

Deafness Forum Australia

# National Survey: Lived Experience of Hearing Services

Our Report, 4 February 2025



**Deafness Forum Australia conducted a national survey from November 2024 to January 2025 to gather insight into the lived experience of consumers receiving and providers delivering hearing services in Australia.**

This document, a report on our survey into receiving and delivering hearing services in Australia, has been prepared by Deafness Forum Australia on behalf of its members and associates to help provide compelling evidence in support of our case for regulating audiologists and audiometrists in alignment with other trusted healthcare professionals. The survey results underscore the importance of formal regulation to ensure defined scopes of practice, accurate use of titles, and enhanced professional recognition within the hearing health sector.

Well-designed regulation is crucial for achieving desired outcomes and protecting public interests.



Deafness Forum Australia is the national independent citizen representative peak body for all Australians with hearing challenges, ear or balance disorders, and their families and supporters.

## Summary - Interpretation of Findings

1. Strong support for regulating audiologists to align with other healthcare professionals.
2. Importance of formal regulation to ensure:
  - Defined scopes of practice
  - Accurate use of titles
  - Enhanced professional recognition
3. Regulation alone unlikely to address all commercialism issues.
4. Sales-driven practices reported to undermine:
  - Patient-centred care
  - Consumer trust
5. Systemic issues identified by consumers and providers:
  - Dominance of commercial pressures
  - Lack of individualised care
  - Gaps in public understanding of roles and qualifications
6. Providers call for:
  - Less commercialism
  - More regulation
  - Greater professional transparency
7. Consumers seek:
  - Ethical, comprehensive services
  - Simplified access
  - Increased provider awareness of cultural and community-specific needs
8. Mismatch in perceptions:
  - Audiologists do not view themselves as salespeople
  - Many consumers perceive them as sales-oriented
9. Confusion persists between roles of audiologists and audiometrists:
  - Some consumers attribute incorrect expertise to audiometrists.
10. Need for public education on professional roles and system limitations.
11. Recommended systemic reforms to:
  - Rebuild trust
  - Improve service quality
  - Meet consumer expectations
  - Include mandatory regulation
  - Ensure patient-centred care
  - Reduce commercial pressures
  - Educate the public on professional and comprehensive hearing services
12. Support for career stability and professional growth to sustain the sector's integrity.

# Hearing Services in Australia

Hearing services are partially regulated by funding bodies (such as the Hearing Services Program, NDIS and Medicare), self-regulating professional associations, and healthcare commissioners in each state or territory.

Hearing service providers are not currently registered with a national board under the Australian Health Practitioner Regulation Agency. Master’s degrees in clinical audiology are offered by several Australian universities. Holding a master’s degree in audiology is required to belong to a professional association of audiologists.

Diplomas and Certificates in Audiometry are available through TAFE and the Australasian College of Audiometry.

Many hearing related businesses are owned by companies that are closely associated with hearing device manufacturers. Other hearing businesses are family owned or are independently owned by those holding qualifications in either audiometry or audiology.

Numerous investigations are underway that relate to hearing service provision. Table 1 (following pages) provides a summary of recent and ongoing consultations, and how they relate to each other.

Investigations concerning audiometry qualifications and the regulation of audiologists are important for Deafness Forum Australia to contribute to. We provided input to the first round of consultations regarding audiology regulation - we support regulation for all audiologists and audiometrists.

Importantly, consultation regarding audiology regulation was intended to determine the risk impact of regulating audiology. Queensland Health prepared the discussion paper used for the consultation. From the start, the paper stated that the consultation excluded consideration of regulating audiometrists. Seven options were offered, none of which included regulation of audiometrists. Regulating some or all audiologists without regulating audiometrists would not protect the interests of the Australian public.

Including audiometrists in regulation under the Australian Health Practitioner Regulation Agency would offer much-needed public protection. Such a shift in the regulatory landscape may be achieved in two stages, starting with the regulation of audiologists.

As this report shows, the current self-regulation system is complicated for consumers. Fractured arrangements for self- and partial regulation of audiologists and audiometrists do not offer protection of title and are associated with a very cumbersome complaints process, creating a less-than-satisfactory consumer experience.

**Table 1: Consultations related to hearing service delivery as of January 2025**

| Review                         | Initiated by  | Run by                   | Key Dates                                  | Links   | Purpose                    | Key points and links between investigations   |
|--------------------------------|---|--------------------------|--|---|----------------------------|---|
| Hearing Services Program (HSP) | Department of Health and Aged Care (Federal Government) | Hearing Services Program | Consultation in 2024. Consultation closed. | <a href="https://www.health.gov.au/news/hearing-service-program-2024-public-consultation">https://www.health.gov.au/news/hearing-service-program-2024-public-consultation</a> | Review of claimable items. | HSP website does not differentiate between audiologists and audiometrists in terms of scope of practice. Obtuse reference to membership of professional bodies and qualifications that is technically correct but does not inform the public of what services each is qualified to provide. The HSP contracts to hearing services providers which are businesses. Those businesses are required to employ qualified practitioners. There is no requirement for any business to employ |

| Review  | Initiated by  | Run by  | Key Dates  | Links  | Purpose  | Key points and links between investigations   |
|---|---|---|--|--|--|---|
|   |   |   |  |  |  | an audiologist, or any hierarchy or referral pathway, other than when certain conditions are met (such as an ear asymmetry) requiring an audiometrist to consult an audiologist. This option is currently being phased out of claimable items under the HSP.  |
| National Registration and Accreditation Scheme (NRAS)                   | Department of Health and Aged Care (Federal Government) | Independent reviewer, Sue Dawson (former NSW HCCC)        | Second consultation paper expected to be released in January 2025.<br><br>Recommendations expected to be released in April 2025. | <a href="https://www.health.gov.au/our-work/independent-review-of-complexity-in-the-national-registration-and-accreditation-scheme">https://www.health.gov.au/our-work/independent-review-of-complexity-in-the-national-registration-and-accreditation-scheme</a>  | The aim of the Review is to ensure the National Scheme is fit for purpose, with responsive accreditation and registration arrangements, consistent decision-making, an efficient complaints management and disciplinary process, with capacity to expand if there are risks posed by professions not yet included in the Scheme.<br><br>First consultation paper was released with feedback due by 14 October 2024. Policy Design Forums were held during October to mid November 2024. The second consultation paper to be released in January 2025. Targeted consultation based on the second consultation paper will be held from January to March 2025. Recommendations due by April 2025. | NRAS changes might impact on how any decision made at Health Ministers Meetings about regulation are put into place. For example, if there is a change to the concept of national registration for professions that are similar to audiology and audiometry – for example optometry / optical dispensers, occupational therapy or psychology, then there may be an impact.<br><br>This investigation is difficult to contribute to as it covers a much broader range of professions than within Deafness Forum's constituency and mandate.<br><br>A second consultation paper will be read and if able to contribute, the Deafness Forum' will prepare a submission.<br><br>Recommendations to be released in April 2025 will be of interest. |
| Strengthening Medicare  | Department of Health and Aged Care (Federal Government) | Established by Minister of Health and Aged Care.          | Report was issued in 2023. Consultation closed.  | <a href="#">Strengthening Medicare Review</a>  | Review of Medicare   | One key recommendation was to encourage multidisciplinary team care. This decision led to the Scope of Practice Review (see below). Primary Health Networks (PHN) commissioned to engage multidisciplinary teams.   |
| Scope of Practice Review-extension of the Strengthening Medicare review | Department of Health and Aged Care (Federal Government) |   | Report was issued in 2024. Consultation is closed.   | <a href="#">Allied Health Scope of Practice Review</a>   | Offshoot of Strengthening Medicare investigation. Recommended allied healthcare professionals to refer directly to specialists, also commented on registration for health professions including audiology.   | Scope of practice for audiologists and need for regulation was covered in this paper. The lengthy document has been summarised by many professional groups. Some resistance has been received, especially from GP bodies who may no longer act as a gatekeeper to referrals to specialists if the recommendations are accepted by government.<br><br>The document will be useful to refer to in any further papers or meetings about regulation of audiology and audiometry.  |
| Audiometry Qualification Review   | Department of Employment and Workplace Relations        | Federal government. Appointed HumanAbility to run review. | Consultations - November 2024 to January 2025  | <a href="https://humanability.com.au/projects/audiometry-qualification-review.aspx">https://humanability.com.au/projects/audiometry-qualification-review.aspx</a><br><br><a href="https://www.dewr.gov.au/skills-reform/jobs-and-skills-councils">https://www.dewr.gov.au/skills-reform/jobs-and-skills-councils</a> | The Audiometry Qualification Review project will critically evaluate and update the HLT47415 Certificate IV in Audiometry and HLT57415 Diploma of Audiometry qualifications to ensure they reflect technological advancements and align with current industry needs  | HumanAbility is holding a series of consultations as they work through suggested changes to the framework imposed by government for vocational training of audiometrists. Both the certificate in audiometry (as applies to industrial audiometry) and the diploma in audiometry (offering membership of professional body as an audiometrist, HSP and NDIS recognition) are under review. Industry has provided input into   |

