

Audiens

**The Newsletter of the
British Association of Paediatricians in Audiology**

Issue No. 42

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AUDIENS

The Newsletter of the British Association of Paediatricians in Audiology

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Editorial

'The Times They Are A-Changin,' that phrase of Bob Dylan seems to have been playing over and over like a scratched record or in today's environment by a loop system, forever. When the change of format took place is difficult to pinpoint exactly as we have been hearing it endlessly in the background of our working lives whilst trying to take on board the newest initiative or guidelines that have been handed down to us from on high. New corporate names and logos, merging /splitting of purchaser/providers have led many of us, I'm sure, to question our position within all this change.

That life itself is a system of change is without doubt true, as the residence of parts of East Anglia would confirm; the power of the waves leading to erosion of the coast line and threatening the very existence of towns and villages dotted along what is now the shoreline is clear to see.

So what are we to make of all this change? Clearly much is as a result of research and evidence based medicine and thus should be embraced with open arms. Unfortunately sometimes (to continue the metaphor) that is into arms that are already heavy laden with protocols and guidelines, but there may also be things we have done for what seems like an eternity but when looked at closely may not now have a solid foundation in fact. That we cannot keep embracing new ideas without reassessing some of our other practices (if we intend to continue to staggering on) would seem sensible, but when to do it?

The Vestibular Course in Cambridge challenged us to look at what we are doing in our paediatric audiology clinics and gave us the initial knowledge and some practical skills to try and implement some small change in our daily working practice. Susan Shah writes of how inspiring the course was for her and hopefully along with the pictures all those who did attend will be reminded of the enthusiasm that was evident during those 2 and a half days back in July.

So I ask you. What is the state of play with all of you who attended the course? I know that the summer break for many will have brought needed distractions (from family weddings to holidays in far flung places) but what of the knowledge that we soaked up within the hallowed buildings of Clare College? Is it now destined to sit in the deep recesses of our subconscious or will we search out the handouts and refresh our memories before the year is out? Within my small group we had decided to keep in contact to both encourage and support one another via the internet to see how far we have been able to implement the changes that were discussed on the Friday of the course. Already there

are the concerns about protected time to implement the testing and provision of services locally to refer any children on to, but if we are to become proficient we need to make a start even if it is only a small shift in working. So for the record I have said that I will start by regularly checking the cranial nerves in the school age children attending the second tier clinics. (You are welcome to check up on me!!)

Sorry to all those that were unable to attend, but I hope that you will be able to network with colleagues that did attend and I'm sure that there will be future opportunities to get involved with the vestibular side of assessment of children identified with significant permanent hearing loss.

For all of us though, continued professional development is crucial if we are to keep our knowledge base and practical skills up to date and so much of this edition covers reports from the various meetings that have been held this year, and a review of an RCP document by Jane Lyons. We have printed a letter from Mr Gault regarding neonatal ear splinting, laminated copies of the algorithm mentioned can be obtained from algorithm@earbuddies.co.uk

On going research is something that we should be considering ourselves and to aid this the BAPA Research Award was set up (see page 10). Whilst the financial support may be small it should help facilitate some original work amongst the membership, so please consider applying for next year. For those of you who have been able to produce a piece of work in these stretched times then there is the BAPA Annual Prize to consider (page 14).

So 'Come writers and critics' and let's see you filling the pages of Audiens in the future!

Jeanette Nicholls

Disclaimer

The views expressed in this newsletter are not necessarily the views held by the British Association of Paediatricians in Audiology

An Informal interview with Dr Sylvette Wiener-Vacher

Question 1. How long have you been working in your present job?

A. Since 1991

Question 2. What is it about the job that keeps you going?

A. I think what keeps me going about this job is the contact with the children, it is fun to work with them, and the curiosity: the fact that every case is new and full of unpredictable events, and the desire to resolve problems and help people.

Question 3. Do you work as part of a team? If yes, what is the professional background of your colleagues?

