressed in this newsletter are not necessarily the views held by the British Association of Paediatricians in Audiology

## Editorial

### Preparation, pensions and probity.

I have spent a lot of time mulling over what to say at the beginning of this issue to encourage membership to meticulously read every word that has been written by the contributors rather than just flicking through and reading the odd article.

Now that Audiens is in A5 format it is much easier for you to keep close at hand for those occasional quiet moments possibly between patients to digest one of the articles. If you do this you will see that a number of our members have taken the time to produce something for the rest of us to read.

Our feature article this edition is Elaine English's review of the targeted behavioural testing in Wales following on from their "Quality Assurance" visits. I would be happy to include reviews from other parts of the British Isles in the future for comparison, particularly as Wales does not diagnostically assess unilateral no clear responses. Also I would be interested to know how many of those parents who requested a follow up after a clear response in only one ear in fact turned up and if they did was ear specific testing available to them. With the constraints on waiting lists the move to a partial booking service and placing the responsibility on carers is inevitable; so long as we continue to be able to identify and therefore monitor the at risk babies.

Nicky Bulmer shares her experience of using the ear splints even though it was fraught with practical difficulties; not least staff illness!

Omitted accidentally from our last edition you will see that the feedback from the

London conference in January was very favourable. You will also see from the flyer that our next conference is a joint venture with the British Society of Audiology and the Royal Society of Medicine. Please note it in your diaries as it is a change from our usual day and is in the middle of January. I am sure that the programme will interest many of you as it picks up on some of the suggestions made for future courses in the evaluation. BAPA will be holding a summer meeting at SOAS on 11th June when our AGM will be held. For those who attended the Vestibular course, at Clare College, there will also be an opportunity to update and hopefully further develop skills at a workshop on the 15th January. So if you haven't looked at your notes since the course there is still time to refresh your memories and start practising!!

I have it on good authority, namely the Chair, that the RCPCH Spring meeting 2010 is at Warwick University hopefully this will encourage those who do not like travelling up to York or attending the whole proceedings to sign up for at least the day when BAPA are presenting. Ros Aylett's article may also encourage some of you to consider presenting. Contact your regional rep about this.

Talking about contact details are yours up to date? (Have you considered an nhs.net account that does not change when you move job or service provider?)

After a long time of contributing to the organisation by way of representing the South East membership and helping to organise the London conferences

Keith Stewart is finally “putting up the stethoscope” so to speak and moving on to enjoy his retirement without the regular train journeys to London for executive committee meetings. Whilst I have attended meetings along side Keith for some years there was much in Adrian’s look back on his career that I was not aware of. I hope that you join me in wishing him and his wife Pam a long and healthy retirement together.

So we have covered preparation and pensions now to finish on probity. This word pops up as part of our appraisals and from a quick search on the internet can be defined as “complete and confirmed integrity; having strong moral principles; uprightness; honesty.” We would all hope that this applies to ourselves and those

we work with. Unfortunately, although we are a charitable organisation working for the benefit of its membership particularly with regards to on going professional development, a number of instances have arisen when this would not appear to be the case. (Past membership fees have been contested and a cheque stopped following attendance at the London conference.) Thankfully the Aud-M-Ed Trust article highlights that these occurrences are not the norm. If anyone is contemplating donating their time we would be happy to print a report of your experience abroad.

*Jeanette Nicholls, Newsletter Editor*

*Any changes?*

*If any of your details have changed, please let BAPA know by sending your details to Ann Mackinnon : [ann.mackinnon@nhs.net](mailto:ann.mackinnon@nhs.net)*

*Please be sure to let her have the following:*

*Name* \_\_\_\_\_

*Address* \_\_\_\_\_  
\_\_\_\_\_

*Post code* \_\_\_\_\_

*Preferred Email address* \_\_\_\_\_

*Home tel. No.* \_\_\_\_\_

*Work Tel. No* \_\_\_\_\_.

*Audiens is printed by  
Newton Press  
27a Coleshill Road  
Sutton Colfield  
West Midlands  
B75 7AX. Tel. 0121 378 3711*

*The copy dates for the next editions of Audiens are:  
15th February 2010 and 15th August 2010  
Articles, letters or adverts etc. to the editor by those  
dates please.  
All submissions must at least be typewritten, and  
preferably on disc or by Email.*

**A Review of the Targeted Behavioural Test in Wales following Newborn Hearing Screening Wales (NBHSW) Quality Assurance Site Visits**  
Dr Elaine English, Divisional Coordinator and Sally Minchom, Associate Director of Mid & West Wales, NBHSW

Newborn hearing screening was implemented across Wales by October 2004. A targeted behavioural test (TBT) is offered for eligible babies (see Table 1) by audiology services mostly based in the community. Parents of eligible babies, other than those who move into the area, receive written information advising them that they will receive an appointment offering their baby a hearing test at 7-8 months of age.

During 2008, Newborn Hearing Screening Wales (NBHSW) undertook Quality Assurance (QA) visits to audiology sites providing services to the programme. Quantitative data regarding the appointment of babies for TBT and the outcome of this assessment was requested from each site on the last 10 babies who would have completed this process.

Table 1

**Babies Eligible for Targeted Behavioural Test**

- Babies who have missed or not completed screening or not completed assessment
- Babies who move into the area between 6 weeks and 6 months of age and who have not had newborn hearing screening in their previous Trust
- Babies of parents who request a TBT following a clear response in only one ear on screening
- Babies at risk of persistent conductive hearing loss e.g. Down's Syndrome, cleft palate, significant craniofacial abnormality
- Babies at risk of progressive loss e.g. proven intrauterine infection with CMV, Rubella
- Babies with known significant family history of early onset hearing loss

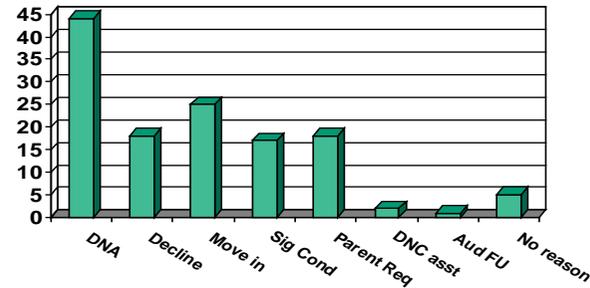
Thirteen sites provided information about 130 babies. The data provided information regarding reason for referral for TBT, the age at appointment, the method of testing, the result of testing and the outcome.

