

Who's Who in the Zoo.

We profile the influential commercial and professional bodies.

Ethics versus opportunistic hearing screening.

Restore hearing to the most vulnerable.





Professional and Business Interest Groups in the Hearing Health sector.

In this edition of One in Six, we profile – in their own words – the organisations that represent the professional and commercial interests in the business of hearing health in Australia.

The hearing health sector encompasses a spectrum of professionals and businesses, and all are represented by organisations that aim to influence public opinion and government policy and investment to benefit their members.

We hope you find this feature informative.

In a future edition, we will profile the independent consumer (citizen) representative bodies.

We begin with Australian Sign Language Interpreters' Association, an organisation that has been around for a quarter of a century, representing the interests of Australian Sign Language interpreters.

Australian Sign Language Interpreters' Association.

The Australian Sign Language Interpreters' Association (ASLIA) is the national peak organisation representing the interests of Auslan/English Interpreters and Deaf Interpreters in Australia.

ASLIA's voluntary committee works on issues relating to the needs of the industry, ensuring that best practice protocols and working conditions for interpreters are upheld. ASLIA takes a proactive and collaborative approach to resolving issues faced by practitioners and the industry.

These activities take place in collaboration with employers, practitioners and clientele (both deaf and non-deaf) which contributes to the importance of, as much as is possible, a sustainable interpreting industry.

ASLIA is a member the World Association of Sign Language Interpreters and it supports practitioners in developing countries in the Australasian and Oceania region.

First Voice.

First Voice is the regional voice for organisations that provide listening and spoken language early intervention services for children who are deaf or hearing impaired.

The group champions the right of all deaf people to listen and speak.

First Voice advocates for world-class early intervention services that give deaf children the listening and spoken language skills necessary to achieve mainstream education, employment of choice and social integration within the hearing world.

Its members lead the world in listening and spoken language therapies for children who are deaf or hearing impaired and include some of the largest, oldest and most respected centres providing services for childhood hearing loss in Australia, New Zealand and across the globe.

First Voice members are [Hear and Say](#), [Telethon Speech & Hearing](#), [The Shepherd Centre](#), [NextSense](#) (formerly RIDBC/Taralye), [Can:Do 4Kids](#), [Townsend House](#)

It's international affiliates are [The Hearing House](#), New Zealand; [Auditory Verbal UK](#), United Kingdom; and [Carel du Toit Centre](#), South Africa.

Children Need Connected Hearing Services.

First Voice calls on the Australian Government to pilot a national support program for children with hearing loss.

“Recent events regarding the errant programming of cochlear implants for children in different jurisdictions across Australia have highlighted a range of issues. It is easy to think they are isolated incidents or are a result of “some people not doing the right thing”. This view misses the fundamentals of what children with hearing loss and their families need – a connected, accountable and transparent hearing care ecosystem.



“We often say, “*Australia has one of the best hearing health systems in the world for children*”. And we do, for hearing loss identified at birth. But from there however, there is no guarantee that all children will receive the right kinds of support they need. The current system that sends families to different agencies funded by different levels of government is not sufficiently ‘connected up’, nationally consistent, nor accountable. If all children received connected care post-birth through to school, they are likely to get better outcomes.

Here's how the current system works. Newborn hearing screening as the first diagnostic hearing assessment is state-run through hospital systems. From there, children are referred to Hearing Australia, funded by the Australian government, to support children in those very early stages of the hearing care journey. The third step is the referral of a child from Hearing Australia to the National Disability Insurance Agency. Then it is on to a NDIS Early Childhood Intervention Partner to help fast-track a family's access to funding so they can finally and hopefully purchase the right services they may or may not know their child needs.

“But how does a family eventually find an early intervention specialist service that can help deliver the oral and/or signing communication outcomes for their child to start school equivalent to their peers?”

How do families who choose spoken language know their service can and will provide timely and effective feedback to hearing device services about the effectiveness of device settings, including the mapping of an implant? Too often, by chance. Some data suggests that up to 40-50% of children with a hearing loss are lost in navigating this system and do not end with a specialist early intervention service.

The importance of a family getting to a specialist early intervention service as part of an effective ecosystem that supports children with hearing loss was noted in various submissions to the South Australian Government’s recent inquiry into the cochlear implant mapping tragedy.

Recent events, along with a review of the NDIS, provide government with a unique opportunity to bring together key stakeholders in the system (including consumer representatives, government agencies at all levels, and providers) to co-design how the system could better support families. By doing so, we can ensure all parts of the system are connected with



Year 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. *Journal of Early Hearing Detection and Intervention*, 4(2), 1-44.

All this assumes a family, often in shock and bewilderment, is able to be their own best advocate without any experience with hearing loss or the supports available to them. This is a big ask at a time when every day counts. It assumes they have the information, time, means, confidence, and persistence to navigate this system. Families should be entitled to assume there is a ‘line of sight’ and accountability between all the handover steps in the system, and that someone will ensure their child receives expert and appropriate services and care according to their family choices. And so, if something is not right, it gets identified early and addressed quickly.

built-in responsibilities and accountabilities to ensure children and families are supported through the system until they comfortably land with the specialist early intervention service of their choice. Australian children deserve better. Families should expect no less.

Australian governments can decide to facilitate and deliver this when State and Federal Health ministers next meet.

First Voice is ready and willing to support this and work with partners across the sector for all families.”

Hearing Aid Audiology Society of Australia.

The Hearing Aid Audiology Society of Australia (HAASA) is the longest established practitioner professional body in the hearing health industry, representing clinicians since 1961.



Members of HAASA are hearing aid Audiometrists who have met established requirements and standards. HAASA is the only body that solely represents Audiometrists.

The organisation has a rich history of involvement in the support and development of hearing industry related issues.

HAASA's advocacy role focuses on helping keep its members fully up to date on matters that affect them as clinicians but also may have implications for the hearing-impaired clients that HAASA members care for.

HAASA plays a key role in ensuring their Audiometrist members are educated, supported and developed as professionals within the hearing industry. This is facilitated by examinations to ensure competency and by holding continuing education seminars regularly. HAASA hosts a biennial conference.

HAASA members are dedicated to upholding the highest possible standards of practice to ensure quality hearing health care into the future.

HAASA is a member of the Allied Health Professions Association (Associate member), the Hearing Health Sector Alliance and the Ethics Review Committee.

HAASA liaises with Federal Government departments, other professional bodies, education and training organisations, community groups, hearing device manufacturers and suppliers.

Audiometry is a proud profession steeped in history and professionalism and has been for many decades an integral part of the Australian health sector providing hearing care services to the community.

