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Department of Health

**STANDING COMMITTEE ON HEALTH,
AGED CARE AND SPORT**

**HEARING HEALTH AND WELLBEING
OF AUSTRALIA**

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Contents

EXECUTIVE SUMMARY	3
OVERVIEW OF HEARING HEALTH IN AUSTRALIA	4
Definition of hearing loss	4
Prevalence and impact of hearing loss in Australia	5
CURRENT ACCESS AND SUPPORT	6
Government Support	7
Aboriginal and Torres Strait Islander Specific Measures	8
Costs	8
Healthy Ears – Better Hearing, Better Listening Program	10
Surgical Support Services	11
New Directions Mothers and Babies Services	11
Pharmaceutical Benefits Scheme	11
State and territory governments	12
Other services	12
THE AUSTRALIAN GOVERNMENT HEARING SERVICES PROGRAM	12
The Voucher Scheme	12
Community Service Obligations	14
Research	15
COMMUNITY INFORMATION AND AWARENESS	15
Office of Hearing Services Website	15
Hearing Services Online Portal	16
Legislation	16
Regulation	16
FUTURE FOR THE PROGRAM	17
Transition to NDIS	17
Service Delivery Framework Quality System	17
Hearing as a National Health Priority	18

EXECUTIVE SUMMARY

The Department of Health (Health) is providing a summary of current programs and actions being undertaken to improve the social and economic impact of hearing impairment on the long term health and wellbeing of Australia. DoH's submission will outline the status of hearing health in Australia, current hearing related programs within Health, and the future of hearing health management.

Hearing loss affects approximately one in six Australians and this is projected to increase to one in four by 2050 as a result of the ageing population.¹ Hearing impairment will affect people differently depending on their personal circumstances.

The Australian Government is committed to supporting services and research into hearing impairment issues and has been since the early 1940s. For example, the Australian Government Hearing Services Program, within Health, provides funding to help eligible people with hearing loss access services and products. The Government also funds research into the treatment and prevention of hearing loss through organisations such as the National Acoustics Laboratories (NAL).

The Indigenous Australians' Health Program aims to raise community awareness about Aboriginal and Torres Strait Islander ear and hearing health, including the Care for Kids' Ears resources, developed as part of a campaign, aim to increase awareness among Aboriginal and Torres Strait Islander people of ear disease.

The Government has long recognised hearing health as a priority of national importance, and this was recently reaffirmed by the Council of Australian Governments through the National Disability Strategy (2010-2020).

¹ Access Economics & Cooperative Research Centre for Cochlear Implant and Hearing Aid Innovation (Australia) & Victorian Deaf Society, 2006. *Listen Hear! The Economic Impact and Cost of Hearing Loss in Australia*: a report by Access Economics Pty Ltd CRC for Cochlear Implant and Hearing Aid Innovation: Vicdeaf, East Melbourne.

OVERVIEW OF HEARING HEALTH IN AUSTRALIA

Definition of hearing loss

The World Health Organization (WHO) defines the grades of hearing impairment as follows:

- 25+ dB – no impairment
- 26-40 dB – slight or mild – able to hear and repeat words spoken in normal voice at one metre;
- 41-60 dB – moderate – able to hear and repeat words using raised voice at one metre;
- 61-80 dB – severe – able to hear some words when shouted into better ear;
- Over 81 dB – profound – unable to hear and understand even a shouted voice.²

In Australia, these grades are slightly different:

- 0-20 dB – normal hearing – no effects in good listening environment;
- 21-45 dB – mild – understanding speech can be difficult especially in a noisy environment;
- 46-65 dB – moderate – has trouble hearing and understanding in ideal conditions;
- 66-90 dB – severe – unable to hear normal speech, depends on visual clues such as speech reading or sign language;
- Over 91 dB – profound – may hear some loud sounds but does not rely on hearing as the primary channel for communication.³

Hearing loss can be either acquired (occurring due to age, a disease process, or injury) or congenital (something occurring or identified at birth). There are three main types of hearing loss:

- Sensori-neural;
- Conductive; and
- Mixed.

Sensori-neural hearing loss occurs when there is a problem in the inner ear which disturbs the sound signals being sent to the brain for understanding. This can occur either in the cochlea (sensori) or the auditory nerve (neural). This type of loss is most often caused by age but can be caused by noise damage. Sensori-neural hearing loss is usually permanent.

