



Australian Government

**Australian Government response to the
Standing Committee on Health, Aged Care and
Sport report**

**Still waiting to be heard... Report on the
Inquiry into the Hearing Health and Wellbeing
of Australia**

August 2018

Introduction

The Australian Government is providing a response to the Standing Committee on Health, Aged Care and Sport's report *Still waiting to be heard... Report on the Inquiry into Hearing Health and Wellbeing of Australia* released in September 2017.

Following a referral on 2 November 2016 from the then Minister of Health, the Hon Sussan Ley MP, the Standing Committee sought submissions and undertook extensive national consultations with stakeholders to examine issues related to the hearing health and wellbeing of Australia.

The Department of Health has led the coordination of the Government response to the Standing Committee's report. Input to the response was requested from the Departments of the Prime Minister and Cabinet, Human Services, Education and Training, Social Services, Veterans' Affairs, Employment, Agriculture and Water Resources, Infrastructure and Regional Development, Treasury, the Australian Competition and Consumer Commission, and the National Disability Insurance Agency. Australian Hearing, as a corporate Commonwealth entity, also provided input through the Department of Human Services.

The Government has long recognised hearing health as an issue of national importance. It welcomes the Standing Committee's report and thanks the Standing Committee for its considered approach to the recommendations made in the report.

Government support for the hearing impaired spans a range of areas, from specific hearing disability support to broader activity such as education and public awareness. The Government response draws together the breadth of supports from across Government that can be accessed by hearing impaired people that allow them to participate in all areas of Australian life. In addition the Government response recognises the changes to disability support with the transition to the National Disability Insurance Scheme. This response includes detailed supplementary information at Appendix 1. This information is designed to expand on the responses to each recommendation in themes, to show the breadth and depth of current government actions that already seek to address the issues raised by the Standing Committee.

The Hon Ken Wyatt AM MP, Minister for Aged Care, Minister for Indigenous Health, has also begun meeting with hearing health consumer and industry groups to develop a roadmap for hearing health that will provide the basis for the sector, consumers and Governments to move forward with a collective understanding of the issues and actions that will lead to improvements in hearing health for all Australians.

It is also noted that some of the Standing Committee's recommendations relate to functions managed by state and territory governments and professional bodies. The Government encourages those agencies to work cooperatively with Commonwealth departments to respond to the recommendations.

	Recommendation	Government Response
1	The Committee recommends that the Department of Health, in collaboration with Australian Hearing, the Department of the Prime Minister and Cabinet, states and territories, Aboriginal and Torres Strait Islander health organisations, and local communities, develop a national strategy to improve hearing health in Aboriginal and Torres Strait Islander communities aimed at: • coordinating Commonwealth, state and territory services to ensure they are complementary and delivered in a coordinated manner; • developing a nationally consistent data reporting framework to record data on the prevalence of ear health conditions and the provision of services, including a treatment outcomes tracking method; • regular monitoring and evaluating of programs to ensure they are meeting their objectives; and • funding further research into Aboriginal and Torres Strait Islander hearing health issues.	Supported In March 2017, the COAG Health Council agreed to explore the feasibility of a national approach to addressing ear disease and hearing loss in Aboriginal and Torres Strait Islander children. This work is currently progressing through the Australian Health Ministers' Advisory Council and the National Aboriginal and Torres Strait Islander Health Standing Committee. The development of an Aboriginal and Torres Strait Islander ear health national key performance indicator and data reporting process is being considered as part of this work. An independent examination of Australian Government-funded Indigenous ear and hearing health initiatives has been undertaken, including how well those initiatives are coordinated with other programs. The report is available online at http://www.health.gov.au/internet/main/publishing.nsf/Content/examination-of-australian-government-indigenous-ear-and-hearing-health-initiatives. Recommendations from the examination are currently being addressed. The Government has announced that it intends to create an 'ending avoidable Indigenous blindness and deafness' Mission under the Medical Research Future Fund. As part of this, research priorities will be developed. Work is also underway to develop a hearing health roadmap which identifies an integrated approach to service delivery, with a view to improving ear health in Indigenous Australians.

	Recommendation	Government Response
2	The Committee recommends that the Department of Health and Australian Hearing significantly increase the resources devoted to providing hearing health services in regional and remote Aboriginal and Torres Strait Islander communities. The mobile outreach services of the Deadly Ears Program should serve as a best practice example for national implementation. This program should focus on expanding access to hearing health services in regional and remote locations and reducing the waiting lists for Aboriginal and Torres Strait Islander children requiring hearing health treatment.	Noted The Australian Government makes a significant investment in initiatives to improve the ear and hearing health of Indigenous children and youth. Funds totalling over \$136 million (2012-13 to 2021-22) are being provided for a range of activities. This includes the May 2018 announcement of \$30 million (2018-19 to 2021-22) for a new targeted outreach program which will provide an annual hearing assessment for Aboriginal and Torres Strait Islander children prior to the commencement of school, with a focus on children in rural and remote communities. The Government also makes a significant investment in multidisciplinary clinical outreach services in regional, rural and remote areas through the Healthy Ears - Better Hearing Better Listening program; providing access to surgical support; and capacity building activities such as provision of training and equipment to Indigenous primary health services. The independent examination of Australian Government Indigenous ear and hearing health initiatives concluded that the Australian Government's investment is conceptually sound in its elements and has facilitated and improved access to multidisciplinary ear health care for Indigenous children and young people. Since commencement of the Healthy Ears – Better Hearing Better Listening program in 2013-14, the number of patients accessing care has increased significantly each year. In 2016-17, over 47,000 patients received services in 304 locations, with a focus on regional, rural and remote regions. Under the Australian Hearing Specialist Program for Indigenous Australians, the Australian Government provides hearing services in more than 200 Aboriginal and Torres Strait Islander communities across Australia each year to help overcome access, distance, culture and language barriers.

	Recommendation	Government Response
3	The Committee recommends that the Department of Health together with the Department of Education and Training create a hearing health support fund for Aboriginal and Torres Strait Islander students. This fund should: • be responsible for the progressive installation of soundfield amplification systems in the classrooms of all regional, rural, and remote schools with a significant Aboriginal and Torres Strait Islander student population; and • provide support to deaf Aboriginal and Torres Strait Islander children to learn sign language and access interpreters where necessary.	Noted The Commonwealth Government recognises the importance of ensuring the hearing needs of children in schools are met to support improved learning outcomes and makes a significant financial contribution to school education through recurrent Commonwealth recurrent funding. In recognition of the educational barriers faced specifically by disadvantaged students, the Government provides additional funding through loadings (included in recurrent funding arrangements) that target student and school disadvantage, including for: • students from low socioeconomic status backgrounds • students with disability • Aboriginal and Torres Strait Islander students • students with low English proficiency • school size, and • school location. The Government is not prescriptive about how school authorities or individual schools spend Commonwealth funding. This allows school authorities to target resources appropriately to address local needs, including the needs of Aboriginal and Torres Strait Islander students and/or students with disability.
4	The Committee recommends that the Department of Social Services include audiology and audiometry as eligible services for access to the Free Interpreting Service, delivered by the Translation and Interpreting Service.	Not supported DSS' Free Interpreting Service (FIS) aims to provide equitable access to key services that are not substantially government funded. Private medical practitioners (General Practitioners and approved Medical Specialists) are eligible to access the FIS when providing Medicare-rebateable services in private practice. Pharmacies are also eligible to access the Service for the purpose of dispensing Pharmaceutical Benefits Scheme (PBS) medications. The Commonwealth Government is committed to ensuring current interpreting services are maintained but does not intend to expand eligibility to the FIS to audiology and audiometry services.