**Reason for Referral (Fig 1)**

There were five main reasons given for referral of babies for TBT:

DNA screen (n = 44), decline screen (n = 18), movement in to area (n = 25), significant condition (n = 17) and parental request following a clear response in only one ear (n = 17). (DNC- Did not complete assessment)

**Figure 1**

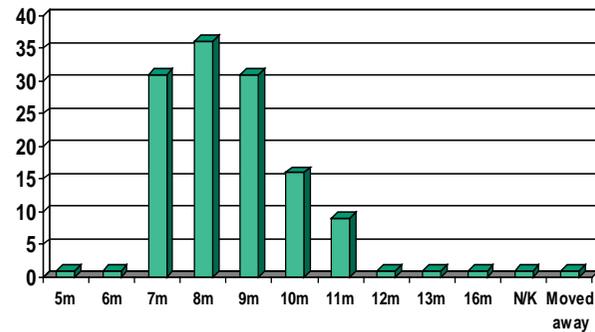


**Age at appointment (Fig 2)**

The mean age at appointment was 9.7 months (median 9 months, range 5-16 months).

1 site appointed all babies at 9 months, 2 sites appointed all at 7 or 8 months, 1 site appointed all at 10 or 11 months.

**Figure 2**



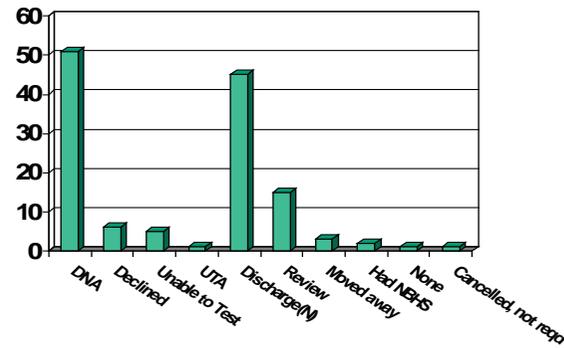
**Method of testing**

Eight out of 13 sites used VRA for assessment, of which 6 of were able to achieve ear specific results using insert earphones. VRA is available at hospital sites throughout Wales if not available in community.

**Outcome**

The outcome for the 130 babies is recorded in Figure 3. Fifty one babies did not attend for TBT and 6 declined the test. Forty five babies were discharged with normal hearing. Review was arranged for 15 babies. (UTA- unable to attend)

Figure 3



30 out of 44 (68%) babies who did not attend the screen also did not attend or declined the TBT

10 out of 18 (55%) babies who declined the screen did not attend or declined the TBT

11 out of 25 (44%) babies who moved in either did not attend or declined the TBT, moved away before appointment or had already had NBHS

3 out of 17 (18%) babies with a significant condition did not attend the TBT

2 out of 18 (11%) babies whose parents had requested follow up did not attend the TBT

The poorest attendance for TBT was seen in those babies who had not attended or who declined the newborn hearing screen. The best attendance was seen in those babies whose parents had requested a TBT following a clear response in only one ear. One hundred appointments were recorded as not attended. NBHSW standard is that  $\geq 90\%$  of babies complete this hearing test as per protocol. Mean attendance was 50% and median attendance 40% across sites, with a range of 30%-100% (100% one site only).

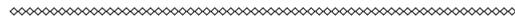
#### Issues for discussion following the review

- Non-attendance rate
- Age at appointment
- Quality of assessment (e.g. 5 month old discharged with normal hearing after distraction test)
- Review of information provided to mothers by NBHSW regarding TBT

### Recommendations for changes

- Parents of babies who do not attend or decline screening or who move into the area should be sent a letter (with a copy to Health Visitor) when baby is 7 months old asking them if they would like an appointment for hearing assessment. Babies would be appointed when the parents accept this offer
- Parents of babies with a significant condition, those who have not completed assessment or those who have requested TBT should receive an appointment when baby is 8-9 months old
- The recommended age at appointment should change from 7-8 months to 8-9 months and babies must not be appointed before 8 months of age
- NBHSW letters and leaflets should be altered to reflect the correct age of appointment
- Sites should be encouraged to comply with these changes and to monitor impact through local audit

The results of this review and the recommendations will be discussed with Professional Leads across Wales, with a view to implementing changes that improve the quality, efficiency and cost effectiveness of the service.



### BAPA executive says goodbye to Keith Stewart

At the June Executive Committee Meeting BAPA said farewell to Dr. Keith Stewart who assures us he is now fully retired from Paediatric Audiology with the NHS!



Keith studied at Guys where he was a highly successful social secretary at the Students Union. Keith had aspirations to follow an ENT career but after completing an ENT house job decided to train in General Practice, eventually settling in Huntingdon where he practised for over 25 years.

When, in 1989, Kenneth Clarke re-organised the GP contract yet again Keith began to look for other medical challenges and following discussion with Ian MacKenzie, a great friend from student days, began to think about paediatric audiological medicine. At this time Ian was Lecturer in Audiological Medicine at Manchester University and over the years has been tutor to many paediatricians studying for their MSc.