Conductive hearing loss occurs when there is a problem in the outer or middle ear which stops the sounds reaching the hearing nerve. It can be caused by a blockage in the outer or middle ear, or problems with the function of the middle ear bones. The nerve usually works normally. This type of loss is often seen with ear infections. Conductive losses can sometimes be helped with medical treatment or surgery.

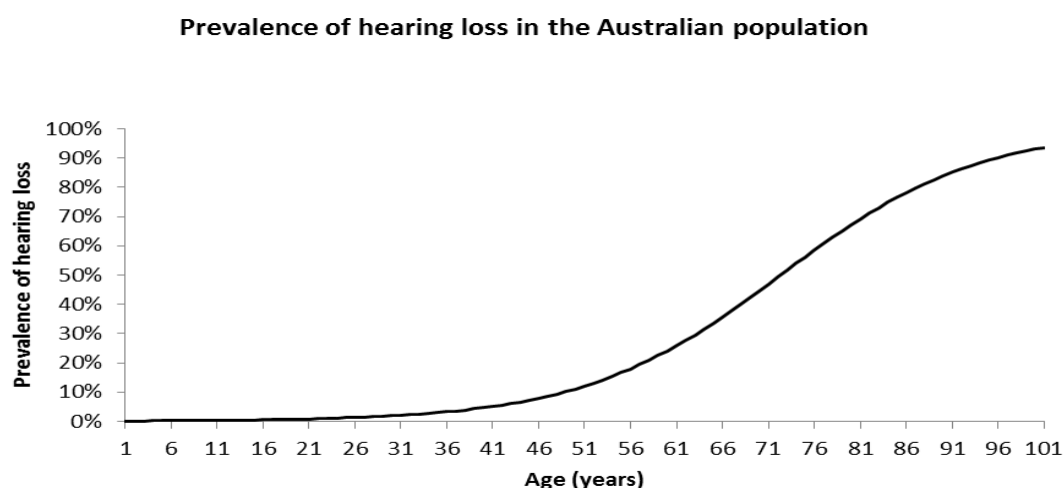
² http://www.who.int/pbd/deafness/hearing_impairment_grades/en/

³ <https://www.hearing.com.au/degrees-hearing-loss/>

Mixed hearing loss occurs when there are problems with sounds travelling through both the middle ear and inner ear.⁴

Prevalence and impact of hearing loss in Australia

Hearing loss affects approximately one in six Australians and this is projected to increase to one in four by 2050 as a result of the ageing population.⁵ Prevalence rates for hearing loss are primarily related to age. Less than 1% of people under the age of 15 are affected by hearing loss compared to three out of every four people over the age of 70 years, as illustrated by the following figure.⁶



Hearing impairment will 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 include delays in language and psychosocial development. It can also impact on educational achievements and employment opportunities.

The incidence of ear disease and hearing loss in Aboriginal and Torres Strait Islander people is three times that of the general population.⁷ A higher proportion of Indigenous Australians experience hearing problems than non-Indigenous Australians across nearly all age groups, and across remote, rural, and metropolitan areas.

⁴ Hearing Services Program, Hearing

⁵ Access Economics & Cooperative Research Centre for Cochlear Implant and Hearing Aid Innovation (Australia) & Victorian Deaf Society, 2006. *Listen Hear! The Economic Impact and Cost of Hearing Loss in Australia*: a report by Access Economics Pty Ltd CRC for Cochlear Implant and Hearing Aid Innovation: Vicdeaf, East Melbourne.

⁶ Source: Office unpublished statistics. Based on Davis (1995).

⁷ Department of Health, 2014, *Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report*.

A major factor in the high rates of hearing loss amongst Indigenous Australians is a higher prevalence of conductive hearing loss caused by otitis media (middle ear infection). The onset of otitis media among young Indigenous Australians, especially those living in remote areas, generally occurs in the first few weeks to months of their life. This can result in Indigenous children having fluctuating hearing loss, preventing active participation in education, and subsequently limiting employment opportunities.⁸

The onset of otitis media among young Indigenous Australians, especially those living in remote areas, generally occurs in the first few weeks to months of their life. This can result in Indigenous children having fluctuating hearing loss, preventing active participation in education and subsequently limiting employment opportunities.⁹ By adulthood, some form of hearing loss can affect up to 70% of Indigenous Australians.

