

15 April 2010

Senator Rachel Siewert Chair Senate Standing Committee on Community Affairs Parliament House Canberra ACT 2600

Dear Senator,

The Senate Inquiry into Hearing Health in Australia

I write on behalf of the Hearing Care Industry Association, representing seven major hearing healthcare providers in Australia, with clinics in over 440 locations throughout Australia, employing over 500 professional staff and servicing many thousands of hearing impaired Australians every day.

HCIA provided a submission to your inquiry (submission number 62), and I appeared before you on Wednesday 11 November, along with two of our directors, Mr John Gimpel and Mr Peter Carstensen.

I am now writing to you regarding the evidence of another witness on that day, Ms Kate Locke, as it relates to her interaction with "some Audiologists".

Before doing so, I am aware that Ms Locke is a very strongly committed and effective advocate for hearing impaired people, particularly younger people. I have great admiration for her personal courage and her advocacy and mentorship of other hearing impaired people. I note in this regard that in December 2009 she was awarded the Tony Fitzgerald Memorial Human Rights Award for increasing awareness and overcoming discrimination against deaf and hearing impaired people within Australia

However, I am concerned that she may have given your Committee a slightly biased impression of the conduct of ethical Audiologists, and in particular of members of the Hearing Care Industry Association.



In her submission (number 82) she wrote that after she turned 21, and was no longer eligible for assistance from Australian Hearing, she had to find a private audiologist, three of whom were not very good. She bought hearing aids from each of them, when one would have been enough at a cost of about \$3,500 to \$4,000 each. She also wrote that one audiologist convinced her to buy an FM system for \$1,500 which she never used, because it was not suitable for her hearing loss. She also wrote that audiologists charge large amounts for unnecessary ear moulds, for repairs, and for batteries.

In her evidence before the committee, Ms Locke elaborated on these matters (11 November 2009). She said that she was in a mentoring program with about six other young deaf Australians between the ages of 25 and 35, and they have all had very similar experiences. She said that people have even been fitted with a pair of hearing aids that were not quite right for their hearing level, and that people can be duped into buying unnecessary clips and gadgets.

She also described a personal experience where she was persuaded to take out a personal loan with a finance company by the audiology company, without fully understanding the terms of the loan.

One of the committee members, Senator Boyce, commented that this was "clearly unethical behaviour, if not straight out fraudulent behaviour." Ms Locke then went on to say that as far as she knew there was no one to whom consumers could complain about this kind of behaviour.

I now wish to place on record the Hearing Care Industry Association's total opposition to this kind of unethical and exploitative behaviour. Our members aim to deliver world-class hearing healthcare to all Australians. It has at the core of its mission, its clients and it aims to help all Australians who are suffering from hearing loss to achieve a better quality of life. In particular the Association's members do not prescribe or provide hearing aids unsuitable or unnecessary for particular clients. They prescribe according to the client's need, not their own and they do this after making a fully informed, professional judgement.

My members view any complaints about their services very seriously and it should be noted that the complaints against my members are very small in number, both for the fitting of hearing instruments under the government scheme and privately. My members pride themselves on their professional and fair dealings with clients.

As mentioned in my evidence to the Senate Committee, HCIA is moving towards self accreditation. We have done some work on this, and have gained the support of the professional bodies. We are currently looking to develop an HCIA Code of Conduct – ie. a statement of ethics; principles for engaging with clients and methods and scope of practice.



We are also looking at developing a number of standards that deal with respect for the individual; professional accountability; evidence based management; risk management and ongoing professional development.

HCIA is of the view that self accreditation would send an important message to the community and to other stakeholders, that HCIA was committed to excellence.

I am happy to speak further to you or the committee about these issues, and I look forward to the committee's report and recommendations.

Yours sincerely,

Donna Staunton Chief Executive Officer