

National Practice Standards for Hearing Care Practitioners

Draft for consultation
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Australian Healthcare Associates

Australia's largest specialist health and community care consultancy

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Glossary of terms

Term	Definition
Audiologist	Audiologists, at a minimum hold postgraduate tertiary qualifications in Audiology.
Audiometrist	Audiometrists, at a minimum, hold Technical and Further Education (TAFE) qualifications in Audiometry.
Code of Conduct	Sets out standards of behaviour in relation to ethical conduct and obligations of all members of a specified profession.
Criteria	The principles or standards by which something may be judged or decided. For each indicator in the Practice Standards, there are criteria that can be used to assess whether the Hearing Care Practitioner meets or satisfies that indicator.
Cultural and linguistic diversity	Cultural and linguistic diversity refers to the range of cultural and linguistic groups represented in the population. Culturally and linguistically diverse (CALD) communities are those whose members identify as having non-mainstream cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language used at home.
Cultural competence	Cultural competence is defined as a set of congruent behaviours and attitudes that come together among professionals and enable those professionals to work effectively in cross-cultural situations.
Family	Family encompasses those persons genetically related to an individual, as well as other people or care-givers who provide a support system for an individual.
Hearing Care Practitioners	For the purposes of the Practice Standards, 'hearing care practitioner' refers to audiologists and audiometrists.
Hearing device	Hearing devices are electroacoustic appliances designed to amplify sound. Hearing aids deliver amplified sound to the ear. They are either worn inside the ear or coupled to the ear via tubing or earmolds. Implantable devices, such as cochlear implants and bone anchored devices, require surgical intervention. All hearing devices are powered by batteries. Hearing devices require regular servicing and review for optimal benefit.
Hearing services	Actions undertaken for the benefit of an individual's hearing. Hearing services may include, but are not limited to: <ul style="list-style-type: none"> • Hearing loss prevention • Hearing assessment • Hearing rehabilitation and support • Hearing device fitting.
Indicator	For the purposes of the Practice Standards, 'indicator' describes the key components required to meet a standard.
Individual	For the purposes of the Practice Standards, 'individual' is used to refer to a person considering and/or accessing services from a Hearing Care Practitioner.

Term	Definition
Multidisciplinary care	Multidisciplinary care occurs when professionals from a range of disciplines work together to deliver comprehensive care that addresses as many of an individual's health and other needs as possible. This can be delivered by a range of professionals functioning as a team under one organisational umbrella or by professionals from a range of organisations, including private practice, brought together as a team.
Person-centred practice	Person-centred practice ensures individuals and their families actively participate in decisions about the care and services they receive.
Professional Association (for Audiologists/Audiometrists)	<p>A Professional Association is an Australian body that meets the following criteria:</p> <ul style="list-style-type: none"> • The body is formally constituted for the purpose of representing the interests of the professions of audiology or audiometry or both • Membership of the body is based on appropriate professionally-recognised qualifications for audiologists or audiometrists or both • The body supervises and enforces a code of ethics for the professions of audiology or audiometry or both • The body requires members to continue their professional development and provides an ongoing course of continuing professional development for its members. <p>For the purposes of Australian Government-funded service provision, there are currently three recognised Professional Associations:</p> <ul style="list-style-type: none"> • Audiology Australia • Australian College of Audiology (ACAud) • Hearing Aid Audiometrist Society of Australia (HAASA).
Referral	A request by an individual or an organisation on behalf of an individual to a professional with appropriate qualifications or experience or an organisation to provide an opinion or care to that individual or other persons.
(Re)habilitation	<p>(Re)habilitation involves adopting one or more forms of intervention in order to optimally develop or regain function.</p> <p>In the case of permanent hearing loss, alternative ways to communicate (e.g. via the use of amplification, implantable devices, supplementary communication methods or alternative (signed) language choices) may be required.</p>
Scope of practice	The range of services which can be safely delivered by practitioners of a profession (either individually or as part of a team) based on their qualifications, training, demonstrated ongoing competency and the setting in which they practice. A <i>Scope of Practice for Audiologists and Audiometrists</i> is being developed by the Professional Associations.
Standard	A minimum standard of practice to be demonstrated by professionals.
Transdisciplinary care	Transdisciplinary care involves a team of professionals working collaboratively to share the responsibilities of evaluating, planning and implementing services across disciplinary boundaries. This is different to multidisciplinary care which involves drawing on expertise from different disciplines that remain within their separate boundaries.

