



audiology australia

**Submission to the House of  
Representatives Standing  
Committee on Health, Aged  
Care and Sport**

**Inquiry into the Hearing Health  
and Wellbeing of Australia**

**23 December 2016**

## Executive Summary

Audiology Australia thanks the Standing Committee on Health, Aged Care and Sport for the opportunity to provide a submission in relation to the inquiry into the Hearing Health and Wellbeing of Australia.

Audiology Australia is the peak professional body, representing 2,500 audiologists in Australia. 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 - from infants to older adults - and clients with complex needs to improve their ability to communicate and interact in all situations.

Audiology Australia provides the highest standard of self-regulation for its members and strives to meet the National Alliance of Self-Regulating Health Professions (NASRHP) Standards. At the core is our clinical certification programme which includes: completion of an Audiology Australia Accredited Australian Masters-level degree and the one-year Audiology Australia internship; adhering to our Code of Conduct which is in line with the National Code of Conduct for Health Care Workers, and; meeting our rigorous Recency of practice and Continuing Professional Development Requirements. In addition, we provide services to our members such as our Professional Practice Standards, which provide guidance on evidence-based practice across the full range of audiological services.

In this submission, Audiology Australia draws on the knowledge and insight of its members and summarises its positions on key aspects related to hearing health and wellbeing, which includes balance and processing disorders. Audiology Australia submits that:

- The Australian Government should make Hearing Health and Wellbeing a National Health Priority to ensure the current and future work of all stakeholders, including Audiology Australia, reaches all Australians.
- Hearing Health and Wellbeing as the next National Health Priority is especially needed to help ensure that:
  - knowledge and best practice is promoted in all aged care facilities;
  - the public understands that in addition to hearing loss, they can get help with their balance and auditory processing disorders from audiologists;
  - the public understands that good hearing care involves a lot more than hearing aids, and that much can be achieved through changed behaviour;
  - there is increased awareness and recognition of Auslan as a language and greater prominence of Auslan in the public domain, and that;
  - initiatives that decrease the rate of preventable hearing loss are promoted and furthered.
- The Australian Government should explore options to ensure that older Australians with hearing needs have equitable access to the range of supports available within the NDIS.
- The Australian Government should facilitate audiologists to work together with the aged care workforce to meet the needs of care recipients.
- The Australian Government should formally recognise the role that NASRHP bodies such as Audiology Australia play in effective self-regulation of the allied health professions.
- All sources of funding for audiological services should allow for teleaudiology to be utilised.
- Audiology Australia would welcome the opportunity to discuss with the Standing Committee how it can contribute to best practice now and in the future.

## Introduction

Audiology Australia thanks the Standing Committee on Health, Aged Care and Sport for the opportunity to provide a submission in relation to the inquiry into the Hearing Health and Wellbeing of Australia.

Audiology Australia is the peak professional body, representing 2,500 audiologists in Australia. 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 - from infants to older adults - and clients with complex needs to improve their ability to communicate and interact in all situations.

**Audiology Australia's mission is to give value to its members as the peak professional body in audiology by providing education, advocacy, and setting ethical standards of practice, to ensure audiologists are able to deliver the highest standards of hearing health care and are valued by the community for their services.**

Audiology Australia strives to succeed in this mission through various initiatives, including:

- Rigorous self-regulation for the profession of audiology, with Audiology Australia's clinical certification programme at the core;
- Accreditation of Australian Masters-level degrees in audiology;
- Audiology Australia's Code of Conduct for members which is in line with the National Code of Conduct for Health Care Workers (1);
- Scientific conferences and courses that promote evidence-based practice;
- Webinars on best practice available across Australia;
- Information Sheets and Issues Papers on political developments and changes to funding sources of relevance to members, and;
- Audiology Australia's comprehensive Professional Practice Standards, which provide guidance on evidence-based practice across the full range of audiological services.

Audiologists provide services in a broad range of settings, including: early intervention agencies, aged care facilities, hearing aid clinics, medical practices, educational facilities, hospitals, community health clinics, government funded agencies, cochlear implant clinics, private practice, and ear nose and throat (ENT) specialist and otology clinics.

**Audiologists are hearing health care experts, which includes treating auditory processing and vestibular (balance) disorders.**

Therefore, audiologists work under and assist their clients to navigate a wide range of funding schemes in the hearing services sector. Practicing audiologists have a wealth of experience and insight into how simple and cost-effective changes could be implemented to achieve significant changes.

In this submission, Audiology Australia draws on the knowledge and insight of its members and summarises its positions on key aspects related to **hearing health and wellbeing, which includes balance and processing disorders**. Audiology Australia supports Hearing Health and Wellbeing as the next National Health Priority and looks forward to discussing how it could contribute to such a collaborative with the Standing Committee on Health, Aged Care and Sport.

## Audiology Australia's response to terms 2-4, 7 and 9

### 2. Community awareness, information, education and promotion about hearing loss and health care

#### What the problem is

Public awareness of the potential negative impacts of untreated hearing loss on, for example, social interactions and development, mental health and academic performance in children is widely accepted. However, hearing loss in older people tends not to receive the same level of recognition. With the prevalence of hearing loss amongst older Australians expected to increase to as much as one in two by 2050 (2), the ageing population must be given the best chance to remain socially engaged and actively contribute to the community.

In younger Australians, much can be done to prevent the rate of hearing loss as they age. Over one-third of hearing loss experienced by people is preventable as it thought to be due to repeated exposure to an avoidable loud noise (3).

There are also many other Australians who experience hearing loss, vestibular (balance) and auditory processing disorders who are unaware of the range of services available which may improve their health and wellbeing. There is a widespread misconception that the only treatment option available is hearing aids. However, in many cases hearing aids may not even be the optimal treatment option and audiologists can provide effective treatment through behavioural change, counselling and assistive devices.

#### What is currently being done

Audiology Australia would like to acknowledge the work of many of its members in helping the public to preserve, manage and improve their hearing, their ability to process and understand sounds, and their balance. In particular, it would like to acknowledge the work of:

- Deafness Forum of Australia in advocating for the rights of people experiencing hearing loss and related disorders and their families by providing education, information and support, and;
- HEARing CRC in developing new technologies, providing professional education and promoting hearing loss prevention.

Audiology Australia will continue to support efforts to increase community awareness and understanding of hearing loss and hearing health care. Audiology Australia directly contributes to increased community awareness, information and education by clearly describing and promoting the range of services that audiologists are qualified to provide lawfully, safely and effectively. For example, the Scope of Practice for audiologists and audiometrists published earlier this year (4) is the first document to describe the services offered by these two professions in Australia. Additionally, easy-to-read flyers have been produced which can be used by our members to promote their services to current and potential clients.

A service to the public in the form of a register of Audiology Australia Accredited Audiologists which comprises clinically certified audiologists who have signed a trade mark usage agreement. The aim is that this register will include all audiologists certified by Audiology Australia and that it will be integrated with the complaints management system by mid-2017.

Nonetheless, despite Audiology Australia's best efforts, the reach of our resources are largely limited to our key stakeholder organisations and our members' existing clients.

## What needs to be done

**Audiology Australia submits that Hearing Health and Wellbeing as a National Health Priority, especially in order to help ensure that:**

- **knowledge and best practice is promoted in all aged care facilities;**
- **the public understands that in addition to hearing loss, they can get help with their balance and auditory processing disorders from audiologists;**
- **the public understands that good hearing care involves a lot more than hearing aids, and that much can be achieved through changed behaviour;**
- **there is increased awareness and recognition of Auslan as a language and greater prominence of Auslan in the public domain, and that;**
- **initiatives that decrease the rate of preventable hearing loss are promoted and furthered.**

Audiology Australia's believes that increased community awareness of hearing loss and hearing health care is a must. By contributing its resources and knowledge to those of Commonwealth and State and Territory governments, non-government organisations and other experts in the field, Audiology Australia is confident that a significant difference to community awareness and understanding could be made within a short period. Audiology Australia therefore supports Hearing Health and Wellbeing as a National Health Priority as submitted in response to term 9.

### 3. Access to, and cost of services, which include hearing assessments, treatment and support, Auslan language services, and new hearing aid technology

In the following sections we explore the major sources of funding for hearing services and their limitations. It must be acknowledged that the cost of hearing aids and other devices to assist with hearing and auditory processing disorders are prohibitively expensive for many Australians. For example, on average a “bundled” package for one hearing aid can range from \$2,000 to \$5,000 (5). The term “bundled” refers to the bundling of the audiologist’s service fee and the device into one package- a practice that Audiology Australia is opposed to as it simultaneously minimises the value of the audiological service and obscures the true cost of the device. Audiology Australia is eager to work together with other key stakeholders to achieve greater public awareness of the costs associated with audiology services, hearing aids and other technologies designed to assist rehabilitation.

#### Office of Hearing Services (OHS) Program

Audiology Australia anticipates that all OHS services for clients under 65 years of age will transition to the National Disability Insurance Scheme (NDIS) and that any NDIS eligibility criteria developed will ensure that there is not a decrease in the availability of hearing services to this age group.

Audiology Australia is optimistic that the NDIS will improve access to hearing services for people under 65 years of age and address some of the shortcomings of the OHS Program. For example, although the cost of hearing devices such as cochlear implant speech processors are covered under the OHS Program for children up to 26 years, the OHS Program does not provide upgrades or replacement processors for eligible adults.

The OHS Program focuses on hearing aids as a rehabilitation option. This may be a contributing factor to the public often not fully understanding what is required for effective hearing rehabilitation. Audiologists are trained to offer a holistic rehabilitation plan including, as needed, support and counselling that promotes behavioural change that can improve hearing ability, as well as suggest other alternatives to hearing aids such as assistive devices.

Audiology Australia hopes that the NDIS will live up to its aspirations to fund a full range of required rehabilitation services based on the individual needs and goals of participants.

#### NDIS

Audiology Australia welcomes the possibility of funding for hearing health care for all Australians under 65 years, as a result of the National Disability Insurance Scheme (NDIS). As explored in the previous section, Audiology Australia is optimistic that the future eligibility requirements for this scheme will be sufficiently inclusive to enable access to the scheme for all whose lives are negatively impacted by hearing loss and other auditory and balance disorders.

It is hoped that the range of services funded will be truly based on an expert’s assessment of the client’s needs and include not only hearing aids but also other services that can assist the client in building their capacity. This includes the provision of suitable devices such as streamers, television devices for hearing assistance, smoke alarms, hearing aids and ongoing hearing aid maintenance and batteries. It also includes counselling and support to promote positive behavioural change and to reinforce steps towards increased capacity.

Audiology Australia has concerns that access to funding through the NDIS may be inconsistent within and across regions, and appears to be dependent on many factors that may not relate to individual participants’ needs and goals. These include: the level of advocacy families can afford to invest time and money into; the NDIS planner’s knowledge of and attitudes

towards hearing services, and; location/jurisdiction. Audiology Australia will explore these issues further in its submission to the current inquiry into the provision of hearing services under the NDIS by the Joint Standing Committee on the National Disability Insurance Scheme.

### **Medicare items**

Audiology Australia welcomed the inclusion of audiological services for patients with chronic conditions and complex care needs in 2004 as well as the additions of nine new Medicare items for diagnostic audiology services provided by an audiologist (Group M15- Diagnostic Audiology Services) in 2012.

However, Audiology Australia believes that the current restrictions on patient access to audiological services are reducing the potential value of these diagnostic services and other audiological services to patients. As detailed in Audiology Australia's submission in November 2015 to the Medicare Benefits Schedule Review Taskforce Consultation Paper; the restrictions that should be removed include: limits on the number, nature and length of services audiologists can provide; restrictions relating to referrals to and by audiologists, and; the requirement that audiological services must be provided in person (i.e. that telehealth cannot be utilised, see also response to term 4). Audiology Australia supports the need for direct primary care access for audiologists across the full range of diagnostic audiology services including vestibular assessments and necessary rehabilitation options such as device adjustments, maintenance, counselling and support.

Furthermore, there are currently restrictions in place as to which items can be claimed together which result in clinicians not being able to follow best practice recommendations. For example, the tests that often need to be conducted on children under three include behavioural assessments, tympanometry and otoacoustic emissions. However, the item for otoacoustic emissions cannot be claimed together with the items for the first two tests and clients therefore experience higher out-of-pocket costs.

### **Private Health Insurance**

A number of Private Health Insurers currently partially cover the cost of hearing devices. However, there are several limitations to the level and nature of the cover available and Audiology Australia will continue to advocate for:

- Funded ancillary services that are evidence-based and provided by audiologists who are clinically certified by Audiology Australia.
- Funding for audiological consultations; with the number of consultations covered based on an assessment of the client's needs (Note: few health funds cover consultations with an audiologist).
- At a bare minimum, funding for audiological services should match the MBS items for audiologists and the OHS Program.
- The current apparently arbitrary discrepancies between health funds in the amount paid for non-implantable hearing devices needs to be addressed (6,7).
- Audiologists to be included in the HICAPS system.

### **Primary and Secondary Health Clinics**

Audiology Australia has received concerning reports of several audiology clinics in hospitals in New South Wales being closed down. Without access to audiologists at hospitals, many families will be left without access to specialist audiological services such as infant diagnostics and counselling for parents at the time when they need it most.

## 4. Current access, support and cost of hearing health care for vulnerable populations, including: culturally and linguistically diverse people, the elderly, Aboriginal and Torres Strait Islanders and people living in rural and regional areas

### Older Australians

The OHS Program provides financial support related to the cost of hearing services, assessments and devices for older eligible Australians, including Pensioner Concession Card holders and Department of Veterans' Affairs Gold and White Card holders.

With the rollout of the NDIS, Australians under 65 years who meet the eligibility criteria for the Scheme have access to non-means tested support for their hearing needs. However, the same is not available for older Australians.

Furthermore, there is currently an option for a greater level of support under the NDIS than is available under the Hearing Services Program, including items that are central to the efficacy of any hearing rehabilitation plan such as streamers, television devices for hearing assistance, smoke alarms, ongoing hearing aid maintenance and batteries and counselling. As a result, there is a large disparity in the services available to a person dependent on the age at which the person acquired the disability. As a member of the National Aged Care Alliance (NACA), Audiology Australia therefore strongly supports the recommendations outlined in NACA's Discussion Paper titled "improving the interface between the aged care and disability sectors" (8), including:

*"1. That Australian Governments **ensure equitable service provision in the disability and aged care systems**, through co-designed, clear and comprehensive policy that aligns markets, services and funding to ensure that older people with disability, and people with younger onset dementia, receive the support they need from the most appropriate system.*

*2. That the legislated review of the aged care reforms in 2016/17 include **a review of the age requirements for the NDIS** to determine if NDIS eligibility should be **linked to the Age Pension age**, as envisaged by the Productivity Commission. Such a review should include consideration of the planned increase to 67 years and any future increase of age pension age to 70 years. [...]*

*9. That services for older people with disability include equitable **access to the range of supports available within the NDIS**, to enable people to live independently in the community for as long as possible."*

**Audiology Australia submits that the Australian Government should explore options to ensure that older Australians with hearing needs have equitable access to the range of supports available within the NDIS.**

### Supporting older Australians' hearing needs while in the aged care system

Providers of residential care services for older Australians must make "arrangements for aural [...] health practitioners to visit care recipients, whether the arrangements are made by care recipients, relatives or other persons representing the interests of care recipients, or are made direct with a health practitioner" (Quality of Care Principles, 2014). Approved providers of residential services must provide, and home care services may provide, personal assistance with

communication, including assistance to address difficulties arising from impaired hearing or speech, assistance with the fitting of sensory communication aids, and checking hearing aid batteries (Quality of Care Principles, 2014). Furthermore, the Accreditation Standards for residential aged care facilities require that “Care recipients’ sensory losses are identified and managed effectively” (Quality of Care Principles, 2014). However, the reality of aged care services does not live up to the legislative aspirations.

In its submission to the Senate Standing Committees on Community Affairs- References Committee’s Inquiry into the future of Australia’s aged care sector workforce in March 2016, Audiology Australia identified what is needed to enable the aged care workforce to address the hearing needs of care recipients:

- *“Recipients of aged care services must have ready access to audiologists who have training in performing audiological assessments and providing rehabilitation services for clients with complex needs (including those with additional disabilities or health conditions, such as dementia).*
- *Care recipients should receive a hearing screening test upon entering residential facilities.*
- *The use of hearing aids only should occur in those circumstances where the client is experiencing hearing and communication difficulties, the need cannot be addressed appropriately through other means and the client is likely to cope with a hearing aid.*
- *There must be consultation between audiologists and the aged care workforce regarding possible environmental changes to enhance communication such as visual displays, captioned TV, amplified telephones, acoustic shielding, and changes to seating arrangements.*
- *The government should clarify exactly what must be provided by residential services (and what may be provided by home care services) as regards personal assistance with communication. This should be done in consultation with the hearing services sector, including representatives from Audiology Australia.”*

**Audiology Australia submits that the Australian Government should facilitate audiologists to work together with the aged care workforce to meet the needs of care recipients.**

## 7. Best practice and proposed innovative models of hearing health care to improve access, quality and affordability

### Audiology Australia supports best practice

Audiology Australia is the peak professional body, representing 2,500 audiologists in Australia. 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 - from infants to older adults - and clients with complex needs improve their ability to communicate and interact in all situations.

Audiology Australia provides rigorous self-regulation for the profession of audiology, with its clinical certification programme at the core. Clinical certification by us comprises being tested against, and continuing to abide by, a suite of policies aimed at ensuring audiologists provide services lawfully, safely and effectively and in the clients' best interests. This includes meeting Audiology Australia's rigorous:

- Education and training requirements, which include completion of at least an Audiology Australia Accredited Australian Masters-level degree and our full-time one-year internship programme;
- Code of Conduct which is in line with the National Code of Conduct for Health Care Workers (1);
- Continuing Professional Development programme, and;
- Recency of Practice requirements.

Membership with Audiology Australia is a requirement to provide government-funded audiological services such as via the:

- Office of Hearing Services' Hearing Services Program;
- Medicare;
- The National Disability Insurance Agency (NDIA);
- State and Territory workers' compensation schemes (such as Workcover), and;
- The Department of Veterans' Affairs.

Additionally, private healthcare funds also require that the audiologist is a member of Audiology Australia for hearing service fees to be reimbursed.

Audiology Australia aims to achieve formal recognition of the high standard of self-regulation it provides for the profession of audiology by meeting the Membership Standards for the National Alliance of Self-Regulating Health Professions' (NASRHP) when applications open for the first time in mid-2017.

The NASRHP standards were developed to ensure the highest professional standards of practice (9). NASRHP continues to advocate for its self-regulatory model to be recognised in national law. Progress towards achieving this recognition was achieved earlier this year when it received funding from the Australian Government Department of Health to establish itself as an organisation to support self-regulating professions with regulatory standards comparable to registered professions.

Audiology Australia welcomed the introduction of the National Code of Conduct for Health Care Workers (the National Code) (1). The National Code provides a degree of public protection from any people who may attempt to provide services without first meeting the same rigorous clinical certification requirements Audiology Australia implements. This is because the code requires that, among other things:

*"1.2a) A health care worker must maintain the necessary competence in his or her field of practice*

*1.2b) 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*

*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.” (1)*

Further protection would be afforded if the Government formally recognised the role of self-regulation by officially endorsing the NASRHP model and recommending members of the public to see only those clinicians who have been certified by a NASRHP professional body. Public campaigns promoting that members of the public should choose a health care worker who is registered with an AHPRA body or certified by a NASRHP body would clarify the rigorous level of protection afforded by both models of regulation.

**Audiology Australia submits that the Australian Government should formally recognise the role that NASRHP bodies such as Audiology Australia play in effective self-regulation of the allied health professions.**

Audiology Australia would welcome any consideration by the COAG Health Council to include audiology as a registered profession. However, until this time we will continue to strive for the highest standards of self-regulation.

### **Audiology Australia promotes innovative models of service**

In addition to the rigorous clinical certification policies Audiology Australia implements are the products and events we provide our members. This includes:

- Scientific conferences and courses that promote evidence-based practice;
- Webinars on best practice available across Australia;
- Information Sheets and Issues Papers on political developments and changes to funding sources of relevance to members, and;
- Audiology Australia’s comprehensive Professional Practice Standards, which provide guidance on evidence-based practice across the full range of audiological services.

**Audiology Australia submits that it would welcome the opportunity to discuss with the Standing Committee how it can contribute to best practice now and in the future.**

### **Teleaudiology**

The advances in technology over the past decades provide new and exciting opportunities for the delivery of services (10), especially in remote areas where access to health care is limited and significant inequalities exist (11). In Australia, the prevalence of ear disease and hearing loss in Indigenous communities is often significantly higher than in the overall Australian population,

particularly in remote areas. Teleaudiology<sup>1</sup> and teleotology, therefore, is likely to shape future audiological practice by changing the way services are delivered to these populations.

**Audiology Australia's position is that telepractice is an appropriate model of service delivery for the audiology profession.**

Teleaudiology is already used in Australia by, for example: Australian Hearing for fitting hearing aids; The Shepherd Centre in assisting children develop their listening, spoken language and social skills (13); and SCIC (Sydney Cochlear Implant Centre, a Royal Institute for Deaf and Blind Children service) in the programming of cochlear implants (14). Indeed, the majority of services related to cochlear implants can be delivered using telepractice, from otoscopy to cochlear implant programming (15).

If teleaudiology was funded under all Australian Government schemes, expected outcomes include:

- Increased and more timely access to audiological services for populations who are unable to access face-to-face services due to geographical reasons.
- Increased and more timely access to audiological services for populations who are unable to access face-to-face services due to socioeconomic or physical disadvantage.
- Increased professional support to personnel involved in delivering services.
- Competent performance of services and mitigation of risk for patient and clinic (12).

**Audiology Australia submits that all sources of funding for audiological services should allow for teleaudiology to be utilised.**

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<sup>1</sup> Teleaudiology is defined as the use of telecommunications technology such as the internet, computer networks, videoconferencing or telephone to provide access to audiological services for patients who are not in the same location as the clinician (12).

## 9. Whether hearing health and wellbeing should be considered as the next National Health Priority for Australia

Audiology Australia fully supports “hearing health and wellbeing” as the next National Health Priority for Australia and endorses Deafness Forum of Australia’s submission regarding this item, due to the following factors:

- Individuals’ language development, social participation and inclusion, education, and relationships may be seriously impacted by their hearing and/or balance disorders.
- Hearing loss and its potential negative impacts is often not taken seriously by older Australians and their families.
- Hearing loss occurs at a higher rate compared with other illnesses that are targeted as National Health Priority Areas (2).
- The World Health Organisation recognises hearing loss as one of the three most common cases of disability (16).
- There is a need for a national approach to raise awareness about not only hearing, but also disorders of hearing and balance systems.
- There is a need for a single, national, source of information on government-funded programmes, especially those targeted at particularly vulnerable groups such as children and people with other non-audiological disabilities.
- A large proportion of acquired hearing loss is preventable through the application of affordable and easy measures.

**Audiology Australia submits that the Australian Government should make Hearing Health and Wellbeing a National Health Priority to ensure the current and future work of all stakeholders, including Audiology Australia, reaches all Australians.**

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