MANDATORY NATIONAL REGISTRATION FOR AUDIOLOGISTS

August 2016

Independent Audiologists Australia Inc whose mission is to promote and support clinical practices owned by audiologists calls on government to open mandatory national registration to audiologists with a professional board established under the Australian Health Practitioner Regulation Agency (AHPRA).

What is an audiologist?

Audiologists play a key role in the diagnosis and treatment of hearing and balance disorders that affect at least one in six Australians[1] . Deafness and related disorders occur in people of all ages, from newborns to the elderly.

Auditory disorders, when not appropriately identified and treated, can have devastating effects on communication, cognitive function, emotional well-being and productivity. Audiological assessment results are sometimes the first or only indication of underlying life threatening conditions that requires medical or surgical investigation. Conditions already identified as national priorities in Australia are closely associated with hearing loss. Hearing loss occurs with a high incidence amongst those with diabetes. Cancer treatments can be toxic and cause hearing loss and/or tinnitus. Dementia is closely associated with hearing loss, as the social withdrawal that occurs in untreated hearing loss is well understood to be associated with dementia. Treating auditory conditions that affect balance, concentration and cognitive load reduces the possibility of falls and injury.

Audiologists identify hearing disorders and are responsible for providing reports on auditory function to general practitioners, medical specialists, parents and families. Audiologists are responsible for healthcare advice and decision making that has lifelong implications. Audiology is most effective when delivered within a healthcare model. If left untreated, individuals who experience an onset of hearing loss during adulthood can experience depression, cognitive decline, social withdrawal and family tension if the consequences of hearing loss are not addressed.

Without appropriate supports (sign language and/or hearing devices and supplementary training) hearing loss in childhood can significantly hinder language learning and literacy, with lifelong consequences.

Treating auditory related conditions prevents well-recognised and undesirable consequences of untreated hearing loss. Social withdrawal, stress, depression or anxiety for the individual and their family, friends or colleagues can result from hearing loss. Increased falls that are costly to the health system as they typically result in emergency hospital admissions. Language and literacy difficulties that can arise in associated with auditory disorder impact directly on academic progress and productivity.

Six Australian universities offer postgraduate coursework masters programmes in Audiology and most universities offer PhD opportunities fields that are associated with audiology. Audiologists are qualified to offer diagnostic audiology services for all ages (newborn to the elderly) and provide intervention for auditory and related conditions such as vestibular (dizziness and vertigo) and auditory processing disorders of all degrees of severity for all ages (newborn to the elderly).

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[1] Wilson, D.H., et al., *Hearing Impairment in an Australian Population: Centre for Population Studies in Epidemiology*. 1998, South Australian Department of Human Services.

Audiometrists work alongside audiologists in Australia. NSW TAFE offers training for audiometrists at diploma level. Audiometrists are trained to work with adults only. Audiometrists undertake basic hearing tests for the purpose of prescribing and dispensing hearing aids and assistive devices to adults who have lost some hearing. Audiometrists provide general information about appropriate communication strategies to adopt when communicating with an acquired hearing loss. In the course of doing this, audiometrists may identify conditions that require diagnostic investigations or individualised intervention that is available from audiologists. Audiometrists prescribe and dispense hearing aids to adults which is the only intervention they are qualified to offer.

Audiologists, audiometrists, the hearing device industry and current arrangements with government
Many audiologists and audiometrists in Australia are employed in the private sector, which is dominated by large chains of clinics most of which are owned by **multinational companies**, many with close ties to hearing device manufacturers. The Commonwealth government **Office of Hearing Services** (OHS) contracts to business owners (large, medium and small businesses) who supply products and employ staff to provide limited services in exchange for vouchers issued to eligible pensioners. Under those contracts, business owners (called hearing service providers) are required to employ qualified practitioners (audiometrists or audiologists) to deliver the services that are claimed from the Office of Hearing Services. Qualified practitioners are required by OHS to hold clinical certification or accreditation with a self-regulating professional association. The primary purpose of the OHS voucher scheme is to distribute hearing devices to eligible pensioners, consequently the scheme makes very little distinction between audiologists and audiometrists. Businesses with close links to the hearing device industry and/or audiometry practices who offer only hearing device sales as a solution to hearing difficulties are easily confused with audiology practices.

Products supplied under the OHS scheme can be "topped up" to any amount that is set by the hearing services provider / business. Hearing service providers who contract to OHS need not be qualified in audiology or audiometry. Top up fees charged to OHS voucher holders and fees charged to the fee-paying public for audiology related services and products sold in audiology related practices or businesses fall outside of government regulation or monitoring.

Audiologists (but not audiometrists) are funded as allied healthcare providers, under Medicare. Audiologists can register as providers under the National Disability Insurance Scheme (NDIS). Private health insurance schemes fund audiology services and hearing devices in a limited way, and some will only fund services delivered by audiologists.

Recognition and regulation of Audiology in Australia
Qualified, audiologists and audiometrists work according to the code of conduct for unregistered healthcare practitioners (state based at present but national regulation has been approved by COAG) and may voluntarily choose to belong to one or more professionals associations that self-regulate according to their own codes of ethics. Both regulatory systems (professional association membership and state and state/national regulation of unregistered healthcare practitioners) are reactive to complaints, without mandatory registration against which the public can check for qualifications or experience.

Voluntary membership of professional associations means that expulsion of individual members is the only disciplinary measure that can be applied. A member who fails to meet the criteria of a self-regulating professional association (as accredited or holding a clinical certificate) can still provide products and services to the fee-paying public. Membership status is not directly linked to service provision to the fee paying public. Self-regulation means fellow members of an association deciding matters of professional conduct may have an interest in the outcome of any complaint, a situation recognised by those calling for national regulation of those healthcare professions that remain unregistered in Australia.

No compulsory register of audiologists exists in Australia. Any person can undertake audiology work regardless of their qualifications. Given that funding for audiology is limited, many Australians are responsible for paying for audiology services and hearing devices themselves. Consequently, providers who are not audiologists, or providers who are audiologists but who choose not to belong to a professional association, fall outside of the regulation imposed by professional association membership.

Additionally, those hearing related businesses that are not owned by qualified audiologists or audiometrists could fall outside of the regulation imposed on unregistered healthcare providers, as they are arguably supplying a product and not delivering healthcare.

Neither regulation by funding bodies nor regulation by professional associations with voluntary membership prevents the Australian public from being sold treatments for hearing loss that are based on assessments and advice by those without audiology qualifications or those who choose to work outside of funding schemes and professional bodies.

The lack of mandatory registration requirements for audiologists and audiometrists in Australia contrasts with regulation around the world. The following regulatory requirements apply in countries with comparable healthcare systems:

United Kingdom (UK): Audiology in the UK is regulated by the Health Professionals Council (HPC). Registration as a Clinical Scientist (Audiology) with the HPC is required. The title of 'Clinical Scientist' is protected, meaning it is illegal to work under this title in the UK unless registered with the HPC.

United States of America (USA): Licensing (by state) is required to practice the profession of audiology. The minimum educational level is a doctorate.

Canada: Provinces regulate the profession of audiology. Registration with the regulatory body (known as colleges) in a regulated province or territory is required.

Israel: Certificate of profession issued by the Ministry of Health entitles practicing the profession.

South Africa: Audiologists must register with the professional board for Speech Language and Hearing Professions, which falls under the Health Professions Council of South Africa.

Brazil: Audiologists must comply with federal regulatory (licensure) standards in order to practice the profession as set by the Brazilian Federal Speech Language Pathology and Audiology Council.

Europe – hearing aid professions are regulated in Austria, Belgium, France, Germany, Ireland, Italy, Lichtenstein, Luxembourg, Norway, Poland, Portugal, Spain, Sweden, and Switzerland. As an example, in Sweden, the professional title audiologist is protected and may be used only by a professional who holds a license issued by the Board of Health and Welfare.

Audiologists are currently not registered in Australia under a professional board falling under AHPRA. Audiologists pose no less risk to the public than do their registered counterparts in optometry, occupational therapy, physiotherapy, psychology. However, audiology did not require state registration prior to the introduction of mandatory national registration which resulted in exclusion from the group of professions required to register when national boards were established under AHPRA in 2010. Considerable change to the service delivery model has taken place in the past decades. Australian Hearing, a Commonwealth Agency, used to be the only provider of services to eligible pensioners. Since the 1990s, the Australian government (through the Office of Hearing Services) has signed contracts with businesses, including large multinational companies, to take on the provision of hearing related services to eligible pensioners. Australian Hearing now competes with large and small businesses as a government agency with a profit motive. Funding for services to children will shift from the Office of Hearing Services to the NDIS by 2019. Multinational companies have established chains of clinics in Australia and the Office of Hearing services contracts to those multinationals to provide hearing aids to eligible pensioners. Audiology now faces influences from industry that are parallel to relationships between medicine and the pharmaceutical industry, but to date has escaped external regulatory structures that serve to protect the public from exploitation.