Keith studied at Manchester during 1991/2 – a year he thoroughly enjoyed. He was always aware of the great privilege that the prolonged study leave arrangement for GPs gave him in being able to take such an opportunity. His dissertation was on the development of an elasticated headband for bone conductor aids with which he experimented in the Huntingdon and Cambridge Paediatric Audiology Services. He regrets not taking out the rather expensive (in those days) worldwide patent on the device, which has since been very successfully marketed by baha®.

Once back in Huntingdon Keith split his time as a senior partner in general practice with being a Hospital Practitioner in ENT, the latter involving both adult balance and tinnitus work, and a community paediatric hearing assessment clinic. Keith enjoyed the paediatric work immensely and in 1999 was appointed to the well known Kent Paediatric Audiology Service, where his clear organisational thinking earned him great regard. He eventually became responsible for the East Kent Paediatric Audiology Service and although denied the opportunity of being the first Consultant in that service, his preparation and forward thinking meant a Consultant was soon appointed after he retired in September 2007.

As many will know there is a very active audit and governance group in the South East, which I had chaired for many years. We welcomed Keith to the group shortly after his appointment and he became Chair in 2003. Keith was a South East representative on the BACDA Executive from 2002, and the London meetings Organiser from 2003. Keith was also appointed as a QA Consultant for the

English newborn hearing screening programme.

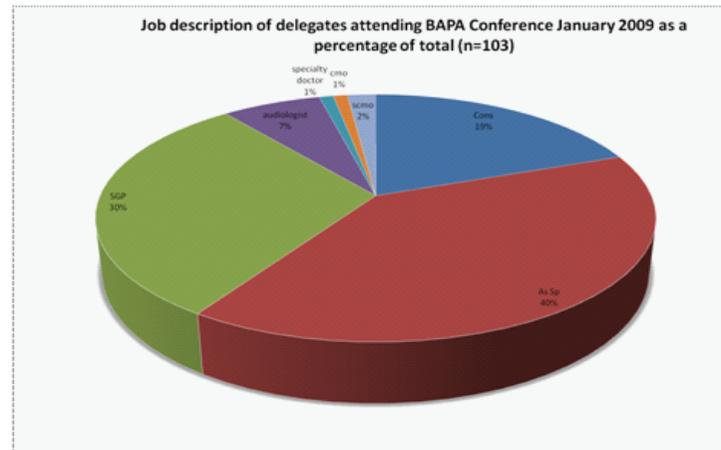
Keith has always brought enthusiasm, wit, generosity and clarity to committee work, Keith is sociable, affable and approachable and highly successful at making things happen. His preparation for the London meetings was always meticulous and ensured very high standards of presentation which was reflected in highly positive evaluation reports. Only Keith could considerately listen to delegates complaining the auditorium was too hot matched by an equal number who complained it was too cold and take decisive action by doing nothing! Keith was a major behind the scenes 'player' in the highly acclaimed BAPA Vestibular Course at Clare College in 2008. It was Keith who ensured the Clare College Conference Office were treated to fresh locally grown strawberries, and the porters duly rewarded for their excellent service to delegates. At any meeting Keith created a congenial ambience that welcomed all and smoothed the irritations delegates inevitably perceived when all was not according to their expectation. Keith has been a tireless BAPA supporter and an inspirational committee member and I am very happy to report the Executive has voted him life membership in recognition of his work not only for BAPA but for paediatric audiology in general. On behalf of BAPA I wish Keith a very happy retirement. I would like to extend our thanks to his wife Pam too, who for some years was a familiar face welcoming delegates to our London Conference.

*Adrian Dighe, Chair – August 2009*

## Feedback from the London Conference

Meetings Secretary Jane Dalzell

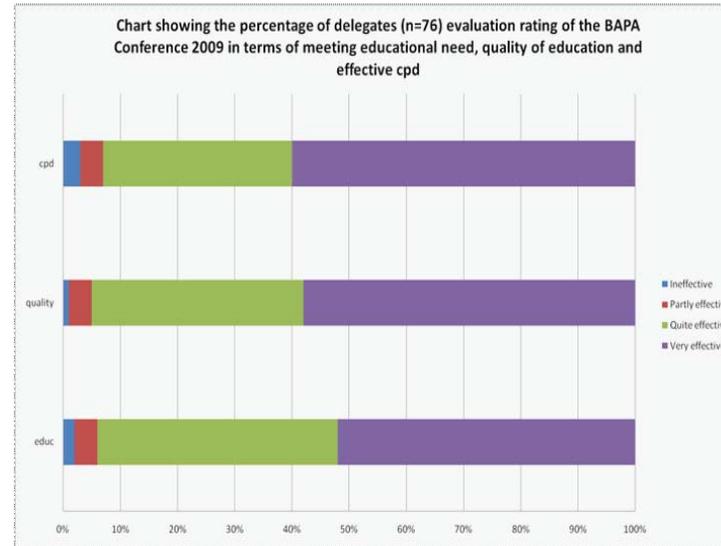
- 103 delegates attended the conference. That is just over 50% of the membership.



