FAQ National Audiology Education and Workforce Paper

What exactly is ACAud releasing?

A policy proposal for national consultation. It sets out a staged, competency-based education and workforce architecture for discussion. It is not a final accreditation, scope, certification or regulatory standard.

Is this ACAud's final position?

It is ACAud's proposal for consultation, but the detailed architecture is intentionally not settled. Final titles, task-level scopes, placement requirements, accreditation arrangements, certification ownership and regulatory category names would require national consultation, competency and risk mapping, evidence and legal review.

Is ACAud proposing to lower standards?

No. The paper's position is that standards should be matched to the competencies, complexity and risk of the work. It proposes defined competencies, integrated clinical education, independent or externally moderated assessment, published scopes, recency, CPD, complaints oversight and specialist maintenance requirements.

Is ACAud trying to replace the current Masters pathway?

No. Masters and postgraduate education remain central to the proposal, but are repositioned toward advanced and specialist formation rather than being the universal entry point for all audiology practice.

Why propose a Bachelor of Audiology?

The paper argues that an AQF Level 7 professional Bachelor can provide the science, clinical reasoning, assessment, rehabilitation, communication, ethics, cultural safety and integrated clinical training required for defined hearing rehabilitation and community audiology practice. Advanced and complex domains would require relevant specialist education and certification.

Does this mean every Audiologist would lose specialist scope unless they return to university?

No. Existing Masters-qualified Audiologists retain recognition as Audiologists, their current general scope and all current demonstrable competencies. The paper proposes fair, time-limited pathways for recognising existing specialist competence through portfolio, recency and competency mapping rather than unnecessary requalification.

Does this downgrade existing Masters-qualified Audiologists?

No. The paper expressly states that existing Masters-qualified Audiologists are not downgraded by the creation of a Bachelor pathway and are not required to requalify for their current general scope.

Are current Audiometrists being forced to complete a Bachelor degree?

No. Existing Certificate IV and Diploma-qualified practitioners retain their recognised scope where they remain qualified, certified and competent. Further progression is optional.

Does the proposal merge Audiometry and Audiology?

No. The paper describes Audiometry and Audiology as distinct professions with separate education, competency and scope foundations, connected by transparent articulation and progression pathways.

What happens to the existing Charles Darwin University Bachelor of Audiometry?

The paper expressly recognises the CDU Bachelor of Audiometry as an important existing AQF Level 7 pathway and proposes that it retain appropriate recognition and transparent credit and articulation within the broader pathway.

What does the proposal say about Aboriginal and Torres Strait Islander Health Workers and Health Practitioners?

It recognises them as established and distinct workforce roles within primary and community health care. Where relevant ear and hearing health competencies are held, those capabilities should be recognised within their existing qualification, registration where applicable, employment scope and clinical governance. Progression into Audiometry or Audiology is optional, not required.

Who should shape First Nations elements of the pathway?

The paper calls for direct Aboriginal and Torres Strait Islander participation and leadership in matters affecting First Nations students, workforces and communities, including pathway design, delivery, evaluation and data governance.

Is the proposal linked to AHPRA or a predetermined regulatory model?

No. The paper explicitly states that it does not predetermine or avoid any future regulatory outcome. Its position is that education, competency and workforce architecture should be properly developed and tested before broader system decisions are settled.

Is ACAud saying 85% of hearing workforce demand is rehabilitation?

ACAud identifies approximately 85% as a working estimate only. The paper clearly states that this figure must be independently tested through national workforce and service-mix mapping and should not be treated as a settled national statistic.

What happens to current students and interns?

The proposal says students and interns already enrolled in approved pathways should be able to complete under the standards that applied when they entered, with an option to transition only where it is advantageous and does not delay completion.

Who would oversee the reform work?

The paper proposes a small, independently chaired National Audiology Education and Workforce Reform Taskforce with meaningful consumer participation, direct First Nations participation in relevant matters and balanced sector representation.

Is ACAud proposing that it alone should own accreditation or certification?

No. The paper does not settle accreditation or certification ownership. It calls for nationally consistent standards, appropriate independence and transparency, while recognising the role of professional practitioner bodies in accrediting programs and certifying practitioners.

What is the relationship between the paper and the Hearing Health Workforce Summit?

The paper is one contribution to the broader national conversation. It provides a concrete model that can be tested, challenged and refined. The Summit is broader and is not being convened to endorse a predetermined ACAud model.

Where should feedback go?

Feedback and consultation enquiries can be directed to acaud@acaud.org. Relevant workforce and Summit material can also be sent to hearingsummit@acaud.org.