Public concern

Evidence that **the current level of regulation of audiology in Australia is inadequate** can be seen in reports by investigative journalists reporting in the mainstream media (Radio National, ABC 7.30 report, Fairfax journalists) and social media[2]. Public response to those programmes has exceeded expectations. Members of the public report being coerced into the purchase of hearing devices with advanced features in the belief that such devices will alleviate the effects of hearing loss. Such coercion can only be understood in relation to business structure ownership, targets for sales set by business owners and commissions paid to those advising on hearing devices (including audiologists and audiometrists), but which are often undisclosed. Repeatedly the media and consumer groups report on members of the public being advised that they need to replace hearing devices or that hearing devices with a very high price tag are the only ones that will benefit them. Consumer groups report regular complaints of dissatisfaction with hearing aid purchases, aggressive and misleading hearing aid sales, unregulated prices and unsubstantiated claims.

Contrary to popular belief and clever marketing by hearing device manufacturers, hearing devices do not remove hearing difficulties. Hearing aids modify the signal that reaches the ear through amplification and filtering. A **clinical model** of audiology relies on a comprehensive assessment of hearing is needed to identify the full range of rehabilitative measures needed for any individual. A comprehensive audiological assessment is needed to indicate what device features will be likely to benefit an individual. For example, someone who has little residual hearing may need sounds amplified to a maximum possible at all times and may not require hearing aid features that filter out sound that for other listeners would be unwanted. Another example is that learning new ways to communicate, brain retraining and adjustments to the environment may very effectively supplement the way that a so called basic hearing aid benefits an individual to achieve outcomes that ensure effective and full participation in society. When ears are damaged due to hearing loss in ways that distort sound or processing of sound is affected due to the way an individual's brain works, hearing devices may have very limited benefit – even if they have many advanced features. Public reaction to reports in the media of individuals being led to believe that very expensive devices are the only option available to overcome hearing difficulties has prompted the Australian Competition and Consumer Commission (ACCC) to survey the public regarding their experiences of hearing aid purchases.

Urgent need to reform regulation of audiology in Australia

As of 1 July 2016, the National Disability Insurance Scheme (NDIS) has been available to increasing numbers of Australians, as services are rolled out beyond trial sites. Whilst short term plans exist to provide NDIS funding through Australian Hearing and the Office of Hearing Services, the ethos of the NDIS is to allow for choice of provider. The future ownership of Australian Hearing is uncertain, with investigations underway to ascertain if government should continue to own the for-profit agency. Choice of service provider in the absence of professional regulation leaves the public exposed to possible exploitation and coercion, in particular in the field of audiology where business ownership, product sales and professional services are not always transparent. Parents of children who are deaf and young D/deaf adults making decisions about what services and which service provider they ought to see, have little protection in the current system. Without prior knowledge of what they are looking for, and with no regulation to prevent exploitation, they are left to seek out services on a trial and error basis. Under the current system, the Australian public has to navigate voluntary membership of professional associations, understand registered vs unregistered healthcare practitioner regulations and fall back on a complaints system in order for regulation to be enforced.

Without mandatory national registration, anyone, regardless of his or her qualifications can call himself or herself an audiologist or hearing care practitioner, offer hearing services, and sell hearing devices to the public.

The current system of Office of Hearing Services funding for eligible pensioners, which is being extended to those eligible for the National Disability Insurance Scheme until 2019 at least, contracts to businesses, not professionals. Many general practitioners, medical specialists and others who refer their patients to hearing centres are unaware that they may be attended to by staff who are not qualified audiologists.

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[2] See transcripts and examples in the Appendix to this document

Support for Audiology as a profession requiring mandatory national registration

Self-regulation offers very limited protection because complaints are investigated by those who may potentially have an interest in the outcome and the only penalty for unethical or unsafe practice can be expulsion from an association for which membership is not a requirement to practice. Restrictions or bans on practice that might be imposed by a state based healthcare complaints commissioner constitute reactive regulation. Professionals and consumer groups agree that given the powerful and lucrative hearing device industry is so closely associated with audiology, external regulation is necessary to ensure conflicts of interest are not perceived to influence advice provided to the public. Other healthcare fields are regulated so as to ensure the Australian public is protected. Regulation by professional boards applies in the healthcare field exists in Australia for fourteen professions with whom registration with a professional board administered under Australian Health Professions Regulation Agency (AHPRA) is mandatory and applies nationally.

Some professional groups who consider that the public interest would be served by their profession being subject to mandatory national registration have been incorporated into the registration system (eg Chinese medical practitioners and Paramedics). Others have established a private board to mimics an AHPRA board (eg Naturopaths). Others have sought self-regulation in ways that align closely to professional board systems as interim measures until registration is approved (eg Speech Pathologists). Professional bodies of audiologists and audiometrists and consumer groups representing the Australian public agree that self-regulation by professional associations and regulation by complaint is inadequate protection for the public in relation to the field of audiology. Clinic accreditation is cited by some professional bodies representing audiologists as a solution to the lack of regulation. Clinic accreditation is a form of regulation that needs to operate alongside, not instead of, professional registration. Clinic accreditation will not change the current situation of accreditation only by funding bodies without mandatory registration of the practitioners operating out of clinics that are accredited. Ninety-seven percent of audiologists surveyed[3] recently support mandatory national registration. Representatives of consumer groups (Better Hearing Australia, Parents of Deaf Children, Aussie Deaf Kids, Self Help for the Hard of Hearing and Deafness Forum) have all expressed support for better regulation of audiology.

The Council of Australian Governments (COAG) decides which professions require registration boards. COAG has the authority to act on public concern and can decide to include audiology as a profession that requires mandatory national registration. As recently as 2015, COAG approved another profession (Paramedics) to be regulated under AHPRA.

We call on the all state governments and their respective Health Ministers to propose and support the establishment of a professional board for audiology to recognise and regulate the practice of audiology in Australia.

[3] Independent Audiologists Australia Inc survey of audiologists, May 2016. www.independentaudiologists.net.au

Key differences between professional boards under AHPRA and self-regulation by professional associations

REGISTRATION BOARDS	PROFESSIONAL ASSOCIATIONS
Mandatory national registration is required in order to provide services to the public within the scope of practice established for the profession. Boards ensure that those practicing are fit to do so and that those not registered do not undertake work that is within scope registered professions.	Membership of professional associations is voluntar Individuals who do not qualify for membership can practice the profession without being a member. In case of audiology, some funding bodies require membership of one of the recognised professional associations.
Professional Board members are appointed for a fixed period, paid a fixed amount to represent the professio and/or the public.	Professional association governing boards / executiv committees are nominated (or elected if necessary) b members. Positions are voluntary. Specific purpos committees may be formed by the board in some circumstances where the board appoints others to th committee.
Interests are declared and conflicts are determined by the governing body.	Declarations of interests are made by board or committee members.
Governance is via AHPRA and standards for boards a set and monitored. Governance standards are set for boards according to an AHPRA template.	Governance is under either the state in which the association is incorporated or ASIC in the case of companies. External governance is primarily relate financial practices and dispute resolution. Other matters are decided internally.
Standards for the professions are set for advertising, criminal histories, reporting and complaints procedur that apply across professions.	The professional association investigates complaints against their own members for standards agreed to within the particular association.
Boards determine standards for locally and overseas trained practitioners and ongoing educational requirements.	Professional associations may set standards for their members but they cannot set standards for anyone w chooses not to belong to their association.
Boards do not offer ongoing educational activities themselves.	Professional associations offer ongoing professional development.
Boards do not promote the professions they govern to the public.	Professional associations promote the activities of th members, sometimes setting standards that are different to those set by a board.

Appendices

Transcript Radio National Background Briefing 2014/2015

Have I got a hearing aid for you

Transcript Radio National AM June 2016

Article from The Medical Republic March 2016

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Is the hearing aid industry taking patients for a ride?

Australian Broadcasting Corporation
Broadcast: 05/10/2015
Reporter: Elysse Morgan

There is evidence the audiology industry is rife with predatory practices and kick backs yet the Government is considering selling the agency that administer hearing services to some of the most vulnerable.

