



March 2009

**Green Paper**  
**on the European Workforce for Health published**  
**by the European Commission**

We are delighted to inform you that the European hearing aid acousticians currently uniting eleven countries including Switzerland, which have been members of the AEA (Association of the European Hearing aid Acousticians) since 1970, have decided to move into a new era of representation to facilitate their discussions with European institutions. As from 2008, and to stop transferring the association's headquarters from one country to the next at each Chairmanship rotation, the General Assembly has decided to establish the headquarters in Brussels and to register statutes in the form of an European association (AISBL in Belgian law) under the AEA (Association of the European Hearing aid Acousticians).

The AEA is an association of national professional organisations representing hearing aid acousticians from the 13 countries where 20,000 practitioners work in this area of healthcare. It is shortly due to welcome new members, with the objective of associating the 27 member states, thus representing the estimated total of 30,000 European practitioners.

The AEA has approved a code of conduct and adopted unambiguous standpoints for compliance with standards of quality and professional training of its members at European level. A Leonardo da Vinci training project with the European Community was adopted in 1996 (E/96/2/1571/PI/II.1.1.1.a/CONT).

Patient safety requires the choice, adaptation and immediate and ongoing inspection of the effectiveness of hearing aids to be made by a qualified hearing aid acoustician.

Accordingly, to benefit from the equivalence system, practitioners who have obtained professional qualifications are also required to have attended all the classes and placements corresponding to the minimum standard of training required by the European Leonardo da Vinci programme.

We would also like to recommend concrete initiatives for you to take to encourage the diagnosis of at-risk populations, thereby encouraging prevention.

In addition, to ensure patient safety, we are hoping to raise the level and conditions of practising the hearing aid acoustician profession in Europe.

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Indeed, hearing aids issued by unqualified people could prove dangerous for vulnerable populations: neonatal screening helps to equip children who are hard of hearing with aids at an ever younger age.

This equipping, if it is not carried out by extremely well trained professionals, poses a major risk, with irreversible consequences for these very young patients. In-depth paediatric knowledge is therefore essential for quality care. Along the same lines, recent studies have shown that stimulation of the auditory areas reduces the risk of developing cognitive disability like Alzheimer's, which is on the rise in Europe. In this regard, as before, only professionals with sound training will be capable of giving appropriate care to these patients.

Lastly, technological progress in the area of hearing loss measurement, analysis of distortions in the inner ear, hearing aids and the countless signal treatment possibilities they offer, can only truly benefit a patient if the prosthetic orientation, prosthetic adaptation and follow-up have been effectively carried out by professionals with proper training who are up-to-date with their knowledge.

Regarding the “Green Paper On the European Workforce for Health” published by the European Commission in December 2008, the points raised over the ageing of the population, new public health threats and the use of new technologies within the programmes to be implemented, we would like to highlight the growing impact of poor hearing on the social and professional lives of our citizens.

We would like to draw your attention to these issues, and to meet you in the near future, to present the response of the AEA to your questionnaire (appendix), as representatives of practitioners in this important area of healthcare.

Please do not hesitate to contact us about any measure concerning our profession.

Yours faithfully.

Benoît Roy

Appendix : response to the Green Paper



March 2009

## **Appendix**

### **Response to the Green Paper on the possible areas for action**

#### **4.1 Demography and the promotion of a sustainable health workforce**

- Ensuring better working conditions for health workers, Increasing staff motivation and morale

The AEA supports this need to improve working conditions, particularly with a view to promoting the profession of hearing aid acousticians. In 2007, a standardization procedure was undertaken with the European Committee for Standardization (CEN TC 380) on the quality of services provided by hearing aid acousticians. The purpose is to harmonize the requirement level of the conditions for providing these services.

#### **4.2 Public Health Capacity**

- Strengthening capacity for screening, health promotion and disease prevention

The issue of screening is of the utmost importance, particularly because of the high socio-economic cost of deafness. The international not-for-profit association Hear-It presented a scientific report, conducted in 2006, which estimates the costs of not treating hearing loss to be €213 billion a year in Europe.

The AEA recommends setting up systematic screening of deafness at several stages of life: at birth, while at school and during working life, when getting a driving licence and upon retirement.

- Collecting better information about actual and potential population health needs in order to plan the future development of the public health workforce

The AEA recommends carrying out an epidemiological study on deafness at European level to find out the current and future needs, with account taken of the ageing of the population.

#### **4.3 Training**

- Ensuring that training courses are designed to take into account the special needs of people with disabilities

The AEA recommends that teaching programmes pay particular attention to care for the hearing-impaired and the elderly. A special approach must be taken with regard to such patients, thereby justifying suitable training.

- Focusing on health professionals' continuous professional development

The AEA approves the need for continuing vocational education, which should be made compulsory for all the hearing aid acousticians. Such training already features in the minimum European programme adopted under the Leonardo da Vinci project in 1996 and the contents of the European standard in the context of the service standardization procedure currently under way with the CEN.



The AEA would like this continuing vocational education to become a requirement for practising the profession of a hearing aid acoustician in Europe.

#### **4.4 Managing mobility of health workers within the EU**

- Encouraging cross-border agreements on training and staff exchanges

The AEA recommends harmonizing training at European level, as the Leonardo da Vinci programme stipulated for hearing aid acousticians, and would like to make student exchanges possible between European countries as part of this European harmonization of training.

#### **5. The impact of new technology**

- Ensuring suitable training to enable health professionals to make the best use of new technologies

Following the Leonardo da Vinci training project adopted in 1996, the AEA would like to set up a new Leonardo da Vinci programme for hearing aid acousticians so as to update training in the light of new technologies and interdisciplinary exchanges.

- Taking action to encourage the use of new information technologies

The AEA is in favour of using new information technologies to improve the quality of work. Hearing aid acousticians are health care professionals who, in the context of multidisciplinary care, must be able to exchange information with other such professionals in the interest of patients, particularly through the eHealth record wherever it will be set up.

#### **6. The role of health professional entrepreneurs in the workforce**

Hearing aid acousticians, who are health care professionals in their own right, take full responsibility for their actions. These involve treating the patient, choosing the hearing aid, adapting it and constantly following up the patient once the hearing aid has been fitted. It should not be possible to question their responsibility over choosing the hearing aid with the need to apply a senior decision. This would not be professional and may therefore be made on the grounds of profitability requirements. It is preferable, in the interests of both patients and hearing aid acousticians, who would like to provide their patients with high-quality services, that hearing aid laboratories be managed by freely deciding acousticians, guided solely by the interest of satisfying their patients and not their shareholders.

#### **7. Cohesion policy**

The AEA approves the cohesion policy with support from structural funds.

- Making more use of the support offered by structural funds to train and re-skill health professionals

The AEA plans to ask for the support of structural funds to create a new Leonardo da Vinci project for updating the training programme in line with technological progress and knowledge of audiology in particular.

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