

Attachment 3 to submission to NSW Health,

Developed 1 December 2019

## Mapping of NSW Code of Conduct against National Code and Code of Conduct for audiologists and audiometrists

This document maps the NSW Code of Conduct against the National Code and the Code of Conduct for audiologists and audiometrists. Substantive differences to the NSW Code of Conduct are highlighted and comments are provided as to why Audiology Australia (AudA) believes clauses should be revised or added.

NSW Public Health Regulation 2012 Schedule 3 Code of conduct ( <a href="#">available here</a> )	National Code of Conduct for Health Care Workers ( <a href="#">available here</a> )	Code of Conduct for audiologists and audiometrists ( <a href="#">available here</a> )	AudA comment on why substantive difference should be added or included in NSW Code of Conduct
3.1 A health practitioner must provide health services in a safe and ethical manner.	1.1 A health care worker must provide health services in a safe and ethical manner.	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. Acting with fairness, honesty and integrity.	
		1.2 a. Members must ensure they have a full understanding of, and adhere to, this Code of Conduct and cooperate fully with any review of their conduct by their PPB(s)	
3.2 (a) a health practitioner must maintain the necessary competence in his or her field of practice,	1.2 a. A health care worker must maintain the necessary competence in his or her field of practice	1.2 b. 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 requirements of their PPB(s) as regards education and continuing professional development.	
		1.2 d. 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.	For many allied health professions, including audiology and audiometry, equipment and other technology are both used and provided as part of service provision. AudA therefore

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		1.2 e. Members must ensure that any therapeutic materials they supply are of good quality and fit for purpose, namely to improve the communication ability of the client. Devices must conform with the appropriate standards specified by the Australian Standards or other relevant authority.	recommends specific clauses regarding the use and provision of equipment and other technology be added to the NSW Code of Conduct.
3.2 (b) a health practitioner must not provide health care of a type that is outside his or her experience or training, 3.2 (c) a health practitioner must not provide services that he or she is not qualified to provide,	1.2 b. A health care worker must not provide health care of a type that is outside his or her experience or training, or provide services that he or she is not qualified to provide	1.2 f. Members must be aware of, and only engage in, those aspects of their profession that are within their scope of practice.	
3.2 (d) a health practitioner must not use his or her possession of particular qualifications to mislead or deceive his or her clients as to his or her competence in his or her field of practice or ability to provide treatment,	9.2 a. a health care worker must not use his or her possession of a particular qualification to mislead or deceive clients or the public as to his or her competence in a field of practice or ability to provide treatment	4.2 Without limiting subclause 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.	
3.2 (e) a health practitioner must prescribe only treatments or appliances that serve the needs of the client,	1.2 c. A health care worker must only prescribe or recommend treatments or appliances that serve the needs of clients	1.2 c. Members must not make claims to cure hearing loss and associated disorders and must only provide hearing services that serve the needs of the client.	
3.2 (f) a health practitioner must recognise the limitations of the treatment he or she can provide and refer clients to other competent health practitioners in appropriate circumstances,	1.2 d. A health care worker must recognise the limitations of the treatment he or she can provide and refer clients to other competent health service providers in appropriate circumstances	1.2 g. Members must recognise the limitations of the hearing services they can provide and refer clients to other competent health service providers where clinically indicated.	
3.2 (g) a health practitioner must recommend to his or her clients that additional opinions and services be sought, where appropriate,	1.2 e. A health care worker must recommend to clients that additional opinions and services be sought, where appropriate	1.2 h. Members must recommend that additional opinions and services be sought where clinically indicated.	
3.2 (h) a health practitioner must assist his or her clients to find other appropriate health care professionals, if required and practicable,	1.2 f. A health care worker must assist a client to find other appropriate health care services, if required and practicable	1.2 i. 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.	

