



OFFICIAL

MBS Review Advisory  
Committee

**Inclusion of  
audiometrists as  
eligible providers  
for limited  
audiology Medicare  
Benefits Schedule  
items**

***Draft***  
***Report***

April 2026

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## Summary

On 3 May 2024, the Australian College of Audiology (ACAud) submitted a proposal to the then Department of Health and Aged Care seeking a review to allow audiometrists access to select audiology Medicare Benefits Schedule (MBS) items. At its meeting on 4 March 2025, the MBS Review Advisory Committee (MRAC) agreed to commence a whole-of-committee review.

The MBS items requested for review were recognised by ACAud as being able to be performed by audiometrists under the [scope of practice for audiologists and audiometrists](#). The relevant MBS items are:

- diagnostic audiology items currently only accessible by audiologists (MBS items 82306, 82309, 82312, 82315, 82318, 82324)
- chronic condition management items currently only accessible by audiologists (MBS items 10952, 81310).

These items either require a written request from a medical practitioner or must be identified as being necessary by a medical practitioner as part of a health assessment. The proposal was not seeking changes to the requirements of these existing services other than expanding provider eligibility to audiometrists.

ACAud proposed that expanding MBS access to audiometrists for services within their scope of practice would improve access, continuity and equity of hearing care, especially for older people, First Nations people, and people who live in regional, rural or remote areas. ACAud also proposed that expanding access would help address projected workforce shortages and an increased demand for hearing services from an ageing population without the need for new infrastructure. It would also ensure consistency, clarity and fairness across the profession.

The MRAC noted that qualified audiometrists are currently eligible to provide Government-funded audiology services under the Hearing Services Program (HSP). These services focus on hearing rehabilitation and device fitting. Additionally, audiometrists may perform MBS diagnostic otolaryngology services (items 11300 to 11345, excluding item 11304) on behalf of a medical practitioner when certain requirements are met, including that the service is performed in accordance with professional standards (within scope of practice and appropriately supervised). However, audiometrists cannot independently access MBS services in the way that audiologists can.

After considering all relevant information and data, as well as feedback from targeted consultation, the MRAC identified the following main issues with expanding MBS access to audiometrists:

- Because of the differences in training, the types of hearing services provided by audiologists and audiometrists are not equivalent.
- Although data show that audiometrists tend to serve in more regional, rural and remote areas than do audiologists, people in these underserved areas have a need for audiology professionals who can provide a complete service, which audiometrists cannot always do. This means that audiometrists alone cannot address equity of access issues for underserved populations.
- The unmet need requiring audiometrists to access MBS items is unclear. People can already access government-funded audiometry services
  - under the Hearing Services Program, the National Disability Insurance Scheme, the Department of Veterans' Affairs and WorkCover

- through services performed on behalf of medical practitioners.
- The different education and training requirements for audiologists and audiometrists<sup>1</sup> may disincentivise people from undertaking the extra qualifications required to become an audiologist, which could have workforce implications in the long term.

## Draft recommendation

The MRAC does not support the proposal to allow audiometrists to access diagnostic audiology services under the MBS. These services would continue to be limited to audiologists only.

The MRAC acknowledges that audiometrists can continue to support the delivery of MBS services within their scope of practice by acting under the supervision of a medical practitioner delivering diagnostic otolaryngology MBS items (11300–11345, excluding item 11304).

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<sup>1</sup> Qualified audiologists must have a Bachelor degree followed by a Masters-level degree in clinical audiology (2-year full-time Masters program). Some universities require that the Bachelor degree be in a field relevant to audiology. Qualified audiometrists require at least a diploma-level vocational qualification in audiometry (12- or 18-month part-time programs).

## Shortened forms

ACAud	Australian College of Audiology
Ahpra	Australian Health Practitioner Regulation Agency
HSP	Hearing Services Program
MBS	Medicare Benefits Schedule
MRAC	MBS Review Advisory Committee
NDIS	National Disability Insurance Scheme
NRAS	National Registration and Accreditation Scheme

## Background

On 3 May 2024, the Australian College of Audiology (ACAud) – a recognised professional body representing audiologists and audiometrists – submitted a proposal to the then Department of Health and Aged Care seeking a review of select audiology Medicare Benefits Schedule (MBS) items to allow access to audiometrists. At its meeting on 4 March 2025, the MBS Review Advisory Committee (MRAC) agreed to commence a whole-of-committee review.

The MBS items requested for review (Table 1) were recognised by ACAud as being able to be performed by audiometrists under the [scope of practice for audiologists and audiometrists](#).