CURRENT ACCESS AND SUPPORT

Currently, access to hearing services and support in Australia occurs through Australian Government funding, state and territory governments, and private or not for profit arrangements. The Government has been involved in funding services and research into hearing impairment issues since the early 1940s.

An individual with hearing loss may receive hearing services through various access points, which may be supported through a range of funding (depending on their individual circumstances and needs). All babies born in Australia are screened for hearing loss at birth under the Australian Government's Universal Newborn Hearing Screening program. Those who receive a "refer" result from their screening (or are detected later) will go on to a diagnostic service and then, if a hearing loss is diagnosed, attend Australian Hearing and/or a Cochlear Implant service for further assessment. There are a wide variety of activities to support hearing health. These include prevention, screening, monitoring, hearing loss diagnosis / assessment, hearing aid fitting, cochlear implantation, hearing device management and maintenance, and research.

An Aboriginal and Torres Strait Islander Health Assessment for a child under 15 years must include an ear examination using otoscopy (Medicare Benefits Scheme Item 715). Opportunistic inner ear examination is encouraged every time an Indigenous child attends a medical clinic, even if the child is not the 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.

⁸ Department of Health, 2014, *Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report*.

⁹ Department of Health, 2014, *Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report*.

Hearing screening programs conducted in schools continue to be important, however comprehensive ear health care in the 0-4 age group is vital to children so that they can meet developmental milestones and achieve educational outcomes.

Government Support

The Government contributes funding and provides services across a number of hearing related activities and through multiple portfolios, including:

- the Department of Health (Health);
- the Department of Veterans' Affairs;
- the Department of Human Services;
- the Department of Industry, Innovation and Science; and
- the National Disability Insurance Agency (NDIA).

In relation to the Health portfolio, major contributions relating to hearing health include:

- The Australian Government Hearing Services Program (the program) which provides assessment and hearing devices through a voucher scheme for eligible clients, as well as specialised services for specific groups through a Community Service Obligations arrangement delivered by Australian Hearing. Interim arrangements have also been put in place for National Disability Insurance Scheme (NDIS) participants requiring hearing supports to access the program.
- Medicare benefits for hearing services provided by medical practitioners and audiologists. A subsidy for these services is provided through specific audiology related item numbers in the Medicare Benefits Schedule (MBS). In 2015-16, 858 services were registered under MBS item 41617 – cochlear implant, insertion of, including mastoidectomy. This increased from 828 in 2014-15. Also in 2015-16, 466 services were registered under MBS items 41603 and 41604 – the implantation and fixation of titanium fixtures for use with implantable bone conduction hearing system devices.
- Specific initiatives funded by the Indigenous Health Division, such as *Healthy Ears – Better Hearing, Better Listening* and *Care for Kids' Ears*.
- Assistance provided to state and territory governments under the National Care and other Commonwealth/state agreements, which contribute to the cost of hearing services delivered through public health services in each state and territory, including cochlear implantation surgery.
- Pneumococcal immunisation programs to prevent otitis media.
- Support for private health arrangements.
- Supporting and funding research, including through involvement of the National Health and Medical Research Council (NHMRC) grants.

Aboriginal and Torres Strait Islander Specific Measures

Through the Indigenous Australians' Health Program, \$36 million (2013-14 – 2018-19) is available to raise community awareness about Indigenous ear and hearing health.

The Care for Kids' Ears 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.

Promotional materials and resources include:

- games, posters, literature for children, parents and carers, health professionals, teachers and teachers' aides, early childhood and community groups;
- interactive events such as "Yamba the Honey Ant" road show to introduce children to the ear health and hygiene message; and
- Indigenous ear champions, (high profile Aboriginal and Torres Strait people such as Dr Kelvin Kong) promote, raise awareness and describe the impact of ear disease on schooling, health and home life.

All resources are available electronically or hard copy provided at no charge.

In 2015-16, key outcomes from this investment include more than 42,000 patient services in 328 locations, ear surgery for 143 children, ear health training for more than 1,500 health professionals and provision of almost 1,100 pieces of ear health assessment equipment and more than 118,000 disposable ear tips used with ear health assessment equipment.

In excess of 66,000 Care for Kids' Ears Health promotion resources were despatched in 2015-16, and the clinical guidelines continue to be available free of charge, electronically and as hard copy.

