

# SOUNDINGBOARD

April 2021



**HSP Update**

**COVID-19 Vaccinations for Healthcare Workers**

**Digital Ear Impression Scanner**

**Otitis Media Guidelines**

**Meet our new Chief Allied Health Officer!**

The Official Magazine of the  
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# Board Report — April 2021

Dear Valued Members

Welcome to our first edition of Sounding Board for 2021!

Life is still changeable while we all seek to determine what the “new normal” looks like.

It was exciting to see 51 registrations come through for CPED Day, indicating that members are keen to reengage with their colleagues in person and forget about Zoom for a while!

World Hearing Day was the source of a lot of recent hearing-related news , with the release of the World Health Organization’s first World Report on Hearing. Alarmingly, it notes “over 1.5 billion people currently experience some degree of hearing loss, which could grow to 2.5 billion by 2050”.

We met with NSW’s State Insurance Regulatory Authority to address the inequities in payments to Audiometrists vs Audiologists under the NSW workers’ compensation scheme. We are awaiting an outcome to those discussions.

The National Allied Health Advisors and Chief Officers Committee published a list of what professions the committee considers a starting point when state and territory governments determine public health directions. We have been in communications directly with the federal Chief Allied Health Officer protesting the exclusion of all non-degree qualified allied health professions (including Audiometrists) from this list. We note that states and territories are not bound by this list.

Don’t forget our CPED cycle finishes on 30 June. Please don’t leave it until the last minute if you need help with the CPED Return process as it’s an important component to your HAASA membership requirements.

We continue to have regular catchups with the AcAud Board, with a view to ensuring the interests of Audiometrists are maintained in a wider industry context.

We’ve managed to get several of our Associates through the examination process, despite significant COVID19 related constraints. Thanks to the HAASA members that assisted in this process. Congratulations to those members, and we hope you have a long and rewarding career in Audiology!

HAASA has been invited to become a member of the Hearing Health Sector Alliance, which brings together for the first time consumer groups, health professional bodies, industry associations and research organisations. We look forward to participating in a further platform to represent the interests of Audiometrists.

The Board held a Strategy Day recently, with a large focus on education and ensuring Audiometrists continue to be recognised, developed and supported as practitioners within the wider allied health industry.

We’re looking to hold a CPED Day in November in Melbourne, which will combine with our annual general meeting. We’ll send a “save the date” when we’ve locked it in. We intend to have an online component of this event to assist remote members.

Membership renewals will be coming out this month. We have carefully assessed the wider economic environment and the fact that many members are still not back at full capacity after COVID-19. Accordingly, we have made the decision to freeze membership fees at 2020 levels.

As always, we welcome any feedback you may have about any aspect of HAASA’s operations and how we can best serve you.

**The Board of HAASA**



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# Hearing Services Program News



*The Hon Mark Coulton, MP*

## **Changes to the Program**

In the October 2020 budget, changes were announced to the Australian Government Hearing Services Program (the program). The following program changes will take effect on 1 July 2021:

- Client Vouchers extended to five years.
- Program clients who are not fitted with a device will be eligible for annual reviews.
- Maintenance is not claimable for 12 months after refitting.
- Relocated maintenance will be equal to one quarter of standard maintenance plus the client co-payment amount.

Further detail on these changes is available on the Hearing Services website, including the [Hearing Services Program Changes factsheet](#) and [Changes to the Hearing Services Program FAQ](#).

## **Roadmap for Hearing Health**

Work on the implementation of the Roadmap for Hearing Health is continuing. The Department of Health has developed a set of factsheets which are available at <https://www.health.gov.au/resources/collections/budget-2020-21-implementation-of-roadmap-for-hearing-health>

## **Update on Button Battery Safety**

The Australian Government has released four new Safety Standards for button/coin batteries and products using button/coin batteries. This is following broad consultation by the Australian Competition and Consumer Commission (ACCC).

Button and coin batteries used for hearing aids must comply with the Consumer Goods Information Standard. Hearing aids and zinc-air button batteries for hearing aids are exempt from the Consumer Goods Safety Standard.

Other devices containing button/coin batteries, including remote controls, must comply with the Standards. Visit Product Safety Australia for more information about the new [Button and Coin Battery Standards](#). The ACCC will be releasing further guidance materials about button batteries.

