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Senate Select Committee on Health

10 July 2015

Submission from Independent Audiologists Australia Inc

Independent Audiologists Australia Inc (IAA), formerly known as The Australian Association of Audiologists in Private Practice, is a professional association whose mission is to promote and support clinical practices owned by Audiologists. The association was incorporated in 1987 in the state of Victoria. Members operate more than 130 clinics across Australia.

Tertiary university qualifications in Audiology, a financial interest in an Audiology business that is at least 50 % owned by Audiologists and adherence to the IAA code of ethics are requirements for membership of IAA.

IAA offers an Excellence in Education continuing education programme.

The association actively promotes and advocates for the profession of audiology in all its activities.

Audiologists are healthcare professionals who prevent, assess and rehabilitate auditory (hearing) and vestibular (balance) disorders.

Hearing loss is common in the population. Australian Bureau of Statistics figures suggest that 12% of Australians aged 15 years and over have some degree of hearing loss. The incidence increases markedly in older age groups. International studies indicate that the incidence doubles with each decade [1], until by the age of 85, each person has a 50 % probability of having a hearing loss. These figures are reflected in the caseloads of audiologists in that those with hearing loss in older age groups are commonly seen by audiologists.

Hearing loss may occur as a consequence of an identifiable (sometimes treatable) disease, and audiological assessments are used by medical specialists to assist medical diagnosis, so that all patients with suspected hearing loss require audiological assessment [2]. Permanent hearing loss, even if a cause identified, usually has no medical treatment.

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Audiologists, as part of their scope of practice, address auditory (hearing) and vestibular (balance) losses using a non-medical approach by attending to their consequences which may be associated with ageing, cognition, social engagement and language development [3-7].

If not attended to, hearing loss can lead to a loss of independence, poor general health, social withdrawal, poor educational outcomes, few employment possibilities, falls in the elderly, higher reliance on health services and increased risk of dementia.

Hearing loss in one individual has an impact on many others because hearing loss is manifest in communication. Typically, family members and others report frustration and awareness of difficulty with communication long before the individual with the hearing loss recognises any problem themselves [8]. Hearing aids are not always an appropriate first recommendation because successful hearing aid use is dependent on motivation [9].

Audiologists formulate **audiological diagnoses** based on the interpretation and integration of assessment findings from behavioural and physiological measures. They use this diagnostic information to formulate **individualised rehabilitation programmes** that include technological and non-technological aspects based on the specific findings for each individual.

The profession of audiology is distinct from the industry that supplies hearing devices. However, audiologists have a close relationship with industry because they prescribe and dispense hearing devices as part of their professional practice. Audiologists have been incorporated into healthcare since the 1940s, whereas hearing devices have been sold to the public directly for far longer.

Conventional and implantable hearing aids are integral aspects of audiological rehabilitation but there is a clear distinction between the profession of audiology and the hearing industry that manufactures and supplies hearing aids. Audiologists prescribe and dispense hearing devices as one aspect of their professional practice. Audiologists obtain the hearing aids they prescribe from hearing aid manufacturers.

The importance of audiologists' intervention in hearing rehabilitation is due to the fact that hearing aids alone do not necessarily solve the consequences of hearing loss.

Hearing aids are sophisticated sound amplifiers. Cognitive, developmental, pathological, social and environmental factors affect sound processing in the brain that has been delivered via the auditory system. Hearing devices amplify the input the auditory system. They do not restore hearing. Many individuals with hearing loss experience long-term effects on their ability to process sound and communicate in spite of well fit hearing aids or implants with advanced technology.

Interpreting sound that has been conveyed via the auditory system (whether impaired or not) is dependent on cognitive, developmental, social and environmental factors. Most individuals with hearing loss experience permanent effects of the hearing loss on their ability to process sound and communicate that are not remediated by hearing devices alone.

Audiologists undertake rehabilitation programmes that account for both the benefits and the limitations of hearing technology and ensure adjustment to residual functional difficulties using non-technological tools appropriate to the individual – such as auditory training, environmental change, adjusting communication style, acceptance of limitations, acceptable choices and priorities.

