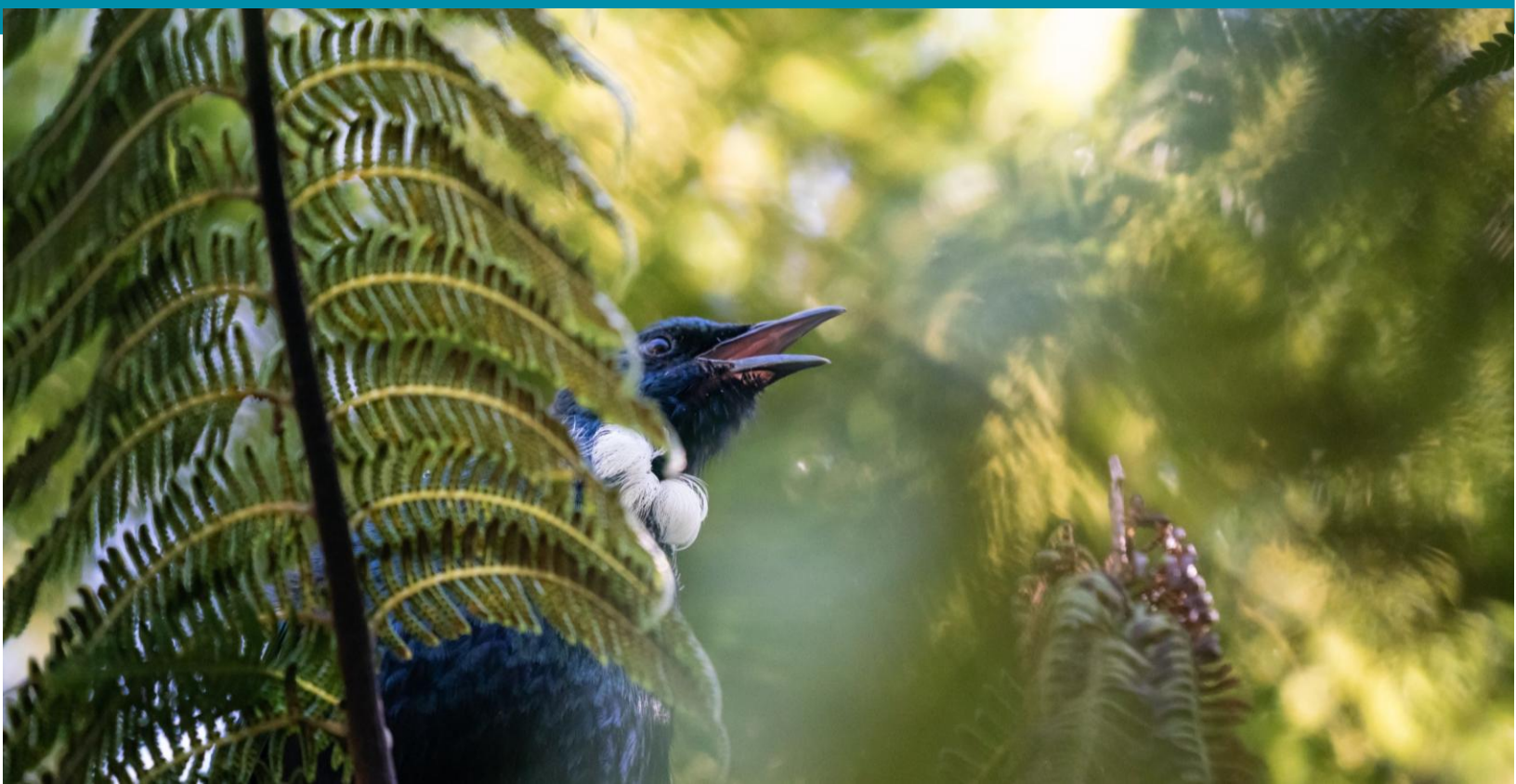




CCC Information Booklet

For Provisional Audiologist Members

Standard & Fast-Track Pathways

Updated March 2026

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Definitions

The following terms are used throughout this document:

Term	Definition
MNZAS Audiologist Member	An audiologist who has met CCC requirements for audiologist membership with NZAS.
Candidate	Provisional audiologist completing the CCC training programme in order to become an audiologist member of NZAS.
Direct supervision	Direct observation by an MNZAS audiologist, either in person or online, whilst a provisional audiologist is conducting a client consultation.
Indirect supervision	An MNZAS audiologist is available for consultation either during or after a client appointment. Indirect supervision can occur on-site or off site and can be in person or remote. Activities that are commonly carried out during indirect supervision are file reviews, case-based discussions, targeted skills-based training, CCC progress review.
CCC Support Person (appointed by NZAS)	A MNZAS audiologist who holds a current CCC and who has demonstrated competence in providing clinical supervision and oversight in the past and who is the candidate's first contact for enquiries regarding the CCC process. The CCC support person also checks the candidate's supervision logs and checklists.
OSCE	Objective Structured Clinical Examination. A half day examination used to determine clinical competence for the purpose of awarding full membership as an audiologist member of NZAS
Provisional audiologist member (Standard)	Candidate completing CCC requirements under supervision over a minimum of an 11-month period leading up to an OSCE administered by NZAS.
Provisional audiologist member (Fast Track)	Available to overseas candidates who have met requirements for the recognition pathway.
Student audiologist	Is enrolled in a course of study in the field of audiology or audiometry
Supervisor	MNZAS Audiologist who has successfully completed training in supervision.

Section 1: Certificate of Clinical Competence Overview

1.1 Introduction

The Certificate of Clinical Competence (CCC) is recognised by the New Zealand Audiological Society (NZAS) as the benchmark for undertaking independent clinical practice of audiology in New Zealand.

To be eligible to enrol in the CCC programme, the NZAS must first assess and approve an application for provisional audiologist membership. Details of application requirements are found in the Provisional Member Application Handbook, and along with the application forms can be found on the NZAS website.

Once the CCC has been obtained, an audiologist can become a Member of the New Zealand Audiological Society with full voting rights and can use the honorific 'Audiologist MNZAS'.

Audiologists who are a MNZAS Audiologist need to maintain membership with NZAS, accrue the required number of Continuing Education Points (CEP) and hold an Annual Practicing Certificate (APC).

Full members wishing to practice autonomously in paediatrics (<5 year olds or equivalent developmental age) will need to obtain the relevant sub-specialty paediatric certificate. These certificates are valid for 3 years and are renewed subject to CEP requirements.

More information about the CEP and sub-specialty certificates can be found in the CEP policy on the NZAS website.

Each candidate is assigned a CCC support person who is their first contact for enquiries regarding the CCC process, and who checks the candidate's supervision logs etc.

Introduce yourself to your allocated CCC support person. Tell them where you work and a little bit about yourself. They are going to be your professional 'buddy' for some time.

1.2 Overview of the CCC process

There are two pathways to obtain a CCC and become a MNZAS Audiologist:

1. Standard pathway (Standard):

New Zealand graduates of a NZAS endorsed Master of Audiology programme from The University of Auckland or University of Canterbury; Audiologists qualified from countries other than Australia, Canada or the United States of America who meet the qualification requirements; Audiologists qualified in Australia, Canada or the United States of America who do not hold a current Certificate of Clinical Competence or Practising Licence from one of these countries.

2. Overseas recognition pathway (Fast-Track):

Audiologists qualified in Australia, Canada or the United States of America with a qualification deemed at a minimum equivalent to the NZ Masters in Audiology (MAud) and who hold a current Certificate of Clinical Competence or Practising Licence from one of these countries, and who have met the requirements for entry to the recognition programme.

Candidates who are ineligible for provisional audiologist membership may wish to investigate other membership options.

Standard pathway

NZ Graduates:

Upon completing the requirements of a New Zealand Masters of Audiology, a graduate can join NZAS as a provisional audiologist member once they submit their application.

Audiologists qualified in countries other than Australia, Canada or the United States of America:

Their application will be subject to review by the Overseas Application Review Panel (OCRP). This panel aims to provide an outcome to the applicant within 3 months from the date of submission. Applicants must have a qualification that is at a minimum academically equivalent to the New Zealand MAud and provide evidence of English proficiency as per the *Membership Qualification and Pathway Policy*.

If granted provisional audiologist membership, the individual must complete the CCC programme which includes:

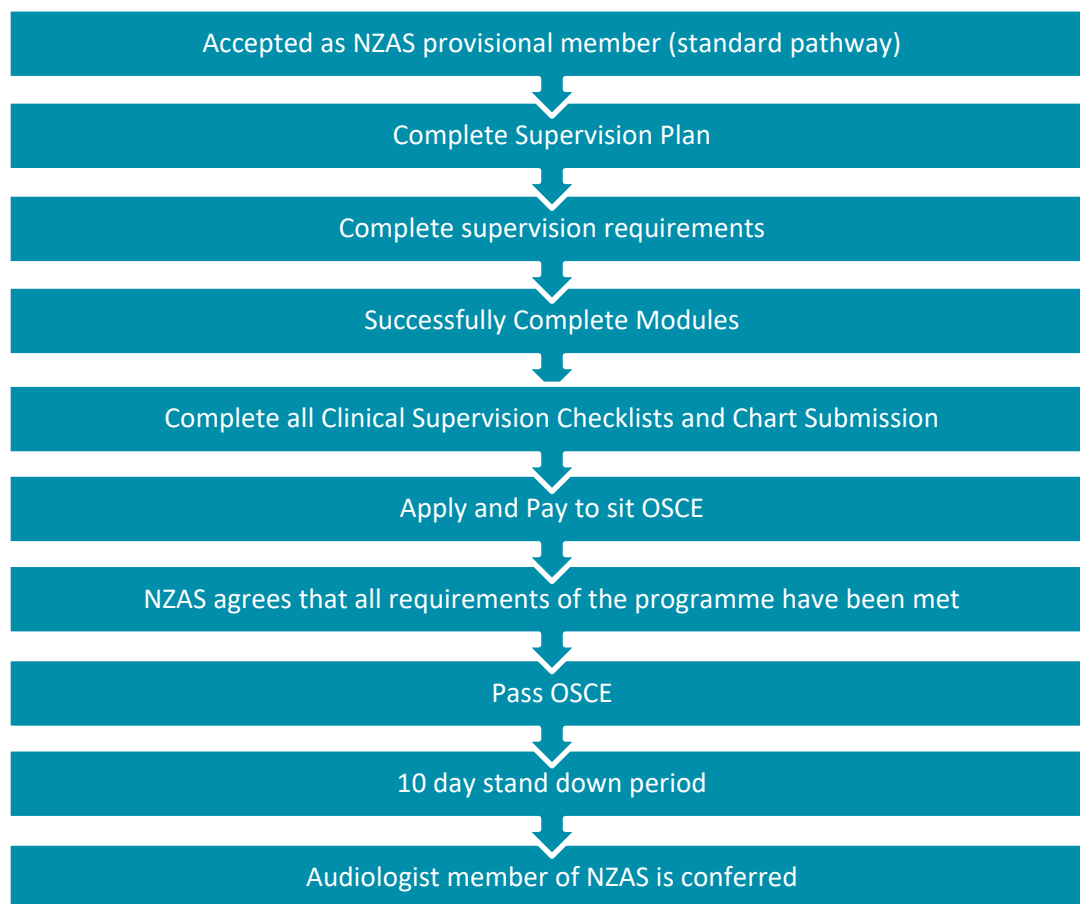
- Supervision by a MNZAS Audiologist who has completed supervision training