Transcript

LEIGH SALES, PRESENTER: Free hearing checks are becoming common in suburban shopping centres across Australia, but if you take up the offer, you may be surprised to learn the person testing you probably has no qualifications. They'll also earn a commission on whatever product they sell you. It's an unregulated industry and experts warn people are increasingly falling victim to predatory sales practices and misdiagnoses. Elysse Morgan reports.

ELYSSE MORGAN, REPORTER: It's after-school drama class at Waverley Primary in Sydney's east and one of the loudest in the group is Tobian Jones.

It's remarkable because Tobian was born profoundly deaf. He got his first hearing aids at just three months old.

It's not just hearing aids that allow Tobian to thrive in a normal classroom.

What do you like to do best in class?

TOBIAN JONES, STUDENT: Ah, maths. Yeah and play. And doing the sports and doing music. I love things.

KIM WILLIAMS, SUPPORT TEACHER: We have some excellent technology in place in the classroom. This Dynamic is

a remote microphone. It sends the signal straight to Tobian's hearing aids. This FM is also a remote microphone. He can carry this around the school when he goes off to sport or music. This can go up to each teacher.

ELYSSE MORGAN: It's expensive technology facilitated by qualified staff and paid for by the Federal Government agency Australian Hearing.

Tobian's father Alex, who's also profoundly deaf, understands the value of Australian Hearing. We speak to him through an interpreter.

ALEX JONES, TOBIAN'S FATHER (translator): If he didn't have those supports, I'm reluctant to say, but I don't think he'd be happy. He wouldn't be able to communicate with his friends. And maybe not as confident as he is now.

ELYSSE MORGAN: This could all be in jeopardy if the Federal Government goes ahead with plans to privatise the agency.

ALEX JONES (translator): Why would the Australian Government privatise for something that is working? It's working.

GIRL (Australian Hearing ad): Before, when we played Chinese whispers, I would always mess up the word and my friends would always blame it on me. But now that I have my hearing aids, I can hear the word on the first go and it's really cool.

ELYSSE MORGAN: As well as providing subsidised care to children and pensioners, Australian Hearing also competes with the private sector, selling hearing aids to the general population. It's a lucrative business making $12 million last year and it led the National Commission of Audit to recommend the agency be privatised.

ALEX JONES (translator): That's the terrifying bit for us, it's so terrifying. It's vital for deaf children all around Australia to privatise Australian Hearing that would lead to risk, risk where children aren't well looked after.

ELYSSE MORGAN: Privatisation will open up all of Australian hearing to competition, but that choice isn't necessarily a good thing.

BILL VASS, DOCTOR OF AUDIOLOGY: I think that parents are going to be finding it very difficult to find out who they can trust.

ELYSSE MORGAN: Bill Vass is a doctor of audiology. He's worried that no formal qualifications are needed to work in the industry.

BILL VASS: In the private sector, the regulation is totally absent. Anyone can sell hearing aids or pretend to provide the services to hearing-impaired people.

ELYSSE MORGAN: The major hearing aid manufacturers already own hundreds of clinics throughout Australia. One of these companies is likely to buy Australian Hearing.

MAN (Advertisement): Something this good, however, must cost you an arm and a leg.

MAN II: Not at all. Our cost isn't much more than a daily cup of coffee.

MAN : A cup of coffee. That is very affordable.

ELYSSE MORGAN: Slick ad campaigns and free hearing tests are used to lure in clients like retiree Marcel Jones, who thought his hearing was going.

MARCEL JONES, RETIREE: So I went in and made an appointment for a free hearing test and the test went for about 15 to 20 minutes. And at the end of the test, I was told, "You're definitely a candidate for hearing aids."

ELYSSE MORGAN: Marcel had no idea the clinic was owned by hearing aid manufacturer intent on profit and he

didn't check their qualifications.

MARCEL JONES: She only told me that they range from $2,000 to $10,000. I couldn't do with anything under the $10,000 for my problem. She was really a trained salesperson. And I got sort of - felt that I couldn't say no. That was the position.

LOUISE COLLINGRIDGE, INDEPENDENT AUDIOLOGIST: The tricky part for someone entering a clinic that's owned by a hearing aid manufacturer is that there they may be led to believe that the only solution for them is the hearing aid that they are offered.

ELYSSE MORGAN: There are often big commissions on offer for those selling the hearing aids and high sales targets.

LOUISE COLLINGRIDGE: I certainly myself have worked in a clinic where there was an expectation of a certain amount of turnover in every month. And in spite of being a very experienced audiologist and in spite of valuing codes of ethics and considering myself able to make clinical judgments, I found it very difficult to put that out of my mind for the reason that we're all - we're all in the workplace to please our management.

ELYSSE MORGAN: The competition watchdog, the ACCC, is so concerned about misleading and unfair sales practices in audiology, it's launched an inquiry into the matter.

As Tobian grows, he'll need new hearing aids and ongoing therapy. He and his family will have to find their own way through an unregulated and profit-driven industry.

BILL VASS: It's a cowboy industry. It needs to be reined in. And I think the potential harm for people, whether it's physical or financial, could be substantial and it needs to stop.

LEIGH SALES: Elysse Morgan reporting.

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ACCC investigates rorting claims in audiology industry

Updated Tue 28 Jun 2016, 9:09am

Australia's Consumer watchdog has confirmed it's looking into claims of rorting in the unregulated audiology industry. Disability advocates have raised concerns that some businesses are taking advantage of those who need hearing aids. Some are even turning to crowd funding as a last resort, just to be able to afford new devices. The situation has led to calls for industry regulation but the Federal Government says that's unlikely.

Simon Galletta

Source: AM | Duration: 3min 8sec

Topics: hearing, regulation, corruption, australia

Hide transcript

SUBBED

AM
28TH JUNE 2016

MICHAEL BRESSENDEN: Australia's Consumer watchdog has confirmed it's looking into claims of rorting in the unregulated audiology industry.

Disability advocates have raised concerns that some businesses are taking advantage of those who need hearing aids.

Some are even turning to crowd-funding as a last result just to be able to afford new devices.

Simon Galletta reports.

SIMON GALLETTA: Forty-one year old Louise Wilson has been profoundly deaf since birth. And the hearing aids she relies on are expensive. She's spent more than $17,000 on them over the last 11 years alone.

LOUISE WILSON: I feel guilty that I have to choose over my hearing before my children. And it shouldn't have to be that way. I should be able to put my children first. It's hard (crying).

SIMON GALLETTA: She's currently crowd-sourcing to pay for new ones that are going to cost her more than $12,000, having already remortgaged her house.

Her current aids cost her $10,000, but after only four years, they're barely working, and she relies heavily on lip reading.

LOUISE WILSON: I feel like my whole life has cost me so much money just to hear, just to have a life.

SIMON GALLETTA: She says she feels ripped off by the audiologist that sold them to her.

Disability advocates say Louise is not alone.

Agnieszka Kozlido is from the not for profit hearing service, Better Hearing Australia.

AGNIESZKA KOZLIDO: That's quite well-known public knowledge. Pretty much anyone can sell hearing aids. Six thousand dollars, that's a lot of money, and definitely there are hearing aids you can get for far less than that.

SIMON GALLETTA: She says regulation of the industry would help.

Claims of rorting are drawing the attention of the Australian Competition and Consumer Commission.

A spokesman for the ACCC says respondents to a recent survey complained about a range of issues with the sale of hearing devices.

Tony Coles is the chief executive of Audiology Australia.

TONY COLES: Yes, I am aware that there are instances where people are feeling like they've been taken advantage of or exploited.

SIMON GALLETTA: Mr Coles says not all audiologists belong to the industry body with its code of conduct.

Although he concedes expelling a member is the most the organisation could do in response to a breach of the code. And the practitioner could continue to practice.

TONY COLES: There's still a potential to have rogue individuals operating with any profession really.

SIMON GALLETTA: He wants the industry regulated.

TONY COLES: We'd be very interested if the Government came to us and said that they were going to open up registration for audiology.

SIMON GALLETTA: A spokeswoman from the Federal Department of Health says it's unlikely the audiology industry would meet the criteria for national registration.

However, she says the current lack of a formal registration process for practitioners does not mean the hearing sector is unregulated.

But that's of little comfort to Louise Wilson, who's struggling to run her hairdressing business.

Mounting bills have forced her to lay off her only staff member, and she can't hear well enough to take appointments over the phone.

