Sam Lear, BAA President: leading audiology forward

Samantha Lear, MSc, DClinSci,

Senior Audiology Policy Advisor, National Deaf Children's Society; Lead Clinical Scientist, Hearing Services, Sheffield Children's NHS Trust; President, British Academy of Audiology, UK.

samantha.lear@ndcs.org.uk
samantha.lear@nhs.net

president@baaudiology.org or admin@baaudiology.org

www.linkedin.com/in/samantha-lear-a347b343

www.baaudiology.org

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Dr Samantha Lear is the current British Academy of Audiology President, and Senior Audiology Policy Advisor at the National Deaf Children's Society. With reviews ongoing in paediatric audiology in England and Scotland, Sam is ideally placed to lead the profession. ENT & Audiology News caught up with Sam to discuss the challenges ahead.

Can you tell us about your background – how did you come into audiology and what has been your path to now?

I came into audiology via the postgraduate route. I did the MSc in audiological science at the University of Southampton and then became a trainee audiological scientist at Nottingham's Children's Hearing Assessment Centre. I knew very little about audiology before applying and so I feel rather lucky that I landed in an area with enough variability and flexibility to allow me to find roles that I flourished in.

I was one of the first to undertake the Higher Specialist Scientist Training (HSST) funded by NHS England, which combines academic and healthcare leadership programmes, completion of a research thesis and developing a portfolio of evidence of consultant-level contributions to the field of audiology. It took me over six years to complete the training alongside my job at Sheffield Children's Hospital and that time spanned a global pandemic and various challenging life events. For me, the understanding I gained about my own resilience, strengths, weaknesses and values almost outweighs the award of a clinical doctorate in healthcare science and the place on the register AHCS' Higher Specialist Scientist Register.

Graduating with a clinical doctorate.

> "I found that my passion for doing the right thing enabled me to speak out and challenge things where necessary"

Following the HSST, I certainly qualified for a consultant clinical scientist role in audiology but those roles are still rare in our profession. I wanted to make the most of using my skills and knowledge in a positive way, which led me to apply for the role of lead audiology policy advisor at the National Deaf Children's Society (NDCS).

At NDCS I provide audiology advice to colleagues within the organisation, as well as supporting the influencing work NDCS does around improving audiology services. I represent NDCS on various national groups such as the Scottish National Audiology Review, where a good understanding of paediatric audiology is required but I am also advocating for deaf children, young people and their families. I have maintained my NHS clinical role part time to preserve my own clinical skills and to allow me to better advise in my policy role.

Meanwhile, I'd always been an active member of relevant professional bodies and have been a regional rep for the British Academy of Audiology. The HSST helped me gain confidence in my own knowledge and abilities, and to recognise that leaders don't all fit one mould. I found that my passion for doing the right thing enabled me to speak out and challenge things where necessary. Thus, I found myself being encouraged to stand for vice president, and subsequently became president of BAA. The president role has been both exciting and challenging at a time when the profession is facing numerous challenges.

Can you share some information on the BAA – how many members, who does it cover, etc?

The British Academy of Audiology is a professional body with around 2000 members. These are mostly full members who are audiologists in both the public and private sector, with some international, associate members and a healthy number of student members.

The BAA aims to provide a clear and strong voice for professionals in audiology, to promote excellence in clinical practice and to provide a benchmark for quality and professional standards. We promote audiology as an autonomous profession and help our members to develop their professional skills with a significant amount of CPD resources, such as a programme of webinars, workshops, tools to help with

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Opening the BAA Conference 2023.

quality improvement and the Higher Training Scheme to ensure competency in specialist areas of our field.

Our conference is the largest audiology conference in the UK – last year we had approximately 650 delegates and 200 exhibitors and speakers.

What aspects of your work with NDCS have helped inform the role of BAA president, or have you kept the hats separate?

Whatever meeting or event I am attending, I always make it clear which organisation I am representing, but I am transparent about the different hats I wear professionally: NDCS, BAA and paediatric audiologist. I have found that in reality, the overall desired outcomes are the same whichever hat I'm wearing – we just want to see excellence in audiology care for children and their families and I want audiologists to be supported in providing excellent care. One of the trickiest things I've faced is dealing with issues of confidentiality and I have made it a rule that I do not share information from one role to another without permission as there must be an element of trust in working with external organisations.

Working for a third sector organisation advocating for deaf children and families has enabled me to see things from a much wider perspective and to be inspired by and learn from colleagues from outside the field of healthcare. It has given me a more holistic view which I am then passionate about feeding back into the audiology profession. We need to put those who we are there to support at the heart of what we do – something that over-stretched healthcare professionals sometimes struggle to do. I have learned so much about how organisations can influence those with the power to make changes and have tried to bring some of this to my role at the BAA.

To achieve change, sometimes the third sector has to challenge the status quo, and it can take something like the issues found at NHS Lothian to create a platform for this. But to move forward, different sectors and organisations have to work collaboratively and not against each other, and I have tried hard to build up working relationships with others.

Being at the heart of the profession as a paediatric audiologist and BAA president has enabled me to keep NDCS well informed about audiology. I try to ensure that NDCS' expectations of services are achievable and that any challenge is constructive and supportive.

The BAA has been involved both in investigating issues in paediatric audiology and working towards solutions. What have you learnt about the position of paediatric audiology?

The BAA was invited to review the paediatric service at NHS Lothian and the issues that were found there that had affected quality of care. I have contributed to the subsequent Scottish National Audiology Review in my NDCS role, and I continue to provide subject matter expertise to NHS England's Improving Quality in Paediatric Audiology Programme on behalf of the BAA, along with several others on board.

