SCOPE OF PRACTICE

Knowledge and tasks for audiometrists

Audiology Australia (AudA)
Australian College of Audiology (AC*Aud*)
Hearing Aid Audiometrist Society of Australia (HAASA)

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Executive Summary

The Scope of Practice for audiologists and audiometrists (the Scope of Practice) was developed through a collaboration between the three Practitioner Professional Bodies (PPBs); Audiology Australia, the Australian College of Audiology (AC*Aud*) and the Hearing Aid Audiometrist Society of Australia (HAASA).

This document includes the Scope of Practice Knowledge and Tasks lists for audiometrists. The knowledge and tasks for audiologists are presented in other documents.

The Scope of Practice Project Group (the Project Group) was established to facilitate the development of the Scope of Practice. The Project Group consisted of two members from each of the three PPBs. Members of the three PPBs contributed to the development of the Scope of Practice by providing their personal experience and opinion of the tasks that they and their audiologist and audiometrist colleagues currently undertake in clinical practice in Australia. A modified Delphi technique was used to enable the PPB members to provide structured feedback which could then be compiled and analysed by the Project Group.

The Scope of Practice provides an overview of the services that may be offered by appropriately qualified and experienced audiometrists in Australia. That is, it provides an overview of the scope of practice of the *profession* of audiometry. In summary:

> **Audiometrists in Australia** primarily work with adult clients (including older adults) and provide a range of services to school-aged children. They focus on hearing and auditory function assessment and (re)habilitation. Audiometrists achieve this by applying a range of diagnostic tests and rehabilitation approaches including counselling and the prescription and fitting of non-implantable devices/aids (e.g. bone conduction aids; earplugs (custom noise/swim/musician plugs); FM and other remote sensing systems; hearing aids; and Hearing assistive technology). Audiometrists may also provide rehabilitation for tinnitus using education and hearing aids.

The Scope of Practice **cannot** be used to define, regulate or restrict the scope of an individual's practice. These regulatory aims are instead achieved via a suite of other relevant policies and by-laws that Audiology Australia, AC*Aud* and HAASA members must adhere to.

It is the responsibility of the individual to be aware of, and only engage in, those aspects of the Scope of Practice that they have the appropriate educational qualifications, knowledge, skills and experience to practice lawfully, safely and effectively, in a way that meets professional standards and does not pose any danger to the public or to themselves. A Decision Tool to aid individuals when determining the scope of their own practice is made available in Appendix 2.

Definitions

Audiologists are those individuals who have met the relevant membership and clinical competency requirements for audiologists set by the Australian Practitioner Professional Bodies. This means that audiologists are:

- Full members of Audiology Australia with a Certificate of Clinical Practice (CCP), and/or
- Full/Ordinary members of the Australian College of Audiology (AC*Aud*) with Hearing Rehabilitation Specialist (HRS) and Diagnostic Rehabilitation Specialist (DRS) competencies.

Audiologists must have completed at least of the equivalent of an Australian university Masters-level degree in clinical audiology.

Audiology Australia (AudA) One of the three Practitioner Professional Bodies. Audiology Australia represents audiologists.

Audiometrists are those individuals who have met the relevant membership and clinical competency requirements for audiometrists set by the Australian Practitioner Professional Bodies. This means that audiometrists are:

- Full/Ordinary members of AC*Aud* with a Hearing Rehabilitation Specialist (HRS) competency, and/or
- Full members of HAASA.

Audiometrists must have undertaken at least the equivalent of an Australian Diploma-level Technical and Further Education (TAFE) vocational qualification in audiometry or a Bachelor of Audiometry from an Australian university.

Australian College of Audiology (AC*Aud*) One of the three Practitioner Professional Bodies. AC*Aud* represents audiologists and audiometrists.

Clients with complex needs (not necessarily relating to hearing threshold levels) are defined as having**:**

- Non-audiological co-morbidities that prevent the standard age-appropriate procedures from being performed, or
- Audiological conditions that prevent the standard age-appropriate procedures from being performed.

Code of Conduct- The Code of Conduct for members of Audiology Australia, AC*Aud* and HAASA which was enacted on the 1st of July 2016.

