Audiology Service Clinical New Starters Guideline

Department/Service:	Countrywide Audiology Service
Guideline Author:	Joanne MJ Stanley
Date Guideline Created:	November 2024 – Reviewed June 2026
Accountable Countywide Audiology Manager:	Edward Southan
Approved by:	Audiology Governance Team
Date of approval:	November 2024 – Review approved July 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 or Clinical Audiology Staff starting to work in the Audiology Service within the Trust will be transitioned into their role gradually. This is to ensure that they are aware of Trust requirements, orientation and processes and to ensure their competency within their role. The plan is outlined within this document.

This is in place to ensure a smooth transition into the Audiology Department and to the Trust and to monitor and assess the competencies of all new clinical staff before they see Audiology Patients independently. This applies to all New Clinical Starters whether working within the Adult or the Paediatric Audiology Service. This is 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

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1. Introduction

This guideline is designed to support an action plan for a New Clinical Starter to undergo a structured and transitional introduction into their new role.

All Audiologists or Clinical Audiology Staff starting to work in the Audiology Service within the Trust will be transitioned into their role gradually. This is to ensure that they are aware of Trust requirements, orientation and processes and to ensure their competency within their role. The plan is outlined within this document.

This is in place to ensure a smooth transition into the Audiology Department and to the Trust and to monitor and assess the competencies of all new clinical staff before they see Audiology Patients independently. This is to ensure and demonstrate clinical competency and to ensure and demonstrate that standards are upheld across all activities.

This guideline will apply to all new clinical starters, working within the Adult or Paediatric Audiology Service of Worcester Acute NHS Trust and applies across all sites.

A New Clinical Starter Plan will be created to implement this guideline, and the New Clinical Starter Plan will be in place over a tailored duration to suit the individual and their progress based on a set but flexible outline plan, including –

- Experienced Audiologists
- Inexperienced / Newly Qualified Audiologists
- Locum Audiologists
- ATO Role

Benefits of Structured start include:

- To have a structured plan that can be tailored to individual need
- To introduce and transition new clinical starters into their new role
- To provide familiarisation / orientation within the Department on Trust requirements and processes with experienced members of the team
- To create a good team ethic, working together to support and introduce new team members to their role
- 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

2. Definitions

This document is designed to support an action plan for a New Clinical Starter to undergo a structured and transitional introduction into their new role.

3. Responsibility and Duties

The responsibility of the Audiology department is to support and assist the New Clinical Starter into their new Audiology role within the department and within the Worcestershire Acute NHS Trust.

The Countywide Audiology Manager will liaise with the New Clinical Starter Lead and Administration Lead to establish New Clinical Starter Start Date and individual Experience / Transition needs.
The New Clinical Starter Lead will complete the Audiology New Clinical Starter Outline Plan for the individual New Clinical Starter which will be reviewed at agreed times during their transition and modify the plan if required, depending on individual progress.
The Administration Lead will complete the New Clinical Starter documentation, arrange the New Clinical Starter's attendance to the Trust Induction, have a meeting on the first day of the Clinical New Starters employment within the Trust to complete the Induction documentation and processes.

The Audiology New Clinical Starter Outline Plan will ensure that the New Clinical Starter initially observes, and then participates under supervision, a variety of appropriate appointments with an appropriate member of the Audiology team.

The Audiology department New Clinical Starter Lead will meet with the New Starter to discuss their progress and their Audiology New Clinical Starter Outline Plan to tailor this to their individual needs.

Any areas where a training need is identified this is discussed and provided either within the department or discussed with Countywide Audiology Manager to arrange external training if required.

Peer Review Competency Assessment is carried out prior to New Clinical Starter working independently and this will be covered by the Audiology Adult Service Peer Review Policy Document number WAHT-AUD-010 and the Audiology Paediatric Service Peer Review Policy Document number pending.

It is the responsibility of all of the Audiology Team involved in the New Clinical Starters transition to feedback to the New Clinical Starter Lead regarding the New Clinical Starters progression.

It is the responsibility of the New Clinical Starter to engage in their transitional start and contribute to discussions on progress and further requirements.

4. Guideline detail

All Audiologists or Clinical Audiology Staff starting to work in the Audiology Service within the Worcestershire Acute NHS Trust will be transitioned into their role gradually. This is to ensure that they are aware of Trust requirements, orientation and processes and to ensure their competency within their role.

This is in place to ensure a smooth transition into the Audiology Department and to the Trust and to monitor and assess the competencies of all new staff before they see Audiology Patients independently. This is to ensure and demonstrate clinical competency and to ensure and demonstrate that standards are upheld across all activities.

Each New Clinical Starter will progress through a structured Audiology New Clinical Starter Outline Plan that can be modified as they progress, to suit their individual progress and need.

The Audiology New Clinical Starter Outline Plan will include –

- A session with an Admin Manager for a set up induction including computer access, personnel file information, uniform and badge ordering, etc

- Local Orientation Tour at each site they will be working at
- Attendance to the Trust Induction
- Sessions observing appropriate Audiology Appointments with an appropriate member of the Audiology team. To observe orientation, processes, trust requirements, departmental requirements, etc
- Sessions with partial involvement with appropriate Audiology Appointments alongside an appropriate member of the Audiology Team.
- Sessions carrying out appropriate Audiology Appointments under the supervision of an appropriate member of the Audiology Team.
- A preliminary Peer Review to ascertain current competency.
- Sessions carrying out appropriate Audiology Appointments with a named go-to member of the Audiology Team.
- The first Annual Peer Review will be carried out.
- Working Independently can then commence.

