

Audiologist Survey Report

2024-2025



BIHIMA
The British Irish Hearing Instrument
Manufacturers Association

Welcome to the BIHIMA Audiologist Survey results.



The British Irish Hearing Instrument Manufacturers Association (BIHIMA) exists to raise awareness of the issues surrounding hearing loss and deafness and the impact these have on society. We run an annual survey of audiologists to get feedback on the profession and what the hot topics are for the industry right now, so we can focus on the issues that matter most to patients and professionals alike.

“OUR ANNUAL SURVEY GIVES US A UNIQUE OPPORTUNITY TO HEAR DIRECTLY FROM PROFESSIONALS ON THE FRONT LINE - ABOUT WHAT’S WORKING, WHAT ISN’T, AND WHERE WE CAN COLLECTIVELY PUSH FOR POSITIVE CHANGE IN THE SECTOR.”

“What’s clear from this year’s findings is that while the industry continues to face challenges, there’s also a real appetite for innovation and reform. Whether it’s improving patient pathways, modernising perceptions of hearing technology, or ensuring safer, regulated treatments, this feedback helps us shape the future of hearing care.” - Paul Surridge, Chairman of BIHIMA.

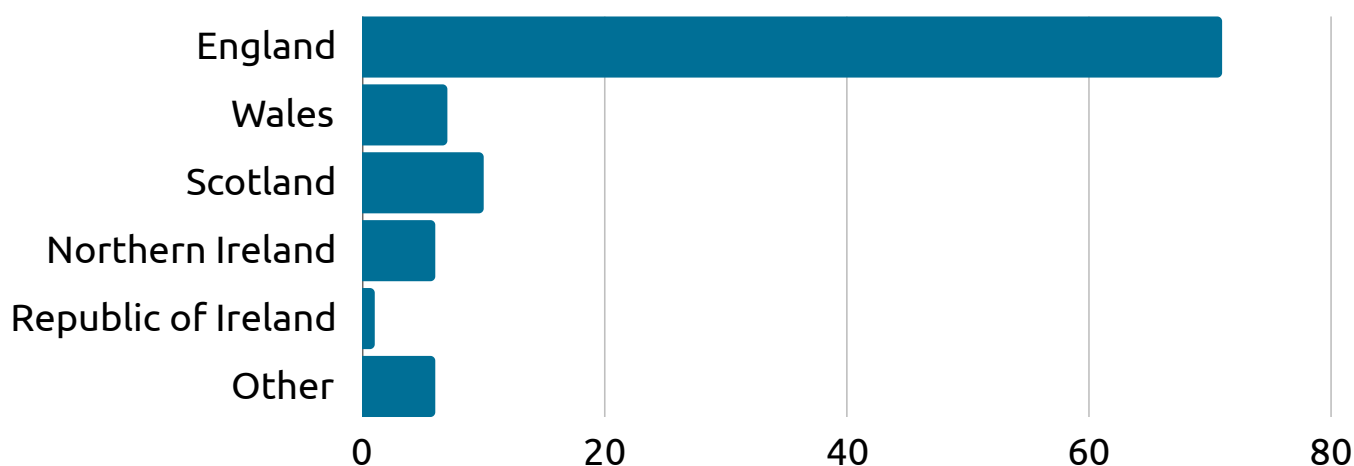


Where do the audiologists work?

This year's survey had over 100 responses from audiologists working in the NHS (30%), in private practice (59%), and those with a foot in both sectors (11%). We aimed to build a fuller picture of what hearing care looks like across the board - the pressures faced by practitioners, the differences in service delivery, and the areas where change is most urgently needed.

It's important to note that audiology services are currently the lowest-performing diagnostic service in the NHS*, with major delays and long wait times exacerbated by the aftermath of the COVID-19 pandemic. However, despite these challenges, there have been some positive developments over the past year - including increased investment in digital pathways, growing recognition of the importance of early diagnosis, and improved collaboration between public and private providers. In the following report, we share the voices of those working at the heart of hearing care: their frustrations, their hopes for the future, their insight into what's working and what still needs urgent attention.

WHERE IN THE UK DO THEY WORK?



70% of respondents were from England - so while results provide a widespread range of experience across the country, it is not fully representative of areas outside of England.

Who visits audiologists?