LOUISE WILSON: Sometimes I get treated, that you're so, you know, like, you're dumb, you're so deaf. I just feel like everything is taken away from me.

MICHAEL BRISSENDEN: Louise Wilson ending that report by Simon Galletta.

CLINICAL

Hearing loss

Time for the suffering in silence to end

Hearing loss affects more than just the elderly. Millions of working-age Australians are struggling with this costly disability

ALISON CHIAM

Early detection and management of adult hearing loss is critical to minimising long-term effects

Apart from musculoskeletal conditions, hearing loss is a Australia's greatest health burden. And the condition is much more than just a lifestyle inconvenience. It affects communication, workplace productivity, mental and emotional states, cognition and quality of life.

With half of all cases of hearing loss occurring in the working age group (aged 15 to 64 years), the annual cost to the economy of hearing loss is close to $18.5 billion[1]. Treating hearing loss significantly benefits quality of life, cognition and social connectivity[6,7].

Despite these proven benefits, there is low uptake, long delays prior to intervention and then poor use of and eventual abandonment of hearing solutions. In an Australian study of 2697 people, 50% of people with moderate or worse hearing losses were untreated[3]. A person with hearing loss waits an average of six to 10 years before seeking advice from a hearing-health professional[2]. If they are then fitted with a hearing aid, research shows a quarter of users abandon their hearing aids[3].

When the overall benefits are enormous and early identification and intervention shows better outcomes, why is it so many hearing-impaired people delay or avoid seeking advice and then struggle with their hearing aids? And what is the role of the primary health care team in partnering to reverse this trend?

In 2005 there were an estimated 3.55 million Australians with hearing loss. Using the 'better ear average', there were 62% of people with hearing loss that were deemed to be disabled. Nearly 60% of these were male, with females catching up in the latter years.

Leaving aside the effect on individual health and well-being, the greatest economic effect of hearing loss is on workplace productivity[1]. The annual economic impact has been estimated at $11.75 billion, and the annual cost of early separation or retirement of workers from the workplace was $6.7 billion[1]. Since hearing loss is gradual and progressive, it is often first diagnosed and managed several years after onset[6].

Despite this, working-age Australians, who have the most to gain economically from addressing their hearing loss, are not financially supported to seek diagnosis or rehabilitation. We have government-funded support for a newborn screening program targeted at detecting congenital hearing loss, and hearing rehabilitation for permanent losses for those under 26 years old and for the over 65s. As important as these programs are, there is a significant servicing gap.

> It is a myth that hearing loss is primarily an affliction of the aged, and that it is solved solely with the fitting of a hearing aid.

Early detection and management of adult progressive hearing loss is critical to minimising long-term effects but currently there is no public-health program to identify this issue. Diagnosis usually comes after hearing loss has already caused negative consequences. Untreated hearing loss has been shown to be linked to poorer cognitive performance[5], with people receiving late intervention struggling to regain the capacity to process sound again. However, treating hearing loss early has been shown to reverse negative effects as well as help with cognition, social interactions, mobility and reduce the development of dementia and depression[5].

IT'S NOT ALL ABOUT HEARING AIDS

A common misconception is that the rehabilitation of hearing loss takes place with the fitting of a hearing instrument. Certainly hearing aids may be part of the process and are one of a set of tools an audiologist may use. Hearing loss is a chronic neurosensory problem and there is unfortunately no single solution.

Hearing loss needs to be managed effectively by a professional under a bio-psycho-social model of care. There are several factors that play a significant role in rehabilitation of the disorder. Acknowledging a person's psychological condition (their thoughts, emotions, fears, perceptions and behaviours), the social factors at play (socio-economic, socio-environmental, and cultural), as well as the physical condition of the individual's peripheral hearing system, all play a part[6].

Rehabilitation is more likely to be successful with early detection and targeted intervention for individuals who are motivated and who perceive a hearing problem[8]. Self-reporting of hearing loss has been shown to be mildly sensitive and specific[4], but does not necessarily result in self-referral. The psychological stages of hearing loss, that is, pre-awareness, information seeking, then a backwards step into denial, and then through to acceptance, indicate that relying on self-reporting and self-referral alone is not likely to be the answer.

GPs are well placed to provide early identification and management of chronic disease and, in particular, targeting routine hearing checks for people over 50[6]. Researchers found that asking, "Do you feel you have a hearing loss?" was the most sensitive and specific for mild losses[4]. Prompting awareness and encouraging self-referral may help motivate a patient to seek more information on their hearing loss and raise their awareness of their condition.

Usually people wait until their life is unbearable before visiting a hearing centre. Others are motivated by external forces such as frustrated partners, children and friends dropping hints, making jokes and leaving strategically placed pamphlets around the house.

Checking hearing as part of the 75-year-old check is often too little, too late.

The best outcomes are achieved with intervention

for people aware of their hearing difficulty and motivated to do something about it[8]. Early detection, access to quality, trustworthy information and an informed decision-making process enhances awareness, empowerment and readiness.

Appropriate intervention takes place when the person has a level of hearing loss which has an impact on their lives and the lives of those around them, and they are motivated to make a change.

Choosing a patient-centred provider, as opposed to a device-centred retail model (hearing services which resemble a retail outlet not a professional service) is a key factor in improving use of hearing aids and getting better outcomes.

This approach involves access to troubleshooting and maintenance, regular monitoring and review of hearing and hearing instruments, and specialist clinical continuity of care. Building positive relationships and trust over time supports and encourages the patient to adapt to the changes they are experiencing. Education about communication training and the human dynamics of hearing loss moves the focus away from the hearing device and back to the client and their family.

A combined approach that involves the primary health care team, support from the community, family involvement, quality professional information, and an informed decision-making process are the keys to successfully supporting people through the psychological, emotional and physical journey of identifying and treating hearing loss.

To assist people with a hearing loss to adjust and persist through the dramatic changes their new hearing world brings to them is in the interests of everyone. Encouraging people to return to their hearing provider to seek help and assistance, to attend their annual reviews and to take a family member or friend with them to appointments are some key actions which help people remain engaged.

Hearing loss is a neurosensory degenerative disorder of vast economic and social proportions. It is a myth that it is primarily an affliction of the aged and that it is solved solely with the fitting of a hearing aid.

Hearing loss is a complex process requiring skilled implementation of a bio-psycho-social model, a hearing health care professional (the audiologist), an informed GP, and full community support.

Workplace productivity can be improved if hearing loss is addressed

Alison Chiam is an independent audiologist in private practice, Jervis Bay Hearing Centre, NSW

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IMAGE: ONE IN SIX AUSTRALIANS SUFFERS FROM SOME KIND OF HEARING LOSS (GETTY IMAGES/BANKSPHOTOS)

If you go to have your hearing tested at an audiology clinic, there's a good chance the clinician will receive a bonus from a manufacturer if they sell you a hearing aid. Despite the existence of an audiologists' code of conduct, such links are so common they're considered industry standard. ***Hagar Cohen*** *investigates.*

A few years ago, the family of film producer Tony Buckley started nagging him about his hearing.

He went to get a test at a Sydney-based clinic, where an audiologist very quickly urged him to buy a set of hearing aids priced at nearly $12,000.

'We hadn't had any finalisation of the results of the tests when he was already selling me

> He ripped my certificate in

hearing aids,' says Buckley.

'I looked at the audiologist and I said, "You don't happen to be owned by the hearing aid manufacturer?" He was quite shocked and looked at me taken aback.'

> front of everybody, saying, 'This is all meaningless if you do not sell.'
>
> **DAHLIA SARTIKA, AUDIOLOGIST**

What Buckley didn't know at the time was that around a third of the audiology clinics in Australia are owned by hearing aid companies.

A *Background Briefing* investigation has found that even audiologists who don't directly work for manufacturers often receive commissions and other incentives to sell hearing aids to their patients.

One company offered a trip to Las Vegas for the audiologist that sold the largest number of high-end devices.

None of this is disclosed to patients.

'When it's not disclosed, it just doesn't stack up against what the community expects,' says audiologist Chris Whitfeld, who worked for a clinic owned by a hearing aid company until he left two years ago.

'Those kinds of pressures should either be removed, preferably, or at least disclosed.'

The pressure on clinicians to sell is sometimes very direct.

In 2009, audiologist Dahlia Sartika worked for a another clinic with a hearing aid manufacturer as its parent company.

That year, she was required to participate in a sales training session.