	Recommendation	Government Response
5	The Committee recommends that the Office of Hearing Services review the provision of hearing services to residents in aged care facilities. This review should consider issues including: • the use of assistive listening devices for aged care residents; • service provision for deafblind Australians in aged care facilities; and • the education of aged care facility staff.	Supported in principle The Government appreciates the need for education of aged care facility staff, including supporting staff to identify and manage residents with hearing loss or dual sensory loss such as deafblindness, and how devices can be used to improve their welfare. The Australian Aged Care Quality Agency promotes high quality care, innovation and continuous improvement through information, education and training. The Legislated Review of Aged Care 2017 also informs future reform options. The Department will work with the Australian Aged Care Quality Agency (Aged Care Quality and Safety Commission from 1 January 2019) on promoting resources to support the education and training of aged care facility staff in their management of residents with hearing loss. The Australian Government's Hearing Services Program provides a range of services to people with hearing impairment who meet their eligibility criteria, including people receiving aged care services. Aged care providers can also assist consumers to access specialised equipment to support assisted listening devices (such as audio induction loops) and provide assistance with maintaining hearing aids (including training for staff). However, these services are offered at the discretion of the provider and may attract additional fees. The law requires Commonwealth-subsidised residential aged care providers to meet the Accreditation Standards (the Standards) to ensure that quality care and services are provided to all care recipients. Sensory loss is specifically covered under Standard 2.16, stating that care recipients' sensory losses are identified and managed effectively. It is also expected under the Standards that aged care providers demonstrate management and staff have the appropriate knowledge and skills to perform their roles effectively, which would include the management of care recipients' sensory loss. The Australian Aged Care Quality Agency (Quality Agency) assesses and monitors the performance of residential aged care services against these quality

	Recommendation	Government Response
		Standards, including through unannounced re-accreditation audits and at least one unannounced site visit per year. While assessing a home the Quality Agency surveyors observe care practices in the home and interview staff and at least 10 per cent of care recipients and/or their representatives. The Department has worked with the sector to develop a draft single set of standards which will apply to all aged care services. The new standards will focus on quality outcomes for consumers rather than provider processes. The final Aged Care Quality Standards are available on the department's website. Transition to the Aged Care Quality Standards commenced in July 2018 and, subject to agreement by Government and parliamentary processes, assessment and monitoring against the Aged Care Quality Standards is expected to commence from July 2019. Additionally, on 14 March 2018, Minister Wyatt jointly announced, with the Assistant Minister for Vocational Education and Skills, the establishment of an Aged Care Industry Reference Committee (IRC). Among other things, the Aged Care IRC will be responsible for reforming national training package qualifications and skills sets need by the aged care industry.

	Recommendation	Government Response
6	The Committee recommends that the Department of Health, in consultation with state and territory counterparts and key stakeholder groups, develop and implement an education and awareness raising campaign focussed on national hearing health. The campaign should: • Promote safe noise exposure practices in the workplace. (The department, in partnership with Safe Work Australia, should focus on encouraging businesses to enact measures to eliminate or isolate sources of noise rather than relying on personal hearing protection.) • Build on existing projects such as HEARsmart and Know Your Noise to promote safe listening practices in the music industry and among young people. • Encourage people who may be experiencing hearing loss to seek assistance and encourage general practitioners and other relevant medical practitioners to actively enquire about the hearing health of their patients, particularly those aged 50 years and over. • Include messaging aimed at destigmatising hearing loss and educating the public on the challenges faced by deaf and hearing impaired Australians.	Noted Public health campaigns are primarily the responsibility of state and territory governments. When a similar recommendation was raised in the 2010 Senate Committee report, the Government raised the matter at the AHMAC meeting of 29 September 2011. The Council agreed that states and territories would manage any issues around recreational noise and safety regulations for entertainment venues. The Government, through Safe Work Australia, already works with states and territories to promote occupational safe noise exposure practices and hearing loss prevention. Additionally, the Government funds relevant work conducted by the National Acoustic Laboratories (NAL) specifically their “Know Your Noise” campaign which aims to build safe listening practices among young people and in the music industry.

	Recommendation	Government Response
7	The Committee recommends the Department of Health develop a national hearing loss prevention and treatment program for agricultural communities. Effective interventions piloted in the National Centre for Farmer Health's <i>Shhh! Hearing in a Farming Environment</i> project should serve as the basis for the development of the program. Specifically, the program should include: • The provision of education on farm-based sources of noise exposure and how the risks to hearing health from these noise sources can be minimised. • Hearing screening services targeted at workers in agricultural industries and referrals to treatment services for people found to have a hearing loss. • The promotion of communication techniques to assist people with hearing loss regardless of whether they choose to use hearing devices.	Noted As part of its policy role, Safe Work Australia has led the development of the Australian Work Health and Safety Strategy 2012-2022 (the Australian Strategy). Work related noise induced hearing loss is a priority disorder under the Australian Strategy while agriculture is a priority industry under the Strategy. The states and territories are predominantly responsible for farm safety in Australia and the implementation and regulation of work health and safety. The Department of Health provided almost \$600,000 through the Hearing Loss Prevention Program for the Shhh! Hearing in a Farming Environment project to Deakin University and the National Centre for Farmer Health.

	Recommendation	Government Response
8	The Committee recommends that the Hearing Services Program and the National Acoustic Laboratories prioritise funding for research which focuses on: • The causes of balance disorders and potential treatment options; • Genetic and stem-cell based treatments for hearing impairment; and • Longitudinal research on the experiences of adults undergoing treatment for hearing impairment.	Not supported The Government is committed to the ongoing funding of research into hearing prevention, assessment and rehabilitation to improve the way in which support is provided to hearing impaired Australians. The reprioritisation of National Acoustic Laboratories (NAL) research in accordance with this recommendation would result in loss of expertise and longitudinal research. The Government notes that international academic and private research institutions may be better placed to advance this research. Introducing new areas of research through NAL may have unintended consequences for their existing research. The tools, laboratories and expertise necessary to conduct research into balance are quite different from those needed to understand hearing. Any balance research program added to NAL would be a stand-alone initiative, would not be complementary and integrative with current research areas and, without additional funds, would negatively affect research being conducted in all other NAL research sections because of the loss of key and complementary expertise and resources. NAL does not have the expertise or resources to conduct any of the expensive and intensive research into genetic and stem-cell treatments. Longitudinal research on adults who have received treatment for their hearing impairment is already a priority area for NAL.