| Review       | Initiated by   | Run by                             | Key Dates                   | Links   | Purpose   | Key points and links between investigations  |
|--------------|--|------------------------------------|-----------------------------|---|---|--|
|              |  |                                    |                             |   | and regulatory requirements.                                  | <p>the review saying that training of audiometrists needs to reflect their identified need for additional skills – including wax removal (already taught), play audiometry, rehabilitation services. Motivation to employ audiometrists to conduct audiology may be questioned given that audiometrists qualify more quickly and can earn income for a business whilst undergoing training, which audiologists are not able to do with their full time university commitments.</p> <p>Regulation for audiometrists was not considered in the original Qld Health discussion paper, but has been recommended by various bodies including IAA, DFA, and individuals. In the absence of regulation of audiologists and audiometrists, the framework for training audiometrists could possible legally extend to audiology. No entry requirements exist for vocational training, and trainers are meant to provide sufficient support and time for learners to gain necessary skills. Expanding the audiometry course would make audiology is less easily distinct from audiometry for the public. Concern is that audiology would be equated to a set of vocational skills, risking a real loss of the integration and depth of that serves the needs of consumers.</p> |
| NDIS Reforms | Commonwealth Minister for NDIS & Ministerial council for Disability Reform (made up of relevant ministers from states and territories) | Reforms to NDIS legislated in 2024 | No consultations at present | <a href="https://www.ndis.gov.au/understanding/ndis-and-other-government-services/hearing-supports">https://www.ndis.gov.au/understanding/ndis-and-other-government-services/hearing-supports</a> | Purpose of reforms was to streamline NDIS, and curtail costs. |  |

| Review                        | Initiated by  | Run by  | Key Dates  | Links   | Purpose  | Key points and links between investigations  |
|-------------------------------|---|---|--|---|--|--|
| Regulation of audiology - RIS | Ministers of Health from all states and territories, under the Health Ministers' Meeting (HMM). Led by Queensland Health. | <a href="https://www.health.gov.au/committees-and-groups/health-ministers-meeting-hmm">https://www.health.gov.au/committees-and-groups/health-ministers-meeting-hmm</a><br><a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0035/1327976/audiology-ris-consultation-paper.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0035/1327976/audiology-ris-consultation-paper.pdf</a><br><a href="https://www.health.qld.gov.au/clinical-practice/engagement/clinical-engagement-projects-and-consultations/audiology-regulatory-impact-statement">https://www.health.qld.gov.au/clinical-practice/engagement/clinical-engagement-projects-and-consultations/audiology-regulatory-impact-statement</a> | January 2025 – second round of consultations ends on 7 February 2025.. | <a href="https://www.health.qld.gov.au/clinical-practice/engagement/clinical-engagement-projects-and-consultations/audiology-regulatory-impact-statement">https://www.health.qld.gov.au/clinical-practice/engagement/clinical-engagement-projects-and-consultations/audiology-regulatory-impact-statement</a> | <p>Uncertain as to what was presented to Ministers. Further discussion with stakeholders will take place in January, as well as opportunity to give feedback via Qld Health website.</p> <p>Qld Health updated its website on 9 December 2024, to include a second consultation paper and advice that comments can be emailed to the Deloitte team running the investigation.</p> <p>The consultation closes on 7 February 2025.</p> | <p>No access to report to Ministers. Deloitte advised of further investigations in terms of risk, cost, impact on First Nations. Stakeholders to be invited to participate.</p> <p>Initiated by Independent Audiologists Australia, requesting Health Ministers consider regulation. Open to this discussion due to public awareness of clinical mismanagement at hospitals in South Australia and Queensland. Qld Health is the administrator of the investigation. Qld Health commissioned Deloitte to conduct a risk analysis. Various regulatory models were considered in the first round of consultations, none of which were completely acceptable to Deafness Forum Australia and some other stakeholders.</p> <p>A Risk Impact Statement report was presented to Health Ministers in August 2024.</p> <p>Regulation of all audiologists and audiometrists is the model preferred by Deafness Forum Australia and Independent Audiologists Australia. AudA and ACAud endorsed the status quo.</p> <p>Deloitte have advised of ongoing consultations into January 2025. They released a second consultation paper in December 2024 and invited participants to interviews. Deafness Forum Australia has its interview on 21 Jan 2025. Additional submissions can be emailed.</p> <p>The second consultation paper shows that the consultation has been effective in expanding the discussion of regulation beyond just paediatric audiology. The consultation still excludes consideration of audiometry.</p> |

# The Survey on Hearing Services in Australia

Deafness Forum Australia wanted to capture the experiences of receiving or delivering hearing services in Australia, in order to inform the consultations that are currently underway. Deafness Forum Australia’s constituents (consumers primarily, but also service providers) were invited to complete an in-depth survey that was distributed through its newsletter and social media posts from November 2024 to January 2025.

The survey asked for detailed information including beliefs, knowledge and personal experiences of receiving or delivering hearing health related services. A small number of respondents was anticipated given the depth of information requested in the surveys. Much of the data collected was qualitative, and so the depth of responses was considered more important than number of respondents. Surveys were open for several weeks. The first forty-five responses received are reported on here.

Thirty (30) consumers completed the survey.

Fifteen (15) providers completed the survey. The providers described themselves as:

- Audiologists (8)
- business owners (2)
- audiologists and business owners (4)
- audiologist and audiometrist and business owner (1)

The data collected from the survey is presented in this document. The level of analysis shown here is limited to a qualitative description. Further detailed qualitative analysis on this data may be undertaken by Deafness Forum Australia. Numerous extracts from the collected data set are presented in this report.

The data is shared by Deafness Forum Australia in this form in the interest of transparency and so that those with shared goals and interests can better understand the perspectives of those who receive and those who deliver hearing services in Australia.

The survey results are presented in this document under the following headings:

- Beliefs
- Knowledge
- Priorities
- Regulation
- Help Seeking
- Top Wishes
- Lived Experience
- Comments to Deafness Forum Australia

Some quotes from respondents were omitted or sections removed to ensure the report maintains a neutral and respectful tone.

Throughout this report, the term “provider” is used to refer to practitioners and/or business owners. The term is not used here in the same way as it is used by the Hearing Services Program in Australia.

## **Beliefs**

Survey respondents’ beliefs about hearing services are shown in Table 2. Survey respondents were asked to indicate which of the items listed in the table are true.

Evident from the table is that providers (shown in pink) understand that in Australia, anyone can deliver hearing services or call themselves and audiologist, regardless of qualifications.

Some, but not all consumers (shown in blue) know this to be true, but most also say they know that services are delivered by qualified audiologists and audiometrists in Australia, whereas providers are aware that this is not the case.

**Table 2:** Consumers (blue) and Providers (pink) beliefs about hearing services.

|  | Consumers<br>(n=30) | Providers (n=15) |
|--|---------------------|------------------|
| Anyone in Australia can deliver hearing services.  | 8                   | 11               |
| Anyone in Australia can call themselves an audiologist, even if they have no qualifications.     | 11                  | 14               |
| I know services are delivered by a qualified audiologist or audiometrist in all hearing clinics. | 10                  | 2                |
| All audiologists and audiometrists are regulated by the government.                              | 4                   | 0                |
| An audiometrist has the same qualifications as an audiologist.                                   | 1                   | 0                |

### Conclusion

The information displayed in Table 2 suggests that there is scope for education of consumers concerning delivery of services. The mismatch in beliefs regarding government oversight of all hearing clinics is an indication of the industry not being transparent about the lack of regulation of the sector.