**Table 1. Audiology MBS items requested for review**

Diagnostic audiology MBS items (Currently only accessible by audiologists)	Chronic condition management MBS items (Currently only accessible by audiologists)
<ul style="list-style-type: none"> <li>• 82306 – non-determinate audiometry</li> <li>• 82309 – air conduction audiogram</li> <li>• 82312 – air and bone conduction audiogram or air conduction and speech discrimination audiogram</li> <li>• 82315 – air and bone conduction and speech discrimination audiogram</li> <li>• 82318 – air and bone conduction and speech discrimination audiogram with other cochlear tests</li> <li>• 82324 – impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex</li> </ul>	<ul style="list-style-type: none"> <li>• 10952 – people with a chronic or terminal medical condition and complex care needs (AUDIOLOGY)</li> <li>• 81310 – Aboriginal or Torres Strait Islander Australians who have had a health assessment (AUDIOLOGY HEALTH SERVICE)</li> </ul>

The proposal was not seeking changes to the requirements of these existing services other than expanding provider eligibility to audiometrists.

The proposal was also not seeking access to all diagnostic audiology items – items for brain stem evoked response audiometry, programming of auditory implants and otoacoustic emission audiometry can be claimed by audiologists but were not included in the proposal.

The proposal did not request access to allied health telehealth items that correspond with the requested face-to-face audiology items.

## Review justification

It is estimated that around 1 in 6 Australians have hearing loss, and this is expected to increase with an ageing population. Early intervention leads to better communication, reduced cognitive decline and better social connection for consumers, and reduces costs associated with untreated hearing loss (estimated to be \$15.9 billion per year in Australia).

In Australia, hearing health care can be accessed in various ways, including through private providers and government programs. Relevant government programs include the MBS, the Hearing Services Program (HSP), the National Disability Insurance Scheme (NDIS) and the Department of Veterans' Affairs (DVA).<sup>2</sup>

ACAud proposed that expanding MBS access to audiometrists to services within their scope of practice would improve access, continuity and equity of hearing care, especially for older people, First Nations people, and people who live in regional, rural or remote areas. Audiometrists work in diverse settings including private and government-contracted sites, aged care, and Aboriginal and Torres Strait Islander services. In the proposal, ACAud report that audiometrists cover more postcodes per clinician on average than audiologists (2.47 postcodes per audiometrist compared with 1.65 postcodes per audiologist) and are more likely to operate in rural and regional areas (Modified Monash classifications 2–6; 68% of audiometrists compared with 42% of audiologists).

ACAud also proposed that expanding access would help address projected workforce shortages and an increased demand from an ageing population without the need for new infrastructure. It would also ensure consistency, clarity and fairness across the audiology and audiometry professions.

## Review scope

This review is considering whether the services described under existing MBS items 82306, 82309, 82312, 82315, 82318, 82324, 10952 and 81310 are within the scope of practice of audiometrists, and if audiometrists should be eligible to provide these services under the MBS. The scope of the review includes:

- whether the proposed services are within the scope of practice for audiometrists
- consideration of the education, training and capability of audiometrists to provide these services compared with audiologists
- consideration of the safety and efficacy of these services if provided by audiometrists
- any risks for a consumer if treated by an audiometrist instead of an audiologist
- benefits of increased provider eligibility under the MBS for consumer access to audiology services, specifically in a rural and remote context
- consideration of professional relationships and patient pathways between audiometrists, audiologists, otolaryngologists and general practitioners (GPs) for patient management
- consideration of any unintended consequences of allowing audiometrists access to the proposed services under the MBS.

To ensure full consideration of this topic, the MRAC sought direct advice from a representative of ACAud, as well as feedback from both targeted and public consultation (see [Consultation and feedback review process](#)).

## MBS Review Advisory Committee

The MRAC considered this review on 3 occasions: 19 August 2025, 8 December 2025 and 3 March 2026.

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<sup>2</sup> Australian Government Department of Health, Disability and Ageing 2021: [Report of the Independent Review of the Hearing Services Program](#).

## Committee findings

### Qualifications and accreditation

Table 2 compares the qualifications and professional memberships audiologists and audiometrists must have to be qualified.

