Llywodraeth Cymru
Welsh Government

GIG CYMRU NHS WALES

Quality Standards for Adult Vestibular Services in Wales 2022

August 2022

Foreword

Welcome to the National Quality Standards for Adult Vestibular Services in Wales 2022. I am delighted to endorse the Quality Standards as the benchmark for NHS adult vestibular services in Wales.

Current evidence, best practice principles and clinical standards have been applied to develop Standards which will ensure the provision of high quality adult audiology services. The work has been designed by leading Audiology professionals across Wales in collaboration with individual local ENT Consultants and Audiovestibular Physicians and representatives from the Ménière's Society together with the Audiology Standing Specialist Advisory Group of the Welsh Scientific Advisory Committee. Implementation of the new Standards will continue to encourage close working between NHS professionals and external agencies to deliver the best services for the adults of Wales.

I encourage all health boards to drive forward its audiology service delivery by the swift implementation and ongoing compliance and wish to thank everyone involved in this important development for adult audiology services.

Introduction

Background

Following the successful implementation of the Adult Rehabilitation and Paediatric Quality Standards in Wales, it was felt that Vestibular Services would benefit from a similar approach in order to maintain an equitable, high quality service across Wales.

ASSAG (the Audiology Standing Specialist Advisory Group of the Welsh Scientific Advisory Committee) agreed in 2018 for Paediatric and Adult Quality Standards audits to take place in year 1 and year 2 followed by Tinnitus and Vestibular Quality Standards audits in year 3. Work began developing Tinnitus and Vestibular Quality Standards in 2019. This involved joint working with representatives leading in this area of service delivery across Wales. The aim will be to develop a comparable self-assessment and external audit process for this specialised area of Audiology. It was also agreed adult and paediatric quality standards would be developed separately due to the significant differences in service delivery and patient management of these populations.

Health Boards are expected to support their own specialist Audiology staff in participating in external audit of other Health Boards.

Development of Quality Standards for Vestibular Services in Wales

A Working Group was set up which included senior Audiology clinicians and managers from across Wales. The working group's main objective was to jointly develop Quality Key Performance Indicators for Vestibular Services in Wales.

Consultation

The draft version of these standards has undergone consultation with Wales Heads of NHS Audiology Services, individual local ENT Consultants and Audiovestibular Physicians, and representatives from the Ménière's Society and ENT Wales. Feedback from the consultation was used to further develop these Quality Standards.

Approach and Context to Describing Service Quality

The performance indicators cover the following areas:

Quality Standards for Vestibular Services in Wales
Std 1 Accessing the Service
Std 2 Communication and Information Provision
Std 3 Vestibular Assessment
Std 4 Vestibular Rehabilitation (where provided by Audiology)
Std 5 Clinical Skills and Expertise
Std 6 Onward Referral and Support
Std 7 Outcomes and Service Improvement

The Quality Standards for Vestibular Services in Wales

Format

The Quality Standards comprise 7 *Standard Statements* that explain the level of performance that needs to be achieved. These are supported by an evidence base that provides the *rationale* for each Standard. The *Standard Statements* are expanded into a number of *Criteria* which specify what must be achieved for the standard to be met. The *Standard Statements* are listed below. The evidence base, the references that support them and the detailed *Criteria* are all detailed within the *Assessment and Audit Tool* that accompanies this document.

Standard 1 – Accessing the Service

All patients and their significant others, who require access to Audiology Services for investigation of suspected vestibular conditions (and rehabilitation where this exists within Audiology) are able to:

- Access an Audiology Service that addresses their needs.
- Wait no longer to access the Audiology balance clinic than to access medical services for vestibular conditions.
- Wait no longer if they are an existing patient accessing the service than a new patient accessing the service for the first time.

Service demand and referral data are accurately monitored, reviewed and reported against available indicators and used to guide service planning.

Standard 2 - Communication and information provision

There must be a timely and relevant two-way exchange of information to address the needs of the patients and their significant other(s), in formats that accommodate their communicative abilities.

Technology should be used to enable Audiology staff to communicate effectively with patients and to ensure that the information is given in a manner that the patient understands.

Standard 3 - Balance Assessment

All patients receive vestibular and functional assessment appropriate to their needs and abilities.

All equipment must be well maintained and calibrated as necessary.

Assessment is carried out safely, to recognised national standards, where available, and includes:

- A comprehensive and relevant medical and audiological history.
- Testing, including adaptations for disabilities and contraindications where necessary.