- Completion of the CCC syllabus (supervision checklists and clinical assessment modules)
- Submission of a chart for assessment by NZAS Examiners
- OSCE (Objective Structured Clinical Examination)

There is a three-year time limit for provisional audiolgists to complete the CCC process. There will be no extension beyond the three (3) year time limit except in extreme circumstances.

Following successful completion of the requirements, a candidate's name is circulated to the membership and if, after 10 working days, no objections to their membership have been received, they are conferred as an Audiologist Member of NZAS (Audiologist MNZAS). and receive their Annual Practicing Certificate.

An overview of the Standard pathway is shown below:



Overseas recognition pathway (fast-track)

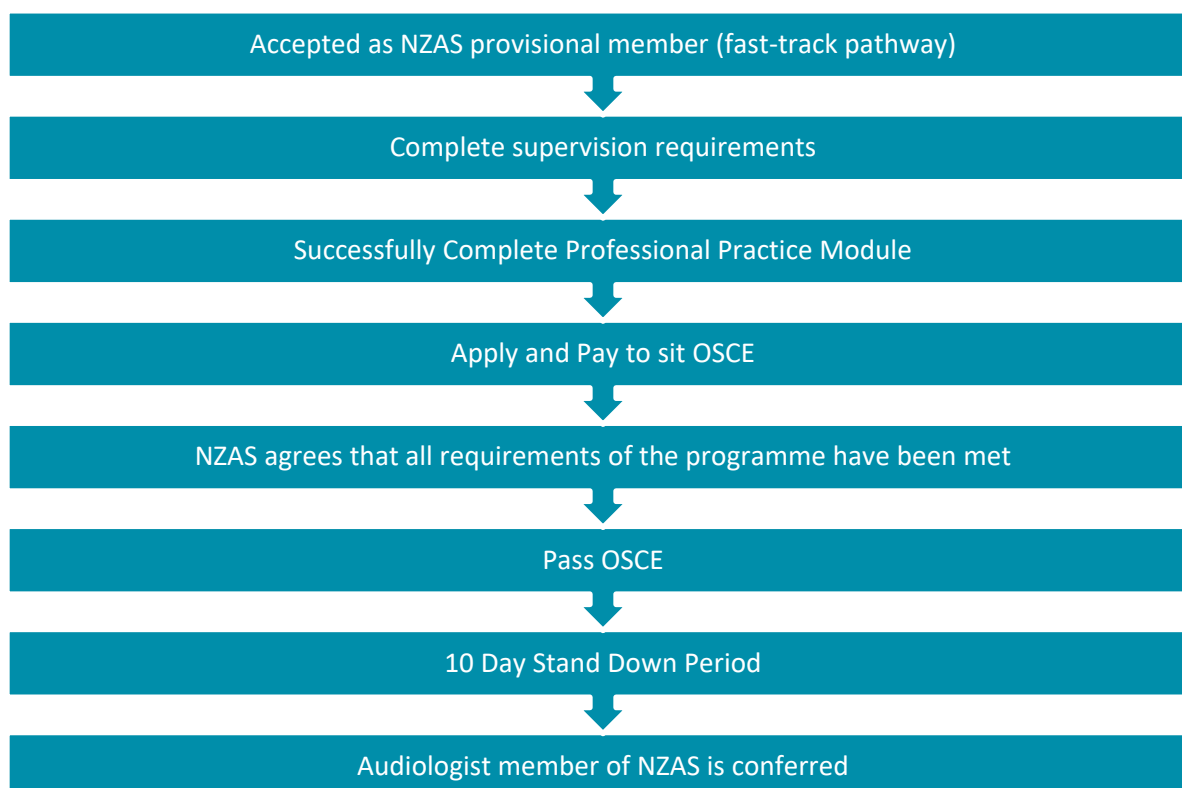
To qualify for the Overseas Recognition Pathway candidates must have qualified as an audiologist in Australia, Canada, or the United States of America, and hold a current Certificate of Clinical Competence or Practising Licence from one of these countries. The programme for the Provisional Audiologist (Fast-track) includes:

- Supervision by a MNZAS Audiologist who has completed supervision training
- Completion of the Professional Practice Module
- OSCE (Objective Structured Clinical Examination)

There is a 12-month time limit for provisional audiologists (fast-track) to complete the CCC process. There can be no extension beyond the 12-month time limit except in extreme circumstances. Please note that if a fast-track candidate receives a result of 'not attained' for **three or more** stations at their OSCE, then the candidate will be required to complete the standard pathway (11 months supervision) before applying to re-sit.

Following successful completion of the requirements, the candidate's name is circulated to the membership and if, after 10 working days, no objections to their membership have been received, they are conferred as an Audiologist Member of NZAS (Audiologist MNZAS) and receive their Annual Practising Certificate (APC).

An overview of the Overseas recognition pathway is shown below:



1.3 Roles, Responsibilities and Expectations during CCC

The roles and responsibilities of the various parties involved in the CCC process are outlined below.

Role	Expectation
Candidate	All candidates are required to: • Develop a Supervision Plan with their Supervisor and have it approved by their CCC Support Person • Take ownership of the entire CCC process including having a supervisor who can fulfil supervision requirements • Work under the direction and delegation of a MNZAS audiologist to acquire and consolidate skills whilst delivering audiological services • Be accountable for their actions to their level of knowledge and experience and in accordance with NZAS Professional Standards and the Codes of Ethics • Be responsible for any requisite forms submitted to the NZAS via email • Be responsible for ensuring contact details are updated with the NZAS administrators Provisional audiologist (standard pathway) members (in addition to the above): • Complete Clinical Assessment Modules • Complete and submit Clinical Supervision Checklists and Chart submission, ensuring competency in all key areas of clinical work • Complete logbooks which need to be sent quarterly to your CCC support person for approval Provisional audiologist (fast-track) members (in addition to the above): • Complete Professional Practice Module • Complete logbooks which need to be sent quarterly to your CCC support person for approval
Supervisor	• Has attended and successfully completed supervisor training • Is the immediate support person/first point of contact for any audiological or process related queries • Is available to the candidate for guidance and mentoring, including support for preparing for online learning modules, chart review (if needed) and OSCE • Maintains confidentiality • Ensures there is no confusion or amalgamation of managerial supervision if the supervisor has a dual role (supervisor and line manager) • Provides protected supervision time as per NZAS guidance

Role	Expectation
	• Creates a facilitative relationship that promotes self-monitoring and self-accountability • Follows NZAS Professional Standards and Best Practice Guidelines • Ensures supervision is structured and involves planning and goal setting • Provides regular verbal and written feedback on performance and progress towards agreed goals • Promotes reflection and self-evaluation by the candidate • Takes responsibility, along with the candidate, to ensure all evidence of learning is documented i.e. logbooks, clinical supervision checklists, OSCE application complete and signed
NZAS administrator	• Receives and processes all paperwork sent to NZAS. • Tracks all paperwork associated with CCCs as it is received. • Liaison between candidate and CCC support person. • First point of contact with NZAS for queries that the supervisor could not address.
CCC Support Person (appointed by NZAS)	• To assist candidates and supervisors with queries relating to the CCC process not resolved by either the supervisor or NZAS administrators. • Review of supervision plan, logbooks and checklists etc • Notifies the NZAS administrators that the candidate has met all the CCC requirements and is ready to sit their exam.

Section 2: CCC Syllabus

The following section outlines the syllabus requirements of the CCC process.

2.1 Syllabus

During the certification period the candidate will be expected to acquire and/or consolidate their clinical and management skills and theoretical knowledge in the following areas:

Diagnostic audiology:

- i) Understand the underlying scientific principles in all commonly practiced audiological measurement techniques.
- ii) Ability to formulate diagnostic strategies for the investigation of peripheral and central disorders of hearing.
- iii) Knowledge of audiological standards and best practice guidelines relating to clinical test procedures.
- iv) Awareness of the role of radiological, vestibular and other investigative procedures and pharmacological treatments complementary to audiological assessment.
- v) Ability to produce well-structured, clear, precise and accurate verbal and written reports of diagnostic investigations.

Paediatric audiology:

- i) Understand behavioural assessment procedures appropriate for children of different developmental levels (or ages) and to make informed decisions about case management, (re) habilitation requirements, and need for further audiological assessment such as central auditory tests.
- ii) Understand the ethical responsibilities regarding clinical experience to be able to perform central auditory testing routinely.
- iii) Understand Evoked Potential testing techniques used to determine hearing sensitivity in infants.
- iv) Understand the ethical responsibilities regarding clinical experience to be able to perform Evoked Potential testing routinely.
- v) Knowledge of other services that the child and their families may need (e.g. adviser on deaf & hearing-impaired children, special educational services, otolaryngology, speech-language therapy, psychological assessment, voluntary organisations) and an appreciation of the need for proper management of the pre-school hearing impaired child.