The object of HAASA and its members is to regulate the practice of Audiometry to ensure the uniform delivery of high-quality care throughout Australia to the hearing impaired and in particular to:

- support the professional development of its members so they will continue to deliver quality hearing services.
- maintain, evaluate and improve the clinical competency and ethical standards relevant to the profession of Audiometry.
- ensure qualifications and clinical standards of members meet the requirements of the Society and industry best practice.
- ensure members abide by the effective processes that support the integrity of the Society and that of fellow members.
- promote cooperation with members of the medical and other allied health professions.
- improve the communication ability of the hearing impaired so as to increase their enjoyment of life.
- ensure accurate information about hearing health care is disseminated to the public.
- provide relevant continuing education events and facilities for its members.

Audiometry Nurses Association of Australia.

Audiometry Nurses Association of Australia represents the professional interests of Audiometry Nurses. The association provides a forum for discussion of hearing health issues, provides support & facilitates ongoing professional development.

Audiometry Nurses play a key role in the early identification of hearing problems and referral for appropriate intervention with children and adults. They also provide community education on the signs of hearing loss, its causes and consequences, the need for early identification and intervention, and education on hearing loss prevention strategies. Audiometry Nurses provide a comprehensive, standardised and professional hearing health service to a variety of age groups. This includes health history, otoscopy, tympanometry and pure tone audiometry for children and adults, interpretation of assessment results, and appropriate management and referral.

Audiometry Nurses are employed in a variety of settings including community health centres, medical practices, audiology clinics and occupational screening programs. They represent a cost-effective workforce who are already working as nurses in a multi-disciplinary team. As skilled registered nurses, they provide a holistic approach to patient care working in a primary health care role.

Audiometry Nurses are often the first line of testing in the community as it can be difficult to get an appointment at public or private audiology services due to access restrictions, waiting times, service availability or cost. It can be difficult to get appointments at public hospital audiology departments and they often

apply an access criteria as a way to manage high demand and long waiting times. As the Audiometry Nurses provide a comprehensive hearing assessment and referral pathway it means that the hospital system does not have to provide services to clients that can more easily be managed in the community. This takes pressure off the hospital system and allows the hospital audiologists to focus on more complex cases that may go on to device fitting or surgery.



Audiometry Nurses manage a significant number of children with conductive hearing loss from otitis media which with early intervention can be treated and resolved before it becomes chronic and impacts the child's learning and future life outcomes. If the child is on a long waiting list for an appointment at a hospital audiology clinic or waiting for a visiting service from an audiologist to have their hearing assessed, their middle ear condition may become more resistant to treatment and require more significant intervention such as surgery or hearing aid fitting. The availability of hearing services from Audiometry Nurses can achieve better outcomes for the child and result in savings in health expenditure.

In some rural areas there is no access to an audiologist, so the client has to travel long distances to get a service. Audiometry Nurses often fill the need in these situations.

Audiometry Nurses may also provide hearing health programs at Aboriginal Medical Services in urban, rural and remote areas. Aboriginal and Torres Strait Islander people do not always feel

comfortable in accessing services in a hospital setting. By providing services within the local Aboriginal Medical Service it improves the opportunity for ear disease, which is so prevalent within Aboriginal and Torres Strait Islander communities, to be identified and treated early and therefore improve the likelihood of the treatment being effective.

Audiometry Nurses also play an important role in community hearing health promotion and education ensuring parents and adults understand the signs of hearing loss and the importance of early identification and intervention. They can also assist with the implementation of strategies that can be utilised to prevent hearing loss ranging from the Breathe, Blow, Cough, Wash and Chew Program with Aboriginal and Torres Strait Islander children to information for farmers working with noisy machinery.

Interaction with the Government Hearing Services Program.

While the Community Service Obligations component of the Hearing Services Program allows for children aged from birth to 25 years to have a hearing assessment free of charge, in reality children cannot get an appointment under this Program unless they have already been assessed elsewhere and are known to have a hearing problem. The services provided by Audiometry Nurses ensure that only those children who are known to be a risk of requiring hearing aid fitting are referred to Hearing Australia for assistance. This means that the child's needs are triaged effectively and they are directed to the appropriate service so that Hearing Australia is not using its resources for children with middle ear problems and the Community Service Obligations program funding is directed more appropriately to children with long term hearing needs. This can be particularly beneficial in Aboriginal and Torres Strait Islander communities where there is a high prevalence of ear disease and associated hearing loss.

The Audiometry Nurses are familiar with the eligibility criteria for Hearing Services Program Voucher Program as well as the access criteria for the NDIS and would refer adult clients as appropriate ensuring those who are eligible are directed to government funded hearing support where required.



Workforce Shortages.

In NSW, Audiometry Nurses working in the public sector are employed by NSW Health in the Local Health Districts. The number employed and the implementation of succession planning varies across the Local Health District. The population serviced also varies and there are not always enough Audiometry Nurses employed to meet the demand. Not all Local Health Districts employ Audiometry Nurses.

There are Audiometry Nurses employed in other states and territories, but their numbers vary widely within each.

Building a stronger workforce of Audiometry Nurses across Australia would lead to better hearing health in the local community.

One of the short term actions in the [Roadmap for Hearing Health](#) is to “ensure that there are sufficient other hearing health professionals to meet demand, particularly teachers of the deaf and nurse audiometrists” with the desired outcome being that “the numbers of audiometry nurses and Aboriginal and Torres Strait Islander hearing health workers is significantly increased.” This action needs to be given priority to ensure that there are enough Audiometry Nurses to deliver services in the community.



Why Australia must break the conspiracy of silence and restore hearing to the most vulnerable.

“If I don’t do something about my hearing, I fear I could lose my mind.” While hearing loss is indeed a strongly modifiable risk factor for dementia, it shouldn’t have taken this pronouncement for me to pay attention.

By [Ranjana Srivastava](#)

For some years, my mother has observed that her hearing isn’t as good as it used to be, which describes nearly three-quarters of people like her over age 70. But she seemed to get by in social settings and sometimes at home we just shouted a little louder.

Attracted by an ad for free hearing aids at a mall, she met an obliging man who, after perfunctory testing, declared that she needed hearing aids. She demurred due to the stigma, but the man kept calling and texting every week. Eventually, the combination of “wasting the poor man’s time” and her own concern led her back to the shop where she was fitted with a pair of hearing aids. To her mind, their being “free” reasonably mitigated any downside. “If they work, that’s good; if not, they are free.”

For my part, I was glad that, not being a native English speaker, she had managed to navigate an aspect of her health by herself, something I have long advocated for.

Following a mild bout of Covid, her hearing worsened. Decongestants, medications and doctor visits followed, all in vain.

Amid exuberant conversation, she would ask quizzically: “Did I miss something?” She started keeping quiet, pretending to be happy just being among us. But it was when she stopped answering her doorbell that my alarm bell rang.

