AUDIENS

The Newsletter of the
British Association of Paediatricians in Audiology
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P C WERTH ADVERT

AUDIENS

The Newsletter of the British Association of Paediatricians in Audiology

BAPA is registered as a charity, No.1019567

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Front Cover: Adrian Dighe the now Past Chair and Gillian Painter the new Vice Chair at the RCCPH meeting in Warwick this year

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bapa
BRITISH ASSOCIATION OF PAEDIATRICIANS IN AUDIOLOGY

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Editorial - Stop the world I want to get off. *Jeanette Nicholls, Newsletter Editor*

For the observant of you it will be clear why you have not previously received your copy of Audiens to read. With the copy date falling during the summer or the spring half term breaks it has always interfered with my holiday so that it arrives on your doorstep on time. So I asked the executive committee if we could shift the publication to November and May respectively.

For the rest of you it will have meant one less envelope to process in amongst all the documents that seem to pile up waiting for your attention. The pace of change shows no sign of letting up what with the change in government, and the implications on the NHS, we are in a period of uncertainty and that is added to the already tight times with continued cuts. On a separate matter as doctors we are awaiting the introduction of revalidation. Well as a part of that we will be expected to be producing pieces of relevant clinical audit that completes the audit cycle, and so it is pleasing to be printing the work of another of our membership who has clearly stated recommendations and that it will be re-audited.

I have always endeavoured to participate in clinical audit but when the pressures of my clinical work load have seemed overwhelming I have rather put it on the back burner justifying that it is my clinical work that is most important as it involves patient contact; which is true as we are paid according to the number of contacts. That reasoning though needs to change as it is through attending conferences such as those organised by BAPA, reading medical journals, reflecting on our current practice, auditing areas where there are issues and then subsequently making changes that our practice can improve which is to the benefit of our patients. It is also a necessary part of our working towards our revalidation portfolio. We can also use the reflective notes of the RCPCH CPD website and gain CPD points in the process.

In amongst all the change though there does appear to be a small oasis of the familiar as it looks possible that there will be some new "Men in the Rowing Boat" toys available in the future. (See the letter from Peter Thorne.) I was interested to hear how the toy had come to be in the first place.

I hope that you enjoy reading this edition and that you will be encouraged to start a piece of your own clinical audit; which we would be happy to publish in future editions. And finally with regards to the vestibular training and moving forward to start putting it into practice, in the Midlands we have met with our audiological colleagues who participate in the vestibular testing of the adults and are looking at how we can initially provide a limited service for our hearing impaired children within the present constraints. It would be good to hear what others of you are doing…….

Audit of Targeted Follow UP at 8 Months

Mathana Sathananthan. Associate Specialist in Community Paediatrics, Specialist Children's Services, Heart of Hounslow Centre for Health, Hounslow and Richmond Community Health Care

Introduction

Newborn hearing screening has been implemented across the Hounslow borough since April 2005. This is a hospital based screening at the West Middlesex University Hospital (WMUH) which is the local hospital for most of our population. Those who missed the screen in hospital were offered screening at a community site. A targeted follow up hearing test (TFU) is offered to eligible babies (as defined by the national programme) and are seen at the Children's Hearing Clinic at the Heart of Hounslow Centre for Health. Parents of eligible babies are sent a letter stating that their child will need a TFU and requesting that they phone to book an appointment-partial booking system. This system was implemented in 2007 as previously there had been a high DNA rate when appointments were made and posted to parents. There is a monthly dedicated TFU clinic and most babies needing TFU are appointed in this clinic.

