



# ACCREDITATION STANDARDS FOR AUDIOLOGY PROGRAMS

Including:

Accreditation Standards: Graduate Competencies

Accreditation Standards: Guidance and Evidence

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Accreditation Standards: Graduate Competencies  
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The Accreditation Standards for Audiology Programs (January 2023) replaces the Core Knowledge and Competencies Required of Master of Audiology Graduates in Australia Version 2.0 (18 March 2015).

## ACKNOWLEDGEMENT:

Audiology Australia gratefully acknowledges the Optometry Council of Australia and New Zealand, whose work has informed the development of the Accreditation Standards for Audiology Programs.

## Introduction

Audiology Australia is the organisation that is responsible for accrediting Audiology Masters programs in Australia. On completion of an accredited program followed by a Clinical Internship, one can apply to be an Audiology Australia Accredited Audiologist.

Accreditation assessment is the process wherein the audiology programs provided by the universities are assessed against *Accreditation Standards for Audiology Programs* [the Accreditation Standards] to ensure all graduates acquire the knowledge, skills and attributes required to practise audiology safely and competently in Australia. In turn, this accreditation is the assurance that graduating students meet Audiology Australia's practitioner certification requirements.

By accrediting audiology degree programs, Audiology Australia aims to:

- Maintain appropriately high minimum standards of the audiology profession in Australia
- Stimulate maintenance of high standards and continuing improvement in the quality of professional education in audiology
- Provide support to the university programs to encourage excellence in professional preparation
- Support varied and flexible degree programs that are aligned with the changing realities of the audiology workplace
- Allow graduates to make an informed choice for their education.

The Audiology Australia University Accreditation and Competencies Committee (AAUACC) oversees the accreditation process and provides advice to Audiology Australia's Board of Directors in relation to issues to do with accreditation of audiology degree programs.

### **The Accreditation Standards for Audiology Programs has the following key sections:**

1. Accreditation Standards for Audiology Programs
2. Accreditation Standards: Graduate Competencies
3. Accreditation Standards: Guidance and Evidence
4. Glossary

### **Associated document:**

- Accreditation Policies and Procedures for Audiology Programs

The Accreditation Standards are divided into five Standards, each with a Standard Statement. The Standard statement is supported by a number of criteria. A standard is met when each and every criterion within that standard is met.

The Accreditation Standards reference the Graduate Competencies at various points. The Graduate Competencies are the key reference point in the Standards, and the program learning outcomes must incorporate all the competencies. The Graduate Competencies are separated into six domains, which are divided into a number of competencies. Each competency is further described by a number of sub-competencies which are all required components of the competency.

Guidance and evidence for accreditation applications is designed to assist providers to prepare an application for accreditation, presenting evidence to demonstrate that their program is designed and delivered in compliance with the Accreditation Standards, and that they support their students in achieving the graduate competencies. Evidence includes a required evidence list – a collection of evidence which must be submitted with each application. It also includes suggested optional additional evidence against each standard. Finally, it includes guidance notes on the key features of the standard.

# Accreditation Standards for Audiology Programs

There are five Standards:



## STANDARD 1: PUBLIC SAFETY



Standard 1 Statement: **Public safety is assured.**

### Criteria

- 1.1 Protection of the public and the care of clients are prominent amongst the guiding principles of the educational program, clinical training, and student learning outcomes.
- 1.2 Screening for and management of student fitness to practice are effective.
- 1.3 Suitably qualified Audiologists and/or health professionals supervise students during clinical training.
- 1.4 Health services and audiology practices providing clinical placements have robust quality and safety policies and processes and meet all required regulations and standards.
- 1.5 Clients assent or provide verbal consent to supervised care by students.
- 1.6 The education provider holds students and staff to high levels of ethical and professional conduct.

## STANDARD 2: ACADEMIC GOVERNANCE AND QUALITY ASSURANCE



Standard 2 Statement: **Academic governance and quality assurance processes are effective.**

### Criteria

- 2.1 The provider has robust academic governance for the program of study that includes systematic monitoring, review, and improvement.
- 2.2 Quality improvement processes use student and other evaluations, internal and external academic and professional peer review to improve the program.
- 2.3 There is relevant external input to the design and management of the program, including from representatives of the audiology profession.
- 2.4 Mechanisms exist for responding within the curriculum to contemporary developments in health professional education and practice.

## STANDARD 3: PROGRAM OF STUDY



Standard 3 Statement: **Program design, delivery and resourcing enable students to achieve the required professional competencies.**

### Criteria

- 3.1 A coherent educational philosophy informs the program of study design and delivery.
- 3.2 Program learning outcomes address all the graduate competencies.
- 3.3 The quality, quantity and diversity of clinical training are sufficient to produce a graduate competent to commence an Audiology Australia Clinical Internship.
- 3.4 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.
- 3.5 Principles of interprofessional learning and practice are present in the curriculum.

## STANDARD 3: PROGRAM OF STUDY cont...

### Criteria

- 3.6 Teaching staff are suitably qualified and experienced to deliver the units that they teach.
- 3.7 Learning environments support the achievement of the required learning outcomes.
- 3.8 Learning environments support the achievement of research skills appropriate to the academic level of the program.
- 3.9 Facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.
- 3.10 Cultural safety is appropriately integrated within the program and clearly articulated as required disciplinary learning outcomes: including an emphasis on Aboriginal and Torres Strait Islander cultures.
- 3.11 The audiology program has the resources to sustain the quality of education that is required to facilitate the achievement of the competency standards.

## STANDARD 4: THE STUDENT EXPERIENCE



Standard 4 Statement: **Students are provided with equitable and timely access to information and support.**

### Criteria

- 4.1 Program information is clear and accessible.
- 4.2 Admission and progression requirements and processes are robust, equitable and transparent.
- 4.3 Students have access to effective grievance and appeals processes.
- 4.4 The provider identifies and provides support to meet the academic learning needs of students.
- 4.5 Students are informed of and have appropriate access to personal support services provided by qualified personnel.
- 4.6 Students are represented within the deliberative and decision-making processes of the program.
- 4.7 Equity and diversity principles are observed and promoted in the student experience.