## Hearing Services Program News Cont'd

### Hearing Services Program Review Interim Advice

The [Review](#) of the Hearing Services Program is progressing well, with the independent Expert Panel, Professor Mike Woods and Dr Zena Burgess PhD, encouraging industry sector feedback on its [Interim Advice to Government](#). The Interim Advice relates to the implementation of the Government's changes to the Hearing Services Program's Voucher Scheme, announced in the October 2020/2021 Federal Budget. Feedback closed on 18 January 2021.

In parallel, the Panel released a consultation paper in October 2020 to prompt discussion around critical issues and opportunities that would help inform the Review of the Program.

The Panel also met with broad stakeholder groups throughout December, to talk through some of the areas of concern in rural and regional areas. Opportunities that may inform modernisation of the Program in the context of policy, markets and technological developments was also discussed.

The Expert Panel plans to release its draft Report in March 2021 for public consultation. The Final Report will be provided to the Minister in July 2021.

## COVID-19 Vaccination Program

Here are some handy links to information regarding the National COVID-19 vaccination program:

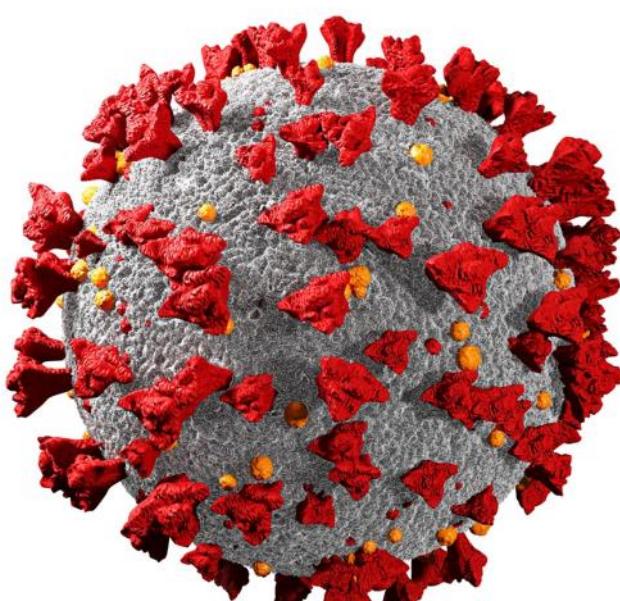
[Who can get vaccinated?](#)

[How the vaccine will be distributed](#)

[Rollout phases and priority groups](#)

[Aged Care Workers](#)

[Clarification of "other health care Workers" in Phase 1B](#)



# The world's first hearing aid to give the brain the full perspective

With added connectivity options and a new approach providing additional access to relevant sounds, who could want more?



The new and revolutionary Oticon More™ is trained with **12 million real-life sound scenes** for its trailblazing hearing aid technology: **The Deep Neural Network (DNN)**. The DNN mimics how the brain functions, so we must train it like a brain - with millions of real-life sounds.

## The firsts for Oticon More do not stop there.

Not only is this our first hearing aid with a DNN, but it is also our first hearing aid with direct streaming from **Android devices supporting ASHA (Audio Streaming for Hearing Aids)**.

Learn more at [oticon.com.au/professionals/more](http://oticon.com.au/professionals/more)



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**from compatible**  
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**devices**

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iPhone | iPad | iPod

Works with  
Android

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App Store

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# CPED Reminder



Education is a key part of HAASA's mandate

A reminder our current CPED cycle runs from 1 July 2020 to 30 June 2021. We have relaxed some of the caps on different activities due to unpredictability of events in the current climate.

Points required:

25 points Full and Fellow Members

15 points Associate Members

Student members' coursework is sufficient to meet CPED requirements.

Members are expected to keep records including evidence (eg Certificates of Attendance) of their accrued points.

Random audits of records are conducted each year in accordance with HAASA's CPED Rules.

Our CPED Return Form may assist in organising CPED records.

There are lots of types of events and activities that attract CPED points. More detail is available [here](#). Note that some categories have caps on the number of points that can be accrued for that type of activity, and some temporary relaxation of category caps is in place to allow for COVID-19.

Members that join during a CPED cycle are able to pro-rate their points.

Excess CPED points cannot be transferred to the next CPED cycle as we want to ensure our members' learning material is as up to date as possible.