The most recent UK Eurotrak data* found that 66% of respondents wish they'd gotten their hearing aids sooner while 95% of people said hearing instruments had improved their quality of life. So, who is prioritising their visits to the audiologist? We've also included last year's survey figures for comparison.

30%	[32% the previous year]	of survey respondents had seen more patients under 30.
66%	[63% the previous year]	said the number of under 30s was around the same as the previous year.
4%	[5% the previous year]	said they had seen less under 30s.

WHICH GROUPS ARE THE MOST PROACTIVE IN SEEKING SUPPORT?

13%	[32% the previous year]	under 30 age group
59%	[41% the previous year]	31 - 69 age group
28%	[27% the previous year]	70+ age group

It's no surprise that the 31-69 age group continues to represent the highest proportion of audiology visits as the industry continues to raise awareness of the importance of regular hearing checks. However, we're encouraged to see a gradual increase in engagement from under-30s. It suggests a shift in awareness, with younger people recognising the value of early hearing checks and intervention. That cultural change is essential for tackling long-term hearing health more effectively.

- Paul Surridge



What are people's biggest **priorities** when choosing a hearing aid?

When people are choosing a hearing instrument, several factors come into play. This year, how discreet the hearing instrument is proved to be the most important for audiologist's customer bases.

20%

PERSONALISATION

23%

AFFORDABILITY

6%

DESIGN

15%

**TECHNOLOGY
CAPABILITIES**

31%

**HOW DISCREET
IT IS**

1%

SUSTAINABILITY

3%

**TECH
COMPATABILITY**

1%

FLEXIBILITY



As hearing health professionals, how do you think we should be managing conversations around hearing loss and dementia?

Among the answers to this question were some key themes and it's clear that hearing care professionals are aware of the need for caution and honesty in this area, for more research to be carried out, for more education for professionals and the public and for more open discussion based on facts.

We absolutely should be talking about it, the link is there but we have to talk about it knowing that one does not directly cause the other. I feel people are shying away from it for fear of saying the wrong thing but this is not helpful to anyone, not least the patient. We need a clearer narrative to feel confident to talk about this topic responsibly.

Very carefully! Too much propaganda about causal effect of hearing loss. They are linked, through isolation, lack of stimulation and communication, but not directly.

Focus on overall hearing health in our increasingly noisy world as this creates hearing overload for everyone so we should focus on all aspects of hearing well not just hearing loss.

Being careful not to mislead - I now see many patients who think getting hearing aids will prevent dementia. I am still seeing social media posts from hearing aid dispensers talking about the link - they seem to have learned about research showing a link and not more recent research that the link is more nuanced and not necessarily causative. This concerns me.

Warning about the possibility of the affect on dementia and explaining why better hearing helps (less social isolation etc).

Incorporating it as part of the normal consultation conversation.

Advising that it is only one part of many factors of dementia, but hearing will affect the way people socialise and can become isolated.

That we need a clear statement from all the research as it's hard to translate a lot of what is being debated.

There needs to be better links and liaison between health professionals. It helps to raise awareness.

In a fact based way, that is responsible and not using self selected evidence to scare people into buying hearing aids. Painting the benefits of treating and maintaining good hearing is essential.



Are you seeing more cases of tinnitus?

Proportionally, how much does tinnitus take up of your case load?

Half of the answers to this question said no, their case loads for tinnitus had remained about the same in the last year, and just over a third said that the number of people they saw about tinnitus had increased.

“ Yes much more now, whether more are now feeling confident to access help or due to noise exposure from music as well as workplaces. ”

“ I am seeing more cases of tinnitus in under 50s, mainly due to the use of headphones or music ear buds. ”

“ Yes. I am not a tinnitus specialist but do give general advice about tinnitus. I manage this within my normal workload and refer on people who need more help (usually after fitting hearing aids). ”

“ No. About the same as usual. Only a small % (below 5%) of our cases have tinnitus as a bothersome symptom ”

“ Whilst a lot of people have tinnitus, there are few who feel they need further help managing it. ”

“ No more than previously but when testing on an ENT clinic, for example, it's surprisingly common for people to open a conversation about it. ”



In the past year, what would you say has been the most prominent problem that patients have come to you with?

This was an open question, where respondents were able to say which issues were most common in their clinics and a wide range of answers were given, which we have represented here in order of frequency, with the most common reasons at the top of the page.