A further \$33.4 million is being provided specifically for ear health services including complex case management in the Northern Territory over the ten year period 2012-13 to 2021-22 under the National Partnership on Northern Territory Remote Aboriginal Investment.

Costs

In 2015-16, the Government provided funding for services and hearing devices through the following programs:

Table 1: Government expenditure on Hearing Services 2015-16.¹⁰

Program	2015-16 (\$m)
Voucher Program	\$406.290
Community Services Obligations Program	\$65.284
National Acoustics Laboratory	\$4.334
MBS (Audiology items excluding co-claimed specialist attendances)	\$20.0
Healthy Ears – Better Hearing Better Listening	\$4.0
Total	\$500.108

In 2015-16, the following broad service groupings were provided in the Voucher Scheme.

Table 2: Voucher Scheme services and costs by broad service groups, 2015-16.¹¹

Service Group	Count of Services	Total Expenditure ¹²
		\$m
Hearing assessments	319,657	\$40.963
Hearing device fittings	181,223	\$221.256
Hearing Rehabilitation	5,171	\$0.437
Hearing device maintenance/repairs	526,796	\$96.112
Hearing device replacements/spare aids	38,650	\$26.510
Client reviews	193,854	\$22.084
Other	69,730	\$3.656
Total	1,335,081	\$411,017,920

In 2015-16, the Community Service Obligations program provided funding for services delivered to the following vulnerable populations.

¹⁰ Department of Health, 2015-16 Annual Report and unpublished statistics.

¹¹ Office of Hearing Services, [Hearing Services Program Statistics](#)

¹² Total expenditure excludes recoveries and payments by the Department of Veterans' Affairs (DVA) for DVA contribution to maintenance and replacement of hearing aids.

Table 3: Government expenditure on services to vulnerable populations by Community Service Obligations Group, 2015-16.¹³

Community Service Obligations group	2015-16 (\$m)
Young Australians (aged 0-20 years)	\$30.742
Young Adults (aged 21-25 years)	\$3.467
Adults with complex hearing loss (26 years and older)	\$14.776
Aboriginal and Torres Strait Islanders	\$9.302
Total	\$58.017

In 2016-17, the Government expects expenditure in the Hearing Services Program to be \$564.5 million.

The current costs for Cochlear Implant Speech Processors ranges from \$8,000 for a replacement to \$13,500 for an initial processor¹⁴ and the subsidy payment for hearing devices issued in the Government Voucher Scheme ranges from \$400 to \$460 per device.¹⁵

Healthy Ears – Better Hearing, Better Listening Program

The Healthy Ears – Better Hearing, Better Listening Program is improving access for Aboriginal and Torres Strait Islander children and youth (0-21 years) to multidisciplinary health services provided by a range of health professionals such as GPs, nurses, medical specialists, speech pathologists, audiologists, physiotherapists etc to support children and families to access health care in their home location.

The program improves access to ear and hearing health services on an outreach basis, with a focus on rural and remote locations nationally (excluding Tasmania which declined to participate on the basis that the need for ear health services could be managed through state government resources).

Since commencement the number of patients accessing care has increased significantly:

2013-14	7,366
2014-15	30,934
2015-16	42,357

¹³ Australian Hearing, unpublished statistics.

¹⁴ *Private health Insurance (Prostheses) Amendment Rules 2016 (No. 4), Part A.*

¹⁵ Office of Hearing Services, [Schedule of Fees 2016-17](#)

Surgical Support Services

Funding has been provided in 2014-15 and 2015-16 to expedite access to ear surgery for Aboriginal and Torres Strait Islander children who have been on lengthy surgery waiting lists. The initiative is focussed on rural and remote locations. Support is provided for the travel and accommodation costs of both the health professional and the patient and their carer. The cost of the surgery is billed to the MBS. Hospitals are providing access to operating theatres and pre and post-operative care.

New Directions Mothers and Babies Services

The New Directions Mothers and Babies Services (NDMBS) provides 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. It is anticipated that the ear health messages will be included into this information which has the potential to influence behavioural change with flow on benefits for improved health hygiene and literacy. These are key contributors to overcoming ear disease, with benefits across a range of other health conditions such as trachoma, rheumatic heart disease and skin disease.