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3.2 (i) a health practitioner must encourage his or her clients to inform their treating medical practitioner (if any) of the treatments they are receiving,	1.2 g. A health care worker must encourage clients to inform their treating medical practitioner (if any) of the treatments or care being provided	1.2 j. Members must encourage the client to inform his or her treating medical practitioner (if any) of the hearing services being provided.	
3.2 (j) a health practitioner must have a sound understanding of any adverse interactions between the therapies and treatments he or she provides or prescribes and any other medications or treatments, whether prescribed or not, that the health practitioner is aware the client is taking or receiving,	1.2 h. A health care worker must have a sound understanding of any possible adverse interactions between the therapies and treatments being provided or prescribed and any other medications or treatments, whether prescribed or not, that he or she is, or should be, aware that a client is taking or receiving, and advise the client of these interactions.	1.2 k. 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).	AudA recommends that the NSW Code of Conduct clause 3.2 (j) (1.2h in National Code) is revised to reflect the fact that knowledge of the potential interactions of many prescription medicines is beyond the scope of practice for many healthcare professionals. Revised wording should therefore correctly require the health practitioner to refer to someone with the appropriate knowledge to discuss potential interactions.
	1.2 i. A health care worker must provide health services in a manner that is culturally sensitive to the needs of his or her clients.	1.2 l. Members must provide hearing services in a respectful manner and not discriminate on the basis of age, gender, ethnicity, beliefs, sexual preference, cultural identity, financial circumstances, health status or disability. This includes the provision of hearing services that are culturally sensitive to the needs of the client.	AudA notes that the NSW Code of Conduct currently does not include a clause on respectful and non-discriminatory service provision (including culturally sensitive service provision) and requests that such a clause be added.
	2. Prior to commencing a treatment or service, a health care worker must ensure that consent appropriate to that treatment or service has been obtained and complies with the laws of the jurisdiction.	2.1 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.	AudA notes that the NSW Code of Conduct currently does not include a clause on consent and requests that such a clause be added.
3.2 (k) a health practitioner must ensure that appropriate first aid is available to deal with any misadventure during a client consultation, 3.2 (l) a health practitioner must obtain appropriate emergency assistance (for example, from the Ambulance Service) in the event of any serious misadventure during a client consultation.	5.1 A health care worker must take appropriate and timely measures to minimise harm to clients when an adverse event occurs in the course of providing treatment or care. 5.2 Without limiting subclause (1), a health care worker must: a. ensure that appropriate first aid is available to deal with any adverse event	8.1 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. 8.2 Without limiting subclause 1, members must: a. Ensure that appropriate first aid is available to deal with any adverse event.	AudA believes that the current NSW Code of Conduct wording around adverse events is too specific and requests that it be broadened in line with the National Code of Conduct.

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	<p>b. obtain appropriate emergency assistance in the event of any serious adverse event</p> <p>c. promptly disclose the adverse event to the client and take appropriate remedial steps to reduce the risk of recurrence</p> <p>d. report the adverse event to the relevant authority, where appropriate.</p>	<p>b. Obtain appropriate emergency assistance in the event of any serious adverse event.</p> <p>c. Promptly disclose the adverse event to the client and take appropriate remedial steps to reduce the risk of recurrence.</p> <p>d. Ensure that the adverse event is appropriately documented.</p> <p>e. Report the adverse event to the relevant authority, where appropriate</p>	
4.1 A health practitioner who has been diagnosed with a medical condition that can be passed on to clients must ensure that he or she practises in a manner that does not put clients at risk.	7.1 A health care worker who has been diagnosed with a medical condition that can be passed on to clients must ensure that he or she practises in a manner that does not put clients at risk.	10.1 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.	
4.2 Without limiting subclause (1), a health practitioner who has been diagnosed with a medical condition that can be passed on to clients should take and follow advice from an appropriate medical practitioner on the steps to be taken to modify his or her practice to avoid the possibility of transmitting that condition to clients.	7.2 Without limiting subclause (1), a health care worker who has 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 his or her practice to avoid the possibility of transmitting that condition to clients.	10.2 Without limiting subclause 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.	
5.1 A health practitioner must not hold himself or herself out as qualified, able or willing to cure cancer or other terminal illnesses.	8.1 A health care worker must not claim or represent that he or she is qualified, able or willing to cure cancer or other terminal illnesses.	<p>1.2 c. Members must not make claims to cure hearing loss and associated disorders and must only provide hearing services that serve the needs of the client.</p> <p>4.2 c. Members must 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</p>	AudA suggests that other incurable non-terminal disorders should be added to clause 5.1 of the NSW Code of Conduct (8.1 in National Code).
5.2 A health practitioner may make a claim as to his or her ability or willingness to treat or alleviate the symptoms of those illnesses if that claim can be substantiated.	8.2 A health care worker who claims to be able to treat or alleviate the symptoms of cancer or other terminal illnesses must be able to substantiate such claims.		

