

AUDIENS

The Newsletter of the
British Association of Paediatricians in Audiology



Issue No. 43

April 2009

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Disclaimer

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

Editorial

Reflections from a Duvet Day

I recently had a booked day off to have some ME time which ended up with my spending most of the day in bed having succumbed to a nasty viral illness. Having nothing planned and not wanting to do anything strenuous I decided to spend the day reviewing all past copies of the BACDA/BAPA newsletter for some inspiration. As the newsletter editor I inherited two A4 box files containing generally 2 copies of each edition published.

We have developed from quite humble beginnings with the first copy in 1986 being a single sheet of A4 paper edited by Joyce Tweedie, to a slick externally printed publication. To produce this bi-annually takes a great deal of effort on the part of all those who are regularly involved, tapping away on the keyboard in the evenings trying to get the articles ready for the copy date. I am thankful for the development of the computer as it enables me to receive all the articles electronically and I can then send it all along with my editorial to Alan Batchelor by email for typesetting and turning into a pdf document for the printers.

Joyce in her first newsletter wrote that ...if the newsletter is to succeed it needs support from BACDA members... That is as true today as it was when BACDA was inaugurated in 1985. Then I was just graduating from Birmingham University with no real idea where I would end up. General practice seemed the most likely option, I was already married and within a year I was expecting my first child.

I sort of wandered into community paediatrics in early 1991 as a part time, term time only CMO (very useful with 2 small children and being a single parent by then). Again taking up Paediatric Audiology wasn't exactly a personal choice; it was more a forward thinking SCMO boss (Sheila MacDougall) who suggested that it would give me a specialist role in the team and also someone to replace her when she retired a few years later. This year marks the two hundredth anniversary of the birth of Charles Darwin and one can not have missed the numerous programmes looking at the "Origin of Species" and the implications at the time of his theory. Reading through the past copies of Audiens I have been able to see an evolution in both the presentation of the newsletter and the content (including adverts since 1989). One theme throughout is the request for members to contribute to the newsletter. So whatever your journey has been into Paediatric Audiology it would be really good to hear from some of you willing to send me something to print in the October edition on this or indeed any other topic of interest for the membership!!!

As an organisation we continue to press our case for sub specialty status within the Royal College and a recognised pathway for junior doctors into Paediatric Audiology. Our presence at the RCPCH Spring Conference in York is one way for us at BAPA to keep our case in the minds of the College and so I hope that many of you will have been able to obtain study

leave to attend this year. There will be a report on this in the October edition so again if you attend why not send me a small personal reflection to be included about the event?

Finally evolution has not stopped. The BAPA website is in the process of getting information onto the various pages and a page about the newsletter will be one. Within the executive committee we are mindful of being responsible for the way your membership subscription is used. With the increasing costs of postage and the economic downturn likely to lead to

a continued decrease in the number of companies wishing to place adverts in the newsletter I envisage that sooner rather than later Audiens will become a web based production for the membership to read online. This would place us on the same platform as organisations such as the National Deaf Children's Society which are already doing this.

Jeanette Nicholls, Newsletter Editor

Advertising rates for Audiens

Colour	Commercial	£300	Academic	£240
Black & White	Commercial	£150	Academic	£120
B & W, ½ page	Commercial	£90	Academic	£60
Flyers for insertion with mailing				
	Commercial	£100	Academic	£75

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:*

Name _____
Address _____

Post code _____
Preferred Email address _____
Home tel. No. _____
Work Tel. No. _____.

Chairman's report

AGM January 2009

Your Executive Committee works exceedingly hard and I am indebted to all the officers who devote energy and time to furthering our aims. BAPA is beginning to play a significant role in initiating and responding to strategic initiatives within Paediatric Audiovestibular work in the UK. We are concerned about workforce issues and are busy negotiating with the RCPCH about this. It has been difficult to gain sponsors at Royal College level and we were saddened when Hilary Cass as College Registrar moved on as she had been a very helpful mentor to us. BAPA has already worked on the core skills required for this work and how the knowledge base could be obtained within specialist training programmes yet we require firm commitment from the RCPCH for this to become reality. However we are now a Special Interest group within the College and we are grateful to Lesley Batchelor for energetically taking the role of Convenor of that group which is often consulted on Audiological matters.

