

**Standing Committee on Health, Aged Care and Sport**

ANSWERS TO QUESTIONS ON NOTICE

HEALTH PORTFOLIO

**Inquiry into the 2017-18 Annual reports of the Department of Health  
and Australian Hearing**

Monday, 25 February 2019

**Question no: 1**

**Type of Question:** Hansard, page 13

**Chair:** Mr Trent Zimmerman

**Question:**

**CHAIR:** I think we're broadly familiar with that. I assume that something like this has to be initiated by someone. I would have thought the department could do that.

**Mr Boyley:** That certainly wasn't where I was going, Chair. What I wanted to raise was that it is ongoing. It got formed in 2016. It is health professional or clinician led. There are 700 health professionals being drawn together to provide various thematic reviews of parts of the system. The Department of Health are not silent on things that we think warrant consideration, but I'd certainly be happy to look—

**CHAIR:** Has the department asked them to consider this?

**Mr Boyley:** I'd have to take that on notice.

...

**Dr FREELANDER:** Mr Boyley, you are going to come back to us on whether this is in the pipeline—this direct audiology referral item number?

**Mr Boyley:** Correct. I've taken on notice whether the MBS is considering it and, if not, how we would get that considered. That is on the basis that we would determine whether Health wanted to take forward an item for a paediatric audiologists as a stand-alone MBS item.

**Answer:**

Established in 2015, the MBS Review Taskforce (the Taskforce) is considering how the more than 5,700 items on the MBS can better align with contemporary clinical evidence and practice, and improve health outcomes for patients.

In November 2018, the Otolaryngology, Head and Neck Clinical Committee of the Taskforce began conducting a clinical review of audiology items, among other Ear, Nose and Throat services, and is considering the referral processes and access of audiology items.

It is expected the Taskforce will consider the draft report of the Otolaryngology, Head and Neck Clinical Committee in coming months, prior to release for consultation. Any feedback will be considered by the Taskforce as part of the Taskforce finalising recommendations to the Government later in 2019.

There are currently 24 MBS items that are available to patients to access audiology testing, including 15 items relating to audiology diagnostic procedures and nine mirrored items applicable only to audiometrist's services. All of these items are accessible for paediatric treatments, where appropriate.

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**Question no: 2**

**Type of Question:** Hansard, page 13

**Chair:** Mr Trent Zimmerman

**Question:**

**Dr FREELANDER:** That's what we want to know. I think Mr Brady brought this up as well. One concern is that medical practitioners tend not to be aware of some of the hearing issues. The concern is that people, although they've been screened, fall through the cracks.

**Mr Boyley:** They fall through the cracks—that's right. I understand.

**Dr FREELANDER:** The most appropriate referral following screening would be to a paediatric audiologist.

**Mr Boyley:** Understood. I'd need to take that on notice, and I'm happy to do so.

**Dr FREELANDER:** That would be great. Is consideration being given to Australian Hearing being the primary provider of those services?

**Answer:**

The National Disability Insurance Agency (NDIA) are working collaboratively with the Department of Health and the Department of Human Services (DHS) to support the transition of Hearing Service Program (HSP) clients that meet National Disability Insurance Scheme (NDIS) access criteria into the Scheme.

The NDIA will continue to work with Health and DHS after the transition to consider the role of Australian Hearing.

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**Question no: 3**

**Type of Question:** Hansard, page 13

**Chair:** Mr Trent Zimmerman

**Question:**

**CHAIR:** There are existing national performance indicators in place for neonatal screening. Do you know whether any states and territories are currently reporting against the existing performance indicators?

**Dr Christian:** We can take it on notice.

**Mr ZAPPIA:** Can I ask: has the Standing Committee on Screening, which I assume is a COAG committee of some sort, considered recommendation 18 of the committee?

**Mr Boyley:** I attend the Standing Committee on Screening for a number of other screening programs. I'm not a member, but I do have cause to attend. That's chaired by the Commonwealth Chief Medical Officer, Professor Murphy. It's got a meeting coming up very shortly—it might be next week. I'm happy to take on notice, and I'm confident I'll be able to provide a very definitive answer, as to whether recommendation 18 has been considered by SCOS. I'm not aware, but that's purely a result of me not being on that committee for that background period. I'm happy to come back on notice.