- vi) Knowledge of hearing screening programmes for children in New Zealand (newborn hearing screening, B4 School check).
- vii) Familiarity with techniques for counselling parents of hearing-impaired and Deaf children.

Rehabilitation/Habilitation:

- i) Knowledge of objective and subjective methods of assessing hearing disability.
- ii) Familiarity with techniques of counselling the hearing-impaired including instruction in hearing tactics and the importance of the role of a support person.
- iii) Understanding of rehabilitative techniques including speech reading training and auditory training.
- iv) Knowledge of the role of special aids for the deaf and hearing impaired (e.g. alerting devices, assistive listening devices, etc.).
- v) Knowledge of local and national services for the Deaf and hearing impaired (educational, social, voluntary).
- vi) Understanding of the forms of treatment and counselling available for tinnitus in New Zealand (e.g. tinnitus desensitisation therapy principles and techniques).

Hearing instruments:

Knowledge of:

- i) Performance, features and design characteristics of hearing instruments.
- ii) Earmould: impressions, modification techniques and acoustics.
- iii) Electroacoustic testing of all types of hearing aids and FM systems. Alteration of aid characteristics by software adjustments and other methods (e.g. tubing, sound bore, filters, etc.).
- iv) Strategies for choice of amplification (e.g. hearing aid style; monaural vs. binaural; CROS/BICROS fitting; RHMA; assistive listening devices; cochlear implants and BAHA).
- v) Hearing aid verification and validation techniques/tools (e.g. real ear measurements, speech testing, questionnaires, diaries etc.)
- vi) Knowledge of use, testing, and evaluation of special hearing instruments (e.g., FM and infra-red and inductive coupling devices, classroom amplification systems).
- vii) Selection strategies for tinnitus maskers and aid/masker combinations including tinnitus pitch and loudness matching and the determination of tinnitus masking levels.
- viii) Issues specific to paediatric hearing aid selection and evaluation such as gain requirements, the use of RECDs, use of paediatric population specific prescriptions, earmoulds, feedback control, ergonomic factors, and educational and psychological implications.

- ix) Local systems for hearing instrument and earmould provision, funding sources, and eligibility for funding (hearing aid, FM system, other ALDs and CIs).

Hearing conservation:

- i) Basic understanding of the principles of industrial hearing conservation procedures and current legislation. The level of understanding should be sufficient to:
 - Advise a person at risk for recreational and occupational noise-induced hearing loss of the available means to protect their hearing.
 - Advise employers of their legal responsibilities and on actions desirable to protect and monitor the hearing of employees.
- ii) Candidates should be aware of the services available from occupational safety and health (OSH) inspectors & occupational health nurses (OHN).

Calibration and maintenance of audiological equipment:

- i) Knowledge of the requirements and techniques for regular calibration and maintenance of equipment.
- ii) Basic fault-finding capabilities with clinical audiological equipment, sufficient to enable efficient liaison with technicians or manufacturers.
- iii) Knowledge of NZ audiological equipment standards and calibration services.
- iv) Knowledge of safety principles in the use of electrical equipment.

Management and administration:

- i) Ability to make an effective contribution regarding audiological issues at relevant meetings.
- ii) Contribution to the management of a departmental equipment budget, both capital and recurrent, where applicable to the workplace.
- iii) Awareness of principles and constraints involved in the training and management of personnel.
- iv) Involvement in the selection and purchase of equipment.
- v) Familiarity with administrative structures within the work setting.
- vi) Knowledge of the roles of all professional groups within NZ audiology and the major non-audiological groups interfacing with them (e.g. otolaryngologists, advisers on deaf children, hearing therapists, speech-language therapists, etc.).
- vii) Knowledge of the Privacy Code and how this relates to audiological practice in NZ.

Service monitoring and development:

- i) Knowledge of basic statistical techniques suitable for planning an analysis and evaluating the significance of differences and changes in services.
- ii) Awareness of recent and current debates and recommendations concerning the provision of audiological services.

Professional conduct:

- i) Knowledge of professional ethics as outlined in the NZAS Code of Ethics.
- ii) Professional attitudes to patients and colleagues.
- iii) Understanding of the role of the Health and Disability Commissioner.

Infection Control:

- i) Knowledge of need for infection control and recommended clinical protocols.

2.2 Websites

The following websites may be useful when reviewing the CCC Syllabus:

- New Zealand Audiological Society: www.audiology.org.nz
- Worksafe: www.worksafe.govt.nz
- Enable: www.enable.co.nz
- Veterans' Affairs: www.veteransaffairs.mil.nz
- ACC: www.acc.co.nz
- New Zealand Cochlear Implant Programmes
 - Pindrop Foundation: pindrop.org.nz
 - Hearing House: www.hearinghouse.co.nz
 - Southern Programme: www.scip.co.nz
- Privacy Commissioner: www.privacy.org.nz
- Health and Disability Commissioner: www.hdc.org.nz

Section 3: CCC Supervision Requirements for provisional audiologist (standard pathway) members

3.1 Supervision

Provisional Audiologists are required to undergo supervision by a MNZAS Audiologist. Supervisors must have successfully completed training in supervision.

The purpose of the supervision period is for the supervisor to assist and mentor the candidate to attain competency in all aspects of audiological service provision as detailed in the CCC syllabus. It is expected that NZAS Professional Practice Standards will be followed for all patient contact and documentation in all clinical notes. Please see the NZAS website for details of the Professional Practice Standards and Best Practice Guidelines.

The supervision period will be a minimum of 11 months for a candidate in full-time employment (≥ 30 hours/week). The supervision period extends if the candidate is employed part-time. A guide to the minimum length of the CCC period is provided in Table 1.

Table 1: Minimum length of CCC supervision for part time provisional audiologists on standard CCC pathway

Hours Worked Each Week	Minimum Length of CCC
30 or more hours	11 months
25 – 29 hours	14 months
20 – 24 hours	17 months
15 – 19 hours	22 months

The maximum length of time for a candidate to show a satisfactory level of clinical competence will be three years from the date of the commencement of their provisional audiologist membership.

Please note it is the candidate's responsibility to ensure their CCC support person is notified if there is a change in supervisor. This should be done by filling in the supervisor change form in Appendix A. You should ensure all your logbooks are up-to-date and submitted to your CCC support person prior to the change in supervisor.

Ensure you let NZAS and your CCC support person know about any employment changes

3.2. Supervision Plan

The supervising audiologist and the provisional audiologist must agree on a written Supervision Plan which must be lodged with the candidate's application for provisional membership. The plan must include details of how supervision will be maintained during planned and unplanned absences of the supervisor and must provide for alternate supervision that meets the requirements except in exceptional, unplanned circumstances.

The supervision plan must ensure the provisional audiologist has adequate and regular time allocated during their working week to complete supervision requirements (e.g. the CCC logbooks and the supervision checklists).

If your supervisor changes, a change of supervisor form (see Appendix A) and a new supervision plan (see Appendix B) must be submitted to your CCC support person and the NZAS administration office.

3.3 Minimum Supervision Requirements

All patient records (ie. screen, review, repair, adjust, email requiring an action) should be signed off initially until the supervisor feels confident about the ability of the candidate. From there on, all patient records that include a full diagnostic hearing assessment, referral (GP/ENT letter), hearing aid fitting or needs assessment/hearing aid prescription should always be signed off by the supervisor, regardless of any third-party funding.

The supervisor should spend at least the first two weeks with the candidate full time face-to-face (FTF) to allow orientation and familiarisation with colleagues, equipment and workplace requirements.

The minimum supervision requirement for the first four months (Appendix C):

- **At least 76 hours** of direct clinical observation with a minimum of 6 hours direct clinical observation of a variety of activities per fortnight, preferably carried out on a weekly basis (ie. minimum 3 hours supervision every week). A minimum 50% of direct clinical observation must be Face-to-Face Supervision (FTFS) with the remainder allowed to be Online Tele-supervision (OTS). NZAS encourages that the preferred method for this supervision period is face-to-face supervision.

Note FTFS Direct clinical observation requires the supervisor to be in the same room or in the control room of the room that the candidate is working in. OTS Direct clinical observation requires that the supervisor must:

- Be able to see, hear and speak to the supervisee and patient at all times; and
- Be able to view clinical information and testing in real time (e.g. audiometry, real ear measurements, otoscopy, case notes) with the ability to observe the supervisee's keystrokes and screen.

Note that the above points are required for any ACC-funded appointment which requires direct supervision and completion of an ACC declaration by a MNZAS Audiologist. The above points are required to ensure patient care and supervision is comparable to "at the elbow" supervision. The treatment provider - the MNZAS Audiologist - holds complete responsibility for the client's care.

Note: OTS must be recorded as such on supervision logs. For further information regarding the requirements of OTS, please refer to the 'NZAS Tele-supervision Requirements'.

Logbooks must be submitted to your CCC Support Person every 3 months.

After the fourth month and until passing the OSCE (Appendix D):

- There must be a minimum of 3 hours on-site monitoring[^] of a variety of activities documented per fortnight. This must include a minimum of **3 hours of FTFS direct clinical observation per quarter**.

[^] On-site monitoring requires the supervisor to have a close working relationship with the provisional audiologist member. The supervisor needs to be accessible to the provisional audiologist member where they can get advice with some immediacy. On-site monitoring can include the supervisor being on-call from another location for immediate consultation. For this to occur, the supervisor must:

1. Be immediately contactable for a phone consult with the supervisee, or a video consult where they are able to see, hear and speak to the supervisee and patient at all times; and

2. Be able to view clinical information and testing in real time when required (e.g. audiometry, real ear measurements, otoscopy, case notes) with the ability to observe the supervisee's keystrokes and screen.

Activities that may be counted within this supervision requirement include direct observation of the provisional audiologist member and their patients or family members, case conferences including treatment planning discussions, supervisor's review of records, reports written, and peer review meetings where the supervisor is present or receives a record of the meeting to then comment on. Case conferences, review of records and peer review meetings can occur through FTFS or OTS. Asynchronous modalities (e.g. email, distance-access to patient files) can support OTS but cannot replace it.