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6.1 A health practitioner must adopt standard precautions for the control of infection in his or her practice.	6.1 A health care worker must adopt standard precautions for the control of infection in the course of providing treatment or care.	9.1 Members must adopt standard precautions for the control of infection in the course of providing hearing services as according to the National Health and Medical Research Council (NHMRC) Australian Guidelines for the Prevention and Control of Infection in Healthcare.	
6.2 Without limiting subclause (1), a health practitioner who carries out a skin penetration procedure must comply with the relevant provisions of this Regulation in relation to the carrying out of the procedure.	6.2 Without limiting subclause (1), a health care worker who carries out skin penetration or other invasive procedure must comply with the [insert reference to the relevant state or territory law] under which such procedures are regulated.	9.2 Without limiting subclause 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.	
7.1 A health practitioner must not attempt to dissuade clients from seeking or continuing with treatment by a registered medical practitioner.	3.2 A health care worker must not attempt to dissuade a client from seeking or continuing medical treatment.	3.2 Members must not attempt to dissuade a client from seeking or continuing medical treatment.	
7.2 A health practitioner must accept the right of his or her clients to make informed choices in relation to their health care.	3.1 A health care worker must accept the right of his or her clients to make informed choices in relation to their health care.	3.1 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 may meet the client’s needs, providing information to the client which clearly outlines the differences in expected outcomes. d. When evidence is available, making evidence-based decisions as to which hearing service best fits the client’s needs. This involves considering the best available	AudA notes that there was much media attention and a report titled “ <a href="#">Issues around the sale of hearing aids</a> ” by the Australian Competition and Consumer Commission (ACCC) and that other health professions where aids and equipment and prescribed and sold, potentially with a resulting profit to the health care practitioner, face similar ethical issues. These additional clauses in the Code of Conduct for audiologists and audiometrists address these issues. AudA requests that the revised NSW Code of Conduct includes specific clauses such as these which address the information to be provided during the sale of aids and equipment by healthcare professionals.

