Adult Audiology Peer Review Competency Assessment Guideline

Department/Service:	Countrywide Audiology Service
Guideline Author:	Joanne MJ Stanley
Date Guideline Created:	March 2024 – Reviewed June 2026
Accountable Countywide Audiology Manager:	Edward Southan
Approved by:	Audiology Governance Team
Date of approval:	March 2024 – Reviewed June 2026
Guideline Review due:	This Guideline will be included in the Audiology Key Document Review Process. This is a 3 yearly cycle where there is an agreed date for all Audiology Documents to be reviewed. All reviews for this Guideline will take place on the next available agreed review date, and subsequent agreed review dates, which form the 3 yearly cycle of Audiology Key Document Reviews. 21st July 2029
Target Organisation(s):	Countywide Audiology Service at Worcestershire Acute Hospitals NHS Trust

Guideline Overview:
All Audiologists providing Audiology care to adult patients must complete peer review competency assessments on an annual basis as outlined in this document. This is in place to monitor and assess the competencies of all staff to ensure and demonstrate clinical competency and to ensure and demonstrate that standards are upheld across all activities.

Please Note:
This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Key Amendments to this Document

Date	Amendment	Approved by:
June 2026	Document changed to Audiology Standardised Guideline Template by Original Author	Audiology Governance Team

June 2026	Monitoring and Compliance addition of Audit element included	Audiology Governance Team

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1. Introduction

Regular Peer Review Competency Assessments are essential to ensure and demonstrate staff competency in different aspects of their role and is an established method of competency monitoring and learning.

All Audiologists providing Audiology care to adult patients must complete Peer Review Competency Assessments on an annual basis as outlined in this document.

This is in place to monitor and assess the competencies of all staff to ensure and demonstrate clinical competency and to ensure and demonstrate that standards are upheld across all activities.

Benefits of Peer Review programme include:

- To help assure the quality and consistency of service
- To demonstrate quality care is being provided
- To provide a learning tool to staff
- To help ensure good practice
- To identify areas for improvement
- To identify gaps in care and address any training needs
- To contribute to the audit process

This document applies to Audiologists working in the Adult Audiology Service of Worcester Acute NHS Trust across all Audiology sites.

This document is designed to support an action plan of implementation of a staff Peer Review Competency Assessment Programme.

2. Definitions

Audiologist includes all Audiologists across all bands including Assistant Audiologists. Assessments will only be carried out on appointments included within an individual's role.

Adult Service includes patients above the age of 18 years old.

Audiology standards for the assessment are in line with the British Society of Audiology assessment standards.

Assessment checklists will comply with local policy requirements for each appointment type.

3. Responsibility and Duties

It is the responsibility of each Audiologist is to participate in the Peer Review Competency Assessment annually.

The Audiology department will ensure that the Peer Review Competency Assessment is carried out by a colleague who has training and experience in Peer Reviews and / or Assessing.

It is the responsibility of the reviewer to ensure that the Peer Review Competency Forms are completed and signed by themselves and also signed by the Audiologist being assessed.

It is the responsibility of the reviewer to send the forms to the Peer Review Competency Assessment Lead and the Countywide Audiology Service Manager.

4. Guideline detail

Regular peer review is essential to ensure and demonstrate staff competency in different aspects of their role and is an established method of competency monitoring and learning.

Each Audiologist involved with adult audiology patients need to participate in a Peer Review Programme, where they will be observed annually carrying out Equipment Calibration, a Hearing aid Assessment or Reassessment, a Hearing aid Fitting, a hearing aid review and 2 Hearing Aid Repair appointments, 3 for Assistant Audiologists, Tympanometry and Ear Impressions. Observations will be carried out by a colleague who has training and experience in Peer reviews and / or assessing. During the observations their competency will be assessed to BSA standards and following the appointment there will be a 360-degree open discussion between Peers.