Background

Since NHSP (National Hearing Screening Programme) - routine 8 month distraction test by health visitors stopped

- At risk babies are offered 8 months TFU (Targeted Follow Up)
- NHSP coordinators identify the at risk babies via the eSP data base
- Reports are generated 6-8 weeks before TFU is due
- Local NHSP admin staff send letters to Parents about the TFU and request to phone back to book an appointment - partial booking system
- 3 weeks deadline given to parents to respond
- Parents confirm appointment
- Details passed to Audiology to be booked for next TFU clinic
- Parents who do not make contact –record deactivated on eSP
- Copy of discharge letter should be sent to parents and GP
- NHSP admin coordinates this for both Ealing and Hounslow

Babies who should be seen for TFU behavioural testing at 8 months:

- Missed screen or audiological follow-up*
- Syndromes associated with hearing loss / cleft palate / other cranio-facial abnormalities *
- Other specific high risk factors for late onset or progressive deafness **
  - congenital infection (CMV, RUBELLA, TOXOPLASMOSIS)
  - family history of permanent SNHL from childhood (in parents or siblings)
  - severe Jaundice / hyperbilirubinaemia (exchange transfusion level)
  - mechanical ventilation over 5 days or who had undergone ECMO

- SCBU /NICU over 48hr with no clear response OAE both ears despite clear response on AABR
- Neuro-degenerative or neuro-developmental disorders

- High levels of ototoxic drugs **

* mandatory;

** advisory and seen as good practice (reference –NHSP-guidelines for surveillance version 4.1, July 2009)

Standard for the Audit

- All children who require TFU should be offered an assessment before the baby is 9 months of age *(Ref: patient journey, Gillian Atty, 26/10/2009; screening programmes-newborn hearing)*

Aim of the Audit:

To find out-

1. What proportion of children needing TFU had actually been appointed?
2. What proportion of children appointed for TFU had attended the appt?
3. Age at assessment, method of assessment and hearing outcome on those children appointed in the monthly targeted follow up clinic

Methodology

- Number of children for TFU for the year 2009 identified through eSP data base
- Babies born at WMUH between 01/05/08 and 30/04/09
- Number of children given appointment obtained through the Audit base – monthly targeted follow up clinic - 3rd Wednesday
- Outcome obtained from Audit base
- Supporting data bases:
- •eSP
- •Audit base
- •Rio
- Data was entered and analysed on Excel

Results analysed for:

1. <u>Appointments</u>

- Total number should have been appointed
- Number appointed
- Number attended

2. Hearing assessment

- Method of testing
- Tympanometry results
- Hearing test results
- Age at testing
- Outcome regard to follow up
- Reason for referral to TFU

1. Appointments

- Number identified = 92 (01/05/08 and 30/04/09)
- Number of babies born in April 09 = 12 (these babies were excluded as they would only be just 8 months)
- Number should have been appointed = 80
- Number of appointments offered for the monthly targeted follow up clinics in 2009 = 38
- 7 of these appointed and seen were outside the selection date (4 born in April 08, 2 born in March 08 and 1 born in Feb 08)
- Number offered appointment from the selected cohort of 80 babies = 31 (38.75 %) 31/80; this represents the number of parents responding to partial booking system and requesting appointment
- Number seen in total in the 2009 TFU clinic = 27
- Number seen from the selected cohort = 20 (64.51 %) 20/31
- DNA = 10 (32.25 %)
- CANCELLED = 1 (3.22 %)

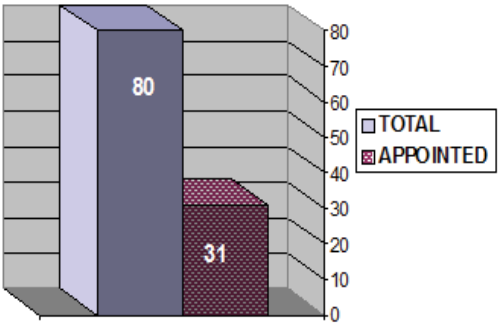
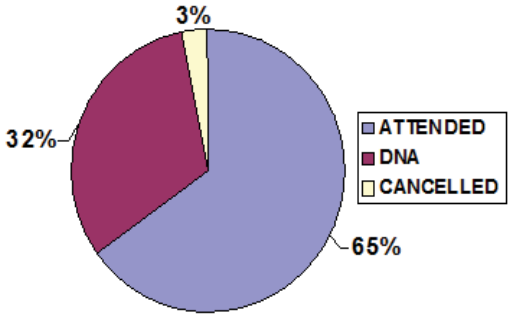


Figure 1-The total number needing TFU and the number appointed.