	Recommendation	Government Response
9	The Committee recommends that the Australian Government add hearing health services delivered via the internet to the Medicare Benefits Schedule. These services should include: audiology; ear, nose, and throat consultations; early intervention listening and spoken language therapy; and speech pathology.	Supported in principle The Government is committed to innovation in the delivery of health services where established by clinical evidence, safety and cost effectiveness. The Government has in place evidence based processes that allow industry to seek approval of teleaudiology services if they seek listing on the MBS. The Medicare Benefits Schedule (MBS) already funds telehealth services provided by ear, nose and throat specialists to patients who live in non-urban Australia. The medical profession, medical industry and others with an interest in seeking funding for a new medical service or device, or a change to an existing service can make applications to the Medical Services Advisory Committee (MSAC). The MSAC is an independent non-statutory expert committee that appraises new medical services and devices, and provides advice to Government on whether a new medical service or device should be publicly funded (and if so, its circumstances) on an assessment of its comparative safety, clinical effectiveness, cost-effectiveness, and total cost, using the best available evidence. The HSP does not prohibit the use of teleaudiology as long as the services are delivered in accordance with its technical and clinical standards. The Department is currently working with industry to understand the benefits and barriers of teleaudiology services through the HSP.

	Recommendation	Government Response
10	The Committee recommends a review be undertaken of Australian Hearing's commercial operations to ensure it is undertaking a competitively neutral approach to its participation in the Hearing Services Program Voucher Scheme.	Supported in Principle Australian Hearing is already subject to the Government's competitive neutrality policy and makes competitive neutrality payments to Government in the form of dividends and tax equivalent payments. On 23 May 2018, the Productivity Commission released their investigation report into the commercial operations of Australian Hearing. The report found that, with a minor exception, Australian Hearing is complying with its competitive neutrality obligations. The Treasury is currently conducting a review of the Government's competitive neutrality policy. Once completed, the Department of Human Services will work with Australian Hearing to ensure commercial operations continue to be competitively neutral.
11	The Committee recommends that the Community Service Obligations program be extended to provide hearing services to hearing impaired Australians aged 26 to 65 years on low incomes or who are unemployed and qualify for lower income support or the Low Income Superannuation Tax Offset.	Noted This recommendation is similar to the proposal in the Hearing Care Industry Association (HCIA) commissioned report from Deloitte Access Economics - <i>The Social and Economic Cost of Hearing Loss and Hearing Health Conditions in Australia</i> (detailed on page 9). Australians aged 26-65 years with hearing loss are eligible for the Community Service Obligations component of the Hearing Services Program if they are first eligible for the Voucher component of the Program and they are deemed to be a complex client. Eligibility for the Voucher component is already inclusive of low income or unemployed people, where they are eligible for a Pensioner Concession Card. This includes recipients of the Disability Support Pension, Carer Payment and some recipients of Newstart Allowance.

	Recommendation	Government Response
12	The Committee recommends the Australian Government's Hearing Services Program prohibit the use of commissions or any similar sales practices likely to undermine the ability of audiologists and audiometrists to provide independent and impartial clinical advice. The Committee also recommends that: • Australian Hearing cease the use of commissions and similar sales practices as soon as is feasible. • The Department of Health amends contracts with service providers operating under the Hearing Services Program Voucher Scheme to prohibit the use of commissions and similar sales practices as soon as is feasible. • If necessary, changes be made to the <i>Hearing Services Administrative Act 1997</i> (Cwth), and any other relevant legislation or regulation, to enable the prohibition of commissions and similar sales practices as described above.	Noted The Government supports the delivery of hearing services based on the clinical assessment and clinical needs of the client. Health is currently reviewing the HSP to determine the best possible options to ensure that clients receive the best clinical service, within an open and competitive market. On 3 March 2017, the Australian Competition and Consumer Commission (ACCC) released a report <i>Issues around the sale of hearing aids</i> to encourage industry to reconsider commissions, disclosure and sales practices in the context of the Australian Consumer Law. In response to the ACCC report and reports of 'up selling' practices by Contracted Service Providers, the HSP released updated guidance material for consumers, including example questions to ask, as did the ACCC themselves. Allegations of inappropriate selling pressure within the HSP are investigated by Health and appropriate action taken, including the option to suspend or terminate a service provider's contract. Australian Hearing does not pay commissions to its clinicians. Australian Hearing did operate a Clinical Bonus Scheme that linked additional remuneration to audiologists for the successful fitting of higher level technology hearing aids to clients. This scheme ceased from 1 October 2017.
13	The Committee recommends that the Australian Government pursue the registration of the audiology and audiometry professions under the Australian Health Practitioner Regulation Agency framework with the Council of Australian Governments.	Not supported The Government does not intend to pursue the registration of the audiology and audiometry professions into the Australian Health Practitioner Regulation Agency (APHRA) framework. For these professions to be considered for inclusion a significant risk to public safety from these professions would need to be demonstrated and agreement by all health ministers gained.

	Recommendation	Government Response
14	The Committee recommends that audiological services for children aged zero to five years remain under the Department of Health's CSO program, with Australian Hearing retaining its role as the sole provider of these services.	Noted The Government recognises that early intervention services are vital to detect hearing loss and prevent development delays in children. The Australian system is more comprehensive than many in the international sphere with an established pathway to help parents and children navigate the hearing sector. While this pathway may change in the future with the introduction of the National Disability Insurance Scheme (NDIS), the Government is committed to ensuring continuity of support to children, young adults and their families. To ensure that there is sufficient time to put appropriate arrangements in place, the current in kind arrangements for CSO clients will apply in 2019-20. This will allow the National Disability Insurance Agency (NDIA) to develop the arrangements for Specialist Hearing Services for children and work with Australian Hearing to ensure NDIS funded Specialist Hearing Services will deliver equivalent outcomes for children.
15	The Committee recommends that the Office of Hearing Services fund the creation of a national 'guided pathway' system, based in Australian Hearing, to assist parents in choosing expert early intervention services for their children.	
16	The Committee recommends that the Council of Australian Governments: • establish a universal hearing screening program for children in their first year of school, with the aim of having all children tested within the first 60 days of the school year; and • investigate the use of an evidence based online screening program, to deliver a cost effective screening process.	Supported in Principle State and territory governments are mainly responsible for the delivery of school aged screening services. The Australian Government will work with states and territories through the COAG Education Council on a universal hearing screening program for children in their first year of school. A number of online screening programs are already in circulation in Australia. For example, the Sound Scouts game was developed by Carolyn Mee (cmee4 Productions) in collaboration with the National Acoustic Laboratories, the research arm of Australian Hearing. The Commonwealth contributed approximately \$90,000 to this project in 2015-16.
17	The Committee recommends the Department of Health establish a system of automatic referral to a paediatric audiologist, which can be bulk billed, following identification of a hearing impairment at a school screening program.	Noted The Commonwealth Government already subsidises diagnostic audiology services through the MBS by consultant physicians and specialists, and for services performed by an audiologist upon written request from an Ear, Nose and Throat (ENT) specialist or, for some services, a neurologist.