I checked if she was wearing her hearing aids – the best devices won’t work from the inside of a drawer. But diligence got her nowhere, so she trekked back to the provider who changed the batteries without explaining if that was the problem. It was not. Disheartened, she went to a second provider who tested her hearing (“for free”) and told her what she already knew – that she had poor hearing.

He lobbed her to the first provider who said that because she had sought a second opinion, she was no longer eligible to receive his services and should come back after five years to receive another “free” product.

Watching this complete disempowerment from the sidelines finally got to me. What kind of

providers were these? And what would five years of hearing impairment do to her quality of life?

My grand ambition that my mother be her own advocate had stalled. It was time for me to step in. But where to begin? I turn to Google and luckily [landed on an independent expert report](#). I read it in one sitting, all 200 pages, my eyes widening at every finding.

The Australian government funds the Hearing Services Program to a tune of more than \$531m but, established in 1997, it still has no statement of purpose or specific objectives.

Various cohorts are eligible for assessment and, if appropriate, partially or fully subsidised hearing devices. In 2019-20, an estimated 4 million people experienced hearing loss, 2 million met the eligibility criteria but only 39% of eligible people participated. The usual demographics missed out – the Indigenous, aged care residents, culturally and linguistically diverse and rural dwellers.

While the program aspires to “consumer sovereignty”, consumers have little idea of the high stakes involved in choosing an initial provider, which affects what services they are offered. Vertical integration is commonplace, where the manufacturer or distributor controls the clinic and fails to disclose sales incentives. Seven out of 10 providers supply over 90% of devices to their clients from only one manufacturer.

Patients can accept a fully subsidised model or use the government subsidy to purchase a partially subsidised model; the out-of-pocket cost ranges between \$150 and \$15,000.

In the worst of both worlds, choice is constrained, and the consumer is unaware.

The expert report seems prescient in identifying every problem my mother encountered.

Knowing what I do now, what would I have done differently? First, I would have paid better attention to my mother’s milder problem because arresting hearing loss at an early stage [affects quality of life, mood and cognition](#).

Had I read the independent expert report freely available on the internet, I would have been a more confident consumer, aware that [the Australian Competition and Consumer Commission had repeatedly cautioned unethical providers](#).

And, much as I hate to admit it, I would have assumed that an elderly woman who is not fluent in English, can’t hear well, is emotionally upset and trusts every provider to do the right thing had an early disadvantage.

After learning the [difference between an audiometrist and a clinical audiologist](#), I switched to the latter. She wasn’t “free” and neither were the hearing aids now that the one-time government subsidy had been squandered on a useless product. But she was a consummate professional who dwelled on every aspect of communication, tested hearing via more than one method, provided comprehensive information, and encouraged my parents to take their time making an expensive purchase. You know exceptional service when you see it.

As a public hospital doctor, I find few things more upsetting than the waste of taxpayer funds, this time by my own family who didn’t know better. But with one in four Australians predicted to experience hearing loss by 2050, we won’t be the last ones in this predicament.

To hear properly is to be connected to the world. It is time the government listened to the experts, reined in misleading providers, and put our money in our ears.



The author of this article, Ranjana Srivastava is an Australian oncologist, award-winning author and Fulbright scholar. Her latest book is called *A Better Death*.

Independent Audiologists Australia.

Independent Audiologists Australia (IAA) is an organisation representing Audiologists in independent practice. As the only professional body in Australia run by Audiologists for Audiologists, IAA performs essential roles in advocacy, education and the ethical delivery of hearing healthcare in Australia.



“Audiologists are experts in the areas of hearing and balance, having completed at least five years of university study covering anatomy, psychoacoustics, child development, ethics, research methodology and more. They work closely with other professionals including ENT specialists, psychologists, teachers, speech pathologists, physiotherapists and occupational therapists in order to provide evidence-based care to their patients.”

All IAA members are Masters-qualified (or equivalent) Audiologists, with scope to provide hearing services at all stages of life. They have high-level ability to apply their skills across a variety of specialties including hearing aid fitting as well as complex services such as cochlear implant programming, tinnitus rehabilitation, vestibular (balance) care, and paediatric case management. Audiologists share

the hearing health space with Audiometrists, who have achieved a vocational qualification and primarily specialise in hearing aid dispensing.

Independent audiology clinics also share the hearing health space with large, multinational retail chains who compete aggressively for your business and rely on hearing aid sales to maximise profit. These chains are frequently owned by a hearing aid manufacturer. Their staff may be incentivised by commissions or KPIs to reach sales quotas, which may compromise their ability to make unbiased recommendations.

Code of Ethics.

IAA members adhere to a strict Code of Ethics and are committed to providing family-centred, evidence-based care.

“Our values are based on quality, integrity and independence. Members do not endorse sales-based commissions or targets within their clinics and do not engage in preferential arrangements with hearing aid manufacturers” (IAA).

This means, when you receive services from an IAA member, you are receiving expert recommendations based on your health needs, rather than sales targets. IAA’s member Audiologists run family businesses that are part of their local communities, so profits go back into their own clinic and flow into their local economy, allowing these same Audiologists to continue servicing the hearing needs and ear health of families in their local area.

Advocacy.

“IAA advocates for protection and elevation of the profession of Audiology, and for the ethical delivery of hearing healthcare in the community” (IAA). This includes advocating for registration of Audiologists to provide better protections to the community and the profession. IAA also advocates for fair conditions for small Audiology businesses, many of which are the only hearing care providers in regional areas. Sustainability of these services not only

benefits local communities, but ensures these crucial services continue to be available.

IAA believes Audiologists have an essential role in providing quality and ethical hearing healthcare.

Education.

IAA provides members and the wider Audiology community with high-quality, relevant educational content, to ensure they maintain and develop their knowledge. As technology changes, and best practices progress, this ensures their patients can receive the most up-to-date and evidence-based hearing solutions and services.

IAA ensures independent Audiology clinics are recognised and supported to provide high quality, ethical hearing care to their communities. When you are looking for a hearing healthcare provider, look for an IAA member clinic in your area so you can be assured of receiving patient-centred, evidence-based care. Good hearing and balance is important, so obtaining expert advice delivered with integrity from an independent Audiologist simply makes sense.

To find an IAA member clinic in your local area, [search here](#) or contact exec@inaud.net.au to be connected to your local independent clinic.



Indigenous Allied Health Australia.

Indigenous Allied Health Australia is a national, member-based Aboriginal and Torres Strait Islander allied health organisation.

IAHA leads sector workforce development and support to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

IAHA supports Aboriginal and Torres Strait Islander allied health students and graduates, value-adding to existing professional development educational and cultural support structures. IAHA also supports the broader allied health workforce to improve the health and wellbeing of Aboriginal and/or Torres Strait Islander peoples.