In 2008 BAPA was for the first time invited to schedule a Speciality Group Meeting at the Royal College Spring Meeting, running in parallel with other groups. Susan Rose and I arranged a varied and interesting programme of guest speakers which drew up to 35 delegates at any one time – no mean feat given the competition of many other parallel presentations for delegates to choose from. We were fortunate in that the Royal College sponsored our speakers who were all leaders in their field. The 'fringe' meetings are usually an opportunity to showcase

small pieces of research or audit which is typically presented as an abstract lasting 10 minutes followed by 5 minutes for questions. We are going to be back this year and I am grateful to Gill Painter and Sarita Fonseca for organising our meeting. I'd like to encourage as many BAPA members as possible to register for the meeting and attend our session on Thursday 2nd April in the afternoon. We have two Guest speakers and a series of abstracts. The Spring Meeting affords excellent learning opportunities and is very well run so make a point of applying for sponsored study leave. And we are constantly looking for simple pieces of research or audit that form the basis of a presentation.

There are two matters of national importance that are of great interest to us. The first is "Transforming Services for Children with Hearing Difficulty and their Families" published in September 2008. This seminal Good Practice Guide will I believe significantly alter how children who are deaf or have hearing difficulty are identified, assessed and receive appropriate intervention as early as possible, through the development of paediatric audiology networks delivering high quality services. Paediatricians are tasked with an important lead role in achieving this vision. This is the time for our membership to enter dialogue locally with other professionals and claim their place in making these networks happen.

The second is the development of a quality enhancement tool (formerly a global rating scale), which is, as I write,

not yet published (<http://audiology.globalratingscale.com>), but which will equally have a profound influence on how we plan and deliver our services. Get involved and start discussions in your local teams about this.

We are still concerned about workforce planning and Lesley Batchelor is taking this forward by use of a detailed questionnaire. BAPA have funded administrative help for this to take place.

One of our aims as an organisation is to promote standards and contribute to training needs. Each year we have an annual conference in London, the last of which was possibly our most successful yet judging by the returned evaluation forms. I am grateful to Keith Stewart who as the Meeting Representative for some time now has brought his own high levels of detailed organisation and humour to these meetings. Last year we were most fortunate to recruit Jane Dalzell to the position and she and Keith masterminded an excellent day. Jane and Keith really have worked so well as a team. This year we have again benefitted from Jane and Keith making our Conference happen to such a high standard. I have enjoyed planning the academic content with Jane whom I have to say has been most assiduous and thorough in dealing with each component of the programme and whose excellent idea it was to have live theatre. I would also like to say that much behind the scenes work takes place with management at the Brunei Centre and again Keith and Jane must be thanked along with Nikki Long for fostering that strong relationship. We are in discussion with the Otology section of the Royal Society of Medicine and the Paediatric Interest Group (PAIG) of BSA for a joint

London Conference in early January 2010 and then a major BAPA conference in June 2010.

Last summer we ran the first Paediatric Vestibular Assessment course in the UK, at Clare College Cambridge. This was like any new project a mammoth undertaking that I took the lead on, but with wonderful assistance from Jane Dalzell, Keith Stewart, Sarita Fonseca, and a fabulous management team at Clare headed by Sally Johnson. The course was without doubt a resounding success and I hope you will all have read about it in the October edition of Audiens. We are in contact with our International speakers about future training opportunities.

Members can't fail to have noticed that our newsletter Audiens has had a much-needed facelift. The executive are very grateful to Jane Lyons who built up the magazine from very humble origins and then trained Jeanette Nichols to pick up the reins. Jeanette brings fresh ideas and great enthusiasm to the task of newsletter editor and is already making her mark.