Immediate treatment of BPPV is offered, unless contraindicated.

Findings are sent to the referrer and to the GP in a timely and professional manner.

Standard 4 – Vestibular Rehabilitation (where this exists within Audiology[1])

Vestibular rehabilitation in this context does not include particle repositioning manoeuvres for BPPV.

All patients should have an individually developed plan (IMP) for the management of their needs. This plan:

- Is based on information gathered at the assessment phase
- Is determined in conjunction with the patient and/or their significant other(s)
- Is updated on an ongoing basis
- Is accessible to the clinical team
- Includes recommended interventions to best meet the needs of the individual patient
- Is available to the patient

Outcomes and effectiveness of the service as a whole are evaluated and recorded to identify trends and patterns which may inform service development and planning.

Standard 5 - Clinical skills and expertise

Each Audiology service demonstrates that they have the clinical competencies necessary to support the assessments and interventions they undertake.

Each service has processes in place to keep up to date with and employ key innovations relevant to vestibular assessment and rehabilitation.

Standard 6 – Onward Referral and Support

Each Audiology service is aware of their locally available onward referral pathways, and uses them appropriately.

Patients are signposted to local and national information on relevant exercise programmes and support networks.

Standard 7 - Outcomes and Service Improvement

Quality of service delivery is measured and improved using Patient Reported Experience Measures (PREMs). These should be collected on at least an annual basis and should include elements on access, communication and information.

[1] Where vestibular rehabilitation does not exist within Audiology, referrers should be made aware of the local referral route for balance rehabilitation (e.g. Neurophysiotherapy) and Audiology must be able to refer into this service.

The Evidence Base

"Evidence-based medicine is the integration of best research evidence with clinical expertise and patient values," (Sackett et al., 2000 p. 1).

A comprehensive review of the current evidence base has been undertaken. Wherever possible the working group prioritised evidence in National documents where available, then considered evidence in large scale reviews, followed by evidence in peer reviewed, published research.

There are also a number of overarching documents that have informed the development of the Quality Standards and these are listed below.

Welsh Assembly Government, 2003. Fundamentals of Care. Wales: Welsh Assembly Government

Welsh Assembly Government 2006. National Service Framework for Older People in Wales. Wales: Welsh Assembly Government

The Equality Act 2010

Welsh Assembly Government, 2010. Doing Well, Doing Better. Standards for Health Services in Wales. Wales: Welsh Assembly Government

Patient Rights (Scotland) Act 2011

Welsh Government, 2011. Together For Health. A 5-Year Vision For The NHS in Wales. Wales: Welsh Government

Welsh Assembly Government, 2011. Fairer Health Outcomes For All. Reducing Inequities in Health Strategic Action Plan. Wales: Welsh Assembly Government.

Aylward, M., Phillips, C. and Howson, H. 2013. Simply Prudent Healthcare – achieving better care and value for money in Wales – discussion paper. Wales: Bevan Commission, Simply Prudent Healthcare

Welsh Government, 2017. Framework of Action for Wales, 2017-2020. Integrated framework of care and support for people who are D/deaf or living with hearing loss.

Principles and Key Features of the External Audit Process Against the Standards
The objective of the audit process is to externally verify self-assessment scores (and evidence). The objective is not to perform an appraisal of service management and/or make extensive recommendations for improvement.

The audit process should be robust, relevant, efficient, fair and consistent.

A full self-assessment will have been completed 6 weeks prior the external visit and evidential materials compiled for reference at the time of the visit of the external auditors.

Visits will be conducted jointly by an external audit team; comprising an independent auditor, and a lead auditor, who must be a senior clinician from another service.

All Health Boards which provide services for vestibular testing and/or rehabilitation will be visited every three years by external auditors. Each Health Board will submit one self assessment score, which will incorporate all the services they provide, including those which are provided to other Health Boards through a service level agreement.
(Powys LHB does not currently provide vestibular services and is therefore not expected to participate in the vestibular quality standards process.)

The visit of the external auditors will be completed over a day, with additional time required for travel. Only the base centre would be visited rather than peripheral sites. Where a Head of Audiology has selected to submit one self assessment for the Health Board, the audit coordinator will select which service department to visit to undertake the external audit visit.

Externally assessed scores must be presented to the Chief Executives and Heads of Audiology for each respective service, prior to being made available to ASSAG and put in the public domain (e.g. on the WSAC website).