Our membership is diverse and works across sectors including but not limited to health, mental health, disability, aged care, education, justice, community services, academia and policy.

Within the health context, IAHA asserts that culturally responsive health leadership is essential to eliminate racism, transform the health system and improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples and all Australians.

Aboriginal and Torres Strait Islander health and wellbeing can be transformed through collective action led by Aboriginal and Torres Strait Islander peoples and communities.

Speech Pathology Australia.

Speech Pathology Australia is the national peak body for the profession in Australia.

Speech pathologists are university trained allied health professionals with expertise in the assessment and treatment of communication difficulties. They study, diagnose and treat communication disorders, including difficulties with speaking, listening, understanding language, reading, writing, social skills, stuttering and using voice.

Speech pathologists work with people who have difficulty communicating because of hearing loss, developmental delays, stroke, brain injuries, learning disability, intellectual disability, cerebral palsy, dementia, as well as other problems that can affect speech and language. People who experience difficulties swallowing food and drink safely can also be helped by a speech pathologist.

Speech Pathology Australia's mission is:

- prescribe, guide, and govern the clinical and ethical standards of members in their practice of speech pathology.
- facilitate and promote opportunities for members to pursue knowledge and develop professionally.
- disseminate professional positions to key stakeholder groups including: the government, consumers, referrers and the public.
- advocate for and respond to the needs of clients with communication and swallowing difficulties.
- promote timely access to services.
- represent the interests and views of members of the Association.

Anyone can see a speech pathologist for an assessment. You don't need a referral to see a speech pathologist. However, you might need one to access Medicare funding.

Australian Society of Otolaryngology Head and Neck Surgeons.

ASOHNS is the representative organisation for Ear Nose and Throat Head and Neck Surgeons in Australia.

ASOHNS members are Specialist Surgeons who investigate and treat conditions of the ear, nose, throat, and head and neck, such as:

- hearing difficulties and deafness
- nasal and sinus conditions
- snoring and breathing problems
- tonsillitis
- cancer of the throat, voice problems
- plastic surgery of the nose and face
- tumours of the head, neck and ears



ASOHNS, with the Royal Australasian College of Surgeons, provides a nationwide training program for future Otolaryngology Head and Neck Surgeons.

Continuing Professional Development resources for Members include an Annual Scientific Meeting as well as regular lectures, seminars, and workshops.

The Australian Journal of Otolaryngology is published in collaboration with the AME Group. This is an open access journal and can be viewed at www.theajo.com



Connected Hearing Devices and Audiologists.

Healthcare is harnessing the power of new digital technologies to innovate services. Artificial intelligence, big data analysis, the Internet of Things (IoT), and smart product integration are opening up new avenues for healthcare organisations to provide services.

Digital services, in contrast to traditional ones are highly re-programmable, uniform, and user-centric. Re-programmability allows for adjustments and expansions of existing service solutions. Uniformity enables the storage and transmission of digital data and processes, promoting scalability, broader user reach, and quicker decision-making.

Many modern hearing devices now offer smartphone and app control features. The widespread use of smartphones in daily life significantly influences the acceptance of new hearing device technology.

Digital services pave the way for other digital technologies, lowering barriers to entry for future innovations. In audiology, this sets the stage for service innovations aimed at increasing hearing device usage and enhancing service quality. These innovations can improve the efficiency of fitting hearing devices, extend services beyond physical locations, and align with the growing trends of personalised care and user empowerment.

Yet, implementing service innovations has technological and social challenges. Safeguarding the integrity of sensitive data, including personal information, location data, and audio signals, is a concern. Delivering high-performance services on hearing devices with limited computational resources is a formidable task.

Hearing device manufacturers venturing into the service market through digital offerings can weaken the role of audiologists and change the relationships they have with clients. Such innovations challenge established processes, routines, and competencies, potentially encountering resistance from audiologists and professional bodies that set standards.

Successful implementation of service innovations relies on collaborations among manufacturers, audiologists, and hearing device users. Innovation through co-creation is a vital component of healthcare services. Audiologists, with their deep knowledge of both products and services, can play pivotal roles in developing future innovations. Hearing device users' input is also invaluable, providing insights into the user experience.

Established healthcare organisations rely heavily on their existing user base, creating a challenge in adapting to the evolving landscape of digital services and the needs of emerging target users. These organisations face uncertainty as they balance routine services with innovation. Institutional challenges, such as reimbursement issues, telemedical regulations, and professional standards, can hinder the development of innovative services.

Service innovations driven by digital technologies hold the promise of better solutions, greater accessibility, and improved quality of care. Collaborative efforts among stakeholders will be essential to bring these innovations to fruition and ensure they meet the diverse needs of those with hearing impairments.

From [Frontiers](#).

National Association of Teachers of the Deaf.

The National Association of Australian Teachers of the Deaf (NAATD) is the national peak body for Teachers of the Deaf in Australia. NAATD is the umbrella organisation of the state or territory branches.



The Association comprises representatives appointed by each of the state and territory branches. NAATD considers issues from a national perspective, inclusive of state and territory branches. The Association's constitution uses the term 'deaf' to mean children and young people with all degrees of hearing loss, including those who are culturally Deaf and who use Auslan. This is the term which will be used in this article.

As an association we act as an informed and responsible voice on the education and

wellbeing of deaf children and young people. This is executed by promoting an awareness of the educational needs, wellbeing and issues of concern to deaf children and young people and encouraging policy makers to allocate appropriate resources to their education and wellbeing. Additionally, this is achieved by seeking representation on relevant policy making bodies.

Underpinning the work of NAATD are a number of position statements on a variety of topics including: Teachers of the Deaf, Universal Newborn Hearing Screening, Early Intervention, Classroom Acoustics, Language Development, Auslan as a Language of Instruction, Auslan Interpreters, Deaf Children and Students with Additional Needs, Digital Technologies, Students in Regional and Remote Areas, Respectful Inclusion, The Abilities of Children and Students who are Deaf or Hard of Hearing, Deaf Identity and Family Support.

NAATD endeavors to recognise diversity, promote unity, and understanding between members of the teaching and other professions and decision makers in the community throughout Australia working with deaf children and young people. This is in part achieved by providing members with a national and state or territory opportunities to communicate and share research, educational philosophies and practices relevant to deaf children and young people by organising national conferences, seminars and the publication of materials.

The first NAATD conference was held in 1935 and has run consecutively every two to three years since. A suggestion at the seventh conference held in Melbourne in 1959 led to NAATD joining with New Zealand to hold a combined Australian and New Zealand conference, hence, the establishment of the Australian and New Zealand Conference for Educators of the Deaf (ANZCED).