Audiology is a small and specialised profession relative to related fields such as medicine, nursing, psychology and speech pathology. Australia has a very favourable ratio of audiologists to number of the population when compared to other countries. A minimum qualification for entry into the profession in Australia is a master's degree which is offered at several universities across the country. At least five years full time university study is required to enter the profession in Australia. University study covers diagnostic and rehabilitative aspects of audiology for all ages, all types of disorders seen by audiologists and all degrees of complexity.

Relationships with industry are an integral element of audiological practice, but as an emerging profession with few guidelines to follow, many of those relationships have not been transparent leaving the public unsure of the difference between the hearing device industry and the profession of audiology. The range of services that audiologists deliver has been obscured by the marketing of products via audiology clinics. The public is not well informed as to the differences between audiologists, audiometrists, hearing aid distributors or online and retail stores (such as pharmacists or other businesses) that sell hearing devices direct to the public.

Relationships that audiologists hold with industry have not, to date, been clearly defined, disclosed, constrained or regulated. These relationships are known to be of concern to patients, audiologists and other stakeholders, having been the topic of recent public scrutiny in the media. In order for the profession of audiology to achieve a position of trust within society, including patients and funders, transparent and regulated relationships are needed between audiologists and all stakeholders.

The audiology profession has recognised the need for external regulation to advance the profession of audiology and to ensure protection of the public, as exemplified in the Wellington Declaration 2015 (see attached).

Public protection is not delivered in the **current self- regulatory framework** that applies to audiology. Professionals and the public both struggle to understand this complex and inconsistent regulatory structure. Reliance on voluntary membership of a professional association that has no jurisdiction over those who are not members has failed the Australian public. The current system imposed and sanctioned by government perpetuates self-regulation because government bodies such as the Office of Hearing Services require professional practitioner bodies to self-regulate in order for their membership to qualify for any form of funding. This requirement leaves little room for those same professional bodies to engage in open debate about alternative models of regulation.

Matters of a business nature are seldom taken up by professional associations because typically senior management of large or vertically integrated clinics (including Australian Hearing) is made up of many individuals who have no audiology qualifications.

The system that currently exists in Australia allows for a separation of management and audiological decisions, thereby avoiding professional associations from taking a stand on business decisions.

Failures of the current system of self-regulation within the audiology field were highlighted in a Radio National documentary (aired on 30 November 2014 and 26 April 2015) that showed common business practices in non-audiologist owned businesses conflict with the codes of ethics that audiologists sign up to when they join professional associations. The documentary revealed that the public has no protection from business practices that involve undisclosed business ownership, sales targets and commissions even though they may be referred to such practices by their general practitioner who similarly may be oblivious of these practices, and expect services delivered to be regulated to standards that apply to other sectors of healthcare. In the absence of a registration body that the public can consult to check qualifications, the public has no way to independently verify if they are receiving services from qualified audiologists or unqualified staff employed in such businesses.

Government has stated that self-regulating professional bodies "acted like registration boards" (Hearing Services Rules of Conduct Explanatory Statement 2012). However, self-regulation introduces insurmountable conflicts of interest, quite unlike the registration boards established under AHPRA. Additionally, with many audiologists employed in non-audiologist owned businesses, ethical standards that members agree to when joining each of those associations are unenforceable by those same professional associations. Self-regulation taints the reputation of the profession because of the conflict of interest that self-regulation presents when elected representatives of a profession with their own vested interests are responsible for deciding matters of conduct. That conflict of interest, and the inability of professional associations to influence the behaviour of any person (audiologist and/or business owner) who is not a member of their association means that to a large extent, the delivery of hearing related services is unregulated in Australia.

Audiology is embedded in the healthcare system and should be regulated as a healthcare field. The **regulation of unregistered healthcare practitioners** (including audiologists) that applies in some states is to be adopted nationally, introducing a level of regulation not previously in place, which is a welcome development. However, given the close relationship between industry and audiology, we consider that registration under AHPRA, as applies to many other healthcare professions is essential in order to protect the public and to hold the audiology profession to account for its practices.