Acknowledgements

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1. Background

Hearing loss can have significant impacts on an individual's wellbeing. Hearing loss reduces an individual's ability to communicate, which can affect participation in education, work, social activities, relationships and the community. The impact of hearing loss on the ability to communicate can also lead to isolation, which may have profound social and economic consequences for both the individual and the community.¹

Hearing loss is often accompanied by noises or ringing in the ears (tinnitus), ranging from mild to severe, which can be viewed as an additional disability. In addition, individuals with hearing loss may have associated balance problems.

One in six Australians is affected by hearing loss.² The prevalence of hearing loss increases with age, increasing from less than one percent among those aged under 15 years to over 75 percent among those aged over 70 years. Given Australia's ageing population, the number of Australians affected by hearing loss is expected to increase to one in four by 2050.³

Hearing loss can be temporary or permanent and has a variety of causes. Between nine and 12 children per 10,000 live births will be born with a moderate or greater hearing loss in both ears. Around another 20 children per 10,000 will acquire a hearing impairment that requires hearing aids by the age of 17 through accident, illness or other causes.⁴

Many children have temporary hearing loss as the result of an ear infection, which can become permanent if left untreated. Aboriginal and Torres Strait Islander communities often have high levels of hearing loss caused by diseases of the middle ear due to structural barriers to accessing healthcare. Aboriginal and Torres Strait Islanders experience some of the highest levels of ear infections and disease hearing loss in the world, with rates of disease up to ten times higher than for non-Indigenous Australians.⁵ Those affected by hearing loss in Australia generally identify with one or more of the following groups⁶:

- Persons identifying with the Deaf community (Australian Sign Language as first/preferred language)
- Persons who are oral deaf or hard of hearing (spoken language as first/preferred language)
- Persons with congenital hearing loss

¹ Access Economics, 2006, *Listen Hear! The economic impact and cost of hearing loss in Australia*, Melbourne: CRC for Cochlear Implant and Hearing Aid Innovation and VicDeaf.

² ² Access Economics, 2006, *Listen Hear! The economic impact and cost of hearing loss in Australia*, Melbourne: CRC for Cochlear Implant and Hearing Aid Innovation and VicDeaf.

³ Access Economics, 2006, *Listen Hear! The economic impact and cost of hearing loss in Australia*, Melbourne: CRC for Cochlear Implant and Hearing Aid Innovation and VicDeaf.

⁴ Better Health Channel, *Hearing Problems in Children*, accessed 20 November 2015, <<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/hearing-problems-in-children>>.

⁵ Burns J & Thomson N, 2013, *Review of ear health and hearing among Indigenous Australians*, accessed 1 December 2015, <<http://www.healthinfonet.ecu.edu.au/other-health-conditions/ear/reviews/our-review>>.

⁶ The Senate Community Affairs References Committee, 2010, *Hear Us: Inquiry into Hearing Health in Australia*, Commonwealth of Australia.

1. Background

- Persons with acquired hearing loss (those who grow up with normal hearing and lose it during adulthood)
- Persons with age-related hearing loss (common in older populations, with one in two Australians over the age of 80 years living with communication difficulties due to hearing loss)
- Persons with temporary hearing loss due to medically or surgically treatable ear disease.

Access to high-quality hearing care services for those with hearing loss is essential. Hearing Care Practitioners involved in the delivery of these services have a vital role in improving health and social outcomes for individuals and the community.

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2. National Practice Standards for Hearing Care Practitioners

2.1 Purpose

The *National Practice Standards for Hearing Care Practitioners* (the Practice Standards) define practice requirements which are consistent with the expectations of the community and peer healthcare professionals who refer individuals for hearing care services by:

- Clearly articulating the required standard of professional practice for Hearing Care Practitioners
- Informing the community of the standards of professional practice for Hearing Care Practitioners
- Providing guidance for Hearing Care Practitioners when developing or reviewing their education and ongoing training strategies.

