
Government Notice No. 118 of 2022

THE ALLIED HEALTH PROFESSIONALS COUNCIL ACT
Regulations made by the Minister, after consultation with the
Allied Health Professionals Council, under section 39 of
the Allied Health Professionals Council Act

1. These regulations may be cited as the Allied Health Professionals Council (Audiologist) Regulations 2022.
2. In these regulations –
“Act” means the Allied Health Professionals Council Act.
3. For the purpose of section 5(d) of the Act, the Code of Practice for an audiologist shall be the Code set out in the Schedule.
4. Every audiologist shall comply with the Code of Practice.
5. (1) Where an audiologist fails to comply with the Code of Practice, the Council may, by notice in writing served on him, require him to comply with the Code of Practice.

(2) An audiologist who fails to comply with the Code of Practice may be called by the Council to explain his non-compliance with the Code of Practice.
6. These regulations shall come into operation on 1 June 2022.

Made by the Minister, after consultation with the Allied Health Professionals Council, on 16 May 2022.

SCHEDULE
[Regulation 3]
CODE OF PRACTICE
AUDIOLOGIST
PART I – GLOSSARY

Interpretation

“advertising” means any form of communication with the public about services, therapies, products, or publications;

“audiology” is a branch of science that studies hearing, balance, and related disorders;

“client” means the individual receiving professional services and in specific cases when the individual is not capable, the legal guardian or legal representative must stand as the client. “Client” may also include family members and caregivers with the consent of the represented individual;

“conflict of interest” means an opposition between the private interests and the official or professional responsibilities of a person in a position of trust, power, and/or authority;

“professional competence” means the continuous ability potential to integrate and apply, the knowledge, skills, attitudes and judgments to provide effective and ethical audiology services within a designated field;

“services” means direct, indirect and follow-up activities;

“supportive personnel” means individuals providing services under the direct supervision of an audiologist. This includes teachers, volunteers and family members involved on the client management.

PART II – CODE OF ETHICS**1. Principle 1**

An audiologist must provide professional services and conduct research with honesty and compassion, and must respect the dignity, worth, and rights of those served and –

- (a) must not limit the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for the potential benefit from such services;
- (b) must not provide services except in a professional relationship and must not discriminate in the provision of services to individuals on the basis of sex, race, religion, national origin, sexual orientation, or general health.

2. Principle 2

An audiologist must maintain the highest standards of professional competence in rendering services and –

- (a) must provide only those professional services for which they are qualified by education and experience;
- (b) must use available resources, including referrals to other specialists, and must not give or accept benefits or items of value for receiving or making referrals;
- (c) must exercise all reasonable precautions to avoid injury to persons in the delivery of professional services or execution of research;
- (d) must not delegate any service requiring professional competence to unqualified persons;
- (e) must not knowingly permit personnel under his direct or indirect supervision to engage in any practice that is not in compliance with the Code of Ethics;

- (f) must maintain professional competence, including participation in continuing education.

3. Principle 3

An audiologist must maintain the confidentiality of the information and records of those receiving services or involved in research and must not reveal to unauthorized persons any professional or personal information obtained from the person served professionally, unless required by law.

4. Principle 4

An audiologist must provide only services and products that are in the best interest of those served and must not –

- (a) exploit persons in the delivery of professional services.
- (b) charge for services not rendered.
- (c) participate in activities that constitute a conflict of professional interest.

5. Principle 5

An audiologist must provide accurate information about the nature and management of communicative disorders and about the services and products offered and –

- (a) must provide persons served with the information a reasonable person would want to know about the nature and possible effects of services rendered or products provided or research being conducted;
- (b) may make a statement of prognosis, but must not guarantee results, mislead, or misinform persons served or studied;

- (c) must maintain accurate documentation of services rendered according to accepted medical, legal, and professional standards and requirements.

6. Principle 6

An audiologist must honour his responsibilities to the public and to professional colleagues and –

- (a) must not misrepresent his educational degrees, training, credentials, or competence.
- (b) must ensure that advertising about professional services, products, or research results do not contain representations or claims that are false, misleading or deceptive;
- (c) must not use professional or commercial affiliations in any way that would limit services to or mislead patients or colleagues.

PART III – STANDARDS OF PROFICIENCY

7. (1) An audiologist must provide comprehensive diagnostic and treatment/rehabilitative services for auditory, vestibular, and related impairments.