Audiology is not yet a registered profession under **the Australian Health Practitioner Regulatory Authority (AHPRA)** because in 2010, when AHPRA was formed, audiologists were not state registered (in any state) and so were not automatically included in that scheme. AHPRA currently oversees fourteen health practitioner boards, taking direction from the Council of Australian Governments (COAG). Since implemented in 2010, AHPRA has increased the number of professions it oversees by almost 50 %. Many audiologists have lobbied for registration for audiologists under AHPRA and will continue to do so as the national regulation of unregistered healthcare workers to be introduced will not provide mechanisms for the public to check on qualifications of all practitioners, even though the reporting of misconduct via that mechanism is a welcome development.

Independent Audiologists Australia seeks mandatory national registration for audiologists in line with other healthcare practitioners regulated under AHPRA with whom we collaborate in healthcare teams and with whom we share training and knowledge.

Public funds are channelled to audiologists under **Medicare**, which recognises audiologists as allied healthcare providers. Medicare provides reimbursement for diagnostic audiology services (assessment of hearing and balance) provided by Ear Nose and Throat (ENT) specialists (or individuals delivering services on their behalf) or allied healthcare providers - audiologists. Separate but parallel Medicare Benefit Schedule (MBS) items are claimed by medical specialists and audiologists. The fees paid to a medical specialist who may employ anyone (regardless of their qualifications) to conduct audiological procedures is, for each item, higher than that paid to an audiologist for the same procedure. A range of restrictions apply as to when and how much reimbursement is offered by Medicare. Medicare does not cover the cost of fitting standard non-surgical hearing devices, but MBS items are claimed for fitting and programming implantable hearing devices.

Audiologists, although they work closely with ENT specialists and neurologists are not recognised by Medicare as referrers. This means that even though audiologists may have a close working relationship with an ENT specialist, the audiologist who directly refers to the medical specialist has to also direct the patient back to their general practitioners who then has to make the referral so that the specialist service can be claimed by Medicare.

Audiologists are funded to deliver care for those requiring Chronic Disease Management (CDM), when referred by a general practitioner as part of a team care plan, with a prescribed number of consultations per year. Services delivered to Aboriginal and Torres Strait Islanders are claimable from Medicare when referred by a general practitioner following a health assessment, in addition to CDM. The CDM Medicare item is shared across a number of allied healthcare professionals, which creates a context in which general practitioners have to decide which service is more important than another, even though all may be necessary for the well-being of the patient.

The Office of Hearing Services (OHS) contracts to “service providers” for its vouchers scheme that funds eligible pensioners. Service providers may be any individual who owns a hearing related business. Service providers are not required to hold any qualifications in the field of audiology. OHS service providers include large multinational companies that are vertically or horizontally integrated with hearing device manufacturers or suppliers, clinics that are vertically integrated with medical specialist groups, small businesses and Australian Hearing.

OHS acknowledges that their programme to date has been “device driven” meaning that OHS pays for hearing aids, allows unrestricted and unregulated top up fees to be charged on devices but does not allow any gap fees to be charged for services, and sets limits on payment for audiological services (diagnostics and rehabilitative audiology). Some for profit service providers contracted to OHS compete aggressively for vouchers issued to eligible pensioners, are driven by sales targets, have preferred provider agreements with suppliers and pay commissions to their staff for hearings aids that are topped up.

These practices which would be unacceptable in other healthcare professions have recently come to light in the media, and the latest contract between OHS and its providers requires a declaration of financial interests by service providers. Australian Hearing that is an aggressive competitor for vouchers has introduced a declaration of commissions paid on top up fees charged to pensioners.

OHS has an indirect relationship with practitioners unless they also happen to be service providers and makes little distinction in its voucher scheme between university qualified audiologists and TAFE qualified hearing aid audiometrists. Audiometrists are trained to test hearing. Hearing Aid Audiometrists continue their TAFE training beyond basic hearing testing to learn how to fit hearing aids. Some audiometrists have undergone industry training to learn about rehabilitation in short courses. Those courses are no substitute for the years of university study that audiologists undertake in order to learn how to diagnose and rehabilitate hearing disorders. Throughout the world audiology qualifications are obtained at university and the Australian public is no less worthy of service delivery by suitably and highly qualified professionals.