2.2 To whom do the Practice Standards apply?

Primary audience

The Practice Standards apply to all practising Hearing Care Practitioners in Australia, irrespective of the setting in which they deliver services. This includes the provision of services for people of all ages and their families. Those services are provided by public and private organisations.

Broader audience

The Practice Standards provide information that may be relevant to other professions that play a role in the provision of hearing care services, such as child health nurses and Aboriginal and Torres Strait Islander health workers.

The Practice Standards also provide useful information for the general public and referring agencies who would like to know about the Practice Standards that apply to Hearing Care Practitioners.

2.3 Development process

The Practice Standards have been produced with guidance from the Hearing Care Expert Reference Group (HCERG), which is composed of representatives from the Australian hearing sector, Professional Associations, consumer groups and the Australian Government (see *Acknowledgments* for HCERG membership). A first draft of the Practice Standards was developed in August 2015 for comment by the HCERG. A comprehensive re-drafting process followed, and broader public consultation on a revised draft occurred in May 2016. A total of [to be completed following consultation] responses were received, and this feedback was taken into account in developing the final version of the Practice Standards.

2.4 Governance arrangements

[to be completed following consultation]

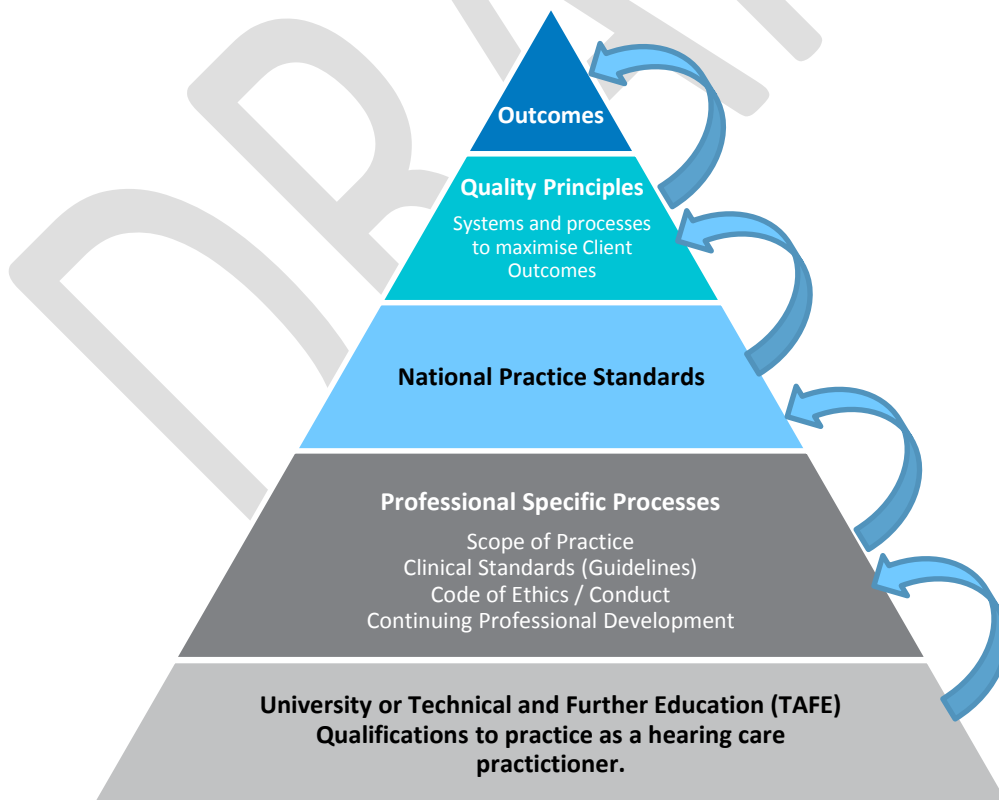
2.5 Revision arrangements

The Quality Principles will be regularly reviewed to ensure they remain relevant and reflect contemporary requirements for Australian hearing care. Reviews will be undertaken every three years unless required sooner. The details of the review process will be considered as part of the governance arrangements but are likely to involve an expert reference group.