**Answer:**

The Commonwealth understands that state and territory Neonatal Hearing Screening programs are not currently reporting on the Australian Institute of Health and Welfare's *National Performance Indicators to Support Neonatal Hearing Screening in Australia*.

At the 21 November 2018 meeting, Standing Committee on Screening of the Australian Health Ministers' Advisory Council noted the Government's response to the Report on the *Inquiry into the Hearing Health and Wellbeing of Australia*, including Recommendation 18.

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**Question no: 4**

**Type of Question:** Hansard, page 14

**Chair:** Mr Trent Zimmerman

**Question:**

**CHAIR:** In the government's response—so in your response—to the committee inquiry, you indicated that there were a range of initiatives and reviews underway to address Aboriginal and Torres Strait Islander hearing health both at the federal level and through COAG. I want to get an update on the progress of those initiatives which the department referred to and a time line for their implementation.

**Mr Boyley:** It might frustrate the committee somewhat, but we've got our responses done in terms of recommendation by recommendation. I haven't got a rolled-up cohesive summary that would make—

**CHAIR:** I'm happy for you to take that on notice.

**Mr Boyley:** I'll take that on notice. I apologise to the committee for that.

**CHAIR:** No, no, that's fine.

**Mr Boyley:** I have information done by recommendations. I'm conscious of wasting the committee's time trying to pull together what would be probably a non-cohesive response. It's best that I take that on notice. There is significant work underway.

**Answer:**

Total funding for Australian Government ear health activities is around \$95 million over 2018-19 to 2021-22.

**2018 Budget Initiative**

The Australian Government announced \$30 million over 2018-19 to 2021-22 for a new program to provide hearing assessments for Aboriginal and Torres Strait Islander children prior to the commencement of school. The program has a focus on children in rural and remote communities.

The Department has been working closely with the Aboriginal and Torres Strait Islander health sector and other stakeholders to co-design the Hearing Assessment Program. Australian Hearing will be contracted to provide the hearing assessments. A contract is scheduled to be in place in April 2019. Services will commence as soon as practicable after the contract has been finalised.

### **Other Programs**

Ongoing funding (2019-20 to 2021-22) has been provided for other Australian Government ear health programs for Aboriginal and Torres Strait Islander people:

- multidisciplinary outreach ear health services through the Healthy Ears, - Better Hearing Better Listening Program;
- training for health professionals;
- provision of equipment for ear health assessment;
- ear health coordination activity; and
- health promotion.

Funding to expedite access to ear surgery for Aboriginal and Torres Strait Islander people is provided until 30 June 2020.

The National Partnership on Northern Territory Remote Aboriginal Investment (NTRAI) provides funds to assist the Northern Territory Government to reduce the prevalence and severity of ear disease among Aboriginal children in the Northern Territory. The NTRAI is funded until 30 June 2022.

The Australian Government has contributed to the Hearing for Learning Initiative being implemented by Menzies School of Health Research. The initiative will train and employ 40 Aboriginal and Torres Strait Islander community members to raise awareness of ear disease and connect individuals to health professionals for treatment.

These programs strengthen ear and hearing health monitoring and treatment and support the roll out of the Hearing Assessment Program. Implementation arrangements take account of the recommendations of the 2017 Siggins Miller Examination of Australian Government Indigenous Ear and Hearing Health Initiatives.

### **Roadmap for Hearing Health**

The Roadmap for Hearing Health includes a specific focus on Aboriginal and Torres Strait Islander ear and hearing health. Health Ministers will consider the Roadmap at the Council of Australian Governments Health Council meeting on 8 March 2019.

### **Australian Health Ministers Advisory Council (AHMAC)**

AHMAC's National Aboriginal and Torres Strait Islander Health Standing Committee is considering the development of a national approach to addressing ear disease and hearing loss in Aboriginal and Torres Strait Islander children. The National Aboriginal and Torres Strait Islander Health Advisory Panel, chaired by Associate Professor Kelvin Kong, has been established to guide the development of an ear and hearing health national key performance indicator and consider mechanisms to improve data capture.