This article represents part of a larger *Background Briefing* investigation. Listen to Hagar Cohen's full report on Sunday at 8.05 am or use the podcast links above after broadcast.

'Something happened at the very beginning of the training,' says Sartika. 'The trainer started the training by saying that he never had extensive training but like all of us but he was very successful in hearing aids. He has his own practice ... then he suddenly took out a copy of my certificates.'

Sartika was shocked find out that her professional certificates, normally framed on the wall of her clinic, were now in the hands of the marketing trainer.

The trainer presented her certificates to the group before tearing them up.

'He ripped my certificate in front of everybody, saying, "This is all meaningless if you do not sell." I couldn't really hear what he was saying because I was so shocked.'

Now there's a push by a group of independent audiologists to change the way the industry works, but they're in the minority.

In the meantime, hard of hearing people—mostly older adults—remain frustrated by the system.

Better Hearing Victoria receives many complaints from people who feel they've been tricked into spending thousands of dollars on devices they'll never wear.

'It's true that when you have a hearing loss, it is possible to misunderstand or mishear something,' says the NGO's CEO, Carol Wilkinson.

'The problem is that, in my job, I just hear the same thing being "misunderstood" over and over again.'

Independent audiologist Chris Whitfeld is related to a member of the ***Background Briefing*** *team.*

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Hagar Cohen: It's known as the silent disability, because people with a hearing loss are not so easy to spot.

All right, Tony, I'll get you to introduce yourself again. Give your whole spiel.

Tony Buckley: Hi, I'm Tony Buckley. I'm a film producer, ex film editor. You may have heard of *Wake in Fright* or *Caddie* or *Bliss*, or even *Oyster Farmer*, that's me.

Hagar Cohen: Like one in six people around Australia, renowned film producer Tony Buckley can't hear well. He's got hearing aids, which are almost invisible, and he's generally happy with the way they work. But it was what happened to him before he bought them that made him seriously question the hearing aid industry, and the audiology profession.

Tony Buckley: I went to the audiologist and had extensive tests done that morning. He was convinced I needed hearing aids, and hearing aids now.

Hagar Cohen: Then the audiologist told Tony Buckley the price.

Tony Buckley: Close on $12,000, which I thought was a bit high. Also he'd made the recommendation of the hearing aids very quickly after concluding his tests and in fact while he was conducting the tests, which I thought was a bit rich.

Hagar Cohen: Tony Buckley was surprised that his audiologist acted more like a car salesman. He wondered whether the audiologist stood to gain from the sale of the expensive hearing aids.

Tony Buckley: And I looked at the audiologist and I said, 'You don't happen to be owned by the hearing aid manufacturer?' He was quite shocked and looked at me taken aback. We hadn't had any finalisation of the results of the tests when he was already selling me hearing aids.

Hagar Cohen: How was he selling those hearing aids to you?

Tony Buckley: Quite vociferously. I think the hearing industry should be a little more transparent than they are acting at the moment.

Hagar Cohen: What Tony Buckley didn't know is that most audiology clinics in Australia have financial links with hearing aid manufacturers. About a third of audiology clinics are vertically integrated, which means they are owned by the manufacturers. Others receive commissions on the sale of hearing aids, and there are attractive perks for audiologists who sell the more expensive models. As we'll hear, one company offered trips to Las Vegas. Elsewhere in the health profession these practices are considered as corrupt, according to Professor of Medicine Paul Komesaroff.

Paul Komesaroff: In the medical profession, if a doctor prescribed a drug in a setting where he or she gained a commission or where a surgeon utilised a device in a setting where he or she gained a personal benefit from the sale of that device, that would be regarded as corruption, as a corrupt practice. In the case of audiology, it's become, at least to some extent, embedded systematically in the operation of the profession.

Hagar Cohen: This practice has become so widespread that even the government's clinicians receive bonuses if they sell the expensive models.

Audiologists receive commissions on the sale of the devices. Could that be seen as a conflict of interest?

Gina Mavrias: Yes, it could be seen as that. Again, it is something that happens across the industry, and it is something that Australian Hearing also does.

Hagar Cohen: Gina Mavrias is the operations manager of the government agency Australian Hearing. Audiologists there receive a 5% commission on the price of the device they sell. So, for example, they will receive $600 for the sale a $12,000 device. This is not disclosed to the patients.

Gina Mavrias: I don't believe we talk about the incentives in detail with any of our clients.

Hagar Cohen: Should they be disclosed?

Gina Mavrias: I think that's a good question to ask. Certainly that's something that we could do, it's just something we've thought has really come into the conversation at this point.

Hagar Cohen: In 2005 an influential report about the hearing impaired found that only a quarter of the people with hearing problems have hearing aids. This was seen by the industry as a massive business opportunity, although in reality, growth remains slow.

Nevertheless, some of the bigger audiology clinics started aggressive marketing campaigns that targeted Australia's older population.

Martin Smith: My name's Martin Smith. I'm a retired 79-year-old. I was a research scientist at CSIRO for 25 years,

Hagar Cohen: Martin Smith's hearing began deteriorating years ago, in his 60s. He didn't think much of it at the time, until one day around 10 years ago he received in the mail an offer for a free hearing test.

Martin Smith: I wasn't very conscious of the fact that I couldn't hear, and one day I received an unsolicited letter from National Hearing, and I opened it and they invited me for a free hearing test, and I thought how wonderful. You know, what a great country. They must have a register of people getting older and surveying them. I thought it was some kind of government survey or something like that.

Hagar Cohen: It wasn't a government survey. It was a company called National Hearing Centres that sent him and thousands of others unsolicited letters as part of their marketing campaign.

Martin Smith wasn't the only one who confused it for an official government service. In fact at the time, the government regulator requested National Hearing Centres to change their script to reflect more accurately what they do.

Many of the people who responded to the National Hearing offer had nothing wrong with their hearing. But they came to have it checked, just in case.

In 2004 a senior audiologist with National Hearing Centres says she was expected to fit people with hearing aids, even if their hearing was normal. Dahlia Sartika says she refused to do this. She then was in trouble for failing to meet the company's sales targets.

Dahlia Sartika: The manager kept telling us that our performance is poor, based on that only.

Hagar Cohen: So why is your performance poor? Just because of the number of hearing aids that you sold?

Dahlia Sartika: Yes. And I also showed the number of patients that's got normal hearing. I kept the audiogram and then showed, and this is why we didn't fit.

Hagar Cohen: And the reason is that they didn't have a hearing problem?

Dahlia Sartika: Either they didn't have a hearing problem or they have medical problem like, say, middle ear problem so we have to send to the ENT. If it can get treated, then why we fit hearing aid?

Hagar Cohen: So for instance if a patient has an infection?

Dahlia Sartika: Yes.

Hagar Cohen: And that might affect their hearing?

Dahlia Sartika: Yes.

Hagar Cohen: Dahlia Sartika says she was shocked when she realised her skills in sales were more important than her skills as a health professional.

Dahlia Sartika: I hate it, I wasn't a salesman, I'm not a salesperson. Really, that's what I think, it's a conflict of interest. We're not selling cars. Because selling this hearing aid is affecting someone's welfare, wellbeing, so it's different.

Hagar Cohen: So how were those reasons treated in that company?

Dahlia Sartika: Ignored. Basically pure hearing aid selling.

Hagar Cohen: What about your performance as a professional audiologist, as a clinician?

Dahlia Sartika: It wasn't discussed. It wasn't...

Hagar Cohen: Never?

Dahlia Sartika: No, never.

Hagar Cohen: Dahlia qualified as a medical doctor overseas, and she has a postgraduate degree in audiology from Macquarie University in Sydney. She felt her integrity as a health professional was being compromised, so she resigned from National Hearing Centres. That company has since changed ownership. They're now owned by Amplifon and have changed their name to National Hearing Care. A spokesperson for the company told *Background Briefing* it was difficult for them to comment on company practices during previous ownership. In a written statement Amplifon said:

Reading: National Hearing Care prides itself on the quality of its services, and our client complaint rate is in the top decile of industry performance. I can confirm that all of our clinical staff are registered professionals and that we invest heavily in training and support. We do not over-prescribe hearing aids. The allegations you raise pertain to 12 or 13 years ago. I am sure that over this period we have significantly improved the company even further, hence our position as a leader in the industry.

Hagar Cohen: Many audiologists are concerned about the standards in their industry. They feel their profession's reputation is being tarnished. Their work consists of much more than just fitting hearing aids to people.