## Knowledge

Survey respondents were asked to indicate which of the statements listed in Table 3 were true. Statements all related to knowledge about the practice of audiology and audiometry in Australia.

**Table 3:** Consumers (blue) and Providers (pink) knowledge about the practice of audiology and audiometry.

|  | Consumers (n=30) | Providers (n=15) |
|--|------------------|------------------|
| Audiometrists do the same job as an audiologist.   | 3                | 0                |
| Audiometrists have the same training as audiologists.                                    | 2                | 0                |
| Hearing clinics are forced by law to employ qualified staff to provide hearing services. | 6                | 2                |
| Audiometrists are trained to test the hearing of babies and young children.              | 5                | 0                |
| Audiologists and audiometrists are health professionals.                                 | 19               | 7                |
| Audiologists and audiometrists are salespeople.  | 18               | 3                |
| Audiologists and audiometrists are technicians.  | 7                | 2                |

## Conclusion

Providers do not believe that audiologists and audiometrists do the same job, and nor do consumers, but some consumers do not have they clear distinction. Consumers believe audiometrists are trained to test the hearing of babies and young children, which is not correct. Audiologists are defined as providing services for all ages, but audiometrists are not. This one clear distinction between the two providers listed in this survey question is not understood by all consumers.

Although providers who responded to the survey do not see themselves as salespeople, consumers do. Of interest would be to ask this question of a wider range of providers, as a different set of responses might have been obtained than is shown for the providers who chose to answer this survey.

## Priorities

Survey respondents were asked to rank four qualities of providers, in order of which was most important to least important. The four qualities were doing no harm, being regulated, being kind and offering free services. Table 4 shows the comparison of priorities expressed by consumers and providers.

**Table 4:** Priorities for Consumers and Providers to four specific elements of service provision. Numbers are expressed as percentages of the respondents in each group (Consumers in blue and Providers in pink) that prioritised that element of service provision (not harming, being regulated, being kind and offering free services) as their first, second, third and fourth priority.

|                 | Providers do no harm |     | Providers are regulated |     | Providers are kind |     | Providers offer free services |     |
|-----------------|----------------------|-----|-------------------------|-----|--------------------|-----|-------------------------------|-----|
| First Priority  | 39%                  | 71% | 28%                     | 14% | 21%                | 14% | 10%                           | 0%  |
| Second Priority | 39%                  | 22% | 46%                     | 42% | 2%                 | 36% | 10%                           | 0%  |
| Third Priority  | 4%                   | 7%  | 7%                      | 29% | 53%                | 36% | 21%                           | 29% |
| Fourth Priority | 1%                   | 0%  | 18%                     | 14% | 22%                | 2%  | 57%                           | 71% |

Providers saw their top priority was being accountable for harm, and their least priority was providing free services. Free service is a contested issue within the audiology field, as device costs are often quoted as “bundled”, which hides fees for associated services. Some providers advertise services for “free” and there is a common misconception in Australia that Medicare services are provided “free” if they are bulk billed, and that the Hearing Services Program offers hearing devices for “free”.

Consumers had relatively even distributions of priorities across all four options than providers.

### Conclusion

An obvious limitation of this question was that fixed options were given to survey respondents. No option was given to list other priorities in this question, but there was a later open-ended question that asked for two wishes, which is discussed below, that expands on this question of priorities.

## **Regulation**

Survey respondents were asked a direct question: whether audiologists and audiometrists should be regulated in the same way as doctors, nurses and physiotherapists. These examples were given as common professions that most members of the public will have encountered. The answer options were yes, no or other.

A very similar pattern of responses was obtained for consumers and providers.

Overall, 40 /45, or 89% of the total survey respondents answered “yes” to audiology being regulated like doctors, nurses and physiotherapists.

3 survey respondents (6% of the total survey respondents), one of which was a consumer and two were providers, answered “no”. One of those providers, however, requested more acknowledgement of audiologists in their top wishes, which suggests that perhaps they do not fully understand the impact that regulation can have in building trust between the public and professions.

Two respondents did not say yes or no, but offered a comment under “other”, both of which related to audiometrists.

One consumer provided a comment under the “other” option which did not directly address the question, stating that they had never heard of an audiometrist, and that there had never been any explanation of audiology/audiometry in their experience.

One provider provided a comment under the “other” option that also related to audiometrists. That provider objected to grouping audiologists and audiometrists together despite different training and expertise.

Neither of the respondents who provided comments under the “other” option suggested they did not agree with regulation.

## **Conclusion**

The survey highlights clear support for regulating audiologists and audiometrists similarly to other trusted healthcare professionals, while also revealing a need to address knowledge gaps and specific concerns about audiometrists to ensure a comprehensive and informed regulatory framework.

## **Help Seeking**

All survey respondents provided an indication of what might prevent a member of the public from seeking assistance from hearing services. A list of common barriers to seeking help was provided and the option of “other” in the form of an open-ended answer. The results for consumers and providers are shown in Table 5 (next page). Both the number of respondents who selected each option, and the percentage (of consumer respondents, or provider respondents) who selected each option are provided to more readily compare responses from the two groups of respondents.

A spread of results was obtained to this question. Two aspects are worth noting:

- 1) Over 70 % of consumers who responded to this survey believe that their condition will not be fully understood by hearing service providers. This is a poor reflection of the level of service delivered in hearing clinics but is consistent with comments made throughout this survey (and elsewhere) that the focus in hearing clinics is on device sales, at the expense of addressing patient concerns, rehabilitation or offering individualised care.

Interestingly, providers also consider that consumers will not have their condition understood.

- 2) 100 % of providers who responded to this survey consider that being pushed to decide on hearing devices is a barrier to seeking help. Although only 15 providers completed the survey, 13 of which identified as audiologists, that all of them consider that pushy sales are a feature of hearing services is gravely concerning.

Providers themselves are aware of sales tactics. These sales tactics are recognised by consumers, several of whom, when asked their beliefs (see above), had indicated that they believe audiologists and audiometrists are sales people. The comments to “other” shown in Table 5 made by providers, are further evidence that sales tactics and commercialism are common in hearing service provision, and added to that consumers will not have their condition well understood. Awareness of the limitations of the profession is explained further as providers expressed concerns about commercialisation, lack of regulation and scope of practice issues with audiology / audiometry, as shown in the sections below.

**Table 5:** How Consumers (blue) and Providers (pink) understand barriers to help seeking. Actual numbers of respondents who selected barriers as well as the percentage of respondents in each group (Consumer and Provider) are shown on the table. Responses to “Other” are shown.