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**Question no: 5**

**Type of Question:** Hansard, page 15

**Chair: Mr Trent Zimmerman**

**Question:**

**CHAIR:** The second part of my question is: how do you track the effectiveness of initiatives in hearing health for Aboriginal and Torres Strait Islander communities?

**Mr Boyley:** I would need to take that on notice.

**Answer:**

The 2017 independent Examination of Australian Government Indigenous Ear and Hearing Health Initiatives (the Examination) conducted by Siggins Miller considered the extent to which initiatives were achieving their objectives. Overall, the Examination found that investment is conceptually sound in that it addresses the range of activities needed to improve ear and hearing health (ie improving access to clinical services and providing training for health professionals, ear assessment equipment and health promotion activity). Recommendations for improvements to individual programs and activities are being addressed.

The Siggins Miller recommendation to focus activity on young children has been addressed through the new Hearing Assessment Program announced in the 2018 Federal Budget.

Reporting/data requirements are included in contractual arrangements for individual programs.

The Hearing Assessment Program targets Aboriginal and Torres Strait Islander children aged zero to six years who live in regional, rural and remote regions. This will provide information on detection of hearing loss and provision of hearing devices over four years from 2018-19 to 2021-22.

The Australian Health Minister's Advisory Council is developing a national key performance indicator for ear and hearing health and considering mechanisms to improve data capture.

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**Question no: 6**

**Type of Question:** Hansard, page 16

**Member:** Mr Georganas

**Question:**

**Mr GEORGANAS:** Would there be any figures on whether those time frames have been reduced? Part of the budgetary process was to look at ENT, so it would be interesting to see whether—

**Mr Boyley:** We'll take that on notice and see if we can find some of those figures. They are somewhat tricky to get, but we'll do what we can to work across the various levels of the provider system to try to track, with some authority, the delays. Happy to do that.

**Answer:**

The Department of Health and the Australian Institute of Health and Welfare do not collect information on the waiting times for access to Ear, Nose and Throat specialists.



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**Question no: 7**

**Type of Question:** Hansard, page 18

**Chair:** Mr Zimmerman

**Question:**

**CHAIR:** Are there any other questions in relation to ATSI communities? We also specifically looked at the Free Interpreting Service for CALD clients. We specifically recommended that DSS include audiology, not audiometry, as eligible services for access to the Free Interpreting Service. The department said that the government did not support that recommendation. I'm just wondering why. It would seem a pretty essential medical service. I don't understand why free interpreting is provided for other medical services but wouldn't be provided for this. I'm happy for you to take that on notice.

**Answer:**

DSS' Free Interpreting Service (FIS) aims to provide equitable access to primary 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 FIS to provide community pharmacy services.

DSS receives regular community and stakeholder feedback that the provision of free interpreting services to the allied health sector would be welcomed by health service providers, including audiologists and audiometrists. However, the FIS is a demand driven program operating within a fixed budget. There is currently no capacity to expand the FIS to cover allied health services. Any decision to expand coverage would need to be considered as part of the Budget process.

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**Question no: 8**

**Type of Question:** Hansard, page 18

**Chair: Mr Zimmerman**

**Question:**

**CHAIR:** It leads to the broader question about how the government can support hearing-impaired people to have full access to hearing programs if they speak a language other than English. Then we had some recommendations about aged care. I note that the government supported those in principle. Again, maybe take it on notice, because it's probably a question for the new aged-care commission as to how implementation of that recommendation and support for people in aged-care facilities with hearing impairments is and will be pursued by the department and the new commission.

**Mr Boyley:** It would be my intention to take that on notice. I would note that the road map does include aspects for people who are suffering hearing loss or impairment as a part of experiences within aged care. So there are some thematic recommendations in addition to the royal commission that's running at the moment and the new role of the quality commissioner. We would need to take that on notice, but I expect a fairly fulsome response on that.

**Answer:**

The Aged Care Quality and Safety Commission (the Commission) assesses and monitors the performance of residential aged care services against 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 Commission gives senior Australians and their families, including those who with hearing impairments, a single point of contact when they need help, want to raise a concern, or access information about an aged care service.