**Table 2. Requirements for qualified audiologists versus audiometrists**

Requirements	Audiologists	Audiometrists
<b>Tertiary qualifications</b>	<b>Both:</b> <ul style="list-style-type: none"> <li>a Bachelor degree (generally in any subject, although some universities require that the degree be in a directly related discipline)</li> <li>the equivalent of an Australian university Masters-level degree in clinical audiology (2-year full-time program)</li> </ul>	<b>Either:</b> <ul style="list-style-type: none"> <li>the equivalent of an Australian diploma-level Technical and Further Education (TAFE) vocational qualification in audiometry (12- or 18-month part-time programs)</li> <li>a Bachelor of Audiometry degree from an Australian university (to be eligible, candidates must have completed their Diploma in Audiometry)<sup>a</sup></li> </ul>
<b>Australian Qualifications Framework (AQF)</b>	Level 9	<b>Either:</b> <ul style="list-style-type: none"> <li>Levels 4–5 (Diploma)</li> <li>Level 7 (Bachelor degree)</li> </ul>
<b>Professional memberships</b>	<b>Either (or both):</b> <ul style="list-style-type: none"> <li>full members of Audiology Australia with a Certificate of Clinical Practice</li> <li>full/ordinary members of ACAud inc. HAASA with Hearing Rehabilitation Specialist and Diagnostic Rehabilitation Specialist competencies</li> </ul>	Full/ordinary members of the ACAud inc. HAASA with a Hearing Rehabilitation Specialist competency

ACAud inc. HAASA = Australian College of Audiology incorporating the Hearing Aid Audiology Society of Australia

<sup>a</sup> A Bachelor of Audiometry degree was offered by the University of New England until 2021. A new Bachelor of Audiometry degree by Charles Darwin University has been open for intake since early 2026.

### Professional regulations

The MRAC noted that, currently, neither audiology nor audiometry are registered professions under the Australian Health Practitioner Regulation Agency (Ahpra). It is

therefore the responsibility of their professional bodies to address issues with providers performing services outside of their scope of practice.

Audiologists and audiometrists must demonstrate clinical currency via a Continuing Professional Development program. Failure to meet the program's requirements results in no clinical currency certification.

At the 13 December 2023 Health Ministers' Meeting, state and territory health ministers commissioned a Decision Regulatory Impact Statement to assess the viability of regulating the audiology profession under the National Registration and Accreditation Scheme (NRAS). The impact statement did not consider the audiometry profession. At the 12 September 2025 Health Ministers' Meeting, health ministers considered the impact statement, which affirmed the regulation of the audiology profession under the NRAS. Health ministers agreed to amend the Health Practitioner Regulation National Law, following further policy work, to regulate the audiology profession under the NRAS structure. This will likely take at least 2 years to implement.

## Scope of practice

The [Scope of practice for audiologists and audiometrists](#) provides an overview of the services that may be offered by appropriately qualified and experienced audiologists and audiometrists in Australia. A summary is in Table 3.

**Table 3. Scope of practice for audiologists and audiometrists in Australia**

Category	Audiologists	Audiometrists
<b>Type of clients</b>	Clients of all ages and with complex needs	<ul style="list-style-type: none"> <li>Primarily adults (including older adults)</li> <li>Provide a range of services to school-aged children</li> </ul>
<b>What they can assess</b>	<ul style="list-style-type: none"> <li>Hearing and auditory function</li> <li>Vestibular (balance) function</li> <li>Tinnitus</li> <li>Auditory processing function</li> <li>Neural function</li> </ul>	Hearing and auditory function
<b>How they assess</b>	Diagnostic tests, including advanced tests using electrophysiological methods	Diagnostic tests

Category	Audiologists	Audiometrists
Services provided	<ul style="list-style-type: none"> <li>• Aural, vestibular and tinnitus (re)habilitation and communication training</li> <li>• (Re)habilitation services include <ul style="list-style-type: none"> <li>– Counselling</li> <li>– Prescription and fitting of non-implantable devices/aids (e.g. bone conduction aids, custom earplugs, frequency modulation and other remote sensing systems, hearing aids and hearing assistive technology)</li> </ul> </li> <li>• Knowledge of implantable devices (e.g. cochlear implants, middle ear implantable hearing aids, fully implantable hearing aids, bone anchored hearing aids) and collaborate with other professionals in their applications in (re)habilitation</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing and auditory rehabilitation, including <ul style="list-style-type: none"> <li>– Counselling</li> <li>– Prescription and fitting of non-implantable devices/aids (e.g. bone conduction aids, custom earplugs, frequency modulation and other remote sensing systems, hearing aids and hearing assistive technology)</li> </ul> </li> <li>• May provide rehabilitation for tinnitus using education and hearing aids</li> </ul>

The proposal notes that audiometrists are not recognised to perform the tests in scope for the review for some infants and clients who have either audiological or non-audiological comorbidities that prevent the use of standard age-appropriate procedures. However, some audiometrists have further training and experience that allows them to service these clients in line with the [Code of Conduct for audiologists and audiometrists by-law](#).

## Audiology services provided on behalf of a medical practitioner

Under the Health Insurance (Section 3C General Medical Services – Allied Health and other Primary Health Care Services) Determination 2024, audiometrists are not considered allied health professionals. This means they cannot independently access MBS services in the way that audiologists can.