Planning –

Ideally a session will comprise of a morning or afternoon session and include the required adult appointments, in any order…
1 x Equipment Calibration
1 x Assessment or Reassessment
1 x Hearing Aid Fitting
1 x Hearing Aid Review
2 x Repair, x 3 for Assistant Audiologist roles
1 x Tympanometry
1 x Impression
There is to be a 30-minute discussion time allocated after completion of all appointment types for open discussion.

However, this format may need to be altered, to accommodate any arising issues including Patient DNA, staff absence, clinical need. But all appointments will still need to be included.

The open discussion is intended to be in a review format, the key is being open and honest and is not in any way a fault-finding mission and it is not a one-way critique, but a discussion of what is done and why. The open discussion will allow peers to share experience, ideas and opinions for both to use the Peer Review process as a learning curve.

In the event of a clinical concern this is to be raised by the assessor with the Peer Review Competency Assessment Lead and Countywide Audiology Service Manager.

Observation –

Before the Peer Review session commences, the assessor observing will familiarise themselves with the Peer Review Competency Assessment forms.

The Audiologist being observed will undertake the appointments as they would normally.

The Audiologist observing will observe only and not participate in the appointment, with the exception of stepping in if there is a clinical concern.

During observations they will use the Peer Review Competency Assessment forms to confirm that the standards are being met and make notes as required. These notes are to include positive / outstanding points, points where the peer may do things differently, and

points that are not reached to the appointment standard. These points are then to be used during the post appointment 360-degree discussion. Please note parts of the appointment standard can be omitted or not reached if clinically appropriate and this can be discussed. For example, BAA PTA protocol can be deviated from with a patient who has dementia or who is unable to press the button etc.

Where it is deemed clinically inappropriate to proceed with a Peer Review for any given patient, the Peer Review Assessment will be stopped and rearranged with a suitable patient. For example, patients with some disabilities may find more people present for their appointment an issue/overwhelming/uncomfortable and in these cases the Peer Review Assessment can be stopped and rescheduled with different patient.

Discussion Phase -

This must be an open, honest discussion and not in any way a fault finding or one way critique.
Points noted on the Peer Review Competency Assessment forms are to be discussed in 360-degree style.

Documentation –

During observations they will use the Peer Review Competency Assessment forms to confirm that the standards are being met and make notes as required. These notes are to include positive / outstanding points, and points that are not reached to the appointment standard. These points are then to be used during the post appointment 360-degree discussion. Please note parts of the appointment standard can be omitted or not reached if clinically appropriate and this can be discussed.

If there are any clinical concerns this must be raised with the Peer Review Competency Assessment Lead and Countywide Audiology Manager.
The Peer Review Competency Assessment forms are then completed and signed by both the clinician being assessed and the assessor. These forms then need to be emailed to the Peer Review Competency Assessment Lead and Countywide Audiology Manager, Audiology Management Team PA to ensure document is in the Clinicians Personnel File.

Follow up –

The Peer Review Pathway should be performed annually.

On subsequent Peer Review Competency Assessments, the form from the previous year does not need to be viewed prior to the current years Peer Review.

When the Peer Review Competency Assessment form is submitted to the Peer Review Competency Assessment Lead and Countywide Audiology Manager it needs to read and then compared with the previous years documentation to check for any recurrent points raised, any concerns and to monitor competency. This will initially be in review form, when the Peer Review Competency Assessment Lead and Countywide Audiology Manager receive a completed Peer Review Competency Assessment form by email the document is read and then compared to Peer Review Competency Assessment form from the previous year. If any concerns arise a meeting can then be arranged between the individual member of staff and their line manager in the first instance.

Audit –

The Peer Review Competency Assessment Programme needs to be audited to assess progress, compliance and effectivity.
A Peer Review Audit and Peer Review process questionnaire is in place and will be carried out annually.

Once the Peer Review Competency Assessments have been completed for a year, with the exception of any additions, postponements or new starters, a Peer Review Audit will be carried out to select a few key areas to monitor compliance and identify areas for improvement, development and training for the Audiology department as a whole.