Audiologists who deliver services funded publicly (OHS, Department of Veterans Affairs, Medicare and WorkCover/WorkSafe) are required to belong to one of the self-regulating professional associations. Self-regulation is restricted only to the members of those associations.

Service providers under OHS, even though they contract to the government to delivery audiology services, may fall outside of the self-regulation system if they are not also audiologists who choose to belong to a professional association. Audiologists working in Australia may choose not to belong to a professional association or may not qualify, and have not link to self-regulating bodies. As there is so little public funding for audiology for those who are not children or pensioners, Australians may be encouraged to forgo the little public reimbursement by those who are not qualified or not regulated, but who may still be working within the law, because audiology is an unregistered profession.

Australian Hearing was established in the 1940s at a time when audiology was starting to emerge as a field of study. Audiologists at Australian Hearing (estimated to represent less than 20 % of all audiologists in Australia) are employed to deliver community services under a capped funding arrangement to:

- Eligible children who have been diagnosed with permanent hearing loss
- Eligible pensioners with complex needs (such as dual sensory loss or dementia)
- Indigenous Australians

In addition, audiologists at Australian Hearing offer services that attract fees and payment, competing with the private sector including:

- Auditory processing assessments and treatment for spatial processing disorders (on a fee for service basis)
- Office of Hearing Services voucher holders including top up fees on hearing aids and annual maintenance of hearing aid charges.

Income to Australian Hearing is thus via the Office of Hearing Services through its competitive voucher scheme, capped funding for Community Service Obligations (CSO), private funds from fees derived from auditory processing assessments, private fees obtained from pensioners for device maintenance programmes and top up fees on hearing aids. Australian Hearing reports high ratios of support staff to clinical staff (1: 1.6) and yet still, as reported in their 2014 annual report, declare a before tax profit of $12 million. Arguments have been provided by those undertaking the current scoping study of Australian Hearing that the agency cannot sustain its services because of no access to the private sector. Yet, as shown above, they do access private fees for some aspects of their work and their annual reporting suggests profits that exceed those expected in most audiology practices.

The future ownership of Australian Hearing is under consideration. Funding for audiology services for children and pensioners with complex needs will be shifted to the National Disability Insurance Scheme (NDIS) in due course, regardless of whether the government continues to own Australian Hearing or not. A core principle of the NDIS is patient choice of services.

Concerns have been raised by the public that only audiologists employed at Australian Hearing have the skills to deliver services to children, Indigenous Australians and pensioners with complex needs.

Diagnostic audiology is currently provided to children of all ages (newborns upwards) in **hospital and private settings**. Referral to Australian Hearing of children is made only once a permanent hearing loss has been diagnosed. Audiologists thus provide a range of services to children before they become eligible for Australian Hearing.

Private audiology services currently offered for children include:

- Assessment and parent counselling at the stage of diagnosis
- Services for children with temporary hearing loss
- Monitoring of auditory conditions
- Assessment and treatment for auditory processing disorders (all types)
- All services (including hearing aid prescription and dispensing) to children who are not eligible for Australian Hearing (eg those on temporary visas, visitors, and asylum seekers)

Audiology clinics that have the capacity to assess and diagnose auditory disorders in children already have the skills and facilities to offer rehabilitation. In many cases, referral to Australian Hearing is driven by the funding model rather than because of needing to access specialist skills that are not already available in the private sector.

Similarly, complex communication needs as a result of age, cognitive status, auditory processing ability or sensory ability is not the exclusive domain of eligible pensioners. Australians who are not eligible pensioners (such as self-funded retirees and all Australians not on pensions who are over the age of 26 years) with complex auditory and related conditions are already attended to regularly and routinely by audiologists in the private sector.