The MBS diagnostic otolaryngology MBS items 11300 to 11345 largely mirror the services listed under the diagnostic audiology items and may be performed by or on behalf of a medical practitioner (excluding item 11304, which must be provided by a medical practitioner). Some of these items may be available for audiometrists to provide on behalf of a medical practitioner if the requirements under paragraph 1.2.11(2)(b) of the *Health Insurance (General Medical Services Table) Regulations 2021* are met along with the full requirements of the MBS service, including that the service is performed in accordance with professional standards (within scope of practice and appropriately supervised).

The MRAC noted that nurse practitioners often conduct hearing tests in GP clinics, or the tests are performed using automated computer programs. The tests performed by these programs are similar to those done by audiometrists, although human intervention is recommended to determine the accuracy of the results.

## Funding streams

Qualified audiometrists are currently eligible to provide Government-funded audiology services under the HSP. The HSP and MBS are separate Government funding streams: the HSP provides hearing services for consumers who meet specific criteria with a focus on hearing rehabilitation and device fitting, whereas the MBS provides rebates to consumers for privately funded services when clinically appropriate and referred by a medical practitioner primarily for supporting diagnosis and treatment.

In the proposal, ACAud mapped the HSP services that can be provided by audiometrists against the MBS items in scope for the review (Table 4).

**Table 4. MBS and associated HSP items provided by audiometrists (as identified by ACAud)**

MBS items	HSP items
82306: Non-determinate audiometry	600: First assessment 800: Reassessment
82309: Air conduction audiogram	600: First assessment 800: Reassessment
82312: Air and bone conduction audiogram or air conduction and speech discrimination audiogram	600: First assessment 800: Reassessment
82315: Air and bone conduction and speech discrimination audiogram	600: First assessment 800: Reassessment
82318: Air and bone conduction and speech discrimination audiogram with other cochlear tests	600: First assessment 800: Reassessment
82324: Impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex	600: First assessment 800: Reassessment
10952: Audiology health service – patients with chronic condition or complex care needs	920: Client review – unaided 930: Client review – aided monaural 940: Client review – aided binaural
81310: Audiology health service – patients of Aboriginal or Torres Strait Islander descent who have had a health assessment, or with a chronic condition or complex care needs	920: Client review – unaided 930: Client review – aided monaural 940: Client review – aided binaural

Audiometrist services are also covered under the National Disability Insurance Scheme (NDIS) and by WorkCover insurance in all states and territories except Western Australia.

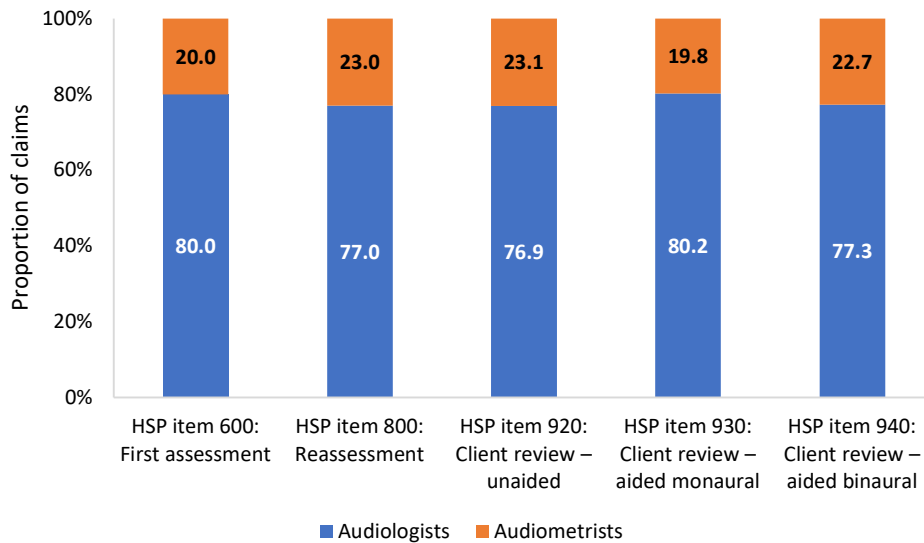
## Use of audiology and audiometry services

Use of the audiology MBS items increased significantly between 2019–20 and 2023–24. The ACAud representative considered this to be genuine growth, attributed in part to the reduced stigma of hearing loss and more people becoming proactive about their hearing health.