	Recommendation	Government Response
18	The Committee recommends that states and territories be required to report against the 'National Performance Indicators to Support Neonatal Hearing Screening in Australia', and that the Standing Committee on Screening coordinates the monitoring and reporting in this area.	Supported in Principle The Australian Government notes that states and territories have primary responsibility to action this recommendation. Following the 2010 Senate Community Affairs Reference Committee report, the Australian Institute of Health and Welfare developed a set of key indicators which could be collected by all jurisdictions to enable nationally consistent reporting. These indicators were endorsed by the Community Care and Population Health Principal Committee in August 2013 and released for states and territories to use when developing and monitoring neonatal hearing screening services. The indicators were originally developed to be reported against using a national data collection. All jurisdictions have introduced universal neonatal hearing screening programs.
19	The Committee recommends that the National Disability Insurance Agency undertake modelling to determine the likely demand for Auslan interpretation services following the introduction of the National Disability Insurance Scheme, and the capacity of existing services to meet this demand.	Supported in principle The Government appreciates that it is the prerogative of every individual to communicate in a way they choose and makes efforts to accommodate these variations. The NDIS expands the range of circumstances in which Auslan interpreting is available, including in social and community participation and daily living settings. This can include interpreting services to help clients manage their finances, assist with household tasks or attend recreational and sporting activities. The provision of Auslan interpreting for medical appointments, which attract a Medicare rebate, is also available under the NDIS. The NDIA will monitor the demand for Auslan interpreter services and the capacity of the market to supply the services as part of its market stewardship role.

	Recommendation	Government Response
20	The Committee recommends the Government work with states and territories to ensure that Auslan interpretation services are available for interactions with medical, law and other essential services.	Noted The Government is committed to ensuring current interpreting services will be maintained. The NDIS provides funding for support for participants with hearing loss and use of Auslan to access interpreting and translation services in activities of daily life. The Scheme provides choice and control for participants over how they use those services. This can include the provision of Auslan interpreting for medical appointments.
21	The Committee supports the decision not to privatise Australian Hearing and recommends that Australian Hearing be retained in government ownership.	Noted
22	The Committee recommends that hearing health is made a National Health Priority Area.	Not supported Since the National Health Priority Areas were established, there has been a policy shift away from a disease-specific approach towards a more integrated approach that is applicable across a broad range of chronic conditions. To ensure that there is an appropriate focus on hearing health, the Government is working with hearing health consumer and industry groups to develop a roadmap for hearing health that will provide the basis for the sector, consumers and governments to move forward with a collective understanding of the issues and actions that will lead to improvements in hearing health for all Australians.

Glossary

Acronym	Explanation
AABR	Automated auditory brainstem response
ACCC	Australian Competition and Consumer Commission
ACCHO	Aboriginal Community Controlled Health Organisation
ACSQHC	Australian Commission on Safety and Quality in Health Care
AGD	Attorney-General's Department
AHMAC	Australian Health Ministers' Advisory Council
AHPRA	Australian Health Practitioner Regulation Agency
AHWMC	Australian Health Workforce Ministerial Council
AIHW	Australian Institute of Health and Welfare
COAG	Council of Australian Governments
CSO	Community Service Obligations
DAWR	Department of Agriculture and Water Resources
DES	Disability Employment Services
DET	Department of Education and Training
DHA	Department of Home Affairs
DHS	Department of Human Services
DIBP	Department of Immigration and Border Protection
DIRD	Department of Infrastructure and Regional Development
DJSB	Department of Jobs and Small Business
DSS	Department of Social Services
DVA	Department of Veterans' Affairs
ENT	Ear, Nose and Throat Specialist
GP	General Practitioner
HCIA	Hearing Care Industry Association
HEARing CRC	Hearing Cooperative Research Centre
HLPP	Hearing Loss Prevention Program
HSP	Hearing Services Program
LOCHI	<i>Longitudinal Outcomes for Children with Hearing Impairment</i> , research project conducted by NAL and the HEARing CRC
MBS	Medicare Benefits Schedule
MREA	Medical Research Endowment Account
MRFF	Medical Research Future Fund
MSAC	Medical Services Advisory Committee
NABS	National Auslan Interpreter Booking and Payment Service
NAL	National Acoustic Laboratories
NASRHP	National Alliance of Self-Regulating Health Professions
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NHMRC	National Health and Medical Research Council
NHPA	National Health Priority Areas

Acronym	Explanation
NRS	National Relay Service
PBS	Pharmaceutical Benefits Scheme
PM&C	Department of the Prime Minister and Cabinet
PPB	Practitioner Professional Body
SEHQ	School Entrants Health Questionnaire
TIS National	Translating and Interpreting Service
TTY	Teletypewriter
UNHS	Universal Neonatal Hearing Screening Program
VROA	Visual Reinforcement Orientation Audiometry
WHS	Work Health and Safety

Supplementary Information

**Australian Government response to the
Standing Committee on Health, Aged Care and
Sport report**

**Still waiting to be heard... Report on the
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of Australia**

August 2018

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Current Government Actions

Aboriginal and Torres Strait Islander Specific Measures

1. The incidence of ear disease and hearing loss in Aboriginal and Torres Strait Islander people is approximately three times that of the general population.¹ The Government has a shared goal to realise health equality by 2031 and makes a significant investment in programs to improve ear and hearing health in Aboriginal and Torres Strait Islander people.

Closing the Gap

2. The Closing the Gap targets address the areas of health, education and employment and provide a snapshot of where progress is being made and where further efforts are needed.²

Indigenous Advancement Strategy

3. On 1 July 2014, the Government introduced the Indigenous Advancement Strategy. The Government has set three clear priorities to make sure efforts are effectively targeted.
 - The positive impact that education has on the future success of individuals, families and communities is clear. Children who go to school have better life outcomes.
 - Employment, economic development and social participation improve the lives of families and communities. The right conditions and incentives need to be in place for Aboriginal and Torres Strait Islander peoples to participate in the economy and broader society.
 - Growing up in a healthy and safe home and community is essential for families to thrive and reach their full potential. In particular, the violence that too many women and children face must be addressed.
4. In the 2015-16 Budget, the Government allocated \$4.9 billion to the Indigenous Advancement Strategy over four years for grant funding processes and administered procurement activities that address the objectives of the Strategy. The Government is working to improve the way that government does business with Aboriginal and Torres Strait Islander peoples to ensure funding actually achieves outcomes.

National Aboriginal and Torres Strait Islander Health Plan 2013-2023

5. The National Aboriginal and Torres Strait Islander Health Plan 2013-2023 vision is that the Australian health system is free of racism and inequality, and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable. Together with strategies to address social

¹AHMAC, *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report*, page 70.