This rich tradition of sharing professional practice continues in 2024, with NAATD hosting the 30th ANZCED in Sydney 28-29, September.

The theme of the conference – *Refresh, Renew, Reconnect*. This reflects the need to refresh, renew, and reconnect with friends, collaborators and connect with research after the pandemic. We invite anyone interested in the education and wellbeing of deaf children and young people to join us in Sydney in September next year. Further details about the conference can be found at: <https://anzced.naatd.com.au/>



Another aim of the Association is to promote understanding through research. This is achieved through the long association between NAATD and the British Association of Teachers of the Deaf (BATOD) by promoting and publishing research within the field. The journal *Deafness and Education International* (D&EI) currently published by Taylor and Francis is a collaboration between NAATD, BATOD and Taylor and Francis. All those working in the field of deaf education are encouraged to submit their research to D&EI.

A core objective of the Association is the promotion of and determination of minimum standards for the training of persons involved in the provision of education to deaf children and young people. Full NAATD membership is available to teachers who have completed one of the courses recognised by NAATD as providing the core skills necessary to become a Teacher of the Deaf (ToD).

Beyond initial study in the field, ongoing development of skills by ToDs are guided by the *Teacher of the Deaf Elaborations to the Australian Professional Standards for Teachers*. These Elaborations outline the skills and knowledge that NAATD believe are required by teachers who are employed to work as ToDs.

This document is used by ToDs to review their own professional development and plan future professional learning needs. The standards can also be used to guide performance reviews and professional discussions. They act as a guide for universities that offer post-graduate programs focusing on the training of teachers involved in the education of deaf children and young people to develop and evaluate their coursework.

The NAATD is currently working on two exciting projects, an expanded core curriculum and a mentoring program. Representatives from each state organisation are currently working on adapting an existing document, to address the unique learning needs of students who are deaf. The *Australian Expanded Core Curriculum- Deaf* will be a resource that enables teachers to more explicitly target the underlying skills required by students to access the Australian Curriculum. The second project, a mentoring program, aims to enable ToDs in Australia to develop best practice in relation to the education of deaf children and young people. This program will build on the materials and expertise developed by BATOD in their successful mentoring program for UK ToDs.



The dedicated individuals who serve on the NAATD committee work diligently to achieve the objectives of the Association by acting as an informed and responsible voice on the education and wellbeing of deaf children and young people.

Exploring the ethics of hearing screening.



By Sandra South, Ethics Officer for Australia's various bodies representing audiology professionals.

The issue of hearing screening conducted by non-clinical staff in shopping centres and other public settings, has been a common theme in requests for information and complaints.

There appears to be widespread consensus among audiologist and audiometrist members of the professional bodies (Audiology Australia, the Australian College of Audiology and the Hearing Aid Audiology Society) that hearing screening practices, in any setting, are a valuable community awareness activity that encourages people to think about, and respond to, their hearing needs.

However, sometimes the nature of these screening practices poses ethical dilemmas. Members have called the Ethics Officer seeking guidance on their clinical responsibility for front-of-house screening practices. They have raised the issue of not knowing if and how they should act on their concerns about:

- The reliability and/or clinical relevance of results (e.g. due to background noise, tester training, and test equipment settings).
- Who gets targeted for hearing screening (e.g. older people but not younger people who may be at risk of noise-related hearing loss).
- Messaging to older people during these screening practices (e.g. non-clinical staff offering opinions on the degree of hearing loss, the effects of hearing loss, and/or possible treatment options).

Concerns about screening practices by front-of-house staff often pose a difficult professional and ethical question for members.

Item 19.2 of the Code of Conduct for audiologists and audiometrists holds that members responsible for people conducting tests and procedures under their supervision, but in many cases front-of-house staff are not under the direct supervision of a member.

The ethical dilemmas faced by members when considering hearing screening practices were further highlighted during the COVID-19 pandemic. Members called with concerns that opportunistic hearing screening of people who happened to walk past a service was not an essential health service.

The response by the Ethics Review Committee and Ethics Officer during the pandemic was to follow the relevant government guidelines regarding essential health services, and to remind members that hearing services were an important part of primary care.

As always, a good first step for members with concerns about how an employer may be providing hearing services is to discuss these concerns with an employer. Take the time before this discussion with your employer to jot down the key issues/contributing factors relating to your concerns, any evidence or regulations relating to the clinical issues to be discussed, and what you think could be done to address your concerns.

The public's view.

Many complaints and requests for information by clients of hearing services have raised issues relating to hearing screening performed by front-of-house non-clinical staff in shopping centres. However, these practices often fall outside the remit of the Ethics Review Committee due to the fact that the people conducting the screening are not members of the professional bodies or under the direct supervision of a member. The types of concerns raised by clients include:

- Confusion about the qualifications of the person conducting the screening.
- A misunderstanding that the screening is a comprehensive diagnostic assessment.
- Being so overwhelmed after 'failing my hearing test when I had no idea anything was wrong with me' (i.e. 'failing' the screening) that they then 'couldn't take in what the doctor at the back said' (i.e. the audiologist or audiometrist).
- Front-of-house staff commenting on their clinical prognosis based on the screening results.

These client concerns often escalate further if they have then Googled 'hearing screening guidelines' and found that their screening test did not adhere to the detailed testing equipment, testing environment, and tester qualification requirements of, for example, the government-funded hearing screening programmes in Australia and overseas.

Let's continue the discussion.

Perhaps it is time for a further exploration of the professional, clinical and ethical issues relating to hearing screening in different contexts and for different populations/needs groups by the members, together with their professional bodies. Taking the discussion back to first principles of health screening for each population/needs group could help to guide these discussions. The Australian Government's 2018 Department of Health Population Based Screening Framework states:

"As screening has benefits, costs and harms, there is an ethical obligation to maximise benefits and minimise harm. The overall benefits should outweigh any harms that result from screening. [...]"¹

The Australian Framework builds on the World Health Organization principles of screening for disease. It notes that benefits may include improving disease/condition outcomes and that harms include false positives, over-diagnosis and other physical and psychological harms resulting from the screening. Although these principles can be applied to the hearing screening context, it is important to note that the Australian Framework distinguishes between population screening and 'case-finding or opportunistic screening' describing this as "[...] where a test is offered to an individual with or without symptoms of the disease when they present to a health care practitioner for reasons unrelated to that disease (for example, when a GP orders blood tests when a patient presents for a flu shot)."

Considering these first principles may assist the audiology and audiometry professions to define more clearly the various hearing screening activities they or their employer undertake. This would include a consideration of the relative benefits and harms, who is targeted for screening, and how the findings of the screening are communicated to clients.

About the author.