2.6 Service Delivery Framework for Hearing Care Services

The Practice Standards fit within a broader *Service Delivery Framework for Hearing Care Services*. The Service Delivery Framework encompasses Quality Principles, Practice Standards, Clinical Guidelines and Scope of Practice documents used to guide the delivery of hearing care services. *Figure 2-1* provides an overview of how the different parts of the Service Delivery Framework interrelate and how the Practice Standards complement other practice defining documents. In combination, these key documents aim to maximise outcomes for individuals accessing hearing care services.

Figure 2-1 Service Delivery Framework for Hearing Care Services



Relationship between the different elements of the Service Delivery Framework

The differences between the Quality Principles, the Practice Standards, the Scope of Practice and other clinical guidelines with respect to Hearing Care Practitioners are described below.

Table 2-1: Purpose of documents within Service Delivery Framework

Document	Purpose
Quality Principles	Outlines requirements for providing consistent, safe and high quality hearing care services, with a focus on service setting and processes
National Practice Standards for Hearing Care Practitioners	Articulates expected standards of knowledge, skills and professional behaviour of Hearing Care Practitioners
Scope of Practice	Defines the scope of practice that Hearing Care Practitioners undertake in keeping with their qualifications and expertise. This document is in development.
Clinical Standards and Guidelines	Assists with evidence-based decision making relevant to specific clinical situations or groups (e.g. paediatrics, adults or the elderly)
Code of Conduct for Audiologists and Audiometrists	Identifies the values and ethics that underpin the delivery of hearing services and provides a guide for ethical conduct and accountability

Quality Principles

The Quality Principles provide a structure to support consistent, safe and high quality service delivery for all individuals and their families. The four principles, along with associated expected outcomes, underpin and inform the Practice Standards. *Table 2-2* maps the Quality Principles to the Practice Standards and articulates the shared expected outcomes. For more information, please refer to the *Quality Principles for Hearing Care*.

Table 2-2 Quality Principles mapped to the Practice Standards

Quality Principles	Expected outcomes	Practice Standards
Services are accessible, timely and equitable	<ul style="list-style-type: none"> Individuals (and their families) can access the services most appropriate to their circumstances in a timely manner Service access is equitable and transparent for all individuals (and their families) Individuals (and their families) have a clear understanding of the type and quality of service they can expect and their rights and responsibilities when accessing the service 	1. Access and rights
Services are focused on achieving outcomes for individuals	<ul style="list-style-type: none"> Individuals (and their families) are assisted to identify and achieve individual communication goals aimed at maximising their independence and opportunities for community participation Service delivery is focused on building the capacity of individuals (and their families) to manage their hearing loss and achieve their communication goals Individuals (and their families) are supported to participate in decision-making processes so that they can make informed decisions about their care Individual communication goals are achieved through provision of evidence-based clinical assessment, support, training, referral and the selection and fitting of hearing devices, as appropriate 	2. Communication and partnership 3. Screening and assessment 4. Intervention and support
Services are delivered by a competent and skilled workforce	<ul style="list-style-type: none"> Workforce competence is supported through clarity of roles for practitioners; development and retention of critical skills; and accountability to support a professional, capable and diverse workforce 	5. Professional behaviour

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Quality Principles	Expected outcomes	Practice Standards
Service delivery is organised for safety, effectiveness and efficiency	<ul style="list-style-type: none">• Services monitor their performance by collecting and analysing safety and quality data to improve service delivery and contribute to individual outcomes• Governance and management processes support the delivery of safe and high quality services to maximise outcomes for individuals using those services	5. Professional behaviour

2.7 Values and attitudes underpinning the Practice Standards

Values and attitudes shape the way hearing care services are delivered. Although each individual practitioner has their own personal beliefs and values, there are common values on which all Hearing Care Practitioners should base their practice. The following values underpin how Hearing Care Practitioners should apply their skills and knowledge when working with individuals with hearing and communication needs and their families and/or carers.

Person-centred approach

Hearing Care Practitioners place the individuals receiving hearing care services (and their families) – including their experiences, wellbeing, needs and feelings – at the centre of the intervention and support process. This includes identifying, involving and supporting family members who may have a role in achieving the best possible outcomes for the individual.