Extended scope of practice- In certain settings and contexts it may be that audiologists and audiometrists perform tasks beyond those described in the Scope of Practice for audiologists and audiometrists. It is the responsibility of the individual to be aware of, and only engage in, those aspects of the Scope of Practice that they have the appropriate educational qualifications, knowledge, skills and experience to practice lawfully, safely and effectively, in a way that meets professional standards and does not pose any danger to the public or to themselves. The decision tool provided in Appendix 2 can aid audiologists and audiometrists in extending the scope of their own practice safely and ethically.

Has knowledge of- The items in the 'Foundations of audiology' sections in the Scope of Practice refer to this phrase. In this context it means that individuals of the profession have theoretical knowledge of this aspect of audiology and would be able to recognise clients presenting with associated diagnoses/needs and be able to refer them to the appropriate clinical professional if clinically indicated.

Hearing Aid Audiometrist Society of Australia (HAASA) One of the three Practitioner Professional Bodies. HAASA represents audiometrists.

Infants and young children are defined as being from birth to pre-kindergarten age (i.e. two to four years). The definition of this age group has intentionally been left as an age bracket rather than a specific age. This is because it aims to capture a series of developmental stages where it is appropriate to use certain tests and different children may reach these stages at different ages.

Practitioner Professional Body (PPB) An Australian professional body that:

- Advocates for the professions of audiology and/or audiometry;
- Has membership and clinical certification requirements that include minimum education thresholds for audiologists and/or audiometrists;
- Has a code of conduct that members must adhere to; and
- Requires that members continue their professional development and provides a program to enable members to meet this requirement.

There are currently three PPBs in Australia: Audiology Australia, AC*Aud* and HAASA.

School-aged children are defined as being from kindergarten age (i.e. three to five years old) to the end of secondary school (i.e. from 16 to 18 years old). The definition of this age group has intentionally been left as an age bracket rather than a specific age. This is because it aims to capture a series of developmental stages where it is appropriate to use certain tests and different children may reach these stages at different ages.

Scope of Practice for audiologists and audiometrists aims to provide an overview of the services that may be offered by appropriately qualified and experienced audiologists and audiometrists in Australia. That is, it provides an overview of the **scope of practice of the *professions* of audiology and audiometry**.

Scope of practice for an individual The scope of an individual audiologist's or audiometrist's practice may be more narrowly defined than the Scope of Practice for their profession. It is the responsibility of the individual to be aware of, and only engage in, those aspects of the Scope of Practice that they have the appropriate educational qualifications, knowledge, skills and experience to practice lawfully, safely and effectively, in a way that meets professional standards and does not pose any danger to the public or to themselves.

Understands and can apply in practice- The items in the 'Foundations of audiology' sections in the Scope of Practice refer to this phrase. In this context it means that individuals of the profession not only have knowledge of this aspect of audiology but also possesses the deep understanding needed to apply this knowledge in clinical practice in order to meet the client's needs through prevention, identification, diagnosis, rehabilitation and advocacy.

Background

How was the Scope of Practice developed?

The Scope of Practice for audiologists and audiometrists (the Scope of Practice) was developed through a collaboration between the three Practitioner Professional Bodies (PPBs); Audiology Australia, the Australian College of Audiology (AC*Aud*) and the Hearing Aid Audiometrist Society of Australia (HAASA). The Scope of Practice Project Group (the Project Group) was established to facilitate the development of the Scope of Practice for audiologists and audiometrists. The Project Group consisted of two members from each of the three PPBs.

Members of the three PPBs contributed to the development of the Scope of Practice by providing their personal experience, and opinion, of the tasks that they and their audiologist and audiometrist colleagues currently undertake in clinical practice in Australia. A modified Delphi technique[1] was used to enable the PPB members to provide structured feedback which could then be compiled and analysed by the Project Group. More information on how the Delphi technique was used to develop the Scope of Practice can be found in Appendix 1.

How can the Scope of Practice be used?

The Scope of Practice aims to provide an overview of the full range of services that may be offered by appropriately qualified and experienced audiometrists in Australia. That is, it provides an overview of the scope of practice of the *profession* of audiometry. The Scope of Practice advocates for audiometrists by:

- Acting as an educational tool for clients and their families, members of the general public, and other health care professionals;
- Providing information to assist policy makers concerned with regulation, legislation and third party reimbursement; and
- Being a resource to current and potential members of AC*Aud* and HAASA who wish to gain an overview of the tasks they may be expected to be able to safely and independently perform in clinical practice, dependent on their qualifications and clinical experience.