Note: The requirements of direct supervision by a MNZAS Audiologist for ACC-funded appointments (see page 18) apply for all NZAS Provisional Audiologists.

All documents go to admin@audiology.org.nz and copy in your CCC support person so they can provide their sign-off

It is the responsibility of the candidate to complete logbooks (see Appendix C and D) of their clinical work. The supervisor must sign the logbooks to confirm their supervisory activities. The first and more detailed logbook is to be sent to the NZAS administrators and your CCC support person as soon as it is complete.

Candidates should familiarise themselves with Appendix L: OSCE Marking Schedule and Appendix K: OSCE Key Competencies to be aware of standards expected during the exam. They should also know and demonstrate NZAS Professional Standards and Best Practice Guidelines.

Should the supervisor deem that a sufficient level of competence has not been achieved, the NZAS Membership, Examination, Supervision Committee (MESC) will direct the candidate and the supervisor as to the steps needing to be taken.

3.4 Exceptional Unplanned Circumstances

If the supervising audiologist is absent due to sick leave, bereavement or parental leave, an alternate supervisor may provide off-site consultation in place of the on-site requirements. All such instances must be noted in the supervision log.

If the candidate stops work for any reason, supervision will cease. The candidate may return to work at a later stage and continue with their supervision plan, but the maximum length of time a candidate has to

show a satisfactory level of clinical competence will be three years from the date of the commencement of their provisional audiologist membership. If a candidate feels they will not complete the requirements within this time, they should apply to the Executive Council for an extension prior to reaching the end of their three-year time limit.

3.5 Conflicts/Disagreements

Candidates and supervisors who disagree with or are in conflict with each other over any matters relating to the supervision should, in the first instance, try to resolve these issues with each other.

If an issue cannot be resolved at a personal level, either party may request the NZAS Membership, Examination, Supervision Committee (MESC) to rule on the matter. Both parties should provide a written explanation and MESC will decide on an outcome.

3.6 Expenses

Expenses incurred during the CCC process are to be met by the candidate and/or their employer. Please note that all expenses listed on the NZAS website are exclusive of GST.

Section 4: CCC Supervision requirements for provisional audiologist fast-track members.

4.1 CCC Supervisor

The supervisor must be an audiologist member of the NZAS (Audiologist MNZAS), who has successfully completed training in supervision.

The purpose of the supervision period is for the supervisor to assist and mentor the candidate to ensure competency in all aspects of audiological service provision as detailed in the CCC syllabus. It is expected that NZAS Professional Standards will be followed for all patient contact and documentation in all clinical notes. Please see the NZAS website for details of the Professional Standards and Best Practice Guidelines.

The supervision period will commence upon the award of provisional audiologist membership and remain in place until the candidate has successfully completed the OSCE and been awarded their CCC.

4.2 Minimum Supervision Requirements

The supervisor should spend at least the first week with the candidate full time to allow orientation and familiarisation with colleagues, equipment and workplace requirements.

Activities that may be counted within the supervision requirements include direct observation between the provisional audiologist and their patients or family members, case conferences including treatment planning discussions, supervisor's review of records, reports written and peer review meetings where the supervisor is present or receives a record of the meeting to then comment on.

If there is a reason that you are unable to meet your supervision requirements over a short period (e.g. one week due to supervisor illness or annual leave) please mark it on your logbook.

The minimum supervision requirements until taking and officially passing the OSCE include:

- Supervision for a minimum of 76 hours, within the first 4 months of work (Appendix C). A minimum 50% of direct clinical observation must be face-to-face supervision (FTFS) with the remainder allowed to be online tele-supervision (OTS). NZAS encourages that the preferred method for this supervision period is face-to-face supervision.

Note FTFS Direct clinical observation requires the supervisor to be in the same room or in the control room of the room that the candidate is working in. OTS Direct clinical observation requires that the supervisor must:

- Be able to see, hear and speak to the supervisee and patient at all times; and
- Be able to view clinical information and testing in real time (e.g. audiometry, real ear measurements, otoscopy, case notes) with the ability to observe the supervisee's keystrokes and screen.

Note that the above points are required for any ACC-funded appointment which requires direct supervision and completion of an ACC declaration by a MNZAS Audiologist. The above points are required to ensure patient care and supervision is comparable to "at the elbow" supervision. The treatment provider - the MNZAS Audiologist - holds complete responsibility for the client's care.

Note: OTS must be recorded as such on supervision logs. For further information regarding the requirements of OTS, please refer to the 'NZAS Tele-supervision Requirements'.

Supervision continues until such time as the candidate successfully completes the OSCE. After the first four months, a minimum of 3 hours of direct clinical observation is required per quarter.

It is the responsibility of the candidate to complete logbooks (see Appendix C for the first 4 months and Appendix D for the subsequent months) of their clinical work. The supervisor must sign the logbooks to confirm their supervisory activities. The logbook needs to be submitted to your CCC support person and NZAS **every 3 months** and needs to be submitted prior to requesting a CCC OSCE date for final approval.

All documents go to admin@audiology.org.nz and copy in your CCC support person so they can provide their sign-off

Candidates should familiarise themselves with Appendix L: OSCE Marking Schedule and Appendix K: OSCE Key Competencies to be aware of standards expected during the exam. They should also know and demonstrate NZAS Professional Standards and Best Practice Guidelines.

Should the supervisor deem that a sufficient level of competence has not been achieved the Membership Committee of NZAS will direct the candidate and the supervisor as to the steps needing to be taken.

4.3 Exceptional Unplanned Circumstances

If the supervising audiologist is absent due to sick leave, bereavement or parental leave, an alternate supervisor may provide off-site consultation in place of the on-site requirements. All such instances must be noted in the supervision log.

If the candidate stops work for any reason, supervision will cease. The candidate may return to work at a later stage and continue with their supervision plan, but the maximum length of time a candidate has to show a satisfactory level of clinical competence will be 12 months from the date of the commencement of their provisional audiologist membership. If a candidate feels they will not complete the requirements within this time, they should apply to the Executive Council for an extension prior to reaching the end of their 12-month time limit.

4.4 Conflict/Disagreements

Candidates and supervisors who disagree with or are in conflict with each other over any matters relating to the supervision should, in the first instance, try to resolve these issues with each other.

If an issue cannot be resolved at a personal level, either party may request the NZAS Membership, Examination, Supervision Committee (MESC) to rule on the matter. Both parties should provide a written explanation and MESC will decide on an outcome.

4.5 Expenses

Expenses incurred during the CCC process are to be met by the candidate and/or their employer. Please note that all expenses listed on the NZAS website are exclusive of GST.

Section 5: Clinical assessment modules

The following section outlines the requirements for completion of the clinical assessment modules for provisional audiologist members

5.1 Overview

5.1.1 Standard Pathway

Prior to completion of the OSCE, provisional audiologist members (standard pathway) must complete and pass the following Clinical Assessment Modules:

- Paediatric Visual Reinforcement Audiometry
- Paediatric Habilitation
- Paediatric Auditory Brainstem Response (ABR)
- Professional Practice

5.1.2 Fast-Track

Prior to completion of the OSCE, provisional audiologist members (fast-track) must complete and pass the following Clinical Assessment Module:

- Professional Practice

Remember to print your module certificate and retain a copy. When you have completed the required module send the certificate to NZAS

5.2 Modules

The modules can be completed and submitted any time during the provisional audiologist membership period.

All modules must be successfully completed prior to applying to sit the clinical practicum. The required passing score for each module is 90%.

Below is a summary of each module and expected learning outcomes:

Paediatric Visual Reinforcement Audiometry

Theoretical understanding of visual reinforcement audiometry, play audiometry, otoacoustic emissions, childhood diseases and syndromes associated with hearing loss, management of diagnostic cases, national screening programmes and auditory processing assessment.

Paediatric Habilitation

Theoretical understanding of hearing aid selection and features, hearing aid verification and validation, funding options, cochlear implants, FM systems, case studies and support services for hearing impaired children.

Paediatric Auditory Brainstem Response (ABR)

Demonstrate knowledge in threshold seeking frequency specific evoked potential testing and diagnostic testing for retrocochlear pathology and auditory neuropathy spectrum disorder.

Professional Practice

Demonstrate knowledge of professional and ethical issues in the audiology sector.

The NZAS Administrator will provide you with access to the module once provisional membership fees and CCC programme fees have been received. An e-mail with instructions on how to access the module via the NZAS Learning Management System, Litmos, will be sent to each candidate. After the initial login, the registration link will expire, subsequent logins should be via the main link: <https://nzaselearning.litmos.com>. Site support can be obtained by emailing support@pascoeberry.zendesk.com.

Section 6: Supervision Checklists

The following section outlines the requirements for completion of the Supervision Checklists for provisional audiologist members (standard pathway).

6.1 Overview

Prior to applying for the OSCE, provisional audiologist members must complete and submit the following Supervision Checklists:

- Diagnostics (Appendix E)
- Needs Assessment (Appendix F)
- Hearing Aid Fitting (Appendix G)
- Chart Review including Chart Submission (Appendix H)

Supervision Checklists can be completed and submitted any time during the provisional audiologist membership period. Therefore, most candidates begin to work on these checklists from about a third of the way through their CCC period. The skills within the checklists are directly related to skills which will be evaluated in the OSCE exam. All boxes on each checklist must be filled in with a date and the initials of the supervising audiologist. All Supervision Checklists must be successfully completed and approved by the CCC Support Person and NZAS administrator prior to applying to sit the OSCE.

6.2 Diagnostics, Needs Assessment and Fitting Checklists

Candidates must demonstrate independent practical competency that meet current best practice standards, in each skill on five (5) occasions (this can be over several clients/appointments) and their supervisor, or another MNZAS Audiologist, must observe the skill and sign the Checklist. The skills included in each checklist are key skills which will be examined at the OSCE. Therefore, the checklists should be completed when seeing a client/patient where the key competencies can be demonstrated, with a client/patient who has a developmental age of at least five years old.