- 94 evaluation forms were returned with 76 completing the final part regarding CPD.
- Average rating for the speakers were all very good (4)

### Suggestions for future courses

- Aetiology: appropriate and relevant investigations for clinicians
- Associated health issues with deafness
- Developmental assessment of deaf children
- How balance problems affect school, education and social life
- Discussion of NICE Guidelines/ OME/hearing services
- ENT update
- More clinical based and practical related. Problems supported with examples and explained with videos
- NDCS to go through their range of information
- Genetics of sensorineural hearing loss
- Topics on managing children born to deaf parents
- Auditory neuropathy (several requests)
- Management of childhood tinnitus
- Auditory processing disorder (several requests)
- AGM to be held at the beginning of the day



**Guymark**  
UK Ltd

- Specialists in diagnostic, audiometry and vestibular products
- Manufacturers of audiometric products
- Otoscopy and ENT products
- Suppliers of single use disposables for audiometry
- Onsite or inhouse service and calibration available

**Auditory Evoked Potential Systems**

**Audiometers**

**Auditory Screening Devices**

**Typanometers**

**RECENTLY ACCREDITED FOR UKAS AUDIOMETER CALIBRATION**

Saint Luke's House, Upper High Street, Cradley Heath, West Midlands B64 5HX  
 Tel 01384 410 848 Email sales@guymark.com [www.guymark.com](http://www.guymark.com)

## AUD-M-ED TRUST

Jane Lyons



The World Health Organisation estimates that at least 278 million people in the world have a disabling hearing impairment. In developing countries, where the burden of hearing loss is greatest, resources to detect, diagnose and manage hearing impairment are severely limited. It is the people in these communities, who are coping everyday with these dire circumstances that AUD-M-ED wants to help.

### Aims of the Trust

AUD-M-ED Trust was started by doctors, audiologists and teachers of the Deaf involved in audiology services in the UK. The main aims of the trust's work in developing countries are:

- To help improve services available to people with hearing impairment.
- To help improve the knowledge, training and facilities of those working in the hearing impairment services.
- To provide help and support to deaf adults and children.

### Examples of needs met:

- AUD-M-ED have helped people to receive short term training in the UK.
- Equipment and hearing aids have been sent where needed the most.
- Books and journals have been sent to several countries
- Partial funding provided towards detecting hearing loss and the fitting of hearing aids in one province in China
- Training provided for the parents of deaf children
- Financial support for small tables and chairs to be made by a deaf carpenter for a class of deaf children.

### Places benefitting from AUD-M-ED donations:

Brazil, Cambodia, China, Ghana, India, Kenya, Madagascar, Nepal, Nigeria, Russia, Vietnam, Zanzibar



### **Ways you can help:**

- Join the 200 club, which will provide the Trust with a steady income.
- Arrange a sponsored activity through the Just Giving website (see link on [www.audmed.org.uk](http://www.audmed.org.uk))
- Organise fund-raising events.
- Donate up-to-date books and equipment.
- Donate your time and expertise for short term teaching in a developing country.

For information about the 200 club, organising a fundraising event, or short term teaching abroad, please contact the Secretary:

Mrs Frances Tweedy, 11 Lindsay Road, Manchester M19 2LB email [frances.tweedy@talktalk.net](mailto:frances.tweedy@talktalk.net)



### **The Drive to End Pinnaplasty by 2030**

Dr Nicky Bulmer- Associate Specialist, Wolverhampton PCT

In last October's Audiens, I read David Gault's open letter with interest. I had fitted a few ears with Ear Buddies over the previous few months and was keen to promote early intervention in Wolverhampton. I had also heard Mr Gault speak at the BAPA meeting in London and so decided to make contact to offer a venue for one of the lectures. I knew that involvement of the Midwives and Health Visitors to identify babies early would be the key to success.

The meeting was arranged for 2 April 2009 and attracted a mixed audience with Midwives, Health Visitors, Paediatricians, GPs and an ENT representative. The presentation was entertaining and informative. Mr Gault provided a number of coloured posters to assist decision-making and management of neonatal ear deformities. I am sure this will prove invaluable as a visual reminder for the Midwives and Health Visitors as to which

misshapen/prominent ears would benefit from treatment. I was very interested to hear how cryptotia could be improved by early intervention ... now I know. Mr Gault mentioned the role of bulky clothing and head cosies in car seats in causing normal ears to become prominent. I hope the Health Visitors will be able to bring this to Parents' attention.

The PCT have purchased a number of ear splints. I am hoping that the Community Nursing Service will be able to assist with their fitting in the future. Although parents can order Ear Buddies directly from the Internet, those that I have met so far have not been confident to fit the splints themselves.

I have suggested that Mr Gault could be invited to speak at one of the BACCH meetings so that the benefits of early splinting can be disseminated beyond audiological circles.

## The Development Group: Past, Present and Future

### The Origins

The Development Group was originally formed in 2004 when the Research Group and the Training Group merged.

Following an evening reviewing back copies of *Audiens* I can tell you that the Research Group was officially formed in 1998, although a considerable piece of work was undertaken by an enthusiastic Audit Subgroup between 1994 and 1999 which resulted in the publication of **Early**; A National Audit of Hearing Impairment in Children. The **Early** audit analysed processes and outcomes of screening methods for permanent childhood hearing impairment, provided national and regional measures against which services were able to monitor their performance and improvements. It highlighted where there were delays in the process and demonstrated wide variations across regions in the numbers of new cases being identified. Information provided by this audit helped stimulate discussions leading to improvements at regional level.

Between 2000 and 2004 the Research Group undertook an Evaluation of the School Entry Hearing Test. The outcome of this was published in *Archives of Diseases in Childhood* 2005; 90: 154-156. Information from this study was also used to inform the Health Technology Assessment on the School Entry Hearing Screen.

The first formal mention of the Training Group in *Audiens* was in 1999 but this group was in existence and working hard on behalf of the membership for some time before this resulting in the publication of the "BACDA Syllabus for Doctors Training in Paediatric

Audiology" in 1999. The syllabus provided a structured learner-centred framework for trainees and trainers in paediatric audiology.