It is the responsibility of the individual to be aware of, and only engage in, those aspects of the Scope of Practice that they have the appropriate educational qualifications, knowledge, skills and experience to practice lawfully, safely and effectively, in a way that meets professional standards and does not pose any danger to the public or to themselves.

The Scope of Practice describes the full range of tasks that can be performed by audiometrists, given the current clinical and educational settings in Australia. However, in certain settings and contexts it may be that audiometrists perform, or assist in, tasks beyond those described in this Scope of Practice (so called 'extended scope of practice'). Examples of such settings and contexts where extended scopes of practice may be more common include:

- In rural and remote settings;
- In emergency settings; and/or
- When performing tasks on behalf of another health professional, such as an Ear Nose and Throat surgeon (ENT).

[1] Reid N. The Delphi technique, its contribution to the evaluation of professional practice. In: Professional Competence and Quality Assurance in the Caring Professions, Ed Roger Ellis. 1988: Chapman & Hall

How can I determine the scope of my own practice?

The scope of an individual audiometrist's practice may be more narrowly defined than the Scope of Practice for their profession. It is the responsibility of the individual to be aware of, and only engage in, those aspects of the Scope of Practice that they have the appropriate educational qualifications, knowledge, skills and experience to practice lawfully, safely and effectively, in a way that meets professional standards and does not pose any danger to the public or to themselves[2].

A Decision Tool to aid individuals when determining the scope of their own practice is available in Appendix 2.

How can't the Scope of Practice be used?

The Scope of Practice is not intended to be applied to individual audiometrists. The Scope of Practice therefore cannot:

- Provide an assurance that an individual audiometrist has the appropriate educational qualifications, knowledge, skills and experience to practice lawfully, safely and effectively, in a way that meets professional standards, and does not pose any danger to the public or to themselves;
- Be used to restrict or determine the scope of an individual audiometrist's practice; or
- Be used to discipline an individual audiometrist for performing tasks that they do not have the educational qualifications, knowledge, skills and experience to practice lawfully, safely and effectively.

These regulatory aims are instead achieved via a suite of other relevant policies and by-laws that AC*Aud* and HAASA members must adhere to. These include those outlining requirements regarding membership, internships, clinical certification, recognition of specific competencies, professional development, and recency and resumption of practice. Organisational, jurisdictional, and/or national guidelines, standards and regulations may further define the scope of an individual's practice.

The Code of Conduct for members of Audiology Australia, AC*Aud* and HAASA which was enacted on the 1st of July 2016 provides an additional tool in the suite of regulatory documents described above. In Standard 1.2f in the Code of Conduct, it is stated that members must be aware of, and only engage in, the area or areas of their profession that they have the appropriate educational qualifications, knowledge, skills and experience to practice lawfully, safely and effectively, in a way that meets professional standards and does not pose any danger to the public or to themselves.

Furthermore, the three PPBs' continuing work with developing and improving the higher education programmes also contributes to ensuring that audiometrists have the knowledge, skills and experience required to practice lawfully, safely and effectively. This includes the continuing work of:

- AC*Aud* and HAASA in the development and implementation of the Bachelor of Audiometry at the University of New England; and
- AC*Aud* and HAASA in contributing to the development and review of TAFE NSW participating colleges diplomas and certificates in audiometry.

[2] As required by Standard 1.2f in the Code of Conduct for members of Audiology Australia, AC*Aud* and HAASA.

Scope of Practice for audiometrists

This document includes the Scope of Practice Knowledge and Tasks lists for audiometrists. These lists are divided into five different categories to reflect the different ages and needs of clients:

1. Overarching knowledge and tasks related to **all client groups**
2. Knowledge and tasks applicable to **adults**
3. Knowledge and tasks applicable to **school-aged children**
4. Knowledge and tasks applicable to **infants and young children**
5. Knowledge and tasks applicable to **clients with complex needs**

The Knowledge and Tasks lists for audiologists are presented in other documents.

Who are audiometrists?

Audiometrists are those individuals who have met the relevant membership and clinical competency requirements for audiometrists set by the Australian Practitioner Professional Bodies. This means that audiometrists are:

- Full/Ordinary members of AC*Aud* with a Hearing Rehabilitation Specialist (HRS) competency, and/or
- Full members of HAASA.

Audiometrists must have undertaken at least the equivalent of an Australian Diploma-level Technical and Further Education (TAFE) vocational qualification in audiometry or a Bachelor of Audiometry from an Australian university.