## STANDARD 5: ASSESSMENT



Standard 5 Statement: **Assessment is fair, valid, and reliable.**

### Criteria

- 5.1 There is a clear relationship between learning outcomes and assessment strategies.
- 5.2 Scope of assessment covers all learning outcomes relevant to the graduate competencies.
- 5.3 Multiple assessment tools, modes and sampling are used including direct observation in the clinical setting.
- 5.4 Program management and co-ordination, including internal and external moderation, ensure consistent and appropriate assessment and feedback to students.
- 5.5 Suitably qualified and experienced staff assess students.
- 5.6 All learning outcomes are mapped to the graduate competencies and are assessed.

## Accreditation Standards: Graduate Competencies

The Graduate Competencies for Audiology Programs [the graduate competencies] are adapted from the [Audiology Australia National Competency Standards](#) for Audiologists and are set at the level for students completing the accredited audiology program.



## DOMAIN 1: AUDIOLOGICAL CLINICAL PRACTICE



Provides safe, evidence-based, client- and family-centred, and responsive audiological practice across the lifespan and within the scope of practice expected of graduate Audiologists by Audiology Australia.

COMPETENCY	SUB-COMPETENCY
<b>1.1 Recognises the need to identify and refer individuals and groups requiring audiology services</b>	<ul style="list-style-type: none"> <li>i. Demonstrates knowledge of evidence-based screening programs and referral guidelines to ensure individuals requiring audiology services are identified and referred</li> <li>ii. Reviews information from a range of sources such as referrals, reports and consultation to determine an individual's need for audiology services</li> <li>iii. Recognises the distinct hearing health needs of Aboriginal and Torres Strait Islander peoples and other populations at risk of developing ear, hearing and associated conditions</li> </ul>
<b>1.2 Plans, conducts and appropriately modifies each assessment</b>	<ul style="list-style-type: none"> <li>i. Demonstrates knowledge of client- and family-centred clinical care</li> <li>ii. Collects and analyses case history, goals, expectations, needs and priorities, in partnership with the client when appropriate</li> <li>iii. Collects and analyses pertinent information from referrals, reports, consultation, and other relevant sources of information to understand the client's situation</li> <li>iv. Clearly communicates to client what assessments and procedures will be performed, in order to confirm consent</li> <li>v. Plans and conducts a valid, accurate and reliable assessment, selecting the appropriate behavioural and objective tools, equipment and techniques in line with the needs of the non-complex client</li> </ul>
<b>1.3 Analyses and interprets assessment results</b>	<ul style="list-style-type: none"> <li>i. Analyses and integrates the data using knowledge, skill and judgement, taking into account the reliability of testing</li> <li>ii. Formulates valid conclusions regarding the site of lesion and functionality of non-complex ear, hearing and associated conditions</li> <li>iii. Shares assessment findings with the client when appropriate</li> </ul>
<b>1.4 Develops, shares and modifies recommendations based on the assessment results and client needs</b>	<ul style="list-style-type: none"> <li>i. Establishes goals and/or specific needs, in partnership with the non-complex client</li> <li>ii. Develops recommendations for intervention, including audiological therapy, technology modifications to the environment and/or further referrals in line with the non-complex client's goals and needs</li> <li>iii. Supports the non-complex client and relevant others to make informed decisions by sharing information and explanations of assessment results, implications, management options and recommendations</li> </ul>
<b>1.5 Implements intervention plans with consent and evaluates client outcomes</b>	<ul style="list-style-type: none"> <li>i. Demonstrates the ability to generate, appropriately modify, and apply interventions that are client- and family-centred</li> <li>ii. Demonstrates the ability to evaluate client outcomes using client reported and/or objective measures</li> </ul>
<b>1.6 Uses reflective practice to evaluate and improve clinical practice</b>	<ul style="list-style-type: none"> <li>i. Improves clinical performance on an ongoing basis through reflective practices, such as peer review, case revision and personal reflection</li> <li>ii. Recognises the importance of planning and implementing strategies to improve clinical practice</li> <li>iii. Recognises the importance of seeking support for debriefing or guidance following a challenging interaction</li> </ul>

## DOMAIN 2: PROFESSIONAL COMMUNICATIONS AND COLLABORATIONS



Promotes health and wellbeing through respectful and appropriate communications to ensure mutual understanding with all stakeholders.

COMPETENCY	SUB-COMPETENCY
<b>2.1 Uses appropriate and effective verbal and non-verbal communication, adapted to suit the professional situation and health literacy of the other person(s)</b>	<ul style="list-style-type: none"> <li>i. Demonstrates knowledge of various modes of communication to meet the specific needs of each client, including Aboriginal and Torres Strait Islander peoples and those from other culturally and linguistically diverse backgrounds</li> <li>ii. Demonstrates knowledge of specific cultural and communication needs of the Deaf community</li> <li>iii. Uses inclusive language and explains terminology and/or jargon which may be unfamiliar to the listener/reader</li> <li>iv. Uses appropriate non-verbal communication, including facial expressions and natural gestures</li> <li>v. Demonstrates professional, empathetic and respectful communication skills</li> </ul>
<b>2.2 Optimises the environment and mode of communication as required to maximise effectiveness of communication</b>	<ul style="list-style-type: none"> <li>i. Recognises the importance of utilising interpreters, when required, to convey information accurately and confidentially</li> <li>ii. Demonstrates knowledge of how to optimise the environment for communication, such as background noise, good lighting and camera angle</li> </ul>
<b>2.3 Communicates in accordance with confidentiality and privacy considerations</b>	<ul style="list-style-type: none"> <li>i. Demonstrates knowledge of privacy, confidentiality and consent considerations relevant to client information sharing</li> <li>ii. Demonstrates knowledge of what is relevant or pertinent to the person/organisation receiving information, clarifies why the information is being shared and ensures personal details are not used inappropriately</li> </ul>
<b>2.4 Ensures documentation is timely, stored securely and conforms with medical and legal requirements</b>	<ul style="list-style-type: none"> <li>i. Recognises the importance of retaining evidence of communication regarding clients such as referrals, letters, emails and case notes, allowing client access in accordance with privacy and other legislative requirements</li> <li>ii. Produces succinct, factual, respectful, relevant, targeted, legible and informative case notes</li> <li>iii. Generates accurate and complete reports</li> </ul>
<b>2.5 Collaborates with clients, colleagues and other professionals</b>	<ul style="list-style-type: none"> <li>i. Recognises the importance of managing conflicts and finding resolutions that are respectful of client interests, and of seeking support where needed</li> <li>ii. Recognises the importance of partnering with clients, colleagues and other professionals and organisations to achieve the best outcome for the client</li> </ul>

## DOMAIN 3: EDUCATION AND LIFELONG LEARNING



Maintains and improves currency of knowledge, skills and new evidence for audiological practice.

