



CODE OF ETHICS AND RULES OF PROFESSIONAL CONDUCT

Introduction

This code promotes the provision of best possible audiological care and the maintenance of trust between IAA members, who are audiologists who hold a financial interest in an audiology related practice, their patients and the community at large.

This code is based on three fundamental principles of professionalism: quality, integrity and independence in audiological practice.

Firstly, as **experts** in their field, Audiologists have a special position of trust in the community and IAA members are obliged not to abuse this trust. IAA members have a primary responsibility to deliver **family focused audiological care**.

Secondly, patients and their families have a right to participate in their own healthcare decisions, including those related to hearing and balance. Members of IAA facilitate **shared decision making** by providing accurate evidence-based information from which patients and families can form realistic expectations. All advice (including suggested interventions and device use) is based on an individual **comprehensive audiological assessment**.

Thirdly, IAA members operate **ethical professional audiological practices** which are open to scrutiny. This means transparent billing, avoiding conflicts of interest for staff by not paying commissions or setting sales targets and disclosing any formalised relationships with industry.

Definitions

"Code" means this Code of Ethics and Practice Guideline.

"IAA" means Independent Audiologists Australia Inc.

"Member" means any full member of IAA.

"Patient" means a direct recipient of audiological services of any age.

"Practice" means the premises where an audiologist conducts his or her professional activities.

"Prescription" means the complete details required for the fitting of hearing devices and any associated accessories.

"Professional Service" means any activity involving audiological consultation, assessment or examination, and/or intervention which may include counselling, communication training, environmental adaptations and/or the selection, prescription, evaluation and maintenance of hearing devices. Fees are charged for all professional services.

"Publication" means any form of dissemination of information in all forms of print, electronic and social media".

Guiding Principles

Member of Independent Audiologists Australia:

1. Place the welfare of patients above their own.
2. Never discriminate on the basis of race, religion, gender, sexual preference, marital status, age, disability, beliefs, contribution to society or socioeconomic status.
3. Gain and maintain appropriate knowledge and skills in audiology.
4. Intend no harm through any services or products prescribed, dispensed or recommended.
5. Deliver patient/family centred audiological care, including facilitating shared decision-making where a range of intervention options are available.
6. Refer to another practitioner (audiologist or other professional) whenever further expertise is indicated.
7. Maintain their practice (premises, equipment and staffing) in keeping with professional standards.
8. Deliver audiological services in a safe environment.
9. Uphold privacy laws as they apply federally and in the state in which the practice operates.
10. Promote cordial working relationships with other audiologists and colleagues in other professions.
11. Provide clear information about clinic ownership.
12. Minimise the potential for conflict of interest in their practice, particularly as relates to device sales by not paying commissions to staff for device sales or setting sales targets in the practice.
13. Agree to participate in any review or investigation should a complaint be lodged against them, whether the complaint is made to IAA or to any relevant regulatory body.

Code of Ethics: Guidelines for Practice

1. Qualifications and Competence to Practice

- 1.1. University qualifications in audiology are held by full members of IAA.
- 1.2. Qualifications may be postgraduate diploma or Masters degrees (or equivalent). Members who have completed further study and hold doctoral qualifications (PhD or AuD obtained overseas) may use whatever title is the privilege of holding that qualification. Members are not to misrepresent their qualifications or experience.
- 1.3. The names and qualifications of all professional staff regularly providing services at the practice are displayed to patients. At all times, the name of the attending staff member (and anyone under supervision) is given to patients (and any person accompanying them) at the start of the consultation.
- 1.4. Culturally safe and sensitive practice is achieved by seeking to understand the cultural needs and contexts of all patients as needed to obtain optimal audiological outcomes. Respect for, and sensitivity towards the cultural needs of communities including Deaf, LGBTI, Aboriginal and Torres Strait Islander Australians and those from other culturally and linguistically diverse backgrounds.
- 1.5. IAA members facilitate an environment free from discrimination, victimisation, sexual harassment, vilification and the seeking of unnecessary information on which discrimination might be based for all staff and patients.