A. I am part of a team because my working alongside one of audiologists, surgeons and nurses. My closest colleague is a psychologist who was trained in vestibular testing in adults by her husband who is an ENT and she is helping a great deal with testing very young children (under the age of 3 years) twice a week. I have worked with her since 1991

Question 4. If you could change one thing about your work what would it be?

A. I would like to have more people working with me to see more patients and make them benefit from our skills. However, having a technician full time is not something I can decide and the economic difficulties that 'The Assistance Publique de Paris' is facing does not seem to permit this. So far I bypass this problem by having foreign physicians coming with me for one year to two years but it is not as efficient as it could be as with a full time intern I can train and count on for testing children.

Question 5. What do you see as the possible breakthroughs in your field in the next decade?

A. I see that it is going to be obligatory for every department that sees children with hearing loss and cochlear implant candidates to have a specialist in paediatric vestibular testing, but it is going to be difficult exactly like it was for audiology testing in children 30 years ago because the interest of physicians on vestibular system is just beginning

Question 6. What is it about the city you work in that you would expound to any prospective job applicant?

A. In Paris everything is possible; however the health services are undergoing real problems. It is hard to plan for the future. However, I think vestibular testing in young children is going to develop everywhere and I will work on that for the benefit of the children.

Question 7. Outside work what do you like to do to remain sane?

A. Drawing, reading, sports 'bicycling and swimming and taking care of my own children (an endless job!)

Question 8. What is your favourite meal?

A. Cheese platter and a glass of good wine.

Question 9. What is your favourite holiday destination?

A. England of course! And I like to go back to my home region: the Loire valley where my mother still lives and where I spent the first 25 first years of my life.

Question 10. If tomorrow was the end of the world is there anything that you would like to do before then?

A. Pray for all of us.

Unité d'exploration des troubles de l'équilibre chez l'enfant

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The copy dates for the next editions of Audiens are:

15th February 2009 and 15th August 2009.

Articles, letters or adverts etc. to the editor by those dates please.

All submissions must at least be typewritten, and preferably on disc or by Email.

A champagne toast at our first BAPA Conference!

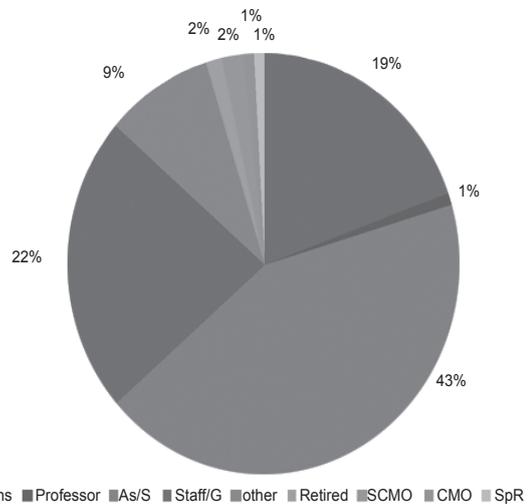
Our first conference was well attended and we were privileged to have such excellent participants presenting a variety of relevant and interesting topics. Overall, the day ran smoothly thanks to the SOAS Conference Staff; the skilled chairing of morning and afternoon sessions by Sarita Fonseca and Ann Mackinnon; and all those who gave their time and support both before and during the day. Special recognition and thanks go to Pam Williams, Secretariat and Keith Stewart, London Meeting's support for all their hard work 'behind the scenes'. It made this special occasion an event worthy of celebration and champagne!

A profile of the professional status of the delegates attending the conference and their evaluation is shown in table 1.

The faulty fire alarm did not discourage our delegates or last two speakers despite our evacuation from the building on two occasions. It was well worth enduring those icy January winds to complete the day!

We look forward to our second conference on January 30th 2009.

Table 1



Dr Jane Dalzell, BAPA Meeting's Secretary

BSA Paediatric Audiology Interest Group Meeting May 15th 2008

PAIG this year was titled "Auditory Processing Disorder" (APD) but also covered the important topic of transition of care from paediatric to adult hearing aid services.