COMPETENCY	SUB-COMPETENCY
<b>3.1 Ensures ongoing capability for audiological practice and maintains currency of professional knowledge and performance to provide optimal care</b>	<ul style="list-style-type: none"> <li>i. Recognises the importance of identifying one's own professional strengths and areas for development through self-reflection, and review of performance and feedback</li> <li>ii. Uses a range of learning activities such as literature review, continuing education and mentorship that would fulfill life-long learning needs</li> <li>iii. Develops knowledge of relevant resources and technologies for audiological practice</li> <li>iv. Develops and maintains digital literacy for audiological practice</li> </ul>
<b>3.2 Contributes to the knowledge base of Audiology</b>	<ul style="list-style-type: none"> <li>i. Undertakes research relevant to Audiology to contribute to the knowledge base</li> </ul>

## DOMAIN 4: QUALITY, SAFETY AND COMPLIANCE



Provides safe, effective, compliant, and high-quality audiology services.

COMPETENCY	SUB-COMPETENCY
<b>4.1 Ensures service delivery complies with relevant guidelines, standards and legal obligations</b>	<ul style="list-style-type: none"> <li>i. Complies with the policies and procedures that are consistent with current evidence and best practice professional standards</li> <li>ii. Demonstrates knowledge of and adherence to all professional, legal and statutory requirements pertinent to the workplace, to enable safe practice</li> </ul>
<b>4.2 Recognises importance of quality assurance</b>	<ul style="list-style-type: none"> <li>i. Recognises the importance of practising in a manner that supports the rights of the client to receive high quality care and best possible outcomes</li> </ul>
<b>4.3 Ensures the environment is safe and meets the clinical need</b>	<ul style="list-style-type: none"> <li>i. Adheres to relevant workplace health and safety legislation and workplace policies</li> <li>ii. Ensures cleanliness, infection control, safety of room, maintenance and calibration of clinical equipment</li> <li>iii. Complies with infection control processes that are consistent with current national, state, territory and workplace standards</li> <li>iv. Demonstrates knowledge of risk management processes and protocols</li> <li>v. Confirms test environment is fit for purpose for the clinical need and checks with clinical supervisor where necessary</li> </ul>
<b>4.4 Contributes to ongoing wellbeing in the workplace</b>	<ul style="list-style-type: none"> <li>i. Demonstrates knowledge of effective strategies to manage workload, including seeking support when required</li> </ul>

## DOMAIN 5: ETHICAL AND PROFESSIONAL BEHAVIOUR



Acts in an ethical, safe, lawful and accountable manner that upholds integrity of the Audiology profession.

COMPETENCY	SUB-COMPETENCY
<b>5.1 Maintains integrity of the Audiology profession</b>	<ul style="list-style-type: none"> <li>i. Complies with the Code of Conduct for Audiology Australia</li> <li>ii. Ensures all own interactions with clients, other professionals, and the public are respectful and maintain the integrity of the Audiology profession</li> </ul>
<b>5.2 Demonstrates professional and ethical behaviour</b>	<ul style="list-style-type: none"> <li>i. Practises audiology within scope of practice, capability and experience</li> <li>ii. Recognises the importance of personal and professional ethics within the workplace and the need to apply ethical principles to decision-making</li> </ul>
<b>5.3 Maintains professionalism, respectful demeanour and standards</b>	<ul style="list-style-type: none"> <li>i. Recognises conflicts of interest in line with the Code of Conduct for Audiology Australia</li> <li>ii. Works with peers in a respectful and supportive manner</li> </ul>

## DOMAIN 6: ADVOCACY



Promotes the Audiology profession and advocates for the health and wellbeing of people with regards to ear, hearing and associated conditions.

COMPETENCY	SUB-COMPETENCY
<b>6.1 Recognises the importance of advocating for and partnering with people who have or are at risk of ear, hearing and associated conditions</b>	<ul style="list-style-type: none"> <li>i. Recognises the role of Audiologists in raising awareness of the communication needs of those who have, or are at risk of developing, ear, hearing and associated conditions</li> <li>ii. Recognises the barriers that can impede or prevent access to services and resources by those with ear, hearing and associated conditions</li> </ul>
<b>6.2 Recognises the importance of advocating for and partnering with Aboriginal and Torres Strait Islander peoples with regards to their hearing health care</b>	<ul style="list-style-type: none"> <li>i. Recognises the importance of advocating for education, resources and services which meet the specific hearing health needs of Aboriginal and Torres Strait Islander peoples in a culturally safe manner</li> </ul>
<b>6.3 Recognises the importance of advocating for self and colleagues</b>	<ul style="list-style-type: none"> <li>i. Recognises the importance of advocating for self and colleagues for a safe and equitable work environment</li> </ul>
<b>6.4 Recognises the importance of advocating for the Audiology profession</b>	<ul style="list-style-type: none"> <li>i. Recognises the importance of promoting the Audiology profession through the sharing of professional knowledge and experience</li> </ul>

# Accreditation Standards: Guidance and Evidence

## Required documentary evidence for an accreditation application

The Accreditation Standards explicitly require program providers to provide documentary evidence of how their program learning outcomes map to the relevant graduate competencies, thus demonstrating a program's effectiveness in providing graduates with the knowledge, skills and attributes needed to commence their Clinical Internship.

Audiology Australia requires a short statement addressing each Standard plus the following evidence with each application for accreditation, although the format in which the evidence is provided is at the discretion of the education provider. Evidence developed for other purposes can be submitted in its original form, and does not need to be reformatted. Evidence against one Standard or one Criterion, may also apply to other Standards and Criteria. In this case, reference can be made to the piece of evidence and the document or resource itself does not need to be submitted twice.