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		evidence, the client's needs and wishes, professional judgement and clinical expertise during the decision making process and communicating this process to the client.	
7.3 A health practitioner should communicate and co-operate with colleagues and other health care practitioners and agencies in the best interests of their clients.	3.3. A health care worker must communicate and co-operate with colleagues and other health service providers and agencies in the best interests of their clients.	6.1 Members must communicate and cooperate with members of their own profession, other health service providers, and relevant agencies in order to promote the best interests of their clients.	
7.4 A health practitioner who has serious concerns about the treatment provided to any of his or her clients by another health practitioner must refer the matter to the Health Care Complaints Commission.	4. A health care worker who, in the course of providing treatment or care, forms the reasonable belief that another health care worker has placed or is placing clients at serious risk of harm must refer the matter to [Insert name of relevant state or territory health complaints entity].	7.1 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. 7.2 Without limiting subclause 1, members who form the reasonable belief that another member of Audiology Australia, the Australian College of Audiology (ACAud) or the Hearing Aid Audiometrist Society of Australia (HAASA) is in breach of this Code of Conduct must inform the appropriate PPB(s) and maintain confidentiality at all times.	
8.1 A health practitioner must not practise under the influence of alcohol or unlawful drugs.	10.1 A health care worker must not provide treatment or care to clients while under the influence of alcohol or unlawful substances.	11.1 Members must not provide hearing services to clients while under the influence of alcohol or unlawful substances.	
8.2 A health practitioner who is taking prescribed medication must obtain advice from the prescribing health practitioner on the impact of the medication on his or her ability to practice and must refrain from treating clients in circumstances where his or her ability is or may be impaired.	10.2 A health care worker who is taking prescribed medication must obtain advice from the prescribing health practitioner or dispensing pharmacist on the impact of the medication on his or her ability to practise and must refrain from treating or caring for clients in circumstances where his or her capacity is or may be impaired.	11.2 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.	
9 A health practitioner must not practise while suffering from a physical or mental impairment, disability, condition or disorder	11.1 A health care worker must not provide treatment or care to clients while suffering from a physical or mental impairment,	12.1 Members must not provide hearing services to clients while suffering from a physical or mental impairment, disability,	

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(including an addiction to alcohol or a drug, whether or not prescribed) that detrimentally affects, or is likely to detrimentally affect, his or her ability to practise or that places clients at risk of harm.	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.	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.	
	11.2 Without limiting subclause (1), if a health care worker has a mental or physical impairment that could place clients at risk, the health care worker must seek advice from a suitably qualified health practitioner to determine whether, and in what ways, he or she should modify his or her practice, including stopping practice if necessary.	12. 2 Without limiting subclause 1, if members have a mental or physical impairment that could place clients at risk, members must seek advice from a suitable qualified health practitioner to determine whether, and in what ways, they should modify their practice, including stopping practice if necessary.	
10.1 A health practitioner must not accept financial inducements or gifts for referring clients to other health practitioners or to the suppliers of medications or therapeutic goods or devices.	12.2 b. a health care worker must not accept or offer financial inducements or gifts as a part of client referral arrangements with other health care workers	5.3 b. Members must not accept or offer financial inducements or gifts as part of client referral arrangements with other health care workers.	
10.2 A health practitioner must not offer financial inducements or gifts in return for client referrals from other health practitioners.	12.2 c. a health care worker must not ask clients to give, lend or bequeath money or gifts that will benefit the health care worker directly or indirectly.	5.3 e. Members must not ask clients to give, lend or bequeath money or gifts that will benefit the member directly or indirectly.	
	12.1 A health care worker must not financially exploit their clients.	5.1 Members must not financially exploit their clients.	AudA requests that a broader clause regarding financial exploitation of clients be added to the NSW Code of Conduct to cover a wider range of behaviours than those currently covered by clauses 10.1, 10.2 and 10.3 of the NSW Code of Conduct.
10.3 A health practitioner must not provide services and treatments to clients unless they are designed to maintain or improve the clients' health or wellbeing.	12.2 a. a health care worker must only provide services or treatments to clients that are designed to maintain or improve clients' health or wellbeing	5.2 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. 5.3 a. Members must only provide services appropriate to clients' hearing needs. 5.3 c. Members must offer their clients information regarding the likely cost of the	AudA notes that there was much media attention and a report titled " <a href="#">Issues around the sale of hearing aids</a> " by the Australian Competition and Consumer Commission (ACCC) and there are other health professions where aids and equipment and prescribed and sold, potentially with a