² *Closing the Gap: Prime Minister's Report 2017*, page 6.

inequalities and determinants of health, this provides the necessary platform to realise health equality by 2031.³

6. The overarching vision of the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 is being taken forward through an Implementation Plan, which outlines the actions to be taken by the Australian Government and other key stakeholders to give effect to the vision, principles, priorities and strategies of the Health Plan..

National Disability Strategy

7. The National Disability Strategy 2010-2020 provides a ten-year national policy framework for all levels of government to drive a more inclusive approach to the design of policies, programs and infrastructure so that people with disability can participate in all areas of Australian life.⁴ As part of the Strategy, DSS released the Australian Government Plan to Improve Outcomes for Aboriginal and Torres Strait Islander People with Disability (the Plan). The Plan also assists in addressing the Government's targets under Closing the Gap. The Plan highlights five key priorities, noting work that is currently underway and potential strategies to address each area in the future.
 - i. Aboriginal and Torres Strait Islander people with disability have access to appropriately designed shelter and live in accessible, well designed communities that are fully inclusive of all their residents.
 - ii. Aboriginal and Torres Strait Islander people with disability have the right to:
 - a. be free from racism and discrimination
 - b. have their rights promoted, and
 - c. a disability inclusive justice system.
 - iii. Aboriginal and Torres Strait Islander people with disability achieve their full potential through participation in an inclusive, high quality education system that is responsive to their needs. People with disability have opportunities for lifelong learning.
 - iv. Aboriginal and Torres Strait Islander people with disability, their families and carers have opportunities to gain economic security through employment and business ownership, enabling them to plan for the future and exercise choice and control over their lives.
 - v. Aboriginal and Torres Strait Islander people with disability attain the highest possible health and wellbeing outcomes throughout their lives, enabled by all health services capabilities to meet the needs of people with disability.⁵

³ Department of Health, *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023*, page 1.

⁴ National Disability Strategy 2010-2020 – Second Implementation Plan *Driving Action 2015-2018*, page 1.

⁵ Department of Social Services, *Australian Government Plan to Improve Outcomes for Aboriginal and Torres Strait Islander People with Disability*, 2017, page 6.

Current Government Supports and Programs - Health

8. The Government contributes funding and provides services through a number of programs which include hearing services specifically for Indigenous people and communities. In the Health portfolio, for example, programs include:
 - The Australian Government Hearing Services Program (HSP) Community Service Obligations (CSO) component
 - A range of ear and hearing health initiatives funded through the Indigenous Australians' Health Programme.
 - Medicare Benefits Scheme (MBS) and other primary health care supports.

Community Service Obligations

9. The HSP provides specialised services for specific groups through a CSO arrangement delivered by Australian Hearing. The CSO provides specialist services to young Australians aged 0-26 years, Voucher eligible adults with complex hearing needs, and Indigenous persons over 50 years of age or who are participants in the Remote Jobs and Communities Program or the Community Development Employment Projects Program. CSO services are delivered by Australian Hearing, the sole government provider under the portfolio responsibility of DHS. In 2016-17, Health provided \$69.3 million to Australian Hearing for CSO services.
10. Each year, Australian Hearing uses a portion of funding allocated for CSO services to deliver outreach services to both urban and remote clients. A high proportion of these services are accessed through local health services. Services are delivered from permanent hearing centres, visiting, and remote sites located across Australia. Australian Hearing works closely with local services to deliver the outreach program providing hearing services to some of the most remote communities in Australia.
11. Australian Hearing reports that 116 audiologists completed 1,072 visits to 238 outreach sites in 2016-17. This represents an increase of 13.8% on the figures from 2015-16.⁶
12. Australian Hearing also reports that, under the CSO in 2016-17, they provided services to:
 - 4,944 Indigenous children and young adults under 26, and
 - 4,971 Indigenous eligible adult clients.⁷

Indigenous Australians' Health Program

13. Through the Indigenous Australians' Health Programme (IAHP), \$103 million (2012-13 to 2021-22) is provided for activities to improve ear and hearing health for Indigenous children and youth (0-21 years of age). Current activities include:

⁶ Australian Hearing Annual Report 2017, pages 20-21.

⁷ Department of Health unpublished data August 2017.

- a new targeted outreach program which will provide an annual hearing assessment for Aboriginal and Torres Strait Islander children prior to the commencement of school. This will commence in 2018-19
 - health promotion activities to raise awareness of the importance of health hygiene and early intervention
 - multidisciplinary clinical services to treat and manage ear disease and its impact (including by GPs, medical specialists, audiologists and speech pathologists)
 - expediting access to surgery for individuals who have been on long waiting lists
 - coordination of activity to improve the patient pathway
 - training of health professionals; and
 - provision of diagnostic tools such as equipment and clinical guidelines.
14. In 2016-17, around 47,000 patient contacts were provided in over 300 locations; over 200 ear surgeries were completed; over 1,100 health professionals received training in around 80 sites nationally; and over 1,100 pieces of equipment were available in over 170 sites.

Indigenous Primary Health Care

15. Under the IAHP the Government funds a national network of approximately 140 Aboriginal Community Controlled Health Services and around 90 other services to deliver culturally competent, comprehensive primary health care.

New Directions Mothers and Babies Services

16. The New Directions Mothers and Babies Services provide Aboriginal and Torres Strait Islander children and their mothers with information about baby care, practical advice about parenting, monitoring of developmental milestones and health checks, and referrals for treatment before children start school. Ear health messages are included in this information.

Australian Nurse Family Partnership Program

17. The IAHP funds the Australian Nurse Family Partnership Program (ANFPP), which is an evidence based, nurse-led home visiting program, based on the internationally renowned Nurse-Family Partnership (NFP) model. The program supports women pregnant with an Aboriginal and/or Torres Strait Islander baby who may benefit from a more intensive level of support to improve their own health and the health of their baby. The program aims to improve pregnancy outcomes by helping women engage in good preventive health practices and support parents to improve their child's health and development. During infancy and toddlerhood, the child's general health status is assessed to detect unrecognised or untreated problems, such as hearing problems, and

if required the mother is encouraged to undertake further investigation with specialist services. The program is delivered in 13 sites across Australia.

National Partnership on Northern Territory Remote Aboriginal Investment

18. The Australian Government is providing \$33.4 million over 2012-13 to 2021-22 for the Hearing Health Program under the National Partnership on Northern Territory Remote Aboriginal Investment. The aim is to reduce the prevalence of ear disease among Aboriginal children under 16 years in the Northern Territory, particularly in remote areas. Activities include audiology and ear, nose and throat services; complex case management, hearing health promotion and training.
19. The Northern Territory Outreach Hearing Health Program July 2012 to December 2016 report published by the Australian Institute of Health and Welfare indicates that there have been improvements in children's ear health and hearing - the percentage of children with at least one ear disease decreased by 15 percentage points from July 2012 to December 2016 (from 76% to 61%) and the percentage of children with hearing loss decreased by 10 percentage points from July 2012 to December 2016 (from 55% to 45%).