2. Referral to and by IAA Members

- 2.1. A patient may be referred to an IAA member by another healthcare practitioner or may be recommended by word of mouth. Patients may be seen without referral.
- 2.2. If evident that a patient's needs would be better met by seeking the care of another practitioner, the patient should be referred to an appropriate specialist. The audiologist must be clear that any patient may attend a practitioner of his or her own choice. A letter setting out any relevant information should be provided.
- 2.3. Where a patient requires referral to another person, both parties can independently charge fees for services provided.
- 2.4. No fees are paid to third parties for referrals or recommendations.

3. Reports

- 3.1. Reports are signed by the attending practitioner and clearly show the name and contact details of the clinic.
- 3.2. Any documents signed by IAA members in their professional capacity are checked for accuracy.
- 3.3. Statements of fact and expressions of opinion are clearly differentiated.
- 3.4. Patients have the right to be provided with a copy of any relevant report on request.

4. Fees

- 4.1. Individual IAA members determine the professional fees charged by their practices based on their individual circumstances.
- 4.2. Independent clinics are responsible for covering their costs (rent, staffing, equipment, insurance etc.) and therefore services cannot be offered free of charge. Fees may be waived at the discretion of the member in individual circumstances.
- 4.3. Fees for services are clearly displayed in the clinic.

- 4.4. Quotations and invoices itemise charges for devices and services. Fees charged for services and devices are readily identifiable as bundled, partially bundled or unbundled to allow for fair comparison between any quotations collected.
- 4.5. Patients are offered information regarding the likely cost of treatment as part of their decision-making process.
- 4.6. Where IAA members enter into contracts with third parties (such as the Office of Hearing Services, private health funds, Medicare, WorkSafe/WorkCover or the National Disability Insurance Scheme or employers) services are provided in the best interests of the patient and their family, to whom the rules of the third party are fully explained.
- 4.7. Fees charged do not include any sales based commission or staff bonus for device sales paid as an incentive to staff to make specific recommendations or to any other third party for directing patients to the clinic.
- 4.8. Fees are not accepted from third parties unless that party has a direct relationship to the patient (i.e. they are family, employer, nominated health fund, or have other proven eligibility).

5. Patients' Rights and Responsibilities

- 5.1. Patients may return for follow up consultations to achieve optimal outcomes. Depending on the fee structure (bundled, partially bundled or unbundled), follow up consultations may be charged for.
- 5.2. Outcomes will be limited by the individual circumstances and abilities of the patient. A satisfactory outcome may not be associated with improved communication, as individual circumstances and ability will determine the limits of improvement that are possible.
- 5.3. Patients have the right to be offered a choice of interventions / devices / instruments, with the relative merits / disadvantages / risks / potential outcomes – and costs associated with each alternative, fully discussed.
- 5.4. Patients who demand an intervention that has not been recommended by the audiologist must accept responsibility for the outcome of the that intervention.

6. Conflict of Interest

Patients rely on the independence and trustworthiness of audiologists for any advice or treatment offered. A conflict of interest arises when an audiologist, entrusted with acting in the interests of a patient, also has financial, professional or personal interests, or relationships with third parties, which may affect their care of the patient.

Multiple interests are common. IAA members are audiologists who hold a financial interest in their practice and so are required to identify, carefully consider, disclose and be accountable for all their interests.

When interests compromise, or might reasonably be perceived by an independent observer to compromise the audiologist's primary duty to the patient, IAA members must recognise and resolve this conflict in the best interests of the patient.

IAA members reduce the possibility of conflict of interest in the practices they operate by not paying commissions to staff for device sales or setting sales targets for their practices.

To manage potential conflicts of interest, IAA members:

Inform patients of any interest that could affect, or could be perceived to affect audiological advice or care.

Recognise that hearing device manufacturer or other marketing influences audiologists and be aware of the ways in which they and their staff may be being influenced.

Recognise potential conflicts of interest in relation to the prescription and dispensing of hearing devices and appropriately act to reduce and manage any conflict that arises. Keep a documented gift policy that is available to the public on request. A gift policy should include the member's guidelines for accepting gifts from manufacturers of audiological equipment and hearing devices. The member's gift policy might also include guidelines for offering gifts or enticements.