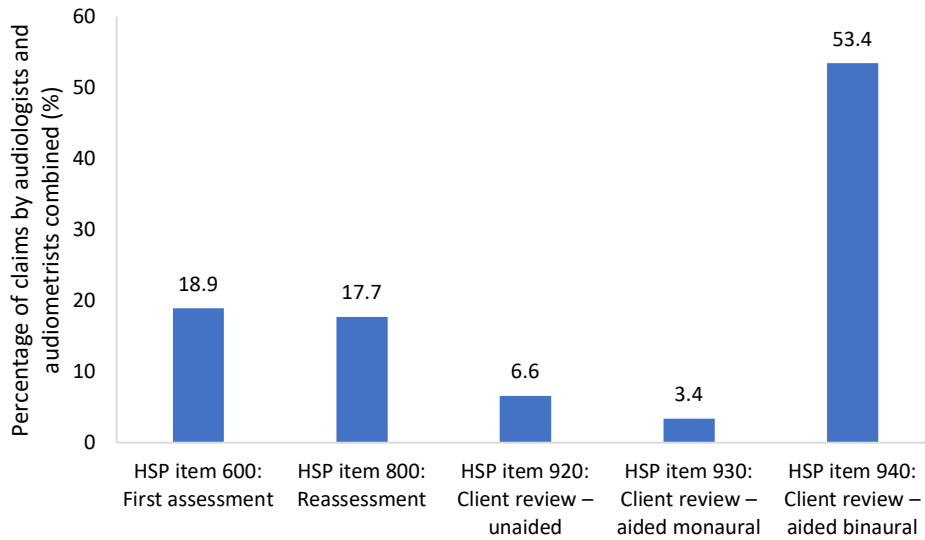
### HSP claims by audiologists and audiometrists

The proposal states that the services described in the MBS items in scope for the review are routinely performed and claimed by qualified audiometrists (and audiologists) as HSP-contracted service providers. This is shown in HSP data for 2023–24, in which around one-fifth of the total claims for each HSP item were by audiometrists (Figure 1). The most claimed HSP item by both audiologists and audiometrists (by a large margin) is item 940: Client review – aided binaural (Figure 2).

**Figure 1. Proportion of claims by audiologists and audiometrists for HSP items, 2023–24**



**Figure 2. Percentage of claims by audiologists and audiometrists (combined) for HSP items, 2023–24**

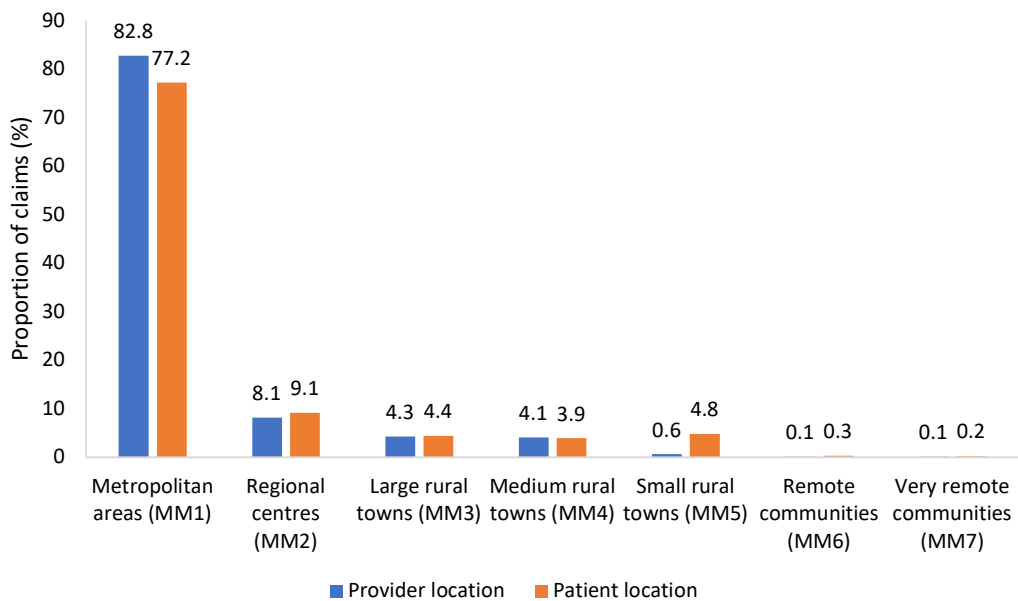


**MBS and HSP claims by location**

The MBS data from 2023–24 (Figure 3) suggest that consumers travel to metropolitan areas from other locations to receive audiology services:

- 83% of all claims were from providers located in metropolitan areas, but only 77% of all claims were for people living in those areas
- The proportion of claims from providers in regional, rural or remote areas was generally less than the proportion of claims for people living in those areas.