Phil Nakad, from Macquarie University's audiology clinic, is about to test my hearing. Are you going to really tell me what my hearing loss is?

Phil Nakad: If you want me to I will, yes. Do you want me to?

Hagar Cohen: Yes.

Phil Nakad: Have you had a hearing test before?

Hagar Cohen: I haven't.

Phil Nakad: What we're going to do, I'm going to put the headphones on you and play you a whole lot of beeping sounds, and every time you hear a beep, I want you to press this button.

Hagar Cohen: Okay.

Phillip Nakad: The sounds you're going to hear will be really, really soft, okay? What we're looking for are the absolute softest sounds you can hear. If you think you've heard something, I want you to still give the button a press.

Hagar Cohen: Okay, this is a bit nerve wracking.

[Sounds]

I was played a series of sounds that got softer and softer.

[Sound]

Phil Nakad: Great. Good, all done. Okay, so we'll take these off.

Hagar Cohen: It's good news; my hearing is fine

Phil Nakad: Your hearing is within normal limits within both ears. We say that anything at 20 decibels or softer is the standard we use in our clinic to basically put a limit on the normal range, and your hearing is comfortably within that 20 decibel limit.

Hagar Cohen: Phil Nakad says that most commonly people complain that they can't hear properly when there's background noise.

Phil Nakad: So whether it's hearing people in groups or hearing when they go to the restaurants, or hearing at parties, this is something we hear daily from multiple people. Things might become a bit more distorted and a bit harder to distinguish.

In terms of speech sounds you typically will see a confusion of consonants. For example, the 's' or 'f' sound in 'sunny' or 'funny' might be a classical example of where a person might mistake one sound and therefore one word for the other. When you miss a few keywords like that in a sentence, then essentially you have missed the sentence or you have guessed inappropriately at the sentence, and this is where you'll see family members start to comment, you know, that people are just filling in the gaps or nodding and smiling or not answering appropriately, it's often because they are making those types of confusions between consonants. And the brain wants to hear a continuous and full signal, so the brain essentially, from what we know, fills in those gaps with the most likely option, but not always the correct option.

Hagar Cohen: Here's an example of an airport announcement as heard by someone with normal hearing.

[Airport announcement]

And here's that same announcement, this time as heard by someone with a moderate hearing loss.

[Muffled airport announcement]

This kind of problem, where speech becomes muffled in a noisy and echoey environment, is very difficult to fix. Despite the marketing claims of hearing aids, Phil Nakad says they haven't yet found a solution.

Phil Nakad: If you believe the hype, every hearing aid has fixed that problem for the last

15 years. If you read the marketing brochures, every single hearing aid has fixed that problem. But every single one of our patients pretty much still has difficulty in background noise.

Hagar Cohen: Can you tell me, can a hearing aid fix that problem?

Phil Nakad: No. A hearing aid restores access to some of those sounds that are lost. Hearing aids are highly adjustable, very sophisticated and they do a lot of great things for people with hearing loss, but they do not fix the actual damage that is inside the ear.

Hagar Cohen: He says hearing aids are not the only solution to hearing loss.

Phil Nakad: And I have a feeling that devices alone, if we just look at hearing aids alone, that they would come up short in terms of being the sole instrument whereby hearing impaired people can gain benefit with their communication difficulties. I don't think hearing aids alone, no matter how good they get, can really fill the gap for people with hearing loss.

We don't believe hearing aids should be fit just to be put in a drawer. Hearing aids should be fit to be put in ears. So if people aren't ready to commit to using a devise or wearing a device, well then it's a wrong rehabilitation approach. Really the hearing aid discussion would end there.

Hagar Cohen: Do you not have sales targets? You don't get commissions or anything like that out of hearing aid sales?

Phil Nakad: Nothing like that at our clinic. We don't have sales targets. We don't have commission. We feel that it's not appropriate for our model and what we are here for to put the emphasis on sales.

Hagar Cohen: Is it appropriate for any model in your view?

Phil Nakad: Personally, I don't think it is, no.

Hagar Cohen: Unlike most other health professionals, audiologists are not required to register as practitioners, and ethical guidelines aren't enforceable. To access government funding—for example subsidies of hearing aids for pensioners—audiologists are required to be members of the association called Audiology Australia, and most audiologists are. That association has a code of conduct, and receiving commissions on the sale of hearing aids is clearly against the code, according to independent Melbourne audiologist, Ross Dineen.

Ross Dineen: It's clearly against the ethical standpoint of all our professional associations to accept commissions from manufacturers. One of the problems that we have faced in the industry is that many of the workplaces in which audiologists are employed are not owned by audiologists, and the problem arises there that we are not controlling the standards and practices of services being provided within those organisations. And that's a source of some concern. I hate to see audiologists categorised as hearing aid sellers.

Hagar Cohen: What about individual audiologists entering into employment contracts that have a clear commission-based salary in their employment contract? Are they breaking their code of conduct or code of ethics by signing those employment contracts?

Ross Dineen: In my personal opinion, yes.

Hagar Cohen: Audiology Australia's code of conduct states that: 'Members shall not enter into employment or business conditions that may compromise the independence of their clinical judgment.'

And that: 'Members must act in good faith and for a proper purpose and shall disclose, and take reasonable steps to avoid, any actual, perceived or potential conflict of interest that could improperly influence members' duties and responsibilities.'

The president of Audiology Australia, Professor Louise Hickson has told *Background Briefing* that the code of conduct doesn't mean audiologists shouldn't accept commissions on the sale of hearing aids. However, she said that these kinds of financial links with the device industry should be disclosed. You can read her statement on our website.

Background Briefing understands that most audiologists don't disclose these kinds of links, unless they are specifically asked to do that by their clients. Members who breach their code of conduct could have their membership revoked, but it hasn't happened yet.

Because of the way the profession is set up in Australia, it's not actually necessary to have any qualifications at all to sell hearing aids.

Louise Collingridge: Anybody in Australia could call themselves an audiologist. It's hard to know who has qualifications and who doesn't when there's no registration.

Hagar Cohen: Louise Collingridge is a qualified audiologist and an industry consultant and she says she receives many inquiries from people without qualifications who want to set up retail outlets for hearing aids.

Louise Collingridge: I can speak from firsthand experience of being contacted by people, and this happened fairly recently, who seem to have the idea that this is an area that they could get involved in and turn into a profitable business.

Hagar Cohen: Louise Collingridge says a registration system for audiologists is crucial.

Louise Collingridge: Registration does allow, and registration of other healthcare providers does allow the public to look up a provider and check on their qualifications, at the very least. So if I went to see a GP, and if I had any reason to question perhaps was that GP qualified or where were they qualified or when were they qualified, I can right now go on to the AHPRA website and look them up.

Hagar Cohen: Or if there have been any complaints as well.

Louise Collingridge: Or if there have been any complaints. Even if there were no complaints, even if I just wanted to know. I could do the same for a psychologist and for a physiotherapist, for a Chinese medicine practitioner, and for all including 10 different

healthcare professionals. For an audiologist there is no register like that. I believe that the public deserves to be able to know who is treating them.

Hagar Cohen: Audiology in Australia is a relatively new profession. The private sector only started opening clinics in the mid '80s, and most of the clinics were independently run. But around a decade ago, things changed. The hearing aid manufacturers bought up many of the smaller clinics, and the industry became focused on selling devices. Audiologist Ross Dineen says it all started when an influential report identified a huge growth potential in Australia's hearing aid market.

Ross Dineen: Well, the major change started soon after the Access Economics Report in 2005, which gave a very optimistic view of the business potential for hearing aid marketers in Australia, and at that point there was quite a substantial purchasing of practices in Australia and a setting up of practices by the manufacturers

Hagar Cohen: One of those independent clinics that had been bought by a hearing aid manufacturer was owned by audiologist Chris Whitfeld. His business had been bought by Connect Hearing, which is the retail outlet for the hearing aid manufacturer Sonova. Whitfeld worked for Connect Hearing for a year before leaving. He couldn't reconcile the company's practices with his professional standards.

Chris Whitfeld: My main concern is really to do with vertical integration and where a clinic is owned by a hearing aid company, the clinicians are paid commissions for devices that they sell which are basically ramped up higher and higher towards the more expensive hearing aids. So there's a constant pressure on the clinician financially to use the higher-end hearing aids. So this is kind of the normal part of the way people are employed in hearing aids now.

Hagar Cohen: What's wrong with that? It's a commercial business.