Figure 2- Those that attended, DNA and cancelled by percentage.



The rest of the audit consists of all children seen in the 2009 targeted follow up clinics for the hearing assessment and its outcome.

2. Hearing Assessment

Method of testing:

Of the total of 27 babies seen -

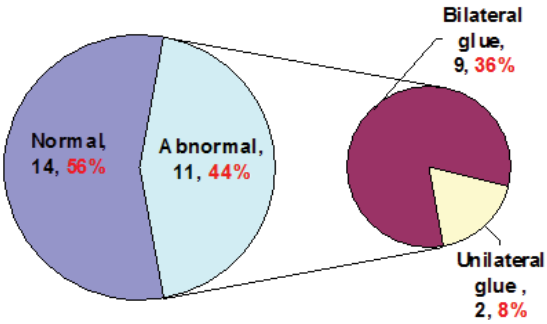
- VRA = 20 (74 %)
- INSERT L+R = 10 (37 %)
- INSERT L (unilateral insert) =1
- SF ONLY =9
- DISTRACTION TEST =7 (26 %)

Age profile vs. method of testing

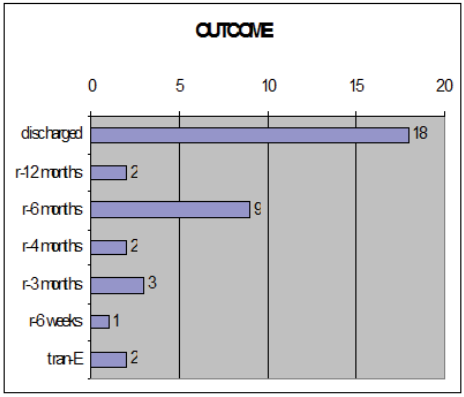
- Distraction test
  - Youngest = 7.5 months; has congenital disease
  - Oldest = 14 months – looked after child
  - ex-prem 27 weeks seen at 9 months- mild- moderate loss; bilateral glue
  - Ex-prem 26 weeks with cerebral palsy seen at 13 months
  - Child with holoporocencephaly and developmental – seen at 12.5 months [1]
- VRA
  - Lowest age = 8 months [insert]
  - Highest age =16.5 (ex-prem 25 weeks, SF test)
  - Insert VRA - no additional problems identified
- Distraction test - 5 had additional problems
  - ➢ 2 ex-preterm (26, 27 weeks)
  - ➢ 1 Congenital heart disease
  - ➢ 1 Cleft palate and holoporocencephaly
  - ➢ 1 looked after child

Tympanometry results

- SEEN = 27
- DONE = 25
- NORMAL = 14 (56 %)
- ABNORMAL = 11 (44 %)
- BILATERAL GLUE EARS = 9
- UNILATERAL GLUE EAR = 2



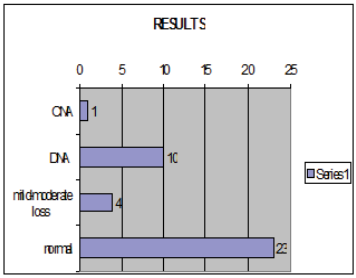
Outcome -hearing test results:



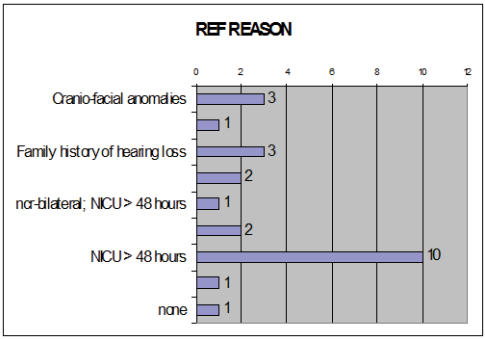
85 % (23/27) of the babies assessed had normal hearing and 15 % (4/27) had mild to moderate loss due to glue ears; no new cases of SNHL were identified in this cohort

Follow up

19 babies required follow up - 50 % of 38 cases appointed



Reason for TFU Referral



REASON FOR REFERRAL	No.
Cranio-facial anomalies	3
Failed nhsp*	1
Family history of hearing loss	3
NCR-BILATERAL*	1
NCR-BILATERAL+ NICU > 48 hours	1
NCR-UNILATERAL	2
NICU > 48 hours	10
NO SCREEN	1
None	1
(blank)	
Grand Total	**23**

Reason was found in 23 of the 27 cases seen (if clinical notes were used could have identified reasons in all cases);

* Failed NHSP and NCR -possibly they have missed audiological follow-up and added for TFU;

NICU> 48 hr constituted most of the case load followed by craniofacial anomaly and family history of hearing loss.

Summary of audit in regard to appointments

Only 38.75% (31/80) of the total number of babies needing TFU from the cohort was given an appointment.

61.25 % of parents (49/80) did not respond to the partial booking letter.

64.5 % (20/31) of those appointed attended the appointment and 32.25 % (10/31) did not attend appointment.

This reflects that in spite of partial booking system and parents requesting an appointment DNA rate is still high (almost 1/3 did not attend appointment).

Summary of the audit in regard to hearing assessment and outcome:

74% (20/27) of the babies seen had VRA assessment and this reflects that we were able to provide the highly recommended standard of assessment (VRA) for ¾ of the babies seen *(reference –NHSP-guidelines for surveillance version 4.1, July 2009).*

Of those babies who have had VRA 50 % of them (10/20) had bilateral insert VRA with ear specific thresholds established indicative of a probable high standard achieved in the assessment.

Age range of babies who had VRA assessment is between 8 months and 16.4 months with the average age of 12.25 months. Age range for insert VRA is between 8 and 15 months with the average of 11.5 months. None of the insert VRA babies had additional difficulties.

26 % of babies (7/27) seen had distraction test and the age range is between 7.5 and 14 months with the average age of 10.75 months. Of the 7 babies who had Distraction test, 5 had additional problems which include the following

- 2 ex-preterm (26, 27 weeks)
- 1 Congenital heart disease
- 1 Cleft palate ,holoporocencephaly and developmental delay
- 1 LAC child (looked after child)

These results indicate ability of the baby to carry out VRA or distraction test is possibly linked to baby's developmental status and additional difficulties, rather than age in months when seen.

Inference

- Partial booking system resulted in only 38.75 % given appointment.
- In spite of partial booking system with parents requesting appointment, DNA rate is still high-32.25 % (1/3 did not attend)
- 85 % of the babies assessed had normal hearing and 15 % had mild to moderate loss due to glue ears; no new cases of SNHL identified in this cohort
- 19 babies required follow up -50 % of 38 cases appointed

Limitations in the audit

- Only dedicated TFU clinic audited
- A small number of cases could have been appointed in other clinic sessions and not included

What is special about this audit?