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**Question no: 9**

**Type of Question:** Hansard, page 19

**Chair: Mr Zimmerman**

**Question:**

**Mr ZAPPIA:** Yes. Recommendation 7 related to agricultural communities. In particular, it refers to a study or project in 2016 from the National Centre for Farmer Health. I have a couple of questions. As a result of that study, or project, in 2016 were there any changes made by the government as to how we respond to the hearing problems of people in the agricultural communities? I'm sure everybody would understand that they are also at risk, more so than in many other sectors. What, if anything, is the government doing right now to assist people from those communities?

**Dr Christian:** I couldn't comment on what the outcomes of that earlier initiative were, but, certainly as part of the hearing health road map, workplace screening and workplace noise exposure is one of the themes that emerge through that road map.

**Mr ZAPPIA:** I'm trying to target specifically the agricultural communities.

**Mr Boyley:** With respect to any changes that were made as a result of the 2016 study, I'd need to take that on notice. I'm happy to do so.

**Mr ZAPPIA:** Are there any targeted programs underway right now.

**Mr Boyley:** I'd need to take that on notice.

**Mr ZAPPIA:** Thank you.

**Answer:**

There are no targeted programs to provide hearing services to Australians living in agricultural communities. Australian Hearing provides hearing services to eligible clients of the Voucher component of the Hearing Services Program who live in a postcode defined as CSO remote under the legislation.

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**Question no: 10**

**Type of Question:** Hansard, page 20

**Chair: Mr Zimmerman**

**Question:**

**CHAIR:** Is there any transparency as to whether projects are put forward and rejected?

**Mr Boyley:** I would need to take that part on notice, because that's in another part of the department and I'm not briefed on that specifically. I work with them in other parts of my portfolio, with responsibilities in the cancer space, for example, to do cancer research funding. I'm happy to take on notice around the procedural aspects of whether there are metrics reported or publicly disclosed around applications that are not supported both in terms of metrics, numbers and specifics.

**CHAIR:** I think it would be helpful if you could take on notice that but also balance disorders and genetic and stem cell research. Also, maybe on behalf of the department, if we can get a response on whether there has been funding through the NHMRC or the Medical Research Future Fund in either of those areas to date.

**Mr Boyley:** Happy to, Chair.

**Answer:**

The National Health and Medical Research Council (NHMRC) has provided a total of \$64,499,693 since 2009 for hearing research including balance disorders, stem-cell research and genetic treatment research. Funding is awarded to researchers through contestable peer-reviewed processes and based on merit.

NHMRC has funded \$2,865,938 for hearing with stem cell research and \$2,261,708 for hearing with genetics research.

The Medical Research Future Fund (MRFF) has not funded research into balance disorders, including genetic and stem cell research.

The MRFF, does not report on success rates of applications for funding. Applicants are advised of the outcomes of their applications by the relevant grants hub that administer the process.

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**Question no: 11**

**Type of Question:** Hansard, page 22

**Member:** Dr Freeland

**Question:**

**Dr FREELANDER:** So that would include audiologists and speech therapists?

**Mr Boyley:** The information I have is that it could, but I would need to take on notice if the scope of the recommendations specifically includes audiologist services. I can certainly say GPs are within that, but there are other associated services mentioned that I would need to come back to the committee on notice on to make sure I don't mislead you.

**Dr FREELANDER:** This would be specifically allied health—audiologists, speech therapists and maybe even occupational therapists.

**Mr Boyley:** I'm happy to come back on notice with that specific part, but I think there is broad acceptance from all the reference groups that the tele-offering of services is a requirement that should be picked up and moved forward on.

**Answer:**

As part of the Medicare Benefits Schedule (MBS) Review process the Allied Health Reference Group (AHRG) released a report for public consultation on 5 February 2019.

Draft Recommendation 14 of this report proposes the introduction of a new MBS item allowing patients in rural and remote telehealth eligible areas to access telehealth consultations with an allied health professional, including audiologists.

Consultation on this report closes on 17 May 2019. The feedback will be considered by the MBS Review Taskforce as part of the Taskforce finalising recommendations to the Government.

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**Question no: 12**

**Type of Question:** Hansard, page 24

**Member:** Mr Zappia

**Question:**

**Mr ZAPPIA:** On the question of cost, is anyone able to give us maybe a ballpark figure as to how much it would cost to continue the service right through to cover people aged 26 to 65?