Last year members attending the AGM will have had a copy of our leaflet about BAPA – please use for recruiting other interested professionals, although be aware that the printed direct debit details are incorrect so please contact your regional rep or the treasurer for an update. We are finally about to launch our new website which will take some time to fully build. We do hope in due course to have a members section which will rely on members updating their own contact and e-mail addresses.

One of the difficulties we face is how to rapidly contact our membership. The only

feasible way is electronically yet when Ann MacKinnon collected e-mail addresses at last year's conference, about a third were unusable within one month. We have set up a rapid response system to requests for opinions and consultation from outside organisations such as the Royal Colleges, Department of Health and BAAP. This is via our Honorary Secretary and members of the executive including regional representatives. Please may I make a plea for members to up-date e-mail contact details or change of address, via our Membership Secretary using the new website www.bapa.uk.com .

This brings me to the issue of regional representation. I have asked Ann MacKinnon to lead on this and she has given much thought to how to take this forward. We have had several discussions at exec. on the matter. BACDA and now BAPA has always relied on regional representation as the effective means of carrying out our aims and objectives. This has worked well in the past, but times have changed and some regions have very few members. We propose changes set out in the paper circulated by Ann MacKinnon. The viability of our Organisation depends on participation not spectatorship, and in particular our executive function relies on recruiting individuals prepared to serve BAPA and the wider paediatric audiology community. Please play your part, and if you can't organise things your self, then at least support the local work of others in the organisation.

Jane Lyons and I on behalf of BAPA meet with Deirdre Lucas (President of BAAP) and John Irwin (Vice President of BAAP) as the Audiovestibular Federation. There is much to be gained from collaboration. This is particularly important in relation to educational issues, as progress towards formal recognised training for paediatricians in audiovestibular medicine is frustratingly slow. We have reciprocal arrangements for reduced fees (i.e. at membership rates) for each organisation's meetings and conferences, and we work together to promote and support standards of clinical practice. We now jointly sign off documents as approved by both Organisations.

I can report that our Organisation is healthy, that we have plenty to do and we intend to do it, so many thanks for the support of the Executive, all our members and Pam Williams our Secretariat. We have many other supporters, too many to mention by name, but thanks to you all.

*Adrian Dighe
December 2008*

The copy dates for the next editions of Audiens are:

15th August 2009 and 15th February 2010

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.

Personal reflections of the London Conference

by Fouzia Moolla

The annual BAPA conference held on the 30th January 2009, in London was quite enlightening and thought-provoking to anyone working with hearing impaired children, or in the field of paediatric audiology.

The most touching aspect of the conference were the personal stories. Hilary Hodgson, a registered nurse currently working in the Sexual Health services in the NHS, spoke about her 12 year old autistic son with hyperacusis. She offered us an insightful perspective on the challenges faced by trying to treat him using tinnitus maskers. These maskers have significantly reduced his sound sensitivity and have improved his quality of life. However, many hurdles were encountered along the way. Hearing about these hurdles and how they were overcome, from a mother's perspective, was most interesting and heartrending.

Wendy McCracken, Senior Lecturer in Deaf Education, together with Tyron Woolfe, Deputy Director for Children and Youth at the National Deaf Children's Society gave us further insight into the thoughts and challenges facing deaf children today. Tyron, himself hearing-impaired, is a volunteer in many projects associated with empowering young people to do more.

The Grand Finale was a performance by Deafinitely Theatre. This is an independent, professional company, set up by Paula Garfield, to explore and reflect deaf culture by bringing it to front stage. The performance was excellent and I can't think of a better way to spread awareness about issues affecting the deaf.

West Midlands Regional Report Correction from AGM 2009

Jeanette Nicholls

Whilst I have had involvement in organising the catering and encouraging people to attend the Midlands Multidisciplinary Deafness Group (MMDG) meeting I can not claim the credit for setting it up. My colleague Helen Robertson, Consultant Community Paediatrician, and Carole McKeown, Consultant Clinical Geneticist were the bright sparks who brought the group to life.