Medicare Benefits Schedule - Aboriginal and Torres Strait Islander Health Assessments

20. An Aboriginal and Torres Strait Islander Health Assessment for a child under 15 years must include an ear examination using otoscopy (MBS Item 715). Opportunistic inner ear examination is encouraged every time an Indigenous child attends a medical clinic, even if the child is asymptomatic or is not the primary patient. This model of care embeds ear and hearing health into existing child health primary care and can be beneficial as middle ear conditions can be asymptomatic with fluctuating hearing loss.

Current Government Supports and Programs – Education

21. The Government provides national policy leadership and makes a significant financial contribution to school education through record Commonwealth recurrent funding. In recognition of the educational barriers faced specifically by disadvantaged students, the Government provides additional funding through loadings (included in recurrent funding arrangements) that target student and school disadvantage, including for:
 - students from low socioeconomic status backgrounds
 - students with disability
 - Aboriginal and Torres Strait Islander students
 - students with low English proficiency
 - school size, and
 - school location.
22. The Government is not prescriptive about how school authorities or individual schools spend Commonwealth funding. Under the *Australian Education Act 2013*, all

school systems have the flexibility to distribute funds according to their own needs-based arrangements. This allows school authorities to target resources appropriately to address local needs, including the needs of Aboriginal and Torres Strait Islander students and/or students with disability. For example, the Victorian Department of Education and Training offer a free Primary School Nursing Program and the Northern Territory's Healthy School Age Kids is a collaborative health-screening program between the NT Departments of Health and Education.

Connected Beginnings

23. Connected Beginnings is a program run by DET, with a linked grants based program of the same name managed by Health. The objective of the program is to support the integration of early childhood, maternal and child health, and family support services with schools in a number of Indigenous communities experiencing disadvantage so that children are well prepared for school. Connected Beginnings has approved funding of \$10 million per year, commencing on 1 July 2016.

Current Government Supports – States and Territories

24. State and territory governments provide newborn screening services, prevention activities, hearing assessments through community health services, workers' compensation arrangements, health care for prisoners, school based hearing equipment, and cochlear implantation surgery through public hospitals.

Early Intervention

25. Hearing impairment may affect a person differently depending on when the hearing loss occurred and the severity of the hearing loss. The social and psychological effects of hearing loss can include isolation, depression, anxiety, paranoia, stress, loss of concentration, frustration, irritation, perceived inferiority, and anger. For children, the effects of hearing loss may include delays in language and psychosocial development. It can also impact on educational achievements and employment opportunities. The Government currently has several areas of particular focus in the early childhood early intervention space, starting with newborn hearing screening.

Universal Neonatal Hearing Screening Program

26. It is widely acknowledged that delays in the identification and treatment of permanent childhood hearing impairment may profoundly affect quality of life in terms of language acquisition, social and emotional development, and education and employment prospects.⁸ In July 2009, COAG agreed to a proposal that universal neonatal hearing screening would be available in all states and territories by the end of 2010.⁹

⁸ Department of Health, *National Framework for Neonatal Hearing Screening – August 2013*, page 4.

⁹ <http://www.coag.gov.au/meeting-outcomes/coag-meeting-communiqu%C3%A9-2-july-2009>.

27. While the Government provides an overarching framework¹⁰ for the program with an aim of achieving harmonisation, the individual state and territory governments are responsible for managing their own programs. The standards set for the National Framework for Neonatal Hearing Screening prescribe that all babies should be screened within 24 to 72 hours of birth with a target rate of screening 97 percent of neonates born in Australia.¹¹ The screening process is not intended to be diagnostic. Rather, screening aims to identify infants who are more likely to have hearing impairment, and therefore require further investigation from diagnostic tests.¹² This is initially within the hospital setting, then, if a hearing loss is diagnosed, the child is referred to Australian Hearing and/or a Cochlear Implant service for further assessment.

Australian Hearing

28. Australian Hearing estimates that 320 to 350 children per year aged under one year are referred to them from the Universal Neonatal Hearing Screening Program. Other referral pathways for children include from diagnostic services at hospitals or community health centres, diagnostic audiology services in Aboriginal and Torres Strait Islander communities, ENT specialists, and private audiology clinics.
29. Outside of the medical space, children and young people may also receive a referral to Australian Hearing by failing an online screening test, such as Sound Scouts or Know Your Noise. Parents, teachers and allied health professionals can also refer children to Australian Hearing if they are at high risk of permanent and long-term hearing loss.

School Aged Interventions

30. State and territory governments are mainly responsible for the delivery of school aged screening services, although funding may be shared with the Commonwealth as detailed in an agreement, such as those under COAG. Along with the Universal Neonatal Hearing Screening Program, state and territory governments also manage health programs delivered through the school system and state health system, Children identified through these programs have access to support systems through Australian Hearing and the NDIS.

Online screening programs

31. There are a number of online hearing screening programs available in Australia. For example, Sound Scouts is a tablet-based game developed by Carolyn Mee (cmee4 Productions) in collaboration with NAL, the research arm of Australian Hearing. The Commonwealth contributed approximately \$90,000 to this project in 2015-16. Sound Scouts detects hearing issues, whether the likely cause is inner ear,

¹⁰ Department of Health, *National Framework for Neonatal Hearing Screening – August 2013*

¹¹ Department of Health, *National Framework for Neonatal Hearing Screening – August 2013*, pages 9-10. See also Australian Institute of Health and Welfare, *National Performance Indicators for Neonatal Hearing Screening in Australia*, 2013.

¹² Renée Punch PhD, Victorian Deaf Education Institute, *Universal Newborn Hearing Screening*, accessed 20 November 2017.

middle ear, auditory processing or a language disorder. The game is targeted at children of school entry age (children four years and nine months) and is promoted as a hearing screening tool.

32. Another example is the Know Your Noise campaign, launched under HEARsmart in November 2014. Researchers from NAL and HEARsmart developed a website with two main features:
- a hearing test to help users determine how well they hear speech in noise compared to others their own age; and
 - an online noise risk calculator that enables users to discover their personal risk of developing hearing loss as a consequence of their current listening habits, such as going to nightclubs, music concerts or after using personal music devices. It can estimate noise exposure risk based on lifestyle habits and offer simple suggestions on how to optimally manage these risks.¹³

Healthy Start for School Initiative

33. Under the current Healthy Start for School Initiative managed by DSS, all four year old children need to have a health check, including hearing assessment, if their parent or carer receives Centrelink payments and they wish to receive the Family Tax Benefit Part A supplement payment. Health assessments must be provided:
- at a state/territory funded Infant Health clinic; or
 - by a GP using a general attendance MBS item; or
 - for Aboriginal and Torres Strait Islander children, as an Aboriginal and Torres Strait Islander child health check under MBS item 715.¹⁴

MBS Supports and Primary Health Care

34. The Government also supports audiology measures through the MBS. As part of a 2012-13 Budget measure, nine Medicare items were introduced on 1 November 2012 for diagnostic audiology services performed by an audiologist, in addition to the 17 existing items related to audiology. These items enable an audiologist to perform diagnostic tests upon written request from an Ear, Nose and Throat (ENT) specialist or, for some services, a neurologist.¹⁵ Related specialties, such as speech pathology, are also represented in the MBS.
35. The MBS also funds telehealth consultations provided by a range of consultant physicians and specialists, including ENTs, to patients who live in non-urban Australia. These services are also available in eligible aged care facilities and eligible Aboriginal Medical Services throughout Australia.¹⁶ In 2016-17, the Government paid

¹³ HEARsmart website, accessed 1 November 2017.