|   | Consumers (n=30)  | %         | Providers (n=14, 1 respondent skipped the question)  | %          |
|---|---|-----------|--|------------|
| Fear of not finding the clinic.   | 2   | 6         | 3  | 21         |
| Not understanding what I am being told.                                 | 16  | 53        | 8  | 57         |
| <b>Not having my condition fully understood</b>                         | 22  | <b>73</b> | 10   | <b>71</b>  |
| Fear of making a mistake on a hearing test.                             | 8   | 27        | 4  | 28         |
| Not knowing what to expect.   | 8   | 27        | 6  | 31         |
| Feeling like staff don't have time to help me properly.                 | 14  | 47        | 5  | 35         |
| It is too hard to get an appointment.                                   | 5   | 17        | 3  | 21         |
| It takes too long to get the equipment I need.                          | 5   | 17        | 3  | 21         |
| <b>Feeling pushed to decide about hearing aids / cochlear implants.</b> | 21  | <b>70</b> | 13   | <b>92</b>  |
| Being disappointed in the range of hearing devices available.           | 14  | 47        | 7  | 50         |
| Feeling the cost of services was too high.                              | 18  | 60        | 14   | <b>100</b> |
| No or limited Medicare rebate.  | 19  | 63        | 11   | <b>79</b>  |
| No or limited private health insurance rebate.                          | 15  | 50        | 10   | <b>71</b>  |
| Not having my questions answered.                                       | 12  | 40        | 6  | 43         |
| <b>Other</b>  | <p>Ashamed of getting help or acknowledging condition</p> <p>No remote services</p> <p>Not acknowledging they need help</p> <p>Provider constantly changing audiologist</p> <p>Using NDIS to get the appropriate HA. What if I didn't have NDIS and I had to get Hearing added to my plan, before I could get the HA</p> <p>Unqualified staff.</p> <p><b>Not being listened to, believed or cared about.</b> Not being able to receive hearing aids that actually work for you but instead being sent away with challenging aids and being told to just try them for a couple of weeks.</p> |           | <p>All of the above, sadly. There is such poor understanding in the wider community and even in the medical community about what audiological care involves, who provides it and the <b>over-reach of industry influence on business practices</b>. It's led to our health profession being conflated with a technical service, or worse, a <b>sales transaction</b>. Consumers need convincing to engage with hearing services in the first place, and often their first interaction places them in a <b>high-pressure sales environment</b> that they aren't expecting. This <b>fuels mistrust</b> and deters them from getting the help they need.</p> <p><b>High sales advertising</b> can put patients off thinking that all audiologist do is sell hearing aids. This limits patients seeking help for tinnitus, dizziness, auditory processing issues</p> <p>Not aware of free services.</p> <p>Stigma of having a hearing loss and coming to terms with it</p> |            |

## Conclusion

The identified barriers to seeking help highlight a troubling dynamic in hearing services. Very concerning is that most consumers expect their condition will not be understood by their service provider.

Both consumers and providers recognise the detrimental impact of sales-driven practices and a lack of individualised care. The concerns about regulation and professional boundaries further indicate a need for systemic reform. To address these issues, measures such as mandatory regulation, a shift toward patient-centred care, and efforts to reduce commercial pressures on clinicians could help rebuild trust and improve service quality.

## Top Wishes

Survey respondents were asked their top two wishes as related to hearing services. The results are shown in Table 6 (following pages).

Consumers offered a wider range of “wishes” categorised as per the list below. Those marked with an \* were also categories of wishes expressed by providers. As can be seen, a smaller range of wishes was expressed by providers. However, there was similarity in wishing for less commercialism, more regulation – including defined scope of practice, protection of title, and controls on advertising. The list below is in alphabetical order. Table 6 provides examples of each of these categories, as expressed by consumers and providers.

- Commissions and sales pressure
- Cost
- Device
- \*Commercialism
- Patient centredness
- Professionalism
- Public Funding
- Range of services
- \*Regulation
- Service availability
- \*Other

**Table 6:** (next pages) Survey responses to a request for two top wishes regarding hearing services, grouped by category for Consumers (blue) and Providers (pink).

| Category                       | Consumers  | Providers   |
|--------------------------------|--|---|
| Commissions and sales pressure | Upfront honesty about is the audiologist paid on a commission basis for each sale. We have a brilliant hearing professional now but my husband is convinced all the previous ones only wanted to sell him a device that gave them the highest commission |   |
|                                | Less pressure to buy devices   |   |
|                                | Transparency   |   |
| Cost                           | Affordable   |   |
| Commercialism                  | Less commercialisation   | Focus on core expertise, such as hearing assessments and tests, to avoid confusing consumers and engaging in price gouging.                 |
|                                | No sales pressure  | Stopping Devaluing of our services by hearing aid clinics offering free hearing tests and aid trials  |
|                                | Take the audiologist out of the selling process  | Protection for clinicians working in retail chains from being pressured to sell first, and serve patient's best interests second            |
|                                | Stop trying to up sell me  | Transparency in hearing aid prices  |
|                                | Advertising abolished - most important. These imply that hearing loss is something to hide (miniaturisation of devices) and so continue the impression that hearing loss is somewhat shameful.   | Hearing services and devices are very expensive in Australia. It is almost impossible to run a business with only FTC HSP patients.         |
|                                |  | Avoid discounting treatments to preserve their value and maintain professional standards.   |
|                                |  | Better awareness of what Audiologists do other than 'sell hearing aids', and a move away from the industry over-reach that had led us here. |
|                                |  | More government financial support for patients needing hearing tests and hearing aids   |
|                                |  | Government funding through NDIS for ALL who need it due to hearing loss.  |
|                                |  | Clearer access to Medicare rebates directly for audiology   |
| Device                         | Cost of hearing aids   | Cheaper devices   |
|                                | One stop shop to be able to purchase other assisted technology such as fire alarms and alarm clocks for hearing impaired   |   |
|                                | Being able to make adjustments at home to hearing aid settings   |   |
|                                | Being able to buy the best hearing aids available for my hearing loss  |   |
|                                | Wider choices for hearing devices  |   |
|                                |  |   |
| Professionalism                | Quality equipment including ear moulds and tubes   | Better acknowledgement of Audiologists  |
|                                | Technology   |   |
|                                | Brand choice   |   |
|                                | Products designed for all people not just over 60s   |   |
|                                | More information on what you can do with the hearing aids  |   |
| Public Funding                 | show me options  | Medicare rebates  |
|                                | Medicare rebate for everyone not just pensioners   |   |

|   |  |  |
|---|--|--|
|   | Appointment for hearing test covered under Medicare.   |  |
| Range of services   | Greater Focus on Tinnitus Management: Many audiology appointments seem to focus mainly on hearing loss, but for those of us managing tinnitus, personalized strategies and ongoing support are crucial. I'd appreciate more specialized guidance and tools to help manage tinnitus symptoms effectively, as well as regular follow-ups to see how these methods are working. |  |
|   | Support (& funding incentives) for Audiologist to provide services beyond 'selling' hearing aids   |  |
|   | Deaf Awareness training<br>Disability awareness training. They are focused on "making you hearing" instead of understanding issues.  |  |
|   | More emphasis on rehab services so that clients can get the most from their devices by using communication strategies to assist  |  |
|   | on line independent resources for people to explore options eg like the HearWell & HearChoice projects   |  |
| Regulation  | Regulation of audiologist in particular category e.g. Cochlear's implants, hearing aids, paediatric  | Mandatory professional registration and protection of title  |
|   | All audiologists and audiometrists to be qualified and members of professional body.   | AHPRA registration   |
|   | Upfront written honesty about the difference between audiologist and audiometrist. I was not aware there are two different types of professionals.   | AHPRA registration for Audiologists and Audiometrists  |
|   | Clear identification of professionals. Audiologist. Audiometrist.  | Government oversight in the form of registration   |
|   |  | Audiometrists using their title and being proud of it - no more "clinician, hearing specialist, hearing aid audiologist" etc |
|   |  | *A quote from this respondent has been omitted to ensure the report maintains a neutral and respectful tone.                 |
|   |  | Clear differential between audiologists and audiometrists for the public   |
|   |  | *A quote from this respondent has been omitted to ensure the report maintains a neutral and respectful tone.                 |
|   |  | If not able to scrap audiometry prevent them from testing kids, and change their name to hearing aid technician.             |
| Clear scope of practice for Audiologists vs Audiometrists, a clearer pathway for audiometrists to upskill into Audiology so they don't feel the need to pretend to have the same qualifications when the educational levels are miles apart |  |  |
| Consistency across different funding agencies   |  |  |
| Service availability  | Quicker waiting times for appointments   |  |
| Other   | can't think of anything  | Audiologist recognition and skills differ, including cost to get you there.  |

## Conclusion

Providers wish for less commercialism and more regulation.

Consumers' wishes include those two things, but also extend to devices, patient centredness, range of services and professionalism.



## **Lived Experience of Receiving and Delivering Hearing Services**

- **Consumers**

Consumers completing the survey were asked to describe their best, their worst and their most memorable experience of receiving hearing services. In many cases, the best experience was the opposite of the worst – for example individualised, thorough audiological service was their best, and pushy sales was their worst experience. All experiences were categorised and grouped together. Table 7, over the next few pages, lists all the answers that were documented from the first 30 survey respondents. Categories are shown in alphabetical order. Further analysis for themes or patterns in this data can be carried out beyond the simple description reported here.