Summary of the Scope of Practice for audiometrists

Audiometrists in Australia primarily work with adult clients (including older adults) and provide a range of services to school-aged children. They focus on hearing and auditory function assessment and (re)habilitation. Audiometrists achieve this by applying a range of diagnostic tests and rehabilitation approaches including counselling and the prescription and fitting of non-implantable devices/aids (e.g. bone conduction aids; earplugs (custom noise/swim/musician plugs); FM and other remote sensing systems; hearing aids; and Hearing assistive technology). Audiometrists may also provide rehabilitation for tinnitus using education and hearing aids.

Overarching knowledge and tasks applicable to all client groups

Foundations of Audiology

Has knowledge of all the different individual scopes of practice across audiology services to the level required to be able to refer appropriately
Understands common ototoxic agents and mechanisms and can apply this knowledge in practice
Understands principles, methods and applications of acoustics as related to audiology and can apply this knowledge in practice
Understands principles, methods and applications of psychoacoustics as related to audiology and can apply this knowledge in practice
Understands principles of primary health care and the social determinants of health, including wellbeing and education, and can apply this knowledge in practice
Understands normal processes of communication and auditory behaviour over the lifespan and can apply this knowledge in practice
Has knowledge of the risk factors for hearing loss in infants and young children and clients with complex needs
Understands basic epidemiological terms about hearing loss, tinnitus and other auditory-related disorders and can apply this knowledge in practice
Understands the potential effects of noise exposure on auditory mechanisms and the factors that contribute to noise-induced hearing loss and can apply this knowledge in practice
Understands the anatomy and physiology of the **peripheral auditory system** and can apply this knowledge in practice
Understands mechanisms of disease and injury of the **peripheral auditory system** and can apply this knowledge in practice
Understands the pathology and clinical course of common syndromes, diseases and injuries involving **the peripheral auditory system** and can apply this knowledge in practice
Has knowledge of the anatomy and physiology of the **vestibular (balance) system**
Has knowledge of mechanisms of disease and injury of the **vestibular (balance) system**
Has knowledge of the pathology and clinical course of common syndromes, diseases and injuries involving the **vestibular (balance) system**
Has knowledge of the anatomy and physiology of the **central auditory system**
Has knowledge of the pathology and clinical course of common syndromes, diseases and injuries involving the **central auditory system**
Maintains professional standards, including: - Adhering to relevant codes of conduct and ethics for their profession; - Meeting the requirements of their professional body(ies) regarding continuing education/professional development; and - Working to relevant practice standards and guidelines.

Prevention

Employs strategies and procedures for the prevention of hearing loss and communication disorders in occupational and non-occupational settings
Promotes hearing wellness, as well as the prevention of hearing loss and protection of hearing function by designing, implementing, and coordinating occupational, school, and community hearing conservation and identification programs

Participates in noise measurements of the acoustic environment to improve accessibility and to promote hearing wellness

Diagnostic assessments

Applies principles and methods in order to adhere to appropriate standards for calibration and maintenance of equipment and the testing environment
Has a theoretical knowledge of the clinical applications of medical imaging techniques such as (but not limited to) MRI, CAT & PET
Refers immediately (at the time of initial assessment) to an appropriate professional where clinically indicated

Re/habilitation

Collaborates with other health professionals and the client regarding ongoing management of their hearing, balance and communication function
Involves clients and family members in decisions about management
Provides a high standard of patient-practitioner relationship
Provides appropriate ongoing after care for any device or service provided
Within their area of expertise, provides training for professionals of related and/or allied services when needed
Manages the selection, purchase, installation, and evaluation of large-area amplification systems

Advocacy/Consultation

Within their area of clinical expertise, advocates for the communication needs of their clients, including for their rights and for funding of services
Advocates for issues (i.e., acoustic accessibility) that affect the rights of individuals with normal hearing
Consults with professionals of related and/or allied services when needed
Consults about accessibility for persons with hearing loss and other auditory dysfunction in public and private buildings, programs, and services
Within their area of clinical expertise, conducts interviews and assessments to a standard required to carry weight in a court of law, and recognises the medico-legal implications of any assessments
Within their area of clinical expertise, provides consultation to individuals, public and private agencies, and governmental bodies, or as an expert witness regarding legal interpretations of clinical assessments they have conducted
Within their area of clinical expertise, provides case management and services as a liaison for the client, family, and agencies in order to monitor audiological status and management and to make recommendations about educational and vocational programming
Within their area of clinical expertise, provides consultation to the industry on the development of products and instrumentation