Members experiencing extended periods of illness or taking parental leave may apply for an adjustment to the points required in a CPED Cycle. The member should provide a letter to the Board from a medical practitioner stating the relevant period for adjustment. Upon approval, the member may then adjust the points required as a percentage of the whole CPED Cycle. For example, if the member is ill for 3 months of a 12 month cycle, he/she would only be required to collect 75% of the normal points.

A CPED Return Form must be submitted by 30 June 2021. Any events that have been formally endorsed (ie given an endorsement number and points allocated) by HAASA during this cycle are [here](#) and [here](#).

If you need any assistance with CPED, please get in touch now.

# Neuro 2

## Bimodal BrainHearing™

### – because every speech cue counts



#### Two ways of hearing

Hearing with both ears is important for understanding speech in noise and localizing sound. A bimodal solution with a Neuro 2 sound processor and an Oticon hearing aid, such as Oticon Xceed or Oticon Dynamo, provides access to complementary sound cues on both sides.

#### One focus on the brain

As one of the world's leading hearing healthcare companies, Oticon Medical and Oticon devices are designed to deliver clean speech with minimal distortion using the principles of BrainHearing. This recognizes that listening and speech understanding are cognitive processes and that sound processing technology has to support the brain's natural process of making sense of sound.

#### Neuro 2 bimodal solutions

- BrainHearing technologies designed to provide clean speech with minimal distortion
  - Better access to speech for even the most challenging hearing loss
  - Bimodal connectivity solution
- All founded on BrainHearing principles

[www.oticonmedical.com/au/ci-bimodal](http://www.oticonmedical.com/au/ci-bimodal)



#### For more information

The majority of Neuro 2 bimodal users continue to receive services for their hearing aid from their hearing clinic. For more information on how the Neuro 2 bimodal solution may benefit your clients, please contact Oticon Medical on [info@oticonmedical.com.au](mailto:info@oticonmedical.com.au)

This medical device must be administrated/applied/implanted by a healthcare professional. Performance of the hearing devices is dependent on individual circumstance and may not be appropriate for all conditions. Please refer to the instructions for use for further information.

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## Membership Renewals

**Pay your membership fees by  
30 June for the chance to win  
your fees back!**

## Get to know your Directors



HAASA's Directors are Audiometry professionals who voluntarily donate their time to run HAASA and support their industry.

Kerrie Gibson has been part of the HAASA executive for 12 years.

She has been involved extensively in many committee and events, most recently as part of the examination panel and on the Membership, CPED and Events Committees.

Kerrie has retired after a career spanning 26 years. She lives in Wollongong with her husband Jeff and enjoys swimming, sewing and reading. She also enjoys spending quality time with her mother Margaret, children Jay, Brad and Jodi and her grandchildren Jasper and Indy ... when she's not on road trips, adventures or out to lunch!

## CPED Day Photos



Thanks to all members who attended our CPED Day on 26 March. How refreshing to catch up with our colleagues face to face for a wonderful learning opportunity!



# Australia's first Chief Allied Health Officer



Dr Anne-Marie Boxall

COVID-19 forced the Australian Government to recognise a significant gap that existed in the representation and support of allied health practitioners in Australia, resulting in the appointment of our first Chief Allied Health Officer

*This article was kindly shared by fellow allied health body the Australian Society of Medical Imaging and Radiation Therapy, interview conducted by Sally Kincaid, ASMIRT's CEO.*

## Priorities for the Chief Allied Health Officer:

### Short term:

- COVID-19
- Raising the profile of the allied health sector and its important role in health care
- Working with the Taskforce on the Primary Care 10-year plan
- Addressing the interface between health, disability and aged care
- Responding to the disability and aged care royal commissions
- Rural and remote health

### Mid-term:

- Digital health in the allied health space to support better connections with the health, aged care and disability sectors
- Allied health workforce
- Operationalising reforms relevant to allied health in the 10-year plan
- National Health reform – helping to progress reforms outlined in the National Health Reform Agreement

For many years the allied health sector has been calling for the appointment of a Chief Allied Health Officer, to recognise the importance of allied health and in line with the Chief Medical Officer and Chief Nursing and Midwifery Officer. Allied health represents around one third of the health workforce and an appointment of this nature is critical to ensuring allied health is included in decisions regarding the provision of health services across Australia. This position has now been created, and the portfolio includes Allied Health policy, Health and Disability policy, Dental and HealthDirect (the online call service). We spoke with the newly appointed incumbent Anne-Marie Boxall to find out a little more about the woman behind the title.