Required evidence that must be included in an application for accreditation includes:

1. Statement of overall educational philosophy/design for the program.
2. Evidence the education provider has registration with TEQSA (Australia).
3. Overview of formal academic governance arrangements for the program including program quality assurance, review and improvement.
4. Curriculum map including documentation demonstrating how program learning outcomes align with the graduate competencies.
5. Documentation demonstrating how program assessments align with program learning outcomes.
6. Sample student timetable for each year of the program indicating allocation of key learning activities.
7. Student admission and progression policies and procedures for the program.
8. Information provided to prospective and enrolled students about the program.
9. Student profile for the program including enrolment numbers.
10. Staffing profile for the program including numbers, professional qualifications, areas of expertise, teaching and supervision responsibilities (including part-time and sessional staff).
11. Statement on clinical training delivered in the program. This statement should include the expected minimum number of clinical experience hours to be completed per student, the expected variety of settings in which training will occur, and the expected scope of practice to which students will be exposed.
12. Sample of student clinical logbooks/portfolios.
13. Reference to university policies and procedures addressing the legal and related agreements between the program and the external organisations and/or clinical educators that provide clinical experiences to the program's students.
14. A list of the external organisations and/or clinical educators that provide clinical experiences to the program's students.
15. Information on the program's policies and procedures regarding clinical and workplace health and safety.
16. Description of the physical and financial resources for the teaching and learning provided by the program.

Outside of the list above of required evidence, the determination of evidence submitted to the assessment panel for consideration is at the discretion of the provider, although the assessment panel retains the right to request specific documents or experiential evidence at any stage of the assessment process to help it determine if a particular Standard is met.

The tables in the Accreditation Standards below include examples of possible additional evidence pertinent to a specific standard and are intended as guidance only to program providers and assessment panel members. Further guidance on evidence following each standard is intended to assist education providers seeking accreditation as to how Audiology Australia understands some critical or key aspects of the requirements of the Standard. This guidance may be particularly helpful to providers seeking the accreditation of a new program.

## Standard 1: Public Safety

STANDARD STATEMENT	CRITERIA	POSSIBLE EVIDENCE FOR THIS STANDARD IN ADDITION TO REQUIRED EVIDENCE
<p><b>Public safety is assured.</b></p>	<p>1.1 Protection of the public and the care of clients are prominent amongst the guiding principles of the educational program, clinical training and student learning outcomes.</p> <p>1.2 Screening for and management of student fitness to practice are effective.</p> <p>1.3 Suitably qualified Audiologists and/or health professionals supervise students during clinical training.</p> <p>1.4 Health services and audiology practices providing clinical placements have robust quality and safety policies and processes and meet all required regulations and standards.</p> <p>1.5. Client's assent or provide verbal consent to supervised care by students</p> <p>1.6 The education provider holds students and staff to high levels of ethical and professional conduct.</p>	<ul style="list-style-type: none"> <li>• Documentation showing the relevant learning outcomes to be achieved prior to providing client care within the program</li> <li>• Policies and procedures on clinical training, placement and supervision</li> <li>• Policies and procedures on extramural student placement and supervision</li> <li>• Professional indemnity insurance arrangements for students on clinical placement</li> <li>• Policies and procedures on ethical and professional behaviour and fitness to practice</li> </ul> <p><i>May be requested at site visit</i></p> <ul style="list-style-type: none"> <li>• Systems that identify, report on and remedy issues that may affect client safety and any actions taken</li> <li>• Site visits to (selected) extramural facilities</li> <li>• Samples of record of client consent</li> <li>• De-identified client records</li> </ul>

## Standard 1: Guidance

This Standard addresses public safety and the care of clients as the prime considerations. The focus is on clinical training, placements and supervision and the way the education provider effectively manages internal or external placement environments to ensure quality and reliable outcomes for clients and students.

### Student clinical placements

Audiology Australia recognises that providers design and carry out clinical placements in a variety of ways, nevertheless documentary and experiential evidence will need to show how the arrangements meet the Standard including that:

- Clinical placements are well organised and provide services, student experience and teaching to meet the Audiology Australia Accreditation Standards overall.
- The objectives and the assessment of all clinical placements are clearly defined and known to both students and practitioners.
- Providers who arrange student instruction and supervision in extramural clinical settings have an active relationship with the practitioners providing instruction and supervision as well as processes in place to support train and review practitioners' supervision of students.
- Clinical supervisors have the professional and supervisory skills to supervise students in a clinical setting.
- The educational experience in clinical placements is monitored and evaluated by the provider's academic staff.
- Feedback from students and supervisors is taken into account (and clients if provided).

## **Ethical and professional conduct**

The requirements for the ethical and professional conduct of Audiologists to assure public safety in Australia are set out in the *Code of Conduct for Audiologists and Audiometrists*, *Scope for Practice for Audiologists and Audiometrists*, and Audiology Australia's *National Competency Standards for Audiologists*.

## Standard 2: Academic Governance and Quality Assurance

STANDARD STATEMENT	CRITERIA	POSSIBLE EVIDENCE FOR THIS STANDARD IN ADDITION TO REQUIRED EVIDENCE
<p><b>Academic governance and quality assurance processes are effective.</b></p>	<p>2.1 The provider has robust academic governance for the program of study that includes systematic monitoring, review and improvement.</p> <p>2.2 Quality improvement processes use student and other evaluations, internal and external academic and professional peer review to improve the program.</p> <p>2.3 There is relevant external input to the design and management of the program, including from representatives of the audiology profession.</p> <p>2.4 Mechanisms exist for responding within the curriculum to contemporary developments in health professional education and practice.</p>	<ul style="list-style-type: none"> <li>• Key academic governance policies and procedures</li> <li>• Terms of reference for program governance committees/reviews</li> <li>• Evidence of effective consultation and/or formal partnerships within profession, community and other health professions to deliver program</li> <li>• Evidence of how and how frequently the provider benchmarks the program internally and externally against national or international standards for programs delivering equivalent learning outcomes</li> </ul> <p><i>May be requested at site visit</i></p> <ul style="list-style-type: none"> <li>• Role statements for senior positions in the program</li> <li>• Records of governance meetings showing participation, decisions made and implemented</li> <li>• Copies of forward plans for program which include assessing and mitigating program opportunities/risks</li> <li>• Examples of student, employer and/or graduate surveys/reviews and outcomes</li> <li>• Copies of external or internal reviews and outcomes</li> <li>• Arrangements which enable students and/or staff to respond to contemporary developments in health professional education theory and practice</li> <li>• Records of other stakeholder consultation or engagement activities showing participation, decisions made and implemented</li> </ul>

## Standard 2: Guidance

This Standard addresses the organisation and governance of the audiology program.