- Paperless audit
- Only electronic data base used to extract information
- Did not refer to clinical notes
- Positive reinforcement for good data entry

Recommendations

- More rigorous monthly check by audiology team to identify TFU cases
- Partial booking request when baby is 6-7 months old
- To book appointment by 9 months of age
- To refine the TFU pathway in the light of the audit findings
- Re audit 12 months after new recommendations implemented

Acknowledgements:

Dr Janet Lowe consultant community paediatrician for advice and comments

Rita Medda –newborn hearing screen admin team- who provided the list of children who should have been seen

Hounslow and Richmond Clinical audit department for overseeing the audit

Appendix A:

Copy of partial booking letter sent to parents

NHSP Office
Heart of Hounslow Centre for Health
92 Bath Road
Hounslow
TW3 3EL
Tel: 020 8630 1270
Fax: 020 8630 1272
Text Only: 07983 569 551
Email: audiology.hounslow@nhs.net

To the Parent / Guardian of baby:

Date

Re: 8 month follow up screen

Our Ref: NHSP/TFU/

Dear Parent,

A hearing screen is now routinely offered for all newborn babies born in hospital.

Sometimes when we screen babies there are various factors which determine that the baby should receive a follow up Hearing Test between 8-10 months. This can be because of various medical reasons, such as:

The baby was a NICU baby for longer than 48 hours with associated risk factors.

- NCR on OAE1 on both ears for NICU babies.
- There is a family history of Hearing loss.
- Baby has Cranio-facial Anomalies.

Or it may be due to other reasons such as:

- Hearing screen was incomplete for baby / equipment reasons.
- The Hearing screen appointment was not attended.

According to our records, your baby falls into one or more of the above categories and we would like to offer you the opportunity to bring your baby to clinic for a Hearing Test.

Please contact us on 0208 630 1270 or 020 8630 7535 if you would like to arrange an appointment. If we have not heard from you within two weeks of the date of this letter we will assume that you do not want to proceed with the Hearing Test and will discharge you from our records.

Yours sincerely

NHSP Team

INTERACOUSTICS AD

BAPA Vestibular Workshop January 15th 2010

Jane Dalzell, Meetings Secretary

Background

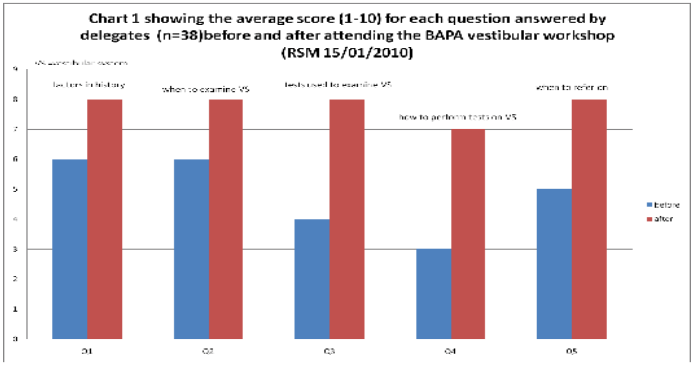
A vestibular workshop was organised at the popular request of BAPA members who attended the Cambridge Vestibular Course held in July 2008. It was held at the RSM the day after the Joint Otology /PAIG/BAPA Conference in January 2010. Forty delegates attended, many who had previously attended the Cambridge Course. All delegates attending were paediatricians with a special interest in paediatric audiology. There were 21 Associate Specialists, 15 Consultants and 4 Staff Grades.

Professor Rose Marie Rine and Dr Sylvette Wiener-Vacher who gave presentations at the joint conference directed the workshop.

Evaluation:

Evaluation of the workshop was undertaken using a questionnaire (appendix 1) administered and collected at the beginning of the day and again at the end. The aim of the questionnaire was to measure delegate's confidence in assessment and management of paediatric vestibular problems at 2nd tier level in a community clinic and to measure differences before and after the workshop.

Chart 1 shows the average score of confidence for each question asked before and after the workshop.



38/40 delegates completed the evaluation questionnaires.