**Figure 3. Proportion of claims for services relevant for audiology MBS items by provider and patient location (Modified Monash [MM] locality), 2023–24**

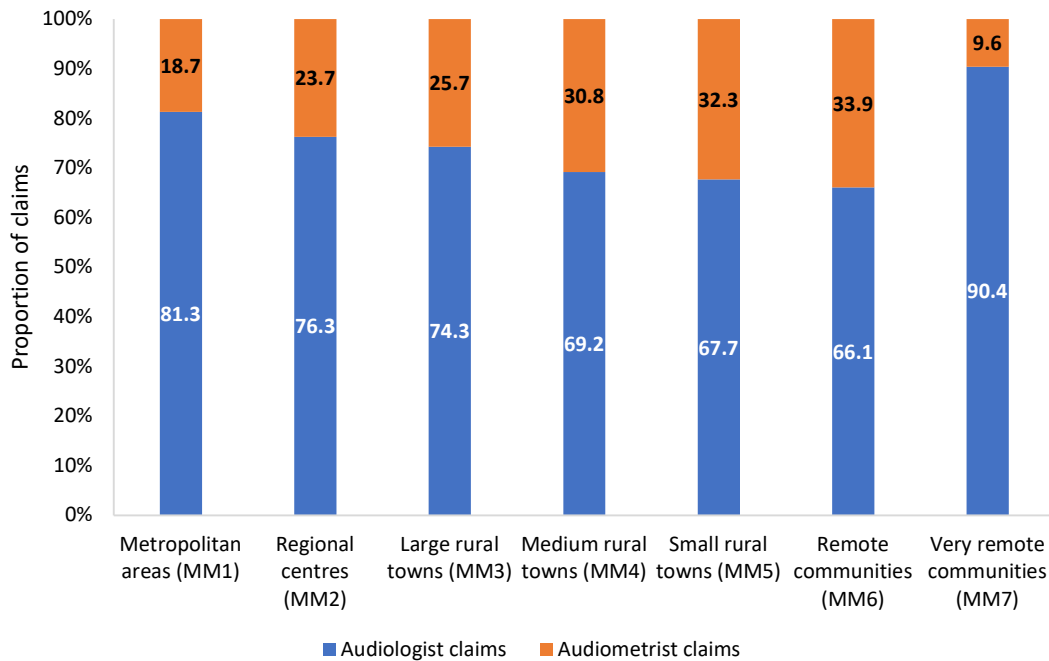


Notes:

1. Data only include MBS items in scope for the review (82306, 82309, 82312, 82315, 82318, 82324, 10952 and 81310).
2. Data on provider's location are based on geo-coded provider's practice location, using the MM Model defined by the Australian Bureau of Statistics, 2016.
3. Data on patient's location are based on geo-coded patient's address at the time of their Medicare enrolment, using the MM Model defined by Australian Bureau of Statistics, 2016.
4. Reference period based on date of service using data processed to 31 December 2024.

The HSP data from 2023–24 show that audiometrists tend to serve in more regional, rural and remote areas than in metropolitan areas, while audiologists are the opposite. However, there are more claims from audiologists than audiometrists in very remote locations (Figure 4). Of all the claims for HSP items, almost two-thirds (61.7%) were from audiologists and audiometrists in metropolitan locations.

**Figure 4. Proportion of audiologist and audiometrist claims for HSP items by MM location, 2023–24**



Notes:

1. Data only include the HSP items that were identified in ACAud's review proposal as within scope of audiometrists and related to the requested MBS items (600, 800, 920, 930 and 940).
2. The date range for the service reflects the date of service.
3. Only approved claims for services are included.
4. Location data are based on where the service was delivered.
5. MM data are not included in the HSP collection by default. MM status was derived by mapping state and postcode data to determine the MM classification. Any blank MM data have not been included.

## Referral requirements

The MBS items for diagnostic audiology services (82300 to 82332) require a written request for the service from a medical practitioner,<sup>3</sup> and for a copy of the results and relevant comments to be sent back to the referring medical practitioner, to be eligible for MBS rebate. The chronic condition management MBS items (10952 and 81310) require that the person has a chronic condition and complex care needs being managed by a medical practitioner, and that the service is recommended in the patient's GP chronic condition management plan or multidisciplinary care plan.

Because of these referral requirements, MBS-rebatable services would continue to only be claimed when clinically necessary and relevant.

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<sup>3</sup> The exception is MBS items for programming of auditory implants, but the proposal is not seeking access to these items for audiometrists.

## Assessment of main issues

After reviewing targeted consultation feedback (see [Targeted consultation](#)), the MRAC identified several key issues regarding the expansion of MBS audiology items to audiometrists.

### Education and competency

MRAC considered that the differences in education and training requirements means that the hearing services provided by audiologists and audiometrists are not equivalent in all respects. The MRAC noted from targeted consultation feedback that, although the requested MBS item numbers include basic hearing testing at face value, the way the tests are used and interpreted differs significantly between audiometrists, audiologists and medical practitioners (such as otolaryngologists):

- Audiometrists primarily conduct hearing tests to determine what hearing aid model might be fitted. If results are unclear, audiometrists are expected to refer to an audiologist or medical practitioner.
- Audiologists use those same tests to formulate an audiological diagnosis, which describes the type of hearing loss, but not the cause.
- Medical practitioners use those same tests to help determine the cause of hearing loss.