The level of skill required to address the needs of individuals with complex needs (including those who are pensioners) is thus readily available in the private sector. Yet, current funding rules require voucher holders to be informed of their complex status and be offered a transfer to Australian Hearing for further services under the CSO banner. Breaks in continuity of care are unnecessary given that the same audiologist capable of providing audiological care to fee paying complex patients is required to inform those patients that they should be seen by a different audiologist.

Already mentioned is that audiologists and audiometrists co-exist in Australia with vastly different scope of practice and qualifications. Yet, the public is typically unaware of the distinction between these two types of practitioners, in part because public funding makes little distinction between them and because regulation standards are not equated to those for most other healthcare practitioners.

Private, fee paying patients who fund their own audiological care are at risk of receiving services from those who are not qualified to address their complex needs, not because those skills do not exist in the private sector, but because the lack of national mandatory registration for audiologists means that there is no way to regulate the activities of those who are not voluntarily members of professional associations.

Independent Audiologists Australia promotes and supports clinical practices owned by university qualified audiologists. Our preferred model would be for audiology to be recognised as a healthcare profession with mandatory registration under AHPRA.

We believe that the key issue facing those with hearing loss in Australia is not the future of Australian Hearing, but **regulation of the profession of audiology**.

National regulation of unregistered healthcare workers will provide an avenue for complaints to be handled in transparent ways and for practices to be curtailed if they are found to breach the rules set by the regulators. However, we believe that audiologists ought to be regulated to the same standard as other healthcare practitioners - that is with mandatory national registration under AHPRA. The Australian public would then be assured that audiology services will be provided by qualified and regulated members of the healthcare team.

Regulation of relationships with industry, regulation of qualifications, transparency in handling complaints - which currently do not occur with the self-regulation model are some of the regulatory aspects that would be form part of national registration which would protect the public and assure them of professional healthcare in the area of audiology, removing any last vestige of need for government ownership of Australian Hearing.

Audiology is available in Australia in independent audiologist owned clinics, in state hospital and community health settings, at Australian Hearing, and in large chains or corporate audiology businesses with close connections to the hearing device industry.

Hearing devices are available from a range of sources including some of those listed above, as well as online (new and second hand), from device suppliers in other countries, from some pharmacies and from some retailers.

Australians deserve audiological care delivered by audiologists that includes but is not limited to hearing device fitting. The public will be best served by a system that rewards individually tailored, patient-centred audiological care that is supported by evidence, monitored and adapted as the life circumstances of the individual changes over time.

Australia, as a signatory to the United Nations Convention on the Rights of Persons with Disability [10], has a duty of care to ensure that the cost of healthcare is not prohibitive or restrictive.

Many audiology related businesses in Australia are owned and managed by those without any clinical training or formal qualifications in audiology. Many adopt business models driven by product sales targets.

Our association is unaware of any evidence that providing funds to businesses owned by those without any audiology qualifications is in the public interest. We believe that public funds should be used for audiological services that are delivered by university qualified audiologists for diagnostic and rehabilitative services that are not limited to hearing device fitting.

We believe that government should support regulation of the audiology profession under AHPRA so that standards and relationships with industry can be regulated in the same way as for the other fourteen healthcare providers, thus clearly recognising and regulating audiology in the same way as other similar healthcare fields. Regulation of the audiology profession under AHPRA will serve to engender public trust in both the profession of audiology and in the way that the government funds audiology services in Australia.

Government ownership of audiology services is outdated and unnecessary, given that audiologists are university qualified, most are employed outside of the government owned Australian Hearing, and a regulatory body exists in the form of AHPRA that could ensure the regulation of audiology to standards that apply to other aspects of healthcare.

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THE WELLINGTON DECLARATION

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Relationships with industry are an integral element of audiological practice, but as an emerging profession with few guidelines to follow, many of those relationships have not been transparent leaving the public unsure of the difference between the hearing device industry and the profession of audiology. The range of services that audiologists deliver has been obscured by the marketing of products via audiology clinics. The public is not well informed as to the differences between audiologists, audiometrists, hearing aid distributors or online or retail stores (such as pharmacists or direct to consumer businesses) that sell hearing devices direct to the public. Audiology currently falls outside of regulation by the Australian Health Practitioner Regulation Agency (AHPRA). Similarly, in New Zealand, audiology is currently an unregistered profession.