Pauline Grant (advisory teacher of the Deaf Harrow) gave an interesting presentation on what interventions could be introduced in the classroom, most of which would help all children because good listening conditions benefit everyone. These strategies were divided into those suitable for "Primary Schools" & "High Schools & beyond". There were also some activities that could be used to minimize the effects of APD. They could be introduced by already overstretched advisory services. We also learned about assistive devices such as the Edulink which some children find helpful.

It was salutary to be reminded how the signal to noise ratio plummets as the distance from teacher to pupil increases, especially as children have not developed adult listening skills & therefore really need a higher signal to noise ratio.

Amy Skipp, Independent Research Consultant, spoke to us about transition of care from a paediatric to an adult service. This flagged up important issues chiefly that it was vital that adequate information was given. Mention was made of the NDCS guidelines on this subject. Good practice might include a transition pack giving clinic times, details of social services & organisations useful for young deaf adults. These would be useful even if the adult & paediatric services run concurrently within the same department.

I had hoped to gain specific information about referral criteria for assessment for APD & was rather disappointed in the presentation on this subject.

There were 4 workshops in the afternoon, each delegate attending 2. I attended firstly the one that was led by Melanie Ferguson, who introduced the Institute of Hearing Research (IHR) auditory processing test battery. This gave us a chance to experience temporal & frequency resolution using the computer programme. It was frustrating that this was over subscribed and therefore there was insufficient time for everyone to experience the tests.

The other workshop I attended was led by Dr Sirimanna. This consisted of various case studies. This I found very relevant and informative.

The alternative workshops were, "Assessing Adults with APD" led by Doris Bamiou & "Earmould Workshop" led by Wendy Davies.

Although perhaps I did not gain as much information as I had hoped on clinical applications, I did learn a lot about coping strategies. I also felt I benefited from addressing the issue of transition of care, and as always the exhibitions were excellent & the networking beneficial.

Dr Kathleen Coats

BAPA at the RCPCH Spring meeting 2008
University of York

BAPA had been allocated a slot to arrange a 'Specialist Meeting' at the RCPCH Spring Conference. I was delighted. Was this the signal I had been waiting for, for now over 2 decades? This seemed to me the first step to being recognised as a 'Speciality' in our own right.

I am the South East Rep on the BAPA executive committee and had been given the task to report back on our meeting for the Audiens.

The spring meeting in York was a large event. Over 3000 delegates were registered to be visiting over the 4 days from 14th-17th April 2008. We were given a Programme booklet at registration with our packs and I looked to determine the date and time for our meeting. Ah, there it was on page 69 of the brochure under Specialty Sessions Group on Thursday 17th April 10.00-12.30 in room P/I005. You can rest assured that before the end of the first day I had checked out the exact location of the room in question!

The Speciality Group Sessions were open to all and we were competing with some very interesting subjects. Allergy, immunity and infectious diseases, Child public Health, Dermatology, Ethics and law, History, General Paediatrics, Child Protection and Radiology, Mental health to name but a few. I am mentioning this as to have actually drawn 35 delegates at one point to attend our meeting, I consider to have been an achievement.

Susan rose and Adrian Dighe had arranged the meeting with help from BAPA members of course. The format was an 'invited speaker' one. The programme was varied and specifically designed to appeal to the general paediatrician.

Adrian Dighe's (Associate Specialist Community paediatrics) 'A visit to the Hearing Clinic' was well presented. It demonstrated how information could be put together for both parents and children in a user friendly format prior to their visit to the audiology clinic. This was followed by Dr Breege MacArdle's (Consultant Audiological Medicine) talk on 'Aetiological Investigation of Hearing Loss'. This was an update in line with the current evidence based guidelines and described a rational approach to the medical investigation of children with bilateral severe to profound permanent hearing loss. Miss Lucilla Butler (Consultant Ophthalmologist) then looked at the evidence for eye problems associated with children with hearing impairment and spoke about common conditions and their implications for vision.