We have been holding two meetings a year and managed to secure the use of the Education Centre where Carole works. The meeting is held in the morning with the BAPA meeting held in the afternoon to encourage as many members to attend the whole day. Our next meetings will be Thursday 21st May when Auditory Neuropathy will be the topic of the MMDG meeting.

It is evident from discussions with regional reps that regional groups function very differently, with some groups having no regional activity and others holding regular well attended regional meetings. Regional groups are used as a way of disseminating information to members, with regional reps feeding back the outcome of discussions at Executive meetings to their local members. With the enhancement of the BAPA website and good email communication there are possibly alternative ways of more effectively and consistently communicating with the membership.

Several regional groups hold regular academic meetings, some open only to BAPA members, others open to other professionals working in the field of

paediatric audiology. At least one regional group has a conference on alternate years attracting around 100 delegates.

Regional groups which cover an entire country, Scotland, Wales and Northern Ireland, have the potential to act as a sounding board for any national policies/decisions affecting paediatric audiology in that country, and may have a role in influencing national guidelines, procedures etc.

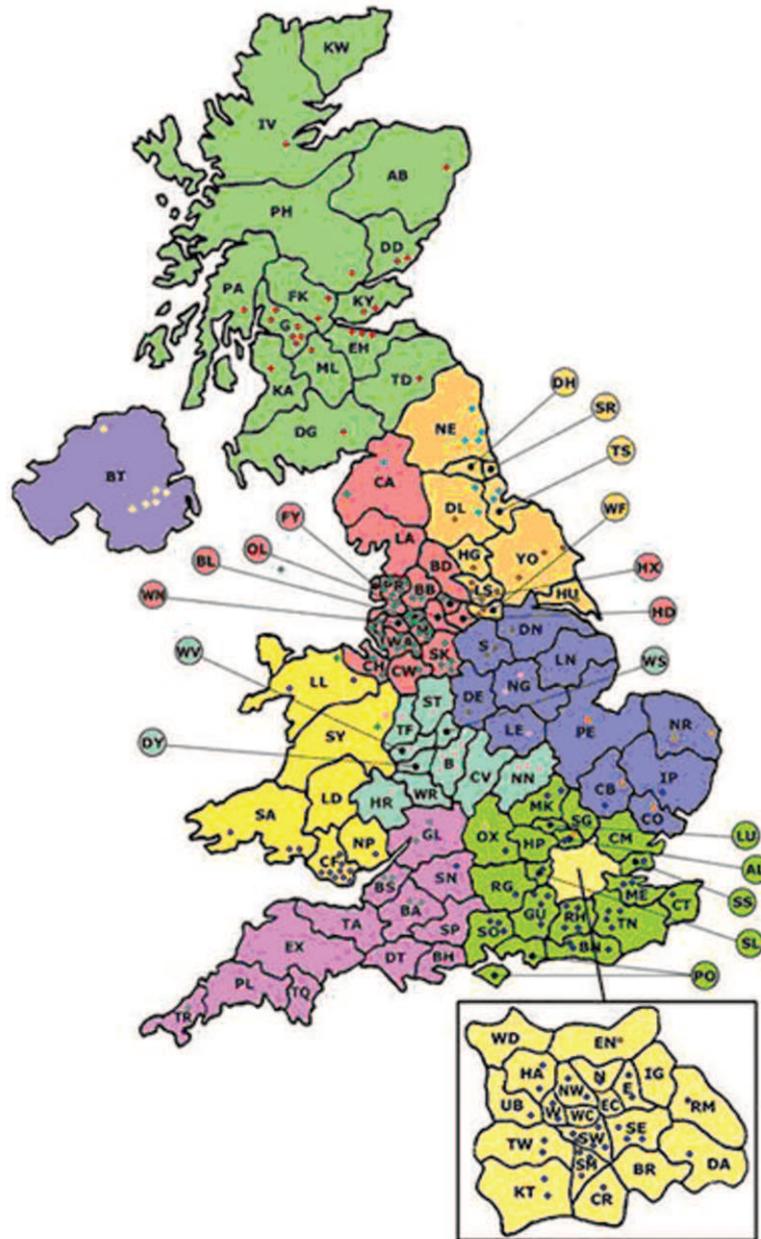
Current Situation

At the present time BAPA has 201 members (197 full members and 4 honorary members). Table 1 and Figure 1 show the distribution of the members across the United Kingdom.

Table 1

Region	Number
Northern Ireland	6
Scotland	22 + 1 Honorary member
Wales	17
North East	9
North West	36 + 3 honorary members
Yorkshire	17
Midlands	17
East Anglia	6
South East	58
South West	9

Figure 1: Map of BAPA membership



Some possible options for restructuring the Regional Groups

1. No change.

We currently have 10 regional groups. With the exception of the South East, each group has 1 regional rep who sits on the Executive Committee. South East has 2 reps. Membership numbers of the regional groups varies from 6 to 58

2. Development of 2 Maxi Regions, North and South

North would comprise of Scotland, Northern Ireland, North East, North West, Yorkshire and North Wales.

South would comprise of South East, South West, East Anglia, Midlands and South Wales. Each region would nominate, possibly 3 reps to sit on the Executive.

What impact would this have on educational meetings, when covering such a large area? Would this be a bigger issue for the North Group? How would these groups function "politically"? Both groups would cover members in different countries, who are delivering healthcare in different ways, and adopting different processes (e.g. commissioning, payment by results, quality assurance mechanisms etc. differ in the different countries).