Appointed to the position of Australia's Chief Allied Health Officer on 1 July 2020, Anne-Marie grew up in Wollongong, NSW. Some of her earliest memories are of the joy of camping. "Every second weekend we would go away with a group of ten or so different families – with a pack of kids – camping in various places on the NSW coast or in the bush. We were able to run wild together – there were always large number of us. It was fantastic". She still delights in camping today "the less civilised the campsite the better – places with no power or running water – all the food in eskies - proper camping".

## Australia's first Chief Allied Health Officer Cont'd

School was Wollongong Public School, followed by Smiths Hill High School. She recalls the amazing cultural diversity – and that being a white Anglo-Saxon child put her very much in a minority. “We had lots of kids who were Vietnamese refugees – but also students from Iceland, Kenya, and all over Europe. The school photo looked like something from the United Nations! We learnt valuable lessons at a very early age about accepting people for who they are”. She was one of the few children eating vegemite sandwiches at lunch time – a delicacy that none of the other children seemed interesting in sharing!

Anne-marie initially trained as a physiotherapist, but unlike many physios she did not come from a particularly sporty background. “I needed to get some work experience in Year 10. Mum was going to the physio at the time and somehow I was offered work experience there”. This morphed into a Saturday job, and she found that she really like the sense of purpose and of helping people that she found there. She was interested in the social sciences, and at one point considered teaching as a career. In the end it was physio that became the career of choice. She focussed on geriatric and community rehab and absolutely loved the sense of being able to help people and make a significant change to their lives.



### Government appoints New Commonwealth Chief Allied Health Officer

A joint media release with the Hon Greg Hunt MP, Minister for Health, about the appointment of Australia's new Chief Allied Health Officer, Dr Anne-Marie Bozell.

47 likes · 0 comments · 4 shares

Date published: 9 July 2020  
Media type: Media release  
Audience: General public  
The appointment of Australia's new Chief Allied Health Officer, Dr Anne-Marie Bozell, will help support the Australian Government's Primary Health Care 10-Year Plan, health workforce reforms and the \$30 billion Stronger Rural Health Strategy.

A theme emerges in our conversation, and that is Anne-marie's strong desire to be of service – to make a difference to the lives and circumstances of her patients. Whilst working one on one with her patients fulfilled this at some level, there came a point where she realised that so much that she wanted to do and that could help improve services, related directly to policy. So she took herself back to university and completed a PhD looking at how Australia got Medicare – and understanding in detail how the health system works.

Armed with her shiny new PhD in Health Policy, she headed for Canberra to put it to good use and found herself working at Parliament House as a researcher, the Commonwealth Treasury, Australian Healthcare and Hospitals Association, and National Rural Health Alliance before joining the Department of Health in 2015.

“I haven't planned out my career a such; rather I have taken the opportunities as they presented themselves. I suppose I could say that I have always left myself open to possibilities” she says, which is how she found herself living in New York City, where, as a recipient of a Harkness Fellowship, she was doing research at Columbia University on Federal and State relations in regard to health reform. “I loved New York – but unfortunately I was there when COVID hit and had to make the hard decision whether or not to come home. A good friend who had lived there for 20 years advised me to return, saying she would certainly return to her native NZ if she could. Sensibly I took the advice, but I am still sad that I was not able to finish my fellowship there”.

And then came the phone call...the position of Chief Allied Health Officer was on offer and Anne-marie says she was “ecstatic”. The position would enable her to make good use of her health background, clinical experience and policy knowledge and made perfect sense to her – though ten years ago she says she “would never have thought it was something I could do”. What a difference a decade makes!

So, 6 months into the job and still with COVID at the top of the agenda, we asked her what she thought would be her biggest challenge. “Making reform happen: I have high expectations, but I know how hard reform is – and how long it takes, so it is a long term commitment”.

## DVA Update

The Department of Veterans' Affairs Provider News has published an article, [‘DVA's treatment cycle arrangements are being evaluated’](#).

The article advises that General Practitioners (GPs) and Allied Health Providers are invited to participate in the evaluation of DVA's treatment cycle arrangements.