Simone Walter (SpR Audiovestibular Medicine) presented 'An Update on Congenital Cytomegalovirus and Hearing Loss'. This was both informative and stimulating. This was followed by Mrs Carmen Burton (Coordinator congenital CMV Association UK) giving us 'A Parent's Perspective on CMV Acquired Hearing Loss'. I have heard Carmen before and admire her work and dedication to her cause. I am certain she inspires other parents with her story which is well narrated.

The final subject was 'Quality Assurance in Newborn Hearing Screening' which was presented by Dr Janet Lowe (Consultant Paediatrician). In the current climate of second round NHSP QA visits, this was a very relevant and topical topic.

As you can see, the subject matter covered stretched wide. Speakers were invited with very diverse backgrounds and I am really pleased to say that in my opinion we had had a very good session.

Congratulations, organisers. Well done. You did us proud.

*Dr Roshan Ansari,
Lead Clinician in Audiology,
Tower Hamlets PCT*

Advertising rates for Audiens

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	Academic	£60
Flyers for insertion with mailing	Commercial	£100
	Academic	£75

**BAPA Vestibular Course, 9-11th July 2008,
Clare College, Cambridge**

Those of us fortunate enough to attend the first BAPA vestibular course were treated to a truly inspirational two and a half days of intensive learning in beautiful surroundings.

The organisation was faultless; from distribution of the pre-course reading list to the taxis back to the station, all needs and eventualities had been covered.



Dr. Sylvette Wiener-Vacher and her son showing the optokinetic drum

Speakers both from home, Veronica Kennedy, Katherine Harrop-Griffiths and abroad, Professor Rose Marie Rine and Dr Sylvette Wiener-Vacher, were superb and not only gave us the benefit of their awesome level of expertise but were very approachable and keen to pass on their knowledge in a way that we could use ourselves.

Alex Cheyne, from Biosense Medical, gave us the latest on all the high-tech equipment now available and brought along several items for demonstration.

The course opened with an address from Dr Sheila Shribman who told us how the Department of Health was transforming services for children with hearing loss and their families. It was good to know that deaf children are now on the Dept. of Health map.

Veronica Kennedy reminded us how important paediatric vestibular disorders are in affecting development and educational, social and leisure activity, and how we already see a population very likely to be affected in our work with deaf children. She guided us through the complex anatomy and physiology of the vestibular system.

Katherine Harrop-Griffiths, as did all the speakers,

stressed the importance of a detailed, accurate history, and showed how this leads to a presumptive diagnosis so that the most appropriate action can be taken. She later described the equipment, personnel and tests that could be expected from a specialist vestibular clinic.

Sylvette Wiener-Vacher was a most engaging and lively speaker, ably supported by her young son who showed remarkable sang-froid and appeared quite unfazed by a mass of foreign doctors. She gave us details of vestibular pathology and a wealth of very practical and often low-tech solutions to examination and investigation. She also introduced us to Frenzel glasses and the Halmagyi manoeuvre, which we all practised in our small groups.

Rose Marie Rine described further the interdependence of all the systems involved in the development of motor, balance and gaze stability, and the impairments one might find in children with hearing loss. I was particularly struck by her exposition of the problem of poor dynamic visual acuity which can render a child with 6:6 static vision effectively blind for reading. It was most encouraging to learn from her reports of



Small group session

intervention programmes that children can be helped though this needs to be given early and needs to involve occupational and physiotherapists.

Lectures were interspersed with small group work and case presentations so there was no chance to nod off in a corner, despite the excellent catering. I found the practical session perhaps the most useful, though it seems invidious to pick out one thing from such a generally excellent programme.

We considered, in groups and all together, what we might take from Cambridge back into the real world of our working lives. I think that all agreed we wanted to give more attention to possible vestibular problems in our patients. We recognised however that extra resources would be needed - money, space, personnel and of course time – but these will not materialise unless we have the ambition and the determination to get colleagues on-side and present a good case to

managers. The setting up of local groups to strengthen our case and our resolve might be one way of ensuring that we do not lose the enthusiasm for change the course has engendered.