Membership number in South would be approximately -106 and in the North - 95.

3. Northern Ireland, Wales and Scotland each remain as individual regions, with England being reduced from 7 to 2 or 3 regions.

The geography of Scotland and Northern Ireland make it difficult for these 2 countries to wholly join up with another region and set themselves up as a viable group. Members in the very South of Scotland could possibly join up with members in the North of England. Wales could stay as one entity or possibly split into North and South and join with an appropriate English region. England could be split into North and South, or North, South and Central. North would be made up of the current North East, North West and Yorkshire regions. South would be made up of the current South East and South West Regions. Midlands and East Anglia could make up the Central region or be amalgamated as wished (according to individual members into North or South). Northern Ireland, Wales and Scotland would each have 1 Regional rep with the English Regions each having 2. Membership numbers would be approximately -

Northern Ireland - 6
North England - 77
Wales - 17
South England - 78
Scotland - 23

or

Northern Ireland - 6
North England - 65
Wales - 17
South England - 65
Scotland - 23
Central - 25

4. Northern Ireland, Scotland and South East remain as individual regions, with Wales being split into North, Mid and South and joining with neighboring regions. East Anglia members join the most appropriate group.

Northern Ireland - 6
North West + North Wales - 41
Scotland - 23
Midlands + Mid Wales - 23
South East - 60
South West + South Wales - 22
Yorkshire + North East - 26

5. Other Comments

East Anglia have intimated that they do not consider themselves a viable group and would be happy for their members to amalgamated into the most appropriate alternative regional group(s).

Thoughts on these options

These options are a starting point and not intended to be the only options under discussion.

There are arguments for keeping Northern Ireland, Wales and Scotland as separate groups, both for geographic and political reasons. England could then be divided into 2 or 3 groups (or more) as felt most appropriate. There would of course be nothing to stop members attending meetings of a neighbouring group and optimal use of the web site would help this.

There are possible practical benefits to the members in the different parts of Wales joining with a neighbouring region for ease of meetings, with the Welsh members coming together if required to deal with any issues that are politically specific to Wales. Is this an option that is acceptable to the majority of Welsh members?