The data from consumers provides valuable lessons in what patient centredness means for hearing services. This concept is often intangible, but these examples are very helpful explanations of what consumers value when receiving hearing services. Negative impact from lack of knowledge, limited range of services, and commercialism are clearly expressed. The examples offer a sense of exasperation when seeking out services, having to search for them, and then highly valuing professional and competent service when it is (eventually) found. Of concern is the effort that these consumers need to put in to secure professional and satisfactory services. Their expectations are not excessive. Expectations are for basic professional audiological services – such as knowledge of appropriate communication, Auslan, awareness of the Deaf community, quiet testing conditions and appropriate technology.

In most cases, spelling was corrected in the examples, except for the spelling of audiometrist. This word was misspelt frequently by survey respondents, indicating it is an unfamiliar word. Consumer lack of familiarity with the word audiometrist lends support to provider's accounts of audiometrists not naming themselves as such, but instead implying that audiometrists are either audiologists, or are equivalent to audiologists.

**Table 7:** Consumer’s lived experience of hearing services. Categories assigned to each answer are shown in the left column, presented in alphabetical order. The table extends to the following pages.

| Category                                 | Consumers – All Answers  |
|--|--|
| Access to services                       | For children working full time not being able to access services on weekends. They have to take a full day off work because of the type of work they do ie not in an office.   |
| Affordability                            | Free hearing services when my mum was on pension   |
| Affordability                            | I got a discount on new aids   |
| Commercialism                            | Clinic just trying to sell hearing aids to make money. I hate where clinics tout outside the business trying to get new business...  |
| Device servicing                         | I have had hearing aids stop working but they have always been fixed promptly.   |
| Devices                                  | Being fitted with hearing aids   |
| Expectation of basic professionalism     | The priority is managing my hearing loss and providing the most appropriate hearing aids for the job...  |
| Having to demand appropriate services    | fighting for the right strength Hearing aid and actually getting it  |
| Inadequate servicing of devices          | When u was traveling overseas and needed urgent repairs it couldn't be done and they wanted to sell me a new hearing aid that didn't even work on me.  |
| Inappropriate communication              | Break down on Hearing Aid and waiting weeks for repairs. waiting one week again with no HA even though there was another clinic from XXX (publicly funded service) in the next suburb that had it. I had to beg them to call them. But they wanted to order it in, in a week. Not understanding hearing loss (DEAF), not being able to sign anything like hallo at the front desk. Not understanding alternative ways of communication, writing texting, do Deaf awareness training for staff. Ear moulds breaking and not fitting properly causing abscess. 3 times. XXX (publicly funded service) CALLING me on the phone even though it says on my file don't call DEAF, to let me know parts have come in. Happens every time. |
| Incompetent service                      | From the CI audiologists when I had my CI implanted, no aftercare information and rubbish statistics regarding my tinnitus. I had an burst ear drum, infection and extreme tinnitus immediately after the surgery.   |
| Incompetent service                      | The audiologist showed little interest in my hearing needs. Very impersonal service & because she was inexperienced made technical changes to my devices that were difficult to rectify  |
| Lack of continuity of care               | i have been a client of a single service for most of the past 30 years. However there was a period when I left. I went to a commercial chain and was very unhappy with the quality of their service- insisting I needed a new hearing aid (when I didn't) as the one I had wasn't their brand. The audiologist was very 'nice', but I kept needed going back on a very regular basis for fixes. After a year, i then went to XXX (publicly funded service) - again professional, but each time I went I saw a different audiologist so no continuity of relationship. I then returned to my original provider.   |
| Lack of continuity of care               | I was lucky to have a fantastic audiologist but now she has left and the service I have received from the new business owners is not the same  |
| Lack of knowledge amongst the profession | I have seen so many audiologist over the years only had one that truly understood hearing loss impacts.  |
| Lack of knowledge amongst the profession | Staff not Deaf Aware, no interpreter made available even though its XXX (publicly funded service) gov. Made to change my brand even though I just got everything, table mic, FM, etc from another brand 6 months ago. I had to change my brand because XXX (publicly funded service) only work with their brands.  |
| Lack of patient centredness              | The last CI mapping session, she still keeps suggesting I go for a second CI in my other ear, even though I've told her that I will never do it after my bad experiences.  |
| Lack of professionalism                  | Was told by an inexperienced audiologist at XXX (publicly funded service) that my son was not hearing impaired and took all of our hearing devices and FM systems off us at that appointment. My son went miss for an hour at school the very next day because he couldn't hear the bell or his teachers and friends directing him. He was found in the library hiding under a table because he couldn't hear. A complaint was made out hearing devices were given back. However the audiologist made me as a parent out to be "toxic and damaging my child".  |
| Lack of professionalism                  | Test done in a quiet room one on one. Series of beeps pings and noises press the button. My son is young so it's often accompanied with a game   |
| Lack of professionalism                  | Covering mouth without warning when 'testing' my hearing. Them trying to get me to "accept my hearing loss" —I understand it very well, but it was like why bother because severe profound . No interpreter.   |
| Lack of professionalism/harrassment      | *A quote from this respondent has been omitted to ensure the report maintains a neutral and respectful tone.   |

|                              |   |
|------------------------------|---|
| Lack of support              | Having to buy hearing aids for the first time after receiving them for free as a child. No assistance to find an audiologist no understanding of my history and needing to earn enough money to buy hearing aids. As I have a significant hearing loss my choice in aids is limited and the cost is always higher.  |
| Lack of support              | The new hearing aids didn't work very well and the hearing place wouldn't take them back so i don't use them  |
| Patient centred care lacking | My worst experience with hearing services was with a provider who seemed more focused on rushing through the appointment than addressing my needs. They barely took the time to listen to my concerns, especially about managing my tinnitus, and seemed to follow a one-size-fits-all approach rather than tailoring solutions to my situation. The audiologist didn't explain the options in detail or make an effort to understand my unique experience with tinnitus, leaving me feeling overlooked and uncertain about the next steps. It felt like I was just another appointment in their schedule rather than a patient with specific needs. The lack of follow-up and minimal guidance on managing my symptoms left me feeling frustrated and unsupported. It was a disappointing experience, and it highlighted how important compassionate, individualized care is in hearing services.          |
| Patient centred care lacking | Despite testing a Signia Pure ha when aids were ordered for Signia Motion were ordered because manager thought they'd be better fit physically. Not discussed with me.  |
| Patient centred care lacking | Staff not Deaf Aware, no interpreter made available even though its XXX (publicly funded service) gov. Made to change my brand even though I just got everything, table mic, FM, etc from another brand 6 months ago. I had to change my brand because XXX (publicly funded service) only work with their brands.   |
| Patient centred care         | We saw a private audiologist in Wynnum QLD. It was a stark difference from hearing Australia. He didn't dismiss my concerns and spoke to my son like a person. He asked my son what his concerns were and really listened to him. He gave us practical advice and services.   |
| Patient centred care         | Actually listened to my concerns, gave unbiased advice and allowed me to make an unhurried decision   |
| Patient centred care         | Audiologist that knows how to assist me to get the best outcome   |
| Patient centred care         | Specific concerns and challenges, especially as someone managing severe tinnitus. Instead of a one-size-fits-all approach, they tailored their services to meet my needs, explaining each option clearly and making sure I felt comfortable every step of the way. The audiologist showed genuine empathy and patience, walking me through options to help manage my tinnitus and improve my overall hearing experience. They even followed up after my appointments to see how I was adjusting, which made a huge difference. This level of care and commitment made me feel valued and supported, and it improved my quality of life immensely.   |
| Patient centred care         | My independent audiologist to took the time to really understand my complex auditory issues and worked hard to find solutions   |
| Patient centred care         | Working with an audiologist that understands my history as a long term hearing aid wearer and assists with the struggles that intelligent technology provides   |
| Patient centred care         | Trialling hearing aids but not pushed to most expensive aids and access to same audiologist   |
| Patient centred care         | The professional discuss things with me and we make decisions together. She, or he, also treats me as an equal.   |
| Patient centred care         | Kindness, respect   |
| Patient centred care         | Not trying to get me to try inappropriate devices. Explain all my options and the costs involved. Have awareness of other issues hearing loss causes and offer recommendations  |
| Patient centred care         | I have severe tinnitus which resulted from having a CI implanted. I wear a hearing aid, and a new audiologist adjusted my hearing aid to fit in with the tinnitus and CI rather than have a loud volume. He suffered tinnitus too so understood.  |
| Patient centred care         | My audiologist listens to me with regard to my hearing needs & the sort of lifestyle I wish to lead in relation to my hearing. She provides accurate testing & fitting services & follows up with me to see how I am going when changes are made to my hearing devices.   |
| Patient centred care         | Kindness by the audiologist   |
| Patient centred care         | The audiologist always made me feel comfortable and answered my questions   |
| Patient centred care         | One audiology appointment that stands out was particularly memorable because of how attentive and thorough the audiologist was. They began by asking detailed questions about my experiences, especially regarding my tinnitus, and seemed genuinely interested in understanding how it affected my daily life. This made me feel at ease, knowing that they weren't just focused on test results but on my overall experience. The audiologist explained each part of the hearing test clearly, ensuring I understood what was happening and why. They went through my results with me, highlighting areas of concern and discussing potential options. What made this appointment special was the empathy they showed—they really took the time to listen and consider my needs instead of rushing. This made a real difference in how comfortable and supported I felt during and after the appointment. |
| Patient centred care         | We had a great discussion about getting back up equipment for when I have aids break. We ordered extra parts for me to keep at home for emergencies, especially given the parts I need are not always kept in stock.  |
| Patient centred care         | I have been very lucky all my appointments, or almost all, have been with people I can trust, and build a connection with. They are patient, and caring and there's a mutual working together to get the best solution.   |

