



Member Documentation

Professional Guidance for Hearing Care Assistants

A Guide to Best Practise

Document Updated: 06/06/2025

Introduction



The British Society of Hearing Aid Audiologists (BSHAA) is the professional body which represents amongst others, Hearing Aid Dispensers (HADs) who are registered with the Health & Care Professions Council (HCPC).

A Hearing Care Assistant (HCA) is an assistant to a HAD. BSHAA has updated its definition of the Hearing Care Assistant (HCA) role as part of the wider hearing care team.

Whilst many different forms of support role are now in use within Audiology, this guidance is written specifically for the role of Hearing Care Assistant. Roles differing in training, scope or responsibilities fall outside of the scope of this document. In all cases HAD's must assure themselves that any delegated function(s) are delegated in accordance to the HCPC requirements of delegated function found under Standard 4 of the HCPC's Standards of conduct, performance and ethics. **The Protected function(s) of a Hearing Aid Dispenser cannot be delegated to anyone other than another HAD or Student on a HCPC approved HAD course.**

For further advice or information, please contact:



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1. Aim

The primary aim of the development of the Hearing Care Assistant role has been:

- to enhance client access to hearing care services by adding capacity to the hearing care team
- to enable clients with more complex needs to be given greater attention by a HAD
- to provide clients and carers with more time to discuss the practical aspects of their care needs
- to develop a career pathway which will support progression into the Hearing Aid Dispenser profession
- to facilitate sustained capacity and quality of service to meet the increasing demands for hearing care from an ageing population
- to improve standards of client aftercare by creating a skilled support workforce.

2. Hearing Care Assistant Guidance Background

This guidance reflects best practice building on the Code of Conduct and Training Standards for Healthcare Support Workers and Adult Social Care Workers in England. It provides a framework for BSHAA members to use to develop Hearing Care Assistant roles within their practices.

<https://www.skillsforcare.org.uk/resources/documents/Support-for-leaders-and-managers/Managing-people/Code-of-conduct/Code-of-Conduct.pdf>

This Guide describes the HCA role in terms of:

- tasks which could be undertaken by a HCA
- the potential of a HCA role along the Hearing Aid Client Pathway
- training programmes
- responsibilities of BSHAA, the employer, the HAD and the HCA
- recommendations for supporting HCAs in practice.

3. Hearing Care Assistant Role

Role Description

A Hearing Care Assistant (HCA) is described as someone who:

- is a care worker who has the attitudes, skills, and knowledge to provide a range of agreed tasks and activities to provide safe and effective hearing care support to the Hearing Aid Dispenser (HAD) within defined levels of supervision (direct and remote) The Protected function(s) of a Hearing Aid Dispenser cannot be delegated to anyone other than another HAD or Student on a HCPC approved HAD course.
- has undergone a suitable training programme
- is supervised by and working with a HAD in their day-to-day work
- A Hearing Care Assistant should always refer to themselves as such (or as 'HCA').

Key Tasks and Activities

HCAs support HADs in the triage, fitting and follow-up stages of the Hearing Care Client Pathway. The central focus of their work is to support and enhance the services provided by their supervising HAD to clients, their relatives and carers.

After the successful completion of a training programme the HCA will be able to provide the HAD and their service with:

- effective communication with clients and their relatives or carers
- the provision of general information to clients about currently available hearing aid systems and the professional services associated with their supply
- accurate recording of client information as part of a triage appointment to determine whether a client requires to be seen by a HAD for an assessment
- the performance of otoscopy in accordance with current British Society of Audiology (BSA) recommended procedures. <http://www.thebsa.org.uk/resources/>
- advise clients on ear wax management
- taking aural impressions in accordance with current BSA recommended procedures for the provision of ear moulds or other custom-made devices and ear fittings <http://www.thebsa.org.uk/resources/>

3. Hearing Care Assistant Role (Cont.)

- assistance for HADs in the fitting of hearing aid systems (including subjective and objective evaluation of aid performance and effectiveness, and teaching the client how to fit, use and care for hearing aids). The acoustic parameters of the fitting should have been pre-determined and set out by the HAD before the fitting is completed by the HCA as agreed with the client and set out and recorded by the HAD in the management and rehabilitation plan.
- carrying out ear wax removal under supervision of their HAD
- the provision of information and advice to clients regarding rehabilitation as determined by the HAD
- advice and provision of assistive technologies to clients
- the provision of appropriate post-fitting aftercare services
- the recognition of where there is the need for advice and management from the HAD
- the ability to work co-operatively with other professionals in health and social care in the management of care plans for individual clients.