(2) These services are provided to individuals across the entire age span from birth through adulthood; to individuals from diverse language, ethnic, cultural and socioeconomic backgrounds; and to individuals who have multiple disabilities.

(3) This position statement is not intended to be exhaustive; however, the activities described reflect current practice within the profession.

8. (1) Practice activities related to emerging clinical, technological, and scientific developments are not precluded from consideration as part of the scope of practice of an audiologist.

(2) Such innovations and advances will result in the periodic revision and updating of this document.

(3) It is also recognised that speciality areas identified within the scope of practice will vary among the individual providers.

(4) All audiologists may not practice all the areas mentioned in this document.

(5) (a) It is recognised that an individual may limit or expand his practice depending on his interest, expertise, training, and the circumstances.

(b) It is also possible that some members of the profession may have the expertise to provide services that do not appear in this document.

(c) Audiologists are ethically bound to provide services that are consistent with the scope of their individual training, competence and experience.

(d) Audiologists must continually update and improve their knowledge and skills by attending continuing rehabilitation education programs, conventions, seminars, workshops and other continuous professional development programmes.

9. (1) The Allied Health Professionals Council (AHPC) also recognises that credentialed professionals in related fields may have knowledge, skills, and experience that could be applied to some areas within the scope of audiology practice.

(2) Defining the scope of practice of audiologists is not meant to exclude other appropriately credentialed professionals from rendering services in common practice areas.

10. (1) The practice of audiology includes both the prevention of and assessment of auditory, vestibular, and related impairments as

well as the habilitation/rehabilitation and maintenance of persons with these impairments.

(2) The overall goal of the provision of audiology services should be to optimise and enhance the ability of an individual to hear, as well as to communicate in his/her everyday or natural environment.

(3) In addition, audiologists provide comprehensive services to individuals with normal hearing who interact with persons with a hearing impairment.

(4) The overall goal of audiologic services is to improve the quality of life for all of these individuals.

11. (1) Any professional wishing to practice audiology should not only possess a bachelor's or higher degree in audiology from a program accredited by AHPC, but also be registered with AHPC.

(2) Proof of continued professional development is mandated for the maintenance of his accreditation.

(3) Any professional wishing to practice audiology is recommended to have a professional liability cover.

12. (1) Any professional with a diploma in hearing can dispense services for the needy, he/she must do so under the supervision and be employed by an audiologist professional with at least a graduate degree.

(2) Other professionals who do not possess at least a bachelor's degree in audiology, are not allowed to evaluate, select, fit and dispense hearing assistive technology devices and hearing aids or other hearing implantable devices.

PART IV – PROFESSIONAL ROLES AND ACTIVITIES

An audiologist serves a diverse population and may function in one or more of a variety of activities. The practice of audiology is set out in paragraphs 13 to 19.

13. Prevention

(1) Promotion of 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

(2) Participation in noise measurements of the acoustic environment to improve accessibility and to promote hearing wellness

14. Identification

(1) Activities that identify dysfunction in hearing, balance, and other auditory-related systems

(2) Supervision, implementation, and follow-up of newborn and school hearing screening programs

(3) Screening for speech, orofacial myofunctional disorders, language, cognitive communication disorders, and/or preferred communication modalities that may affect education, health, development or communication and may result in recommendations for rescreening or comprehensive speech-language pathology assessment or in referral for other examinations or services

(4) Identification of populations and individuals with or at risk for hearing loss and other auditory dysfunction, balance impairments, tinnitus, and associated communication impairments as well as of those with normal hearing

(5) In collaboration with speech-language pathologists, identification of populations and individuals at risk for developing speech-language impairments

15. Assessment

(1) The conduct and interpretation of behavioral, electroacoustic, and/or electrophysiologic methods to assess hearing, auditory function, balance, and related systems

(2) Measurement and interpretation of sensory and motor evoked potentials, electromyography, and other electrodiagnostic tests for purposes of neurophysiologic intraoperative monitoring and cranial nerve assessment

(3) Evaluation and management of children and adults with auditory-related processing disorders

(4) Performance of otoscopy for appropriate audiological management or to provide a basis for medical referral

(5) Cerumen management to prevent obstruction of the external ear canal and of amplification devices