Sandra South is the Ethics Officer for hearing services provided by audiologists and audiometrists. Members of the community can contact Sandra anytime to talk about ethical issues relating to hearing services, and to get information and support to make a complaint. ethics@auderc.org.au

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1. Department of Health, (2018) Population Based Screening Framework. Commonwealth of Australia. P2.
2. Wilson J & Jungner G (1968) Principles and practice of screening for disease. WHO Public Health Paper No 34.

Hearing Care Industry Association.

HCIA is the Hearing Care Industry Association. Its vision is to serve the Australian community by facilitating the delivery of world-class hearing healthcare to all Australians.

HCIA has at the core of its mission its clients and aims to help all Australians who are suffering from hearing loss achieve a better quality of life.

The HCIA was formed with the view to better inform policy development, provide a public voice on hearing related matters, and to raise the profile of hearing issues in Australia.

HCIA aims to better inform policy development; grow awareness of the value of the industry and provide a public voice on hearing related matters. HCIA works closely with government, the public service, the media, other professional bodies, and the public.

There is no doubt that the Commonwealth's Hearing Services Program is an outstanding program that provides a world class service to eligible clients; young people under the age of 26 or adults on an age, disability or veteran's pension. However, this leaves many people who have a hearing impairment and are of working

age, without any funding or access to services and technologies that will enable them to communicate and get into or stay in the workforce.

HCIA members fit around 60% of the hearing devices used in Australia. Between them, HCIA Members care for many hundreds of thousands of Australians at more than 700 locations across the country. They lead teams of clinicians and client service officers to provide their clients with excellence in hearing care. The clinicians are industry trained and Government accredited specialists in hearing care who work with the latest hearing technology. HCIA Members employ more than 800 professional staff between them.

The Members provide services such as diagnostic audiometry, hearing aids, custom ear moulds and earplugs, assistive listening devices, industrial audiology, and educational seminars. Through their focus on training and recruiting, they have built an experienced and dynamic group of professionals consisting of audiologists, audiometrists, and client service teams.

HCIA members.

Audika is part of the Demant Group. Bay Audio. bloom™ hearing specialists. Connect Hearing is part of the Sonova Group. National Hearing Care. Neurosensory.



HCIA

HCIA members employ professionally accredited audiologists and audiometrists.



HEARING HEALTH
A MATTER FOR OUR
HIGHLY QUALIFIED
PROFESSIONALS

Hearing Aid Manufacturers and Distributors Association of Australia.

HAMAADA is the peak body for hearing aid manufacturers and the distributors in Australia. It represents seven of the eight major global hearing aid brands.

The Association operates to influence government, to promote the advancement of research into and development of hearing aid technology and to increase public awareness of hearing aid technology.

Ed: The Association chooses to maintain a low public profile and there is little about it to be found in the public domain. It is thought that it exerts considerable influence.

Hearing Health Sector Alliance.

In June 2018, the *Roadmap for Hearing Health* was developed by the Hearing Health Sector Committee, established by the Hon. Ken Wyatt AM, MP, the then Minister for Senior Australians and Aged Care and Minister for Indigenous Health.

In 2019, the Council of Australian Governments endorsed this 'Roadmap' to improve the lives of Australians living with hearing loss and ear health conditions. The 'Roadmap' contains more than 140 recommendations.

Mindful of the difficulty that addressing so many recommendations posed to Government, in May 2019 representatives of 8 national organisations met in Canberra to discuss the formation of a *Hearing Health Sector Alliance*.

The aim was to drive the *Roadmap for Hearing Health*, to be the unified body that Government could approach and consult. It was agreed that the HHSA would include membership across the four constituencies of Professionals, Research, Industry and Consumers.

Today, the HHSA is comprised of 17 national organisations within the 4 constituencies.

Industry is represented by Hearing Aid Manufacturer and Distributor Association of Australia, Hearing Business Alliance (its CEO is the current chair) and Hearing Care Industry Australia.

The professional bodies are represented by Audiology Australia, Australasian Society of Otolaryngology Head and Neck Surgeons, Australian College of Audiology, Hearing Aid Audiology Society of Australia, Indigenous Allied Health Australia and Speech Pathology Australia.

The Research organisations are Ear Science Institute Australia, Macquarie University, National Acoustic Laboratories (part of Hearing Australia), Universities of Melbourne and QLD.

Speaking on behalf of consumers are the First Voice group (representing organisations providing early intervention services that give deaf children listening and spoken language skills) and Sound fair (which recently won a business award for its audiology clinics in Melbourne).

The HHSA has successfully prioritised certain recommendations of the *Roadmap for Hearing Health*, condensing its 140+ recommendations into a 1-page table that Government can use as a blue-print of priorities and actions.

It is rewarding for the sector to work together collaboratively and effectively to support the one in six Australians living with hearing loss. The HHSA is now busy updating 5 key hearing health priorities.

The HHSA Executive met with the Hon. Mark Butler, Minister for Health and Aged Care to discuss these issues.

My audiologist doesn't understand me.

Increased hearing aid use rates are achieved when people with hearing loss feel that their audiologist has understood their needs but research has shown this is not always the experience that all people report.

Hearing loss is an important and growing public health concern and is the third most common chronic health condition in Australia. Untreated hearing loss leads to listening difficulties, which can adversely affect both the individual through fatigue and social isolation; and their social networks played out as relationship strain.

Hearing aids can improve access to sound and may reduce the negative impacts of listening difficulties but the number of people who own hearing aids, relative to the number of people with hearing loss, is low despite advances in hearing aid technology. For example, a population-based survey of older Australian adults found that only 33% of those with bilateral hearing loss owned hearing aids.

One approach to improving hearing aid uptake is ensuring that hearing care is person- and family-centred care.

Person and family-centred care is increasingly recognised as being key to ensuring good quality services and ensuring that users and families can get the best outcomes from care. Person-centred care is respectful and responsive to individual user preferences, needs and personal values ensuring that their needs and values guide all clinical and support decisions. Person-centred care ensures that people are equal

partners in the management of their hearing and communication needs, including shared decision-making and goal setting. Family-centred care ensures health care is planned around the whole family, and all family members are recognised as care recipients and active members. As WHO concludes in the World Report on Hearing (p244), “adopting a people-centred approach that integrates ear and hearing care into national health systems as part of universal health coverage is the only way to confront this growing challenge of addressing hearing loss”.

Treatment is not only provided based on audiological need, but with the psychological, social and financial needs of people in mind. Increased hearing aid uptake rates are achieved when people feel that their audiologist has understood their needs. However, qualitative interviews with audiology patients show that this is not the experience that all report.

Some people have reported feeling as if their audiologist does not understand their listening difficulties and does not address their psychosocial concerns.