Pharmaceutical Benefits Scheme

The Government assists Australians with the cost of prescription medicines through the Pharmaceutical Benefits Scheme (PBS). Under legislation enacted by the Australian Parliament (the National Health Act 1953), the Government is unable to list and fund a medicine on the PBS unless it has been recommended for listing by the Pharmaceutical Benefits Advisory Committee (PBAC). This is an independent, expert body established by the National Health Act, including doctors, other health professionals and a consumer representative. The PBAC considers applications to list medicines on the PBS, and is required to consider the safety, clinical effectiveness, and cost effectiveness of each proposed listing, that is, whether the benefit offered by the medicine warrants the money expected to be expended by the Australian community when compared with alternative treatments.

It is usually the 'sponsor' of a medicine (a pharmaceutical company) which holds the clinical and other data required to demonstrate safety, clinical effectiveness and cost effectiveness. Medicine sponsors cannot be compelled to apply to the PBAC to list a medicine on the PBS.

The PBS currently subsidises more than 800 medicines for most medical conditions at a cost of more than \$10 billion a year. However, at present there are no medicines listed on the PBS for the long term treatment of vestibular disorders. The PBAC would welcome submissions from sponsors to consider listing appropriate treatments.

There is currently one medicine listed on the PBS which may be suitable for the treatment of chronic dizziness or vertigo (in the context of vestibular neuritis), subject to the professional clinical judgement of a patient's treating doctor. This is:

hydrochlorothiazide (and its combinations) which may be used for prophylaxis of symptoms of Ménière disease.

There are a number of other PBS medicines that can be used in acute dizziness or vertigo, including prednisone, promethazine, prochlorperazine and diazepam. These medicines are not recommended for long-term symptomatic treatment of chronic dizziness or vertigo.

State and territory governments

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.

Other services

Additional services are provided by other organisations, such as a range of private providers, Aboriginal Medical Services, hearing device manufacturers, private health insurance funds, charitable institutions (operating hearing aid banks), research institutes and universities and private hospital.

THE AUSTRALIAN GOVERNMENT HEARING SERVICES PROGRAM

The Office of Hearing Services (OHS) was established in 1997 to administer the Hearing Services Program. The program provides access to subsidised hearing services and devices for eligible people, and supports research that assists with reducing the incidence and consequences of hearing loss in the community.

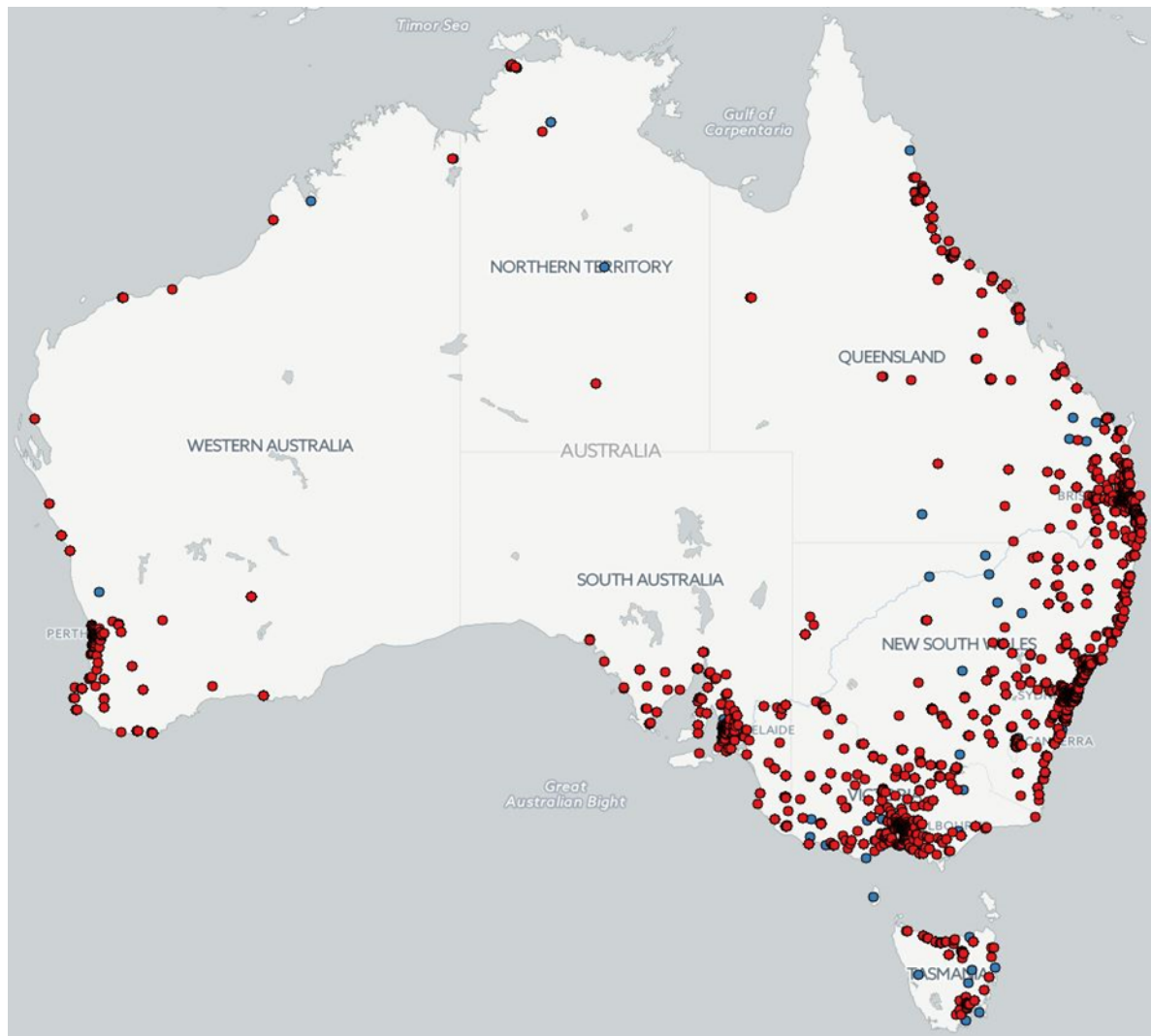
Program components include:

- the Voucher Scheme (the Scheme);
- Community Service Obligations;
- funding program-relevant research.

The Voucher Scheme

The Scheme enables eligible clients to obtain hearing services and devices from a national network of private hearing services providers and Australian Hearing. The Scheme gives participants access to a wide range of fully or partially subsidised hearing devices, maintenance, and ongoing support. These services are provided by approximately 300 private providers, offering services out of approximately 3700 sites, accredited with the program, including Australian Hearing.

Figure 2: Geographic distribution of Hearing Centres in the Voucher Scheme, May 2016. Blue dots represent Australian Hearing Centres, red represent service providers.¹⁶



In 2015-16, nearly 700,000 clients received a service under the Scheme, with over 1.2 million services being delivered. The average age of eligible clients was 77, with 89% of program clients aged over 65. The majority (85.7%) of clients in the Scheme are clients with a Pensioner Concession Card (PCC). Modelling of the estimated prevalence of hearing loss in the total pensioner concession card population indicates that the rate of PCC clients in 2015-16 was 68.5%.

Australian citizens or permanent residents 21 years and older are eligible if they have a hearing loss and are:

- a Pensioner Concession Card holder or receiving Sickness Allowance from Centrelink;

¹⁶ Office of Hearing Services, unpublished statistics.

- a holder of a Department of Veterans' Affairs (DVA) Gold Card (issued for all conditions), or White Card (issued for conditions including hearing loss);
- a dependent of a person in one of the above categories;
- a member of the Australian Defence Force;
- an NDIS participant with hearing needs referred by their National Disability Insurance Agency (NDIA) care planner; or
- undertaking a vocational rehabilitation program and are referred by the Australian Government Disability Employment Services Program.

Services provided under the Voucher Program include:

- choice of hearing service provider for eligible clients;
- a hearing assessment, including advice and support about hearing loss; and
- if needed, the fitting of an appropriate hearing device and a small client contribution towards maintenance and repair of hearing devices.

As well as those listed above, specialist services are available through the program to Community Service Obligations clients. Services include cochlear implant speech processor upgrades for children and young adults up until their 26th birthday.

Community Service Obligations

The Community Service Obligations provides specialist services to young Australians aged 0-26 years, including young NDIS participants, Voucher eligible adults with complex hearing needs, Indigenous groups, or participants in the Remote Jobs and Communities Program or the Community Development Employment Projects Program. Community Service Obligations services are delivered by Australian Hearing, the sole government provider under the portfolio responsibility of the Department of Human Services (DHS). In 2015-16, OHS provided \$65.3 million to Australian Hearing for Community Service Obligations services.