# Digital Ear Impression Scanner



## How independent business can improve clinical efficiency and enhance their client experience with the iScan II impression scanner

In today's competitive environment, customers expect good service and value for money. The modern clinician has the challenge of providing high-level personalised service, whilst efficiently managing their business. **This can be a challenging balancing act!**

Imagine if there was equipment that can help independent businesses achieve both endeavours. Introducing **iScan II**, connecting Hearing Care Professionals to a whole new way to work.

**iScan II eliminates the traditional barriers to productivity, improves the customer experience, and positions independent businesses as technology leaders.**

iScan II is a high precision digital ear impression scanner. It lets Hearing Care Professionals scan and view 3D images of impressions for custom hearing aids and earmoulds. It is proven technology utilised by thousands of Hearing Care Professionals worldwide.

### The benefits of iScan II:

#### No Shipping, No paperwork

100% digital environment with 3D digital images stored in Noah  
Open format supported by most manufacturer-based online ordering systems

#### No hassle, No waiting

50% faster than its predecessor with scanning time reduced to ~ 1 minute  
Receive order confirmations right away and enjoy improved turn-around on orders

#### No issues, No worries

Eliminates possible damage to impressions during transit  
Accuracy within 1/50th of a millimetre

#### Three steps: From 3D to dispatch:

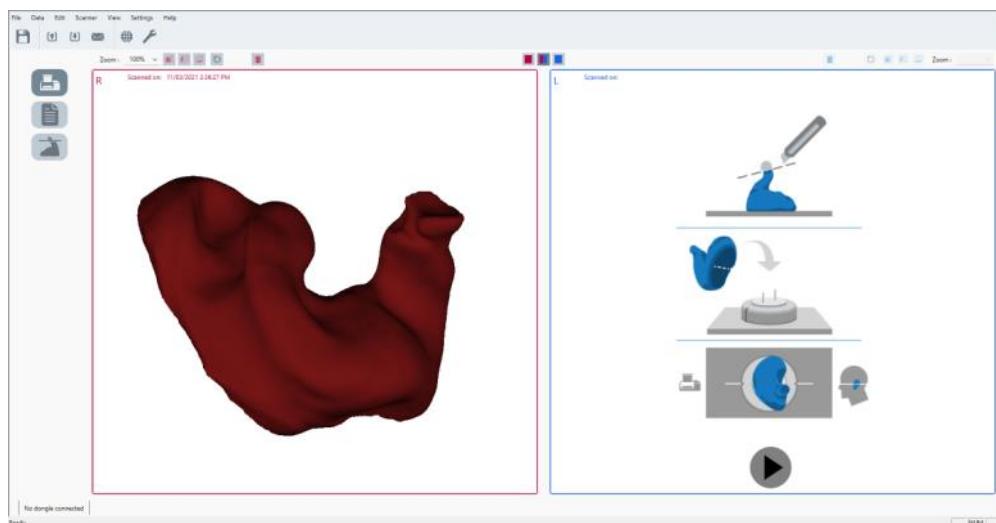
##### 1. Scan

Secure the ear impression to the scanning arm in the iScan II and start the program. Thanks to the high-resolution scanner technology, the scan results are accurate to within 1/50th of a millimetre.

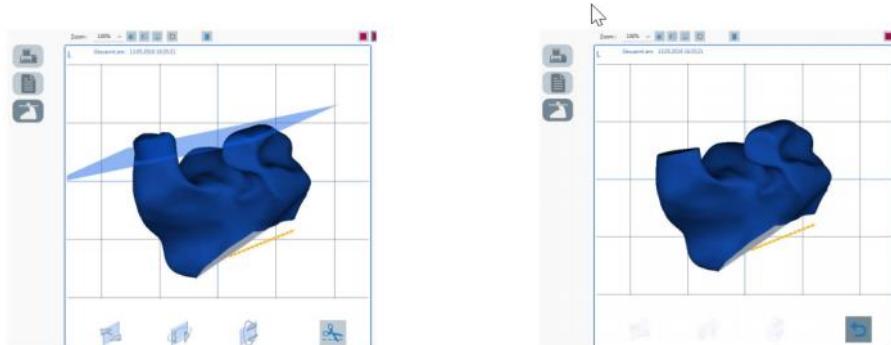
## Digital Ear Impression Scanner Cont'd

### 2. Check

In about 60 to 70 seconds, the precisely reconstructed impression will appear on the screen as a 3D scan.



