

## 2020 Review of Code of Conduct for audiologists and audiometrists

### Background to this project

Audiology Australia (AudA) and the Australian College of Audiology (ACAud) members must abide by the [Code of Conduct for audiologists and audiometrists](#) (the Code of Conduct). AudA and ACAud cooperated in the development of the first joint Code of Conduct in 2016, together with the Hearing Aid Audiometrist Society of Australia (HAASA).

The [Ethics Review Committee \(ERC\)](#) ([auderc.org.au](http://auderc.org.au)) was established in July 2018 to enable a consistent approach to advice and the handling of complaints related to hearing services provided by AudA and ACAud members. The ERC implements the [Complaints Management and Resolution Procedure](#) in response to potential breaches of the Code of Conduct.

During 2020, the ERC has been coordinating the 2020 review of the Code of Conduct guided by a working group consisting of AudA and ACAud representatives.

#### **Scope of the Code of Conduct review**

The Code of Conduct will largely remain as it currently is as it is written to align with the [National Code of Conduct for health care workers \(the National Code\)](#) which is currently implemented in some states in Australia and is planned to be implemented in all states and territories. All audiologists and audiometrists must abide by the National Code, so it is important that these codes align.

This current review is focussing on clarifying the intent of existing clauses identified through the work of the ERC and professional bodies, as well as modernising the Code of Conduct in line with contemporary guidelines and codes.

**Your feedback as an AudA and/or AC Aud member is now being sought on proposed new or significantly modified Code of Conduct requirements via this survey**

Need help with this survey or have any questions?

Contact the Ethics Officer at [ethics@auderc.org.au](mailto:ethics@auderc.org.au) or by calling (03) 9940 3911



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### How to respond to this survey

**Your feedback as an AudA and/or AC Aud member is now being sought on proposed new or significantly modified Code of Conduct requirements via this survey**

Your feedback is being sought on the four substantial changes to the Code of Conduct that the ERC and AudA and ACAud working group have proposed:

1. Inclusion of a definition of acceptable evidence in line with the AHPRA\* requirements
2. Inclusion of a requirement to disclose conflicts of interest in line with the Hearing Services Program, AHPRA\* and other self-regulating allied health professional body requirements
3. Clarifying the requirements regarding professional conduct in the public sphere, not just in the context of interactions between health practitioners in response to common complaints received by the ERC
4. Clarifying the requirements regarding the use of testimonials in marketing in line with AHPRA\* requirements in response to common queries received by the ERC

Although this survey only covers four questions, you are given background information under each topic. This means that the survey may require **5-30 minutes of your time, depending on how familiar you already are with equivalent health practitioner requirements relating to the four issues above.**

**This survey will close on Friday 18 September 2020 (midnight Perth time)**

**[A PDF of this survey is available here so that you can do the background reading and prepare your responses before continuing with the survey.](#)**

[\\*AHPRA- Australian Health Practitioner Regulation Agency](#)

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## 2020 Review of Code of Conduct for audiologists and audiometrists

### 1. Inclusion of a definition of acceptable evidence

The [current Code of Conduct](#) makes repeated reference to "evidence" and "best available evidence" without providing guidance on what the ERC would consider acceptable evidence in the context of decision-making and advertising/promotional/consumer guidance materials (including lifestyle charts/buyers guides and questionnaires).

It is therefore proposed by the ERC and AudA and AC Aud working group that a definition of acceptable evidence is included in the revised Code of Conduct.

The proposed definition is based on the [Australian Health Practitioner Regulation Agency \(AHPRA\)'s definition of acceptable evidence](#). However, it has been modified by the ERC and AudA and AC Aud working group to include common study designs in audiological research that are not considered acceptable under the AHPRA definition. Namely, the inclusion of:

- studies that use self-assessment tools that have been developed scientifically to establish their validity, reliability and utility,
- before and after studies, and
- consensus statements with a clearly defined research method and where the participants involved are clinicians with relevant expertise.

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# 2020 Review of Code of Conduct for audiologists and audiometrists

## 1. Inclusion of a definition of acceptable evidence

### **Proposed definition of acceptable evidence:**

The Australian Health Practitioner Regulation Agency (AHPRA) definition of acceptable evidence is adopted in this Code of Conduct [1]. It involves assessing the source, relevance, studies considered, design of the study, quality of the study and strength of the outcomes of the studies. This is similar to the approach that would be taken in a Cochrane Systematic Review.

