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# CODE OF CONDUCT FOR AUDIOLOGISTS AND AUDIOMETRISTS

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1 May 2023

## Preamble

Audiology Australia (AudA), the Australian College of Audiology (*ACAud*) and the Hearing Aid Audiology Society of Australia (HAASA) are professional bodies that offer membership and clinical certification to audiologists and audiometrists in Australia. AudA, *ACAud* and HAASA are committed to ensuring that their members and/or certified practitioners maintain a high standard of ethical and professional conduct and that the public maintain a high level of trust in the professions of audiology and audiometry.

In order to increase the consistency of the management and investigation of breaches of the Code of Conduct and the provision of ethical and professional guidance, the Professional Bodies have agreed to each implement identical Complaints Management and Resolution Procedures.

The Ethics Review Committees (ERCs) operate according to the relevant Complaints Management and Resolution Procedure and related policies and guidelines. The Code of Conduct for audiologists and audiometrists sets the professional and ethical standards that members and/or clinically certified audiologists and audiometrists must meet. The ERCs promote ethical and professional hearing services through ensuring the Complaints Management and Resolution Procedure and related policies and procedures are adhered to in the handling of complaints.

The Ethics Officer provides information and guidance to hearing professionals (audiologists and audiometrists) and members of the public. When needed, the Ethics Officer seeks input from the ERCs when providing information and guidance.

This Code of Conduct was first developed by AudA, *ACAud* and HAASA in 2016. The Code of Conduct was revised in 2020 through a collaboration between the Ethics Review Committee (ERC) and the Boards of AudA and *ACAud* with input sought from key stakeholders including HAASA.

## Definitions

**Acceptable evidence-** In this Code of Conduct, only acceptable evidence as defined here is able to be used in the context of advertising hearing services. The Australian Health Practitioner Regulation Agency (AHPRA) definition of acceptable evidence is adopted in this Code of Conduct<sup>1</sup>. 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.

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.

This definition of acceptable evidence does not apply to the context of clinical decision-making or discussions of hearing service options with clients. This is because there is the opportunity in a discussion to explain the best available evidence, any limitations of that evidence (e.g. due to the methods used), and all other considerations that contributed to a clinical recommendation. 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.”<sup>1</sup>.

**Conflict of Interest-** Conflicts of interest are anything that could reasonably be expected to impair the independence or objectivity of your clinical judgement and your provision of hearing services to a client. Conflicts of interest may relate to personal, corporate and/or financial interests and do not need to be directly related to you. For example, conflicts of interest may arise through friendships, family connections, business relationships and future career opportunities. Further guidance for members on managing conflicts of interest, including financial conflicts of interest, is provided on the ERC website [www.auderc.org.au](http://www.auderc.org.au).

**Ethics Officer-** provides support and advice to hearing professionals (audiologists and audiometrists) and members of the public. When needed, the Ethics Officer seeks input from the ERC when providing advice. The Ethics Officer is also the point of contact between the complainants, respondents and the ERC during the handling of complaints.

**Ethics Review Committee (ERC)-** An independent committee that implements the Complaints Management and Resolution Procedure and provides recommendations to the Boards of the professional bodies Audiology Australia and the Australian College of Audiology.

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<sup>1</sup> Australian Health Practitioner Regulation Agency (AHPRA), 2019. Acceptable evidence in health advertising. Available online at: <https://www.ahpra.gov.au/Publications/Advertising-hub/Advertising-guidelines-and-other-guidance/Acceptable-evidence-in-health-advertising.aspx>, last accessed 1 January 2021.

**Health care workers-** “A person who provides a health service”<sup>2</sup>, including members.

**Health complaints entity-** “Has the same meaning as in section 5 of the *Health Practitioner Regulation National Law (Victoria) Act 2009*, that is, an entity that is established by or under an Act of a participating jurisdiction and whose functions include conciliating, investigating and resolving complaints made against health service providers and investigating failures in the health system”<sup>3</sup>.

**Health service-** “Is defined in each state and territory health complaints statute and has different meaning depending on the statute”<sup>3</sup>.

**Hearing services-** Are provided by a member and may include:

- assessment of hearing loss,
- hearing device fitting,
- services relating to implantable devices,
- sale of devices and other products for hearing and balance,
- the assessment of balance disorders,
- hearing rehabilitation, support and education, and
- hearing loss prevention.