Delegates were least confident in knowing how to examine the vestibular system and how to perform the tests before the workshop. These two questions showed the greatest average gain after the workshop (see chart 2). Average gain in confidence was identified in all questions by the majority of delegates (n= 34). A small number of delegates (n=5) showed no change in confidence in knowing when to examine

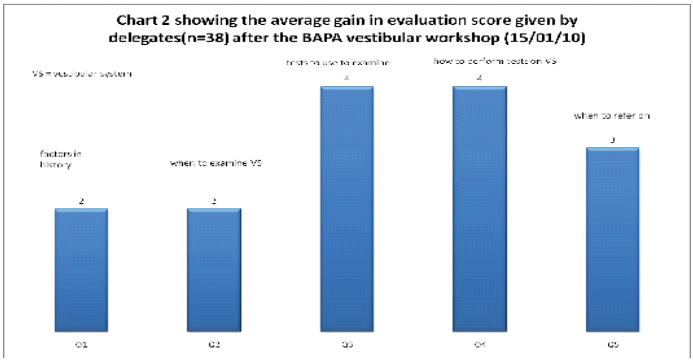


Chart 2 shows the change in evaluation score for each question after the workshop.

the vestibular system and identifying relevant factors in the history. Two delegates indicated they were less confident in knowing when to examine the vestibular system, how to examine the system and when to refer on after the day.

Overall, delegates indicated an increase in confidence in all aspects covered by the course. The effectiveness of the day was also supported by some of the comments given. Eleven delegates gave positive written comments in support of the workshop e.g. “Overall an excellent course” “Very useful” “Generally very well organised workshop with lots of stimulation, learning opportunity and food for reflection” Four delegates commented on the need for plenty of practice and integration into current practice

Suggestions for future courses:

Four delegates requested more courses

Others suggested the following:-

- Developing a protocol for vestibular assessment in community paediatric setting
- Future workshops at least 2-3 per year (by BAPA) similar to this practically orientated
- To discuss introduction of guidelines once developed
- Further updates and training on vestibular and neurological problems
- APD
- Auditory neuropathy

The workshop ended with discussion about developing a professional protocol and guidelines for assessing a child’s vestibular system.

Appendix 1

Evaluation of Vestibular Workshop 15th January 2010 at The Royal Society of Medicine, 1 Wimpole Street

Please rate on a scale of 1-10 (1= not at all confident 10=completely confident) how confident you feel about the following

1. Identifying factors in the history that suggest a vestibular problem

1 2 3 4 5 6 7 8 9 10 please circle

2. When to examine a child's vestibular system

1 2 3 4 5 6 7 8 9 10 please circle

3. What tests to use to examine a child's vestibular system

1 2 3 4 5 6 7 8 9 10 please circle

4. How to perform the tests

1 2 3 4 5 6 7 8 9 10 please circle

5. When to refer the child on for further assessment

1 2 3 4 5 6 7 8 9 10 please circle

6. Who to refer to

1 2 3 4 5 6 7 8 9 10 please circle

The copy dates for the next editions of Audiens are:
15th March 2011 and 15th September 2011
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.

BAPA – the future of charitable status

For some time now the Executive have been concerned that as BAPA is currently constituted (a charity) the Officers of the Charity carry a liability for the actions of the charity and in particular a financial liability. So for example if BAPA faced a financial claim that exceeded funds then the Officers would be liable to pay the claim. The Officers as defined by our constitution are the immediate Past Chair (myself), the current Chair (Jane Lyons), the Vice-chair (Gill Painter), the Honorary Treasurer (Ken Abban) and the Executive Secretary (Veronica Hickson).

At our executive meeting in June 2010 an independent charities advisor was invited make a presentation on the duties of Charity Trustees and relating Governance. There was an informed discussion about the pros and cons of limiting trustee's liability through BAPA becoming an incorporated charity. Essentially this means BAPA becomes a company registered under the Companies Act and the company applies for charitable status.

At the Executive meeting in September a unanimous decision was made to engage Mr Andrew Holdstock to complete this process on BAPA's behalf. We took note that similar organisations to our own have incorporated status – including the British Society of Audiology, The British Academy of Audiology and the British Association of Community Child Health. The British Association of Audiovestibular Physicians does not, neither is it a charity.