The focus is on the overall context in which the audiology program is delivered, specifically the administrative and academic organisational structure which supports the program and the degree of control that the academics managing and delivering the program, the audiology profession and other external stakeholders have over the relevance and quality of the program to produce graduates who are competent to practise.

Audiology Australia expects that a provider exhibiting effective academic governance and quality assurance for the audiology program typically will provide evidence that they:

- have in place a committee or similar entity with the responsibility, authority and capacity to develop, implement and change the program to meet the changing needs of the profession and national health needs;
- use educational expertise in the development and management of the program;
- regularly monitor and review the program and the effectiveness of its delivery, consulting with and taking into account the views of the profession, students, graduates and employers and other health professionals when relevant;
- clearly state the responsibilities of entities and individuals managing the program; and
- have sufficient autonomy to direct resources in order to achieve the program learning outcomes.

## Standard 3: Program of Study

STANDARD STATEMENT	CRITERIA	POSSIBLE EVIDENCE FOR THIS STANDARD IN ADDITION TO REQUIRED EVIDENCE
<p><b>Program design, delivery and resourcing enable students to achieve the required professional competencies.</b></p>	<p>3.1 A coherent educational philosophy informs the program of study design and delivery.</p> <p>3.2 Program learning outcomes address all the graduate competencies.</p> <p>3.3 The quality, quantity and diversity of clinical training are sufficient to produce a graduate competent to commence an Audiology Australia Clinical Internship.</p> <p>3.4 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.</p> <p>3.5 Principles of interprofessional learning and practice are present in the curriculum.</p> <p>3.6 Teaching staff are suitably qualified and experienced to deliver the units that they teach.</p> <p>3.7 Learning environments support the achievement of the required learning outcomes.</p> <p>3.8 Learning environments support the achievement of research skills appropriate to the academic level of the program.</p> <p>3.9 Facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.</p> <p>3.10 Cultural safety is appropriately integrated within the program and clearly articulated as required disciplinary learning outcomes: including an emphasis on Aboriginal and Torres Strait Islander cultures.</p> <p>3.11 The audiology program has the resources to sustain the quality of education that is required to facilitate the achievement of the competency standards.</p>	<ul style="list-style-type: none"> <li>• Program/unit approval documentation</li> <li>• Description of the teaching/research nexus, and research programs of the school</li> <li>• Letter from the provider senior management confirming ongoing support for the program</li> </ul> <p><i>May be requested at site visit</i></p> <ul style="list-style-type: none"> <li>• Subject guides for students detailing how the program of study is structured and enacted at each stage</li> <li>• Examples of learning and teaching materials and approaches using a range of delivery methods</li> <li>• Student and employer feedback on program of study</li> <li>• Sample staff position descriptions</li> <li>• Documentation on recruitment, support, workload and/or professional development of staff teaching in the program</li> <li>• Examples of staff engagement with learning and teaching initiatives to support (innovative, contemporary and evidence based) teaching approaches</li> <li>• Coverage of how cultural safety is addressed in the program</li> </ul>

## Standard 3: Guidance

This Standard focuses on the way the educational outcomes of the program are achieved and how consistent they are with the graduate competencies.

The Standard includes the program of study and the resources needed to deliver the program to the Standard.

Audiology Australia has adopted threshold learning outcomes, the graduate competencies, which indicate the minimum discipline knowledge, skills and professional capabilities expected of an audiology graduate. Providers should be able to demonstrate how their programs deliver these threshold learning outcomes.

### Program of study design

Audiology Australia considers that the key goals of an audiology program are:

- To ensure that graduates are competent to commence an Audiology Australia Clinical internship
- To provide the educational foundation for lifelong learning.

To deliver on the educational outcomes and these goals, the provider should present evidence that the audiology program has a suitable duration. The provider is also encouraged to present evidence in an overview about how the curriculum is structured and integrated in relation to the following:

- A strong foundation in the relevant physical, biological and behavioural sciences and dysfunctions and disorders of the audiovestibular systems.
- A strong foundation in the fundamental skills required for the practice of audiology.
- The requisite number and type of clinical placement hours, as specified by Audiology Australia (*see Clinical Experience Hours Requirements*).
- Clinical instruction that incorporates student observation, practitioner demonstration and ultimately clients independently examined by students including independent management decisions under direct supervision.

Whether core instruction and/or clinical training is undertaken within the education provider's own audiology clinic, or extramurally, the provider should aim to demonstrate how and where a student encounters an extensive, diverse client base across a well-patronised range of audiology services. As Audiology Australia believes students also benefit from experience in a broader range of health care settings, providers are encouraged to enable this and provide evidence of how this is organised.

The organisation of curriculum is enhanced by explicit statements about the learning outcomes expected of students at each stage of the program. Audiology Australia expects there to be guides for each unit that clearly set out the learning outcomes of the unit and shows how they lead to the development of the overall program learning outcomes, the graduate competencies.

### Tests/Techniques (Criterion 3.2, Sub-competency 1.2 v.)

Appropriate behavioural and objective tools, equipment and techniques, chosen across the life span, are needed to plan and conduct a valid, accurate and reliable assessment of hearing, tinnitus, balance and communication in the non-complex client for threshold and/or site-of-lesion purposes, examples of which include, but are not limited to:

- Questionnaires/checklists.
- Audiometers and other sound generating devices and the techniques needed to complete behavioural assessments such as:
  - Pure tone audiometry (example techniques include the Hughson-Westlake technique for thresholding and Hood's technique for masking).
  - Speech audiometry (example techniques include those used to determine speech detection threshold, speech reception threshold, and/or speech performance-intensity functions).
  - The assessment of auditory processing and the auditory components of cognition.
- Electroacoustic equipment and techniques needed to complete objective assessments such as:
  - Acoustic immittance, including tympanometry and acoustic reflexes.
  - Otoacoustic emissions.