Hearing Care Assistants may perform some or all of the above in a variety of locations as directed by and under defined levels of HAD supervision. The HAD is responsible for undertaking an assessment of risk when assigning tasks, considering the abilities and scope of the HCA and the needs of the client.

Limitations: HCAs should always be mindful to work within their scope of practice. Whilst it is accepted that this scope may develop with experience, clients must always be referred onwards to a relevant professional where necessary.



4. The Protected Function of the HAD



What is a Protected Function?

A protected function is a task, or series of tasks, which may only be carried out by an individual who is registered in the relevant profession by a statutory regulator. These tasks are sometimes also called 'controlled acts'.

Hearing aid dispensers have a protective function. Only a Hearing aid dispenser registered with the HCPC may:

- assess or test a person's hearing: or
- prescribe a hearing aid for a person.

Where the hearing aid dispenser or any other person intends to supply or provide a hearing aid by way of retail, sale or hire.

It is therefore a criminal offence for someone who is not HCPC registered as a hearing aid dispenser to assess or test a person's hearing, even if the individual does not prescribe a hearing aid. Equally, it is a criminal offence for someone who is not HCPC registered as a hearing aid dispenser to prescribe a hearing aid, even if the individual does not assess or test a person's hearing. Both offences only relate to where the hearing aid is supplied by retail sale or hire.

www.hcpc-uk.org

Assessment includes taking an assessment of the hearing loss as well as the general history. Testing includes testing the individual's hearing loss through processes like audiometry. Finally, prescribing includes taking the information gathered through the assessment and testing stage and then making decisions about which hearing aid is most appropriate for the individual.

5. Employing Hearing Care Assistants

When employing support workers to carry out some or all of the tasks identified above, an employer must ensure the support worker has undergone the appropriate training. The HCA role, in some cases, might be only a part of an individual's job description – this is for the employer to determine. Where some or all of the HCA role is part of that job, then the necessary HCA training must be completed.

6. Supervising Hearing Care Assistants

Like all care staff, HCAs are responsible for their own practice and conduct. They will, however, always work under the supervision of a designated HAD who, as the HCPC registered professional, will retain the ultimate responsibility and accountability for the clinical and rehabilitative management of the client.

<https://www.hcpc-uk.org/globalassets/resources/standards/standards-of-conduct-performance-and-ethics.pdf>

Once an HCA has passed a training programme there may be circumstances when the supervising HAD is not physically present but they will always be readily available for consultation via remote supervision.

The supervising HAD will provide clinical and other professional guidance as appropriate. As the relationship develops between HCA and HAD and the HCA gains experience and confidence, close supervision may reduce but the HAD will always remain in overall control of the clinical care to the clients.

Any HCPC registered HAD can be the named supervisor for a fully trained HCA, although it is recommended that newly qualified HADs have a period (1 year) to consolidate their own practice before taking on this responsibility.

HADs under HCPC caution, interim suspension, interim conditions of practice, suspension – should not supervise HCAs.

The Society uses the term supervision to refer to a practitioner who may work autonomously but has the support of clinical and/or professional supervision of a HCPC registered HAD or a person holding an officially recognised audiological qualification.

6. Supervising Hearing Care Assistants (Cont.)

The HCA will however only conduct work under the supervision of a HCPC registered HAD under the capacity of delegation. Delegation is defined under Standard 4 of the HCPC's Standards of conduct performance and ethics:

4.1 You must only delegate work to someone who has the knowledge, skills and experience needed to carry it out safely and effectively

4.2 You must continue to provide appropriate supervision and support to those you delegate work to.

The work completed by an HCA therefore should always be conducted under the supervision of an HCPC registered HAD who would determine their competency and experience to conduct the delegated task.