A coordinator will be appointed by ASSAG to administer the scheme, collate results and report to ASSAG following each audit.

An appeals mechanism will exist where external scoring or the audit process can be challenged.
See A*rrangements for the External Audit of Adult Audiology Services Against the Quality Standards for Adult Hearing Rehabilitation, Tinnitus and Balance Services* for further details.

Assessment and Audit Tool

1 - Accessing the Service			
Standard Statement	**Rationale and References**	**Criteria**	**Evidence of Compliance[2]**
1a. All patients and their significant others, who require access to Audiology Services for investigation of suspected vestibular conditions (and rehabilitation where this exists within Audiology) are able to: • Access an Audiology Service that addresses their needs. • Wait no longer to access the Audiology balance clinic than to access medical services for vestibular conditions. • Wait no longer if they are an existing patient accessing the service than a new patient accessing the service for the first time. **1b.** Service demand and referral data are accurately monitored, reviewed and reported against available indicators and used to guide service planning.	Effective allocation of health resources is reliant upon accurate information on the balance between demand for services and available resources. Waiting times for all stages of the patient pathway need to be collected and monitored in an effective manner. By monitoring the number of onwards referrals (to ENT, MRI etc), improvements can be made to ensure that the balance pathway is effective and efficient. We must ensure fair services, which do not favour seeking unnecessary GP appointments.	**1a.1** Referrals for vestibular assessments and/or particle repositioning treatments are seen within 14 weeks (or within the current RTT for hearing aid issue if this is different) following receipt of referral, unless the patient requests otherwise **1a.2** Defined pathways exist for new referrals received **1a.3** Defined protocols are in place for patients re-accessing the Audiology service (e.g. re-accessing for BPPV treatment or Vestibular Rehabilitation). This protocol outlines	Written referral pathways, linked to referral criteria, for all referral routes. Pathways should include timings of appointments (urgent/routine). Version numbers to be included, and documents to be updated at least every 3 years, or sooner should changes occur. Written/electronic document for referrers

[2] This list contains examples that you may wish to include as evidence. You may have different forms of evidence to support your self-assessment score.

	We must ensure access for all patients, in accordance with equality laws and across geographical areas. Hearing and Balance Disorders (Achieving Excellence in diagnosis and management) Royal College of Physicians, 2007. Provision of Adult Balance Services A Good Practice Guide (NHS England 2009). NHS England Commissioning Framework, 2016.	timeframes and ensures that these patients do not wait longer than new referrals. **1a.4** Data is collected on ENT waiting times for balance patients. **1b.1** Key data are identified, collected, reviewed and used in annual service review. **1b.2** The number of onward referrals is monitored.	detailing referral pathways and criteria. Evidence that pathways have been disseminated to/discussed with referrers e.g. email/agenda for GP/ENT training/ presentation. Audit of waiting times, against 14 week target. Data collected a minimum of every 12 months for each clinic. Data on the number of onward referrals, broken down e.g. by condition/ clinician.

Standard 2 - Communication and Information Provision			
Standard Statement	**Rationale and References**	**Criteria**	**Evidence of Compliance**
2a. There must be a timely and relevant two-way exchange of information to address the needs of the patients and their significant other(s), in formats that accommodate their communicative abilities. Technology should be used to enable Audiology staff to communicate effectively with patients and to ensure that the information is given in a manner that the patient understands.	Good communication before, during and after intervention benefits patients and their significant others, through reduction in anxieties/concerns and encouraging appropriate uptake of further care and self-management. Written information that is clear, up to date and in a format that is accessible to the individual facilitates understanding of the service and self-management options. Technology is increasingly used within the clinic. This may include, for example, telephone calls, video calls, vestibular apps, remote interpretation services and online communications/instructions. British Society of Audiology Recommended Procedure Vestibular assessment — eye movement recordings, 2015.	**2a.1** Written information is provided in an appropriate format for all new patients prior to their appointment. This includes information on expected length of time of appointment, advice about stopping medication (e.g. vestibular sedatives) and alcohol 48 hours prior to appointment in line with BSA recommended procedures. Advice is appropriate to the range of tests which is likely to be carried out (e.g. no eye make up, comfortable clothing). Alternative formats and translations are available on request. **2a.2** Appropriate written information is available	Audit of information provision and Auditbase alerts. Examples of written information leaflets and letters. Referral forms to include communication support requirements. Audit to check if appropriate information sent and received. Patient feedback. Audit of Journal entries Minutes of meetings to review information.