Hearing background noise

Ear wax

Access to NHS

Noise induced hearing loss

Speech clarity

Age related hearing loss

Tinnitus

Connection issues (technology related)

Concern from family and friends

Other reasons included: providing a second opinion, tube issues, vertigo and fixing faulty hearing instruments

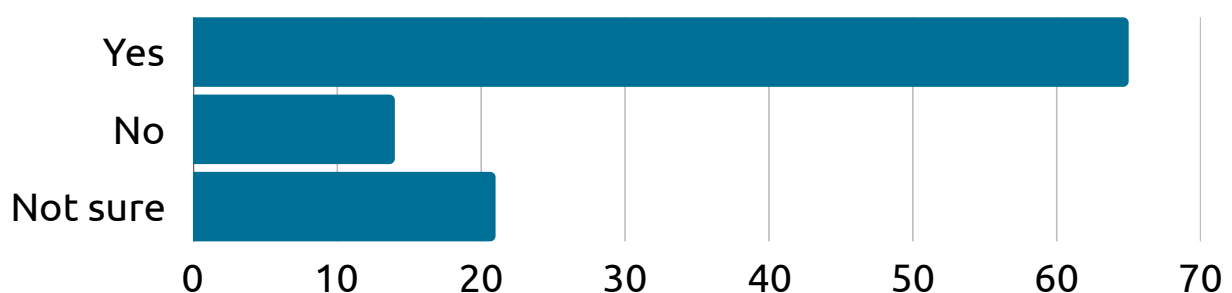
Are NHS waiting times impacting provisions for patients?

NHS waiting times continue to be an topic of discussion across the industry. The situation across the country is variable, with audiologists reporting different wait times in different geographies, and different processes carried out by primary care colleagues.

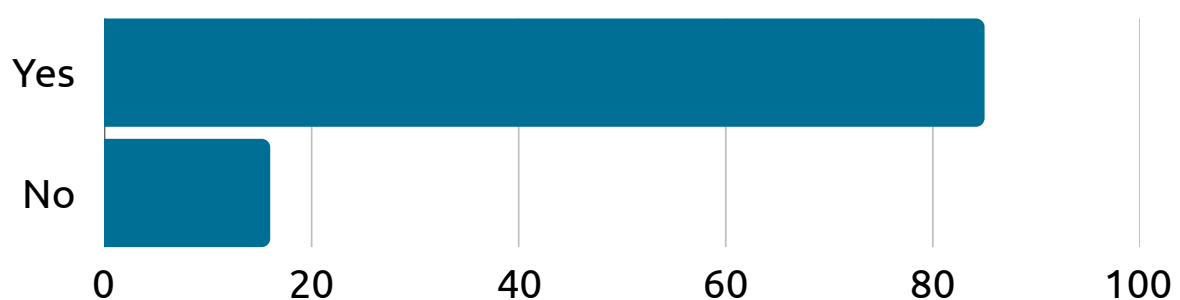
When asked if the had seen an increase in referrals in the last year, **39% of respondents** told us they had seen an increase and **25% said they hadn't**.

Importantly, **65%** felt that NHS waiting times were having a direct impact on patients with hearing loss receiving support and while **85% agreed** that self referral was a viable option, the majority noted that self referral already happens in some areas and that widespread self referral would require additional investment, workforce and resources .

ARE NHS WAITING TIMES IMPACTING PATIENTS RECEIVING SUPPORT?



IS SELF-REFERRAL A VIABLE OPTION FOR THE FUTURE?



Are there any changes that you feel would improve access to primary care audiology services?

Self referral implemented nationally, so GPs are not 'gate keeping' services. NHS community provider options commissioned nationally to provide consistent national access to audiology services. National campaign to raise awareness of the benefits of aiding hearing loss for the medical profession and for potential service users.

Patients should be able to self refer to audiology department and they should be offered to fill out a form explaining their symptoms and audiology administrators can then triage depending on where they need to be referred.

Giving people choice and making the routes clear. I think the current landscape is quite confusing for patients

More staff, more soundproof booths, more appointments. When I first started working 15 years ago we had the same capacity that we have now but we have more patients.