Chris Whitfeld: It's probably manageable if it's disclosed, but when it's not disclosed, it just doesn't stack up against what the community expects, which is that those kinds of pressures would either be removed preferably or at least disclosed.

Hagar Cohen: So why aren't they disclosed?

Chris Whitfeld: It's not necessary that they be disclosed. So the arrangements are in place to suit the owners of the business. I would have needed to be free to disclose that to the clients and I don't think that would have been appreciated.

Hagar Cohen: Apart from commissions, from time to time Connect Hearing audiologists are also sent promotion opportunities, like sales competitions with attractive rewards. Here's a reading of one promotion sent to audiologists at Connect Hearing:

Reading: Hello Connectors,

I bet you are all wondering who is currently at the top of the Phonak & Connect Hearing Olympiad medal tally board!

The top two fitting clinicians will be flown to Las Vegas USA to attend the Advances in Audiology Conference. It includes economy international flights to Las Vegas USA, accommodation for five nights at the RM Resort Spa Casino and conference registration. Plus the choice of either a coffee machine or TV screen for their clinic!

Hagar Cohen: Attached to this email was a document with a medal tally showing the name of the audiologist and how many hearing aid devices they sold that month. These commissions and incentives are not disclosed to clients.

Professor of medicine, and medical ethicist Paul Komesaroff says this example of a medal tally that promises the top seller a trip to Las Vegas is wrong.

Paul Komesaroff: It clearly documents the existence of an incentive system and a system of influence whereby audiologists are subjected to pressure to sell more of their products or sell more expensive products for their own benefit rather than primarily for the benefit of their patients.

Hagar Cohen: Paul Komesaroff is director of the Centre for Ethics in Medicine and Society at Monash University. He was instrumental in drafting the ethical guidelines for medical practitioners in the '90s, when many doctors had extensive connections with the pharmaceutical industry.

He was recently invited by the association called Independent Audiologists Australia to review their own ethical standards. That's when he discovered that many audiologists have financial links to hearing aid manufacturers.

Paul Komesaroff: It represents a dangerous duality of interest that I believe, in many cases, does actually constitute a direct conflict of interest. I feel that it is, in general, wrong and inappropriate for a clinical practitioner to obtain material gain from a clinical recommendation that he or she may make regarding a particular therapy, whether it be a pharmaceutical drug or whether it be a device.

Hagar Cohen: There are many different types of audiology clinics in Australia. Independent audiologists with no financial links with the device industry are in the minority. Other clinics are owned by manufacturers, lawyers, or other business groups. The chain of audiology clinics called Attune Hearing is aligned with a group of ear, nose and throat specialists, or ENTs, who are also shareholders of the company. Their CEO Jenny Stevens says most audiology chains are commercially focused.

Jenny Stevens: They're very much a focus on product, a focus on price. They're commodity driven.

Hagar Cohen: So are you saying that many of those audiologists are no more than salespeople?

Jenny Stevens: Correct.

Hagar Cohen: And are you different?

Jenny Stevens: Because Attune is independent, we're not aligned with any manufacturer.
Hagar Cohen: Jenny Stevens says audiologists' salaries at Attune are commission based. But she says she's personally against it, and she was forced to introduce commissions in her company because the practice had become standard.
Jenny Stevens: Commissions are industry standard and when the manufacturers were consolidating, commissions were high, they were silly, and they were there to attract staff to those clinics. It's an expectation now. It's just part of the pay structure of audiologists. At present we're reviewing that reward structure because there's many clinicians within Attune who would prefer to not have that structure at all.
Hagar Cohen: But are you comfortable with the fact that it's industry standard?
Jenny Stevens: For me, I'm comfortable with it because our commission rates within Attune are very low and that doesn't drive behaviour.
Hagar Cohen: How can you be sure though that the commission structure doesn't sway audiologists to sell a particular type of hearing aid, or to sell a hearing aid at all?
Jenny Stevens: Because Attune has lost audiologists who have moved across to other providers who pay higher commissions, I feel quite comfortable that within Attune we have people who are making appropriate recommendations based on the results that they've found.
Hagar Cohen: Do you think that in the industry as a whole should there be a case that if it is industry practice and the commissioning structure is not going to go away, that at the very least those commissions should be disclosed to the public?
Jenny Stevens: Most definitely.
Hagar Cohen: And would you consider introducing such disclosures at Attune?
Jenny Stevens: If someone asks, we let them know, but we don't advertise that we disclose it, no.
Hagar Cohen: But do you think that that should be done?
Jenny Stevens: I think as an industry standard, yes.
Hagar Cohen: Jenny Stevens is the CEO of Attune Hearing.
This is *Background Briefing* on RN, and today's program is investigating the audiology profession and its financial links with the hearing aid industry.
Here's audiologist Louise Collingridge:
Louise Collingridge: From my own personal experience, I have worked in a situation where the business had what was called a dashboard. The dashboard would show on your computer screen, would show a target for the income that you had made for the month. All the time the level of the graph would be changing if you had ordered a hearing aid or someone had paid for a hearing aid that would be considered a sale. I thought when I went to work for that particular company that it wouldn't really bother me and I could ignore it.

But even I found it very difficult to ignore, because the context that you put in, regardless of who we are, we feel under pressure to perform and to do the right thing within the company that we're working for. And so if the culture of the company is to try to maximise income through sales, then it's very hard not to fall into that or to be affected by that.

Hagar Cohen: Sometimes the demand that you will be focused on sales is even more direct. In 2007, Dahlia Sartika started working for a clinic whose parent company is the hearing aid manufacturer Widex. In 2009, Dahlia and other audiologists and employees of the company were required to participate in a sales training session.

Dahlia Sartika: Something happened at the very beginning of the training. The trainer started the training by saying that he never had extensive training like an audiologist, like all of us, but he was very successful in hearing aids. He has his own practice. Then he took out suddenly a copy of my certificate.

Hagar Cohen: Dahlia Sartika was shocked when she found that her professional certificate that was framed on the wall of her clinic was now in the hands of the marketing trainer. The trainer presented her certificate at the seminar, then he tore it up.

Dahlia Sartika: 'This is your certificate, Dahlia.' And then he ripped my certificate in front of everybody, and saying, 'This is meaningless. This is meaningless, if you do not sell.'

Hagar Cohen: Hearing aids?

Dahlia Sartika: Hearing aids, yes. 'If you're not good at selling hearing aids then these are meaningless.' And I couldn't really hear what he's saying, again, because I was so shocked.

Hagar Cohen: This experience shook Dahlia so much that she suffered from nightmares and anxiety. She says she felt that her dignity as a health professional had been compromised.

Dahlia Sartika contacted a lawyer who wrote to the operations manager of Widex Australia to complain about what happened. The lawyer wrote: 'It can be assumed that the trainer's conduct was deliberately designed to shock, intimidate and embarrass the clinicians in respect of their sales results.'

In response, Widex wrote a letter to Dahlia Sartika apologising for the distress their training had caused, saying the trainer's conduct was unacceptable and a breach of the company's values and policies.

Independent audiologist Kate Moore knows about Dahlia's experience. She says audiologists who are starting out fresh from university are particularly vulnerable.

Kate Moore: I think it's disappointing that audiologists work very hard to come out of university, which is now a Master's degree and they've studied long and hard and they're a health professional, and their university qualifications are surrounded around diagnosis and rehabilitation, and sales really doesn't come into the university degree at all, and we're not trained in that skill area. So I think it's unfortunate that when graduates come out from

university they're often thrust into that environment, into an area that's very foreign to them, and they have expectations to perform and have the pressure to sell a certain product.

Hagar Cohen: Kate Moore.

The NGO Better Hearing Victoria receives hundreds of enquiries each year from hard of hearing people who feel that their clinicians tricked them in some way.

Carol Wilkinson sees many of the patients.

Carol Wilkinson: People who are just really just trying to sell something rather than provide a health benefit. In fact I quote from one of the guys: 'I felt they were more interested in my hip pocket than in offering healthcare. They won't answer my questions. The audiologist seemed to be more interested in sales than healthcare, and I was quoted over $12,000 for a pair of hearing aids. I still don't really know what my hearing is like. Can you help me?'

Hagar Cohen: So he didn't actually understand the extent of his hearing loss?

Carol Wilkinson: He said, 'I couldn't get any answers. All I was told was 'This is what you need and this is what it will cost'.'

Hagar Cohen: The cost of the same hearing aid can vary substantially from one clinic to another. The initial cost of the device is usually quite expensive.