6.3 Chart Review Checklist

Chart reviews refer to the candidate and supervisor (or another MNZAS Audiologist) reviewing a series of client/patient journeys by reviewing clinical notes. The documentation of clinical work and the ability to

critically review charts are key skills of any healthcare professional and are skills that will be assessed during the OSCE. It is expected that current NZAS Professional Standards and NZAS Best Practice Guidelines will be followed for all patient contact and documentation in all clinical notes.

The supervisor and candidate need to review the case notes of at least 5 client/patient journeys where the candidate has worked independently and ensure that the assessment and management of the client/patient meets NZAS Professional Standards and Best Practice Guidelines. There is no expectation that the candidate re-writes case notes or presents the cases in the same way they would do for the externally examined chart review, but each client/patient journey must show evidence of meeting the competencies in the chart review checklist. The candidate and supervisor (or another MNZAS Audiologist) must initial and date each box to indicate they have both reviewed the charts and there is good documentation for each criterion. All boxes must be filled before this checklist is submitted to NZAS.

6.3.1 Chart submitted for External Examination

The candidate prepares the case notes of ONE of the above client/patient journeys, where the candidate has worked independently, and submits case notes and supporting evidence to NZAS Examiners for external examination. It is important that the case notes are well organised and easy to follow. On some occasions this may mean adding explanatory notes to the file to help the examiner understand the client/patient journey better or explain decision making.

The chart can be an adult or paediatric rehabilitation case and must include all diagnostic results (including full reflexes), hearing needs assessment outcomes, hearing aid selection rationale, hearing aid verification and validation methods, etc. The chart must satisfy the marking schedule in order to pass. The externally examined chart should be an example of the candidate's best clinical work and will allow the candidate to demonstrate to the examiner their in-depth understanding of best practice, local requirements, regulations and rehabilitation.

The candidate must have completed all work themselves (i.e., it is not acceptable to submit a chart where someone else did the diagnostic test or fitting but the candidate did the rest of the work). The expected length of a chart is between 8 and 10 pages long. It is not required to include every minor detail that may be in a true patient file, such as the ear mould order form.

All identifying information must be removed in accordance with the Privacy Act 2020 and Health Information Privacy Code 2020.

The marking outcome of the chart submission will be 'Fully Attained', 'Attained with Recommendations' or 'Not Attained' (see Appendix I). Where there is evidence of unexplained or invalid deviation from NZAS Professional Standards and Best Practice Guidelines, or the documentation does not meet the criteria in the

following checklist, a further chart submission will be required. If it is necessary to resubmit an additional chart, there will be an additional fee payable. Fee information can be found on the NZAS website.

The checklist AND the chart selected for external examination must be submitted together and can be submitted at any time during the provisional audiologist membership period but must be attained before a candidate applies to take the OSCE exam. A declaration must be completed indicating that the selected chart is a true and accurate record of the client/patient journey, that all identifying client/patient information has been removed, and that both the candidate and supervisor have reviewed the file and deemed it as meeting all criteria in the marking schedule (see Appendix I). A completed Appendix H should be emailed to admin@audiology.org.nz.

When you submit your chart for marking, be pro-active about following up your results after a month, if you have not yet heard back. This will ensure your wait for an examination date is kept to a minimum.

Section 7: OSCE

This section is applicable to all provisional audiologist members (Fast-Track and Standard Pathway).

The supervisor will need complete a supervisor's report (see Appendix J) as part of the application to sit the clinical practicum exam.

7.1 Overview

The final requirement of the CCC process is the successful completion of an OSCE.

The OSCE is an Objective Structured Clinical Examination (OSCE) format. It is a half-day exam that takes place after the candidate has completed all other CCC requirements. The supervisor must also confirm that the candidate has sufficient clinical experience and management skills to be able to sit the OSCE, by signing the application to sit the OSCE.

The OSCE will consist of the candidate proceeding through a series of four stations that will separately examine aspects of adult audiological test procedures and case management. The stations may have real or simulated patients.

Dates for OSCE are confirmed once six candidates (or their equivalent) have applied and paid to sit the exam. There are limited spaces for each examination date and candidates may need to be wait-listed. **Note both examiners and candidates will be asked to reveal any conflicts of interest prior to each examination based on the list of candidates registered for the examination.**

All candidates must bring photo proof of identity with them to the OSCE and the cost to sit the OSCE must be paid prior to the examination date.

As per clause 9 in the NZAS Constitution, the society requires evidence that all provisional audiologist members have attained their Master's degree in Audiology. NZ Audiology graduates must provide a certified copy of their degree and/or transcript before they will be eligible to sit the OSCE exam.

Each candidate will also be asked to sign a candidate disclaimer and filming consent form. This is to ensure all that candidates understand their performance will be videoed and that all materials provided during the examination are done so in the strictest of confidence. No information on exam content should be removed from the venue or discussed with others.

Candidates will be informed of the venue and equipment that will be used for the OSCE once they have registered. At least two weeks prior to the date, candidates will be provided with further information

regarding the specific processes that will be followed, as well as additional materials that will be available during the exam. There will also be a short briefing session at the venue on the day of the examination to ensure candidates are familiar with the equipment and examination process.

The NZAS recommends a preparatory exam be arranged to expose the candidate to test conditions. At a minimum this should include an adult diagnostic test, a hearing aid fitting and a needs assessment. It is suggested an external audiologist be arranged to act as the examiner in order to expose the candidate to test conditions.

Candidates should familiarise themselves with Appendix L: OSCE Marking Schedule and Appendix K: OSCE Key Competencies to be aware of standards expected during the exam. They should also be familiar with NZAS Best Practice Guidelines.

7.2 Examination

The series of four stations will separately examine aspects of adult audiological test procedures and case management. Please be aware that you will be allocated either the AM slot or PM slot. This also means that the stations might not be in order depending on your slot allocation.

The four stations are (see OSCE timetable – Appendix M):

1. Adult Diagnostic Assessment
2. Adult Needs Assessment
3. Adult Hearing Aid Fitting
4. Multiple-choice questions

The key competencies assessed at these stations are listed in Appendix K. For specific requirements, please see the marking schedule for each station in Appendix L and refer to the current NZAS BPG.

Upon completion of each station, candidates are required to provide the examiners with any copies of assessment results (e.g. audiograms, immittance measures, REMs etc.) together with any clinical notes they may have made during the examination of that station.

Practice questions for station 4 are available on the NZAS website.

7.3 Examiners

The OSCE will be conducted by NZAS examiners from the examiners' panel. The examiners observe the completion of tasks required at each station.

Each NZAS examiner utilises the NZAS Marking Schedule and the Key Competency document to assess competency.

The standard tested is that of a competent audiologist working to New Zealand Best Practice Guidelines which are available on the NZAS website. The Marking Schedule (Appendix L) and the Key Competencies document (Appendix K) are used to score the OSCE stations.

Each OSCE station will be video recorded. This recording will be used to assist the examiners in determining an outcome and for review in the case of an examination appeal. It will then be kept on file by NZAS.

Examiners Panel

The examiners are MNZAS Audiologists who have been approved by the NZAS Executive Council.

The Executive Council selects examiners who meet the following criteria:

- Eminent in the profession
- Expertise in the field
- Integrity in practice
- Understanding of ethical issues
- Accountability – to NZAS Executive Council
- No conflict of interest¹

These criteria are aligned with the NZAS Mission and Vision Statements and with the NZAS' values.

7.4 Examination outcome

The examination result will reflect a candidate's overall clinical competence. To pass, the OSCE candidates will need to pass each station receiving an indication of 'fully attained' or 'attained with recommendations'.

¹ Note examiners will complete a conflict of interest declaration prior to each examination based on the list of candidates registered for the examination.

If any significant issues of clinical safety are identified during the examination, these will be discussed amongst the Examiners' Panel following the exam and the candidate may be given an outcome of 'not attained' and be required to re-sit, or 'conditionally attained' where further evidence of knowledge is requested. If a re-sit is required, the applicant will need to pay an additional fee. The exact amount will depend on how many stations are required to be re-assessed.

Every candidate will receive an examination report via email within five (5) to fifteen (15) working days of the exam. This will indicate the outcome for each station and give feedback.

Exam result – 'fully attained' or 'attained with recommendations'

The candidate, having successfully demonstrated competence and completed requirements of full membership, will be nominated for membership as per the Constitution. The invoice to be a MNZAS Audiologist will be sent to the candidate. This will be adjusted to reflect the number of months left in the financial year (NZAS financial year ends 31st December).

Take responsibility for ensuring your membership fees are paid on time, and know who is going to pay them, be it your employer or yourself, as this will prevent duplicate payments.

The Certificate of Clinical Competence (CCC) will be issued immediately, and an Annual Practising Certificate (APC) will be issued at the end of the 10-working day notification period. Note that both the CCC and the APC are required to become a specialised assessor/accredited practitioner with the various funding agencies such as ACC, Enable and Veterans Affairs.

Continuing Education Points (CEPs) must be accrued from the commencement of the next calendar year after gaining audiologist membership with NZAS. Points accrued for each financial year are then counted for each three (3) year period. Further details on collecting CEPs can be found on the NZAS website.

Exam result – 'conditionally attained'

At the discretion of the examiners, the candidate may be required to submit further evidence of knowledge before achieving a result of 'attained'. The conditions to be met are determined by the knowledge and skills the candidate is seen to be lacking in certain areas. This could mean, for example, some more in-depth discussion with their supervisor on a certain topic (for example funding criteria), writing an essay on a certain topic, or observation of certain skills (for example reflex testing).

Once the conditions have been satisfied, as determined by the examiners, the CCC will be issued, and the candidate's name circulated to the membership and if, after 10 working days, no objections to their membership have been received, they are conferred as an Audiologist Member of NZAS (Audiologist MNZAS).

Exam result – 'not attained'

Where a candidate (standard pathway) does 'not attain' a station at the OSCE, the candidate will be allowed to re-sit the relevant station/s when their supervisor agrees the candidate has reached the desired level of competency. The candidate will need to re-sit each station where they were scored as 'not attained'.