Education/Research/Administration

Measures functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of devices, practices and programs to maintain and improve the quality of audiological services
Understands the concept of evidence-based practice and applies it to clinical decision making
Participates in the development of professional and technical standards
Participates in quality improvement programs

Undertakes program administration and supervision of professionals as well as support personnel
Within their area of clinical expertise, provides education, supervision, and administration for audiology and/or audiometry graduates and other professional programs
Disseminates research findings to other professionals and to the public
Designs and conducts basic and applied audiological research to increase the knowledge base, to develop new methods and programs, and to determine the efficacy, effectiveness, and efficiency of assessment and treatment paradigms
Critically evaluates published research for scientific validity and clinical applicability

Knowledge and tasks applicable to <u>adult clients</u>

Foundations of audiology

Understands risk factors for hearing loss in adults and can apply this knowledge in practice
Has knowledge of communication function in adults and refers appropriately

Identification/Screening

In adults, undertakes activities to identify: Hearing impairment Tinnitus
Provides accurate and appropriate recommendations to the adults regarding their screening results

Diagnostic assessments

Interviews the adult client and their significant others to obtain an appropriate in-depth case history relevant to audiological and client needs
Appraises information from the adult client's client files to facilitate planning for audiological assessments
Assesses activity and participation in adults by selecting and interpreting appropriate self-report questionnaires and understands individual factors that may impact how a person experiences their impairment
Instructs the adult client in standard hearing test procedures and maintains their engagement throughout the test appointment
Selects a range of suitable diagnostic assessments for the adult client
Assesses and improves the test environment in order to make it more suitable for audiological assessment of the adult client
Makes modifications or simplifications to the test procedure in order to adapt it to client variables such as their motivation
Performs otoscopic examination and examination of the outer ear to assess abnormalities (e.g. whether wax is in the ear canal) in adult client
Assesses hearing and auditory function in adults by the conduct and interpretation of selected tests, including: - Air and bone conduction testing with appropriate masking; - Speech audiometry with appropriate masking; and/or - Impedance audiometry (a.k.a. immittance audiometry, including tympanometry and acoustic reflex testing).
Prepares an assessment report for the adult client including: - an interpretation of the data (including a consideration of the consistency of the findings from different tests); - a summary of findings; - recommendations (including the need for referral); and - an audiological treatment/management plan.

Rehabilitation

Establishes a therapeutic relationship with adult client and their significant others
Plans rehabilitation together with the adult client and their significant others, with consideration of: - theories of aural rehabilitation; - the effects of impairments on communication and their impact in terms of activity - limitations and participation restrictions; - audiological and non-audiological factors that may influence rehabilitation;

- the psychological impact of hearing loss on the individual and their families; and
- age-related conditions, including physical and cognitive, and how to modify delivery of rehabilitation program in light of these conditions.

Manages cerumen (ear wax) in adult clients to prevent obstruction of the external ear canal and of amplification devices

In the context of rehabilitation in adults, **understands the application and limitations** of:
- Bone conduction aids;
- Communication training;
- Earplugs (custom noise/swim/musician plugs);
- FM and other remote sensing systems;
- Hearing aids;
- Hearing assistive technology; and
- Implants (e.g. cochlear implants, middle ear implantable hearing aids, fully implantable hearing aids, bone anchored hearing aids)

Assesses candidacy of adults for:
- Bone conduction aids;
- Earplugs (custom noise/swim/musician plugs);
- FM and other remote sensing systems;
- Hearing aids; and
- Hearing assistive technology.

Based on the needs of the adult client and their significant others, **recommends solutions from a range of devices and services available**, including:
- Bone conduction aids;
- Communication training;
- Earplugs (custom noise/swim/musician plugs);
- FM and other remote sensing systems;
- Hearing aids; and/or
- Hearing assistive technology.

Refers to relevant medical professional(s) if the possible need for implantable devices is clinically indicated for the adult client

According to the adult client's needs, **prescribes and fits/provides**:
- Bone conduction aids;
- Earplugs (custom noise/swim/musician plugs);
- FM and other remote sensing systems;
- Hearing aids; and/or
- Hearing assistive technology.

