

## CODE OF ETHICS AND RULES OF PROFESSIONAL CONDUCT

### Introduction

This code promotes the provision of best possible care for clients and the maintenance of trust between Audiologists (Members), their clients and the community at large.

This code is based on three fundamental principles:

Firstly, as experts in their field, Members have a special position of trust in the community and are obliged not to abuse this trust. Members have a primary responsibility to act at all times in such a manner as to safeguard the best interest of their clients.

Secondly, clients have a right to participate in their own hearing health care decisions and to be provided with accurate information with which to make these decisions. Information includes awareness of relevant relationships between Members and other parties.

Thirdly, Members need to employ sound and ethical clinical and business practices which are open to scrutiny by all. Such practices should not bring the profession of audiology into public disrepute.

### Definitions in this "Code":

"IAA" means Independent Audiologists Australia

"*Client*" means a direct recipient of audiological services. The term may include patients, students, research participants, third party funders, facilitators or sponsors.

"*Code*" means this Code of Ethics, Code of Professional Conduct and Mode of Practice and includes this list of definitions.

"*Member*" means any member of IAA.

"*Practice*" means the premises where an Audiologist conducts his or her professional activities.

"*Prescription*" means the complete details required for the fitting of hearing aids, ear moulds, and associated assistive listening devices.

"*Professional Service*" means any activity involving audiological consultation or examination, and/or selection, prescription, evaluation and maintenance of hearing devices for which a fee is due.

"*Publication*" means any form of dissemination of information and includes without limitation all avenues of communication".

### **Code of Ethics: Principles**

It shall be the ideal and responsibility of members of IAA:

1. To keep the hearing welfare of the client uppermost at all times, and to assist all in need to receive appropriate hearing care.
2. To gain and maintain appropriate competencies to provide quality hearing care.
3. To promote clients' participation in decision which affect their hearing welfare by providing information in terms which they, the clients understand.
4. To refer to another practitioner whenever further expertise is necessary for the client's benefit.
5. To maintain their practices in keeping with professional standards and to subject themselves to review by the Committee when necessary.
6. To maintain client privacy.
7. To maintain and promote cordial and mutually useful relationships with members of their own and other professions.
8. To ensure that the clinician-client transaction is transparent, including influences of third parties.
9. To enhance the profession of audiology and not bring it into disrepute.

# Code of Ethics: Guidelines for Practice

## 1. Relations with Clients

### 1.1. Competency

- 1.1.1. Members must possess and maintain appropriate competences to perform the functions for which they claim expertise. They may not misrepresent their competence, qualifications, training or experience.
- 1.1.2. Members must maintain instrumentation at a level that is appropriate to the services offered. The testing location and equipment should conform to relevant international and Australian standards.

### 1.2. Referral to and by Members

- 1.2.1. When dealing with clients referred by another party, Members should exercise independent professional judgement in the best interest of their client.
- 1.2.2. If it becomes evident that a client's needs would be better met by seeking the care of another practitioner, the client should be referred by the Member to an appropriate person. It must be made clear that a client may attend a practitioner of his or her own choice. A letter setting out any relevant information should be provided.
- 1.2.3. Where a client requires referral to another person, both parties must independently charge their appropriate fees for services provided.

### 1.3. Reports

- 1.3.1. Reports must carry the name of the attending practitioner and clinic. Where supervision is required, the name of the supervising Member must be included.
- 1.3.2. Any documents signed by Members in their professional capacity must be strictly accurate in all respects. Statements of fact and expressions of opinion must be clearly differentiated.
- 1.3.3. Clients have the right to be provided with a copy of any relevant report on request.

### 1.4. Fees

- 1.4.1. Individual Members will determine their own fees without interference from other parties. Fees charged should be at all times fair and reasonable and may in general be guided by those recommended by IAA.
- 1.4.2. Clients should be offered information regarding the likely cost of treatment before entering into any contract or undertaking.
- 1.4.3. Where members enter into contracts with third parties to provide services to clients, such financial arrangements must safeguard the best interests of, and be clearly understood by, clients.

### **1.5. Clients' Rights and Responsibilities**

- 1.5.1. Any client must be free to return for further consultation if there is dissatisfaction with any aspect of the service rendered by a Member. In such circumstances a client may expect to be treated with courtesy and understanding. In the event that the problem cannot be resolved, the client should be offered referral for further opinion. Clients should also be informed of their right to complain to relevant authorities, under existing legislation.
- 1.5.2. The client is responsible for seeking information regarding fees and charges including those relating to third party entitlements and charges. The client is responsible for reading literature preferred by, and give due attention to advice given in good faith by a Member.
- 1.5.3. The client is responsible for the outcome of his or her decisions which conflict with advice given by the member.
- 1.5.4. The client has the right to be offered a choice of treatment devices / instruments, with the relative merits / disadvantages / risks / potential outcomes of each alternative discussed.

