audiology australia

Teleaudiology Guidelines Feedback Form

You may use this form to record and submit your feedback. You are welcome to submit feedback in a letter or submission if you prefer.

Please email your completed form to teleguidelines@audiology.asn.au by **10 September 2021.**

Your details

So we can contact you about your feedback and/or invite you to be involved in further consultation, please provide the following information.

Are you providing this feedback on behalf of an organisation or group? If yes, please identify the organisation or group here: **Services for Australian Rural and Remote Allied Health (SARRAH)**

Your name: **Catherine Maloney**

Which of the following represents your interest in the guidelines?

☐ Hearing health care practitioners (audiologists/audiometrists)

☐ Hearing services providers

☐ Consumers

☒ Other. Please identify **National peak body representing rural and remote allied health professionals**

Please provide your contact details:

Email **catherine@sarrah.org.au**

Phone **1800 338 061**

Your feedback

Overarching comment

Thank you for the opportunity to comment on Audiology Australia's draft teleaudiology guidelines.

The draft guidelines appear to be comprehensive and clearly make the important point that teleaudiology – delivered effectively - offers a potentially effective extension, complementing other forms of service access, most importantly face-to-face consultation.

SARRAHs primary interest is to support the provision of allied health services including audiology and audiometry into rural and remote communities, including and Aboriginal and Torres Strait Islander communities, where access to such services is too often in chronic short supply, contributing to disparate health and wellbeing outcomes. The guidelines promise to support better access to quality hearing services where they are needed.

What have we overlooked, over-emphasised or understated? Please provide specific examples and page references and why it is important to address.

SARRAH strongly supports emphasising the importance of having another health professional or capable assistant with the patient/client during a teleaudiology session. The considerations described in the guidelines support the point well.

We believe it would be beneficial to specifically include Allied Health Assistants (AHAs) among the Facilitator/Assistant workforce referred to in the guidelines. The AHA is a growing workforce, with specific skills and training to work with AHPs, including audiologists and audiometrists. SARRAH is actively involved, with other stakeholders, in advocating for greater recognition of the value of allied health services to community health and well-being, through health, aged, disability and other services and that increasing the reach of AHP services through appropriate workforce development and innovative delivery mechanisms to that end must have policy and program support. Both teleaudiology and development of an AHA workforce supervised by AHPs are examples of developments warranting investment and deserving support.

The broad issue has considerable government attention associated with the National Skills Commissioner's Care Workforce Labour Market Study (due to be delivered to government this month), the release in June of the national NDIS Workforce Plan in June and continued efforts to ensure Government actions in aged care are more proactive in facilitating adequate AHP services.

In addition to general AHP related support training, the Allied Health Assistance Certitifcate IV includes numerous units covering patient-management and coordination, IT/technical and hearing service specific content. AHA VET training qualifications at the Certificate III and Certificate IV level are being updated and in the final stages of Review.

Developing the AHA workforce may also support pathways into audiology/audiometry professional training and practice, which is much needed in rural and remote Australia.

There are models where AHAs work across several AHPs and may offer a specifically skilled and viable option to support teleaudiology, where other locally based facilitators may lack the skills, be difficult to engage or whose involvement represents a prohibitive cost to the service.

Further comments on potential AHA involvement and referencing are provided below.

What are your thoughts about the language and structure of the guidelines? What improvements could we make?

The draft guidelines are clear, logically structured and accessible, with numerous links to relevant supporting resource and reference material. Similarly, the information for public consumption appears to be clear and accessible.

As with all such information, specific communications may need to be developed in language and deliverable through media/form likely to be informed by and most effective in dealing with some priority groups, notably Aboriginal and Torres Strait Islander peoples', especially given the very high prevalence of hearing health issues among that population.

How do you see yourself using each section of the guidelines?

NA.

Section 1 of the draft guidelines identifies the purpose, definition, intended users and target population, expectations of Audiologists and Audiometrists, guiding principles, scope, benefits and risks of teleaudiology. This section also addresses the choice of the term "guidelines", facilitators, resource considerations, stakeholder involvement and funding for the development of these guidelines.

Please provide your feedback here.

Section 6 (page 6) Facilitators and 'significant others'

As noted in the opening comments, SARRAH suggests adding AHAs specifically in the guidelines.

AHAs with specific skills and training to work with audiologists/audiometrists and, ideally, local community and patient knowledge could be an ideal facilitator, supporting the Audiologist or Audiometrist with much of the material identified in Sections 1 and 2 of the guidelines, for example (drawn from the guidelines) :

The primary role of a significant other is to support the client. This may include communication and/or assisting with IT matters.

ensuring the tele-assistant has the necessary training for the tasks

providing information to assist the AHP with clinical decision-making

following up on outcomes of the appointment.

goal setting or communication training.

Working with Others – Professional Standards - Point 2.7 (Page 17).

Aspects *identified under Environment 3.3: Preparing the Client 4.1. Understanding the client experience 6.2. and Under Scope (page 8).*

Similarly, a capable AHA, familiar with the practice, could reduce risks identified (page 9) from the clients' perspective – being

- *care becomes depersonalised, contributing to isolation and loneliness*
- *inequitable access for those who are less tech savvy or less resourceful*
- *challenges of navigating complex information and technical requirements*
- *security of their sensitive data.*

Settings and Cultural understanding

With regard to settings, the value of ensuring cultural safety and responsiveness cannot be overstated. Where this is not adequately considered or applied, there is a high risk that people will not engage with or will avoid services. For Aboriginal and Torres Strait Islander people the risk may be high and the value or including a culturally connected facilitator with the patient immense. Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres strait Islander Health Practitioners often perform such roles in other health and relate settings. Like AHAs, they could be referenced explicitly in the guidelines.

In these circumstances, facilitators can facilitate communication very effectively, interpret behavior (which may be culturally based and difficult for the clinician to understand) and reduce the risk of misdiagnosis and incorrect treatment.

- We note Audiology Australia website has several resources (some available only to members) specifically designed to work effectively with Aboriginal and Torres Strait Islander people. These references could be usefully linked in the Guidelines, as might other resources, such as the Australian Health Practitioner Regulation Agency - Aboriginal and Torres Strait Islander Health Strategy (ahpra.gov.au).

With regard to the recognising (dynamic) developments in the technology associated with providing services to rural and remote areas, we suggest including a reminder that apart from the technology itself, network coverage and capacity although improving remains patchy in many places and this will impact modes of access. (Refer page 12).

Section 2 of the draft guidelines addresses a range of non-clinical considerations for teleaudiology for clinical and non-clinical workforces.

Please provide your feedback here.

NA. Relevant issues are described above.

Section 3 provides clinical guidance for Audiologists and Audiometrists.

Please provide your feedback here.

Nil.

Following consultation on the draft guidelines, Audiology Australia intends to test the guidelines.

Thinking about your own experiences, how might we test the guidelines?

We suggest including a variety of rural and remote environments, including: in remote Aboriginal and Torres Strait Islander community-based settings; aged care facilities (or service settings); early childhood, schools and community-based disability service settings.

*Would you be willing to be involved in Audiology Australia's formal testing process? Yes / **No***

SARRAH does not provide services directly and so is not in a position to contribute directly to the testing process. However, we would be happy to inform our membership and networks as developments occur.

Thank you for providing feedback on the draft Teleaudiology Guidelines. Please visit our website next month for an update on progress and next steps.