Carol Wilkinson: $12,000, $10,000. We even hear of hearing aid prices coming down amazingly as soon as somebody mentions, 'Look I'm sorry, I'll have to go somewhere else, I've been quoted half that somewhere else.' 'Oh don't worry, we can match that.' It's like a used car yard.

Hagar Cohen: So they are saying, 'Oh, I'm going to go elsewhere unless you can reduce the price of the hearing aid.' And the clinician just...

Carol Wilkinson: Suddenly it's half the price.

Hagar Cohen: Carol Wilkinson says patients' complaints are too easily dismissed.

Carol Wilkinson: Often when we get involved or we talk to people, the comeback is, 'Oh, look, they've got a hearing loss, they probably didn't hear us correctly.' Now, it's true that when you have a hearing loss, it is possible to misunderstand or mishear something. The problem is that, in my job, I just hear the same thing being 'misunderstood' over and over again.

Hagar Cohen: Apart from the private clinics, there's a government-run hearing agency called Australian Hearing. One part of it serves children and young adults, Indigenous people, and adults with complex needs. Their services are fully subsidised. The other part of Australian Hearing serves pensioners, and it's a profit making entity.

Pensioners are entitled to free hearing aids, but if they want the more expensive ones they need to pay a top-up amount, which is usually in the thousands.

Australian Hearing clinics also have sales targets for the number of top-ups they sell. In fact, across the organisation, 20% of the sales are supposed to be top-ups; that is, the more expensive devices that require additional payments. Carol Wilkinson says this pressure can filter down to the patients. She receives a large number of complaints from clients of the government-run clinics.

Carol Wilkinson: Even Australian Hearing have to make money these days. I would honestly say we get just as many issues, complaints about people going to Australian Hearing as we get from other private companies, yes.

Hagar Cohen: Australian Hearing's operations manager, Gina Mavrias, says they take complaints seriously, but they haven't received many. She rejects claims that their sales targets and bonuses drive the behaviour of their clinicians.

Gina Mavrias: The way it works is if a client chooses to buy a top-up device, they are offered a 55-day return period. And a clinician doesn't earn any bonus for the sale unless a client is happy with their device and chooses to keep it, so that it is not returned.

Hagar Cohen: But how can a patient be sure that Australian Hearing audiologists sell them hearing aids because they really need it and not because their commission might be affected and they might stand to gain financially from that particular sale?

Gina Mavrias: Look, I'm a clinician myself and a comment like that is offensive in many ways in that that's not what we are about.

Hagar Cohen: So why haven't they been disclosed at Australian Hearing? It's obviously in the code of conduct of Audiology Australia that audiologists must disclose those kinds of arrangements.

Gina Mavrias: Just in terms of the formal discussion, it's not being hidden in any way, it's not something that we spend very much time on.

Hagar Cohen: The Abbott government wants to privatise Australian Hearing, and a scoping study is underway.

When 79-year-old Martin Smith went along to test his hearing, he wasn't aware of any of what goes on in the industry. He first tested his hearing 10 years ago after receiving a letter with an offer of a free hearing test.

Martin Smith: I went over, and they gave me the test, and then fairly insistent that my hearing was fairly bad, they showed me a couple of graphs, and asked me if they could take an impression of my ear. They also suggested I definitely needed hearing aids. It was quite pushy, and then I inquired how much it was, and it was hellishly expensive, something like $8,000, $9,000.

Hagar Cohen: Martin Smith asked for some time to think, and he asked for a copy of his results. His GP, who viewed the results, was immediately alarmed because they showed the hearing loss was markedly different in both ears.

Martin Smith: That is unusual, and it could mean that there's a tumour involved or something, so he was quite disturbed by that and arranged for me to go to an ear, nose and throat specialist, and I did. I went to him, and he had an audiologist working with him, and she gave me the test and it showed hearing loss, but very different to what I'd received at this other place, and in fact the hearing loss in the two ears was fairly similar, so it was less of a cause for alarm, in any way.

Hagar Cohen: The second audiologist recommended he purchase a $6,000 device, which he did.

Martin Smith: What happened in the subsequent few years, I had endless trouble with them. I hardly ever wore them. They never stayed in the ear correctly. This doesn't reflect well on me, but we had a final test with and without them, and I think I did better without them.

Hagar Cohen: Why did you buy them in the first place?

Martin Smith: I ask myself that every day. I think I was overawed, in a way. I thought I'm in the presence of a professional, and she says I need them. And I should have smelled a rat with that final test. I mean it's ridiculous.

Hagar Cohen: How does it make you feel?

Martin Smith: Well, I feel it was a dishonest sort of enterprise, the whole thing.

Hagar Cohen: *Background Briefing*'s coordinating producer is Linda McGinness, research by Anna Whitfeld, technical production by Leila Shunnar, the executive producer is Chris Bullock, and I'm Hagar Cohen.

Further Information

Are hearing aid centres ripping us off? - Adele Horin

Credits

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Supervising Producer Linda McGinness

Sound Engineer Leila Shunnar

Executive Producer Chris Bullock

AM with Michael Brissenden

Monday to Saturday from 8:00 am on ABC Local Radio and 7:10 am on Radio National.

Peak audiology bodies call for regulation as people are 'vulnerable to exploitation'

Simon Galletta reported this story on Thursday, June 30, 2016 07:20:00

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MICHAEL BRISSENDEN: The Government is facing mounting pressure from inside the hearing industry to regulate the sector.

On Tuesday we told you about the plight of Louise Wilson, who couldn't afford to pay more than $12,000 for new hearing aids.

Since then, we've been flooded with stories of people just like Louise who feel ripped off by audiologists, who sold them expensive but ultimately ineffectual hearing aids.

And the industry itself says, unless action is taken, these stories will continue.

Simon Galletta reports from Gippsland.

SIMON GALLETTA: All three of the country's peak audiology bodies agree: the industry needs to be regulated.

LOUISE COLLINGRIDGE: The public is at risk. There is a big business behind the profession of audiology.

SIMON GALLETTA: Dr Louise Collingridge is the head of Independent Audiologists Australia.

LOUISE COLLINGRIDGE: There's a whole private sector that is completely unregulated: and anyone can call themselves an audiologist.

SIMON GALLETTA: She says people are regularly being pushed towards buying expensive aids.

LOUISE COLLINGRIDGE: So information is given to them that high-level technology, which comes at a price, is essential for benefits.

Now, there is no independent research that would support that.

SIMON GALLETTA: Those fears are echoed by Mark Wyburn, whose 11-year-old son Luke was diagnosed with hearing loss at just seven months.

Mark's the secretary of Parents with Deaf Children.

He says parents are vulnerable to exploitation, assuming expensive is best, when that's not always the case.

MARK WYBURN: The risk you have is that, if you get the incorrect hearing aid when a child's from say zero to three, they might not progress with their early intervention; and unfortunately that could lead

to life-long disability.

SIMON GALLETTA: And the big bills leave people making difficult choices; like Louise Wilson, who AM spoke with earlier this week.

LOUISE WILSON: I feel guilty that I have to choose over my hearing before my children, and it shouldn't have to be that way.

I should be able to put my children first. It's hard. (Cries)

SIMON GALLETTA: President of the Australian College of Audiology Ian Mawby insists the current regime of self-regulation works:

IAN MAWBY: The professional bodies have a significant amount of teeth, in the sense that they have peer review. And those peer reviews can actually get their OHS accreditation stripped. And if that is stripped, these people are not able to get government assistance.

SIMON GALLETTA: Well, government assistance aside, they can still sell?

IAN MAWBY: Yes, they can. Absolutely they can.

SIMON GALLETTA: And that's really where I'm going. I mean, you talk about teeth but they're pretty soft teeth because all they can do is expel you from the organisation. They can't actually restrict you from selling. Regulation would restrict you from selling?

IAN MAWBY: That's true.

SIMON GALLETTA: And that accountability is what the head of the Hearing Aid Audiometrist Society of Australia, Tony Khairy, wants.

TONY KHAIRY: There is a large sum of money being exchanged for devices. And whenever there is profiteering from something like this unregulated, rogue traders will exist.

SIMON GALLETTA: He says the industry's self-regulation isn't enough.

TONY KHAIRY: When you can just set up shop and have nobody to answer to, that becomes a little bit dangerous.

MICHAEL BRISSENDEN: Tony Khairy ending that report from Simon Galletta.

The Assistant Minister for Health and Aged Care, Ken Wyatt, was unavailable for comment.

And we've been told that, following our previous story, Louise Wilson was donated a new pair of hearing aids.