The Training Group also published the BACDA Competencies document in 2002 which detailed the knowledge, skills, attitudes and values needed by paediatricians of different grades working in paediatric audiology

### The Recent Past

Both the Research Group and the Training Group, and since 2004, the Development Group have continued to work on behalf of the BACDA/BAPA membership to

- Promote the important role of paediatricians working in the field of audiovestibular medicine and continue to pursue with the RCPCH the need for the development of a subspecialty in Audiovestibular Medicine
- Influence audiovestibular content of all levels of the RCPCH's Framework of Competences for Higher Specialist Training in Paediatrics including the development of an optional module for Audiovestibular Training – which was added to the Level 3 Training in Community Child Health Competencies in 2006
- Highlight concerns regarding future workforce planning issues, through provision of workforce information following the BACDA Census in 2005 and ongoing representation at National Workforce Review Team Meetings
- Identify training needs of Paediatricians working within the field of audiovestibular medicine, and

where possible provide or facilitate the provision of appropriate training courses, for example Basic Sciences Day in 2003, VRA Workshops 2003-2005 and more recently the Vestibular training days in 2008

- Develop and update in collaboration with other bodies, including the British Association of Audiovestibular Physicians, the Newborn Hearing Screening Programme and the National Deaf Children's Society relevant protocols and guidelines, for example Best Practice Guidelines for investigation of babies identified through Newborn Hearing Screening was widely revised by the training group under the auspices of the NDCS in collaboration with NHSP

### **The Present**

Work continues to try and complete the gathering of detailed information about workforce numbers in Paediatric Audiology. This is an important piece of work which will help provide evidence to take to the different Workforce review teams across the United Kingdom, and also to the Royal College of Paediatrics and Child Health. It will help highlight the inequity of provision of services for children and their families across the UK, providing information on different staffing levels (both numbers and level of experience), availability of appropriate assessments and types of clinics offered. Information from this piece of work will help to inform the future development of paediatric audiovestibular services.

The research work of the Development Group has faltered in recent times. A huge amount of time and effort was put into working up the Study into Unilateral Sensorineural Hearing Impairment (SUSHI). It had been hoped that this

study would explore the aetiology of unilateral sensorineural hearing loss, looking specifically at the information obtained from MRI scans, CMV studies and Connexin studies. Protocols for this were written, professional and parent/child information leaflets were produced and a not inconsiderable amount of work put into seeking ethical approval. It became clear that a significant amount of funding was likely to be required to move this project on successfully and that applying for appropriate funding was going to be a major project in itself. Work on the full proposal was therefore put on hold, while a smaller piece of work was undertaken to gather information about how services are currently investigating children with unilateral sensorineural hearing losses – what investigations are routinely undertaken and how are these funded? It is hoped that results from this will inform how best to proceed with the original proposal, and will arm us with a more accurate means to establish what the funding requirements for the project would be.

### **The Future?**

Over the past year it has become increasingly difficult for members of the Development Group to devote the time required to move projects on as quickly and efficiently as we would like. (Work originally began on SUSHI in early 2005). This is mainly because of ever increasing pressure of work. Members have been prepared to, and often have, met in their own time often on a Saturday, to move forward the work of the group. While all members of the Development group are active participants, it has to be acknowledged that there is a small subgroup that has carried out the bulk of the work, and to them I am immensely grateful.

Several Development Group members have been involved for many years; Lesley Batchelor, Sarita Fonseca, Gill Painter and Wanda Neary all have had continuous involvement with the Development Group in its different guises for many years, and have their names on some of the earlier documents BACDA published. Several of the group members may be considering retirement options in the not too distant future and it is important that the Executive Committee of BAPA considers how it can encourage other members to become involved in the work of the Group.

Some BAPA members have indicated that they would be interested in becoming involved in aspects of the work of the Development Group, but they are anxious about the amount of work and time commitment that may be required.

The Executive Committee is currently considering options for the future of the Development Group. It has been suggested that one way forward is for the current Development Group membership to see through to a conclusion its current major pieces of work – the workforce review and SUSHI, and that new pieces of work that may have been allocated to the Development Group, be allocated instead to short-life working groups that have specific remits and timescales to work to. The lifespan of different working groups may vary considerably depending on the piece of work undertaken, some may only last a week or two, others may be in place for several years if they are, for example undertaking a complex audit.

Members would be recruited to groups depending on their skills, expertise and particular areas of interest. Groups would have members with varied levels of experience and would encourage the sharing of knowledge and skills of

the more experienced with those that are less experienced. Taking part in a working group, would for many members constitute a continuing professional development opportunity.

By re-organising things in this way it is hoped that it would be possible to encourage more members to become actively involved in the work of BAPA. This would in turn help share some of the workload. It will also encourage a wider understanding of the workings of BAPA and its relationship with other organisations, Royal Colleges and government bodies.

It is recognised that working in this way would not be without its challenges. Encouraging people other than the “usual suspects” to become involved in the first place may take some persuasion, and keeping them involved and motivated may be an ongoing challenge. There are however a lot of talented and enthusiastic members of BAPA, who with a little bit of encouragement and advice from “the old faithful”, will be in an excellent position to take a fully active and constructive role in these working groups, and in turn perhaps provide the future leadership for the organisation.

If you have any comments on this proposal or other constructive suggestions about how to move things forward the Executive Committee would like to hear from you.

We would also like to hear from members who would be willing to participate in a short life group. If you have any particular areas of interest / expertise please let us know.

*Ann MacKinnon,  
ann.mackinnon@nhs.net*

## BAPA at RCPCH Spring Meeting, University of York, 2009

Dr Ros Aylett

For the second year BAPA had a Specialty Group session at the RCPCH Spring meeting in York. The session was scheduled for the afternoon of the last day of this four day conference. The competition for attention was fierce: outside the sun was shining and a leisurely stroll around the pleasant campus beckoned, inside seven other specialty group sessions were running simultaneously. Last year BAPA attracted an audience of over thirty, this year just fifteen attended but they were very appreciative and were well rewarded with a clutch of excellent presentations.

Guest lecturers and BAPA members and an Audiological Scientist had been invited to speak. With the exception of one speaker they each had a ten minutes to present and five minutes to take questions. Adrian Dighe chaired the meeting.