Two maxi regions - how would they function? How many regional reps would each maxi-region have? Would the maxi-regions end up being split into mini-regions?

Do we actually need any division of the membership into regions?

The purpose and function of both the regional groups and the regional reps needs to be clear to the membership to ensure we use both to maximum benefit.

We would appreciate the thoughts of the membership on the most appropriate way to move things forward and would be grateful if any comments could please be emailed to ann.mackinnon@nhs.net

The Executive Committee will consider all comments received. Please take this opportunity to help shape the future form of your organisation.

*Ann Mackinnon
Membership Secretary*

Deafinitely Theatre

Norma McGilp

Paula Garfield was invited by the British Association of Paediatricians in Audiology (BAPA) to create a short performance at their annual conference on 30th January. The 15-minute performance, directed by Paula, was based on Dr Tyron Woolfe's consultation project at NDCS, 'Change your world'.

Following Tyron's presentation, deaf actors Charlotte Arrowsmith, David Sands and Martine Laverty performed a series of drama sketches using lines written by deaf children and young people who contributed their views on the type of services they wanted from NDCS.

Dr Tyron Woolfe was pleased with the performance: "I was delighted to see some of the qualitative results interpreted into sketches by a skilled team of actors who were deaf themselves. They have

turned important words into the physical realm and have given the audience (predominantly scientists) a richness that I could never have presented in a Powerpoint slide."

Paula and the deaf actors spent two days developing the drama sketches at Drill Hall in preparation for the conference. "It was an interesting experience for us," admits Paula, "as we had a list of quotes written by deaf children from which we had to choose a few and then explore their meaning in order to create a short performance. The actors were able to create their characters very well. It was a great team effort and we were glad to receive positive feedback from the audience at the conference."

A short video clip of rehearsals held at Drill Hall can be viewed on You Tube - www.youtube.com/watch?v=4q4wD9qfRnc

Founded in 2002 by the Artistic Director, Paula Garfield, Deafinitely Theatre is a professional Deaf-led company. Their productions are made from a Deaf perspective and they aim to provide a stage for untold Deaf stories, reflecting and exploring Deaf culture by bringing it front stage.



Norma McGilp

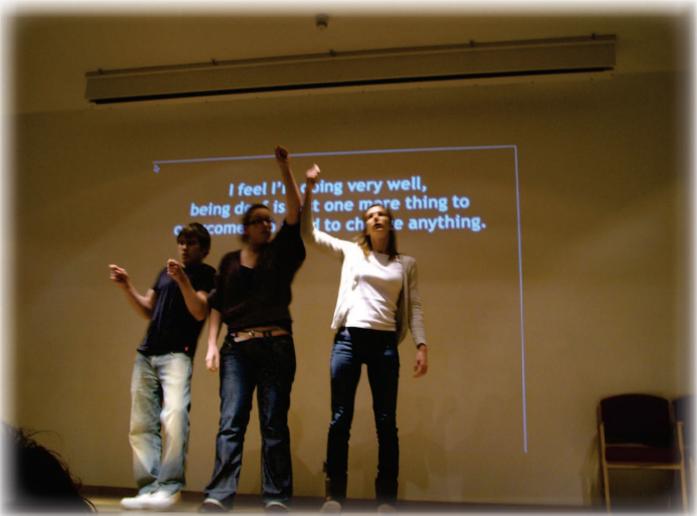
Project Manager, Deafinitely Theatre



Paula Garfield is currently working with a group of Deaf and hearing actors to develop a new play for Autumn 2009. 'Double Sentence' explores the experience of being Deaf and in prison, and it is based on interviews with Deaf ex-offenders, prisoners and professionals.

DVDs of Deafinitely Theatre's previous productions are available for sale at £10 each, and they include subtitles with profiles of crew and cast.

www.deafinitelytheatre.co.uk



David Sands, Martine Laverty and Charlotte Arrowsmith

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. 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. 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. A paper of the work must be provided by the author 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.

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.

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