

Guidance: Using research evidence to promote hearing services

In the past years, the HPCCB has received a number of complaints related to the interpretation of research evidence and the subsequent advertising or promotion of hearing services.

There are requirements on the use of acceptable evidence in advertising hearing services in the Code of Conduct for audiologists and audiometrists (the Code of Conduct):

Definition of acceptable evidence in the Code of Conduct for audiologists and audiometrists

In this Code of Conduct, only acceptable evidence as defined here is able to be used in the context of advertising hearing services. The <u>Australian Health Practitioner</u> Regulation Agency (AHPRA) definition of acceptable evidence (1) is adopted in this Code of Conduct. It involves assessing the source, relevance, studies considered, design of the study, quality of the study and strength of the outcomes of the studies. This is similar to the approach that would be taken in a Cochrane Systematic Review.

Examples of unacceptable evidence include:

- studies involving no human subjects,
- descriptions of single cases that are not published in a peer-reviewed journal,
- opinion pieces,
- anecdotal evidence based on observations in practice,
- consensus statements where the research method used to develop the statement is not clearly defined and/or where the people who developed the statement are not clinicians with relevant expertise,
- studies reporting results based on client self-assessments, unless these studies use self-assessment tools that have been developed scientifically to establish their validity, reliability and utility,
- outcome studies or audits, unless bias or other factors that may influence the results are carefully controlled, and/or
- studies that are not applicable to the target population.

This definition of acceptable evidence does not apply to the context of clinical decision-making or discussions of hearing service options with clients. This is because there is the opportunity in a discussion to explain the best available evidence, any limitations of that evidence (e.g. due to the methods used), and all other considerations that contributed to a clinical recommendation. As stated in the Australian Health Practitioner Regulation Agency (AHPRA) guidance; "There is an important difference between acceptable evidence for claims made in advertising and the evidence used for clinical decisions about patient care. When treating patients, practitioners must obtain informed consent for the care provided and are expected to discuss the evidence for different treatment options. In advertising, the claims are generic, and practitioners are not available to clarify whether a treatment is appropriate for an individual patient." (1).

As outlined in the Code of Conduct, it is your responsibility as an audiologist or audiometrist to assess the evidence source, relevance, studies considered, design of the study, quality of the study and strength of the outcomes of the studies. Therefore, after making an assessment, you may reach a different conclusion on the quality and/or implications of the research to that stated by the original authors. In other words, you cannot simply restate the findings as stated by the authors without qualifying statements about the evidence source, relevance, studies considered, design of the study, quality of the study and strength of the outcomes of the studies.

If you do not have the qualifications, training and experience to accurately assess the source, relevance, studies considered, design of the study, quality of the study and strength of the outcomes of the studies, then you should refrain from commenting on the studies. This includes commenting on the clinical and practice implications research findings from fields outside of your individual scope of practice.

References

(1) Australian Health Practitioner Regulation Agency (AHPRA), 2021. Acceptable evidence in health advertising. Available online at: https://www.ahpra.gov.au/Resources/Advertising-hub/Advertising-guidelines-and-other-guidance/Acceptable-evidence-in-health-advertising