I would like to thank the organisers – Adrian Dighe, Jane Dalzell, Sarita Fonseca and of course final night quiz-master Keith Stuart for giving me the most satisfactory educational experience I have had in years.



*Susan Shah, Associate Specialist,
West Sussex PCT*

Dr. Adrian Dighe with our international speakers Dr. Rose Marie Rine (left) and Dr. Sylvette Wiener-Vacher (centre)



Early morning tour of the garden



Small group session including Dr. Susan Shah (second from the right) and Veronica Kennedy (centre)



Punting before the banquet, including Katherine Harrop-Griffiths (second from right sitting in punt)

British Association of Paediatricians in Audiology Research Award

What is the BAPA Research Award?

This financial award of £500 will be given to the successful BAPA member to facilitate an original piece of research, audit or governance related to Paediatric Audiology. Although intellectual ownership will be the author's, BAPA should be acknowledged in any publications and presentations of the work's findings.

Who can apply?

The applicant will be a BAPA member.

How to apply?

Complete an application form, accessed from the Chairman by emailing adrian.dighe@banes-pct.nhs.uk. It should be emailed to him by the 30th September 2009. The application will be sent to the research awarding committee (two BAPA members and one doctor actively involved in paediatric audiology; all elected by the Executive Committee of BAPA) and the applicant will be notified about the outcome following the Executive meeting in December.

When will funds become available?

A lump sum of £500 will be paid to the successful applicant within four weeks of the notification of success.

What will happen next?

A six-monthly progress report must be submitted to the current Secretary of BAPA. The completed work should be presented to the current Secretary of BAPA by 30th September, 2011. This will be forwarded to the research awarding committee for scrutiny. The committee will report to the Executive Committee of BAPA at the December meeting (2011). A paper of the work must be provided by the author (before 14th August, 2012) to the Editor of *Audiens* for publication.

Will I receive any guidance and support during the grant period?

Members of the BAPA Development group would be happy to support the successful applicant and offer advice during the grant period.

Can the work be eligible for other awards?

Winning of the BAPA Research Award does not preclude the author from submitting the work for the BAPA Annual Prize.

Hearing and Balance Disorders, achieving excellence in diagnosis and management.

Report of a working party, January 2008.

Royal College of Physicians of London

The members of the working party were from a wide range of disciplines, both medical and non-medical. The chair was Professor Linda Luxon, with Ian Gilmore, President of the Royal College of Physicians writing the forward.

The report is from a working party that reviewed the needs of the patients with hearing and balance disorder, and it sets these disorders in context, including mentioning phoniatrics (the study and alleviation of speech disorders). The document is well written and clear, and although produced under the auspices of the Royal College of Physicians both paediatric and adult aspects were discussed thoroughly.

The report commences with a summary and recommendations, discussing how common are hearing and balance disorders as they affect about 20-50% of the population at some point in their life. Balance is the most common reason for visiting the GP in the over 65s. It makes the point that there are no dedicated services for children with auditory processing problems and balance problems in UK.

There is then a detailed report of different aspects of AV (audiovestibular) medicine. It is peppered by case reports to illustrate how AV medicine contributes to medical care, which may be by reaching the correct diagnosis in complex cases, enabling appropriate rehabilitation and providing full multidisciplinary team working.

The report has various chapters, including:

Audiovestibular Medicine. This is a discussion of all the different aspects of paediatric and adult audiovestibular medicine, indicating that it is a broad discipline. It shows the patchy distribution of consultants in AV medicine in UK. The report first looks at the different aspects of paediatric AV medicine and the AV paediatrician's role in holistic diagnosis and management. For adults the working party felt that there is an emphasis on presbycusis (as a diagnosis) and early provision of hearing aids, without remedial or aetiological approach – assumes that hearing loss is an inevitable part of aging. It seems that with waiting list targets large numbers of patients being seen there is no real commitment to look for the unusual, and there is little auditory rehabilitation.