There will be some changes of course but our constitution will become incorporated as our memorandum of articles and our aims remain unchanged. The process will take some months and it is possible members will be requested to sign a new direct debit agreement. We will up-date the membership at the AGM next January (2011)

Adrian Dighe

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Letters

Escor Toys

Escor Toys Limited was founded by Edward Seaton Corner in Christchurch, in 1938, with a view to manufacturing a range of colourful wooden toys. The name Escor was created from the forenames initials and the first three letters of Edward Seaton's surname.

The main feature of the range, were the little wooden people, all individually painted, that fitted on and into the brightly coloured toys. Most designs were based on transport and the fairground. The toy best known to the paediatricians in audiology is the Rowing Eight, comprising 8 "rowers" and a Cox. This toy was inspired by the Oxford and Cambridge boat race.

Some 25 years ago, Southampton University approached Escor Toys when they were developing an audiology test for children. It was agreed that the Rowing Eight was ideal for this purpose and that Escor would supply this product to hospitals and health authorities.

In 1995 manufacture of Escor's toys was transferred to a local authority workshop for disabled people in Bournemouth, where they continued to be made and sold under licence using the Escor name and customer base. Sadly, at the end of 2009 the authority elected to cease the manufacture of toys as part of a rationalisation programme.

Escor Toys Limited still retains an office in Christchurch, and the entire range of toys, including the Rowing Eight, continues to be the intellectual property of the company. I am currently working on having a batch of Rowing Eights made in response to requests for this product by workers in the audiology field.

I joined Escor Toys in 1972 and worked with several members of the Corner family. I am writing a history of Escor Toys and hope that extracts will appear in future editions of Audiens.

Peter Thorne
Managing Director
Escor Toys Limited

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Professor Sue Hill
Chief Scientific Officer
Department of Health
July 23rd 2010

Dear Professor Hill

Over the past few months, BSA, as the multidisciplinary body encompassing all audiology professional groups, has facilitated discussions between those groups regarding the process of Modernising Scientific Careers and the opportunities and challenges this presents. With this letter we present the key points that emerged from those discussions and the formulated views of those present. This has been undertaken in the spirit of constructive engagement with Modernising Scientific Careers.

The key points arising are:

- The absolute immediacy of the need to finalise, consult on and publish the curriculum frameworks so that HEIs, in collaboration with clinical placement sites, have accredited programmes in place for autumn 2011. Students are deciding now on their UCAS applications and security of provision is paramount;
- The need for an academic lead with professional body expertise for the final development phase and sign-off of the curriculum frameworks so that these training programmes are fit for purpose for audiology, but also meet the requirements of HEIs and registration bodies;
- Enablement of the relevant professional bodies to take responsibility for the accreditation of training programmes;
- Identification of the education commissioners for the Foundation Degree, the Neurosensory (audiology) Healthcare Science BSc and the MSc;
- Identification of the manpower planning process to match student training numbers against the posts required for the audiology services of the future;
- Identification of key personnel to provide quick communication routes for audiology professions to be kept abreast of important changes of DH policy.

Those involved in the discussions are keen to be involved in timely working alongside the Department of Health to ensure audiology training routes are fit for purpose and can deliver the professionals to provide the high quality audiology services of the future. In order to facilitate this, please note that those audiology professionals who work in NHS departments require a 6–8 week period of notice to cancel clinics to attend meetings.