The impression scan can be viewed from all angles and, if necessary, the software can be used to add comments (and even make edits).



### 3. Order

A few clicks are all it takes, and your order is on its way to the manufacturer by e-mail (or via a manufacturer online order model e.g. Signia eBusiness).

### Special Offer for HAASA Members

Signia is offering iScan II to HAASA member for the special price of \$5,500 (normal list price \$7,000) ex GST until 30 June 2021.

For more information about iScan II please contact your local Signia Business Unit Manager.

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# Otitis Media Guidelines

**Otitis Media (OM) and the release of the 2020 Otitis Media Guidelines for Aboriginal and Torres Strait Islander Children**



Otitis media (OM) refers to all forms of inflammation and infection of the middle ear, sometimes known as “glue ear” or “runny ears”, causing hearing loss and communications problems.

## What causes OM?

Active inflammation or infection is nearly always associated with fluid in the middle ear space (a middle ear effusion). Bacteria that initially colonise the nose and nasopharynx ascend to the middle ear via the Eustachian tube. The host inflammatory response causes fluid to build up in the middle ear space, resulting in bulging of the eardrum which can be extremely painful. The eardrum may even burst. **OM may also be present without noticeable symptoms and can persist for long periods undetected.**

## Why worry about OM?

***One of the most critical consequences of OM is its impact on hearing***

Damage or disorders of the outer or middle parts of the ear affects the way that sound is conducted, through to the inner ear and the rest of the auditory system. Otitis media, which mainly affects children, is the most common cause of conductive hearing loss. Hearing loss associated with persistent middle ear infection during the early years of childhood impacts upon a child’s learning, language development and communication, and psychosocial development. The child may experience speech delay, auditory processing disorder (APD), social isolation, and educational disadvantage. For families, OM may result in distress, time off from work for parents, visits to the doctor or clinic, and ongoing medical costs.

## ***OM in Aboriginal and Torres Strait Islander Children and difficulty in detection***

Across Australia, including in urban areas of capital cities, OM is far more frequent and serious among Indigenous than non-Indigenous children. In fact, Indigenous Australian children have the highest reported rate of OM and burst ear drums in the world. While acute middle ear infections cause ear pain among non-Indigenous children, scientists have struggled to identify why the condition is generally not painful for many Indigenous children. Without the presence of ear pain, parents are unaware of their child’s infection and it progresses undetected, often resulting in perforated ear drums and chronic suppurative otitis media (CSOM), known as runny ears. In the Northern Territory remote communities in 2013, 86% of Indigenous children below 3 years of age had some form of OM, 14% of these had a perforated ear drum. This contrasts with a national prevalence of just 0.1% among non-Indigenous children. 30% of these children had disabling hearing loss.



## **New Otitis Media Guidelines out now!**

[www.otitismediaguidelines.com](http://www.otitismediaguidelines.com)



# Otitis Media Guidelines Cont'd

The World Health Organisation (WHO) considers that a 4% prevalence rate of CSOM constitutes a “public health emergency” requiring immediate attention. The prevalence rate amongst Australia’s Indigenous children therefore is startlingly higher than the WHO’s emergency levels.

For Indigenous children, the severity and duration of hearing loss experienced in early life is having a devastating impact on social development and educational achievement. Several recent studies in the Northern Territory have found that around 90% of Indigenous prison inmates have significant hearing loss. Hearing impairment further affects comprehension of complex interactions with services and authorities, including hospitals, police and the criminal justice system. For many Indigenous people, English is a second language which poses a further challenge to communication with significant hearing loss.

## Prevention, Diagnosis and Management of Otitis Media

### *The 2020 Otitis Media Guidelines for Aboriginal and Torres Strait Islander Children*

The Centre of Research Excellence in Ear and Hearing Health of Aboriginal and Torres Strait Islander Children (CRE-ICHEAR, see [website](#)) convened a group of experts in the field of ear and hearing health to update Department of Health’s previous Guidelines: “*2010 Recommendations for Clinical Care Guidelines on the Management of Otitis Media in Aboriginal and Torres Strait Islander Populations*”. This resulted in the creation of the **2020 Otitis Media Guidelines for Aboriginal and Torres Strait Islander Children**. These Guidelines provide interactive, engaging and culturally appropriate best practice up to date information on the prevention, diagnosis and management of otitis media.