Each year, Australian Hearing uses a portion of funding allocated for Community Service Obligations 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.

Australian Hearing reports that under the Community Service Obligations in 2015-16¹⁷:

- 29,850 children or young adults under 21 received 67,864 services;
- 3,628 young adults aged between 21-26 received 7,736 services;
- 23,344 adults with specialised needs received 53,771 services;
- 4,300 Indigenous people received 8,256 services; and

¹⁷ Figures are from 2015-16 Australian Hearing Annual Report <http://www.hearing.com.au/>.

- 578 cochlear implant speech processors were funding through the speech processor upgrade program.

Community Service Obligations services are available to groups who include:

- people from the above eligibility groups who:
 - have complex hearing needs;
 - are Aboriginal and/or Torres Strait Islander people(s); or
 - live in remote areas; or
- any Aboriginal and/or Torres Strait Islander person who:
 - is over 50 years of age; or
 - is a participant in the Remote Jobs and Communities Program or the Community Development Employment Projects Program; or
- Australians under 26 years of age, including young NDIS participants.

Research

The program supports research that:

- contributes to the development of improved policies and service delivery; and
- enables Health to better identify the needs of the community in relation to hearing loss.

The main research bodies are summarised below:

- NAL undertakes research and development in the areas of hearing health, rehabilitation and hearing loss prevention. The current funding agreement (July 2015 to June 2019) provides for a total budget of \$13.5 million (GST inclusive). NAL funding currently supports 30 projects, including partnerships with the Hearing Cooperative Research Centre.
- The Hearing Loss Prevention Program (HLPP) is administered by the National Health and Medical Research Council (NHMRC) and concluded as a funded measure at the end of June 2013. To date over \$11.5 million (GST inclusive) has been allocated for 20 HLPP research projects, 13 of which have been completed. The seven projects that are still in progress are due for completion by 30 June 2020.

COMMUNITY INFORMATION AND AWARENESS

Office of Hearing Services Website

The OHS website (www.hearingservices.gov.au) provides publicly accessible information and education tools related to hearing loss and the program. The website has been structured to include three homepage tabs with information tailored to specific users: 'professionals', 'everyone', and 'about the program', which improves navigation and access to information for these user groups.

The website includes fact sheets on the prevention and management of hearing loss, accessing the program, as well as general information about available devices and services. The website also makes available information about OHS as a Government

body, including documents relating to stakeholder engagement and the transition to the NDIS. The site also includes information about hearing for general use, including project reports from HLPP, links to NAL, and fact sheets prepared by OHS.

Hearing Services Online Portal

The Hearing Services Portal (the portal) has over 5,000 users, providing services to clients and service providers. Clients are able to check their eligibility for the program and apply for a voucher online. Service providers can use the portal to support their clients, update their business details, and submit reimbursement claims. The portal is hosted on the OHS website.

Legislation

Eligibility for hearing services and the nature of those services is prescribed through legislation. The regulatory framework for the program includes:

- legislation - the *Hearing Services Administration Act 1997*, the *Australian Hearing Services Act 1991*, and seven pieces of delegated legislation;
- a standard contract between the Government and more than 300 hearing service providers;
- an Memorandum of Agreement with Australian Hearing for the delivery of Community Service Obligations;
- a Deed of Standing Offer between the Government and 15 hearing device suppliers; and
- numerous quasi-regulatory and administrative instruments, some made under legislation, some in accordance with the contract, and some administrative.

Regulation

Audiologists and audiometrists are not regulated professions under Commonwealth or state and territory legislation. As there is no national registration or accreditation scheme, the *Hearing Services Administration Act 1997* requires that an accreditation scheme be established for the purposes of delivering services under the program.

The accreditation scheme requires that staff delivering clinical services (Qualified Practitioners) are members of one of the three professional bodies recognised by OHS for the purposes of assessing competencies and delivering continued professional development. The Practitioner Professional Bodies (PPBs) are:

- Audiology Australia Limited;
- Australian College of Audiology; and
- Hearing Aid Audiometrist Society of Australia.

OHS has a Memorandum of Understanding with the PPBs that defines their role as:

- assisting with evaluations of the provision of clinical services;
- assisting with clinical competence issues;
- establishing clinical standards and certifying clinical competence for hearing practitioners; and

- providing continuing professional education.