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		hearing services before providing these services or entering into any contract. 5.3 d. When more than one hearing service may meet the client's needs, members must provide information to the client about the costs of each hearing service option.	resulting profit to the health care practitioner, face similar ethical issues. These additional clauses in the Code of Conduct for audiologists and audiometrists address these issues. AudA requests that the revised NSW Code of Conduct includes specific clauses such as these which address the information to be provided during the sale of aids and equipment by healthcare professionals.
11 A health practitioner must not diagnose or treat an illness or condition without an adequate clinical basis.			
12.1 A health practitioner must not engage in any form of misinformation or misrepresentation in relation to the products or services he or she provides or as to his or her qualifications, training or professional affiliations.	9.1 A health care worker must not engage in any form of misinformation or misrepresentation in relation to the products or services he or she provides or the qualifications, training or professional affiliations he or she holds.	4.1 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.  6.2 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 that honestly and accurately represent their credentials.	The Ethics Review Committee (ERC) has had a number of complaints regarding the misuse or misleading use of titles and qualifications. For example, people using the title "Dr" to imply medical training, when they actually had a Doctor of Philosophy in another field. As a result, the ERC requested that Audiology Australia and the Australian College of Audiology develop papers on the use of titles and qualifications by their members in line with the Code of Conduct for audiologists and audiometrists (see <a href="#">ACAud paper here</a> ). In addition, the ERC has received complaints regarding unqualified or overseas-qualified people who are not accredited in Australia falsely claiming they are audiologists or audiometrists. AudA therefore requests that the NSW Code of Conduct be revised to include clauses specifically addressing titles

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			and credentials used by healthcare practitioners.
12.2 A health practitioner must provide truthful information as to his or her qualifications, training or professional affiliations <b>if asked for information about those matters by a client.</b>	9.2 b. a health care worker must provide truthful information as to his or her qualifications, training or professional affiliations	4.2 b. Members must provide truthful information as to their qualifications, industry experience, training and professional affiliations.	AudA requests that the NSW Code of Conduct clause 12.2 be revised to exclude “if asked for information about those matters by the client” as it is unnecessarily limiting.
12.3 A health practitioner must not make claims, either directly or in advertising or promotional material, about the efficacy of treatment or services provided if those claims cannot be substantiated.	9.2 c. a health care worker must not make claims either directly to clients or in advertising or promotional materials about the efficacy of treatment or services he or she provides if those claims cannot be substantiated.	4.2 c. Members must 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  <b>6.3 Members must promote public understanding of the profession, which includes:</b> a. <b>Providing accurate information regarding the nature and management of hearing impairments</b> b. <b>Adhering to state, territory and federal legislative requirements regarding advertising materials.</b> c. <b>Not making any false, misleading or deceptive claims in communications with the public, including advertising materials.</b>	AudA notes the additional clauses regarding advertising materials in the Code of Conduct for audiologists and audiometrists. The ERC will be undertaking a review of the Code of Conduct for audiologists and audiometrists in 2020 and request the opportunity to share its revisions with NSW Health to inform any review of the NSW Code of Conduct. The ERC review of the Code of Conduct for audiologists and audiometrists will focus on modernisation including exploring the addition of specific clauses on social media communications and the use of testimonials in marketing. The ERC review will be undertaken in consultation with all members of AudA and ACAud.
		<b>6.4 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.</b> <b>6.5 Members shall respect, encourage, support and provide fair treatment and working conditions to students, interns, co-workers and employees.</b>	AudA requests that it is considered whether the revised NSW Code of Conduct could include clauses regarding the professional and ethical conduct of healthcare workers towards other healthcare workers.