- Electrophysiological equipment and techniques needed to complete objective assessments such as:
  - Auditory evoked potentials.
  - Vestibular potentials.

## Learning and teaching approaches

Audiology Australia encourages innovative and contemporary methods of teaching that promote the educational principles of active student participation, problem solving and development of communication skills. Problem and evidence-based learning, computer assisted learning, simulation and other student-centred learning strategies are also encouraged. Providers may demonstrate how these approaches are incorporated into the curriculum.

## Research activity

Audiology Australia believes that an environment in which research is actively pursued enhances audiology education and a student's capacity for lifelong learning and that audiology students can benefit from some direct contact with active researchers. The provider is encouraged to provide evidence of how the school gives students opportunities to observe and participate in ongoing research programs as part of their curriculum.

## Clinical training

During clinical training, Audiology Australia expects that students are provided with extensive and diverse clinical experience in a range of settings with a diverse range of clients as well as clinical presentations.

Audiology Australia considers that direct client encounters provide students with experience across a wide range of presentations and ensure that their procedural skills are highly practised throughout the program to achieve competency. Providers are expected to describe how the entire spectrum of clinical experiences (on-site and off-site, national and/or international) will ensure graduates are safe to practise. Evidence presented should demonstrate the extent of opportunities for student developmental experience.

## Clinical experience hours requirements

This section defines the minimum clinical experience and clinical experience hours required by Audiology Australia.<sup>1</sup>

### *Definition of clinical experience*

Formal, intensive, relationship-based education and training in the practice of audiology that is case-focused; appropriate to the level of the student and complexity of the case; and supports, directs and guides the clinical audiology work of the student.

### Obtaining clinical experience hours

Clinical experience hours can be obtained under 2 categories:

- 1) direct, and
- 2) indirect.

The student must complete at least 250 clinical experience hours including:

- at least 125 direct hours including:
  - at least 90 hours of direct adult client contact,
  - at least 25 hours of direct paediatric client contact, and
- where adult clients are persons  $\geq 8$  years old and paediatric clients are persons  $< 8$  years old.

1. Milne D. (2007). An empirical definition of clinical supervision. *British Journal of Clinical Psychology*, 46(4), 437-447.

## 1) Direct

Direct hours require the student to complete supervised activities in a clinical audiology setting (in-person or teleaudiology) that directly contribute to a client's care.

Examples include the student:

- preparing, reviewing, maintaining or discussing a client's case file,
- taking a case history,
- preparing a client and/or audiology equipment for testing,
- performing audiology assessments,
- interacting with a client and/or clinical educator during the client appointment,
- interacting with other professionals for the benefit of a client,
- analysing, integrating, and interpreting audiology test results during the client appointment,
- providing feedback on audiology test results,
- providing audiological counselling,
- completing order forms for hearing aids, ALDs, etc,
- teaching a client how to use a hearing aid/ALD, etc., and
- writing an audiology report.

## 2) Indirect

Indirect hours require the student to complete supervised activities in a professional setting (in-person or teleaudiology) that do not directly contribute to a client's care.

Examples include the student:

- conducting professional activities such as presenting at an audiology continuing professional development (CPD) event, and
- completing activities that simulate direct client care in a clinical setting.

### **Contact that can NOT be counted as clinical experience hours**

Clinical experience hours can NOT be obtained by:

- passively observing any activity,
- participating in discussions not related to audiology,
- attending professional activities (e.g., attending a CPD event), or
- taking allocated breaks.

## **Cultural Safety (Criterion 3.10)**

Cultural safety<sup>2</sup> is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

To ensure culturally safe and respectful practice, health practitioners must:

- a. Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;
- b. Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;
- c. Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;
- d. Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

2. The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020 – 2025:  
<https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/health-and-cultural-safety-strategy.aspx>

## **Resources (Criterion 3.11)**

Resources includes the range of resources required to deliver the program to the Standard. These include human resources (including staffing), physical resources, financial resources and learning resources. Evidence is required to demonstrate sufficient and appropriate resources are available to the program and utilised by it.

## Standard 4: The Student Experience

STANDARD STATEMENT	CRITERIA	POSSIBLE EVIDENCE FOR THIS STANDARD IN ADDITION TO REQUIRED EVIDENCE
<p><b>Students are provided with equitable and timely access to information and support.</b></p>	<p>4.1 Program information is clear and accessible.</p> <p>4.2 Admission and progression requirements and processes are robust, equitable and transparent.</p> <p>4.3 Students have access to effective grievance and appeals processes.</p> <p>4.4 The provider identifies and provides support to meet the academic learning needs of students.</p> <p>4.5 Students are informed of and have appropriate access to personal support services provided by qualified personnel.</p> <p>4.6 Students are represented within the deliberative and decision-making processes of the program.</p> <p>4.7 Equity and diversity principles are observed and promoted in the student experience.</p>	<ul style="list-style-type: none"> <li>• Copies of program information handbook and link to website</li> <li>• Copies of policies and procedures relevant to the student experience</li> <li>• Description of the range of academic and personal support services available to students and the qualifications required of the staff providing the services</li> <li>• Details of student representation within the governance and curriculum management processes of the program</li> <li>• Policies and procedures on equity and diversity, with details of implementation and monitoring</li> </ul> <p><i>May be requested at site visit</i></p> <ul style="list-style-type: none"> <li>• Sample of admission and progression decisions</li> <li>• Register of grievances or appeals lodged showing outcome of the process</li> <li>• Examples of the provision of academic and/or personal support services</li> <li>• Examples of use of student satisfaction data or other feedback to improve program</li> </ul>

## Standard 4: Guidance

This Standard focuses on how the provider delivers a student experience that is equitable and respectful of all students' development, wellbeing and rights.

### Student selection

Audiology Australia recognises that programs use different processes and criteria for selecting the most appropriate students who are likely to succeed in the program. Whichever method and criteria are used, Audiology Australia expects to review evidence that the student selection process is in line with the Standard and criterion 4.2.

