

Joint Standing Committee on the NDIS  
NDIS.Sen@aph.gov.au

6<sup>th</sup> of March 2017

To the Joint Standing Committee on the NDIS,

**Re: Additional information following public hearing on the Provision of Hearing Services under the NDIS the 20<sup>th</sup> of February 2017**

Thank you once again for inviting us to witness at the public hearing on the 20<sup>th</sup> of February.

We are grateful for the opportunity to provide some additional information and clarification.

Firstly, we wanted to make it clear that Audiology Australia's primary role is as a regulatory body for the profession of audiology. We ensure that audiologists provide a high standard of clinical services, have up-to-date skills and experience, and adhere to our Code of Conduct. Clinical certification by Audiology Australia is recognised under various government schemes. It is therefore incorrect to conclude that the profession of audiology is unregulated.

We are willing to extend and/or modify our model of regulation to meet the changing needs of consumers and Government as the NDIS rolls out. For example, we already have plans to implement a model of certification for specialised areas (our 'titling' program) such as rehabilitation of young children and infant diagnostics. This will enable consumers, support coordinators and NDIS Planners to identify those clinicians who are appropriately qualified and experienced to provide specific services.

During the hearing we mentioned that, in addition to our Code of Conduct, there was a COAG agreement to make by regulation the National Code of Conduct for Health Care Workers, and statutory powers to enforce this National Code in each State and Territory (p.38, Hansard Transcript the 20<sup>th</sup> Feb 2017). This includes standards prohibiting misrepresentation of qualifications and training by unregistered health practitioners. We were referring to the COAG Health Council Communique issued on the 17<sup>th</sup> April 2015 where it is stated that:

Ministers agreed to use their best endeavours to give effect to the National Code and code-regulation regime, noting that those jurisdictions with existing schemes will consider adjustments to their codes and arrangements to achieve national consistency.

We would like to add that the National Code was enacted in Queensland on the 1<sup>st</sup> of October 2015 and in Victoria on the 1<sup>st</sup> of February 2017). In addition, it is stated in the Frequently Asked Questions regarding the National Code published by the COAG Health Council that:

Health Ministers have agreed to proceed to establish a National Register of Prohibition Orders that is accessible via the internet. In the interim, the prohibition orders published in those states that have already implemented a code-regulation regime are published on their respective websites.

The states with existing code-regulation regimes are New South Wales and South Australia. We would also like to highlight that the Department of Health and Human Services has recently commenced a consultation on the implementation of the National Code of Conduct for health care workers in Tasmania.

As a result, our understanding is that the only states and territories currently without a regulated code of conduct and associated publicly available prohibition orders for unregistered health professionals like audiologists are Canberra, the Northern Territory and Western Australia.

Yours sincerely,