We need wax removal to be brought back within primary care and free for audiology patients to access. In addition, the government needs to completely review the training routes into wax removal as currently we see people with absolutely no prior audiology experience doing a two day course and then setting up as wax removal specialists - some even working within pharmacies, so this confuses patients into thinking they are health care professionals. I have already seen some absolute horror shows making their way to me via an ENT clinic. I strongly feel that this is a massive risk to the public.

Involve the independent sector in Primary Care. This has been very successful in delivering accessible services in towns and cities across England. The independent sector has never been asked to take part in any provisioning or future provision in Wales.

Huge workforce of trained Audiologists in private employment. Opportunity for practices to build relationships with providers to deliver paid care.

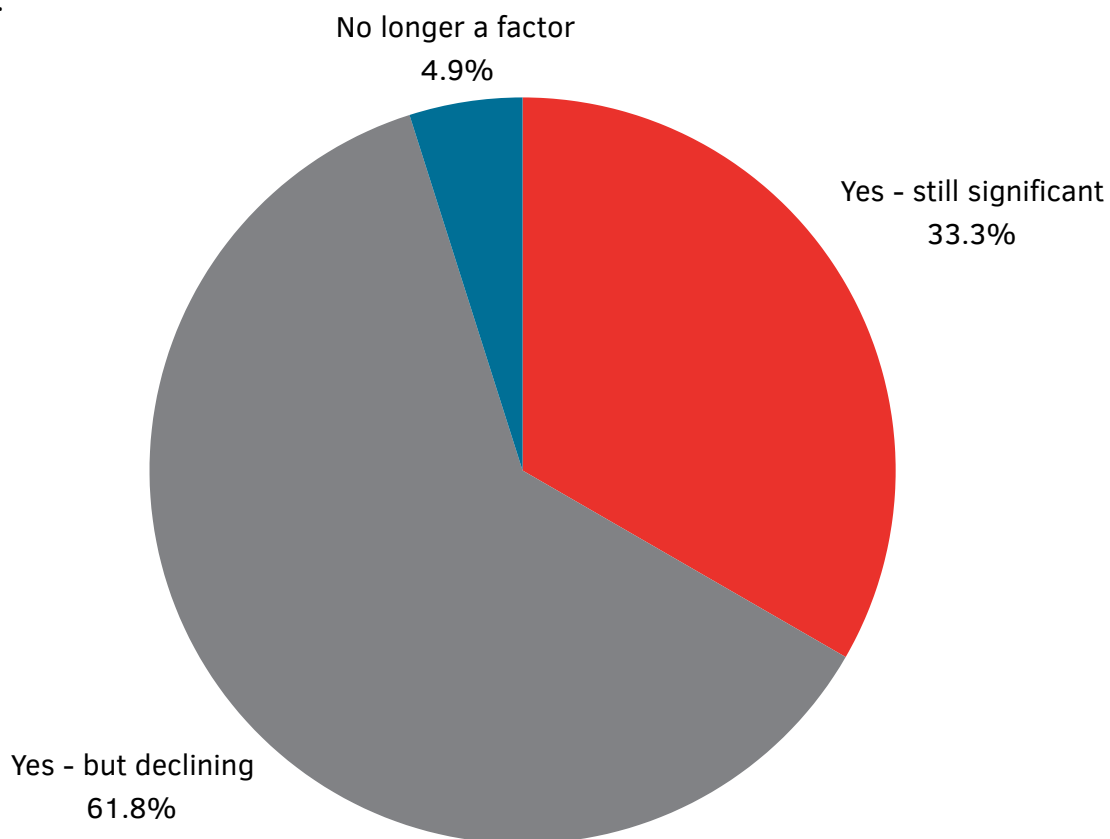
Equal provision, not a postcode lottery between being prescribed one or two aids.

Using the combined audiology expertise in the country in a more efficient way

Consideration should be given to a government subsidy scheme towards the cost of devices. This will allow patients access to services in their local area and also options better suited to their hearing loss. This will help alleviate the pressure on the NHS. Patients in need of urgent care are not being seen due to too long waiting lists.

Is there a **stigma** around getting hearing tested and wearing hearing instruments?

There was an overwhelming consensus that a stigma still remains around people getting a hearing test and then wearing the appropriate hearing technology. However, this year, more audiologists felt this stigma was declining (50.5% in 2023).