“When I leave (I feel) an element of frustration, that I am not being fully listened to, that I’m listened to up to a point, and then there’s an inconvenience, or a difficulty in really following through what she’s saying and a sense of ‘Oh, she’s being very fussy, pedantic, nit picking’.

“But it’s my hearing and I need to be able to be comfortable that whatever I’ve got, it’s the best that can be done for me at my level of finance, that I’m getting the best outcome that I can get.”

Most suggestions about how to improve clinical communication are in relation to audiologists’ communication style. Further research is needed to explore how patients currently communicate their listening

difficulties, to identify how patients could be better supported to communicate more effectively about their experiences. In current audiological practice, audiologists generally assess persons' experience of listening difficulties using self-report questionnaires or history-taking interviews. These methods of assessment depend on persons' recollection of their experience, which may result in descriptions lacking detail, or omitting some listening difficulties. These methods may not adequately capture the real-world listening difficulties experienced by people.

To address these limitations, ecological momentary assessment (EMA), has been proposed as a feasible method of assessing listening difficulties. EMA involves patients documenting and describing their listening difficulties in the listening environment and offers a personalised approach that has the potential to capture the individual nature of listening experiences. Audiologists could assess listening difficulties using EMA, which could be incorporated as part of a digital tool that people use before their audiology appointments, or as an ongoing way to monitor their own listening difficulties. A tool that supports people to document their listening difficulties may improve their perceptions of their audiologists' understanding of their listening experiences, leading to improvements in the quality of patient-centred care. In order to develop a clinical tool which uses EMA, it is essential to have a better understanding of how patients choose to describe their listening difficulties.

There also appears to be a lack of research exploring how adults choose to communicate about their listening difficulties with their audiologist.

A review, 'A scoping review exploring how adults self-describe and communicate about the listening difficulties they experience', found that when adults describe their listening difficulties, they often describe details about the situation and context, and provide reasoning for

their experienced difficulty. They often communicate about their own behavioural responses to their listening difficulties, and the impacts of their listening difficulties. The review did not uncover any literature exploring what adults are not successfully communicating about their listening difficulties. It also did not uncover any literature regarding what adults would choose to communicate about their listening difficulties in a clinical setting. This is significant – while adults report feeling that their audiologist does not understand their listening difficulties it is unclear what adults would choose to tell their audiologist.

Future research could explore what adults feel they are not successfully communicating to their audiologist, and the development of a clinical tool which allows adults to document their listening difficulties to facilitate individualised communication with their audiologist.

From '[A scoping review exploring how adults self-describe and communicate about the listening difficulties they experience](#)', Zoe McNeice, Dani Tomlin, Barbra Timmer, Camille E Short, Grace Nixon, Karyn Galvin. Published at Taylor & Francis Online.



The Australian Government created [Get Help With Your Hearing](#), a national awareness campaign to encourage people with untreated or developing hearing loss, aged 50–70 years, to proactively manage their hearing health.

Hearing Business Alliance.

In 2016, representatives of 10 hearing businesses met in Sydney because they recognised there was a missing seat at the table during important conversations with Government and other stakeholders in the hearing health sector.

The 'Hearing Business Alliance' name was agreed, as were the terms of membership- that HBA should be a business body. Unlike practitioner bodies, where membership is for individual clinicians, it's the *business* that is the HBA member. The organisation concentrates on business issues, not professional issues.

The Hearing Business Alliance is the only *business body* advocating for small-medium hearing businesses within the hearing health sector. HBA Member businesses are owned by audiologists, audiometrists and others. Today, HBA's membership has grown to more than 140 independent audiology businesses, employing approx. 440 clinicians, 560 administrative staff, and operating at around 635 sites across Australia.

HBA's Mission is to inspire and encourage hearing care businesses to reach their full potential by representing HBA Member businesses to consumers, professional, government and non-government bodies regarding hearing health consultations and developments. HBA advocates for fair and equal opportunities to all service providers, and to a level playing field when it comes to competition. HBA provides a voice for small business to remain financially viable, to continue to service our clients living with hearing challenges and ear health issues in our local communities - to facilitate consumer choice. Continuing professional development topics featured at HBA's annual business seminars centre around viable support for its clients. Often these smaller audiology businesses which provide clinical services not offered by their larger counterparts.

These include important services such as paediatric & neonatal diagnostics, vestibular assessments and rehabilitation, electrophysiological assessments, cochlear implant mapping, tinnitus counselling, wax management, industrial noise measurements and testing, as well as services within local hospitals, local Aboriginal and Torres Strait Islander organisations and local Residential Aged Care Facilities. In regional areas, it is imperative that access to these services is available locally, avoiding the need for people having to travel to metropolitan centres for service provision, which can cause financial and logistical barriers, resulting in people in need of these services going without.

All five of HBA's Board members are involved in running their own audiology businesses. Between the HBA Executive and the Board, we have over 225 years of experience in the audiology profession and the hearing health sector. As fellow business owners, they recognise the challenges involved in running a small business. The experience and insights of HBA members means that collectively we can liaise with government to communicate any crucial impacts of proposed changes to the Hearing Services Program, Medicare, and other services.



Australian College of Audiology.

The Australian College of Audiology (ACAud) is a professional membership body representing qualified and experienced hearing clinicians – both Audiologists and Audiometrists. ACAud was founded in 1996 to bring clinicians working across the hearing healthcare sector together to make a difference. That spirit of inclusivity, collaboration, and practicality continues today and is what sets ACAud apart.



ACAud provides opportunities for clinicians to grow their practice through internships, certification, education, and support. We recognise the clinical skills and experience of Audiologists and Audiometrists and celebrate the broad range of best practice hearing health services our members provide. We work alongside the other professional bodies and within the sector, to advocate at every opportunity for improved access, affordability, equity, and awareness for all people experiencing hearing difficulty right across Australia.

The increasing pace of change globally and within the hearing, health and technology sectors is the focus of the upcoming ACAud Congress *The Heat Is On – Sustaining Audiology in a Changing Climate* in Cairns May 8–10, 2024. Presentations will address the known and unknown challenges ahead and provide clinicians with practical, evidence-based strategies to help them understand and negotiate changing technology and practice. This will equip them to provide services that better meet the needs of people seeking support to live well with their hearing health.

Your hearing experiences and goals are unique. When you put your trust in an ACAud clinician you know that they are appropriately qualified, work within a professional Scope of Practice and a common Code of Conduct and are committed to working with you and for you. Early identification can make a big difference – if you think you are experiencing hearing difficulties contact your nearest hearing healthcare professional.

Audiology Australia.

Taking the Lead: How AudA is Shaping Hearing Health

As chosen accreditor and peak body for over 95% of the Audiologist profession, Audiology Australia (AudA) is ready to take the lead in Australia's hearing health.