(5) Preparation of a report including interpreting data, summarizing findings, generating recommendations and developing an audiologic treatment/ management plan

(6) Referrals to other professions, agencies, and/ or consumer organisations

16. Rehabilitation

(1) As part of the comprehensive audiologic (re)habilitation program, evaluates, selects, fits and dispenses hearing assistive technology devices to include hearing aids

(2) Assessment of candidacy of persons with hearing loss for cochlear implants and provision of fitting, mapping, and audiologic rehabilitation to optimize device use

(3) Development of a culturally appropriate, audiologic rehabilitative management plan including, when appropriate –

- (a) recommendations for fitting and dispensing, and educating the consumer and family/caregivers in the use of and adjustment to sensory aids, hearing assistive devices, alerting systems, and captioning devices;
- (b) availability of counseling relating to psycho social aspects of hearing loss, and other auditory dysfunction, and processes to enhance communication competence;
- (c) skills training and consultation concerning environmental modifications to facilitate development of receptive and expressive communication;
- (d) evaluation and modification of the audiologic management plan

(4) Provision of comprehensive audiologic rehabilitation services, including management procedures for speech and language habilitation and/or rehabilitation for persons with hearing loss or other auditory dysfunction, including but not exclusive to speech reading, auditory training, communication strategies, manual communication and counseling for psychosocial adjustment for persons with hearing loss or other auditory dysfunction and his families/caregivers

(5) Consultation and provision of vestibular and balance rehabilitation therapy to persons with vestibular and balance impairments

(6) Assessment and non-medical management of tinnitus using biofeedback, behavioral management, masking, hearing aids, education, and counseling

(7) Provision of training for professionals of related and/or allied services when needed

(8) Participation in the development of an Individual Education Program (IEP) for school-age children or an Individual Family Service Plan (IFSP) for children from birth to 36 months old

(9) Provision of in-service programs for school personnel, and advising school districts in planning educational programs and accessibility for students with hearing loss and other auditory dysfunction

(10) Measurement of noise levels and provision of recommendations for environmental modifications in order to reduce the noise level; Management of the selection, purchase, installation, and evaluation of large-area amplification systems

17. Advocacy/consultation

(1) Advocacy for communication needs of all individuals that may include advocating for the rights/funding of services for those with hearing loss, auditory, or vestibular disorders

(2) Advocacy for issues (i.e., acoustic accessibility) that affect the rights of individuals with normal hearing

(3) Consultation with professionals of related and/or allied services when needed

(4) Consultation in development of an Individual Education Program (IEP) for school-age children or an Individual Family Service Plan (IFSP) for children from birth to 36 months old

(5) Consultation to educators as members of interdisciplinary teams about communication management, educational implications of hearing loss and other auditory dysfunction, educational programming, classroom acoustics, and large-area amplification systems for children with hearing loss and other auditory dysfunction

(6) Consultation about accessibility for persons with hearing loss and other auditory dysfunction in public and private buildings, programs, and services

(7) Consultation to individuals, public and private agencies, and governmental bodies, or as an expert witness regarding legal interpretations of audiology findings, effects of hearing loss and other auditory dysfunction, balance system impairments, and relevant noise-related considerations

(8) Case management and service as a liaison for the consumer, family, and agencies in order to monitor audiologic status and management and to make recommendations about educational and vocational programming

(9) Consultation to industry on the development of products and instrumentation related to the measurement and management of auditory or balance function

18. Education/research/administration

(1) Education, supervision, and administration for audiology graduate and other professional education programmes

(2) Measurement of functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiologic services

(3) Design and conduct of basic and applied audiologic 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; disseminate research findings to other professionals and to the public

(4) Participation in the development of professional and technical standards

(5) Participation in quality improvement programmes

(6) Program administration and supervision of professionals as well as support personnel

19. Practice settings

(1) Audiologists provide services in private practice; medical settings such as hospitals and physicians' offices; community and university hearing and speech centers; managed care systems; industry; the military; various state agencies; home health, subacute rehabilitation, long-term care, and intermediate-care facilities; and school systems

(2) Audiologists provide academic education to students and practitioners in universities, to medical and surgical students and residents, and to other related professionals

(3) Such education pertains to the identification, functional diagnosis/assessment, and non-medical treatment/management of auditory, vestibular, balance, and related impairments