"Stigma around hearing loss and hearing technology has been a persistent barrier for many years, discouraging people from seeking the support they need. While it's clear that this stigma hasn't disappeared, it's encouraging to see more audiologists reporting a decline in negative attitudes. Increased public awareness, better-designed technology, and more open conversations about hearing health are all helping to shift perceptions."

- Paul Surridge, BIHIMA Chairman.

What can be done to tackle the stigma?

As we see every year, some key themes came from the answers given to this question, including varying the age of people in images and marketing, making devices bolder and not something to be hidden away, and continuing to talk openly about hearing loss.

More awareness of hearing loss and the compact it creates with not addressing it. Routine testing like dental and optical visits. Addressing hearing loss isn't for just older people.

Stop private companies advertising "invisible" hearing aids, which is encouraging the stigma and people to be embarrassed and hide their loss.

Changing the language we use to talk about hearing loss. Even 'loss' has a negative connotation. While there is a fine line from being dismissive of the effects of hearing loss, people tend to shy away from accepting things that are seen in a negative light.

Continue to show different styles and ages of people with hearing aids; celebrities being open about their hearing loss; not pushing invisible hearing aids all the time.

Be more proactive and treat hearing in a more holistic way to overall health

I have observed a particular stigma in some communities (orthodox Jews, south Asians, for example). It would be wonderful for children from these communities to have positive role models...e.g. for fashion brands to have models who are hearing aid users.

Appealing, wearable, multifunctional products. Improve education about hearing, hearing aids and technology. Make it available in plain language and impactful videos for ALL age groups. Educate audiologists not in technology but soft and communication skills (to connect and understand patients and their needs).

Like the idea of moving towards ear wear being like eye wear, making the styles embrace that people are wearing them rather than hiding hearing aids. Also think we need to national health campaign around hearing loss and its wider impacts

More awareness and testimonials of positive experiences - the whole journey, not just a feedback comment.

Make hearing testing as normal as getting your eyes tested - from the age of 19 upwards.

What other organisations and groups could help tackle the stigma?

Although there were lots of suggestions made in response to this question, the general consensus is that **we all have a responsibility**. Some of the specific groups named included the media, fashion brands, manufacturers, health care providers, charities, community groups, schools, educators, professional bodies and people in the public eye.

“Government, manufacturers, pharma tech companies, professional bodies, retail companies and users!”

“Everyone is responsible for tackling the stigma.”

“I think employers need to take hearing well more seriously in the HR and well being departments.”

“I think it's something we all have to do. I include those suffering with hearing loss within that. I still feel like it's a hidden disability that everyone is keen not to acknowledge.”

“All allied professionals, teachers and schools, work place acceptance of hearing loss, musicians people in authority (police, religion)... everyone!”

“It's a fundamental human quality. No matter how companies or health care professionals try, the onus is still on cultural beliefs.”

