

# Role of the Doctor in the NHSP Team

Produced by the British Association of Audiovestibular Physicians and  
British Association of Paediatricians in Audiology  
July 2008

## Key Standard

Every NHSP team must have an appropriately trained<sup>1</sup> and competent doctor, preferably at consultant level, who would take the lead and be responsible for providing the medical input at every stage of the care pathway<sup>2</sup> and expected to take an active role in developing the care pathway, local protocols and planning and reviewing the service. The main areas include timely aetiological investigations and developmental assessments as required according to nationally accepted guidelines and local protocols.

## Further Standards

### Patient focus

- The doctor should be able to offer an appointment to parents within 2 working days of confirmation of deafness. This meeting should be uninterrupted and an independent interpreter present if necessary
- There should be a child-orientated environment for the family. However, while a pleasant environment is an important element in creating the right atmosphere, the correct attitude of staff is of greater value.
- The doctor should respect parental views, allowing parents time to process information and check understanding
- The doctor should be able to provide written information or point parents to relevant practical information in hard copy or via websites.

### Knowledge

The doctor should

- be able to address parents' questions, such as 'why did it happen?'
- have a sound knowledge of all possible causes of deafness and be able to apply this in a structured way to search for a cause.
- keep up to date with new developments. This may be achieved by attending an accredited 2 day course/refresher at least every 3 years (for example, Aetiological investigations for NHSP <http://hearing.screening.nhs.uk/>)
- base their clinical decisions on accepted Professional / NHSP guidelines and, where applicable, local protocols
- know the impact of other medical conditions on the child's audiological and general development.

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<sup>1</sup> Either CCST in Audiological Medicine or equivalent or Diploma /Certificate in Audiological Medicine including subjects related to Aetiology and aetiological investigations with relevant clinical experience

<sup>2</sup> Includes screening, assessment and management

- select aetiological and other medical tests appropriate for the level of hearing loss after discussing the risks, benefits and likelihood of a positive result with the family

### Skills

The doctor should

- take a comprehensive medical, obstetric, social, family history
- perform a full paediatric examination
- have experience in the recognition of dysmorphism and be able to refer to a clinical geneticist when required
- be able to refer to an appropriate colleague at district or tertiary level in cases of doubt.
- Carry out a developmental assessment in accordance with the age of the child and know the range of normal infant development
- Identify and manage any co-existing conditions which may be part of the clinical presentation of the deafness. Management of co-existing conditions may be by referral to other medical specialities or other disciplines.
- Work closely with other agencies such as educational services for the sensory impaired and social services departments.
- Collate and interpret all findings to the family. This is particularly important where no cause for the hearing loss is found.

### Attitude

The doctor should

- be able to facilitate informed choice, when families can make knowledgeable decisions based on full access to comprehensive and evidence-based information
- adopt open and flexible policies which effectively endorse a range of possibilities.
- accept the family's own cultural views and beliefs

*Final version produced on 4 July 2008*

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*Endorsed by Executive Committees of BAAP (British Association of AudioVestibular*

*Physicians) and BAPA (British Association of Paediatricians in Audiology) on 4 July 2008*

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*For review August 2010*