In addition, to identify any areas where the Peer Review Competency Assessment process itself can be improved, a feedback questionnaire will be developed and emailed to staff to complete following their competency assessment.

5. Implementation

5.1. Plan for Implementation

This Guideline will be implemented as soon as it has been approved by the Audiology Governance Team and disseminated to all appropriate Audiology Staff.

5.2. Dissemination

As soon as this Guideline has been approved by the Audiology Governance Team it will be –

- saved into the Audiology Shared Drive
- emailed to all appropriate Audiology Staff
- added to the Audiology Document Read Compliance sheet for appropriate staff
- added to Worcestershire Acute NHS Trust key documents Audiology web page
- discussed at Countywide Audiology meetings or most appropriate equivalent meeting

5.3. Training and Awareness

Any training needs will be identified by individual Audiology staff and their Line Manager, appropriate training will then be discussed and provided as required.

6. Monitoring and Compliance

Section number:	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out?	Responsible for carrying out the check:	Results of the check reported to: *(Responsible for also ensuring actions are developed to address areas of non-compliance)*	Frequency of reporting:
No.	**WHAT?**	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
Relevant section number	These are the 'key' parts of the process that we a relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms, such as, '10 times a year' instead of 'monthly'.
All	Peer Review Competency Assessments on all Clinical staff carrying out Adult Audiology Appointments	All appointment types detailed are observed and Peer Review Competency Assessment forms are completed	Annually	Peer Review Competency Assessment Lead and Countywide Audiology Manager.	Assessments carried out within the Audiology department, across sites. Completed Peer Review Competency Assessment will be sent to Peer Review Competency Lead	Annually

					and Countywide Audiology Manager.	
All	The Assessor requires experience and training in carrying out Peer Reviews and / or assessments. Their clinical competency also needs to be assessed.	The Assessor needs to have a Peer Review Competency Assessment completed. To be carried out by a suitable senior member of staff.	Annually	To be carried out by a suitable senior member of staff or Countywide Audiology Manager.	Assessments carried out within the Audiology department, across sites. Completed Peer Review Competency Assessment will be sent to Peer Review Competency Lead and Countywide Audiology Manager.	Annually
All	Peer Review Competency Audit is to be carried out Annually.	The Audit in formation will be collated and Audit completed.	Annually	Peer Review Competency Assessment Lead.	Audit will be completed and sent to the Countywide Audiology Manager and also submitted to the Trusts Clinical Audit Team.	Annually

7. Guideline Review

Countywide Audiology Guidelines will be reviewed every 3 years by the document author, where appropriate, or another designated member of Audiology Staff.
Overall responsibility for ensuring Review is undertaken is the responsibility of the Countywide Audiology Manager.

8. References

Local clinical guidelines
BSA Recommended Procedures
The Royal Wolverhampton NHS Trust Competency Assessment Documents
Aston University Assessment Documents

9. Appendices

Document 1 attached –
Adult Daily Audiometer Calibration Peer Review Competency Assessment Form Worcester Acute NHS Trust
Document 2 attached -
Adult Assessment Peer Review Competency Assessment Form Worcester Acute NHS Trust
Document 3 attached
Adult Hearing Aid Fitting Peer Review Competency Assessment Form Worcester Acute NHS Trust
Document 4 attached -
Adult Hearing Aid Review Peer Review Competency Assessment Form Worcester Acute NHS Trust
Document 5 attached -
Adult Hearing Aid Repair Peer Review Competency Assessment Form Worcester Acute NHS Trust
Document 6 attached -
Adult Aural Impression Peer Review Competency Assessment Form Worcester Acute NHS Trust
Document 7 attached -
Adult Tympanometry Peer Review Competency Assessment Form Worcester Acute NHS Trust

10. Approval Process

This Guideline is submitted to the Audiology Governance Team for approval, and Guideline Approval will be included in the relevant Audiology Governance Meeting minutes.