A minimum of three months post-examination work experience is required before the candidate can re-sit Stations 1, 2 or 3.

A maximum of two re-sits can be undertaken. Any further attempts are at the discretion of the Executive Council of NZAS.

Each full re-sit will incur the same cost as the initial OSCE fee. Partial re-sits will be charged according to the number of stations required.

Where a Fast Track candidate receives an exam result of 'not attained' **for three or more** of the OSCE stations, the candidate will be required to complete the standard pathway CCC process (11 months supervision period) before re-sitting the OSCE. However, if there are significant concerns of clinical safety, the requirement to complete the standard pathway may be applied sooner on the recommendation of the examiners and at the discretion of the Executive Council.

7.5 Appealing an Examination Outcome

Candidates may appeal the results from the OSCE on the basis that:

- an incident occurred during the process of the examination that impacted on his or her performance in the examination (i.e. procedural fairness); or
- the candidate considers the examination result does not accurately reflect his or her performance in the examination (i.e. inaccurate results).

Appeals must be lodged within ten working days of the result being emailed to the candidate.

Should a candidate appeal the OSCE decision, they cannot apply for a re-sit until the result of the appeal is known.

Appeals must be made in writing describing the basis for the appeal. An appeal panel formed by the CCC Appeals Review Manager will initially consider all appeals by:

- review of procedural fairness where an appeal relates to an incident
- review of video footage

Should the candidate be required to re-sit the OSCE or lodge material for examination, further costs will be incurred by the candidate.

Ruling on the Appeal

The CCC Appeals Review Manager will be provided with a copy of the OSCE report, and the digital recordings made on the examination day.

The CCC Appeals Review Manager may also request information from the Examiners who conducted the OSCE.

The CCC Appeals Review Manager will issue a report within four weeks of receipt of the appeal. The decision of the CCC Appeals Review Manager is final.

Section 8: Appendices

Supervision Documents:

Appendix A Supervisor Change Form

Appendix B Provisional Audiologist Supervision Plan template

Appendix C Provisional Audiologist Logbook for First Four Months of Clinical Practice

Appendix D Provisional Audiologist Fortnightly Logbook for After First Four Months

Supervision Checklists:

Appendix E Supervision Checklist - Diagnostic

Appendix F Supervision Checklist - Needs Assessment

Appendix G Supervision Checklist - Hearing Aid Fitting

Chart Review:

Appendix H Supervision Checklist – Chart Review Checklist and Chart Submission Declaration

Appendix I Chart Review Marking Schedule

Objective Structured Clinical Exam (OSCE):

Appendix J Application to sit Objective Structured Clinical Exam

Appendix K OSCE Key Competencies

Appendix L OSCE Marking Schedules

Appendix M OSCE Timetable

Appendix A: Supervisor Change Form

Please complete and email this form together with your current Supervision Logs to NZAS (admin@audiology.org.nz) and your CCC Support Person.

Candidate Name _____

Current Supervisor(s) _____

Primary Workplace _____

When did you start your CCC/Provisional audiologist period _____

New Supervisor's Name _____

New Supervisor's contact details: (phone) _____ (email) _____

Date Supervisor will change _____

Will there be a gap between your old Supervisor ending and your new Supervisor starting? **Yes / No**

Why is your Supervisor changing? _____

Is this a permanent change or a temporary one? _____

Please describe any gap (unsupervised time) which may occur between one Supervisor finishing and the new Supervisor starting and your plans for managing your required hours:

Candidate Signature: _____ Date: _____

Current Supervisor's Signature: _____ Date: _____

New Supervisor's Signature: _____ Date: _____

Appendix B: Provisional Audiologist Supervision Plan template

(to be lodged with application for provisional audiometrist membership or if there is a change of supervisor)

SUPERVISION PLAN AND AGREEMENT

This agreement is made

between:

_____ and _____
(Supervisor) (Candidate)

We both:

- Agree to uphold the confidentiality of supervision, and as such the content of supervision will not be discussed outside the supervisory session unless agreed upon by both parties with the exception of unsafe, unethical or illegal practice
- Understand the goals of the supervision and expectations of each other as supervisor and supervisee
- Understand the importance of discussing the supervision plan (as below) prior to signing, for the purposes of having a supportive and facilitative approach to supervision

Name of Provisional Audiologist	
Provisional Audiologist contact details Location: Primary Clinic: Phone/Mobile: Email:	
Best method of contact	
Name of MNZAS Supervisor	
Supervisor contact details Location: Primary Clinic: Phone/Mobile: Email:	

Best method of contact	
Method to review clinical files <i>e.g. remote access log in; secure email</i>	
Goals of Supervision - what do you want to achieve (Consider learning needs, and discuss each other's expectations as supervisor and supervisee)	
Supervision content & processes - how will each party prepare for meetings, what sorts of issues should be brought to supervision meetings, what type of supervision will occur, discuss different methods pros/cons	
Direct Supervision: Minimum of 3 hours/week (face to face only): <i>Provide details of how regular direct supervision is to be achieved and how direct supervision will be maintained during absences of supervisor</i>	
Indirect Supervision: Supervisor is on site and available for consultation <i>Provide details of how indirect supervision is to be achieved during onsite supervision requirements – please refer to the handbook. e.g. Daily meetings at 4.30pm, in person or by phone. Email GP letters to supervisor daily.</i>	

Indirect Supervision: Supervisor is off-site and available for online tele-supervision (OTS) consultation <i>Provide details of how indirect supervision is to be achieved during any OTS supervision – please refer to the handbook for maximum allowable OTS.</i>	
Online Tele-supervision plan: <i>How will you ensure OTS meets requirements for visibility and communication in accordance with the Audiologist CCC Handbook? e.g. OTS using Teams. Second monitor to run Otosuite with screen-sharing. Mobile phone available if audio is unclear.</i>	
Record Keeping - Who will be responsible for writing records? How regularly will notes be taken, how will feedback on direct supervision sessions be provided?	
Additional learning procedure, eg. Follow-up on actions from previous supervision; in-depth case review; expectations regarding learning and development	

Additional support procedure e.g. Include day to day support; direct supervision; liaison with employer and/or NZAS; identifying or requiring additional training opportunities; plan for unplanned supervisor absences	
Monitoring of effectiveness of supervision - how will you know if supervision is meeting its purpose and goals	
Boundaries - if you have a dual line management role & supervisor role discuss the boundaries within the supervision role	
Process for resolving conflict/tensions within supervisory relationship	

Signed: _____(Supervisor)

Signed: _____(Provisional Member)

Date: _____

Appendix C: Logbook for First Four Months of Clinical Practice- Provisional Audiologist members (standard pathway and fast-track)

Enter a summary of activity for each week of clinical practice and include a total of supervision hours at the end. This may include clinical work with paediatric and adult patients, but an appointment must not be recorded twice, for example as Paediatric Certificate supervised hours and CCC supervised hours.

Please submit this to your CCC support person and NZAS Administrator once complete.

Candidate Name: _____

Logbook Start Date: _____

Supervisor Name: _____

Week ending (date)	List direct clinical observation activities	Hours spent under direct face-to-face supervision	Hours spent under direct online tele-supervision	Candidate's signature	Supervisor's signature
Example: 7-1-13	Assessment HA fitting HA follow up	15 4 4 Total: 23			

Week ending (date)	List direct clinical observation activities	Hours spent under direct face-to-face supervision	Hours spent under direct online tele-supervision	Candidate's signature	Supervisor's signature

Appendix D: Fortnightly Logbook for Clinical Practice for all provisional audiologist members for after the first four months of clinical practice

Enter a summary of hours for each supervision activity for each fortnight. This may include clinical work with paediatric and adult patients, but an appointment must not be recorded twice, for example as Paediatric Certificate supervised hours and CCC supervised hours. Please submit this logbook to your CCC support person when applying to sit the CCC exam. It may also be requested quarterly by your CCC support person.

Candidate Name: _____

Logbook Start Date: _____

Supervisor Name: _____

Fortnight ending:	Direct clinical observation (face-to-face supervision)	Direct clinical observation (online tele-supervision)	Case discussion	Chart audits	Review of reports	Total Hours	Candidate signature	Supervisor signature
Example: 7-1-13	3 hrs		.5 hrs	1.5 hrs	.5 hr	5.5 hrs		

Appendix E: Supervision Checklist - Diagnostic

You are required to demonstrate competency on each of the skills below, on 5 occasions. These are key skills which will be examined at the OSCE. You need to be confident and well-practiced in each of the skills below. It is expected that current NZAS Professional Practice Standards and Best Practice Guidelines will be followed for all patient contact and documentation in all clinical notes.

Your Supervisor, or another MNZAS Audiologist, must initial and date each box to indicate he/she has observed this skill and has approved your competency. **All boxes must be signed and dated before this checklist is submitted to NZAS.**

Candidate Name: _____

Primary Clinic and Location: _____

Supervisor Name: _____

Please scan and submit this to your CCC Support Person, when completed.

Skill/criteria	Date Achieved & Supervisor Initials				
Case history is obtained using open ended questions and expanding on relevant areas					
Test procedures are explained					
Pure tone audiometry is performed using Hughson-Westlake threshold seeking techniques					
Inter-aural attenuation values are known for supra-aural and/or insert earphones					
Air conduction masking is performed correctly					
Bone conduction testing is performed correctly and accurately					
Bone conduction masking is performed accurately using either the standard plateau method or the step method					
Speech audiometry is performed and a maximum and half peak level are obtained					

Speech masking is performed correctly and accurately					
Tympanometry is performed accurately and interpreted correctly					
Acoustic reflex threshold is performed at 500, 1000 and 2000 Hz. Reproducible reflex and growth are demonstrated. Contralateral reflexes are performed					
Results are integrated and communicated to the patient					
Reason for referral is addressed					
Case is managed appropriately including referral for further testing, habilitation or medical management					

By signing below, I agree that these skills have been completed in a true and correct manner.

Candidate Signature: _____

Date: _____

Candidate email: _____

By signing below, I agree this candidate is competent in the skills listed on this checklist.