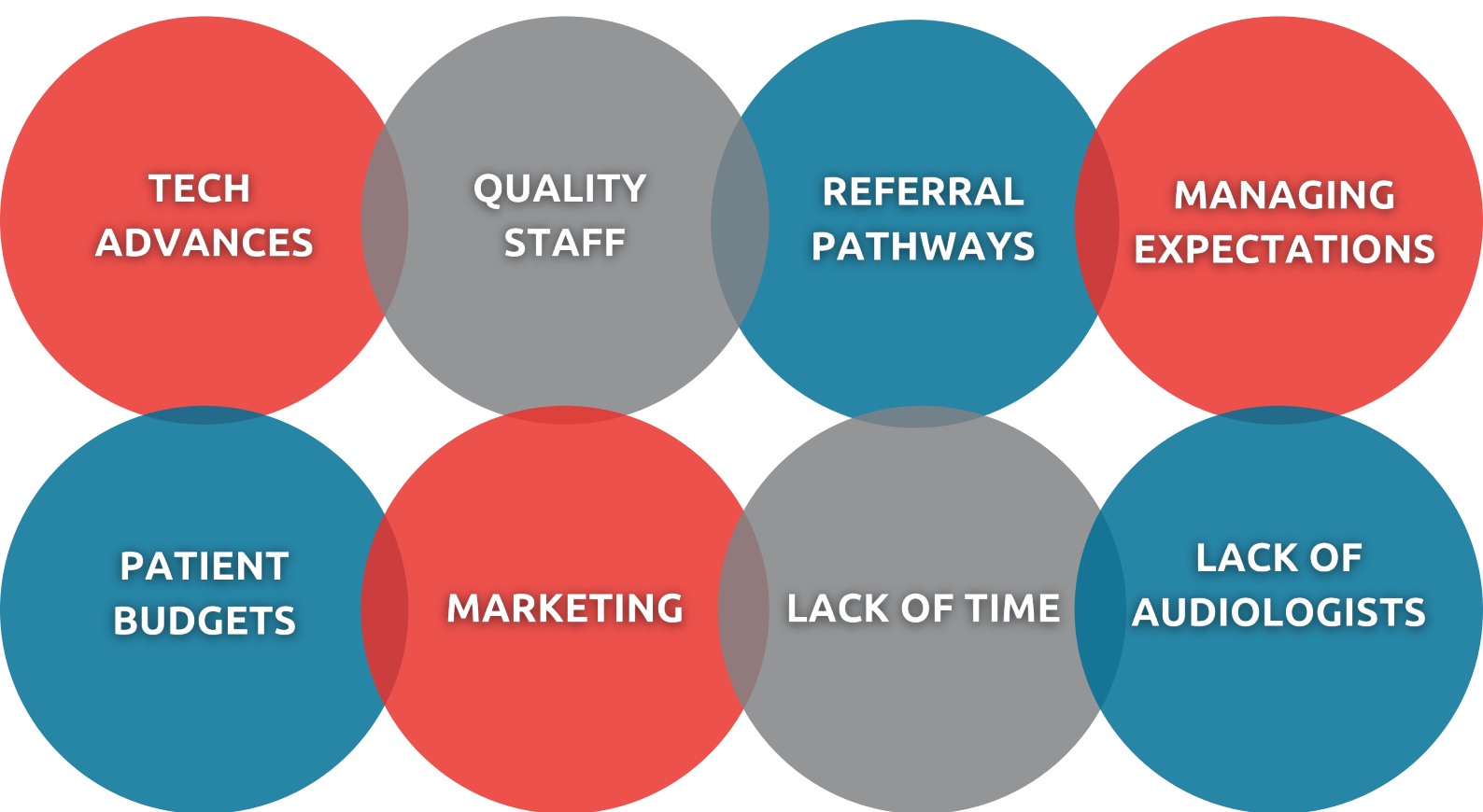
“GP surgeries - with emphasis on prevention of hearing damage in the first place. Also, to use drops and revisit their nurse BEFORE going for any procedure that may cause further damage, ie micro suction.”

“Government - promotion of hearing health. Difficult to ask hearing aid companies to do so as it looks like marketing, people wouldn't believe them. RNID and other hearing charities. Universities should promote their research.”



What are the greatest challenges for audiologists?

The UK's audiology workforce crisis continues, with many professionals reporting that conditions have worsened. Ongoing challenges include limited government prioritisation of hearing health, NHS budget constraints, unclear career progression and keeping up with ever-changing technology. These systemic issues are making it increasingly difficult to attract and retain skilled audiologists. In this year's survey, we asked respondents to identify the biggest challenges they currently face.



“Waiting lists. So many patients to see for testing, and I hate that they have to wait so long.”

“Getting people to wear their hearing aids, but that’s not an issue that can be solved. Another is the fact that a lot of aids connect to phones now, and patients can’t use their phones, so we have become phone techs as well.”

“Inadequate regulation by governing bodies leads to the devaluation of the profession.”

Do you feel hearing health is receiving more attention than previous years? If not, what do you think could be done to enable this?

With increasing public health pressures and an ageing population, the visibility of hearing care should, in theory, be rising - but is that reflected in policy, funding, and public awareness? We invited respondents to share what they believe needs to change in order for hearing health to receive the recognition and investment it truly deserves, with mixed responses.

"National campaigns, discussions on TV, increase in awareness. To suggest to a person that they should be having regular hearing check does not mean that the person has a hearing loss it is simply to check the health of you ears just like to have regular health, dental or eyesight checks."

"I feel people are more aware of hearing health than they were maybe 15-20 years ago but feel that making wax removal more accessible under primary care and being widely promoted would be a start to improving it further."

"Yes, I do. More famous people are coming forward and admitting they wear hearing aids. More TV coverage programmes seem to include deaf or hard of hearing people now. We just need more of the same."