At no point are the protected function(s) of a HAD to be delegated and completed by support roles (they must only be completed by a HCPC registered HAD or a student on a HCPC approved HAD program).

The HAD providing supervision will be available to the HCA to provide clinical and other professional guidance as appropriate but ultimately the HCPC HAD will always be responsible for the clinical care of their clients.

The society uses the term supervision to refer to a practitioner who may work autonomously but has the clinical and/or professional supervision of a HCPC registered HAD or a person holding an officially recognised Audiological qualification.

Supervision of a HCA can come in many different forms and level of support and should be selected as appropriate.

These are defined as:

Direct: where the supervisor is present during all clinical activity and can provide face to face guidance

Indirect: The supervisor is readily available to provide support if required but does not to be present in person for all clinical activity and that the work of the HCA remains in the scope of their practice and skills.

Remote: The supervisor is readily available for support and provide guidance but are not directly present for support, e.g via telephone

During their time on an appropriate training program the HCA must always be under the direct supervision of a HAD and should not complete any clinical activity under remote or indirect supervision.

Once qualified the level of supervision may change, as the relationship develops between HCA and HAD and the HCA gains more experience and confidence in their role. At this time supervision may move from direct to indirect

6. Supervising Hearing Care Assistants (Cont.)

or remote. The decision should always be a mutual decision between the HCA and HAD and should be based on the need of the individual.

When in a stage of indirect or remote supervision it would always be recommended that regular touch points are conducted between the supervisor and supervisee to ensure the skills and competence of the HCA. There are no set requirements laid out but as an example, the society would expect a 'glide path' typically ranging from weekly in the first month(s) immediately following qualification through to quarterly for those with around 12-18 months experience.

The Supervisor may also decide to take opportunity to audit records completed by the HCA and peer observations of clinical practice to maintain high level of service delivery for the client(s) seen in practice and to confirm competence, scope of practice and any development opportunities.

The society has adopted key points from the HCPC's key characteristics of effective supervision to assist members:

Supervision should focus on sharing and enhancing knowledge and skills to support professional development and improve service delivery

Supervision should be regular and based on the needs of the individual, and ad hoc supervision should be available when identified as needed or requested.

Supervisory models should be based on the needs of the individual, such as one to one, group, internal, external or distance,

Research from HCPC has identified what qualities lead to effective supervision and we have shared the infographic which may help supervisors build a program of supervision for their supervisee (figure 1).

The supervisee is always required to keep a record of dates and learning outcomes of supervision and the society may request to see these records.

6. Supervising Hearing Care Assistants (Cont.)

figure 1.