Never ask for or accept fees for meeting sales representatives.

Never offer sales based commissions to staff that provide or could be perceived to provide inducements to staff for the sale of hearing devices.

Reward staff according to overall productivity, not specific to device sales.

Never allow any financial or commercial arrangement with a hearing device supplier to adversely affect the way audiological care is delivered.

Inform patients of interests that might affect or be perceived to affect clinical judgement or advice.

Are honest and transparent in financial arrangements with patients, not exploiting patients' vulnerability or lack of audiological knowledge when providing or recommending treatment or services.

Never encourage patients to give, lend or bequeath money or gifts that will benefit the member or practice directly or indirectly.

Avoid financial involvement, such as loans and investment schemes, with patients.

Never pressure patients or their families to make donations to other people or organisations.

Are transparent in financial and commercial matters, including in dealings with funding bodies.

Declare their financial interest in the practice when taking on a practitioner role.

Declare any preferred supplier agreement that sets prices based on volume purchases from device suppliers for devices that are dispensed through the practice.

Supervision

- 6.1. IAA members may delegate certain procedures to staff members they consider competent to carry out those duties or are under the immediate and personal supervision of the member or another audiologist employed by the member. Under those circumstances the IAA member maintains full responsibility for the patient's welfare.
- 6.2. IAA members may provide clinical education to students enrolled in postgraduate audiology programmes, audiometrists undertaking in-service training, or qualified audiologists undertaking supervised mentoring.
- 6.3. Patients are always informed of any supervisory arrangements.
- 6.4. Patients may refuse to be attended to by any person under supervision, without prejudice.

7. Promotion and Marketing

- 7.1. Advertising must not mislead and must conform to current legislative requirements of State or Federal bodies.
- 7.2. IAA members have a responsibility to participate in community education and discussion related to hearing, deafness and balance.
- 7.3. When representing IAA in public forums (such as social or mainstream media), members remain respectful and honest at all time. Opinion must be clearly indicated as such.
- 7.4. Publications regarding research findings, services or products must always be factual and not liable to misinterpretations by implication or because of omissions. Where an opinion is stated, this should be clearly indicated. The author(s) of the publication should be clearly identified, together with acknowledgement of all contributors to the work.

8. Premises

- 8.1. Premises should be designed and maintained to reflect concern for the healthcare of patients and the professional role of the audiologist, including adequate space for a reception area, audiometric testing environment, and consulting room in a location readily accessible to the public.
- 8.2. Practices that deliver services for children ensure facilities (test environment, equipment and staffing) are fit for purpose.
- 8.3. Waiting rooms, reception, consulting rooms and test booths are designed to ensure that the proceedings between staff in the practice and patients is private and respectful.
- 8.4. IAA members maintain instrumentation at a level that is appropriate to the services offered. The testing location and equipment conform to relevant international and Australian standards.

9. Discrimination and Harassment

- 9.1. IAA members do not discriminate because of race, colour, religion, gender, gender identity, age, national origin (ancestry), disability, marital status or sexual orientation as related to either the employment of staff, association with colleagues or patient care.
- 9.2. IAA members seek to provide a work and clinical environment that is free from harassment. Harassment such as that based upon an individual's sex, race, ethnicity, national origin, age, sexual identity or religion is not tolerated by IAA members.

