



# Minimum Training Guidelines

## Ear Examination

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## General foreword

This document is one of a family of BSA Minimum Training Guidelines, which includes Industrial Audiometry, Otoscopy & Impression Taking, Aural Care, Ear Examination and Basic Audiometry & Tympanometry – all of which allow the awarding of BSA Certificates.

Although care has been taken in preparing this information, the BSA does not and cannot guarantee the interpretation and application of it. The BSA cannot be held responsible for any errors or omissions, and the BSA accepts no liability whatsoever for any loss or damage howsoever arising.

All practitioners who undertake these procedures after having attended a BSA accredited course are advised to have an awareness of their own scope of practice and understand their own limitations. The BSA highly recommends supervision and support as required by the individual.

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## Authors and acknowledgements

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The BSA's Professional Guidance Group

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## 2. Introduction

The purpose of this document is to offer guidance on training in ear examination including otoscopy. It is one of a family of Training Guidelines published by the British Society of Audiology (BSA), which includes Industrial Audiometry, Otoscopy & Impression Taking, Aural Care and Basic Audiometry & Tympanometry – all of which allow the awarding of BSA Certificates on successful completion of BSA accredited training courses.

Qualified audiology professionals conduct many ear examinations. However, it may be desirable for examinations to be undertaken by personnel who are not qualified audiologists (see 3.1 below) in other situations, subject to local protocols.

These guidelines are for personnel who are not qualified audiologists, but who wish to carry out ear examination as part of their service. The BSA wishes to encourage these personnel to adopt high quality procedures, which conform to nationally recognised standards.

## 3. Scope of the document

These guidelines do not provide information about how to carry out the ear examination, which can be found in the current version of the BSA Recommended Procedure for Ear Examination. The use of conventional illuminated magnifying otoscopes and video otoscopes is covered, whereas the use of microscopes and loupes is excluded.

The aims of these guidelines are to outline the minimum training that should be completed by those wishing to undertake this procedure, and to guide potential training providers seeking BSA accreditation for their training programmes, leading to the award of a BSA Certificate in Ear Examination.

### 3.1 Practitioners

These guidelines describe the training that might be undertaken by practitioners who are not qualified audiology professionals, for example occupational health professionals, teachers of the deaf, researchers, hearing care assistants and audiological assistants. Professionals with qualifications in audiology, including BSc, MSc and HCPC registration as a hearing aid dispenser (or similar equivalent qualifications) would not normally require additional training to undertake ear examination.





## 3.2 Subjects

This document applies to the examination of adults and older children. It is recommended that ear examinations are generally confined to those aged 6 years and older, as ear examination can be challenging with younger children. Anyone working with younger children should have received training and have experience appropriate for the age group.

## 3.3 Procedures

These guidelines relate to examination of the outer ear, including the pinna, ear canal and eardrum, using conventional illuminated magnifying otoscopes and video otoscopes.

## 3.4 Referral to specialist services

The BSA recommends the use of local criteria for referral to specialist services following ear examination, and the criteria may vary depending on the purposes of the procedure. For guidance purposes, notes on referable conditions are provided in the appendix.

## 4. Equipment and environment

These guidelines cover the use of conventional illuminated magnifying otoscopes and video otoscopes. There is a range of otoscopes available but, in all cases, the equipment used must be clean and fit for purpose with appropriate infection control procedures being undertaken. Whatever style of otoscope is used, it is essential that user can see clearly with it, using corrective spectacles if necessary.

The environment for ear examination shall be well lit, clean, comfortable and safe from trip hazards. Comfortable and appropriate seating shall be provided for both the subject and practitioner.

## 5. Training

Training is essential for all those undertaking ear examination. Practitioners need to have knowledge and skills in the following areas:

### 5.1 Knowledge and understanding

- Relevant health and safety issues including hygiene and infection control





- Anatomy and physiology of the outer ear including the effects of wax
- Basic otoscopy
- Relevant specialist services available locally
- Communication needs of hearing impaired people
- Professional and medical ethics, including informed patient consent and confidentiality
- Importance of record management

## 5.2 Skills

The practitioner must be able to:

- Give clear instructions and information to subjects (including those with hearing impairment), ensuring they are understood for informed consent
- Perform safe and thorough ear examination
- Effectively communicate information to other professionals
- Maintain and manage appropriate records

## 5.3 Training Syllabus

The supporting knowledge and the associated skills may be acquired through courses accredited by the BSA. There are no formal entry requirements. Courses shall be practical and include extensive 'hands-on' experience under the supervision of qualified and experienced tutors. Trainees shall be assessed whilst undertaking examination of real ears, and they must demonstrate adherence to the current version of the BSA Recommended Procedure for Ear Examination.

The following syllabus and duration of its components represent the *minimum* requirements. Some of the theory tuition may be undertaken away from the classroom. Tuition required for each topic is as recommended below, but course providers are invited to submit their own course details for approval by the BSA Learning Events Group.

- Communication with hearing impaired subjects (¼ hour)
- Basic outer ear anatomy, common abnormalities and conditions (¾ hour)
- Use of otoscope, theory & practice (1 hour)
- Hygiene and infection control, health and safety issues (¼ hour)
- Referrals and communicating with other professionals (½ hour)
- Confidentiality, informed consent and record management (¼ hour)





- Assessment (primarily practical, written may be included) (½ hour - 1 hour)

Where a trainee has successfully completed an accredited course, the course provider may award a BSA Certificate in Ear Examination, subject to the conditions set out in the current BSA guidance 'How to gain accreditation for a BSA Certificate course'.

Refresher training is recommended at intervals not exceeding 3 years, and this may be provided through formal courses or workplace assessment.

## 6. References

*(The documents referenced below are the versions shown as current on the relevant websites)*

BSA Procedure for Processing Documents: British Society of Audiology. [www.thebsa.org.uk](http://www.thebsa.org.uk)

BSA Recommended Procedure. Ear Examination: British Society of Audiology.  
[www.thebsa.org.uk](http://www.thebsa.org.uk)

BSHAA Guidance on Professional Practice for Hearing Aid Audiologists. British Society of Hearing Aid Audiologists. [www.bshaa.com](http://www.bshaa.com)

How to gain accreditation for a BSA Certificate Course: British Society of Audiology.  
[www.thebsa.org.uk](http://www.thebsa.org.uk)

## Appendix: Referrals

The BSA recommends the use of local criteria for referral to specialist services following ear examination, and the criteria may vary depending on the purposes of the examination. However, for guidance purposes, a list of referable conditions are provided below. The referable conditions are broadly based on current practice (see also BSHAA Guidance on Professional Practice for Hearing Aid Audiologists).

The decision on whether or not to refer will depend on the skills and experience of the person performing the examination, and whether or not the subject is already being reviewed (or has been reviewed) by his/her GP, audiologist or other specialist (e.g. ENT) in relation to the condition. Practitioners must be mindful of their duty to work within the limits of their scope of practice. Any referral must be with the patient's consent and clear records maintained





regarding any referrals, or recommendations for referral, that are made.

The following conditions shall be considered for referral to GP or other specialist services if they have been present within the last 3 months (unless stated otherwise):

- Earache or pain affecting either ear that has lasted for more than 7 days
- Infection in or discharge (other than wax) from either ear.
- Complete or partial obstruction of the external auditory canal that would not allow proper examination of the eardrum and/or an accurate hearing test and/or safe impression taking
- Abnormal appearance of the eardrum and/or the outer ear
- Any other unusual presenting features at the discretion of the practitioner