The lack of vestibular services in some regions can lead to delays in accurate diagnosis, sometimes for life-threatening conditions.

Service provision. The report discusses the current service provision, and then proposes a model for the

future, interlinking community, hospital and tertiary care.

Manpower. This chapter looks at the current shortages and suggests there should be 1 adult AV consultant and 1 paediatric AV consultant per 500,000 population.

Audiovestibular medicine in medical care. This comprehensive section discusses how AV medicine is integral with other medical disciplines, including paediatrics, ENT, neurology, care of the elderly and general practice, to name a few. In many of these disciplines AV medicine is crucial for reaching the correct diagnosis without delay and providing the appropriate management.

Multidisciplinary teams and Inter-agency working. Although, throughout the document the importance of multidisciplinary team working is emphasised, these sections discuss the role of specific medical disciplines and other agencies, including the voluntary sector.

Training. The current situation is discussed, with suggestions as to how this could be developed in the future.

This is an important and comprehensive document. It clearly articulates the philosophy of AV medicine, and its role in the future. It discusses how we should be working alongside our Audiological colleagues and where our roles diverge and overlap. I recommend that not only is this an important read for us, but it is a valuable tool for commissioners and managers. It can be downloaded from the RCP website <http://www.replondon.ac.uk/pubs/brochure.aspx?e+230> for free or a paper copy can be ordered for £20.

Reviewed by Dr.Jane Lyons

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Report from BAPA South East Region

The South East Regional June meeting was held on the 20th June 2008 at The Education centre at Mile End Hospital in Tower Hamlets. This was the first meeting organised by Roshan Ansari as the newly elected representative for this region. Colleagues had been encouraged to extend the invitation to audiologists, peripatetic colleagues and others who may have an interest and the Flyer was circulated widely.

A light lunch was laid out by the hostess who had clearly made every effort to make all colleagues feel warmly welcome especially as Tower hamlets is a long trek for many.

The theme for the afternoon was 'Signal: Noise in the Paediatric Test Room and Classroom'.

Both speakers had been invited and were not BAPA members. Ian Rich (Manager Architectural Products IAC) first gave us an excellent presentation on Design of Paediatric Test Rooms. This was followed by Glynis Perrin (Educational psychologist). Her presentation was on 'Signal: Noise in the Classroom'. We all had a chance to listen in to the latest hearing aids available.

Paediatric Tinnitus Survey

The British Association of Audio-vestibular Physicians (BAAP) is currently developing and updating its clinical standards. One of these standards is on the management of children with tinnitus. As this is an area where there appears to be little consensus, it would be very helpful to build up a picture on the current working practice in the UK. We would value the assistance of the BAPA/BACDA members in helping us to build this picture. Depending on the response, we may also be able to arrange an information or training day on an approach to paediatric tinnitus.

To help us with this survey, you can

- go to BAAP website: www.baap.org.uk and access the survey on the Info Link page

-e-mail: paed.tinnitus@baap.org.uk for an electronic copy of the survey

The survey takes around 3-5 minutes to complete including free text.

Thank you for your help.

Dr Veronica Kennedy

The talks were both stimulating and informative and led to a lively debate and discussion.

We were pleased to have amongst us Dr Martin Bellman (Consultant Paediatrician) from the Nuffield Hearing and Speech Centre.

This meeting was Keith's last meeting as our SE Rep. He took leave formally and Roshan thanked him for his valuable contribution over the years to BAPA. Dr Indira Mohan was then elected unopposed as his replacement.

The feedback score for the meeting from the majority of colleagues for both presentations and venue was 4-5, which was very good to excellent.

The meeting closed at 4.30pm.