	BSA recommended procedure on vestibular rehabilitation 2019. BSA Principles of Adult Rehabilitation document.	during appointments (e.g. information on BPPV, vestibular rehabilitation). Alternative formats and translations are available on request. **2a.3** All patients receive a verbal debrief from the clinician regarding test results and further management. 2a.4. Communication needs are recorded and actioned 2a.5 Technology is used, where appropriate, to communicate more effectively with patients.	Plain English (or similar) on all information and letters. Examples of video information and translated information sheets. Evidence of access to translation and interpretation services.

3 - Balance Assessment			
Standard Statement	**Rationale and References**	**Criteria**	**Evidence of Compliance**
3a. All patients receive vestibular and functional assessment appropriate to their needs and abilities. All equipment must be well maintained and calibrated as necessary. Assessment is carried out safely, to recognised national standards, where available, and includes: • A comprehensive and relevant medical and audiological history. • Testing, including adaptations for disabilities and contraindications where necessary. Immediate treatment of BPPV is offered, unless contraindicated. **3b.** Findings are sent to the referrer in a timely and professional manner.	The quality of assessment is more likely to be assured if undertaken in accordance with nationally recommended procedures. There is currently no national protocol specifying which tests to include in a vestibular assessment; clinicians must use the evidence base and locally available facilities/equipment to answer the referral question as fully as possible. A relevant medical history is needed to develop an assessment strategy and/or IMP and to identify contraindications or cautions to testing.	**3a.1** Secondary care services have facilities to perform a full range of evidence-based assessments, to include assessment of oculomotor and vestibular function, as well as functional balance[3] **3a.2** Clinicians adapt or omit tests where appropriate due to contraindications or patient needs. **3a.3** All equipment is well maintained, checked and calibrated according to	Written protocols. Case audit. Examples of onward referral letters and reports to referrers. Patient journals. Calibration and repair records. Auditbase records on report completion.

1. [3] Minimum facilities to include equipment to perform repositioning manoeuvres, VNG and semicircular canal function (i.e. caloric and/or vHIT). Equipment should be available within each Health Board for vHIT, calorics and VEMPs.

		manufacturers istructions and/or national guidance. **3a.4** Patients with a positive finding of BPPV are offered a repositioning treatment immediately. **3b.1** Written reports are produced for all patients receiving diagnostic vestibular assessment (including reporting history, summary of results and recommendations) **3b.2** Patient records and associated letters/reports are completed and sent to GP and referrer within 10 working days of the appointment.	

4 – Vestibular Rehabilitation (where this exists within Audiology)			
Standard Statement	**Rationale**	**Criteria**	**Evidence of Compliance**
4a. Vestibular rehabilitation in this context does not include particle repositioning manoeuvres for BPPV. All patients should have an individually developed plan (IMP) for the management of their needs. This plan: • Is based on information gathered at the assessment phase • Is determined in conjunction with the patient and/or their significant other(s) • Is updated on an ongoing basis • Is accessible to the clinical team • Includes recommended interventions to best meet the needs of the individual patient • Is available to the patient **4b.** Outcomes and effectiveness of the service as a whole are evaluated and recorded to identify	An Audiology IMP is required for all patients requiring ongoing care. This must take into account patient circumstances, mobility, medical conditions (which may include ear and hearing status) and individual needs. Patient involvement in their care improves outcomes. Revision of the management plan allows it to be responsive to the individuals changing needs. Validated self-report questionnaires can support the assessment of activity limitations related to dizziness/imbalance. Provision of Adult Balance Services - A Good Practice Guide (NHS England 2009)	**4a.1** Patients receiving vestibular rehabilitation have a jointly agreed Individual Management Plan (IMP). **4a.2** Where Vestibular Rehabilitation exercises are set, they are targeted/customised to the individual. **4a.3** Patient records and associated letters/reports are completed and sent to GP and/or referrer within 10 working days of appointment.	Audit of patient records. Examples of customised exercise regimes. Letters to referrers. Outcome measure data. Evidence of service development based on outcome data.

trends and patterns which may inform service development and planning.	Framework of Action for Wales 2017-2020. BAA Guidance on Setting up a Direct Referral Balance Service. 'Picker Principles' – as discussed in BSA Principles of Adult Rehabilitation document. BSA Principles of adult rehabilitation Vestibular rehabilitation for unilateral peripheral vestibular dysfunction, Cochrane Systematic Review , 2015. NHS England Commissioning Framework, 2016.	**4b.1** Validated outcome measures[4] are used where patients have received vestibular rehabilitation. **4b.2** Outcome data is used to monitor and improve service effectiveness.	