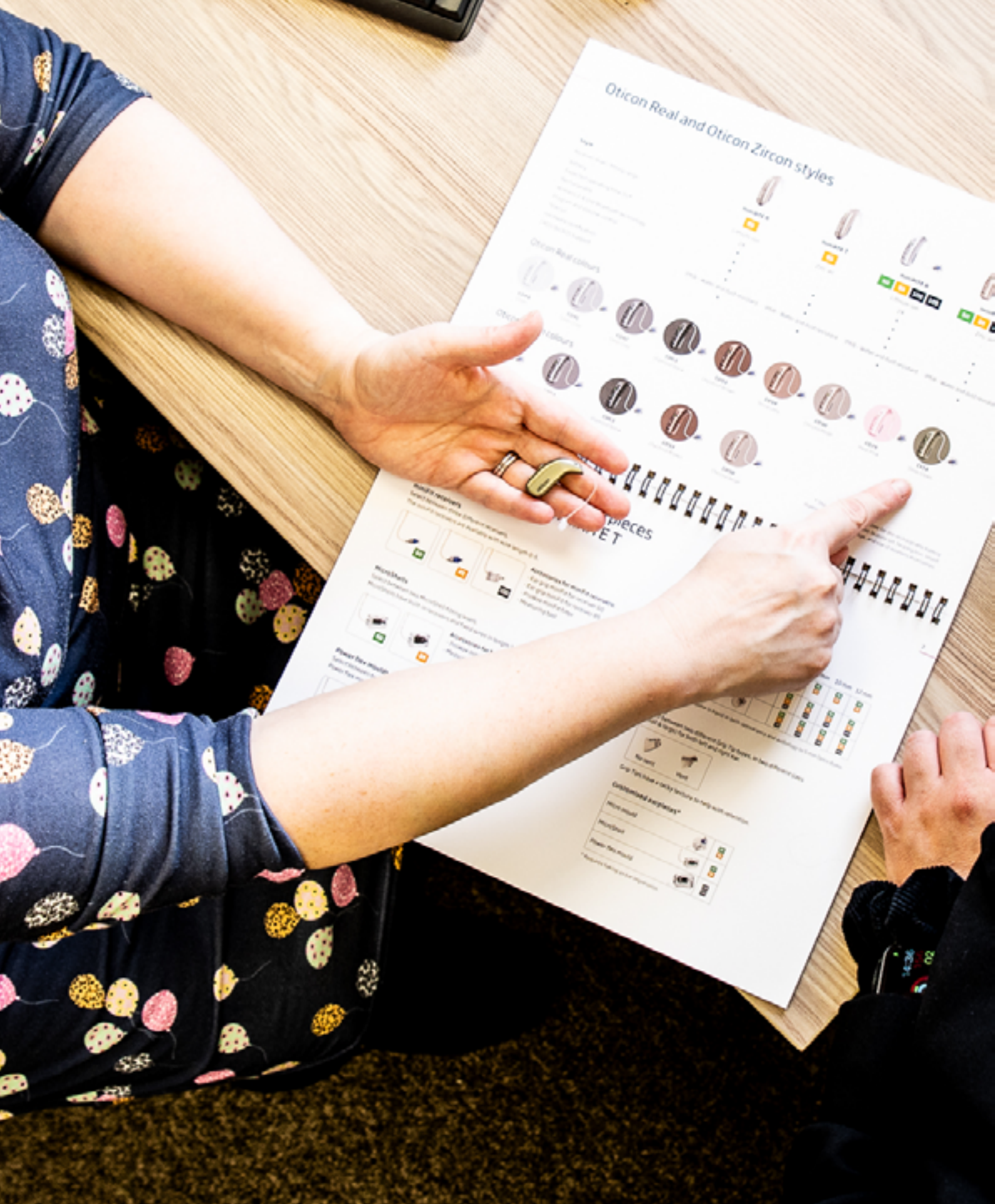


6. Supervising Hearing Care Assistants (Cont.)

Who can supervise a HCA?

Any HCPC registered HAD can be the named supervisor for a fully trained HCA, although it is recommended that newly qualified HAD's have a period (1 year) to consolidate their own practice before taking on this responsibility.

HADs under HCPC caution, interim suspension, interim conditions of practice, suspension- should not supervise HCA's



7. BSHAA Membership

Clinical Support Membership

HCA's will have the opportunity to join BSHAA as a Clinical Support Member.

BSHAA Medical Malpractice Member Benefit

All Clinical support members wishing to benefit from BSHAA's Medical Malpractice Insurance must have supervision in place from a full BSHAA member (HAD).

8. Continued Professional Development (CPD)

HCA's are encouraged to adopt an ongoing process of CPD to ensure that skills and knowledge stay relevant and aligned with the latest evidence-based practices. This commitment to professional growth not only enhances the quality of care delivered to patients but also supports personal development and job satisfaction.

Regular CPD activities, such as attending training sessions, participating in workshops, and engaging with reflective practice, are essential for maintaining high standards in healthcare support roles and members are provided CPDme premium which can be used for the recording of activities.

It is hoped that employers will see this as a shared responsibility and will provide development opportunities for the HCA's in their employment

9. What if there is a problem?

As a professional body, BSHAA has a role to support its members and promote the profession. There are instances when a member may wish to seek BSHAA advice or support. The following examples are provided as such and do not signify the necessity of involving BSHAA or the limits of BSHAA involvement in any one case.