Takes ear canal impressions of adult clients to produce custom earmoulds or hearing aids of sufficient quality

Undertakes **programming and maintenance** of adult clients':
- FM and other remote sensing systems
- Hearing aids
- Hearing assistive technology

Provides **rehabilitation and management for adult clients with tinnitus** using, as appropriate, education and hearing aids (which may include tinnitus maskers and sound generators)

Provides **communication training for adults with hearing loss or other auditory dysfunction**, including, as appropriate:
- Communication strategies
- Speechreading

Provides counselling to the adults clients and their significant others relating to psychosocial aspects of hearing loss, other auditory dysfunction, and processes to enhance communication competence

Develops an appropriate, audiological rehabilitative management plan for the adult client and their significant others including, when appropriate:

- Based on the range of services and devices and services available, recommendations for fitting/providing devices and services to the adult client
- Education of adult clients in the application, use and/or maintenance of devices and services
- Possible funding options for adult clients
- Ensuring deep understanding of adult clients' and their significant others' expectations and motivation
- Need for counselling to adult clients and their significant others relating to psycho social aspects of hearing loss, other auditory dysfunction, and processes to enhance communication competence
- Skills training and consultation concerning environmental modifications to facilitate development of receptive and expressive communication for adult clients
- Evaluation and revision of the audiological management plan
- The need for other rehabilitation options such as counselling or speech and language rehabilitation for the adult client which may be provided by other allied health professionals or community services

Verifies rehabilitation intervention for the adult client via both objective and subjective means, including approaches such as:

Client input and preferences
Real Ear Measures using a validated prescription method
Sound field aided assessment
Speech Mapping
Test Box Measures

Validates rehabilitation intervention for the adult client via objective and subjective means, including approaches such as self-report questionnaires and speech testing

Knowledge and tasks applicable to school-aged children (from kindergarten until end of secondary school)

Foundations of audiology

Understands risk factors for hearing loss in school-aged children and can apply this knowledge in practice

Has knowledge of communication function in school-aged children and refers appropriately

Identification/Screening

In school-aged children, undertakes activities to identify:
Hearing impairment

Provides accurate and appropriate recommendations to the school-aged child and/or their parents/caregivers regarding their screening results

Undertakes supervision, implementation, and follow-up of school hearing screening programmes

Diagnostic assessments

Instructs the school-aged child and their parents/caregivers in standard hearing test procedures and maintains the engagement of both the school-aged child and their parents/caregivers throughout the test appointment

Assesses and improves the test environment in order to make it more suitable for audiological assessment of the school-aged child

Performs otoscopic examination and examination of the outer ear to assess abnormalities (e.g. whether wax is in the ear canal) in school-aged children

Assesses hearing and auditory function in school-aged children by the conduct and interpretation of the most age and ability-appropriate diagnostic process, such as:
- Air and bone conduction testing with appropriate masking when possible[3]; and/or
- Impedance audiometry (a.k.a. immittance audiometry, including tympanometry and acoustic reflex testing).

Habilitation

Establishes a therapeutic relationship with the school-aged child and their parents/caregivers

In the context of habilitation of school-aged children, **understands the application and limitations** of:
Earplugs (custom noise/swim/musician plugs)

Assesses candidacy of school-aged children for:
Earplugs (custom noise/swim/musician plugs)

Based on the needs of the school-aged child and their parents/caregivers, **recommends solutions from a range of devices and services available**, including:
Earplugs (custom noise/swim/musician plugs)

Refers to relevant medical professional(s) if the possible need for implantable devices is clinically indicated for the school-aged child

According to the school-aged child's needs, **prescribes and fits/provides**:
Earplugs (custom noise/swim/musician plugs);

Takes ear canal impressions of school-aged children to produce custom earmoulds or hearing aids of sufficient quality

[3] These tests may be performed by a method such as play audiometry

Appendix 1- How was the Delphi technique used to develop the Scope of Practice?

The Delphi technique was used to seek consensus among a group of experts (the Delphi panel) as to which items should be included in the Scope of Practice. This was done through a series of questionnaires where Delphi panel members were asked to give their opinion on which items should be included. They were also able to suggest additional items for inclusion in subsequent rounds of the Delphi process.