As stated in the Australian Health Practitioner Regulation Agency (AHPRA) guidance; "There is an important difference between acceptable evidence for claims made in advertising and the evidence used for clinical decisions about patient care. When treating patients, practitioners must obtain informed consent for the care provided and are expected to discuss the evidence for different treatment options. In advertising, the claims are generic, and practitioners are not available to clarify whether a treatment is appropriate for an individual patient." [2].

Examples of unacceptable evidence include:

- studies involving no human subjects,
- descriptions of single cases that are not published in a peer-reviewed journal,
- opinion pieces,
- anecdotal evidence based on observations in practice,
- consensus statements where the research method used to develop the statement is not clearly defined and/or where the people who developed the statement are not clinicians with relevant expertise,
- studies reporting results based on client self-assessments, unless these studies use self-assessment tools that have been developed scientifically to establish their validity, reliability and utility,
- outcome studies or audits, unless bias or other factors that may influence the results are carefully controlled, and/or
- studies that are not applicable to the target population.

[1] Australian Health Practitioner Regulation Agency (AHPRA), 2019. Acceptable evidence in health advertising. Available online at: <https://www.ahpra.gov.au/Publications/Advertising-resources/Acceptable-evidence-in-health-advertising.aspx>, last accessed 19 May 2020

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1. Do you think this definition of acceptable evidence should be included in the revised Code of Conduct?

- Yes
- Yes, with modified wording
- No
- I don't have an opinion on this addition

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2. You answered that you think this definition of acceptable evidence should be included in the revised Code of Conduct if the wording is modified. **Please explain how you think the wording should be modified.**



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3. You answered that you do not think this definition of acceptable evidence should be included in the revised Code of Conduct. **Please explain why you think this definition should not be included.**





## 2020 Review of Code of Conduct for audiologists and audiometrists

### 2. Inclusion of a requirement to disclose conflicts of interest

It is standard practice in health practitioner codes of conduct to include a requirement to disclose any conflicts of interest to a client. This includes in the AHPRA codes of conduct (for example, clause 8.11 in the [AHPRA Medical Board Code of Conduct](#)) and other self-regulating allied health professional bodies codes of conduct (for example, clause 5.17 in the [Australian Association of Social Workers Code of Ethics](#)).

The ERC and AudA and AC Aud working group have therefore proposed this new clause be added under the standard "Members must promote the client's right to participate in decisions that affect their hearing health":

**Proposed new requirement: *Members must disclose any matters that they are aware of that could reasonably be expected to impair the independence or objectivity of their clinical judgement and their provision of hearing services to the client (i.e. represent a Conflict of Interest).***

This requirement is further elaborated on in the definition of a Conflict of Interest and the ERC guidance document on conflicts of interest and how to manage them that can be found here on the ERC website: <https://auderc.org.au/guidance-for-practitioners/conflicts-of-interest-and-how-to-manage-them/>. This guidance includes the additional proposed new Code of Conduct requirement to disclose any financial incentives they are aware of, in line with the Hearing Services Program requirements.

#### 4. Do you think this requirement to disclose conflicts of interest should be included in the revised Code of Conduct?

- Yes
- Yes, with modified wording
- No
- I don't have an opinion on this addition

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5. You answered that you think this requirement to disclose conflicts of interest should be included in the revised Code of Conduct if the wording is modified. **Please explain how you think the wording should be modified.**

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6. You answered that you do not think this requirement to disclose conflicts of interest should be included in the revised Code of Conduct. **Please explain why you think this requirement should not be included.**

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### 3. Clarifying the requirements professional conduct in the public sphere

The ERC has received a number of queries and complaints relating to unprofessional conduct by members in the public sphere, including on social media. The [current Code of Conduct](#) includes the Standard "Members must interact professionally and ethically with the public, other professionals and agencies".