Noting the different education and training requirements between audiologists and audiometrists, the MRAC also considered that allowing audiometrists access to similar MBS items to audiologists could disincentivise people from undertaking the extra qualifications required to become an audiologist. The MRAC was concerned that this may have workforce implications in the long term.

### Equity versus quality and completeness of a service

The MRAC acknowledged that equity of access to hearing services in regional, rural and remote areas was a significant concern. However, the MRAC considered that, although audiometrists may expand the number of available services in underserved areas, people living in those locations have a need for audiology professionals who can provide a complete service, which audiometrists cannot always do. For example, the MRAC considered that a person suspected of having hearing loss by an audiometrist would need to be referred to an audiologist to confirm the diagnosis. Additionally, audiometrists are unable to assess more complex cases or provide services for very young children.

The MRAC considered whether there was value in exploring alternative funding models to recognise audiometrists working within their scope of practice. For example, targeted consultation feedback suggested expanding the eligible 'on behalf of' services to include those performed for audiologists. However, the MRAC agreed that this would not address issues around equity of access for underserved populations. Members therefore did not recommend that this be pursued as part of this review.

### Unmet need

The MRAC considered the unmet need requiring audiometrists to access MBS items to be unclear. People can already access audiometry services through the HSP, NDIS, DVA and WorkCover, as well as through services performed on behalf of specialists. Additionally, people can access audiology services provided by audiologists through

many of these same channels, as well as through designated items for audiometrists on the MBS.

The MRAC acknowledged that people in regional, rural and remote areas had the largest unmet need regarding access to hearing services, but noted that MBS items cannot be restricted to certain populations (due to changing needs) and should apply to the whole population.

### **Commercial influence on health care, overdiagnosis and out-of-pocket costs**

The MRAC considered that expanding MBS access to audiometrists could have a commercial influence on health care and lead to the overdiagnosis of hearing aids. Additionally, people who are ineligible for a pension or other funding must pay for the hearing aids themselves, and because there are no set prices for devices, out-of-pocket costs could be thousands of dollars.

However, the MRAC acknowledged that commercial influence is an issue for both audiometrists and audiologists (who already have access to MBS items), and the requirement for a referral from a medical practitioner safeguards this risk.

## Draft recommendation

Based on the MRAC's assessment of the main issues (outlined in the [previous section](#)), the MRAC does not support the proposal to allow audiometrists to access diagnostic audiology services under the MBS. These services would continue to be limited to audiologists only.

The MRAC acknowledges that audiometrists can continue to support the delivery of MBS services within their scope of practice by acting under the supervision of a medical practitioner delivering diagnostic otolaryngology MBS items (11300–11345, excluding item 11304).

## Consultation and feedback review process

Consultation with relevant and interested organisations, peak bodies and consumers is considered essential in the formulation of advice to government on recommended changes to MBS items. The MRAC seeks feedback on its understanding of the existing model of care and issues of consideration, with particular emphasis on any (yet) unidentified consequences that may result from proposed changes.

All feedback provided through consultation processes is considered.

### Targeted consultation

Targeted consultation occurred from 13 November to 11 December 2025. This consultation invited input from 13 stakeholder groups, with 8 organisations submitting feedback. Only one organisation (excluding the submitting organisation) was fully supportive of the proposal (Table 5).

**Table 5. Key stakeholders who provided feedback for targeted consultation**

Stakeholder organisation	Feedback on the proposal
ACAud	Supportive (submitting organisation)
Australian College of Rural and Remote Medicine (ACRRM)	Supportive
Australian Medical Association (AMA)	Conditionally supportive under strict clinical governance
Royal Australian College of General Practitioners (RACGP)	Conditionally supportive for limited access in a technical role supporting multidisciplinary team care
Audiology Australia	Not supportive
Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS)	Not supportive
Deafness Forum of Australia (DFA)	Not supportive
Independent Audiologists Australia (IAA)	Not supportive

Feedback was invited but not received from Better Hearing Australia, Council on the Ageing Australia, Hearing Matters Australia, the National Aboriginal Community Controlled Health Organisation and the Rural Doctors Association of Australia.