10. Practice Management

- 10.1. Hours of practice are clearly displayed in the reception area and on websites.
- 10.2. When providing services away from the main practice, patients are provided with contact details for the practice.
- 10.3. Invoices list the practice details, practitioner name, any referral information, inclusions in any item billed for.
- 10.4. Any therapeutic material supplied is in working order and fit for purpose. Devices conform to the appropriate Australian standards or other relevant authority. Warranty information is available at the time of dispensing.
- 10.5. Repairs and service for prescribed devices are available within their practice or requested of the supplier, in keeping with any warranty and service contracts.
- 10.6. Comprehensive and accurate records are kept for all consultations.
- 10.7. Consent for issuing reports to third parties is requested before any reports are sent to third parties.
- 10.8. Where practical, copies of reports are sent to patients or their families.
- 10.9. Records and reports are the property of the practice owner. All records are securely stored and kept for a minimum of fifteen years from the last professional service.
- 10.10. Copies of relevant information are provided to patients on request where such provision does not breach professional confidentiality.
- 10.11. Members carry appropriate indemnity insurance for the protection of patients, staff and self.
- 10.12. The content of any unsolicited contact with patients by mail, email, telephone, print or other electronic media is of potential benefit to the patient. Reminders of scheduled or routine follow up appointments are permitted.
- 10.13. All patients are invited to provide feedback to the clinic. IAA members are obligated to review their practice should complaints be received, without any prejudice to the patient who has provided feedback.

11. Relations with IAA and its Members

IAA is committed to providing an inclusive and welcoming environment for all members. IAA members do not discriminate against fellow members because of race, religion, language, culture, identity or sexuality. Disputes between members or between a member and IAA are resolved according to the Rules of Association, approved by Consumer Affairs, Victoria.

13. Breach of this Code of Ethics and Rules of Professional Conduct

13.1. Where any person (whether a member of IAA or a member of the public) wishes to complain that a member of IAA has acted in ways that contravene this code of ethics and these rules of professional conduct, they may take the following steps:

13.1.1. Contact IAA in writing or by telephone. All correspondence must be directed to the Executive Officer. Should anyone wish to lodge a complaint directly to the Executive committee, a request for the contact details of any of the office bearers (President, Vice President, Treasurer or Secretary) can be made via the Executive Officer.

13.1.2. All complaints should be sent in writing, via mail or email. The name and contact details of the complainant must be included.

13.1.3. The complaint will be acknowledged in writing via mail or email within three days of receipt.

13.2. All complaints are presented to the Executive committee within one week of receipt. Further action is at the discretion of the serving Executive committee, who decide which of the following four actions will be taken:

1. **The complaint is insubstantial.** A response to the complainant will be issued by the Executive Officer on instruction by the President. The member will be notified that the complaint has been received and that no further action will be taken. No change to membership status of IAA can result.
2. **The complainant falls outside of the regulatory role of IAA.** The complainant and member are advised of the appropriate regulatory body to a complaint could be lodged. No change of membership status of IAA can result.
3. **The complaint is clearly not a breach of this code of ethics and rules of professional conduct but the member might benefit from guidance** as to how to overcome the complaint. The President (or delegate) will contact the member in person to advise of the complaint and discuss ways to address the complaint. No change to membership status of IAA can result.
4. **Report the complaint to the member and form an investigatory committee** to review the complaint.

An investigatory committee will be made up of three individuals:

- At least two members of the serving IAA Executive, one of which will serve as the Chair of the investigatory committee.
- One representative of a consumer group (Better Hearing Australia, Shhh, Deafness Forum, Parents of Deaf Children or similar)

The investigatory committee will take no longer than 60 working days to finalise their investigation and report to the IAA Executive Committee. Their report will include:

- a. Statement of the complaint
- b. Report of their assessment
- c. Recommendation.

The investigatory committee have the option to recommend:

- Dismiss the complaint
- Suspend membership pending guidance and rectification of specific matters
- Expel the member from the association
- Further investigation by another regulatory body

The investigatory committee report will be shared with the Executive Committee.

The report can be either accepted or rejected by the committee. If rejected, the reasons for the rejection need to be documented.

The President (or delegate) will inform the complainant and IAA member of the recommendations of the Executive.

Where guidance is recommended, the Executive committee will identify specific ways that the member can be guided (e.g. courses, articles, counselling, supervision).

Complainants have the right to appeal a ruling by writing to the President. If the President, in consultation with the Executive committee consider the case to have grounds for appeal, a special general meeting of the IAA membership will be called, the report of the ethics committee presented to the meeting, along with the appeal. A vote will be taken at the meeting to determine if the ruling of the Executive should be upheld or not.

IAA will not pass on complaints to other regulatory bodies but will inform complainants of which regulatory bodies apply to the circumstances.

Contact

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