**Mr Boyley:** We'd need to take that on notice to work out some high-level, order of magnitude costings. So I'd need to take that question on notice.

**Answer:**

The Department has not modelled the estimated cost of the provision of hearing services to Australians aged 26 to 65 years who are not eligible for the National Disability Insurance Scheme and are not eligible for the Hearing Services Program. Please note that Australians who have a pensioner concession card (including those on a NewStart allowance) are currently eligible to receive services from the Voucher component of the Hearing Services Program.

The Department is willing to support any request from the Parliamentary Budget Office to develop a model for the costs of the provision of hearing services to this population cohort.

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#### **HEALTH PORTFOLIO**

### **Inquiry into the 2017-18 Annual reports of the Department of Health and Australian Hearing**

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**Question no: 13**

**Type of Question:** Hansard, page 28

**Chair: Mr Zimmerman**

**Question:**

**CHAIR:** How could speech therapy possibly be a risk to public safety?

**Mr Boyley:** I'd be happy to take that on notice. The background information that we've been provided was what was just stated. But there's obviously a fairly significant case as to why that's not entirely safe. So I'm happy to take on notice why the department either continues to believe that no registration is required or, if it has a different view, what that is.

**Dr FREELANDER:** These are practitioners who do have close personal contact with patients.

**Mr Boyley:** With vulnerable people—absolutely. The very proper pointing out of the wrinkle in that logic is something that I'm happy to take back and look at.

**Answer:**

Speech pathology is not one of the registered health professions within the National Registration and Accreditation Scheme.

A number of professions including speech pathology have a system in place of profession-led regulation where their peak body provides accreditation for speech pathologists who meet certain criteria, including recency of practice and continuous professional development. This provides surety that speech pathologists have meet certain quality standards and can be used by employers as part of their recruitment and employment processes.

In recognition of the risks associated with the provision of services by unregulated health workers, Health Ministers agreed in 2015 to establish the National Code of Conduct for unregistered health care workers (the National Code). The National Code includes minimum standards expected of any health care workers and includes national prohibition orders. Each state and territory is responsible for implementing the National Code.

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#### **HEALTH PORTFOLIO**

### **Inquiry into the 2017-18 Annual reports of the Department of Health and Australian Hearing**

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**Question no: 14**

**Type of Question:** Hansard, page 29

**Chair: Mr Zimmerman**

**Question:**

**Mr ZAPPIA:** What is the negative to having a registration process?

**Mr Boyley:** The tension is a desire to avoid overregulation and to push the principle, I guess, that's often held from an economic standpoint that with more regulation comes increased cost to the end consumer, and an overly burdensome regulation scheme can increase pressure on already struggling workforces. So, if you're having trouble attracting key staff and there's a regulatory burden associated, that might be a detractor to them going and joining the field. That's the theoretical negative against this sort of thing. The other one is that, once you regulate something, you've got to make sure that you keep it current; otherwise, you unintentionally lock out innovation, potentially, and a range of other things. They're the theoretical views; they're not my own views. But that is the tension that is there between overregulation and underregulation. You don't want an overregulated product, but you certainly don't want it underregulated. Where's the sweet spot? On this occasion, I'm happy to take this one back to look at: was the rationale sound, in my view, and, if not, what do we do about it? I think that the evidence from around the table is pretty compelling.

**Answer:**

There are 16 professions covered within the National Registration and Accreditation Scheme (NRAS). One of the objectives of the NRAS is the protection of the public. For a new profession to gain entry to NRAS they need to demonstrate to Health Ministers that they meet the entry criteria outlined in the intergovernmental agreement, which established the NRAS. This includes that there is not another form of regulation that meets public safety requirements.

The NRAS is practitioner funded and the cost to practitioners for their annual registration is an important consideration. Information on the criteria is available on the COAG Health Council website.

A number of professions including speech pathology have a system in place of profession-led regulation, where their peak body provides accreditation for speech pathologists who meet certain criteria, including recency of practice and continuous professional development. Employers can use this accreditation as a requirement for recruitment and employment.