|                                    |   |
|------------------------------------|---|
| Patient centred care               | Kindness, respect, listened to.   |
| Patient centred care               | Complete person centred care whereby the audiologist asked a lot of questions & was able to explain to me what was happening & why. Excellent follow up too.  |
| Positive experience                | Most of my experience had been good and without any issues.   |
| Positive experience                | I have always had a good experience. They have been professional and appear to be knowledgeable.  |
| Positive experience                | Haven't had one   |
| Positive experience                | Friendly and helpful.   |
| Positive experience                | A good audiologist will help me to make sure Im getting the best sound.   |
| Positive experience                | Being listened to.  |
| Positive experience                | Returning from XXX, where I suffered a SSNH loss, and went to XXX at Moonee Ponds - she was so supportive and helpful. Still remember her. And XXX in Geelong - also supportive and effective.  |
| Professionalism                    | My husband is an Architect and he continually complains that the appointment rooms are based on 'cheap rent' and not acoustically purposed designed for people with hearing impairments.  |
| Professionalism                    | The audiologist was very knowledgeable and highly qualified. She was very empathetic  |
| Pushy sales                        | Pushy and aggressive sales to purchase expensive products   |
| Pushy sales                        | They were trying to sell her the most expensive hearing aids and were pressuring her  |
| Pushy sales                        | Pushy sales person  |
| Pushy sales                        | Chain store person tried to sell need aids after only doing a hearing test and didn't investigate any of my other issues  |
| Pushy sales                        | An audiologist trying to get me to buy in the ear hearing aids when I am profoundly deaf and need high powered hearing aids with the best technology  |
| Pushy sales                        | It was rushed and they just wanted to sell me a hearing aid I couldn't afford   |
| Rushed, not individual             | My concerns and queries are brushed aside. The session is uncomfortable, confusing and above all I feel as if I am wasting someone's time!  |
| Searching for appropriate services | My husband has seen MANY and after reading this I was not aware that there are both audiologists and audimetris (sic). I have never heard of a Audimetris (sic). My husband continually told me they all only wanted the 'sale' which was more important than his hearing. After seeing probably 10 audiologists (or possibly audimetras (sic)) he has found a good one and we BOTH now attend the appointments together.   |
| Searching for appropriate services | My husband FINALLY has an excellent hearing professional who encourages him to bring me to appointments so I can give him more informed support at home.  |
| Unexpected costs                   | Extra cost to have an adjustment that should have been included in initial purchase.  |
| Other                              | <p>where do i start- 30 years +</p> <p>For me the appointments are extremely stressful and they have been even since I was a child. I try really hard to limit the amount of times I have to attend because it leaves you feeling so vulnerable and invalidated. I have had too many appointments to relate a single one instance. They're mostly the same... You go in and the receptionist is usually a touch too quiet and looking away and they've just finished yelling at an older person so it's uncomfortable already. You go in and have a hearing test which feels like a complete waste of time because they take your guessing (that they know is guessing because they tell you to just guess when you say you don't know the answer) as legit answers and then they act surprised that your results are different from last time. They give you no information or explain what's different. I've never once been told about any new services or technology advances or devices. If I want to know anything I have to have heard about it from someone else or stumbled across it online and ask them about it. I then will be told that I have two options for hearing aids - one brand only, and you can have either the 2nd top level or the top level. When you ask what the difference is between the two tiers of hearing aid they point to the brochure where it says something about their being less echo for which you can pay an extra \$2000 for the benefit and they cannot explain what that means or if it's worth it. So you say yes to the 2nd highest level and they then tell you oh and by the way that'll cost an extra \$4000-and-something because we only subsidise so much. If you can't afford that you can have these free ones that won't work for your hearing loss level. So you sign and your family member pays for it because you don't have a job because you can't hear people. They tell you they'll let you know when the hearing aids arrive in 2-6 weeks and you can come in for the first of several fitting appointments and you walk out wondering if any of this is worth the trouble and horrible feelings. All of this takes about an hour and I dread the tests. I also dread the fact that I usually have a different person each time because for some reason there is constant staff changes at XXX (publicly funded service)</p> |

- **Providers**

Providers were asked to describe their best and worst experiences when providing hearing services, and they were asked what advice they would give to someone starting out a career in the field of audiology/audiometry. Categories were assigned to each example, and examples then grouped by category.

Table 8 on the next page shows the categories of experience for providers, with categories listed in alphabetical order. Providers describe conditions they treat as complex, often with extreme outcomes, such as suicide. The complexity of service provision as multifaceted and needing individualised problem solving. Providers describe their need to advocate for their profession in the absence of regulation and limited awareness of what they do and do not do. They contrast owning their own practice with working for large chains with sales expectations.

**Table 8:** Providers experience (best and worst) when delivering hearing services.

| Category   | Providers - Experiences   |
|--|---|
| Benefit of public funding                            | Being able to deliver quality care to my cochlear implant patient's without them incurring significant expense because the Medicare rebate actually covers most of our costs.   |
| Complexity of conditions attended to by audiologists | One of my tinnitus patients died by suicide several years ago. He had PTSD and other co-occurring conditions, had good support through his family, GP and psychiatrist, but we still lost him and I think about it often.   |
| Complexity of conditions attended to by audiologists | Being yelled at by a patient highly distressed by her tinnitus who told me she wanted to kill herself   |
| Complexity of service delivery                       | A cochlear implant patient who experienced months of difficulty with facial nerve stimulation after switch-on, which we were unable to resolve despite exhaustive programming adjustments, expert case reviews and unrelenting determination on his part. He took a break and recently had his implant surgery revised with a different electrode placement strategy. He was able to hear at switch-on 'better than he ever has' and it was a wonderful pay-off for him for all those months of hard work and frustration.  |
| Comprehensive service delivery                       | Being fluent in Auslan and English, and working in infant diagnostics I feel strongly about being able to provide a culturally safe environment, and being able to communicate directly with the Deaf community.  |
| Ethical independent clinic                           | When I am the business owner in independent practice so I can define how my team and I can provide clinical services which places my patients welfare in the centre rather than working for large chains that only care about KPIs and patients are "clients" to sell to.   |
| Ethical independent clinic                           | Starting my own business, and delivering services that I feel are ethical and to a very high standard   |
| Inability to assist                                  | When people ask to price match hearing aids or ask if I can fit hearing aids that they have purchased elsewhere and I've had to decline.  |
| Lack of public funding                               | Having parents cancel hearing test appointments because they have difficulty paying for the service for their young children. Medicare pays a paltry \$32.45 rebate (but only if parents have managed to get/pay for a referral from a Doctor). The clinical skills, equipment and time needed to appropriately assess young children is not recognised, despite early intervention being a high priority   |
| Lack of regulation                                   | I have a diploma in audiometry AND a Master of Clinical Audiology, so can speak from experience. I receive referrals and reports from audiometrists signing off as audiology, seeing XXX use audiology professional to refer to audiometrists. Makes me ashamed.  |
| Sales focus of hearing services                      | When I worked for XXX and XXX (commercial companies) where some manager who may have worked at Coles, with no experience with healthcare sits in on my appointments and tell me that if I had said this or that, the elderly patient would have "topped up". Audiology clinics beyond registration should only be owned by audiologists like pharmacies. The Hearing Services Program is part of the problem as it makes no distinction between the qualifications. We get paid the same. They have now removed 610/810 requirements. A patient coming to see me for hearing aids may also have tinnitus and dizziness, an audiometrist is not equipped to deal with this...It is not okay for clinicians to dismiss tinnitus symptoms... These patients need to be referred to a clinic who specialises in tinnitus. They can still sell them the hearing aid but they need to be referred. Same with vestibular problems... |