*Roshan Ansari
South East Representative*

DRIVE TO END PINNAPLASTY BY 2030

Mr David Gault FRCS

The Portland Hospital
205-209 Great Portland Street
London W1W 5AH

It is vital that neonatal paediatricians, obstetricians, general practitioners, and midwives are educated about early detection [of ear deformity] and how to initiate treatment themselves." Lindford, Hettiaratchy, Schonauer BMJ Feb 2007.

Neonatal moulding is a splintage technique to correct ear deformity in babies whilst the cartilage is still soft, avoiding the need for operation in later life. The aim is to end pinnaplasty surgery in ALL children born in the UK from 2030 onwards, and, in the meantime, to introduce EARLY splintage to an increasing proportion of those who would benefit from it. All ears in which a normal amount of tissue is abnormally folded should respond to treatment – the earlier it is applied, the more likely it is to be successful. Splintage can be effective in babies as old as 18 months, but enormous parental persistence is required, and after the age of six months there are diminishing returns.

There are four recommendations – an algorithm is also available:

Apply splints to ALL ears with Stahl's bars, rim kinks, lop and cryptotia deformities at birth without exception – these deformities are ALL recognisable at birth and rarely improve spontaneously. They are very difficult to fix surgically and splintage is without doubt the best solution.

Apply splints to prominent ears apparent at birth, particularly if there is a family history.

Where the ear is pushed forwards easily, when sleeping, for example, splintage is recommended. Ears which are normal at birth can become prominent by six months when the ear cartilage hardens without the normal folds.

It is particularly important to splint problem ears which are likely to require a behind-the-ear hearing aid, as the antihelical fold is a vital support.

I am always happy to answer questions on newborn ear deformity. I will be beginning a series of lectures at units throughout the UK from mid-September – please feel free to make contact if you would like details or to request that your unit is added to the list.

"If successful, an effective splinting programme could consign the surgical correction of all but the most severe ear deformities to the past." Lindford, Hettiaratchy, Schonauer BMJ Feb 2007.

Yours sincerely,

DAVID T GAULT FRCS
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Post-partum splinting of ear deformities Lindford AJ, Hettiaratchy S, Schonauer F. BMJ 17 Feb 2007, Volume 334

Management of Congenital Deformities of the External and Middle Ear Gault DT, Rothera M Scott Brown's Otorhinolaryngology, Head and Neck Surgery, Ed Michael Gleeson 7th Edition Arnold 2008

The BAPA Annual Prize Rules

1. The award is named the BAPA Annual Prize
2. Any BAPA member (Full, Associate or Retired) will be eligible for the award apart from members of the Panel (see below)
3. The award will be given for work that promotes the aims of BAPA, which are:
 - (a) The promotion of standards in both training and professional qualifications of paediatricians working in audiovestibular medicine and to contribute to the training of other professionals working in related disciplines.
 - (b) The promotion of multidisciplinary working for the benefit of children and their families.
 - (c) The promotion of multidisciplinary working by maintaining and developing links with other professional bodies.
 - (d) The holding of meetings, lectures and discussions in various regions and the publication at regular intervals of a newsletter for members.
4. This work can be in the form of:
 - (a) a report or publication
 - (b) a presentation to an educational or audit meeting
 - (c) an outstanding contribution to service development and/or multi-disciplinary working.
5. Candidates can themselves apply for the Prize by submitting a report or presentation. Alternatively candidates can be proposed by any full member of BAPA by submission of a citation.
6. The Awards Panel will comprise three assessors, two of whom are BAPA members (one of whom is a committee member) and one non-BAPA member who is actively involved in children's hearing services. The Panel will be nominated annually by the Committee.
7. Submissions should be sent to the Secretariat or Chairman by 30th September each year for consideration by the Panel. If the Panel agrees to make an award this will be presented at the next BAPA Annual General Meeting. If the recipient is unable to attend, the award will be presented in absentia.
8. The award will be in the form of tokens of the recipient's choosing. The value of the award is currently £250.

Any changes?

If any of your details have changed, please let BAPA know by sending your details to Ann Mackinnon : ann.mackinnon@nhs.net

Please be sure to let her have the following:

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