Dr. Maria Bitner-Glindzicz spoke about recent advances in the genetics of hearing impairment using DNA microchips to identify mutations. This exciting new technology will provide insight into the mutations that underlie established hearing loss and also susceptibility to developing deafness from a range of conditions e.g. mitochondrial disease, sensitivity to aminoglycosides.

Dr. Andrew Reid, Consultant Audiological Scientist from Bath then presented his findings from a pilot study on Transition from Paediatric to Adult Audiological services. Reference was made to the NDCS Quality Standards and Good Practice Guidelines and the changes

that had been made to their service were described. Dr. Reid also provided up to date information about the support available to hearing impaired students at University.

Dr. Charlotte Agrup speaking on immune mediated audiovestibular disorders described the pathogenesis and clinical presentation and the importance of early diagnosis and treatment in this very interesting talk.

Next Dr. Nedal Sattar presented her study on one hundred children with normal hearing and hyperacusis. The dedicated clinic and information leaflet for parents and teachers were a good example of how an identified need can be met in Community Paediatric Audiology.

After tea Dr. Byrony Beresford of the Social Policy Research Unit York University gave an overview of the evaluation of specialist mental health services for deaf children and their families. The evaluation looked at the national service provided from three specialist teams based in York, Dudley and London and used data collected by the research project, supplemented by information collected routinely by the clinics. An innovative aspect of the network is the use of teleconferencing for clinical work, case management and supervision. Later in the afternoon Dr. Sophie Roberts Consultant Psychiatrist described how the new extended service will function and who will be seen. Following the pilot project a fourth specialist service in Taunton and six outreach clinics are being developed. The outreach services will provide a bridge

between the local CAMHS services and the Specialist teams.

Dr. Veronica Kennedy's overview and practical guide to management of Tinnitus in the paediatric population included information about the prevalence, impact and the range of descriptive vocabulary used by patients. Advice on how to take the history and management strategies concluded this very relevant talk.

I then presented an audit on the use of speech discrimination tests in paediatric audiological assessment which was carried out by South Thames Audiology Audit and Governance Group.

The afternoon finished with Dr. Roberts' talk.

The format of the specialty group sessions mean that they are fast paced and allow a number of different topics to be aired in one afternoon. For the second year Adrian Dighe, who chaired the proceedings and Gill Painter are to be congratulated on organising an excellent meeting. (Sarita Fonseca, not present on the day, also was involved with some of the organisation.)

### **BAPA at RCPCH Spring Meeting 2009**

A Personal View by Ros Aylett

When asked to give a presentation my immediate response was a brief moment of trepidation and then came the calming thought that it was a few months away and there was plenty of time to prepare. The first requirement was to write the abstract which then had to be submitted via the RCPCH website. I had to confirm that if my abstract were accepted I would attend and pay the course fee for the day.

Further instructions followed: the presentation was to be sent electronically twenty four hours in advance so that it would be ready for the session chair to download and it must last no more than ten minutes so that there would be five minutes available for questions. We were warned we would be stopped in mid flow if we over ran!

I was only able to attend for one day and on arrival I took a little time to orientate myself as there are a number of events running simultaneously. There was time to attend the plenary session in the Central Hall before meeting with the BAPA group for lunch. We were allotted a lecture hall for our session which in view of the audience numbers was in excess of requirements but the atmosphere was good and the meeting chair, Adrian Dighe, kept the proceedings running smoothly.

The whole experience was very rewarding and I am grateful for the advice and encouragement I received. If you are offered the opportunity to speak at this event I recommend you accept and enjoy!

## Report From The Bapa Se Meeting Held On 17 July 2009

Dr. Indira C. Mohan, Joint BAPA SE Representative

The BAPA SE Group Meeting entitled, "Hearing to Processing," was held on Friday, 17 July 2009 from 2 – 5 pm at the Education Centre at Mile End Hospital in London. It was attended by 27 delegates from various disciplines – Audiological Physicians, Community Paediatricians, Audiologists, Speech Therapists, Portage Workers, Paediatric Audiology Nurse, Educational Psychologist and Teachers of the Hearing Impaired.

Dr. Gurmeet Sen (BAPA Member), Associate Specialist at Southend University Hospital NHS Foundation Trust, was the first speaker. She took us through the journey as to how the present state of art Paediatric Audiology Unit at Southend evolved from humble beginnings. She stressed the importance of working as a team lead by a Medical Professional at the helm. Their underpinning strength lay in the saying that, "if somebody loses, nobody wins." Joint Clinics with professionals from various disciplines enabled them to deliver a family friendly child centred service.

Dr. Tony Sirimana, Consultant Audiological Physician at GOSH was the next speaker. His presentation on, "Auditory Processing in Autistic Children" was well received by the delegates. He said that Auditory Processing Disorder (APD) "results from impaired neural function and is characterised by poor recognition, discrimination, separation, grouping, localisation or ordering of non-speech sounds." (BSAAPD Steering Group 2004) The definition from ASHA 2005 was also quoted that, "APD is a deficit in neural processing and is not

due to higher order language, cognitive or related factors." He explained that APD may lead to difficulties with higher level language processing, learning and communicating.

The presenting problems in APD may be hearing in background noise, hearing reverberating speech and hearing poor quality speech. There may be difficulty in understanding rapid speech and also in understanding different accents. The person may have problems in sensory integration and be unable to deal with multi-sensory inputs. There may be learning difficulties, poor performance and behavioural issues. This raised the question whether one could consider auditory processing in isolation. The importance of the ability to detect changes for processing speech was pointed out, which lead to the question as to when auditory processing ends and when language processing begins.