11. Version Control

On each occasion where this Guideline is Reviewed – any key amendments will be included in the table below and Guideline Version Number will be updated on the Guideline.

Key Amendments to this Document

Date	Amendment	Approved by:
June 2026	Document changed to Audiology Standardised Guideline Template by Original Author	Audiology Governance Team
June 2026	Monitoring and Compliance addition of Audit element included	Audiology Governance Team

12. Equality Requirements – Equality Impact Assessment Form

To be completed by the key document author and included when the document is submitted to the Audiology Governance Team for consideration and approval.



NHS Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	**Joanne MJ Stanley and Edward Southan**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Edward Southan	Countywide Audiology Manager	edward.southan@nhs.net
	Joanne Stanley	Senior Clinical Audiologist	joanne.stanley2@nhs.net
Date assessment completed	**Initially – at date document created then reviewed at each Document Review**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title: Adult Audiology Peer Review Competency Assessment Guideline**			
What is the aim, purpose and/or intended outcomes of this Activity?	This is in place to monitor and assess the competencies of all staff to ensure and demonstrate clinical competency and to ensure and demonstrate that standards are upheld across all activities			
Who will be affected by the development & implementation of this activity?	❑ X X ❑	Service User Patient Carers Visitors	X ❑ ❑ ❑	Staff Communities Other _____

Is this:	❑ Review of an existing activity X New activity ❑ Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	Following CQC advice for requirement and service Improvements. Information gathered from other Trusts, including The Royal Wolverhampton NHS Trust and Coventry University Hospitals NHS Trust. British Society of Audiology recommended Procedures Local Clinical Guidelines NSHCS Assessments Aston University assessment documents.
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Consultation with CQC and implemented following their advice for requirement and service improvements.
Summary of relevant findings	Implementing this is a necessary step to ensure and demonstrate clinical competency and to ensure and demonstrate that standards are upheld across all activities.

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
Disability	X	X	X	Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved. Negative – if a wheelchair or scooter patient there may be less space in the clinic room due to an extra member of staff. Some disabilities may find more people present an issue but in these cases assessment can be stopped and rescheduled with different patient.
Gender Reassignment	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
Marriage & Civil Partnerships	X	X		Neutral - as same appointment carried out regardless.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
				Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
Pregnancy & Maternity	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
Race including Traveling Communities	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
Religion & Belief	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
Sex	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
Sexual Orientation	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate	Who will lead on the action?	Timeframe

		negative impact		
	Negative impact / risk above – if a wheelchair or scooter patient there may be less space in the clinic room due to an extra member of staff. Some disabilities may find more people present an issue	In these cases the assessment can be stopped and rescheduled with different patient.	The clinician and / or assessor	During the appointment clinical judgement can be made.
How will you monitor these actions?	This will be monitored by clinical staff involved in Peer Review and will be noted on Peer Review forms why the peer review process was stopped for this individual appointment. These events will be noted and included in the Peer Review Audit.			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	**Each time the Guideline is Reviewed.**			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Name of person completing EIA	Joanne MJ Stanley
Date signed	June 2026
Comments:	Originally completed March 2024
Name of the Countywide Audiology Manager who is the Lead Person for this activity	Edward Southan
Date signed	June 2026
Comments:	Originally completed March 2024


NHS
Worcestershire
Acute Hospitals
NHS Trust


NHS
Herefordshire
Clinical Commissioning Group


NHS
Redditch and Bromsgrove
Clinical Commissioning Group


NHS
South Worcestershire
Clinical Commissioning Group


NHS
Wyre Forest
Clinical Commissioning Group


NHS
Wye Valley
NHS Trust


NHS
Worcestershire
Health and Care
NHS Trust


2gether
NHS Foundation Trust
NHS


Taurus Healthcare


worcestershire
county council


Herefordshire
Council

13. Financial Impact Assessment

To be completed by the key document author and included when the document is submitted to the appropriate committee for consideration and approval.

ID	Financial Impact:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
Other comments:		
Assessors time is the only additional impact.		