The hearing services provided to voucher-holders are the same as services provided to private clients. However, there are rules that providers must follow when providing services to voucher-holders. Service Providers are required to enter into a contract with OHS, under which they agree to comply with these rules, standards and guidelines.

The legislation and regulation which underpins the program and the accreditation contract, between the Department of Health and service providers, places a range of obligations on the provider to ensure the quality of the services they deliver. These obligations do not extend to the delivery of hearing services to private clients.

FUTURE FOR THE PROGRAM

Transition to NDIS

The NDIS began rolling out in Australia in 2013 to support people under 65 years of age with a disability. The NDIS was trialled in seven jurisdictions in 2015-16 and national transition will commence in 2016-17. While the eligibility guidelines for hearing loss are yet to be finalised by the NDIA, it is expected that a small portion of children with permanent hearing loss will qualify as participants in that scheme. The NDIS will potentially provide participants access to a broader range of early intervention supports, and devices where necessary, through an individual goal based plan.

As part of the introduction of the NDIS in 2013, the Australian Government agreed to transition existing Commonwealth programs that provide support to people with disability to the NDIS, including the Hearing Services Program, which will be transitioned in part to the NDIS by 2019-20. A high level transition plan for the program is available on the [Hearing Services website](#).

Service Delivery Framework Quality System

Australia does not have a formalised quality and safety regulation system in place for the entire hearing services sector. Audiologists and audiometrists are not registered professions, there is no national board to regulate practice, and there is no peak body regulating all hearing service providers. Professional Associations monitor practitioner conduct and ethical practice, however membership is voluntary. While the program places quality obligations on accredited service providers, and practitioners must be members of a Professional Association to deliver services, this regulation does not extend beyond services delivered to program clients.

The NDIS will introduce major change to the way government funded disability services will be delivered by mid-2019, with the introduction of full contestability for services, and NDIS participant control to choose any service provider. The NDIS Quality and Safeguards Framework approach will require certification of service

providers, or alternatively it may recognise an established regulatory model already in place.

The Australian Government, through OHS, has been working in partnership with the hearing services sector to develop a 'Service Delivery Framework for Hearing Care Services'. Two key documents of the Framework (the National Practice Standards and the Quality Principles) were developed in late 2015 and early 2016, through the Hearing Care Expert Reference Group (HCERG). The HCERG represented a range of stakeholder interests and included representatives from the Practitioner Professional Bodies, industry, Commonwealth government agencies, and consumer groups. The National Practice Standards and the Quality Principle were released for public consultation in May 2016, and feedback received from initial consultation in mid-2015 on the development of a Service Delivery Framework was also considered as part of this process.

In July 2016, an Implementation Planning Steering Group (Steering Group) was established with the purpose of determining the most appropriate regulatory model for the hearing sector, including the governance arrangements, and an implementation work plan. Members were appointed to represent a range of stakeholders' interests, including service providers, consumers including children and adults, industry and professional associations. The Steering Group has an independent Chair, Adjunct Professor Debora Picone, CEO of the Australian Commission on Safety and Quality in Health Care (ACSQHC).

If the hearing sector introduces a regulatory model for hearing services prior to mid-2019, there will be a nationally consistent approach to ensuring quality hearing services to clients, and a cost effective and streamlined regulatory scheme that will not impose unnecessary burden on service providers and practitioners. The establishment of a formal regulation model for hearing services is consistent with the overall Government's support for patient centred and outcomes focussed care, and continuous quality improvement.

Hearing as a National Health Priority

The Government has long recognised hearing health as a priority of national importance. The Council of Australian Governments recently reaffirmed its ongoing commitment to the overarching National Disability Strategy (2010-2020), which all governments signed up to in 2010. The Strategy seeks to ensure mainstream supports and services are inclusive and accessible for the more than four million people with disability in Australia, not just the 460,000 people with significant and permanent disabilities who are likely to become NDIS participants. Council members agreed to reinvigorate all governments' efforts to drive progress under the National Disability Strategy, including through the Second Implementation Plan. The soon to be established National Disability and Carers Advisory Council will oversee the

National Disability Strategy implementation and report to the Council regularly on progress in this regard.¹⁸

¹⁸ COAG Disability Reform Council Communiqué, 2 September 2016, https://www.dss.gov.au/sites/default/files/documents/09_2016/drc_communique_2_september_2016.pdf