Working in partnership

Hearing Care Practitioners build respectful and positive relationships with the individuals receiving services, their families, carers, and other service providers. These relationships are underpinned by the belief that client outcomes are enhanced by effective working relationships.

Focus on outcomes

An outcomes-focused approach requires Hearing Care Practitioners to think about their impact on individuals' lives, and not simply deliver interventions without considering the specific context and needs of each individual. Hearing Care Practitioners should identify relevant goals with the individual, regularly evaluate the outcomes of any interventions provided, and make any adjustments necessary to optimise goal achievement and/or to reflect changing needs.

In working to achieve individual outcomes, Hearing Care Practitioners understand that the management of individuals with hearing-related conditions involves the use of a range of (re)habilitation interventions. Hearing Care Practitioners recognise that prescription of hearing devices alone may not be adequate to achieve communication goals or to maximise participation in society, and should only be undertaken as part of a holistic management plan developed in agreement with the individual.

Ethical, professional and responsible practice

Hearing Care Practitioners are committed to working ethically, professionally and within their defined scope of practice to uphold the integrity of their professions and maintain the trust of the community.

2. National Practice Standards for Hearing Care Practitioners

They work within a cooperative culture of referring to others when the individual requires services which are beyond the competency of the practitioner to deliver.

Commitment to ongoing professional development

Hearing Care Practitioners are committed to the concept of continuing professional development which is essential to maintain and enhance professional skills and knowledge. Hearing Care Practitioners understand and accept the importance of keeping current with developments, practices and technologies in all areas relevant to their professional activities. This extends to participating in and supporting the learnings of other Hearing Care Practitioners as well as supporting research related to hearing care.

2.8 Format of the Practice Standards

There are five Practice Standards:

1. Access and rights
2. Communication and partnership
3. Screening and assessment
4. Intervention and support
5. Professional behaviour

Each Practice Standard contains the following elements:

Title – Sets the focus of the Standard

Standards statement – Summarises the intent of the Standard

Indicators – Describes the key components to be addressed to meet the Standard

Criteria – Outlines the practices and processes required to meet the Standards and outcomes

Practice Standard 1: Access and rights

Hearing Care Practitioners are respectful of diversity and do not discriminate. They acknowledge the diverse cultural and communication needs of those affected by hearing-related conditions. They use a range of strategies to provide information about the type and quality of services available and the rights and responsibilities of Hearing Care Practitioners and recipients who use their services.

Indicator	Criteria
Hearing Care Practitioners:	
<p>1.1 Respect diversity and do not discriminate</p>	<ul style="list-style-type: none"> • Understand that diversity can be attributable to differences in cultural and linguistic background (including those who are Aboriginal and Torres Strait Islander), gender, lifestyle, sexuality, socio-economic status, family composition, abilities, personal beliefs and values • Provide access to Auslan interpreters, where available • Treat all individuals with care and dignity and without discrimination. • Adapt their communication styles to each individual, recognising cultural safety and cultural and linguistic diversity.
<p>1.2 Respect the rights of individuals and their families to make informed decisions about their hearing care</p>	<ul style="list-style-type: none"> • Are proactive in providing individuals with detailed information relating to their hearing care options, including any associated costs. • Support and accept the individual's decisions and choices in relation to their hearing care, including their right to decline hearing care
<p>1.3 Work to facilitate timely access to services where possible, including for those populations that are unable to access services for geographical reasons</p>	<ul style="list-style-type: none"> • Facilitate early identification and intervention • Manage time effectively • Identify barriers to service access for individuals and groups and contribute to developing strategies for overcoming these barriers where possible • Use technologies such as tele-audiology where available
<p>1.4 Act as advocates for hearing care and hearing-related issues</p>	<ul style="list-style-type: none"> • Identify and act on opportunities to improve community awareness of hearing issues and support public health and health promotion initiatives to improve hearing care

Practice Standard 2: Communication and partnership

Hearing Care Practitioners communicate and engage effectively with individuals and their families, other practitioners and services to ensure the best possible outcomes.