A section of the 2020 OM Guidelines is dedicated to audiological assessment and management (Section C). This includes information and guidance for health staff regarding:

- Preventing hearing loss and its impacts on listening and communication skills
- Identifying hearing loss early
- Referral and specialist input
- Supporting listening and communication skills development in young children
- Strategies for communicating with patients and co-workers with hearing loss

### *The 2020 OM Guidelines multimedia platform*

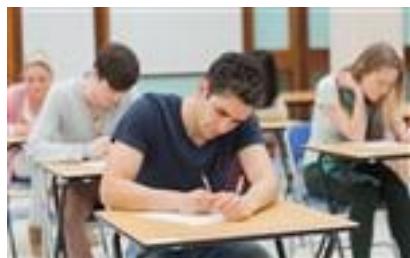
In addition to the in-print version, the **2020 OM Guidelines** are available as a [website](#) and mobile app, which is free to download via the QR code below or via [Apple App Store](#) or [Google Play](#). This multimedia tool provides health care providers with:

- step by step guide to assist with diagnosis
- user-friendly algorithms to assist with clinical decision making based on diagnosis
- audio recordings in Aboriginal languages to assist with communication
- educational videos for health workers, families and children
- otitis media otoscopy image gallery and quiz
- Otitis Media Guidelines with effect-size and links to publications, as produced following the GRADE (Grading of Recommendations, Assessment Development and Evaluation) approach

For more information and to order a hard copy of the **2020 OM Guidelines** see [2020 OM Guidelines | CRE Ear and Hearing Health](#).



## Examination Update



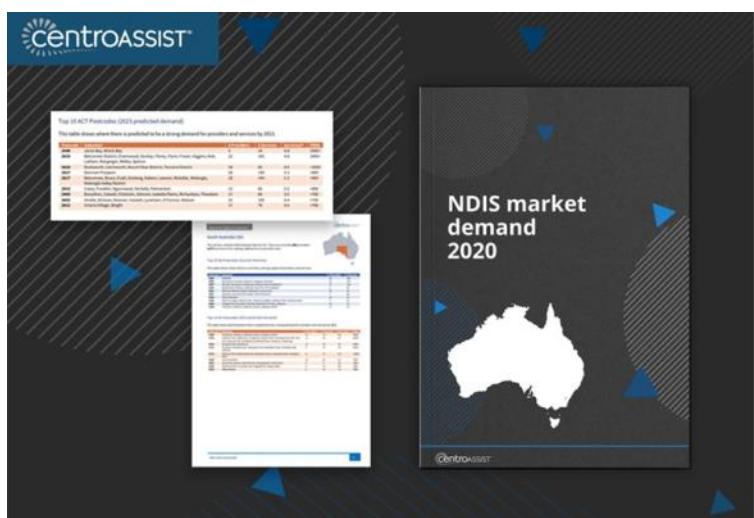
Ready for your exam?

We are pleased to report that custom solutions for candidates have been devised and we've already seen some successful examinees through the process! Congratulations to those members and we wish you the very best in your careers!

If you feel ready for your HAASA exam, talk to us today about examination options available to you.

If you're not sure you are ready, you may wish to take up our pre-exam Case Study opportunity. A recent participant noted "being able to receive feedback on the case studies really helped me understand what is required and what to expect on the day of the actual examination".

Talk to Sheridan on 0401 517 952 to find out your options.



The image shows the cover of the Centro ASSIST eBook titled "NDIS market demand 2020". The cover features a map of Australia and includes several small tables of data. The Centro ASSIST logo is in the top left corner.

**Are you currently delivering hearing services under the NDIS, or are thinking about doing so?**

Centro ASSIST's eBook can help you assess NDIS demand, and evaluate locations that may be ideal to deliver hearing services to.

**Get your free copy today**

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[haasa@haasa.org.au](mailto:haasa@haasa.org.au)**

## Magazine Information

Content articles, stories and written contributions are most welcome to be considered for future publications.

All Advertising correspondence and articles for the Sounding Board should be sent to the Editor via email [haasa@haasa.org.au](mailto:haasa@haasa.org.au).

The opinions expressed in the Sounding Board are not necessarily those of HAASA, the Editor or the Executive/Directors of HAASA .

Prices subject to change without notice.

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Page 2		\$500.00
Full Page	except cover	\$450.00
Half Page	except pg 2 & back cover	\$250.00

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