¹⁴ Department of Health, Health Assessments, accessed 1 November 2017.

¹⁵ MBS Online, Diagnostic Audiology Services under Medicare, accessed 1 November 2017.

¹⁶ MBS Online, Medicare Rebates for Specialist Video Consultations, accessed 2 November 2017.

approximately \$23.6 million for approximately 162,000 services provided under these items.¹⁷

Support for Veterans

36. In 2016, DVA established a Ex-Service Organisation (ESO) Round Table (ESORT) Hearing Services working group, which included senior representatives from DVA, the Department of Health, Comcare and the ESOs. The working group reviewed concerns raised by the veteran community, expert advice regarding hearing technology available through the Hearing Services Program, and the range of services available to veterans.
37. DVA and Comcare agreed each of their processes are consistent across agencies and both refer to the Hearing Services Program, ensuring no inequities between client groups.
38. In instances where a veterans' clinical hearing needs cannot be met by the Hearing Services Program or DVA's Tinnitus Program, the hearing service provider can request DVA review the clinical need of the veteran. In exceptional circumstances, DVA will fund hearing devices not available on the Hearing Services Program fully subsidised devices schedule.

Research into Hearing Health

39. The Government, through the HSP and other funding mechanisms, is committed to reducing the impact of hearing loss on the lives of Australians. The Government supports research and prevention activities that:
 - contribute to the development of improved policies and service delivery, and
 - enable the improved identification of the needs of the community in relation to hearing loss.

Funded research and development activities into hearing health, prevention and rehabilitation are undertaken by NAL and various other research institutions.

National Acoustic Laboratories

40. The research at NAL since its inception in 1947 has focused on acoustics and, more recently, on hearing specifically. There are four different sections within NAL, each of which focuses on a different area of hearing research: hearing preservation, hearing assessment, hearing rehabilitation devices, and hearing rehabilitation procedures. These sections, while focused on different aspects of hearing, are complementary because each group brings different expertise and tools, providing a comprehensive approach to solving the problems faced by those with hearing disabilities.

¹⁷ Medicare Australia Statistics, [Medicare Item Reports](#), accessed 2 November 2017.

41. The current funding agreement between Health and NAL (July 2015 to June 2019) provides for a total budget of \$13.5 million. NAL funding currently supports 36 projects, including partnerships with the Hearing Cooperative Research Centre (HEARing CRC).

National Health and Medical Research Council

42. The National Health and Medical Research Council (NHMRC) aims to improve human health through research. Under the *National Health and Medical Research Council Act 1992*, NHMRC administers the Medical Research Endowment Account (MREA) in order to provide assistance to institutions and people engaged in medical research and for medical research training. The MREA is currently funded to approximately \$800 million per annum.¹⁸ According to data from the NHMRC, as at 1 March 2016, there were 32 open hearing related projects funded to approximately \$24 million.¹⁹

Hearing Loss Prevention Program

43. The HLPP was a four year funded program established in 2007-08 in response to the 2006 Access Economics report *Listen Hear! The economic impact and cost of hearing loss in Australia*. The HLPP was administered by the NHMRC and concluded as a funded measure for Health at the end of June 2013. To date over \$11.5 million (GST inclusive) has been allocated for 20 HLPP research projects, 14 of which have been completed. The six projects that are still in progress are due for completion by late 2020.

Medical Research Future Fund

44. As part of the 2014-15 Budget, the Government announced the establishment of the \$20 billion Medical Research Future Fund (MRFF) to provide a sustainable source of funding for vital medical research over the medium to long term. Through the MRFF, the Government will deliver a major additional injection of funds into the health and medical research sector.
45. Work is underway to establish ‘ending avoidable Indigenous blindness and deafness’ as a Mission under the MRFF.

Australian Institute of Health and Welfare

46. Following the 2010 Senate Community Affairs Reference Committee report, the AIHW developed a set of key indicators which could be collected by all jurisdictions to enable nationally consistent reporting on the Universal Neonatal Hearing Screening Program. These indicators were endorsed by the Community Care and Population

¹⁸ National Health and Medical Research Council, *The Changes*, accessed 10 November 2017.

¹⁹ National Health and Medical Research Council, *Research funding statistics and data*, accessed 23 November 2017,

Health Principal Committee in August 2013 and released for states and territories to use when developing and monitoring neonatal hearing screening services.²⁰

47. The AIHW has also completed several reports into the Northern Territory Remote Aboriginal Investment: Ear and Hearing Health Program (see below), culminating in a final report released on 14 March 2017, which covered the period from July 2012 to June 2016.²¹ The final report presents information on ear and hearing health outreach services for Aboriginal and Torres Strait Islander children and young people through the Hearing Health Program, which is funded by the Government and delivered by the Northern Territory Government.²²

Promotional Activities

48. While public awareness campaigns are largely a matter for state and territory governments, there have been a variety of resources made available for ear health promotion and prevention funded or otherwise supported by the Government, including Indigenous specific measures, workplace awareness campaigns, raising awareness in rural areas and community events, such as Hearing Awareness Week.

Indigenous awareness campaigns

49. Through the Indigenous Australians' Health Program, \$0.15 million (2016-17 – 2018 19) is provided for the Care for Kids' Ears health promotion resources to raise community awareness of ear disease and hearing health in Aboriginal and Torres Strait Islander peoples. The resources, developed as part of a campaign, aim to increase awareness among Indigenous people of ear disease, by highlighting risk factors and promoting the importance of good hygiene, and seeking and following treatment regimens to prevent hearing loss. Resources are tailored for parents and carers, teachers, early childhood groups and health professionals.

Workplace noise exposure

50. Safe Work Australia is working to promote safe noise exposure practices and prevent hearing loss through a variety of avenues. Safe Work Australia is the national policy body comprised of representatives from all jurisdictions, workers and employers. Its role is to improve work health and safety and workers' compensation arrangements in Australia. It does this by developing model laws, policies and guidance.
51. Safe Work Australia promotes safe design practices to help eliminate or minimise the risks involved in work when work environments, equipment and practices are being designed. It has developed Guidance on the principles of safe design for work which aims to raise awareness of the importance of safe design and how it can be achieved.

²⁰ Australian Institute of Health and Welfare, National performance indicators to support neonatal hearing screening in Australia, November 2013.