Indicator	Criteria
Hearing Care Practitioners:	
<p>2.1 Provide information to individuals and their families to enable informed decision-making, including:</p> <ul style="list-style-type: none"> – The individual’s rights and responsibilities – The quality of services they can expect to receive – Privacy and confidentiality processes – Feedback and complaints processes – Third party influences that might, or might be perceived to, affect clinical decision-making and advice, including arrangements with any preferred suppliers – Any fees or out-of-pocket expenses 	<ul style="list-style-type: none"> • Identify and involve family members who may play a role in achieving the best outcome for the individual • Provide information in an appropriate and accessible format • Confirm that the individual and/or family member understands the information provided and has an opportunity to seek clarification
<p>2.2 Communicate effectively and liaise with other professionals</p>	<ul style="list-style-type: none"> • Work effectively, respectfully and collaboratively with other practitioners and services to achieve optimal outcomes for individuals • Contribute to multidisciplinary and transdisciplinary teams to achieve the best possible hearing outcomes for individuals • Ensure referral documentation contains information which may guide potential further services and ensure continuity of service • Obtain informed consent from individuals or their families before sharing information

Practice Standard 3: Screening and assessment

Practitioners provide timely, evidence-based and high quality screening and assessment services, as well as further referral as required, to support early identification and accurate diagnosis of people with hearing-related conditions.

Indicator	Criteria
Hearing Care Practitioners:	
3.1 Use evidence-based, appropriate screening and assessment tools	<ul style="list-style-type: none"> • Use screening and assessment tools which are validated and reliable • Use screening and assessment tools appropriate to the individual’s age, test environment, cognitive ability and language
3.2 Adopt a holistic multidisciplinary approach to assessment	<ul style="list-style-type: none"> • Undertake accurate and comprehensive assessments to inform clinical decision-making • Place individuals and their families at the centre of the assessment process and ensure the social, psychological and physical aspects of any hearing-related conditions is fully investigated by appropriate practitioners • When explaining assessment results to individuals and their families, ensure that the information is understood • Develop an individual intervention plan with tailored goals based on assessment findings • Ensure appropriate referrals are made when: <ul style="list-style-type: none"> – Further assessment or intervention is required that is beyond the scope of the practitioner – Non-auditory or medical conditions are identified that require input from other professionals – Management of the individual’s hearing issues requires input and support from a range of professionals (e.g. referral of a child for educational services/support in conjunction with ongoing audiology services) – Approval is needed prior to proceeding with intervention programs • Contribute discipline-specific skills and knowledge to multidisciplinary team practice where required

Practice Standard 4: Intervention and support

Practitioners provide high quality, evidence-based intervention and support aimed at maximising individual outcomes and minimising the impact of hearing loss on quality of life.

Indicator	Criteria
Hearing Care Practitioners:	
<p>4.1 Work in partnership with individuals and their families to develop evidence-based intervention plans based on the individual's goals, needs and abilities</p>	<ul style="list-style-type: none"> • Fully explain the results and implications of the assessment to individuals and families, ensuring they are: <ul style="list-style-type: none"> – Aware of the range of hearing (re)habilitation services appropriate to their hearing-related conditions – Aware of the possible positive and adverse consequences of any intervention, its limitations and alternatives where they exist – Supported to develop individual, achievable communication goals – Aware of the benefits and limitations of hearing devices that are recommended • Use sound clinical reasoning in the development of intervention plans • Ensure service delivery is aimed at enhancing individuals' quality of life
<p>4.2 Provide comprehensive care and work to optimise hearing function through (re)habilitation practices and appropriate referrals</p>	<ul style="list-style-type: none"> • Recognise and work within their scope of practice and refer individuals to other professionals, including liaison with clinical peers when indicated • Foster holistic and integrated healthcare through collaboration with the individual's broader healthcare networks as relevant
<p>4.3 Where hearing devices are required as part of an individual's intervention plan, ensure these are prescribed based on the individual's lifestyle, needs and preferences</p>	<ul style="list-style-type: none"> • Provide individuals and their families with a clear rationale for hearing device prescription, using an evidence-based approach to decision-making • Offer individuals the opportunity to consider available options before deciding on a course of intervention • Ensure individuals and their families have a clear understanding of the capabilities and limitations of the prescribed device • Provide support and training for individuals to maximise benefits from the prescribed device • Review individual's use of the prescribed device to ensure it continues to meet their needs