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<p>13.1 A health practitioner must not engage in a sexual or other close personal relationship with a client.</p> <p>13.2 Before engaging in a sexual or other close personal relationship with a former client, a health practitioner must ensure that a suitable period of time has elapsed since the conclusion of their therapeutic relationship.</p>	<p>13.1 A health care worker must not engage in behaviour of a sexual or close personal nature with a client.</p> <p>13.2 A health care worker must not engage in a sexual or other inappropriate close personal, physical or emotional relationship with a client.</p> <p>13.3 A health care worker should ensure that a reasonable period of time has elapsed since the conclusion of the therapeutic relationship before engaging in a sexual relationship with a client.</p>	<p>13.1 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:</p> <p>a. Not engaging in inappropriate behaviour of a sexual nature with a client.</p> <p>b. Not engaging in other inappropriate close personal, physical or emotional relationships with a client.</p> <p>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.</p>	<p>AudA notes that the current NSW Code of Conduct only focuses on relationships, not behaviours (which may be a one-off event without any real “relationship” being present). We therefore request that the NSW Code of Conduct be revised in line with the National Code of Conduct.</p>
		<p>14.1 Members must comply with all relevant federal and state or territory laws and regulations.</p>	
<p>14 A health practitioner must comply with the relevant legislation of the State or the Commonwealth relating to his or her clients' health information, including the <i>Privacy Act 1988</i> of the Commonwealth and the <i>Health Records and Information Privacy Act 2002</i>.</p>	<p>14. A health care worker must comply with the relevant privacy laws that apply to clients' health information, including the Privacy Act 1988 (Cth) and the [insert name of relevant state or territory legislation]</p>	<p>14.2 Without limiting subclause 1, members must comply with the relevant privacy laws that apply to clients' health information, including the Privacy Act 1988(Cth) and the relevant state or territory legislation.</p>	
<p>15 A health practitioner must maintain accurate, legible and contemporaneous clinical records for each client consultation.</p>	<p>15.1 A health care worker 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.</p>	<p>15.1 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.</p>	<p>AudA requests that the NSW Code of Conduct be revised to include the secure storage of health records in line with the National Code of Conduct.</p>
		<p>15.2 Members must retain clinical records for a period of time as determined by relevant legal and legislative requirements.</p>	
		<p>15.3 Reports or documents signed or published by members in their professional</p>	<p>AudA requests that the NSW Code of Conduct be revised to include specific</p>

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		capacity must be accurate in all details. Fact and expression must be clearly differentiated.	clauses around fact and expression being differentiated in documents written by healthcare professionals.
	15.2 A health care worker must take necessary steps to facilitate clients' access to information contained in their health records if requested. 15.3 A health care worker must facilitate the transfer of a client's health record in a timely manner when requested to do so by the client or their legal representative.	15.4 Members must take necessary steps to facilitate clients' access to information contained in their clinical records if requested. 15.5 Members must facilitate the transfer of a client's clinical information in a timely manner when requested to do so by the client or their legal representative.	AudA requests that clauses be added to the NSW Code of Conduct regarding the timely provision of records to clients in line with the National Code of Conduct.
16 A health practitioner should ensure that appropriate indemnity insurance arrangements are in place in relation to his or her practice.	16. A health care worker should ensure that appropriate indemnity insurance arrangements are in place in relation to his or her practice.	16.1 Members must ensure that appropriate indemnity insurance arrangements are in place in relation to their scope of practice.	
		17.1 Members shall prohibit anyone under their supervision from engaging in any practice that violates this Code of Conduct. 17.2 Members may employ non-member staff to conduct certain tests or procedures provided they are competent to carry out those duties and are under the immediate and personal supervision of the member. Under these circumstances members maintain full responsibility for the client's welfare. 17.3 Members who supervise students and interns shall provide appropriate supervision in accordance with clinical internship protocols.	AudA requests that the NSW Code of Conduct places responsibility for people under their supervision (including clinical interns) and their conduct on the healthcare professional.
17.1 A health practitioner must display a copy of each of the following documents at all premises where the health practitioner carries on his or her practice: (a) this code of conduct, (b) a document that gives information about the way in which clients may make a	17.1 A health care worker must display or make available a copy of each of the following documents at all premises where the health care worker carries on his or her practice: a. a copy of this Code of Conduct b. a document that gives information about the way in which clients may make a	18.1 Members must display or make available a copy of the summary of the Code of Conduct (available for downloading and printing on the PPBs' websites) at all premises where they deliver hearing services. 18.2 Members must provide information regarding how a client can make a complaint	