**Member-** A member of Audiology Australia (AudA), the Australian College of Audiology (ACAud), and/or the Hearing Aid Audiologists Society of Australia (HAASA).

**Professional Body-** This document refers to professional bodies representing audiologists and/or audiometrists in Australia, namely: Audiology Australia (AudA), the Australian College of Audiology (ACAud) and the Hearing Aid Audiologists Society of Australia (HAASA). These organisations:

- promote and advance the hearing service professions,
- set minimum qualification requirements and professional standards for clinical practice,
- ensure the standards and requirements of the Code of Conduct for audiologists and audiometrists are upheld, and
- maintain a program of continuing professional development.

**Registered health practitioner-** A person who provides health services and who is subject to the scheme for registration under that *Health Practitioner Regulation National Law*.

**Scope of practice-** The area or areas of members’ professions in which they have the knowledge, skills and experience to practice lawfully, safely and effectively, in a way that meets professional standards and does not pose any danger to the public or to themselves.

**Testimonial-** a statement, review, view or feedback about a service received or provided<sup>3</sup>. Guidance on how to determine if a testimonial about a member’s service can be used is available on the ERC website.

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<sup>2</sup> Australian Health Ministers’ Advisory Council. Final Report- A National Code of Conduct for health care workers. COAG Health Council; 2015. Available online at:

<https://www.coaghealthcouncil.gov.au/NationalCodeOfConductForHealthCareWorkers>, last accessed 1 January 2021.

<sup>3</sup> Australian Health Practitioner Regulation Agency (AHPRA), 2019. Testimonial tool. Available online at:

<https://www.ahpra.gov.au/publications/advertising-resources/check-and-correct/testimonial-tool.aspx>, last accessed 29 May 2020.

## Code of Conduct standards and responsibilities

### Standard 1- Members must provide hearing services in a safe and ethical manner

#### *Member responsibilities*

#### **1.1** Members must provide hearing services in a safe and ethical manner, which involves:

- a. Holding the client's welfare and needs paramount
- b. Protecting client safety and limiting harm
- c. Possessing the requisite knowledge of the duties and functions of their position
- d. Being capable of performing the duties of their position
- e. Acting with fairness, honesty and integrity

#### **1.2** Without limiting subclause 1.1, members must comply with the following:

- a. Members must ensure that they have a full understanding of, and adhere to, this Code of Conduct.
- b. Members must cooperate fully with any review of their conduct by their professional body. This includes providing any information requested and communicating in a professional, honest and respectful manner with any reviewing body and other parties.
- c. Members must obtain the competencies required to deliver the hearing services they offer and maintain these competencies through continuing education and professional development. This includes meeting the membership and clinical certification requirements of their professional body(ies).
- d. Members must not make claims to cure hearing loss and associated disorders.
- e. Members must provide client-/family-centred care and only provide hearing services that are clinically justified or in the best interests of the client.
- f. Members must ensure that all equipment used in the provision of hearing services is maintained. The testing, location, equipment and all its calibration facilities must conform to Australian Standards.
- g. Members must ensure that any therapeutic materials they supply are of good quality and fit for purpose, namely to improve the client's quality of life. Devices must conform with the appropriate standards specified by the Australian Standards or other relevant authority.
- h. Members must be aware of, and only engage in, those aspects of their professions that are within their scope of practice.
- i. Members must recognise the limitations of the hearing services they can provide and refer clients to other competent health service providers where clinically indicated.
- j. Members must recommend that additional opinions and services be sought, where appropriate.
- k. Members must assist a client to find other appropriate health care services, if required and practicable. A particular practitioner may be recommended, but it must be made clear that the client may attend a practitioner of his or her own choice.
- l. Members must encourage the client to inform his or her treating medical practitioner (if any) of the hearing services being provided.
- m. Members must encourage the client to discuss the hearing services being provided and any potential interactions with other medications or treatments with their medical and/or health care practitioner(s).

Standard 2- Members must provide hearing services in a respectful manner and not discriminate against anyone they interact with in a professional capacity

*Member responsibilities*

**2.1** Members must provide hearing services in a respectful manner and not discriminate against clients, employees, colleagues, professional body employees or other healthcare workers. This includes the family members, spouses and/or carers of clients of other healthcare workers and professional body employees. Discrimination may include discriminating on the basis of age, sex, sexuality, race, religion or disability, but is not limited to those attributes.