|                  |  |
|------------------|--|
| Self advocacy    | Fixing people's perceptions about our profession and constantly having to advocate for ourselves and what education we hold  |
| Self advocacy    | Having to explain the difference in costs of hearing aids and why I do not offer free services   |
| Service delivery | Positive outcome after assessing and managing a patient's hearing disorder   |
| Service delivery | Joy of hearing feedback about the positive impact I've had on someone's life.  |
| Service delivery | Knowing I have made a difference to my client, when they choose to come back and let me know of their other healthcare experiences.  |
| Service delivery | When I meet a patient , diagnose hearing loss or condition that requires further investigation , include referrals to vestibular clinic and ENT , recommend hearing aids and APD assessment. I then proceed to see the patient again for either hearing aid fitting or APD evaluation. |
| Service delivery | Being unable to help a client due to external factors, such as organisational issues.  |
| Service delivery | Helping people to hear better - better quality of life   |
| Other            | My old boss – audiologists don't necessarily make good managers.   |

Advice that providers would give to those starting out in their profession is shown below in Table 9.

These respondents vary from encouraging delivery of comprehensive services, to avoiding sales environments, applying ethics into the workplace, and even having a backup plan.

**Table 9:** Providers advice to those entering the hearing services field.

|   | My advice to any audiologist or audiometrist starting out in their profession today is.....   |
|---|---|
| Avoid commercialism   | Work for an independent   |
| Avoid sales focus of hearing device fitting                               | Whilst the face to face work with clients is rewarding the administrative burden is high. Work in a diagnostic clinic so you can focus on clients and not have to get caught up in all the sales focus and restrictive funding for rehab services   |
| Defined scope of practice   | be prepared for change in the profession - and don't think an audiometrist is the same as an audiologist!!!!  |
| Ethical practice within a defined scope                                   | Identify your values, and practice ethically. If you can't do that in your current workplace, the problem is them, not you or your profession, and know that there are other options out there for you including independent practice. Be proud of the qualification that you studied for, and call yourself by your correct title: Audiologist, or Audiometrist. If a workplace encourages you to use a different title to describe yourself, such as 'Audiology Professional' 'Hearing Practitioner' or 'Rehabilitation Specialist' - consider why that might be, and whether it does justice to you or the public to be anything other than transparent. |
| Ethical practice within a defined scope                                   | Be proud of your profession, stay within your scope, and change the narrative of "free free free". You are worthy of being paid for your time and expertise.  |
| Ethical practice within a defined scope                                   | Refrain from performing ear microsuction cleaning, as it falls outside their scope of practice and should be regulated by AHPRA, not Audiology Australia, which lacks appropriate compliance guidelines.  |
| Ethical practice within a defined scope<br>Comprehensive service delivery | This is not sales. Don't treat it like sales. Learn Austan...   |
| Humanistic service delivery   | So important to be compassionate and understanding that this can be a difficult time in a person's life. It is so much more than just pure tone audiometry and technology!  |
| Humanistic service delivery   | Listen to your patients.  |
| Pessimism   | Be aware that the profession may look very different in 5-10 years time therefore gain a second qualification.  |

In summary, the responses of consumers and providers indicate some shared experience. Consumers experience pushy sales and commercialism, and the audiologists are aware of this, and seek to avoid it. The solution suggested by these survey responses is for regulation, audiology as healthcare, and defined scopes of practice that include a range of culturally and medically appropriate services with accurate use of titles across the sector.

## Conclusion

These findings reveal critical systemic issues in the hearing services field. Consumer accounts highlight a vital need for systemic improvements in hearing services to align with consumer expectations. Key areas for improvement include:

- Prioritising consumer needs over sales: to enhance trust and satisfaction.
- Access to services: Simplifying access to quality services and reducing the effort consumers have to use to find acceptable services.
- Professional standards: ensure that providers have the necessary skills, knowledge, and cultural awareness to deliver basic but comprehensive care, strengthening patient-centred care.
- Clear roles and qualifications: to build consumer confidence and trust in the profession.

Provider accounts highlight areas for the professions of audiology and audiometry to address, including:

- Need for Regulation and Awareness: Formal regulation and public education about the roles and expertise of audiologists and audiometrists could enhance professional recognition and trust.
- Support for Ethical Practices: Reducing sales pressures and prioritising ethical, patient-centred care is essential for improving job satisfaction and the quality of services.
- Improving Workplace Conditions: Addressing the disparities between independent practices and large chains could help create more balanced and fulfilling career pathways.
- Career Stability and Growth: The mention of backup plans suggests concerns about career viability, which may need to be addressed to attract and retain talent.

These insights reflect a profession at a crossroads, grappling with a lack of regulation, commercial pressures, and a need for a stronger professional identity and support.

## **Final Comments to Deafness Forum Australia**

Survey respondents were invited to offer final comments at the conclusion of the survey. Of note is that at the end of a lengthy survey, in which respondents had shared detailed experiences, they were still engaged, and some wrote detailed comments. The comments are all shown in Table 10.