## **Student support services and facilities**

Audiology Australia expects that evidence of adequate student support services and physical facilities for student study and recreation is provided. Evidence of support services could include how students access services such as counselling services with trained staff, student health and financial services, student academic advisers as well as more informal and readily accessible advice from individual academic staff. Audiology Australia will also review the processes in place for feedback to students including the strategies to assist underperforming students and the provision of effective remediation opportunities.

## **International student support**

Audiology Australia recognises that appropriate language and counselling support for international students may be required and evidence of how this occurs should be available if requested.

## Standard 5: Assessment

STANDARD STATEMENT	CRITERIA	POSSIBLE EVIDENCE FOR THIS STANDARD IN ADDITION TO REQUIRED EVIDENCE
<p><b>Assessment is fair, valid and reliable</b></p>	<p>5.1 There is a clear relationship between learning outcomes and assessment strategies.</p> <p>5.2 Scope of assessment covers all learning outcomes relevant to the competencies.</p> <p>5.3 Multiple assessment tools, modes and sampling are used including direct observation in the clinical setting.</p> <p>5.4 Program management and co-ordination, including internal and external moderation, ensure consistent and appropriate assessment and feedback to students.</p> <p>5.5 Suitably qualified and experienced staff assess students, including external experts for final year.</p> <p>5.6 All learning outcomes are mapped to the required graduate competencies and are assessed.</p>	<ul style="list-style-type: none"> <li>• Assessment matrix/blueprint which details assessment methods and weightings and demonstrates alignment of assessment to learning outcomes and graduate competencies</li> <li>• Policies and procedures on assessment strategy, assessment and marking, credit for prior learning and progression</li> <li>• Processes for identifying, using and evaluating input of external experts to assessment</li> <li>• Examples of assessment moderation/ benchmarking including the outcomes</li> <li>• Qualifications and Audiology Australia Accredited Audiologist status (if applicable) and responsibilities of supervisors and markers of assessment</li> </ul> <p><i>May be requested at site visit</i></p> <ul style="list-style-type: none"> <li>• Samples of student assessment and feedback provided to students</li> <li>• Sample of student logbooks/ portfolios</li> <li>• Examples of assessment statistical data and how it is reviewed/used to improve program/unit outcomes and assessment approaches</li> </ul>

## Standard 5: Guidance

This Standard focuses on the assessment strategies and methods used in the program, the reliability and validity of the methods used and whether or not the assessment methods and assessment data analysed by the provider give assurance that every student who passes the program meets the graduate competencies and is thus competent to commence a Clinical Internship.

Audiology Australia expects education providers to use fit for purpose and comprehensive assessment methods and formats to assess the intended learning outcomes, and to ensure a balance of formative and summative assessments occur throughout the program.

Audiology Australia will examine the provider's assessment matrix (or similar framework methodology/tool) to determine the link between learning outcomes. How student assessment is managed for each phase or year of the program and suitability of the assessment tools used will be examined. The use of assessment data to demonstrate reliability and validity and for improvement will also be examined.

Clinical assessment strategies will be closely reviewed, and they may include:

- Appropriate use of simulated and standardised clients to test specific skills in a structured, multiple-station assessment process, such as an 'objective-structured clinical examination' (OSCE)
- Long case examinations that allow an assessment of the student's ability to take a complete history, conduct a full clinical examination, interpret the findings and develop a management plan.

In relation to 5.5, Audiology Australia is interested in how assessment or assessment methods are benchmarked externally.

## Glossary

TERM	DEFINITION
<b>Accreditation assessment panel</b>	A team of experts appointed by Audiology Australia whose primary function is to analyse and evaluate the audiology program against the Accreditation Standards.
<b>Accreditation assessment report</b>	Report prepared by the accreditation assessment panel as part of the assessment process. This report is presented to the Audiology Australia University Accreditation and Competencies Committee and provides recommendations on the accreditation assessment of the audiology program.
<b>Assessment matrix</b>	A document that outlines program learning, teaching and assessment design and processes, and clearly demonstrates the link between learning outcomes and what is assessed.  <i>Note:</i> the terms assessment blueprint or summary and assessment sampling framework are also in use by some education providers <sup>3</sup> .
<b>Assessor</b>	A qualified academic Audiologist who is a member of Audiology Australia, appointed and trained by Audiology Australia to make assessments of applications for accreditation, as part of the Accreditation assessment panel.
<b>Audiologist</b>	A university qualified health-care professional who identifies, diagnoses, treats, and monitors disorders of the auditory and vestibular systems. Audiologists work with clients to help them to preserve, manage and improve their hearing, their ability to process and understand sounds and their balance. Audiologists help clients of all ages, including those with complex needs, to improve their ability to communicate and interact in all situations.
<b>Audiology Australia's National Competency Standards for Audiologists</b>	The National Competency Standards <sup>4</sup> : <ul style="list-style-type: none"> <li>• fully articulate the minimum skills, knowledge and behaviours required for 'entry level' practice for Audiologists in Australia</li> <li>• provide the standards against which the public can expect safe practice</li> <li>• become the primary document which describes the professional attributes and skills required for Audiologists to work across multiple contexts in an increasingly complex health system</li> <li>• become the primary document which supports further recognition of the profession as highly qualified health professionals and a key component of the Australian health and ageing sector.</li> </ul> <p>Competency standards describe the knowledge, skills and attributes expected of the Audiologist, whatever their work setting or location. Competency standards allow for professional judgement and for application for a variety of purposes and within diverse settings.</p>
<b>Benchmarking</b>	Defined by TEQSA as a structured, collaborative, learning process for comparing practices, processes or performance outcomes. Its purpose is to identify comparative strengths and weaknesses, as a basis for developing improvements in academic quality. Benchmarking can also be defined as a quality process used to evaluate performance by comparing institutional practices to sector good practice <sup>5</sup> .