**2.2** Members must not deny a client access to a service, either health or otherwise, based on the moral or religious views of the member.

**2.3** Members must provide health services in a manner that is culturally sensitive to the needs of his or her clients.

Standard 3- Members must obtain consent prior to delivering a hearing service

*Member responsibilities*

**3.1** Prior to delivering a hearing service, members must ensure that consent appropriate to the hearing service has been obtained and that the nature of the consent complies with the laws of the jurisdiction.

Standard 4- Members must promote the client's right to participate in decisions that affect their hearing health

*Member responsibilities*

**4.1** Members must accept the right of their clients to make informed choices in relation to their hearing health, which involves:

- a.** Promoting the client's ability to make informed choices in relation to their hearing health by providing sufficient, accurate and up-to-date information in terms which the client can understand.
- b.** Respecting a client's right to refuse a hearing service, seek a second opinion and/or to terminate a hearing service, without prejudice.
- c.** When more than one hearing service option may meet the client's needs, providing information to the client which clearly outlines the differences in expected outcomes.
- d.** Making evidence-based decisions as to which hearing aid technology best fits the client's needs. This involves considering the best available evidence, the client needs and wishes, professional judgement and clinical expertise during the decision-making process and communicating this process to the client.

**4.2** Members must not attempt to dissuade the client from seeking or continuing medical treatment.

**4.3** 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).

Standard 5- Members must not misinform their clients as to their scope of practice, qualifications and competencies

*Member responsibilities*

**5.1** Members must not engage in any form of misinformation or misrepresentation in relation to the:

- a. Hearing services or devices they provide.
- b. Qualifications, industry experience, training or professional affiliations they have.

**5.2** Without limiting subclause 5.1:

- a. Members must not use their possession of a particular qualification to mislead or deceive clients as to their competence in a field of practice or ability to provide services.
- b. Members must provide truthful information as to their qualifications, industry experience, training and professional affiliations.

Standard 6- Members must not financially exploit clients

*Member responsibilities*

**6.1** Members must not financially exploit their clients.

**6.2** Members must make recommendations to clients based on clinical assessment and the client's needs, not on the basis of financial gain on the part of the member.

**6.3** Without limiting subclauses 6.1 and 6.2:

- a. Members must only provide services appropriate to clients' hearing needs.
- b. Members must not accept or offer financial inducements or gifts as part of client referral arrangements with other health care workers or any other individual or entity.
- c. Members must offer their clients information regarding the likely cost of the hearing services before providing these services or entering into any contract.
- d. When more than one hearing service option may meet the client's needs, members must provide information to the client about the costs of each hearing service option.
- e. Members must disclose any potential financial incentives related to providing a particular service that they are aware of, as these may represent a conflict of interest. This includes disclosure of any direct or indirect financial incentives associated with the purchase and sale of devices or supplies including, without limitation, when devices and supplies are manufactured by a related party (including the member's employer), exclusive supply arrangements, price discounts (including volume discounts), commissions, gifts or rewards.
- f. Members must not ask clients to give, lend or bequeath money or gifts that will benefit the member directly or indirectly.

## Standard 7- Members must behave professionally and ethically when interacting in a professional capacity

### *Member responsibilities*

**7.1** 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. This requirement does not preclude members from making complaints or providing feedback on other individuals' and bodies' conduct via appropriate channels (e.g. via direct and private communications with the professional bodies, to other health complaints entities, in response to government inquiries, or to the Ethics Review Committee).

**7.2** Members must communicate and cooperate professionally with members of their own profession, other health service providers, their professional body and any other relevant agencies.

**7.3** Members must not misrepresent their qualifications, industry experience, training and professional affiliations in their interaction with the public, other professionals and agencies. This includes:

- a.** Only using titles, professional affiliations, and postnominals/acronyms that honestly and accurately represent their credentials.

**7.4** Members must promote public understanding of the professions, which includes

- a.** Providing accurate information based on appropriate evidence for the context (see definition of acceptable evidence) regarding the nature and management of hearing impairments.
- b.** Not making any false, misleading or deceptive claims in communications with the public.

