

The mission of Independent Audiologists Australia is to promote and support clinical practices owned by audiologists.



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Workers compensation guidelines for the approval of hearing service providers consultation  
SIRA

Locked Bag 2906

Lisarow NSW 2252

8 October 2021

Dear Colleagues

Thank you for the opportunity to provide feedback on the draft Workers compensation guidelines for the approval of hearing service providers.

Independent Audiologists Australian Inc (IAA) promotes and supports clinical practices owned by audiologists. Our members are all university qualified audiologists who own and operate audiology practices. They provide services funded both publicly and privately. Independent audiologists are small business owners, clinicians and employers, most of whom are both contracted hearing services under the Hearing Services Program and qualified practitioners under the scheme. Many employ other audiologists and/or audiometrists in their practices, and so are familiar with the scope of training for both professions. IAA members operate practices across Australia, some in more than one state, and so have knowledge of how workers compensation schemes operate across Australia.

We have read and understood the draft guidelines.

Section 2.1 of the draft guidelines states that hearing service providers must be an accredited service provider contracted under the Commonwealth Hearing Services Program (HSP). This requirement is an anomaly that is not, to our knowledge, reflected in comparable guidelines in other states and territories. We believe that audiologists should be allowed to provide services for workers in New South Wales without being either contracted as a hearing services provider to the Commonwealth themselves or being employed by an individual or business who is.

The guideline provides no justification for requiring a business entity to be a contracted hearing services provider. Arguably, SIRA might have equally suggested that audiology entities need to be Medicare Providers, or NDIS providers. A situation could arise whereby qualified and experienced audiologists opt out of the HSP for a range of professional or business reasons and in so doing become disqualified from undertaking work in the industrial deafness field.

It is worth noting that contracted hearing services providers are not able to refuse to treat patients who seek out their services under the HSP, so this means that audiologists cannot contract to the HSP just so that they can continue to work in the industrial deafness field. This criterion will effectively prevent an audiology entity from specialising in industrial audiology, as they will have to actively undertake their commitment to the HSP as well.

We would prefer to see the requirement that audiology entities must be contracted hearing services providers removed from the guidelines. We consider that the requirements for professional membership of a professional body by audiologists and audiometrists is sufficient for the purpose of ensuring the public is attended to by suitably qualified and accredited professionals within the level of regulation that operates across the sector in Australia.

Thank you again for the opportunity to comment on the guidelines.  
I would be pleased to discuss our concerns further with you.

Kind regards,

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