²¹ Australian Institute of Health and Welfare, Northern Territory Remote Aboriginal Investment: Ear and Hearing Health Program – July 2012 to June 2016, March 2017.

²² Australian Institute of Health and Welfare, Northern Territory Remote Aboriginal Investment: Ear and Hearing Health Program – July 2012 to June 2016, March 2017, page vii.

52. The model WHS Regulations also requires audiometric testing to be provided to workers who frequently use personal hearing protectors as a control measure for noise that exceeds the exposure standard. Audiometric testing must be provided within three months of a worker starting work that exposes them to a risk of work related noise-induced hearing loss (baseline reference). Regular follow up tests are required at least every two years. These requirements are included in the workplace health and safety regulations for all states and territories (with the exception of Queensland and Western Australia).²³

Rural noise exposure

53. Agriculture is a priority industry under the Australian Strategy. Hearing loss affects a significant number of farmers in Australia, though technology changes, better awareness and improved WHS approaches of the farm sector have reduced hearing loss among famers.
54. The states and territories are predominantly responsible for farm safety in Australia. Health provided almost \$600,000²⁴ through the HLPP to Deakin University and the National Centre for Farmer Health to fund the Shhh! Hearing in a Farming Environment project.²⁵ The Centre is a non-profit organisation, funded through the Victorian government's Future Farming Strategy and the Helen and Geoff Handbury Trust. The Centre provides national leadership to improve the health, wellbeing and safety of farm men and women, farm workers, their families and communities across Australia.²⁶

Interpreting Services

55. The Government supports several interpreting services, including:
- the Translating and Interpreting Service (TIS National), provided by the Department of Home Affairs (DHA); and
 - the National Auslan Interpreter Booking and Payment Service (NABS) program.
56. The Government also supports the National Relay Service (NRS) to provide an Australia-wide phone service for people who are deaf or have a hearing or speech impairment.
57. Allied health professionals providing services through the public health system may also have access to interpreting services through the relevant state government health authority. Some Primary Health Networks also provide free interpreting services for allied health professionals.

²³ Safe Work Australia, [Noise](#), accessed 16 November 2017. Safe Work Australia, [The law in your state](#), accessed 16 November 2017.

²⁴ Department of Health, internal statistics.

²⁵ Hearing Services Program, [Completed Research into Hearing Health projects](#), accessed 6 November 2017.

²⁶ National Centre for Farmer Health, [About us](#), accessed 6 November 2017.

Translating and Interpreting Service

58. TIS National is an interpreting service provided by DHA for people who do not speak English and for agencies and businesses that need to communicate with their non-English speaking clients. TIS National has more than 40 years' experience in the interpreting industry, access to over 2900 contracted interpreters across Australia, and access to interpreters speaking more than 160 languages.

National Auslan Interpreter Booking and Payment System

59. NABS books and pays for accredited Auslan interpreters for Deaf people attending medical consultations attracting a Medicare rebate, or specified health consultations, provided in a private medical practice by a general practitioner, specialist or health professional. NABS does not provide interpreting services for the Employment Assistance Fund or in other settings, such as legal or financial appointments or education. Funding for this program for people aged 65 years and under is transitioning to the NDIS. NABS is free to people whether or not they are eligible for the NDIS.²⁷

National Relay Service

60. The NRS is a Government initiative funded by a levy on eligible telecommunications carriers. The NRS consists of a Relay Service Provider which runs a call centre and an Outreach Service Provider which provides support and information about the use of the NRS.²⁸
61. The service is free to clients and supports calls made through computers, tablets, mobile phones, landlines, or teletypewriters (TTYs), meaning hearing impaired clients can type and read or use a video relay if they use sign language. Alternatively, a relay officer can act as an intermediary, reading out a deaf client's text to the second party, then typing the response back to the deaf client.²⁹

Hearing Sector Regulation

62. The Government supports the delivery of hearing services based on the clinical assessment and needs of the client. Assistive hearing devices, such as aids, can represent a significant cost to consumers, ranging from around \$1,500 to over \$15,000. The Government is aware of concerns regarding sales practices which may undermine the provision of independent and impartial clinical advice. Contracted Services Providers under the Hearing Services Program are required to disclose any preferred provider relationships to their clients,³⁰ but this represents only a portion of hearing service providers in Australia.

²⁷ National Auslan Interpreter Booking and Payment Service, [About NABS](#), accessed 7 November 2017.

²⁸ National Relay Service, [About the organisation](#), accessed 9 November 2017.

²⁹ National Relay Service, [Features of the service](#), accessed 9 November 2017.

³⁰ Hearing Services Program, [Service Provider Contract 2015-2018, section 30](#), accessed 10 November 2017.

Practitioner Professional Bodies

63. In order to become a Qualified Practitioner and provide services through the HSP, audiologists and audiometrists must first be full members of one of the three Practitioner Professional Bodies (PPBs) (Audiology Australia, Australian College of Audiology or Hearing Aid Audiology Society of Australia). The PPBs work to promote and advance the audiology and/or audiometry professions, set minimum qualification and standards requirements, maintain a program of continuing professional development, and promote ethical conduct in the practice of these professions.³¹ The PPBs have recently released a Joint Code of Conduct and Scope of Practice.
64. In addition, Audiology Australia has recently become a member of the National Alliance of Self-Regulating Health Professions (NASRHP). Australian peak bodies of self-regulating allied health professions wishing to join NASRHP must meet benchmark standards for regulation and accreditation of practitioners within that profession. NASRHP standards have been closely modelled on Australian Health Practitioner Regulation Agency's (AHPRA) standards.
65. This facilitates national consistency in quality and supports for self-regulating health professionals and satisfies national and jurisdictional regulatory requirements, including the National Code of Conduct of health care workers. This provides assurance to patients they are receiving a quality service from a certified health professional. NASRHP does not provide individual certification for practitioners.

National Registration and Accreditation Scheme

66. The National Registration and Accreditation Scheme commenced in 2010 following COAG agreement in acknowledgement of the benefits in developing national consistency in the regulation of the health professions. The primary objective of the Scheme is the protection of the public. The Scheme is administered by AHPRA.
67. Under the Intergovernmental Agreement signed by COAG, the Australian Health Workforce Ministerial Council (AHWMC) has responsibility for determining the professions that should enter the Scheme. It was agreed that, due to the regulatory impact on individual practitioners, new professions would be included in the Scheme, only where a significant risk to public safety was identified and where there are no other regulatory mechanisms in place that can ensure public safety and quality of service provision.
68. In order to mitigate the risk of those professions who are not registered under the Scheme, Health Ministers' endorsement of the National Code of Conduct for unregulated health care workers (the Code) provides an important mechanism for the regulation of workers in health care settings (including audiology and audiometry professions). It is noted that the three PPBs have developed a Joint Code of Conduct for their members, based on the Code.

³¹ *Hearing Services Rules of Conduct 2012 - Explanatory Statement*, page 2.