## **2. Relations with Third Parties**

- 2.1. A Member must not agree to any terms and conditions that may affect the independence of the clinical opinion offered or the hearing welfare of the client.
- 2.2. A member may delegate certain procedures to others provided that such staff members are competent to carry out those duties or are under the immediate and personal supervision of the Member. Under those circumstances the Member must maintain full responsibility for the client's welfare.
- 2.3. If a contract exists between a third party funding agency and the Member, the Member must advise the client of any terms and conditions which may affect the independence of the clinical opinion offered or the hearing welfare of the client.
- 2.4. Endorsement of product using professional reputation is acceptable if the Member assures him/herself that the product meets the stated standards and that any advertising is not misleading.

## **3. Relations with the Public**

- 3.1. *Advertising:* Advertising is permitted provided that it is not misleading and conforms to current legislative requirements of State or Federal bodies.
- 3.2. *Public Forums:* Members have a responsibility to participate in community education on the generalities of hearing and hearing health care. In the event of a public airing of a controversial issue the discussion must be conducted decorously and honestly. There should be clear delineation between statements of fact and opinion.
- 3.3. *Publications:* Publications regarding research findings, services or products must always be factual and not liable to misinterpretations by implication or because of omissions. Where an opinion is stated, this should be clearly indicated. The author of the publication should be clearly identified, together with acknowledgement of any assistance from a third party.

## **4. Conduct of a Practice**

### **4.1. *Physical Premises***

- 4.1.1. Premises should be designed and maintained so as to reflect concern for the hearing health care of the client and the professional role of the Member, including adequate space for a reception area, audiometric testing environment, and consulting room in a location readily accessible to the public.
- 4.1.2. The consulting room and testing room should be constructed in such a manner as to ensure that the proceedings between the Member and client will be confidential.

### **4.2. *Information Available***

- 4.2.1. Identification of Members: The names and qualifications of all hearing care providers regularly attending the practice shall be listed on the premises' exterior, stationary and other signs. At all times the name of the attending Member should be made known to the client.
- 4.2.2. Access: Hours of practice are to be clearly displayed. Where the Member provides a visiting service, clients are to be informed how to gain access to the Member.
- 4.2.3. Billing: Stationary shall identify the practice by business name and practitioners. The invoice should also include the name of the attending practitioner.

### **4.3. *Dispensing***

- 4.3.1. Goods Fit for Purpose: Any therapeutic material supplied by a Member should be of good quality and fit for the purpose. Devices should conform to the appropriate Australian standards or other relevant authority.
- 4.3.2. Continuing Service: Members must provide adequate follow up repairs and service for prescribed devices within their practice.

### **4.4. *Clinical Records***

- 4.4.1. Record Keeping: Comprehensive and accurate records for clients should be stored in a secure location and kept for a minimum of fifteen years from the last professional service.
- 4.4.2. Client Access: Whilst it is understood that Members own all clinical records, clients will be provided with copies of relevant information on request and where such provision does not breach professional confidentiality.

### **4.5. *Professional Indemnity Insurance***

Members have an obligation to carry appropriate indemnity insurance for the protection of clients, staff and self.

### **4.6. *Unsolicited Contact by Audiologists with Clients***

Members are permitted to make unsolicited contact by mail, telephone, print or electronic media with their clients where it can be clearly demonstrated to the IAA Executive that any information contained in the communication is of potential benefit to the client.

## **5. Relations with the Association and its Members**

### *5.1. Relations with Fellow Members*

5.1.1. Members must act with due regard for the needs, special competencies and obligations of their fellow Members.

5.1.2. In circumstances where there is factual knowledge, or reasonable grounds for believing that a section of the Code has been violated, the Member should approach the Member whose conduct is in question in a friendly and helpful way, quoting the section which may have been breached. If the matter does not appear to be amenable to such an approach, the Member should draw the matter to the attention of the Executive. This may be done verbally or in writing. The executive may be contacted at [exec@indepentaudiologists.net.au](mailto:exec@indepentaudiologists.net.au)

### *5.2. The Peer Review Process*

Members must abide by the Code of Ethics as outlined in this document. Where a Member's behaviour is in breach of this Code, such behaviour may be subject to a peer review process as determined by the IAA Executive. The decision as to whether or not to investigate a possible breach of the Code by a Member is at the discretion of the Executive of IAA.