[4]Outcome measure tool selected may include questionnaires (such as Dizziness Handicap Inventory, Vestibular Rehabilitation Benefit Questionnaire, Activities Specific Balance Confidence Scale, Vertigo Symptom Scale Short Form, or other validated tool to show improvement). Questionnaires may not be limited to vestibular function; clinicians are encouraged to consider assessment of quality of life and/or depression and anxiety. Outcome measures may also include clinical tests such as posturography, video Head Impulse Testing, Dynamic Visual Acuity Testing, Timed Up and Go test or gait testing.

5 - Clinical Skills and Expertise			
Standard Statement	**Rationale**	**Criteria**	**Evidence of Compliance** This list contains examples that you may wish to include as evidence. You may have different forms of evidence to support your self-assessment score.
5a. Each Audiology service demonstrates that they have the clinical competencies necessary to support the assessments and interventions they undertake. **5b.** Each service has processes in place to keep up to date with and employ key innovations relevant to vestibular assessment and rehabilitation.	Audiology departments have a duty of care and must ensure that assessments and interventions are delivered by appropriately trained, qualified and registered clinicians. Through the clinical governance framework, organisations can manage their accountability for maintaining high standards. Audiology is a constantly changing field and clinical competency must, therefore,	**5a.1** Peer review is carried out for all members of staff leading appointments within the balance service, at least every 3 years for relevant appointment types and procedures. Peer review must be carried out by clinicians meeting the criteria in 5a.2/3/4. **5a.2** All staff performing vestibular appointments are	Evidence of registration. Evidence of qualifications. Cross reference clinical activities to staff using PMS and crystal reports. Evidence of peer reviews and meetings.

	be maintained through continuing professional development. Peer review provides a useful approach to help ensure clinical competencies are maintained.	registered with a statutory or voluntary body (e.g. HCPC, AHCS, RCCP) in a role which is relevant to vestibular testing. **5a.3**. All staff leading vestibular appointments have an M-level qualification in balance assessment, and clinical competence demonstrated by CAC, HTS or equivalent assessment. **5b.1** All clinical staff undertaking vestibular testing or rehabilitation participate in CPD activity relevant to their vestibular work.	Evidence of CPD records and training records. Peer review outcomes and reports. Evidence of service developments resulting from CPD.

6 – Onward Referral and Support			
Standard Statement	**Rationale**	**Criteria**	**Evidence of Compliance**
6.a. Each Audiology service is aware of their locally available onward referral pathways, and uses them appropriately. Patients are signposted to local and national information on relevant exercise programmes and support networks.	Services are varied according to the local area. Referrals may be requested from the GP where they cannot be made by Audiology. Participation in classes in community settings or online may be more suitable for an individual patient than repeated visits to hospital.	**6a.1.** The Audiology service has identified a comprehensive list of relevant national, online and local services and made this information accessible to patients. **6a.2.** Processes and protocols are in place to support referral to appropriate medical/ Physiotherapy services, where these are available.	Information regarding the referral process to other health professions (e.g. Physiotherapy, ENT) and to other services (e.g. national exercise referral scheme). Information available for patients on relevant community and internet based resources/classes. Examples of cases where referrals and recommendations have been made.

			Evidence of actions and patient outcomes following onward referral recorded within the patient record.

7 – Outcomes and Service Improvement			
Standard Statement	**Rationale**	**Criteria**	**Evidence of Compliance** This list contains examples that you may wish to include as evidence. You may have different forms of evidence to support your self-assessment score.
7.a Quality of service delivery is measured and improved using Patient Reported Experience Measures (PREMs). These should be collected on at least an annual basis and should include elements on access, communication and information.	Measurement of qualitative and quantitative data helps to inform ongoing service improvement. Patient experience is an important aspect of service quality. NHS England Constitution (Domain 4), 2013.	**7a.1** The Audiology service collects qualitative and quantitative data relating to service performance and service user experience on an annual basis **7a.2** Patients and significant others are encouraged to complete	Service review framework that outlines 'what, when, where and how' this data will be collected and reported. Results from service user satisfaction questionnaires.

		anonymous surveys on at least an annual basis to determine satisfaction with different elements of the service received. **7a.3** The results of PREM surveys are used to identify areas for improvement.	Evidence that results are used to identify areas for improvement.