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<p>complaint to the Health Care Complaints Commission, being a document in a form approved by the Secretary.</p> <p>17.2 Copies of those documents must be displayed in a position and manner that makes them easily visible to clients entering the relevant premises.</p> <p>17.3 This clause does not apply to any of the following premises:</p> <p>(a) the premises of any body within the public health system (as defined in section 6 of the <i>Health Services Act 1997</i>),</p> <p>(b) private health facilities (as defined in the <i>Private Health Facilities Act 2007</i>),</p> <p>(c) premises of the Ambulance Service of NSW (as defined in the <i>Health Services Act 1997</i>),</p> <p>(d) premises of approved providers (within the meaning of the <i>Aged Care Act 1997</i> of the Commonwealth).</p>	<p>complaint to [insert name of state or territory health complaints entity].</p> <p>17.2 Copies of these documents must be displayed or made available in a manner that makes them easily visible or accessible to clients.</p> <p>17.3 This clause does not apply to any of the following premises:</p> <p>a. the premises of any entity within the public health system (as defined in the [insert name of relevant state or territory legislation])</p> <p>b. private health facilities (as defined in [insert name of relevant state or territory legislation])</p> <p>c. premises of the [insert name of ambulance service] as defined in ([insert name of relevant state or territory legislation])</p> <p>d. premises of approved aged care service providers (within the meaning of the Aged Care Act 1997 (Cth)).</p>	<p>to their PPB and the relevant state or territory complaints entity. Any complaints made must be managed and/or referred judiciously.</p> <p>18.3 Copies of the summary of the Code of Conduct (available for downloading and printing on the PPBs' websites) must be displayed or made available in a manner that makes them easily accessible to clients.</p> <p>18.4 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 their PPB</p>	
<p>18.1 A health practitioner must not sell or supply an optical appliance (other than cosmetic contact lenses) to a person unless he or she does so in accordance with a prescription from a person lawfully authorised to prescribe the optical appliance.</p> <p>18.2 A health practitioner must not sell or supply contact lenses to a person unless the health practitioner:</p> <p>(a) was licensed under the <i>Optical Dispensers Act 1963</i> immediately before its repeal, or</p> <p>(b) has a Certificate IV in optical dispensing or an equivalent qualification.</p> <p>18.3 A health practitioner who sells or supplies contact lenses to a person must provide the person with written information about the care, handling and wearing of</p>			<p>AudA believes that this clause is unnecessarily specific to the provision of corrective vision equipment. AudA requests that this clause be revised to include the prescription of provision of any aid or device without the appropriate qualifications.</p>

NSW Public Health Regulation 2012 Schedule 3 Code of conduct ( <a href="#">available here</a> )	National Code of Conduct for Health Care Workers ( <a href="#">available here</a> )	Code of Conduct for audiologists and audiometrists ( <a href="#">available here</a> )	AudA comment on why substantive difference should be added or included in NSW Code of Conduct
<p>contact lenses, including advice about possible adverse reactions to wearing contact lenses.</p> <p>18.4 This clause does not apply to the sale or supply of the following:</p> <p>(a) hand-held magnifiers,</p> <p>(b) corrective lenses designed for use only in diving masks or swimming goggles,</p> <p>(c) ready made spectacles that:</p> <p>(i) are designed to alleviate the effects of presbyopia only, and</p> <p>(ii) comprise 2 lenses of equal power, being a power of plus one dioptre or more but not exceeding plus 3.5 dioptries.</p> <p>18.5 In this clause:</p> <p><i>cosmetic contact lenses</i> means contact lenses that are not designed to correct, remedy or relieve any refractive abnormality or defect of sight.</p> <p><i>optical appliance</i> has the same meaning as it has in section 122 of the <i>Health Practitioner Regulation National Law (NSW)</i>.</p>			