The list of items that was considered by the Delphi panel was compiled and modified to suit the Australian context by the Scope of Practice Project Group. The following documents from professional bodies in the U.S.A., New Zealand and Australia, as well as higher education degree/certificates/diploma accreditation agencies in Australia were used as a basis:

- American Academy of Audiology. Scope of Practice. 2004;
- Australian College of Audiology. By-Law 97-5: Professional Competency Standards for Hearing Care Professionals in Australia and Requirements for Recognition of Specific Competencies. 2015;
- American Speech-Language-Hearing Association. Scope of Practice in Audiology. 2004. Available from: www.asha.org/policy;
- Audiology Australia. Core knowledge and competencies required of Master of Audiology graduates in Australia. 2015;
- Audiology Australia. Knowledge and Skills Matrix for clinical interns. 2015;
- Australian Government. Training Guidelines for Certificate IV in Audiometry (HLT47415) and the Diploma of Audiometry (HLT57415). 2015;
- Hearing Aid Audiometrist Society of Australia. Rules: Standards of Practice. 2008; and
- New Zealand Audiological Society. Scope of Practice for Audiometrists. Auckland; 2015.

Delphi panel members were given the following information to assist them in filling in the questionnaires:

"When responding to this questionnaire, please think of the activities you and your audiologist and audiometrist colleagues currently undertake in clinical practice in Australia. One way to work through each item is to ask yourself:

Do I, or audiologist and/or any audiometrist colleagues I know of, perform this task in clinical practice in Australia?

If no, *then this item is likely not to be within Scope of Practice for audiologists and/or audiometrists in Australia.*

If yes, *ask yourself:*

Do I feel that it is acceptable that audiologists and/or audiometrists perform this task in Australia? *(i.e. that at least some audiologists and/or audiometrists have the knowledge, skills and experience necessary to perform this task lawfully, safely and effectively, in a way that meets professional standards and does not pose any danger to the public or to themselves)*

If yes, *then this item is likely to be within Scope of Practice for audiologists and/or audiometrists in Australia.*

You may believe that a particular task is currently, and should be, performed by audiologists and/or audiometrists but that specialised education and/or training is necessary in order to be able perform this task lawfully, safely and effectively. In this case, you should click "Within Scope of Practice" for the relevant profession(s) and then indicate the nature of the further education and/or training you feel is required in the comments field, as well as a motivation as to why you feel that further education and/or training is needed."

An important part of the process was that Delphi panel members were given individual (deidentified) feedback on the panel's responses from the previous round and the opportunity to adjust their response upon consideration of this information. The Delphi panel members remained anonymous; one of the core principles of the Delphi method. This is hoped to prevent the authority, personality, or reputation of some participants from dominating others in the process.

How were the Delphi panel members selected?

All members of Audiology Australia, AC*Aud* and HAASA were invited to participate in the development of the Scope of Practice for audiologists and audiometrists by applying to become a Delphi panel member.

The selection process involved taking a random sample of 100 of the audiologists and audiometrists who applied to become a Delphi panel member. The Delphi panel comprised an equal number of audiologists and audiometrists with a broad range of qualifications, skillsets and clinical experience.

How were the Delphi panel's opinions incorporated into the final Scope of Practice document?

The Scope of Practice for audiologists and audiometrists should complement but not contradict existing course requirements, membership requirements, clinical certification requirements, and/or clinical practice standards.

Following the completion of the Delphi process, the Scope of Practice Project Group worked through the information received from the Delphi panel. This process involved considering whether or not it is legally, ethically and practicably appropriate for each item to be included in the Scope of Practice for audiologists and/or audiometrists. This work included consultation with higher education providers and accreditation agencies, as well as a consideration of all available documentation regarding the education, internship and professional development opportunities available to audiologists and audiometrists.