Although there are many excellent services and many audiologists dedicated to providing an excellent service, it has been heartbreaking to see common systemic issues emerge across audiology in the UK.

In some places, an inadequately trained workforce and a lack of oversight and support from managers has led to failure to follow guidelines (e.g. BSA national ABR guidelines) or to meet recommended paediatric audiology quality standards. Poor diagnostic assessment technique (objective and behavioural) with poor clinical decision-making has led to significant delays in identification of deafness in children, which can have life-changing consequences.

It is apparent that there is unacceptable variation in the quality of services throughout the UK, with a startling lack of appropriate clinical governance in place, including poor risk management, a lack of incident reporting, and poor data management. Participation in ABR peer review has not been robust and there is poor uptake of external review and accreditation (such as UKAS IQIPs). Overall, there has been little accountability to commissioners and service users, with little expectation to evidence the quality of services.

So whichever hat I am wearing, I see the need for urgent action to address the issues and that the audiology workforce is under an inordinate amount of pressure. The Scottish Audiology Review made 55 recommendations to government to improve the quality of audiology in Scotland but the path to tackling these is unclear. Meanwhile in England, there has been an enormous amount of work under the auspices of the CSO programme, with strong recommendations made to ICBs about quality of services, but as NHS England is not strictly able to mandate what an individual trust must do, progress is slow. Current NHSE work is focusing on improving the quality of early diagnostic audiology, and there is work to raise workforce competency, including training for paediatric audiologists and aspirations for leadership in audiology.

In the meantime, many will be aware of the regional benchmarking of paediatric audiology services which aimed to identify those services most in need of early intervention and support. I know that has been extremely stressful for audiologists, but

The current BAA board (2023-24).

I hope that there is a growing realisation that this is the only way audiologists will get the support and resourcing they need.

Currently, support for services in England must come from within region – e.g. ICBs and subject matter experts in the region providing mutual aid. This is putting enormous pressure on those services that are providing safe, good-quality services, and it is not a sustainable position to be in.

You recently appeared on the BBC, talking about what is needed to support paediatric audiology. Tell us about that experience!

This was such an exciting opportunity, but I did feel under pressure to get it right. I was invited to contribute on a health consumer programme on BBC One in my NDCS role, to explain issues that had been found to viewers and specifically to advise families of young children what to look out for and what to do if they did have concerns about their child's hearing. At the same time as I was representing NDCS, I had to call for action to be taken to tackle the issues. But I knew I didn't want to undermine my colleagues in audiology and contribute to a lack of faith generally in the profession and services. I agreed that it should be me who did the interview, precisely because I wanted to get that balance right. (The interview is still available to watch on BBC iPlayer, so judge for yourself whether I managed!)

I learned how important it is to prep for an interview, to be really clear on your core messages, and to say what questions you won't answer, but to be prepared for the interviewer to ask whatever they like. Other than that, it was not a glamourous experience, as it was filmed away from the BBC itself, in a warehouse in East London. There was no hair and makeup, and it was freezing on set, so not quite the glitz of TV that I'd imagined.

Do you think the findings also cross over to other areas of audiology – adults and balance, for example?

Unfortunately, I do think the issues found in paediatric audiology are present in other areas. There has been little need to provide evidence of quality of services, other than reporting against waiting list targets. So, again, there is huge variation across the UK, with some centres of excellence with highly trained healthcare scientists regularly undertaking audit and CPD, and others where the head of service is focused on tackling waiting lists and is unable to find the capacity to prioritise service improvement. The BAA urges audiologists in all areas to recognise that maintaining their competency and assuring quality is not an extra, but a core part of a healthcare scientist's role.

The BAA recognises that there is some appetite for using the independent sector to tackle waiting lists for some routine adult services. Of course, if properly planned hand in hand with local NHS services, this may be a sensible decision for a few ICBs. But there is a huge risk that a blanket move to this model will not in fact release capacity within the NHS, and will seriously affect the training pathways, skills and experience within services and cause a reduction in NHS staff capacity.

What do you think the international audiology community can learn from the UK experience?

Speaking to peers from international professional bodies, there have been similar issues identified in isolated services already. The BAA would recommend that they start looking at how they can support members with CPD and quality assurance, and to be proactive in looking at whether the issues identified in the UK are occurring in their services.

Start with looking at data from services – e.g. the positive predictive value of diagnostic testing following the newborn screen (as NHSE started with), survey the profession re their QA and peer review methods, lobby government and health leaders to support the workforce and raise expectations of accountability to service users.

The BAA president role involves a very busy and hectic schedule. How do you relax once the day is done?

It has certainly been a hectic couple of years and at times it has been difficult to maintain a decent work-life balance. I've had to become more realistic about my capacity and better at just saying no to things I don't have the capacity for. I'm trying to have some weekends where I don't look at anything work related, but this isn't always possible.

To stay relatively sane, I schedule in fun with friends and family. I'm a huge music fan and love gigs and festivals, and have these dotted throughout the year in my diary.

I have a small, rather brightly decorated campervan, which some may have spotted parked at meetings and conferences next to a range of more anonymous vehicles, so it's easy for me to take off at short notice for a night camping as well as having longer adventures. Travel for pleasure rather than work always refreshes me when I get the chance.

It does help knowing that the president role is for a fixed term and that, although it's been a very busy time, I can step down and support the next president, who is waiting to take the baton.

Scan this QR code to watch Sam Lear's interview on BBC One.

INTERVIEWED BY

Gareth Smith, MSc, AuD,

Consultant Clinical Scientist (Audiology), Mid and South Essex NHS Foundation Trust, UK.

gareth.smith8@nhs.net
@garethlsmith