Tasks Outside the HCA Role

If an HCA is concerned that they are being asked to undertake tasks which sit outside the BSHAA HCA role and/or are not in line with the Hearing Aid Client Pathway, they should first approach their registered HAD using this Guide as a basis for discussion. Further reference documents setting out the responsibilities of HADs in assigning tasks can be found on the BSHAA website.

If this does not resolve the problem, the HCA could take matters further. If the HAD supervising them is not their direct employer, then a discussion with company management may prove useful.

If the matter persists, HCA Members of BSHAA can contact BSHAA directly for guidance and support.

HCA Competence

If the on-going competence of the HCA is a concern, it is the responsibility of the supervising HAD/employer to address and resolve the area of concern, in order for the individual to continue in the HCA role. A period of closer supervision may be required or additional training.

HADs can use this BSHAA HCA role description and the Hearing Aid Client Pathway plus the National Standards as an objective measure of performance to enable the area of concern to be described and named, so that appropriate action might be taken.

Any competence issues must be addressed as soon as they are identified. Such issues must not be left until the point of renewal of the HCA membership, when the supervising HAD might not feel able to make their declaration.

Support for HCAs in Training

The responsibility for supporting a HCA in training is shared between the training provider and the employer. As part of BSHAA's requirements, training providers are asked to outline their procedures to support students in all aspects of the training.

If the training provider or the employer does not meet the BSHAA standards required during their training, then the student, as a BSHAA student member, will be able to seek advice and, if required, assistance from BSHAA.

9. What if there is a problem? (Cont.)

Supervising HAD does not provide adequate supervision

Failure to adequately supervise could put HADs at risk of breaching Standard 4 in the HCPC Standards of Conduct Performance and Ethics, the responsibility for tasks delegated to others.

Concerns about the adequacy of supervision of an HCA should be referred to BSHAA, which will investigate further.



10. Roles and Responsibilities

The following section summarises the roles and responsibilities expected of individuals and organisations to enable the HCA to deliver safe, high-quality care to clients, supporting the practice of their supervising HAD.

For clarity, the employer and HAD responsibilities have been separated below, with the understanding that for employers in small businesses, one person is likely to fulfil both roles.

Role of BSHAA

- Regularly review the HCA role and associated training requirements to ensure compliance with with best practice
- Provide opportunities for HCAs, HADs and employers to keep up to date with legislative, policy and practice developments
- Maintain the list of member HCAs by operating a robust process for membership renewal
- Manage the training programme process within the standards and timelines set.

Employer

- Enable and encourage the HCA to access development opportunities to maintain their role
- Support the supervising HAD in practice
- Set up processes to monitor and report the on-going competence of the HCA to support the renewal process
- Ensure industry standards for approved training are in place.