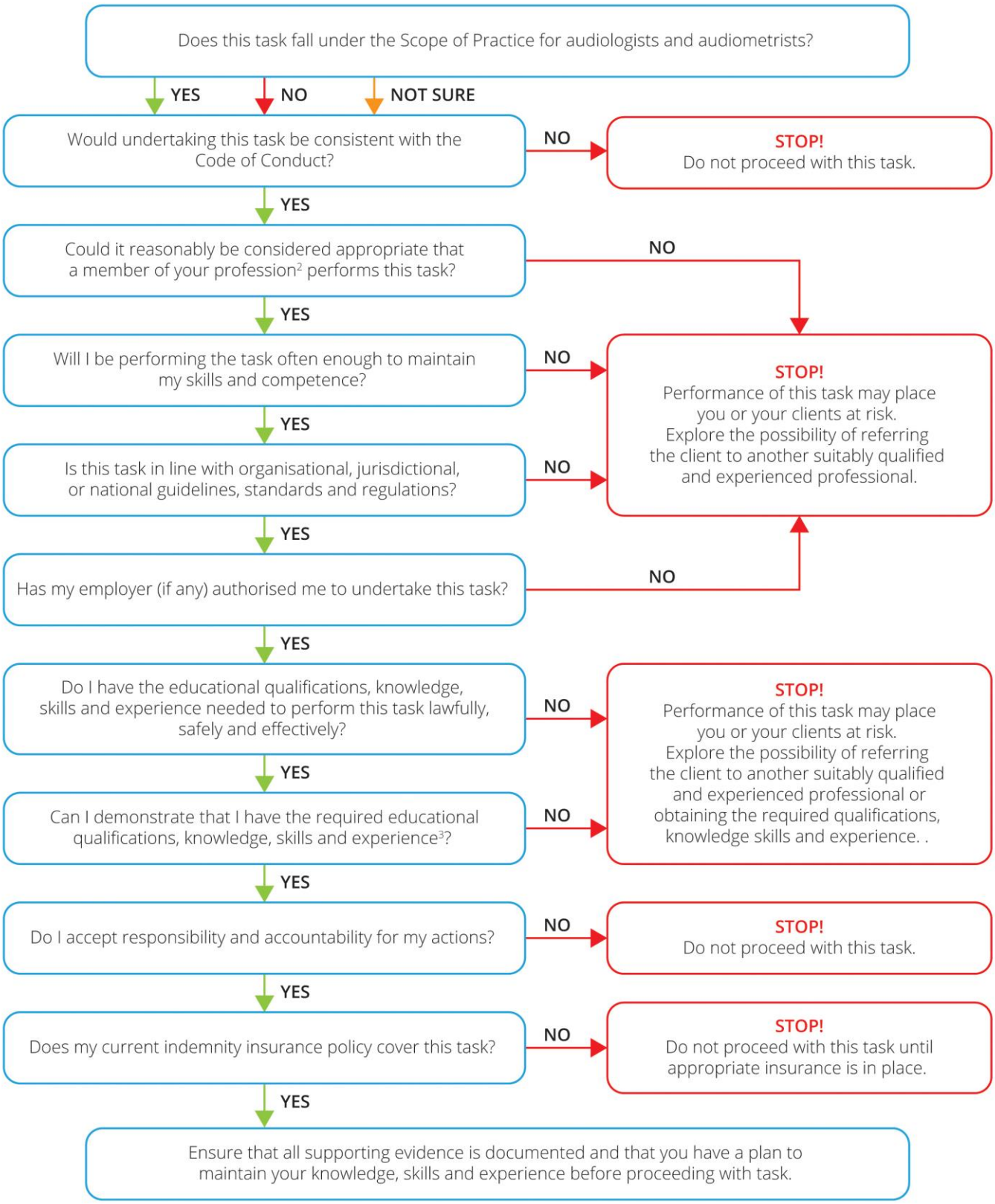
Once agreement was reached by the Scope of Practice Project Group as to the content and format of the Scope of Practice for audiologists and audiometrists, the document was forward to the PPBs for consideration. The Scope of Practice was approved by all three governing bodies of the PPBs on the 24th of August 2016.

Appendix 2- Decision Tool to aid individuals when determining the scope of their own practice

The scope of an individual audiologist or audiometrist's practice may be more narrowly defined than the Scope of Practice for their profession. This Decision Tool presented on the following page provides a framework for audiologists and audiometrists when determining the scope of their own practice. It can also aid audiologists and audiometrists in extending the scope of their own practice safely and ethically. This tool is designed to facilitate self-reflection on the part of the individual clinician. It may also be used by individuals when determining and defining the scope of their own practice together with their employer. It has been adapted from the Dietitians Association of Australia (DAA) Dietitians Scope of Practice Framework 2015[4].

[4] The DAA tool was adapted from O'Sullivan Maillet J, Skates J, Pritchett E. 2005. American Dietetic Association: Scope of Dietetic Practice Framework. *J Am Diet Assoc*; 105(4):634-40.

Decision Tool to aid individuals when determining the scope of their own practice



1 The Code of Conduct for members of Audiology Australia, AC*Aud* and HAASA which was enacted on the 1st of July 2016.
2 That is, an audiologist or audiometrist.
3 For example, through the possession of a relevant clinical accreditation (such as, Full member of AudA with CCP, a Full/ Ordinary membership with AC*Aud* with HRS and/or DRS competency, Full membership with HAASA) and any relevant further education/training certificates.