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Indicator	Criteria
4.4 Evaluate progress towards communication goals to ensure optimal outcomes	<ul style="list-style-type: none">• Review individual intervention plans and identified goals at appropriate intervals and revise goals according to the individual's current needs and abilities• Review the individual's ability to manage their prescribed devices• Update intervention plans as appropriate, and make necessary referrals, consistent with progress and changing needs

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Practice Standard 5: Professional behaviour

Practitioners maintain professional integrity and work in the best interests and wellbeing of individuals using their services at all times. They take responsibility for maintaining and extending their professional knowledge and skills, including contributing to the learning of others.

Indicator	Criteria
Hearing Care Practitioners:	
<p>5.1 Demonstrate legal, ethical, safe and accountable practice in accordance with relevant codes of conduct/ethics, clinical certification and legislative and regulatory requirements</p>	<ul style="list-style-type: none"> • Are members of an audiology or audiometry professional association • Act in accordance with relevant Codes of Conduct • Deliver services consistent with recognised clinical standards (including those identified through the professional association(s) to which the practitioner belongs) • Display qualifications and membership of professional associations in their workplace • Understand and have a commitment to ethical practice, human rights, individual worth and social justice • Keep accurate, legible and complete records for every individual securely and in accordance with legislative requirements • Provide clear explanations of complaints handling processes, as well as avenues for making complaints to relevant bodies • Where a hearing device is recommended, provide clear and understandable information that specifies any out-of-pocket costs, and warranty, service and repair details
<p>5.2 Are guided by current best clinical practice and evidence</p>	<ul style="list-style-type: none"> • Take responsibility for updating and extending their knowledge and skills • Maintain and extend relevant sector-accepted qualifications and competencies • Assess risks and apply appropriate procedures to safeguard individuals' health and wellbeing, including contributing to continuous quality improvement
<p>5.3 Work within their scope of practice, commensurate with formal qualifications</p>	<ul style="list-style-type: none"> • Restrict professional practice to scope of practice, as determined by their formal qualifications, knowledge and competency • Understand when it is appropriate to refer to other professionals
<p>5.4 Participate in continuous professional development to maintain knowledge and skills to support safe and effective service provision</p>	<ul style="list-style-type: none"> • Keep up to date with the latest research evidence as appropriate • Apply knowledge in practice and share information with peers as appropriate

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Indicator	Criteria
5.5 Are committed to and participate in quality improvement processes	<ul style="list-style-type: none">• Actively participate in quality improvement and governance activities to improve services for individuals and their families• Contribute to their profession through activities such as supervision, training and mentoring, service on health professional boards, and providing expert advice upon request

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3. Reference documents supporting the development of the Practice Standards

The Practice Standards outlined in the previous pages have been drawn from a range of Standards documents and other practice defining texts, including:

American College of Audiology Standards of Practice for Audiology (2012)

Audiology Australia Core Knowledge and Competencies required of Master of Audiology Graduates in Australia (2015)

Audiology Australia Professional Practice Standards — Part B Clinical Standards (2013)

Australian Association of Social Workers Practice Standards (2013)

Australian College of Audiology Professional Competency Standards for Hearing Care Professionals in Australia (2015)

Australian Institute of Radiography Professional Practice Standards for the Accredited Practitioner (2013)

Australian Physiotherapy Council Australian Standards for Physiotherapy (2006)

Hearing Aid Audiometrists Society of Australia Position Statement (2014)

Hearing Care Industry Association Draft Standards for Best Practice – a pathway to accreditation (2011)

Independent Audiologists Australia Code of Ethics and Rules of Professional Conduct (2014)

National Practice Standards for the Mental Health Workforce (2013)

Nurse Practitioner Standards for Practice (2013)

Quality Standards for Paediatric Audiology (Wales, 2010)

Standards of Practice for ACT Allied Health Professionals (2004)

The Wellington Declaration, Independent Audiologists Australia (2015).