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POSITION STATEMENT

Executive Summary

Aural care refers to the safe and effective removal of excess wax, debris and foreign bodies from the outer ear canal. Aural care is considered an invasive procedure, requiring adequate vision and adequate fine motor skills to work within the minute space of an ear canal. Due to the wide variety of pathological ear conditions that can co-exist with ear wax, there are significant risks to patients' safety if aural care is not conducted with a high level of knowledge, expert skills and competence.

Significant concerns about patient safety have been raised by stakeholders across the hearing health sector around aural care.

The National Aural Care Strategy Group (NACSG) has been founded to address the multiple and wide-ranging issues related to aural care in the UK. The group has agreed three strategic aims:

- Standardise theoretical and practical training and maintain competency of those providing aural care
- Update public facing information about aural care
- Advocate for equitable access to safe and high-quality aural care services across NHS and non-NHS sectors

The group has identified key activities to achieve these aims and will be communicating these, as well as opportunities for wider sector involvement, in due course.

Background: The National Aural Care Strategy Group formed in 2023 as a result of growing concern for the following: inequitable access to NHS aural care, inappropriate training routes with inadequate entry requirements and insufficient competency of some individuals providing wax removal, leading to significant safety concerns for the public.

Limited information about the risks of poor quality and ineffective training, inappropriate equipment and incorrect aural care methods, place patients at a higher risk for permanent damage to their ears and hearing.

These concerns were examined by ENT UK and the British Academy of Audiology (BAA), who agreed to seek further cross-sector input. Professional and patient representative groups were invited to join the group and set out what was required to improve training, standards and access.




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Current membership: The current membership consists of representatives from professional bodies and organisations, third sector organisations, individual professionals, and regulatory bodies. This includes ENT UK, BAA, the British Society of Audiology (BSA), the British Society of Hearing Aid Audiologists (BSHAA), the Association of Independent Hearing Healthcare Professionals (AIHHP), RNID, and the Academy for Healthcare Science (AHCS).

The membership is not fixed, and the group recognise that the wider sector expertise and support will be essential moving forward. The group plan to engage with other key stakeholders such as the Hearing Loss and Deafness Alliance, UK wide NHS bodies, including professionals from all devolved nations, the National Deaf Children's Society (NDCS), the National Community Hearing Association (NCHA) and the Care Quality Commission (CQC).

Strategic aims: Prioritising patient safety by improving quality of service delivery in aural care is at the core of the NACSG's strategy. To achieve this, the group has identified and agreed three strategic aims:

- Ensure high quality, individualised and safe practice through standardising theoretical and practical training and maintaining competency of those providing aural care
- Provide multiprofessional and cross organisational expertise to update public facing information about aural care, and promote the work of the NACSG
- Advocate for equitable access to safe and high-quality aural care services across NHS and non-NHS sectors

Workstreams: As part of the work establishing the group, members have commenced specific activities, including:

- Updating the current BSA Minimum Training Standards for aural care, following BSA's process for standard development and consultation.
 - Setting minimum standards for theoretical and practical training
 - Define scope of professionals who will conduct aural care
- Exploring routes to standardise and accredit ear wax removal training
- Develop a mechanism to certificate / document professionals appropriately qualified to remove wax
- Working with NHS England to update current online information about ear wax removal




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- Supporting the wider campaign to improve access to ear wax removal, both of individual member groups (for example RNID) and identifying other partners for collaboration in this area

The NACSG acknowledges that some activities will be ongoing for some time but will recognise and act on shorter term opportunities where appropriate.

Next steps

- Work with Academy of Healthcare Science (AHCS) to develop a community of interest for all those involved in providing aural care training and those currently conducting aural care.
- Campaign on what can go wrong with wax removal / aural care.
- The group is planning wider engagement with the sector and will be identifying partners who are best placed to support the strategic priorities and activities listed above. Updates about this will be issued by the core members of the NACSG.
- Identify and collaborate with relevant teams in devolved nations to update online information on wax removal.
- Engage with insurance companies to develop criteria for providing professional indemnity insurance based on the BSA Minimum Training Standards being developed.

Appendix 1: Core members list and declarations

| Name | Representative of | Role | Conflicts of interest |
|-------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Aarti Makan | N/A | Chair of the NACSG, Founder & Clinical Audiologist at The Art of Hearing Ltd | Performs aural care daily as part of independent practice |
| Donna Corrigan | British Society of Audiology (BSA) | Immediate Past Chair for the BSA | Wax removal training delivery through HE employer |
| Franki Oliver | RNID | Audiology Manager | N/A |
| Kathryn Lewis | British Academy of Audiology (BAA) | CSS Divisional Audiology Lead, Withington Community Hospital | Aural care course provider under the North West School of audiology |
| Kevin J Munro | N/A | Ewing Professor of Audiology | Personal Honorarium for work as NIHR national programme director for RfPB funding programme, but unrelated to the work of the NACSG. |
| Lizanne Steenkamp | Academy for Healthcare Science (AHCS) | Head of Accreditation | N/A |
| Lynne Weatherill | British Society of Hearing Aid Audiologists (BSHAA) | BSHAA Board member & CPD and Education working group chair | N/A |
| Paul Scigala | Association of Independent Hearing Healthcare Professionals (AIHHP) | Immediate Past Chair | N/A |
| Peter Monksfield | BSO (on behalf of ENT UK) | Consultant ENT Surgeon, President of the British Society of Otology | N/A |
| Rob Donnan | British Society of Hearing Aid Audiologists (BSHAA) | President of BSHAA, Hearing Aid Dispenser | N/A |
| Sarah Riches | AIHHP and The Audiology Academy | Education Committee Member, Senior Teaching Fellow (HEA), Audiologist and co-author of current BSA Practice Guidance in Aural Care | Wax removal training provider |