"APD may co-exist with other disorders like ADHD, language impairment, learning disorder but is not the result of these." (ASHA 2005) Current Clinical Practice of involving multi-disciplinary assessment – Audiological, Medical, Speech and Language and Cognitive – was discussed. He defined Autism as, "a pervasive developmental disorder in inter personal relationship and communication where subjects may have enhanced tactile, visual and auditory discriminating ability." Autism and responsiveness to sound was discussed where the autistic person may not respond to simple or uninteresting repetitive sounds. Modulation and variation in sounds may produce a better

response. Hypersensitivity to sounds was a common finding. Dr. Sirimana pointed out that there was hardly any research on APD in Autistic children. Most of the work had been done on high functioning autistic adults.

Patients with Autistic Spectrum Disorder (ASD) also showed impaired sensory integration. There seemed to be a definite difference in auditory cortical function in autistic subjects, which pointed to a higher level dysfunction. There was some evidence of sequencing difficulties. Did this mean that there is a problem with short term auditory memory? More work was required. Also visual processing and sensory processing had to be looked at. Quite a thought provoking and interesting presentation which left everyone aware that Dr. Sirimana was not accepting referrals until more work was done regarding APD in Autistic Children.

Ms. Lesley Nicholls is a highly specialist speech and language therapist from Community Health Services in Barking and Dagenham. Her presentation, "Communication Strategies for Children with Complex Social and Communication Needs and Autism," followed Dr. Sirimana's talk. The triad of impairments, consisting of disordered communication, impairment in social skills and inflexibility of thought, was mentioned. The difficulty in understanding and using spoken language, in interpreting and appropriately using body language and facial expression, in understanding jokes, idioms and sarcasm and in interpreting intonation and taking things literally were the main aspects of disordered communication. She explained inflexibility of thought as difficulties with categories and pretend play, difficulty in anticipating

what comes next and in coping with change. Impairment with social skills like lack of or inappropriate eye contact and facial expression, difficulty in understanding and learning social rules and low motivation to communicate with others, characterised these children.

There may be difficulty in processing and in sensory integration. The child may be hypo or hypersensitive to hearing, touch, sight, taste and smell. Feeding is an aspect of daily life that was likely to be impacted by sensory difficulties, resulting in fussy eaters or those on restricted diets.

Generalisation of skills is difficult for these children and it is vital that those who care and educate these children on a daily basis are the ones to provide the "therapy." The role of the speech therapist was often a consultative one, to assess and identify the areas of need and to offer training to parents/carers and other professionals.

The various methods that were used by the Speech and Language Therapists to help these children were mentioned. The **intensive interaction method** aims to increase awareness and interest in other people. The adult copies the child's sounds and actions and by entering the child's world helps the child to take more interest in the people around. **TEACCH** – Treatment and Education of Autistic and related Communication-handicapped Children, is based on structured teaching. **PECS** – Picture Exchange Communication System uses pictures, symbols or objects to develop early communication skills. "**Social Stories**" is another method which describes a social situation and feelings associated with it, provides reassurance

and teaches how to respond to it. This can be used to prepare someone for a specific event, for example, going to a party. Sensory issues can also be addressed by exploratory play and by messy play. Lesley Nicholls concluded by saying that like fruit salad, no child with autism or social communication difficulties is exactly the same – one size does not fit all.

The final presentation, “Hand in Hand,” which stressed the importance of communication between Health and

Education, was presented by Ms. Diana Sampey and Ms. Annette Maczka, Teachers of the Hearing Impaired in Tower Hamlets. They emphasised that the lack of or a delay in communication between health professionals and education staff was not in the best interests of the child. The important role of the Teachers of the Hearing Impaired was highlighted, especially in a borough with a great number of people from ethnic minority groups.

#### AUDIENS

ADVERTISING RATES FOR 2009-2010 are as follows:

Colour A5	Commercial £200	Academic £150
Colour half page	Commercial £120	Academic £90

For Monochrome rates apply to editor

Format for advertising:

Camera ready artwork, preferably colour separated or on disc.

Artwork to be sent to the Editor:

Dr Jeanette Nicholls

Email: [jeanettenicholls2004@yahoo.co.uk](mailto:jeanettenicholls2004@yahoo.co.uk)

Work Tel: 0121 465 5205

Prices for inserts:

£100 per single A4 sheet, ready printed.

October edition – all copy to be received by 15th August

April edition – all copy to be received by 15th February

**5th Midlands Multidisciplinary Deafness Group Meeting**

**Thursday 19 November 2009**

**Education Centre  
Birmingham Women's Hospital, B15 2TG**

**9.30-12.30**

**(Coffee, tea and biscuits available from 9.00am)  
Please bring £2 on the day to cover refreshments**

**Craniofacial and Cleft  
Syndromes associated with  
Hearing Loss**

**Speakers**

Mrs Konstance Tzifa-Consultant ENT Surgeon, Birmingham Children's  
Hospital

Speech and Language team, Birmingham Children's Hospital

Jenny Morton-Clinical Geneticist, Birmingham Women's Hospital

**Presentations**

Craniofacial case studies-Tracey Davis, CCP, Northampton and Carole  
McKeown Consultant Clinical Geneticist, Birmingham Women's Hospital

Following on from our last meeting on Auditory Neuropathy Spectrum  
Disorder

10 minute presentations from a number of colleagues

Open to all involved in working with children with Hearing Impairment

Audiologists, ENT surgeons, Geneticists, Ophthalmologists, Paediatricians,  
Radiologists, Speech and Language Therapists, Teachers

For further information contact [jeanette.nicholls@sbpct.nhs.uk](mailto:jeanette.nicholls@sbpct.nhs.uk)



A meeting of the Otology Section in association with the British Society of Audiology and the British Association of Paediatricians in Audiology