However, the ERC and AudA and AC Aud working group thought this wording could be further strengthened by including the following requirements in the revised Code of Conduct:

**Proposed new requirement: *Members must behave professionally and ethically when interacting in a professional capacity and when making public statements, for example posts on social media. This includes, but is not limited to:***

**a. Not bullying, defaming, disparaging or harassing clients, employees, colleagues, professional body employees or other healthcare workers.**

**b. Not making comments or behaving in a manner that is likely to detrimentally affect the reputation of the profession, the professional body(ies), other members or other health care workers.**

7. Do you think this requirement to act professionally and ethically should be included in the revised Code of Conduct?

- Yes
- Yes, with modified wording
- No
- I don't have an opinion on this addition

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8. You answered that you think this requirement to act professionally and ethically should be included in the revised Code of Conduct if the wording is modified.

**Please explain how you think the wording should be modified.**

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9. You answered that you do not think this requirement to act professionally and ethically should be included in the revised Code of Conduct. **Please explain why you think this requirement should not be included.**

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### 4. Clarifying the requirements regarding the use of testimonials in marketing

The ERC has received a number of queries relating to the use of testimonials in marketing. The ERC has always responded that members should consider the [AHPRA testimonial tool](#) to ensure they abide by the [current Code of Conduct](#) requirements:

- to promote the client's right to participate in decisions that affect their hearing health (Standard 3)
- to not make claims to clients, either directly or indirectly via advertising or promotional materials, about the efficacy of hearing services they provide if those claims cannot be substantiated (Standard 4.2c)
- to not make any false, misleading or deceptive claims in communications with the public, including advertising materials and lifestyle charts and questionnaires (Standard 6.3c)

Members have requested that more explicit guidance on testimonials be provided in the Code of Conduct. The ERC and AudA and ACAud working group has therefore proposed the following requirements be included in the revised Code of Conduct, in addition to those listed above.

#### Proposed new requirements:

***Members must advertise their services in a way that allows the public to make informed choices about their healthcare based on acceptable evidence. This includes, but is not limited to:***

- Not using testimonials or purported testimonials in advertising materials and public domains developed or controlled by the member (e.g. their business website, their service signage) about the clinical aspects of the hearing service, including regarding the efficacy of aids and devices.**
- Not editing or selectively choosing reviews providing feedback on non-clinical aspects of care, or creating fictional reviews on non-clinical aspects of care.**

These requirements are supported by the definition and further guidance on the use of testimonials provided here on the ERC website: <https://auderc.org.au/guidance-for-practitioners/can-i-use-testimonials/>

10. Do you think these requirements regarding testimonials and reviews should be included in the revised Code of Conduct?

- Yes
- Yes, with modified wording
- No
- I don't have an opinion on this addition



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11. You answered that you think these requirements regarding testimonials and reviews should be included in the revised Code of Conduct if the wording is modified. **Please explain how you think the wording should be modified.**

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12. You answered that you do not think these requirements regarding testimonials and reviews should be included in the revised Code of Conduct. **Please explain why you think this requirement should not be included.**

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### Additional non-substantial changes to be included in the revised Code of Conduct

In addition to the substantial changes that the ERC and AudA and AC Aud working group have sought your feedback on in this survey, a number of non-substantial changes will be made to the revised Code of Conduct to correct errors or improve the clarity of the document. These include the following changes to the [current Code of Conduct](#):

- expanding the definition of ethical conduct (current requirement 1.1)
- separating out requirement to cooperate with the ERC into stand-alone clause (current requirement 1.2a)
- separating out requirement not to be able to cure hearing loss and the requirement to provide services to serve the needs of the client (current requirement 1.2c)
- expanding on the requirement to provide respectful care and not discriminate with further explanations (current requirement 1.2l)
- group all clauses related to advertising under the one standard (including the requirements related to testimonials and reviews in this survey), further clarify existing advertising requirements (6.3) and addition of requirement to state terms and conditions of any offer
- including requirements on professional conduct when a client complains about another healthcare worker's conduct in line with current ERC guidance available here: <https://auderc.org.au/guidance-for-practitioners/what-do-i-do-if-a-client-complains-about-another-practitioner/>
- clarifying that inappropriate sexual behaviour is a breach of the Code of Conduct
- clarifying that compliance with federal and state/territory laws and regulations (requirement 14.1) includes complying with any contracts with, and related policies of, government funding agencies including, but not limited to, Medicare, the Hearing Services Program, the National Disability Insurance Agency, and the Department of Veterans' Affairs

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Thank you for contributing to the review of the Code of Conduct

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