Supervisor Signature: _____

Date: _____

Supervisor email: _____

Appendix F: Supervision Checklist - Needs Assessment

You are required to demonstrate competency on each of the skills below, on 5 occasions. These are key skills which will be examined at the OSCE. You need to be confident and well-practiced in each of the skills below. It is expected that current NZAS Professional Practice Standards and Best Practice Guidelines will be followed for all patient contact and documentation in all clinical notes.

Your Supervisor, or another MNZAS Audiologist, must initial and date each box to indicate he/she has observed this skill and has approved your competency. **All boxes must be filled before this checklist is submitted to NZAS.**

Candidate Name: _____

Primary Clinic and Location: _____

Supervisor Name: _____

Please scan and submit this to your CCC Support Person, when completed.

Skill/criteria	Date Achieved & Supervisor Initials				
Clear explanation to client of appointment procedures					
Client's needs and wants elicited (listening environments, motivation, cosmetic preference, budget)					
Physical, cognitive, and social support factors are assessed					
Referral for suspected active medical pathology (if applicable)					
Client-oriented goals established using a formal method (e.g. COSI)					
Informational counselling: Technology levels and hearing aid features explained					
Informational counselling: Hearing aid styles discussed					
Informational counselling: Coupling options (domes, moulds) discussed					
Informational counselling: Acclimatisation to sound quality and volume explained					

Informational counselling: Expectations of aid(s) given client's audiometric results and listening needs					
Informational counselling: Communication strategies discussed					
Hearing aid fitting and trial process explained, including potential costs					
All funding eligibility discussed (criteria, restrictions, costs, evidence required)					
Other rehabilitation options discussed (e.g. ALDs, FM, cochlear implants)					
At least two options of hearing aid are recommended for the client to make an informed decision based on their audiological, communicative and physical needs and values					
Professional language and respectful interaction with client					

By signing below I agree that these skills have been completed in a true and correct manner.

Candidate Signature: _____

Date: _____

Candidate email: _____

By signing below I agree this candidate is competent in the skills listed on this checklist.

Supervisor Signature: _____

Date: _____

Supervisor email: _____

Appendix G: Supervision Checklist – Hearing Aid Fitting

You are required to demonstrate competency on each of the skills below, on 5 occasions. These are key skills which will be examined at the OSCE. You need to be confident and well-practiced in each of the skills below. It is expected that current NZAS Professional Practice Standards and Best Practice Guidelines will be followed for all patient contact and documentation in all clinical notes.

Your supervisor, or another MNZAS Audiologist, must initial and date each box to indicate he/she has observed this skill and has approved your competency. **All boxes must be filled before this checklist is submitted to NZAS.**

Candidate Name: _____

Primary Clinic and Location: _____

Supervisor Name: _____

Please scan and submit this to your CCC Support Person, when completed.

Skill/Criteria	Date Achieved & Supervisor Initials				
Clear explanation to client of appointment procedures					
Otoscopy completed safely					
Correct dome/mould selected for optimal gain and comfort					
Physical comfort and retention of device checked (static and dynamic)					
Cosmetic acceptability assessed and discussed					
Acoustic feedback checked and resolved					
Client's audiometric profile correctly input into manufacturer's programming software					
Appropriate fitting prescription selected					
Safely inserted probe tube to as close to the tympanic membrane as possible					
Real Ear Measurements (REMs) are set up accurately, including					

prescription parameters and physical set up					
REMs performed safely for soft (50–55 dB), average (60–65 dB), loud (70–75 dB) inputs					
REM targets met within ± 5 dB or valid rationale provided					
Real Ear Maximum Power Output (MPO) measured safely					
Subjective loudness discomfort assessed and addressed					
Client feedback on sound quality, volume, and binaural balance addressed					
Occlusion effect checked and resolved					
Realistic expectations discussed (adaptation, limitations, usage)					
Hearing aid components explained (controls, batteries, cleaning, storage/safety, connectivity)					
Insertion/removal demonstrated and taught					
Follow-up plan discussed and referrals made if needed					
Infection control measures implemented					
Professional language and respectful interaction with client					

By signing below, I agree that these skills have been completed in a true and correct manner.

Candidate Signature: _____

Date: _____

Candidate email: _____

By signing below, I agree this candidate is competent in the skills listed on this checklist.

Supervisor Signature: _____

Date: _____

Supervisor email: _____

Appendix H: Supervision Checklist - Chart Review Checklist and Chart Submission Declaration

You are required to demonstrate good documentation on each of the skills below, on 5 occasions. The documentation of clinical work and the ability to critically review charts are key skills which will be examined at the OSCE. It is expected that current NZAS Professional Practice Standards and NZAS Best Practice Guidelines will be followed for all patient contact and documentation in all clinical notes.

You and your Supervisor, or another MNZAS Audiologist, must initial and date each box to indicate you have both reviewed a chart and you have demonstrated good documentation for each criterion. All boxes must be filled before this checklist is submitted to NZAS.

In addition, you must submit **ONE** patient chart that meets ALL of the criteria, as an example of your best work. This checklist and chart must be submitted together and can be submitted at any time during the provisional audiometrist membership period. They must be completed before you apply to take the CCC exam. Please remove any identifying information in accordance with the Privacy Act.

The expected length of a chart is between 8 and 10 pages long. It is not required to include every minor detail that may be in a true patient file, such as the ear-mould order form. There are example charts available on the NZAS website.

NOTE:

The marking outcome of the chart submission will be Fully Attained, Attained with recommendations or Not Attained. Where there is evidence of unexplained or invalid deviation from NZAS Professional Practice Standards and NZAS Best Practice Guidelines, or documentation does not meet the criteria in the following checklist, a further chart submission will be required.

Appendix H: Chart Review Checklist

Candidate Name: _____

Primary Clinic and Location: _____

Supervisor Name: _____

Skill/Criteria:	Date Achieved and Candidate/Supervisor Initials				
Complete case history documented					
Otoscopy results noted					
AC and BC test results accurately documented					
Speech test results and masking levels (if needed) are documented correctly Choice of speech material is appropriate for the patient's age and language					
Age appropriate immittance test results are recorded accurately and consistency with other results are noted in file					
Appropriate recommendations and referrals are made and documented					
Needs assessment documented. Appropriate selection of hearing aid based on the needs assessment and rationale is documented.					
Hearing aid fitting results and fine-tuning adjustments are documented and consistent with subjective report.					
Follow-up and age-appropriate fitting validation documented (e.g. aided/unaided speech testing, questionnaires, behavioral reports)					
Overall presentation of the file is such that another clinician would be able to pick up the file and manage the patient seamlessly					

Chart Submission Declaration

I _____, certify that:

- The chart submitted is a true and accurate record of a case I have been involved in.
- Patient details have been removed from the chart.
- I have shown this chart to my supervisor, and we are both confident that it meets all the criteria on the Chart Review Checklist, that it follows NZAS Professional Practice Standards and NZAS Best Practice Guidelines (or any deviation from these protocols has a valid explanation), and that it is ready for submission to the NZAS examiners' panel.
- My supervisor and I are signing below to confirm that we have each checked this chart and are happy with the quality of it for submission.

Signed: _____
CANDIDATE

Date: _____

Signed: _____
SUPERVISOR

Date: _____

This form must be submitted with your chart to admin@audiology.org.nz.

Appendix I: Chart Review Marking Schedule

Criteria:	Fully Attained	Attained with Recommendations	Not Attained	Comments
Complete case history documented				
Otoscopy results noted				
AC and BC test results accurately documented				
Speech test results are documented. Choice of speech material is appropriate for the patient's age and language				
Appropriate Immittance test results are recorded accurately, and consistency with other results are in noted in file				
Appropriate recommendations and referrals are made and documented				
Needs assessment documented. Appropriate selection of hearing aid based on the needs assessment and the rationale is documented				
Hearing aid fitting results and fine-tuning adjustments are documented and consistent with subjective report.				
Follow-up and fitting validation documented (i.e.: aided/unaided speech testing, questionnaires)				
Overall presentation of the file – can another clinician pick up the file and manage the patient seamlessly?				
The file follows NZAS Professional Standards and NZAS Best Practice Guidelines (or any deviation from these protocols has a valid explanation)				

Appendix J: Application to sit Objective Structured Clinical Exam

Candidate: _____ Email: _____

Supervisor: _____ Email: _____

CCC Support Person: _____ Email: _____

Date: _____

Workplace: _____

Provisional Audiologist members

Please confirm and submit evidence that the following has been completed and passed:

All learning modules and chart submission have been completed and passed if applicable:

- On-line Module(s) (with attached certificate)
- Logbooks and clinical checklists (attach an email from your CCC support person to confirm that your logbooks and clinical checklists have been completed and fulfil the CCC requirements).
- Chart submission (attach marking schedule from examiner showing a pass)
- Both the candidate and the supervisor have read and understand all relevant information regarding the OSCE and agree the candidate is prepared to sit the OSCE (Sign below).

Supervisor's Summary:

I confirm that the candidate has demonstrated the key clinical competencies required for me to recommend he/she is ready to sit the OSCE. The candidate is aware of the CCC Syllabus and has sufficient understanding of the NZ Audiology environment.

Supervisor's signature: _____ Date: _____

Candidate's signature: _____ Date: _____

Please scan and submit this along with all evidence (if it hasn't already been submitted) to
admin@audiology.org.nz.