With the number of Australians diagnosed with hearing loss set to increase – it is predicted to double by 2066 – the sector leader is already planning how it will make its mark on hearing health over the next five years.

First on its agenda is getting Australians up to speed on exactly what audiology is, how the profession works and why they should value the skill and high-level expertise of its members.

Rewriting the Myths and Misconceptions of Hearing Health

With audiology little understood by the Australian public, AudA is working to increase understanding of the Audiologist profession and the high-level of skill and postgraduate university study needed to practice in a range of settings. Audiologists require at least a master's degree to be eligible for the gold standard of professional recognition – AudA accreditation.

As well as driving research and innovation, AudA Accredited Audiologists deliver education, and provide hearing services in a range of dedicated healthcare and community settings including hospitals, clinics, schools, aged care, and

universities. They work in cities, regional areas, and remote communities, each requiring person-centric care tailored to their clients' needs within the context of complex health systems at every stage of life. Even before hearing problems arise, they offer advice and solutions on hearing protection to reduce the risk of noise-induced hearing loss to individuals and organisations.

The diversity and impact of this expertise has been showcased across Meta and Google in a national digital awareness campaign since mid-2023. Reaching millions, 'Audiologists. We Hear You!' tells the story of AudA's members and their role as Australian health professionals. It's just the start of what AudA hopes will be a bigger much louder conversation that resets understanding of audiology.

Designing Success: Setting Standards and Shaping the Profession

Beyond advocacy, AudA are also the architects of the profession, providing a blueprint that sets the standards, frameworks and scope of practice underpin its nationally recognised accreditation program.

Accreditation is a significant professional attainment, opening doors and adding to their client care toolbox. The process includes the option of a one-year clinical internship that sets members up for the reality of the clinic, building practical workplace skills that bridge theory and client care. If successful it means accredited members are eligible to provide and claim for services under Medicare, DVA and the NDIS, Workcover as well as the Australian Government's Hearing Services Program.

For Australians this means they can be assured that when they are receiving services from an Audiology Australia Accredited Audiologist, they are receiving the highest standards of hearing health care supported by stringent accreditation requirements, including recency of practice, and continuing professional development.

Leading Tomorrow: Future Proofing the Profession

Setting the standards and developing professional frameworks is not just about today, but also what will be needed to support hearing health into the future. Through the National Competency Standards for Audiologists, Professional Practice Guide, the Code of Conduct and the recently launched Advanced Paediatric Certification Framework, AudA is already leading the future for audiologists and their clients and reimagining what Australians should expect from hearing healthcare.

Learn more about Audiology Australia and the latest standards and frameworks at <https://audiology.asn.au>

Why See an Audiologist?

Audiologists can work with your general healthcare team at every stage of life to:

- Support early childhood development and education with early detection of hearing loss and changes to ear health.
- Help manage common hearing-related conditions, including auditory processing disorders, balance problems, and tinnitus.
- Manage and prevent hearing loss with regular hearing checks and advice.
- Fit you with personalised hearing devices and fine-tune technology to meet your needs.

Find an AudA Accredited Audiologist by searching 'Find An Audiologist' at <https://audiology.asn.au/Home>





Careers in audiology are more diverse than they sound.

When she started her [Master of Audiology Studies](#) at the University of Queensland, Anthea Bott had *some* ideas about where it might lead her. Managing a hearing aid R&D team in Denmark wasn't one of them.

But looking back at the twists and turns that led to her current career in Copenhagen, Thea wouldn't have it any other way.

“It has been the best decision I have made to study the Master of Audiology program,” she says.

“It was the steppingstone to where I am today, but I made a lot of ‘outlier’ decisions.”

At the beginning of the program, Thea assumed – as anyone might – that the degree would have her become a clinical audiologist working in a hospital or hearing aid clinic. But by thinking outside the box and pursuing further research, she soon discovered the world of audiology had a lot more variety than she anticipated.

“It was only toward the end of the program that I considered undertaking a PhD,” she says.

“The PhD led me to Copenhagen, Denmark, where more opportunities presented themselves, and now I manage a team of data

scientists and machine learning engineers in an R&D department of a hearing aid manufacturer.”

“It is quite remarkable to think how things have progressed over the past 9 years – I am excited to see what new challenges are around the corner.”

What led Thea to audiology?

After high school, Thea studied a Bachelor of Applied Science (Human Movement Studies), which led to a career in rehabilitation.

“I worked for 7 years as an exercise physiologist/rehabilitation counsellor, helping people with injuries and disabilities return to work,” she says.

While the job was rewarding and Thea enjoyed working in a field where she got to help people, she also wanted to work in a company where she'd find more opportunities for growth.

So, she decided it was time to take the plunge and return to study.

“It was a big risk going back to being a poor uni student again, but as they say – no risk, no reward.”

Audiology wasn't specifically on Thea's radar though, until she spoke with a former colleague who had studied it during their time working at Centrelink together.

“I was looking to change careers and spoke with her about how she found her career change and what it was like working as an audiologist,” says Thea.

“She said how terrific it was, how varied her tasks were and, most importantly, how she was able to help people hear and communicate with their loved ones. To me, this sounded like the perfect fit for what I was looking for with my career change.”

This led Thea to UQ’s Master of Audiology Studies.



It has been the best decision I have made to study the Master of Audiology Studies program. It was the steppingstone to where I am today.

Master of Audiology Studies.

This program offers a deep dive into the field of audiology. Thea’s courses in statistics and her second-year research project stand out as the most impactful in getting where she is now.

What does Thea’s job look like?

Thea manages the R&D team at GN Hearing, a role she loves for its opportunity for growth, both personally and professionally. She enjoys that no day is ever the same as the one before.

“I am constantly challenged and have been fortunate enough to have many new opportunities, which I absolutely love.”

“When I present to our external customers, I am fortunate that I get to travel to different countries around the world,” says Thea.

“This year, I have been to Hanoi in Vietnam, Crete in Greece, and Istanbul in Türkiye.

“Most weeks, I usually find some time to work with the big user data that we have and run different analyses.”

“While this may sound busy, there is always time for a laugh and banter.”

Thea’s favourite part of the role is helping her team members experience the same successes and opportunities for growth that she has enjoyed.

“I love seeing my team develop and take on new and challenging projects within the company,” she says.

At the end of the day, what matters most to Thea is that her work is improving the lives of others. And even if she could never have predicted the role she’s found herself in, she couldn’t be happier with it.

From [The University of Queensland](https://www.theuniversityofqueensland.edu.au).

Know someone who deserves their own copy of **One in Six?**

Let us know via hello@deafnessforum.org.au

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