In response, Independent Audiologists Australia Inc and Independent Audiologists New Zealand engaged a panel of internationally recognised bioethicists comprising Prof Paul Komesaroff, Assoc Prof Ian Kerridge and Prof Grant Gillett to facilitate a three day seminar in Wellington, New Zealand from 15 – 17 May 2015. The facilitators drew attention to relationships that audiologists hold with industry that have emerged but which, to date have not been clearly defined, disclosed, constrained or regulated. These relationships are known to be of concern to patients, audiologists and other stakeholders, having been the topic of recent public scrutiny in the media. In order for the profession of audiology to achieve a position of trust within society, transparent and regulated relationships are needed between audiologists and all stakeholders (including other audiologists and industry).
Patient-centredness needs to be demonstrated in all aspects of audiological service delivery – including the prescribing and fitting of hearing devices.

The Wellington Declaration (next page) was accepted by all delegates on Sunday 17 May 2015 – including independent audiologists, audiologists employed in non-independent sectors, patients, consumer group representatives and regulators.

The Wellington Declaration has been endorsed by

Mojo Mathers
MP and Greens Political Party spokesperson for disability issues in the New Zealand parliament.

Richard Brading
President, Self Help for Hard of Hearing People Australia, Inc.

Sara Duncan
President, Better Hearing Australia.

Michele Barry
CEO Better Hearing Australia

The Wellington Declaration 2015

We, the participants at the seminar co- convened by Independent Audiologists Australia and Independent Audiologists New Zealand, in Wellington, New Zealand, are mindful of the responsibility that rests on us at this moment in the history of our profession, to declare our commitment to:

1. **Ensuring a patient-centred approach within audiological services including the prescribing / dispensing elements of our practice.**
2. **Building and strengthening relationships between stakeholders (including patients, colleagues, industry, funding bodies, regulators, training institutions, associations and health care practitioners) across the field of audiology in both Australia and New Zealand.**
3. **Promoting a single code of professional conduct for audiologists, that incorporates clinical, ethical and legal aspects of practicing audiology in Australia and New Zealand.**
4. **Reducing risk of harm (including risk of financial harm) to the public through seeking mandatory national registration in both New Zealand and Australia under the relevant regulatory structures.**
5. **Guaranteeing transparency of interests (financial and otherwise) that could be perceived to influence the clinical judgement and professional recommendations made by audiologists, including transparency in billing for products and services.**
6. **Encouraging professional bodies to uphold the code of conduct in the interests of all members regardless of their employment status including the offering of legal advice and mentoring within the profession.**

Implementation of the Wellington Declaration

Independent Audiologists Australia Inc and Independent Audiologists New Zealand will set in motion the process of promoting this declaration and providing audiologists with practical skills to implement the declaration, including the following:

- **Drawing up and establishing a strategic plan including the ratification of this declaration.**
- **Formalising joint cooperation between at least their two organizations to implement this declaration.**
- **Seeking endorsement by stakeholders for this declaration.**
- **Preparing policy and position statements aimed at widespread implementation of this declaration.**
- **Applying and promoting this declaration when advocating for the profession of audiology.**
- **Providing guidance to professional bodies on the adjudication of complaints in light of this declaration including facilitating a culture of mentoring and sustaining the profession through regulation that promotes the practice of audiology in a collegial rather than a competitive fashion.**
- **Demonstrating patient-centredness in all aspects of audiology including the prescribing and dispensing of devices in policy documents and guidelines.**
- **Advising audiologists how to define and explain their relationships with industry and other stakeholders including guidelines about transparency, declaring interests, negotiating employment conditions, explaining billing practices, and disclosing commissions, sales targets and clinic ownership.**
- **Lobbying for mandatory national registration, thus demonstrating a commitment to the recognition of audiology as a profession distinct from industry.**