PART V – CODE OF CONDUCT

20. An audiologist must –

(a) provide hearing services in a safe and ethical manner, ;

(b) hold the client's welfare and needs paramount;

(c) protect client safety;

(d) act with fairness, honesty and integrity;

- (e) obtain the competencies required to deliver the hearing services he offers and maintain these competencies through continuing education and professional development;
- (f) not make claims to cure hearing loss and associated disorders and must only provide hearing services he offers that serve the needs of the client;
- (g) ensure that all equipment used in the provision of hearing services is maintained. The testing, location, equipment and all its calibration facilities must be up to date;
- (h) be aware of, and only engage in, those aspects of his profession that are within his scope of practice;
- (i) recognise the limitations of the hearing services he can provide and refer clients to other competent health service providers where clinically indicated;
- (j) assist a client to find other appropriate health care services, if required and practicable. A particular practitioner may be recommended, but it must be made clear that the client may attend a practitioner of his or her own choice;
- (k) encourage the client to inform his or her treating medical practitioner (if any) of the hearing services being provided;
- (l) encourage the client to discuss the hearing services being provided and any potential interactions with other medications or treatments with his medical and/or health care practitioner(s); and
- (m) provide hearing services in a respectful manner and not discriminate on the basis of age, gender, ethnicity, beliefs, sexual preference, cultural identity, financial circumstances, health status or disability.

21. An audiologist must obtain consent prior to delivering a hearing service and must ensure that consent appropriate to the hearing service has been obtained.

22. An audiologist must promote the client's right to participate in decisions that affect his hearing health and must accept the right of his clients to make informed choices in relation to his hearing health, which involves –

- (a) promoting the client's ability to make informed choices in relation to his hearing health by providing sufficient, accurate and up-to-date information in terms which the client can understand;
- (b) respecting a client's right to refuse a hearing service, seek a second opinion and/or to terminate a hearing service;
- (c) when more than one hearing service may meet the client's needs, providing information to the client which clearly outlines the differences in expected outcomes.

23. (1) An audiologist must not misinform his clients as to his scope of practice, qualifications and competencies and must not engage in any form of misinformation or misrepresentation in relation to –

- (a) the hearing services or devices he provides;
- (b) the qualifications, industry experience, training or professional affiliations he has.

(2) An audiologist must not use his possession of a particular qualification to mislead or deceive clients as to his competence in a field of practice or ability to provide services.

(3) An audiologist must provide truthful information as to his qualifications, industry experience, training and professional affiliations.

(4) An audiologist must not make claims to clients, either directly or indirectly via advertising or promotional materials, about the efficacy of hearing services he provides if those claims cannot be substantiated.

24. (1) An audiologist must not financially exploit his clients and –

(a) must make recommendations to clients based on clinical assessment and the client’s needs, not on the basis of financial gain;

(b) must only provide services appropriate to clients’ hearing needs.

(2) An audiologist must offer his clients information regarding the likely cost of the hearing services before providing these services or entering into any contract.

(3) When more than one hearing service may meet the client’s needs, an audiologist must provide information to the client about the costs of each hearing service option.

25. An audiologist must interact professionally and ethically with the public, other professionals and agencies and –

(a) must communicate and cooperate with members of his own profession, other health service providers, and relevant agencies in order to promote the best interests of his clients;

(b) must not misrepresent his qualifications, industry experience, training and professional affiliations in

his interaction with the public, other professionals and agencies;

- (c) must only using titles that honestly and accurately represent his credentials;
- (d) must promote public understanding of the profession, which includes –
 - (i) proving accurate information regarding the nature and management of hearing impairment; and
 - (ii) not making any false, misleading or deceptive claims in communications with the public.

26. (1) An audiologist must adhere to appropriate documentation standards and must –

- (a) maintain accurate, legible and up-to-date clinical records for each client consultation and ensure that these are held securely and not subject to unauthorised access; and
- (b) retain clinical records for a period of time as determined by relevant legal and legislative requirements.

(2) Reports or documents signed or published by members in his professional capacity must be accurate in all details. Fact and expression must be clearly differentiated.

(3) An audiologist must take necessary steps to facilitate clients' access to information contained in his clinical records if requested.

(4) An audiologist must facilitate the transfer of a client's clinical information in a timely manner when requested to do so by the client or his legal representative.