The key themes and concerns emerging from targeted consultation were:

- the inequivalent education and training required for audiometrists compared with audiologists
- the scope of practice and competency of audiometrists in providing the MBS services (although, some stakeholders recognised the competency of audiometrists in

performing routine diagnostic tests in a technical or non-clinical manner, and that qualified audiometrists have the competency to perform selected audiology services under the HSP)

- equity versus quality – although there are service gaps in hearing health for people in rural and remote areas, stakeholders considered that expanding MBS access to audiometrists would not address the issue, as access to testing alone would not fill service gaps. Some stakeholders noted that expanding MBS access would introduce variation in diagnostic quality, which would disproportionately impact an already disadvantaged population
- the lack of external regulation for audiometrists (although regulation does not affect access to MBS items, as this remains a Government determination)
- consumer protection, considering there is already confusion around the role of audiometrists versus audiologists and consumers may assume that all 'hearing professionals' have equivalent qualifications
- commercial incentives when working within vertically integrated business models that sell specific hearing aids or related products – however, this is an issue for both audiometrists and audiologists (who already have access to MBS items), and the requirement for a referral from a medical practitioner safeguards this risk.

Some stakeholders proposed alternative solutions to minimise service gaps, although most of these are outside of the scope of the MBS:

- expanding telehealth services for audiologists
- implementing extended-scope audiologist-led models
- strengthening existing audiologist-led outreach
- incentivising rural practice for audiologists
- educating medical officers about the differing training and roles of audiologists and audiometrists to avoid confusion in referral pathways
- delegated care under supervision – capacity for audiometrists employed by an audiologist to provide services on their behalf with appropriate supervision (comparable to current diagnostic otolaryngology items)
- targeted upskilling of registered and regulated MBS providers already delivering culturally safe services in these communities, such as Aboriginal Health Workers.

## Appendix: Medicare Benefits Schedule Continuous Review

The Medicare Benefits Schedule (MBS) is a list of health professional services (items) subsidised by the Australian Government for health consumers. MBS items provide patient benefits for a wide range of health services including consultations, diagnostic tests, therapies and operations.

The MBS Continuous Review builds on the work of the MBS Review Taskforce (the Taskforce). From 2015 to 2020, the Taskforce provided the first extensive, line-by-line review of the MBS since its inception in 1984.

In October 2020, the Australian Government committed to establishing a continuous review framework for the MBS, consistent with recommendations from the Taskforce Final Report.

Established in 2021, the MBS Continuous Review allows for ongoing rigorous and comprehensive reviews of Medicare items and services by experts, on a continuous basis, to ensure that the MBS works for patients and supports health professionals to provide high-quality care.

### Medicare Benefits Schedule Review Advisory Committee

The MBS Continuous Review is supported by the MBS Review Advisory Committee (MRAC). The Committee's role is to provide independent clinical, professional and consumer advice to Government on:

1. opportunities to improve patient outcomes in instances where a health technology assessment by the Medical Services Advisory Committee (MSAC) is not appropriate
2. the safety and efficacy of existing MBS items
3. implemented changes to the MBS, to monitor benefits and address unintended consequences
4. The MRAC comprises practising clinicians, academics, health system experts and consumer representatives. The current MRAC membership is available on the Department of Health, Disability and Ageing's [MRAC webpage](#).

### MBS Continuous Review Guiding Principles

The following principles guide the deliberations and recommendations of the MBS Continuous Review:

a) The MBS:

5. is structured to support coordinated care through the health system by
  - recognising the central role of General Practice in coordinating care
  - facilitating communication through General Practice to enable holistic coordinated care
6. is designed to provide sustainable, high-value, evidence-based and appropriate care to the Australian community
  - item descriptors and explanatory notes are designed to ensure clarity, consistency and appropriate use by health professionals
7. promotes equity according to patient need
8. ensures accountability to the patient and to the Australian community (taxpayer)
9. is continuously evaluated and revised to provide high-value health care to the Australian community.

b) Service providers of the MBS:

10. understand the purpose and requirements of the MBS
11. utilise the MBS for evidence-based care
12. ensure patients are informed of the benefits, risks and harms of services, and are engaged through shared decision making
13. utilise decision support tools, Patient Reported Outcome and Experience Measures where available and appropriate.

c) Consumers of the MBS:

14. are encouraged to become partners in their own care to the extent they choose
15. are encouraged to participate in MBS reviews so patient healthcare needs can be prioritised in design and implementation of MBS items.

The MRAC and its working groups recognise that General Practice general practitioners are specialists in their own right. Usage of the term 'General Practice', both within this report and in the MBS itself, does not imply that general practitioners are not specialists.

The MRAC notes that the MBS is one of several available approaches to funding health services. The MRAC and its working groups apply a whole-of-healthcare-system approach to its reviews.

## Government consideration

If the Australian Government agrees to the implementation of recommendations, it will be communicated through Government announcement.

Information will also be made available on [Department of Health, Disability and Ageing websites](#), including [MBS Online](#), and departmental newsletters.