**Table 10:** Final comments from Consumers (blue) and Providers (pink).

|   |
|---|
| <p>As someone who has been deaf for over 72 years, and who has seen how the audiology field changed, I am very concerned. 1. Sales become more important than the welfare of the 'customer'. 2. The language used in advertising is demeaning as it does enforce old prejudices against letting others know you have a hearing loss and it is shameful. 3. Older people are struggling with controls on hearing devices - inability to see it feel the tiny controls. Remotes are good but when someone cannot see clearly, the remote is not used. 4. I would like to see all hearing professionals learn Auslan! 5. Finally, psychology, speech therapy and occupational therapy be made available to all people with hearing loss, preferably in same place as hearing devices are offered. Mental health is a big issue for those with hearing loss or deaf, and it is difficult to find anyone with the training it knowledge.</p>   |
| <p>Hearing loss as an adult is devastating and very isolating. I'd like to see a more holistic approach where we are guided on where to find the psycho social supports we need. I only learned about deafness forum Australia by chance, along with deaf Victoria and Auslan learner groups</p>  |
| <p>I am the wife of a hearing impaired person. I have found it very difficult. My partners hearing is very different in each ear and he has returned many devices that were offered on a 2 week trial basis. I am now questioning who he has seen since finding out from this survey that there are audiologists and audiometrist. Sounds like they have different levels of training. We have a good person helping us now who appears to be 100% more thorough and sent my husband for an MRI. none of the previous service providers have ever done this.</p>  |
| <p>I have no idea what an audiometrist is</p>   |
| <p>I use an Audiologist that my ENT suggested and they have been excellent.</p>   |
| <p>I would have thought audiologist and audiometrists were registered professionals like doctors and accountants.</p>   |
| <p>I would like there to be more understanding that the person who was born deaf/hard of hearing has very different experiences to those that go deaf due to age, especially among those who are in the 'senior' bracket.</p>   |
| <p>I've been lucky but my mother got conned into buying incredibly expensive hearing aids that were not necessary for her level of hearing loss.</p>  |
| <p>Lack of access for replacement of cochlear implant for seniors not on NDIS if they lose their cochlear processor or can not be repaired. If they want to buy a new one they have to buy it as there is no government funding available for them.</p>   |
| <p>They seemed to be only interested in selling the most expensive hearing aid by asking what problems she had and then explained that the free hearing aids wouldn't suffice</p>   |
| <p>Would love to see more assistance to get more deaf or HoH in the industry</p>  |
| <p>I really would like it if there was some way to have consistent and thorough information available to every day hearing impaired/HOH people. I cannot look up CONSISTENT information between different government bodies and I cannot get transparent honest feedback about available hearing aids and services. I feel like hearing loss is one of the most prevalent disabilities in the world yet so few people understand it. When I needed to go to a Job Service provider even disability providers had no understanding of what assistance HOH/Deaf clients need. There was only one Job service provider for QLD that specialised in hearing loss and I was with them for over 8 years and I got one interview for a job I wasn't suited for. I've asked so many places if there was someone that could help me find work that was suited to me and no-one knows. Job network providers whose job it is to help deaf people get jobs don't actually know what jobs deaf people should do. I tried to attend University online during the lockdown and I they kept sending me videos to watch that didn't have captions. So I'd have to wait for them to send out a specialised transcript a week or two later than everyone else and then the transcript would be wrong because a computer made it, not a person. Services in Australia from GP's and Hospitals to Centrelink to NDIS and countless others constantly amazes me how little information they have or have access to about understanding hearing loss and what is needed just to make communication of information just a bit easier. I grew up in the hearing world and I compensate for everyone and do my best to make sure I don't impact on anyone else if possible but it's driving me crazy just how hard it is. I only just recently had a win getting a hospital to put closed captions on an instructional video that was mostly aimed at elderly patients. I get that it takes all of us to make things happen but it's hard for me to access or find helpful information and I'm IN IT... how are these other places getting information if they don't even know about it. I just wish we had more help because I'm exhausted and I'm only in my early 40s. I'm terrified about how hard it's going to be if I lose the rest of my hearing or when I get older and no one listens to me anymore. I've seen how elderly get treated at XXX (publicly funded service) and independent places and it's awful. I've never been asked my opinion about any of this. This is first chance I've ever had to express my thoughts about hearing services.</p> |
| <p>Too much cost cutting of services and staff is happening in regional areas to the detriment of the aged and children's services.</p>   |
| <p>Elderly person who is not on NDIS and need a new cochlear implant cannot receive them from XXX (publicly funded service) or My Aged Care. If their implant break down or get lost they have to pay for it. Totally unfair especially when hearing aid wearer can get them replaced by XXX (publicly funded service).</p>   |
| <p>A full adult hearing assessment and discussion of standard rehab options usually takes about an hour, and for us it is a similar style of appt depending on what funding stream the client comes through. However, the payments vary considerably: - Hearing Service Program pays \$157.40 - NDIS pays \$193.99, - iCare NSW pays \$237.70 - Medicare pays \$62.55 if we bulk-bill (hearing test only, they don't pay for rehab discussion) - DVA pays \$73.55 for a DVA Medicare equivalent appt, or whatever we choose to charge DVA for a review for pension. - private clients - we can charge what we believe is reasonable to cover costs There are different rules and regulations for each funding stream... but how can the \$ amounts be so different??? It's really not attractive for any small business to provide services paid for by a third party funding source given the amount of poor remuneration and complexity/costs involved in us accessing that funding!</p>  |
| <p>Audiologists should face strict regulations when advertising ear wax removal services using microsuction, especially if they have minimal experience. Microsuction ear cleaning is a specialised procedure that should only be performed by skilled providers with at least 3 to 6 months of dedicated training.</p>   |
| <p>I am concerned that this appears to be yet another effort to equate audiology and audiometry services. As audiologists we undertake at least 5 years of study at university including post-graduate degree including significant clinical experience. Audiometry is a cert/diploma course anyone can enrol in and complete in a year. There should be NO question of equivalence.</p>  |



|   |                           |
|---|---------------------------|
| I have concerns are the newly formed ethics committee. They are not independent and made up of the same people as the old one. The professional bodies have used this ethics committee to quieten audiologists being able to speak about qualifications and also regulation. Sandra South has published a series of articles in Audiology Australia and AcAud magazines reprimanding audiologists for speaking out and some members have been soft warned that they were in breach of Code of Conduct if we talk about the difference in qualifications and the fact that we are not a "regulated" industry to the public. These articles can be freely found if DFA is interested. Thanks for this survey. |                           |
| We need AHPRA registration  | You're doing a great job! |

The comments listed in Table 10 provide additional endorsement for sentiments expressed through the survey responses collected, that hearing services are characterised as hearing aid sales, but there is much room for a much-expanded scope of practice.

Some audiologists find a way to deliver patient-centred care, but they are still constrained by funding models, competition, advertising and perception, and so have to engage in self-advocacy.

Consumers, to find professional services, must search for them. Professional services are available, but there are also many service providers who focus on device sales and do not deliver individualised, assessment-driven audiological care.

## Limitations

Our survey had a small sample size of 45 participants. This limited response may be attributed to the self-nomination process, where participants were invited through an article in our newsletter and social media. Additionally, the survey was conducted during the holiday season (November to January), when many people were busy with holiday preparations and celebrations, which likely reduced participation. Despite efforts to avoid bias, the report's findings may still reflect limitations.

### Underrepresentation of Audiometrists

The survey highlights a significant imbalance, with only one audiometrist participating, which may skew results toward audiologists' perspectives.

We acknowledge the potential unfairness of advocating for changes without sufficient audiometrist input. Their professional body supports regulation, but we are not advocating for their immediate inclusion in the current investigation into audiologists' regulation without further input. In principle, we support the eventual regulation of audiometrists alongside audiologists.

We invited audiometrists, their employers, and the professional body to share our survey to gather more responses and ensure their perspectives are heard. This collaborative approach will help us better understand their needs and challenges.

## Challenges and Opportunities

The hearing services industry in Australia is a complex ecosystem involving multiple stakeholders, each with their own interests and perspectives. The views of our constituents are that the current self-regulating model is not up to the task.

As one survey respondent noted, "There's a lot of money in hearing aids, and some players in the industry might not want to see that change."

However, support for regulation from consumers and ethical providers presents a unique opportunity for positive change.

## Summary - Interpretation

Our position has always been clear - we recommend mandatory, independent regulation of audiologists and audiometrists. Nevertheless, we have endeavoured to ensure this survey report is not self-serving.

The survey results highlight support for regulating audiologists and audiometrists in alignment with other trusted healthcare professionals, underscoring the importance of formal regulation to ensure defined scopes of practice, accurate use of titles, and enhanced professional recognition.

However, regulation alone is unlikely to resolve all aspects of the commercialism reported by respondents, particularly sales-driven practices that undermine patient-centred care and consumer trust.

Both consumers and providers in our survey identify systemic issues within the hearing services sector, including the dominance of commercial pressures, a lack of individualised care, and gaps in public understanding of roles and qualifications. Respondents who were providers advocate for less commercialism, more regulation, and greater professional transparency. At the same time, consumers express the need for ethical, comprehensive services, simplified access, and increased provider awareness of cultural and community-specific needs.

The survey also reveals a troubling mismatch in perceptions: while audiologists do not see themselves as salespeople, many consumers perceive them as such.

Confusion about the roles of audiologists and audiometrists persists, with some consumers in the survey mistakenly attributing expertise to audiometrists they do not possess. This points to a need for better public education about professional roles and the current system's limitations.

Systemic reforms are necessary to build trust, improve service quality, and meet consumer expectations. These reforms should include mandatory regulation, a shift toward patient-centred care, efforts to reduce commercial pressures, and public education about what constitutes professional, informed, sustainable, and comprehensive hearing services delivered with integrity in Australia.