Hearing Aid Dispenser

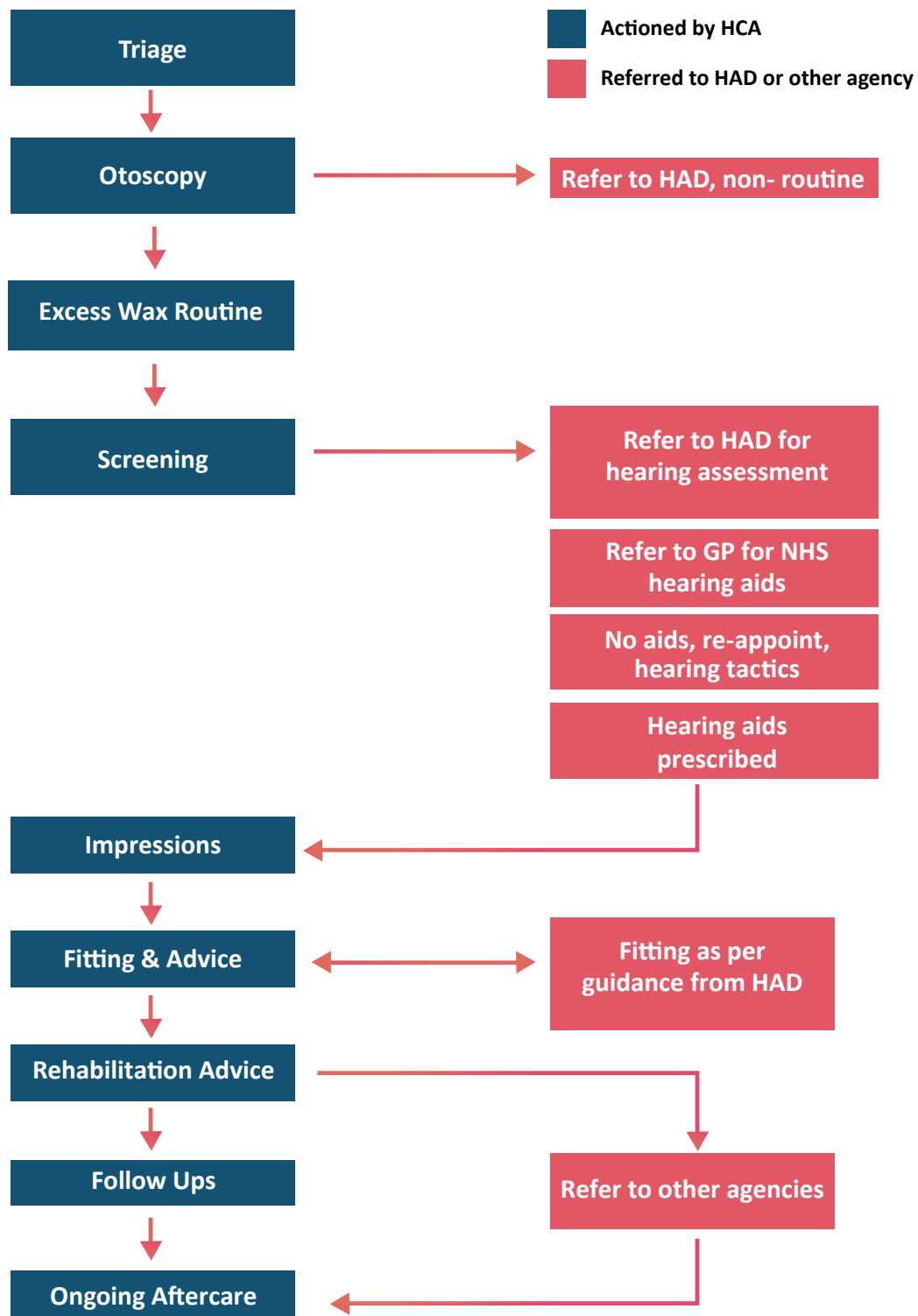
- Only delegate tasks for which you know the HCA is competent
- Act always within the HCPC code of conduct.
- Monitor and support the HCA to keep updated and provide opportunities for development
- Actively assess on-going competence and, where necessary, take action to remedy areas of concern.

10. Roles and Responsibilities (Cont.)

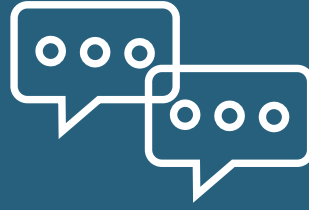
Hearing Care Assistant

- Be accountable by making sure you can answer for your actions or omissions
- Promote and uphold the privacy, dignity and rights of people who use your services
- Work in collaboration with colleagues to provide high quality hearing care, knowing when to seek help/advice from an HAD
- Take personal responsibility for keeping up to date and be able to demonstrate continuing development.

Example of a Service User pathway with HCA support



*Whilst a HCA may ask questions to determine the need to be seen by a HAD, it is the HAD who must complete a case history in accordance with the society's guidance on professional practice for HAD's



Queries & Questions

BSHAA has taken all reasonable steps to ensure that the information in this guide is accurate and up to date.

BSHAA does not accept any liability for any errors or omissions, or for how it might be interpreted or used.

The Society welcomes comments on this document or if you have any questions or queries, please contact us through:



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Document Title:	BSHAA Professional Guidance for Hearing Care Assistants
Version Number & Date:	V5 06.06.2025
Author:	Annie Morris
Consultation Directors:	Complete
Date Approved:	06.06.2025
Approved By:	The BSHAA Board
Effective From Date:	06.06.2025
Date of Review:	06.06.2025



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