1. Minimum facilities to include equipment to perform repositioning manoeuvres, VNG and semicircular canal function (i.e. caloric and/or vHIT). Equipment should be available within each Health Board for vHIT, calorics and VEMPs.
2. Outcome measure tool selected may include questionnaires (such as Dizziness Handicap Inventory, Vestibular Rehabilitation Benefit Questionnaire, Activities Specific Balance Confidence Scale, Vertigo Symptom Scale Short Form, or other validated tool to show improvement). Questionnaires may not be limited to vestibular function; clinicians are encouraged to consider assessment of quality of life and/or depression and anxiety. Outcome measures may also include clinical tests such as posturography, video Head Impulse Testing, Dynamic Visual Acuity Testing, Timed Up and Go test or gait testing.

References

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- British Association of Audiological Physicians. Setting standards to improve care for patients with hearing and balance disorders (2018). https://www.baap.org.uk/uploads/1/1/9/7/119752718/baap_standards_in_medical_practice_2018.pdf
- BMJ Best Practice Guidelines (requires membership to view):
    - Assessment of Dizziness
    - Ménières
    - Vertigo - Overview
    - Balance Assessment
- British Society of Audiology recommended Procedures: https://www.thebsa.org.uk
    - Caloric testing 2010 (REVIEW UNDERWAY)
    - Positioning Tests 2016
    - Vestibular Assessment – Eye movement Recordings 2015
    - Principles of Rehabilitation 2016
    - Vestibular Rehabilitation 2019
    - Vestibular Evoked Myogenic Potentials 2013 (WITHDRAWN, PENDING REVIEW)
- Clinical practice guideline: benign paroxysmal positional vertigo (update). Head Neck Surg. 2017; 156 (3 Suppl): S1-S47 Bhattacharyya N, Gubbels SP, Schwartz SR, Edlow JA, El-Kashlan H, Fife T, Holmberg JM, Mahoney K, Hollingsworth DB, Roberts R, Seidman MD, Steiner RWP, Do BT, Voelker CCJ, Waguespack RW, Corrigan MD. https://journals.sagepub.com/doi/full/10.1177/0194599816689660?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed
- Draft Scottish Balance Standards (no longer online)
- Dizziness Handicap Inventory (DHI). http://geriatrictoolkit.missouri.edu/vest/Dizziness-Handicap-Inventory.pdf
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- Ménière's Society – Rehabilitation. https://www.menieres.org.uk/information-and-support/treatment-and-management/vestibular-rehabilitation
- NHS Digital Website. https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts/domain-4-ensuring-people-have-a-positive-experience-of-care
- NHS England Commissioning Framework - Balance Information http://www.thebsa.org.uk/wp-content/uploads/2014/04/Commissioning-FrameworkAudiology-Balance-Working-Group-Documentation-Version-1.pdf
- NICE Guidelines:
    - https://cks.nice.org.uk/vertigo
    - https://cks.nice.org.uk/benign-paroxysmal-positional-vertigo
    - https://cks.nice.org.uk/menieres-disease
- Provision of Adult Balance Services - A Good Practice Guide (Dept of Health 2009). https://webarchive.nationalarchives.gov.uk/20130123195636/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093862
- Quality Improvement for Audiologists. American Speech-Language-Hearing Association http://www.asha.org/aud/Quality-Improvement-for-Audiologists/
- Quality Standards for Adult Hearing Rehabilitation Services http://gov.wales/docs/phhs/publications/161201hearing-rehabilitationen.pdf
- Roles and Responsibilities of the Audiologist doing Balance Testing. American Speech-Language-Hearing Association. https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589942134&section=Roles_and_Responsibilities
- Sharing Good Practice - NHS Improvement Website. https://improvement.nhs.uk/improvement-hub/quality-improvement/
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- Vestibular Rehabilitation for Peripheral Vestibular Hypofunction: An Evidence-Based Clinical Practice Guideline (American Physical Therapy Association) https://vestibular.org/sites/default/files/Cynthia/Vestibular%20Rehab%20CPG%20JNPT%202016.pdf
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