**7.5** Members shall not engage in dishonesty, misrepresentation or any form of conduct that adversely reflects on their profession or other members' suitability to provide hearing services.

**7.6** Members shall respect, encourage, support and provide fair treatment and working conditions to students, interns, co-workers and employees.

Standard 8- Members must only make claims in advertising about their hearing services that are supported by acceptable evidence

*Member responsibilities*

**8.1** Members must adhere to state, territory and federal legislative requirements regarding advertising materials.

**8.2** 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:

- a.** Not making claims to clients, either directly or indirectly via advertising or promotional materials (including lifestyle charts/buyers guides and questionnaires), about the efficacy of hearing services they provide if those claims cannot be substantiated.
- b.** Not making any false, misleading or deceptive claims in advertising materials, including lifestyle charts, service agreements and questionnaires.
- c.** 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.
- d.** Not editing or selectively choosing reviews providing feedback on non-clinical aspects of care, or creating fictional reviews on non-clinical aspects of care.

**8.3** Members must not offer a gift or other inducement to attract a person to use the service or the business, unless the advertisement also states the terms and conditions of the offer.

Standard 9- Members must report concerns about the conduct of other health care workers

*Member responsibilities*

**9.1** Members who, in the course of providing hearing services, form the reasonable belief that another health care worker has placed or is placing clients at serious risk of harm must refer the matter to the relevant state or territory complaints entity.

**9.2** Without limiting subclause 9.1, members who form the reasonable belief that another member of Audiology Australia or the Australian College of Audiology (ACAud) is in breach of this code of conduct must inform the appropriate professional body(ies) and maintain confidentiality at all times.

**9.3** Members must remain neutral and professional if a client has divulged details that the member thinks are/may be a case of unethical or unprofessional conduct by the other healthcare worker. This includes not commenting on the other health care worker's conduct to the client.

## Standard 10- Members must take appropriate action in response to adverse events

### *Member responsibilities*

**10.1** Members must take appropriate and timely measures to minimise harm to clients when an adverse event occurs in the course of providing a hearing service.

**10.2** Without limiting subclause 10.1, members must:

- a. Ensure that appropriate first aid is available to deal with any adverse event.
- b. Obtain appropriate emergency assistance in the event of any serious adverse event.
- c. Promptly disclose the adverse event to the client and take appropriate remedial steps to reduce the risk of recurrence.
- d. Ensure that the adverse event is appropriately documented.
- e. Report the adverse event to the relevant authority, where appropriate.

## Standard 11- Members must adopt standard precautions for infection control

### *Member responsibilities*

**11.1** Members must adopt standard precautions for the control of infection in the course of providing hearing services as according to any relevant State/Territory and Federal Government guidelines including the National Health and Medical Research Council (NHMRC) Australian Guidelines for the Prevention and Control of Infection in Healthcare.

**11.2** Without limiting subclause 11.1, members who carry out skin penetration or other invasive procedures must comply with the relevant state or territory law under which such procedures are regulated.

## Standard 12- Members must take appropriate measures to avoid placing clients at risk if diagnosed with an infectious medical condition

### *Member responsibilities*

**12.1** Members who have been diagnosed with a medical condition that can be passed on to clients must ensure that they practice in a manner that does not put clients at risk.

**12.2** Without limiting subclause 12.1, members who have been diagnosed with a medical condition that can be passed on to clients must take and follow advice from a suitably qualified registered health practitioner on the necessary steps to be taken to modify their practice to avoid the possibility of transmitting that condition to clients.

## Standard 13- Members must not provide hearing services under the influence of alcohol or unlawful substances

### *Member responsibilities*

**13.1** Members must not provide hearing services to clients while under the influence of alcohol or unlawful substances.

**13.2** Members who are taking prescribed medication must obtain advice from the prescribing health practitioner or dispensing pharmacist on the impact of the medication on their ability to practise and must refrain from providing hearing services to clients in circumstances where their capacity may be impaired.

Standard 14- Members must not provide hearing services if they suffer from a physical or mental impairment that is likely to place clients at risk of harm

*Member responsibilities*

**14.1** Members must not provide hearing services to clients while suffering from a physical or mental impairment, disability, condition or disorder (including an addiction to alcohol or a drug, whether or not prescribed) that places or is likely to place clients at risk of harm.