3. Derived from a definition in Medical Deans Australia and NZ (HWAproject)Developing a National Assessment Blueprint for Clinical Competencies for the Medical Graduate Final Report. <http://www.medicaldeans.org.au/wpcontent/uploads/Medical-Deans-Competencies-Project-Stage-3-Final-Report-FINAL.pdf>

4. National Competency Standards for Audiologists <https://audiology.asn.au/Tenant/C0000013/AudA%20National%20Competency%20Standards%201Jan2022.pdf>

5. TEQSA, Guidance Note Benchmarking, [http://www.teqsa.gov.au/sites/default/files/BenchmarkingGNFinal\\_0.pdf](http://www.teqsa.gov.au/sites/default/files/BenchmarkingGNFinal_0.pdf) Accessed August 2017

TERM	DEFINITION
<b>Client</b>	Any recipient of audiological services. May include an individual, patient, parent, family member, significant other, carer or organisation.
<b>Clinical placement</b>	<p>Offers opportunities in a relevant professional setting for the education and training of audiology students for the purposes of:</p> <ul style="list-style-type: none"> <li>• integrating theory into practice</li> <li>• familiarising the student with the practice environment</li> <li>• building the knowledge, skills and attributes essential for professional practice.</li> </ul> <p>During clinical placements, the provision of safe, high quality client care is always the primary consideration. The clinical placement may be conducted in a number of locations and settings, which may be augmented by simulations.</p>
<b>Clinical supervision</b>	This involves the oversight – either direct or indirect – by a clinical supervisor(s) of professional procedures and/or processes performed by a learner or group of learners within a clinical placement for the purpose of guiding, providing feedback on, and assessing personal, professional and educational development in the context of each learner’s experience of providing safe, appropriate and high-quality client care.
<b>Clinical supervisor</b>	An appropriately qualified and recognised professional who guides learners’ education and training during clinical placements. The clinical supervisor’s role may encompass educational, support and organisational functions. The clinical supervisor is responsible for ensuring safe, appropriate and high-quality client care.
<b>Code of Conduct for Audiologists and Audiometrists</b>	The Code of Conduct <sup>6</sup> sets the fundamental standards of behaviour and responsibilities that members of Audiology Australia must abide by.
<b>Cultural Safety / Culturally Safe</b>	<p>Cultural safety<sup>7</sup> is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.</p> <p>To ensure culturally safe and respectful practice, health practitioners must:</p> <ol style="list-style-type: none"> <li>a. Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;</li> <li>b. Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;</li> <li>c. Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;</li> <li>d. Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.</li> </ol>
<b>Graduate competencies</b>	Audiology Australia’s Graduate Competencies for Audiology Programs are the skills, knowledge and attributes a student needs to attain to successfully complete an accredited audiology program in Australia.
<b>Learning outcomes</b>	Learning outcomes are the expression of the set of knowledge and skills, and the application of knowledge and skills a person has acquired and is able to demonstrate as a result of learning. <sup>8</sup>

6. Code of Conduct for Audiologists and Audiometrists: <https://auderc.org.au/code-of-conduct>

7. The National Scheme’s Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020 – 2025: <https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/health-and-cultural-safety-strategy.aspx>

TERM	DEFINITION
<b>Program / Program of study</b>	A program of study in audiology provided by an education provider that leads to the issuance of a qualification, which typically consists of a number of sub-elements (see Unit). Note the term 'course (of study)' is also used by some education providers.
<b>Scope of Practice for Audiologists and Audiometrists</b>	The Scope of Practice for Audiologists <sup>9</sup> provides an overview of the services that may be offered by appropriately qualified and experienced Audiologists in Australia. That is, it provides an overview of the scope of practice of the profession of audiology.
<b>Resources</b>	Includes the human (including staffing), physical, financial and learning resources to deliver the program.
<b>Simulation</b>	<p>Simulation is an educational tool that offers a skills-based experience safely and securely through the imitation of reality. Simulations have been grouped into three categories for use in audiology education: (i) simulations using standardised patients, (ii) simulations using computers, and (iii) mannequins. These categories can be applied individually to replicate single clinical tasks (e.g., taking a case history from a standardised patient) or in-combination to recreate whole clinical environments (e.g., completing the audiological assessment and management of clients in a simulated audiology clinic), at varying levels of fidelity (the extent to which the simulation matches a real task or environment), and for both formative and summative assessment.</p> <p>Simulation seeks to produce a risk-free environment in which learners can consolidate the skills and knowledge required for practice in a clinical setting. Academic activities such as practicals/laboratory work (where students complete practical/laboratory activities under the supervision of a tutor), seminars (where a topic is discussed by an educator and a group of students), and individual student practice (where individual students or groups of students practice an activity in their own time) do not qualify as simulations.</p>
<b>Teleaudiology</b>	<p>The use of telecommunications to provide audiological services. A service delivery model that can be used to supplement and complement services delivered using the in-person model. Also referred to as telehealth, telepractice, virtual care, remote care as well as more specific terms such as connected hearing care, telerehabilitation and eAudiology<sup>10</sup>.</p> <p>May occur:</p> <ul style="list-style-type: none"> <li>• in real time (synchronously) when an Audiologist or one of their team members interacts with a client on the phone, videoconference or via an App</li> <li>• with a time delay (asynchronously) when the interaction takes place for example by email, text messaging, website or via an App</li> <li>• as a mix of the above (hybrid), where a client receives some hearing services in-person and others by one or more modes of telecommunication.</li> </ul>
<b>Unit</b>	A separate and identifiable component of an audiology program, usually with its own assessment components and with a member of the academic staff responsible for coordination. Note the terms 'course', 'module' 'subject' or 'topic' are also used by some providers.

8. [https://assessment.avondale.edu.au/docs/Australian%20Qualifications%20Framework%20\(AQF\)%20-2nd-Edition-January-2013.pdf](https://assessment.avondale.edu.au/docs/Australian%20Qualifications%20Framework%20(AQF)%20-2nd-Edition-January-2013.pdf)

9. Scope of Practice for Audiologists and Audiometrists: [https://audiology.asn.au/Tenant/C0000013/Position Papers/Other documents/Scope of Practice All-in-one 20170119.pdf](https://audiology.asn.au/Tenant/C0000013/Position%20Papers/Other%20documents/Scope%20of%20Practice%20All-in-one%2020170119.pdf)

10. <https://teleaudiologyguidelines.org.au/teleaudiology-guidelines/>



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