There are 4 Audiology New Clinical Starter Outline Plans that can be modified to suit individual New Starters, including…

Experienced Audiologists -
For an Experienced Audiologist the Audiology New Clinical Starter Outline Plan is initially scheduled to take 5 weeks but will be adapted to suit individual progress and requirement.

Inexperienced / Newly Qualified Audiologists -
For an Inexperienced / Newly Qualified Audiologist the Audiology New Clinical Starter Outline Plan is initially scheduled to take 8 weeks but will be adapted to suit individual progress and requirement.

Locum Audiologists -
For a Locum Audiologist the Audiology New Clinical Starter Outline Plan is condensed and initially scheduled to take 1 week. This is condensed as the locum agencies should ensure their Locum's competencies and the New Clinical Starter transition for a Locum is for their orientation and for the department to confirm their competency Only.

ATO Role –
For an ATO the Audiology New Clinical Starter Outline Plan is initially scheduled to take 8 weeks but will be adapted to suit individual progress and requirement.

These Audiology New Clinical Starter Outline Plans are attached to this document

Each New Clinical Starter will have progress meetings to discuss their progress and to discuss any training needs as well as to modify their Audiology New Clinical Starter Outline Plan if required.

This will apply to all New Clinical Starters for the Audiology Service over a tailored duration to suit the individual and their progress, based on a set but flexible Audiology New Clinical Starter Outline Plan.

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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.

In addition, Clinical Audiologist involved in the Audiology Service have annual peer review competency assessments to ensure, evidence and maintain their competencies for them to assist with the smooth transition of New Clinical Starters into the Trust and Audiology Department.

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	New Clinical Starter Information is shared between Countywide Audiology Manager, Administration Lead and New Clinical Starter Lead. Information to include New Clinical Starters start date, role, experience level.	Information to be shared via email. Evidence will include copies of New Clinical Starter Plans for each New Clinical Starter.	As soon as possible once a start date has been established.	Countywide Audiology Manager, New Clinical Starter Lead and Administration Lead.	Countywide Audiology Manager, New Clinical Starter Lead and Administration Lead will receive and Monitor results within the Audiology Department.	As soon as possible once a start date has been established.
All	The Audiology New Clinical Starter Outline Plan is	Audiology New Clinical Starter	As soon as possible once a start date	New Clinical Starters Lead	This will be monitored by the	As soon as possible once a start date

	completed and arranged on Auditbase for when the new Clinical Starter starts. Incorporating their first day meeting with the Administration Lead and the Trust Induction.	Outline Plan will be completed by New Clinical Starter Lead.	has been established.		New Clinical Starter Lead who will monitor results and report to Countywide Audiology Manager.	has been established.
All	Outline plan to be implemented and monitored.	By scheduling on Auditbase and being monitored by Countywide Audiology Manager, New Clinical Starter Lead, Administration team, Clinical Staff involved in New Clinical Starters Transition and New Clinical Starter.	Throughout Outline plan up to the New Clinical Starters Peer Review	Countywide Audiology Manager, New Clinical Starter Lead, Administration team, Clinical Staff involved in New Clinical Starters Transition and New Clinical Starter.	This will be monitored by the New Clinical Starter Lead who will monitor results and report to Countywide Audiology Manager and New Clinical Starters Line Manager.	Throughout Outline plan up to the New Clinical Starters Peer Review

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

Adult Audiology Peer Review Competency Assessment Guideline WHAT-AUD-010

9. Appendices

Document 1 attached -
For Experienced Audiologists - Audiology New Clinical Starter Outline Plan for initial 5 weeks - Experienced Starters
Document 2 attached -
For Inexperienced / Newly Qualified Audiologists - Audiology New Clinical Starter Outline Plan for initial 8 weeks - Inexperienced Starters or Newly Qualified Starters
Document 3 attached –
For Locum Audiologists - Audiology New Clinical Starter Outline Plan for initial week - Locum Starter
Document 4 attached –
For ATO Role - Audiology New Clinical Starter Outline Plan for initial 8 weeks - ATO

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

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 & 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: Guideline For Audiology New Clinical Starters.**
What is the aim, purpose and/or intended outcomes of this Activity?	This Guideline is in place to ensure a smooth transition into the Audiology Department and to the Trust for New Clinical Starters and to monitor and assess the competencies of all new clinical staff before they see Audiology Patients independently.

Who will be affected by the development & implementation of this activity?	X 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 a review of the Audiology Service and from feedback from clinical staff who started within the Trust as part of the Audiology Service, it was identified that there was no set structure or template format to integrate and support new clinical starters into the Audiology Service to transition them into their new role.				
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 Countywide Audiology Manager and clinical staff that are new starters, recent starters and existing members of the Audiology Team and consideration of good practice and service improvements.				
Summary of relevant findings	Implementing this is a necessary step to ensure and demonstrate the smooth transition of new clinical starters within the Audiology Service to ensure and demonstrate a smooth transition into their role and to ensure and demonstrate clinical competency an 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 the appointment be carried out without the presence of the New Clinical Starter in this situation.
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.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Marriage & Civil Partnerships	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.
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 /	Who will lead on	Timeframe

		eliminate negative impact	**the action?**	
	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 appointment can be carried out without the presence of the New Clinical Starter in this situation.	The clinician with the New Clinical Starter within the transition phase.	During the appointment clinical judgement can be made.
How will you monitor these actions?	This will be monitored by clinical staff involved in the appointment. This will then be reported to the New Starter Lead who will monitor the frequency of these events.			
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 November 2024
Name of the Countywide Audiology Manager who is the Lead Person for this activity	Edward Southan
Date signed	June 2026
Comments:	Originally completed November 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:		
Time for clinical observation and supervision is the only additional impact.		