## The ear and the child

Thursday 14 January 2010

9.00 am – 4.45 pm

Main Lecture Theatre, Royal Society of Medicine

- 9.00 am Registration and coffee  
**Communication in early childhood**
- 9.30 am **Communicating the rhythm of ideas and feelings with infants by voice and gesture.**  
*Professor Colwen Trevarthen, Edinburgh*
- 10.10 am **Language development in deaf infants**  
*Professor Christina Yoshinaga-Itano, Colorado, USA*
- 10.50 am **Coffee**  
**Aetiologies and additional needs**
- 11.15 am **Aetiological investigation of hearing loss**  
*Dr Breege MacArdle, London*
- 11.45 am **Deafness and additional difficulties**  
*Professor Anne O'Hare, Edinburgh*
- 12.15 pm **Beyond hearing aids - a surgical perspective**  
*Mr Chris Raine, Bradford*
- 12.45 pm **Lunch**  
**Balance**
- 1.45 pm **Vestibular assessment of deaf children**  
*Dr Sylvette Wiener-Vacher, Paris, France*
- 2.30 pm **Vestibular deficits and reading in children**  
*Professor Rose Marie Rine, Jacksonville, USA*
- 3.15 pm **Tea**
- 3.40 pm **Vestibular effects in OME**  
*Professor Margaretha L Casselbrant, Pittsburgh, USA*
- 4.25 pm **Questions to afternoon speaker panel**
- 4.45 pm **Close of meeting**

CPD: Applied for. Registration via the RSM website [www.rsm.ac.uk/academ/otj106.php](http://www.rsm.ac.uk/academ/otj106.php)

### **The BAPA Annual Prize Rules**

1. The award is named the BAPA Annual Prize
2. Any BAPA member (Full, Associate or Retired) will be eligible for the award apart from members of the Panel (see below)
3. The award will be given for work that promotes the aims of BAPA, which are:
  - (a) The promotion of standards in both training and professional qualifications of paediatricians working in audiovestibular medicine and to contribute to the training of other professionals working in related disciplines.
  - (b) The promotion of multidisciplinary working for the benefit of children and their families.
  - (c) The promotion of multidisciplinary working by maintaining and developing links with other professional bodies.
  - (d) The holding of meetings, lectures and discussions in various regions and the publication at regular intervals of a newsletter for members.
4. This work can be in the form of:
  - (a) a report or publication
  - (b) a presentation to an educational or audit meeting
  - (c) an outstanding contribution to service development and/or multi-disciplinary working.
5. Candidates can themselves apply for the Prize by submitting a report or presentation. Alternatively candidates can be proposed by any full member of BAPA by submission of a citation.
6. The Awards Panel will comprise three assessors, two of whom are BAPA members (one of whom is a committee member) and one non-BAPA member who is actively involved in children's hearing services. The Panel will be nominated annually by the Committee.
7. Submissions should be sent to the Secretariat or Chairman by 30<sup>th</sup> September each year for consideration by the Panel. If the Panel agrees to make an award this will be presented at the next BAPA Annual General Meeting. If the recipient is unable to attend, the award will be presented in absentia.
8. The award will be in the form of tokens of the recipient's choosing. The value of the award is currently £250.

amplivox

# Lightweight Audiological Equipment

**Innovative. Portable. Easy to use.**

clinical  
audiometers



### Amplivox 270

- Air, bone and speech audiometry
- Range of clinical tests
- Optional NOAH interface

diagnostic  
audiometers



### Amplivox 260

- Air, bone and speech audiometry
- Totally portable
- Optional battery power function
- Weighs just 715grams
- Optional NOAH interface

screening  
audiometers



### Amplivox 116

- Compact and easy to use
- Comprehensive specification
- Reduced test time function
- Totally portable
- Weighs just 655grams

tympanometers

### Amplivox Otowave Hand Held Portable Tympanometers – for fast accurate middle ear measurements

- Totally portable
- Ergonomic shape
- Large graphics display
- Optional printer and PC interface
- No external power or data cables
- Intuitive use
- Programmable reflex tests

innovative

Our audiological products combine technology, reliability and ease of use.

Many weigh less than 700g making them extremely portable – the Amplivox Otowave tympanometer weighs just 380g and sets new standards for totally portable equipment.

portable

easy to use



**NEW**

Amplivox Ltd  
29-30 Station  
Approach,  
Kidlington, Oxford,  
England, OX5 1JD

E-mail:  
sales@amplivox.ltd.uk  
www.amplivox.ltd.uk

Telephone: +44 (0)1865 842411

**FREE  
LAPTOP OFFER**



# Amplaid AM13 FreeQuency

## PC Based, Two-Channel Audiometer



### Compact & Lightweight

Dimensions: 14 x 16.2 x 3.5cm  
Weight: 350g

AM13 FreeQuency audiometers operate with AM13 NOAH™ compatible module or with the new KIS database in Windows XP and 2000 SP4. Presently, they are not compatible with Windows Vista.

The new AM13 FreeQuency audiometer is ideal for Hearing Centres, Hearing Aid Fitting, Industrial Audiometry and the travelling professional looking for great mobility, accessible price and the best price to performance ratio.

The AM13 performs pure tone and speech audiometry by AC, BC and FF (with two free field outputs), as well as UCL testing.

**Order an AM13 and receive a  
Dell Mini 10 Laptop completely**



**Call Us On 01634 719427 For  
More Info Or To Book A Demo**

**TEL:** 01634 719427 **FAX:** 01634 719450 **EMAIL:** info@puretone.net **WEB:** www.puretone.net  
Puretone Ltd, 9-10 Henley Business Park, Trident Close, Medway City Estate, Rochester, Kent. ME2 4FR.

This offer is open to all UK trade customers of Puretone Ltd and cannot be used in conjunction with any other special offer, arrangement or pricing, howsoever agreed. E&OE. Subject to stock and availability. In the event of the Dell® Inspiron Mini 10 being unavailable a laptop personal computer of similar or greater specification will be supplied. Please allow up to 4 weeks for delivery. Offer starts 14/09/09 and ends 12/03/10.