Yours sincerely

Dr Rosalyn Davies, British Society of Audiology

Dr Ruth Thomsen, British Academy of Audiologists

Mr Gerry O'Donoghue, British Association of Otolaryngologists and Head and Neck Surgeons

Mr Alan Torbet, British Society of Hearing Aid Audiologists

Dr Peter West, British Association of Audiovestibular Physicians

Dr Jane Lyons, British Association of Paediatricians in Audiology

Mr David Couch, British Association for Teachers of the Deaf

Mr Peter Keen, British Association of Educational Audiologists

Ms Anne O'Sullivan, Royal College of Speech and Language Therapists

Ms Anne Rodger, Association of Physiotherapy Interested in Vestibular Rehabilitation

Any changes?
If any of your details have changed, please let BAPA know by sending your details to Ann Mackinnon : ann.mackinnon@.nhs.net
Please be sure to include the following:

Name, _____

Address, _____

_____

Post code. _____

Preferred Email address, _____

Home Tel. No. _____

Work Tel. No. _____

South East Region

Following my last report, the BAPA SE Group Meeting "Hearing to Processing," was held on Friday 17 July 2009 from 2–5 pm at the Education Centre, Mile End Hospital, 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.

An excellent programme had been put together after consultation with some colleagues to appeal to a wider audience and had been circulated with a request to send to colleagues other than those working in audiology that may be interested.

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

Dr. Tony Sirimanna, Consultant Audiological Physician at GOSH was the next speaker. His presentation on, "Auditory Processing in Autistic Children" was well received by the delegates. It was a thought provoking, informative and interesting presentation. The conclusion was that more work was required.

Ms. Lesley Nicholls, a highly specialist SALT from Community Health Services in Barking and Dagenham followed on. She talked to us about "Communication Strategies for Children with Complex Social and Communication Needs and Autism".

The final presentation for the afternoon was, "Hand in Hand," which stressed the importance of communication between Health and Education. This 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.

The meeting then came to a close. Feedback questionnaire ratings were 4-5 on a scale of 5 with 5 being the highest score.

The South East Group members stayed for the AGM. Although the meeting was attended by 27 delegates from different disciplines, there were only 6 BAPA members including the 2 SE Reps. Indira and myself at the AGM. There was no nomination for the new SE Rep. and it was decided by those present that I should continue as the SE Rep. and that one Rep. should be sufficient to represent the SE Group.

Following this meeting I have not put on another training session. There is a lot going on nationally. The feedback from colleagues was to 'skip the year' as members were finding it difficult to keep up with the pace of change and additional demands on their time.

I would request colleagues to volunteer to join me. We have had no offers for a 2nd. Joint Rep. My personal view is that it works better with two members sharing responsibility.

Roshan Ansari

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Midlands

We had an excellent 6th Midlands Multidisciplinary Deafness Group (MMDG) meeting on 27th May on Visual Syndromes associated with Hearing Loss. This was attended and delivered by Ophthalmologist and Clinical Geneticists and the West Midlands BAPA members, Audiologists and ENT Surgeons. There were interesting and thought provoking presentations on Ushers syndrome. The presentation by the parents of a child was the hallmark of this meeting and made all of us re- think how a dual sensory impairment not only affects the child but its long-term challenges to their families.

We were made aware of the charity organisation named "LOOK"- A National Federation for Families with Visually Impaired Children, by their representative and the support they offer to children and their families.

There was an interesting presentation on molecular testing for CHARGE and a good Journal review on prevalence and aetiology of Deaf-blindness in Denmark by one of our BAPA members.

The afternoon was on peer review of challenging cases by BAPA members.

Our Next Meeting on November 4th follows an audit and review of NHSP meeting of the MMDG.

Mahadeva Ganesh

Yorkshire and North East
Northern "Networking" meeting 19/07/2010

This proved to be an unfortunate date as several people were on annual leave. Despite that it was a useful opportunity to share experiences & methods.

We had 2 audits presented:

1. Aetiology outcomes for those babies identified as hearing impaired from the newborn screen, presented by Dr F McDonagh.

2. An audit of referrals to ENT against the 1st 7 standards in the Nice guidelines, presented by myself.

The next meeting will be on November 22nd at 2pm. Venue will be St Mary's Hospital Leeds

Subject "Auditory neuropathy". More details nearer the time, but start thinking of cases.

Dr Kathleen Coats, regional representative

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 30th 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.

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