Application will be declined if any pre-requisite is missing or incomplete

Appendix K: OSCE Key Competencies

Please refer to current NZAS Best Practice Guidelines for procedures to be followed. Note that if the candidate feels the need to deviate from current NZAS BPGs during the OSCE, they need to be able to explain their reasoning to the examiners. Please also refer to the OSCE marking schedules for specific requirements.

i) Adult Diagnostic Assessment

1. An appropriate case history is obtained, and follow-up questions must be asked in areas of concern.

At least the six following questions are covered in an adult history:

- a. patient's view of their hearing
 - b. surgery / medical problems with ears present or past
 - c. family history of hearing loss
 - d. history of noise exposure
 - e. tinnitus
 - f. balance
2. Patients are informed:
 - a. of the test and/or appointment procedures in a clear and logical manner
 - b. of results accurately in a clear and logical manner
 - c. The explanation of integrated results is accurate.
 - d. The explanation of integrated results is complete: all major test results covered.
 3. Otoscopy is attempted
 - a. Otoscopy must be attempted in all cases unless the candidate can justify their decision.
 - b. The description of the eardrum is consistent with the immittance findings or possible discrepancies explained.
 4. The tympanogram is interpreted correctly
 - a. Tympanogram is defined using standard nomenclature (e.g. Type A/B/C) including an indication of "d" or "s" as appropriate.
 - b. If the result is ambiguous, tympanometric width measurements should be taken into account and classification based on integration of other results (e.g. acoustic reflexes, pure tone audiometric results).
 5. Acoustic reflex testing is interpreted correctly
 - a. Reflex threshold level should be identified through the following three categories: threshold, reproducibility, growth
 - b. Candidate expected to be able to discuss common reflex patterns and their clinical indications (e.g. probe effect)

6. Pure tone audiometry air conduction is performed accurately
 - a. Intermediate frequencies are tested if equal or >20dB difference in thresholds between adjacent octave frequencies or if there is significant history of noise exposure.
 - b. Air conduction masking is performed, if necessary, based on appropriate inter-aural attenuation values, which will be provided
 - c. AC masking is performed after BC masking if large A-B gap indicates masking is required.
7. Bone conduction is performed accurately
 - a. At frequencies 500, 1000, 2000 and 4000Hz only. Additional frequencies may be tested at the candidate's discretion.
 - b. Bone conduction is attempted if thresholds are equal or > 20dBHL
 - c. Bone conduction thresholds are masked accurately using standard methods where appropriate (i.e. if the air bone gap is ≥ 15 dBHL)
 - d. The non-test ear is not occluded for testing at 500 and 1000Hz and/or extra masking used to check for occlusion at these frequencies
 - e. When an explained air bone gap is present at 4000Hz, the test ear should be occluded to account for acoustic radiation.
8. Speech audiometry is performed, and results are interpreted correctly
 - a. Speech audiometry is only performed above 90 dBHL if clinically indicated and tolerable.
 - b. Speech testing is performed even if the client has a supposed 'dead ear'.
 - c. A maximum discrimination level and measure of consistency with the audiogram are obtained as per NZAS BPG.
9. Speech masking is performed if necessary
 - a. Based on appropriate interaural attenuation values, air- bone gap considerations and peaks of speech.
 - b. Speech masking should be performed after BC masking complete, although will not 'not achieve' unless A-B gap indicates that extra speech masking is required.
10. Case is managed appropriately
 - a. An appropriate management decision is made without intervention from the examiner.
 - b. Referral to other services is appropriate and in line with national or local practices (e.g. GP, ENT, SLT etc.).
 - c. Review is appropriate and in line with clinic practice and/or national guidelines.

ii) Adult communication needs assessment and hearing aid selection

1. Communication needs are established
 - a. Using formal means (a blank COSI will be provided and must be completed)

- b. As a minimum should cover the following environments: work, home, community.
- 2. Appropriate rehabilitation is recommended based on patient history, communication needs, financial / social / physical considerations
- 3. All funding streams the patient may be eligible for are identified, and the next steps for the patient are accurately described.
- 4. If hearing aids are recommended, options are discussed with the patient in terms of style, technology and price.
- 5. Appropriate hearing aids are selected
 - a. Based on patient history, communication needs, financial / social / physical considerations
 - b. Specific hearing aid models are discussed with patient and/or examiner.

iii) Adult hearing aid fitting

- 1. Real ear measures are performed
 - a. Either insertion gain or speech mapping are acceptable.
 - b. Safely: otoscopy, probe tube insertion
 - c. Targets are met for soft, medium and loud speech for speech like stimuli, or valid reasons are given if this is not possible. MPO is tested objectively.

iv) Other areas

- 1. Privacy and Ethics
 - a. Adherence to the Privacy Code and the NZAS Code of Ethics.
 - b. Appropriate infection control strategies.
 - c. Professionalism in terms of language and demeanor.
 - d. Appropriate time management skills
- 2. Infection Control
 - a. The candidate demonstrates appropriate infection control strategies.
- 3. Clinical Safety
 - a. The candidate does not jeopardise patient safety
 - i. otoscopy is performed prior to inserting probes or plugs into the ears
 - ii. test stimuli should not be presented at an unsafe level
- 4. Professionalism
 - a. The candidate is well presented, does not use inappropriate language, shows respect for patients and colleagues.

Appendix L: OSCE Marking Schedules

Diagnostic assessment station

Criteria	Pass	Marginal	Not achieved
Case history is obtained using open ended questions and expanding on relevant areas.			
Clear explanation to patient regarding proceedings of appointment.			
Performs otoscopy safely and reports findings accurately			
Air conduction is performed safely and correctly and masking is performed accurately using either plateau/step method if necessary.			
BC performed safely and correctly (if applicable) and masking is performed accurately using either plateau/step method.			
Speech audiometry is completed safely and correctly (at a minimum PI max and HPL recorded) and if necessary, masking is performed accurately.			
Performs tympanometry safely and accurately interprets results.			
Performs acoustic reflex testing safely and accurately interprets results			
Integrates all test results correctly			
Summarises and communicates these to the patient in a way which addresses their main concerns			
An appropriate management decision is made and referral to other services is appropriately recommended in line with national practice			

Criteria	Pass	Marginal	Not achieved
Candidate completed testing in a clinically safe manner: causing no harm to patient			
Observes proper infection control/processes.			
Candidate uses appropriate language and shows respect for the patient and colleagues			

Notes regarding 'attained' and 'conditionally attained':

Notes regarding skills 'not attained':

Hearing needs assessment station

Criteria	Pass	Marginal	Not achieved
Clear explanation to client of appointment procedures			
Client's needs and wants elicited (listening environments, motivation, cosmetic preference, budget)			
Physical, cognitive, and social support factors are assessed			
Referral for suspected active medical pathology (if applicable)			
Client-oriented goals established using a formal method (e.g. COSI)			
Informational counselling: Technology levels and hearing aid features explained			
Informational counselling: Hearing aid styles discussed			
Informational counselling: Coupling options (domes, moulds) discussed			
Informational counselling: Acclimatisation to sound quality and volume explained			
Informational counselling: Expectations of aid(s) given client's audiometric results and listening needs			
Informational counselling: Communication strategies discussed			
Hearing aid fitting and trial process explained, including potential costs			
All funding eligibility discussed (criteria, restrictions, costs, evidence required)			
Other rehabilitation options discussed (e.g. ALDs, FM, cochlear implants)			
At least two options of hearing aid are recommended for the client to make an informed decision based on their audiological, communicative and physical needs and values			
Professional language and respectful interaction with client			

Notes regarding 'attained' and 'conditionally attained':

Notes regarding skills 'not attained':

Hearing aid fitting station

Criteria	Pass	Marginal	Not achieved
Clear explanation to client of appointment procedures			
Otoscopy completed safely			
Correct dome/mould selected for optimal gain and comfort			
Physical comfort and retention of device checked (static and dynamic)			
Cosmetic acceptability assessed and discussed			
Acoustic feedback checked and resolved			
Client's audiometric profile correctly input into manufacturer's programming software			
Appropriate fitting prescription selected			
Safely inserted probe tube to as close to the tympanic membrane as possible			
Real Ear Measurements (REMs) are set up accurately, including prescription parameters and physical set up			
REMs performed safely for soft (50–55 dB), average (60–65 dB), loud (70–75 dB) inputs			
REM targets met within ± 5 dB or valid rationale provided			
Real Ear Maximum Power Output (MPO) measured safely			
Subjective loudness discomfort assessed and addressed			
Client feedback on sound quality, volume, and binaural balance addressed			
Occlusion effect checked and resolved			
Realistic expectations discussed (adaptation, limitations, usage)			
Hearing aid components explained (controls, batteries, cleaning, storage/safety, connectivity)			
Insertion/removal demonstrated and taught			
Follow-up plan discussed and referrals made if needed			
Infection control measures implemented			
Professional language and respectful interaction with client			

Notes regarding 'attained' and 'conditionally attained':

Notes regarding skills 'not attained':

Multiple Choice Questions (MCQ)

Station 4 consists of 34 single answer multiple choice questions.

In preparation candidates are advised to review the CCC syllabus, paying particular attention to knowledge required to accurately assess and manage patients presenting to audiological services.

Candidates should have a detailed understanding of NZAS Best Practice Guidelines and any other guidelines NZAS or funding bodies such as ACC, Veterans Affairs or Ministry of Health (Enable) have published. Candidates should have enough knowledge on funding criteria to be able to advise patients appropriately and therefore be familiar with all documentation required to support funding applications.

Practice questions are available with the OSCE information in the members only section of the website:

[Objective Structured Clinical Examination \(OSCE\) » New Zealand Audiological Society \(audiology.org.nz\)](http://audiology.org.nz)

Appendix M: OSCE Timetable

OSCE TIMETABLE
[DATE], Greenlane Clinical Centre, Auckland

Time	Group 1			Group 2		
8.30	Group 1 arrives for Introduction, familiarisation; present ID and disclaimer form signed.					
9.00-9.50	Station 1	Station 2	Station 3			
10.00-10.50	Station 2	Station 3	Station 1			
11.00-11.50	Station 3	Station 1	Station 2			
				11:30 am Group 2 arrives for Introduction, familiarisation; present ID and disclaimer form signed.		
12.00-12.50	Group 1 and 2 Station 4.					
1.00-1.50	Group 1 Leaves, Group 2 begins Stations 1-3			Station 1	Station 2	Station 3
2.00-2.50				Station 2	Station 3	Station 1
3.00-3.50				Station 3	Station 1	Station 2
4.00				Group 2 leaves		
4.00-5.00	Examiners' Meeting					

Station 1: Diagnostics Assessment (Room 3 – Short Tripod) (Actor)
 Station 2: Hearing Aid Needs Assessment (Room 4) (Actor) Case X
 Station 3: Hearing Aid Fitting (Room 1) (Actor)
 Station 4: Chart review (Conference Room) Case X

Examiners: