Reserved Practices in Audiology: Considerations for Public Protection, Workforce Sustainability and Access to Care

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Executive Summary

The Australian College of Audiology (ACAud) supports evidence-based regulation that protects the public while maintaining equitable access to hearing healthcare services.

ACAud recognises that some areas of audiology practice involve additional complexity, specialised training and higher levels of clinical responsibility. However, the existence of higher-risk practice does not automatically justify the introduction of reserved practices under the National Registration and Accreditation Scheme (NRAS).

The National Law establishes a deliberately high threshold for reserved practices. Restrictions on professional practice should only be introduced where there is compelling evidence that unrestricted practice creates a significant public safety risk that cannot be adequately managed through existing regulatory, governance, competency or supervision mechanisms.

ACAud is concerned that proposals relating to paediatric hearing assessment and hearing device prescription have not yet demonstrated that this threshold has been met.

In considering any proposed reserved practice, ACAud encourages the ARRG to carefully evaluate not only public protection considerations but also the potential impacts on workforce sustainability, service accessibility, public health programs and consumer outcomes.

National Law Threshold for Reserved Practice

The Health Practitioner Regulation National Law provides for reserved practices only in exceptional circumstances.

Currently, only three restricted practices exist nationally:

- Restricted dental acts
- Prescription of optical appliances
- Cervical spinal manipulation

These restrictions were introduced because governments determined there was sufficient evidence of significant public risk that could not be adequately managed through less restrictive mechanisms.

The guiding principles of the National Law require that restrictions on practice be imposed only where necessary to ensure health services are provided safely and are of an appropriate quality.

Accordingly, proposals for reserved practices should demonstrate:

- A significant public safety risk;
- Evidence that the risk currently exists;
- That existing safeguards are insufficient;
- That less restrictive alternatives are inadequate; and
- That the benefits outweigh any adverse consequences.

The burden of proof rests with those proposing the restriction.

Importantly, higher complexity does not automatically justify reserved practice status.

Many health professions manage higher-risk activities through competency standards, credentialling, supervision, governance frameworks and continuing professional development rather than legislative restrictions.

Has Evidence of Harm Been Demonstrated?

The key question is not whether certain areas of hearing healthcare are complex.

The key question is whether unrestricted practice has resulted in demonstrated public harm that cannot be adequately managed through existing safeguards.

To date, ACAud is not aware of evidence demonstrating:

- Systemic harm arising from hearing device prescription undertaken within existing Audiometrist scopes of practice;
- Systemic failures within Commonwealth Hearing Services Program hearing rehabilitation models;
- Systemic failures arising from multidisciplinary paediatric hearing screening services;
- Systemic failures within newborn hearing screening programs;
- Systemic failures within HAPEE, Deadly Ears or similar community ear health programs.

In the absence of such evidence, ACAud submits that the threshold for reserved practice has not yet been established.

Transparency and Public Interest Considerations

ACAud notes that proposals relating to reserved practices may have significant implications for workforce participation, service delivery models and commercial competition within the hearing healthcare sector.

Where organisations advocate for restrictions that may limit the ability of other practitioner groups to provide services they currently deliver, consideration should be given to the potential for actual, perceived or structural conflicts of interest.

ACAud encourages transparency regarding any commercial, professional or organisational interests that may be advanced through proposed reserved practice arrangements. This is particularly important where proposed restrictions may alter workforce participation, market access or established service delivery models.

Reserved practices should not be used as a mechanism to create professional monopolies, restrict workforce participation or confer commercial advantage where the National Law threshold for public protection has not been demonstrated.

Where organisations advocate for restrictions that may materially benefit a particular professional group, workforce segment or business model, transparency regarding those interests supports confidence in the integrity and objectivity of the policy development process.

Regulatory decisions should be guided by evidence of public benefit, public safety and consumer outcomes rather than professional, commercial or competitive interests.

Paediatric Hearing Assessment

ACAud acknowledges that hearing assessment and management of infants and young children may require additional training, experience and clinical judgement.

However, ACAud does not support the introduction of a reserved practice based solely on age.

ACAud notes discussion regarding a potential age threshold of eight years.

At present, no evidence has been presented demonstrating:

- Why eight years has been selected as the proposed threshold;
- Why alternative ages would not be equally appropriate;
- What specific public safety risks are associated with existing workforce arrangements; or
- Why existing competency and governance mechanisms are insufficient.

Clinical complexity varies significantly across paediatric populations and cannot be determined solely by age.

Competence should be determined by training, experience, supervision and demonstrated capability rather than broad age-based exclusions.

ACAud acknowledges the ARRG's discussion regarding the potentially significant consequences of delayed, missed or incorrect diagnosis in children. However, the existence of potentially serious consequences does not, of itself, establish that current workforce models are creating unacceptable public risk. The relevant consideration is whether evidence exists that current arrangements are resulting in harm that cannot be adequately managed through existing competency, governance and referral frameworks.

Potential Impact on Public Health and Community Hearing Programs

Consideration should be given to the broader impact that a reserved practice may have on existing public health programs and service delivery models.

Newborn Hearing Screening Programs

Across Australia, newborn hearing screening programs commonly utilise multidisciplinary workforce models involving:

- Audiologists
- Audiometry Nurses
- Nurses
- Technicians
- Trained screening personnel

Questions requiring consideration include:

- Would existing workforce arrangements remain compliant?
- Would additional supervision requirements be imposed?
- Would workforce shortages emerge?
- Would service redesign be required?
- What impact would occur on screening coverage and access?

Community Child Health Services

Many child health and community nursing services incorporate hearing screening and hearing surveillance as part of routine child development programs.

Consideration should be given to the impact on:

- Child health nurses
- Community nurses
- Audiometrist nurses
- School health services

Aboriginal and Torres Strait Islander Ear Health Programs

Programs such as:

- HAPEE (Hearing Assessment Program – Early Ears)
- Deadly Ears
- Community ear health initiatives
- Aboriginal Community Controlled Health Organisation programs
- Rural and remote outreach services

frequently rely on multidisciplinary workforce models involving Audiologists, Audiometrists, Nurses, Aboriginal Health Workers and outreach clinicians.

Any reduction in workforce flexibility may disproportionately affect Aboriginal and Torres Strait Islander communities and undermine efforts aimed at improving hearing health outcomes and Closing the Gap targets.

In some regional, rural and remote communities, restricting workforce participation may reduce access to hearing healthcare services altogether rather than improving public safety outcomes.

School Hearing Screening Programs

Many school screening programs continue to utilise Audiometrists, Nurses and trained screening personnel.

A reserved practice applying to paediatric hearing assessment may reduce screening capacity, increase waiting times and delay access to hearing healthcare services.

ACAud considers that these potential consequences should be fully evaluated before any recommendation is made.

Hearing Device Prescription and Verification

ACAud does not support the introduction of a reserved practice for hearing device prescription and verification.

Australia has successfully operated a mixed workforce hearing rehabilitation model for decades.

Audiometrists and Audiologists currently provide hearing rehabilitation services across:

- Commonwealth Hearing Services Program
- Department of Veterans' Affairs programs
- Public health services
- Private practice
- Regional and remote outreach services

without evidence of systemic public harm that would justify legislative restriction.

Hearing device prescription by Audiometrists is not a new or emerging practice. It has been recognised and funded within Commonwealth programs for decades under established governance frameworks. Any proposal to restrict this activity should explain why arrangements that have operated under Commonwealth oversight for many years are no longer considered adequate.

No evidence has been presented to suggest that these arrangements have resulted in systemic public harm or program failure.

Existing Safeguards

Hearing device prescription already operates within a highly regulated environment supported by multiple safeguards, including:

- Therapeutic Goods Administration regulation
- Manufacturer quality assurance systems
- Embedded fitting algorithms
- Prescription software safeguards
- Verification and validation protocols
- Commonwealth Hearing Services Program requirements
- Professional competency standards
- Continuing professional development obligations
- Employer governance frameworks
- Complaints and disciplinary processes

Collectively, these safeguards provide multiple layers of consumer protection.

Comparison with Optical Appliance Prescribing

It has been suggested that hearing device prescription may be comparable to the restriction on prescribing optical appliances.

ACAud considers that this comparison requires careful examination.

The restriction on optical appliance prescribing developed within a distinct historical, clinical and regulatory context.

Hearing rehabilitation differs significantly in that:

- Hearing aid fitting is highly protocol-driven;
- Manufacturer software contains embedded safeguards;
- Verification and validation procedures are routinely utilised;
- Referral pathways already exist for medical concerns;
- Multidisciplinary workforce models are well established; and
- Extensive governance arrangements are already in place.

The clinical and regulatory environments are therefore not directly comparable.

A Fundamental Question

If hearing device prescription presents a level of public risk sufficient to justify a reserved practice under the National Law, what evidence demonstrates that the existing mixed workforce model has failed after decades of operation within Commonwealth-funded and private hearing healthcare programs?

This question is central to determining whether the National Law threshold has been met.

Proportional Regulation

ACAud supports regulatory approaches that are proportionate to the level of demonstrated risk.

The existence of higher complexity practice does not automatically justify legislative restriction or exclusion of competent practitioners.

Before introducing reserved practices, consideration should be given to whether existing competency standards, professional certification frameworks, program requirements, clinical governance arrangements and referral pathways already provide appropriate public protection.

Consistent with the National Law, regulatory interventions should represent the least restrictive approach necessary to achieve public safety objectives.

Questions for Consideration by ARRG

1. What evidence demonstrates significant public harm under current hearing healthcare workforce arrangements?
2. Why are existing competency, governance and referral frameworks insufficient to manage identified risks?
3. What evidence supports the proposed paediatric age threshold?
4. What impact assessments have been undertaken regarding:
    - Newborn hearing screening programs;
    - Child health nursing services;
    - Audiometrist nurse workforce models;
    - HAPEE programs;
    - Deadly Ears programs;
    - Aboriginal Community Controlled Health Organisations; and

- School hearing screening programs?

5. What workforce modelling has been undertaken regarding the impact of proposed restrictions?
6. If hearing device prescription presents a level of public risk sufficient to justify a reserved practice under the National Law, what evidence demonstrates that existing hearing rehabilitation models operating within Commonwealth-funded and private hearing healthcare programs have failed?

Conclusion

ACAud supports evidence-based regulation that protects consumers while maintaining access to hearing healthcare services.

Reserved practices should only be introduced where compelling evidence demonstrates significant public risk and where less restrictive alternatives are insufficient.

At present, ACAud does not consider that sufficient evidence has been presented to demonstrate that the National Law threshold for reserved practice has been met in relation to paediatric hearing assessment or hearing device prescription and verification.

ACAud encourages the ARRG to continue considering regulatory approaches that balance public protection, workforce sustainability, access to care and equitable health outcomes for all Australians.

ACAud remains supportive of ongoing discussion regarding risk management, competency, clinical governance and public safety within hearing healthcare. However, any proposal to restrict practice should be supported by clear evidence of need, careful consideration of workforce and access impacts, and adherence to the National Law principles of proportionality and least restrictive regulation.

ACAud acknowledges that public protection remains the primary objective of any regulatory framework. Where evidence of specific risks emerges, ACAud supports targeted competency, supervision, credentialling and governance measures proportionate to the identified risk. However, in the absence of demonstrated systemic harm, legislative restriction of practice would not represent the least restrictive regulatory response contemplated by the National Law.

ACAud supports regulatory approaches that are evidence-based, proportionate and aligned with the National Law principle of adopting the least restrictive intervention necessary to protect the public.