**14.2** Without limiting subclause 14.1, if members have a mental or physical impairment that could place clients at risk, members must seek advice from a suitably qualified health practitioner to determine whether, and in what ways, they should modify their practice, including stopping practice if necessary.

Standard 15- Members must not engage in sexual misconduct or other inappropriate intimate behaviour

*Member responsibilities*

**15.1** Members must be aware of and carefully consider the appropriateness of providing care to people they have a close personal relationship with (e.g. friends, work colleagues or family members) as this may result in a lack of objectivity, possible discontinuity of care, and other risks to the client and member. This involves, but is not limited to:

- a. Not engaging in behaviour of a sexual nature with a client.
- b. Not engaging in other inappropriate close personal, physical or emotional relationships with a client.
- c. Ensuring that a reasonable period of time has elapsed since the conclusion of the therapeutic relationship before engaging in a sexual relationship with a client.

**15.2** Members must not engage in inappropriate sexual behaviour towards anyone including, but not limited to, employees, colleagues, another member, professional body employees or clients and their family members, spouses and/or carers.

Standard 16- Members must comply with all relevant laws and regulations

*Member responsibilities*

**16.1** Members must comply with all relevant federal and state or territory laws and regulations. This 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.

**16.2** Without limiting subclause 16.1, members must comply with the relevant state, territory and federal criminal laws, laws regarding consumer protections, and privacy laws that apply to clients' health information, including the *Privacy Act 1988 (Cth)* and the relevant state or territory legislation.

## Standard 17- Members must adhere to appropriate documentation standards

### *Member responsibilities*

**17.1** Members must maintain accurate, legible and up-to-date clinical records for each client consultation and ensure that these are held securely and not subject to unauthorised access.

**17.2** Members must retain clinical records for a period of time as determined by relevant legal and legislative requirements.

**17.3** Reports or documents signed or published by members in their professional capacity must be accurate in all details. Fact and expression must be clearly differentiated.

**17.4** Members must take necessary steps to facilitate clients' access to information contained in their clinical records if requested.

**17.5** Members must facilitate the transfer of a client's clinical record in a timely manner when requested to do so by the client or their legal representative.

## Standard 18- Members must be covered by appropriate indemnity insurance

### *Member responsibilities*

**18.1** Members must ensure that appropriate indemnity insurance arrangements are in place in relation to their scope of practice.

## Standard 19- Members must take full responsibility for people under their supervision

### *Member responsibilities*

**19.1** Members shall prohibit anyone under their supervision from engaging in any practice that violates this Code of Conduct. This includes ensuring that this Code of Conduct is not violated during remote supervision.

**19.2** Members may employ non-member staff to conduct a certain test or procedure provided they are competent to carry out those duties and are under the immediate and personal supervision of the member. Under these circumstances the non-member is bound by this Code of Conduct and the member must maintain full responsibility for the client's welfare.

**19.3** Members who supervise students and interns shall provide appropriate supervision in accordance with clinical internship protocols.

Standard 20- Members must display the summary of the Code of Conduct and inform clients of how they can make a complaint

### *Member responsibilities*

- 20.1** Members must display or make available a copy of the summary of the Code of Conduct (available on the ERC website [www.auderc.org.au](http://www.auderc.org.au)) at all premises where they deliver hearing services.
- 20.2** Members must provide information regarding how a client can make a complaint to their professional body and the relevant state or territory complaints entity.
- 20.3** Members must assist clients in making a complaint and must remain neutral and professional when managing and/or referring a complaint. Members and people under their supervision must not attempt to dissuade someone from making a complaint.
- 20.4** Copies of the summary of the Code of Conduct (available on the ERC website [www.auderc.org.au](http://www.auderc.org.au)) must be displayed or made available in a manner that makes them easily accessible to clients.
- 20.5** If further information on this Code of Conduct is requested by clients, members must provide the full version of the Code of Conduct and/or refer the client to the Ethics Officer.

## Further information and contact

Further information and guidance on the Code of Conduct and the work of the ERCs and Ethics Officer can be found at [www.auderc.org.au](http://www.auderc.org.au).

The Ethics Officer can be contacted at [ethics@auderc.org.au](mailto:ethics@auderc.org.au) or **(03) 9940 3911** for more information on interpreting this Code of Conduct or to make a complaint.