"No. We need to promote hearing health to children and young people so that they have the awareness and confidence to seek early intervention (and then, of course, have the resources to provide it)."

"Yes, but much more needs to be done as an industry without a lead from a corporate and conjoined without individual interests of organisations out for themselves. Really need to look at what's best for people, not our area of the profession"

"Hearing health is receiving more attention than before but I think it needs to be advertised like the danger of tobacco. More needs to be done to the public explaining the risk of hearing loss if overusing music ear buds or headphones."

"Yes it is , but ear protection from loud noise is still not talked about enough."

How do you think ear wax removal services can be made more accessible, safe and consistent in the future?

This question always draws some passionate responses, and while there have been industry efforts to introduce regulation or improve the current situation, the replies we received show that it's still an important issue that needs attention.

“ Needs to be regulated - I am very concerned about people with no understanding of ears and ear disease carrying this out. I would love to be able to carry this out routinely in clinic but we are so behind with waiting lists after covid that it isn't feasible. This service needs to be funded in the public sector. ”

“ You should have to be on a register to be able to carry out wax removal. However, I don't think its helpful to have prerequisites in order to be trained in this. You should just have regular checks to ensure safe practice and CPD should be mandatory. ”

“ Open up training through accredited training providers who have to outline the benefits of good hearing care to all patients. Set up a referral pathway from wax removal to local private or picking audiology service. ”

“ Regulate! A minimum should be a qualification in impression taking. No “internal” courses and stop people claiming to be ear wax specialists when they have no experience in ears. When that's the case then a voucher system could be implemented but for all audiologists not just “high streets”. Compulsory regulation through one provider (HCPC) and courses through universities only after completion of HCA course. ”

“ I doubt that the NHS will be able to accommodate an earwax service as the demand is huge. There needs to be a governing body that regulates these services. Wax removals are being done by “professionals” in the back room of pharmacies by technicians who don't even examine the ear canals properly. Serious conditions are missed. ”



What **improvements** would you like to see in the industry?

As we would expect, we received a large number of excellent responses to this question and we've included many of these here, but there was one clear theme that emerged; collaboration. People feel there is a strong opportunity to work in partnership across all levels of hearing care.

College of Audiology that regulates all ear healthcare services in the NHS and private sector.

I think qualified people should be able to take further training to become able to prescribe medications for infections.

Better training for audiologists with more hands on experience. They come out of university having almost no practical experience.

More collaboration across professional bodies with the industry speaking with one voice. Also collaboration across all of healthcare especially with more and more information and research around cognitive decline.

Awareness of audiology as a healthcare profession, roadshows at schools.

Perhaps more cohesion of the different professional groups.

I'd like to see more joined-up care plans and trust between us in the private sector and the NHS. GPs still seem very reluctant to give patients appropriate advice on their ear/hearing health and their options.

Less separation between the NHS and private sector

A coming together of the public and independent audiologists; still seems to be them and us from the public sector. Everybody takes the same exams and goes to the same universities. There should be a lot more co-operation and less barriers, especially in Wales.

More counselling training to deal with the emotional and psychosocial elements of living with hearing loss.

Improve access to training pathways for hearing therapists as this is now a gap in qualified hearing therapists available (most have or are retiring despite there being a great need for tinnitus/hyperacusis patients).

In the private sector I feel customer care should be celebrated more.

How can we modernise the provision of hearing aids?

“College of Audiology regulating the whole profession. Standardised approach for the national provision of NHS hearing aids for adults.”

“Public and Independent service could offer wonderful outcomes for our hard of hearing citizens if we worked together. In England and Wales there is a wonderful Optical model that’s really works so well. Self referral, on the high street and close to home. For some reason in Wales the Independent sector is shut out and their voice is not heard.”

“Designer hearing aids, hearing aid jewellery and customisation. Variety of colour options.”

“The profession should work together NHS and Private. There seems to be a divide between NHS and Private providers, and independent verses High Street.”

“We need sufficient resources to provide timely, patient led care. Time is our most precious and overstretched resource.”

“People should be made more aware of what is out there, but we are back to Them and Us; those barriers have to be broken down.”

“NHS need to find a way to reform and reduce audiology wait times or move to a voucher system to allow patients to choose NHS or private with a degree of financial help.”

“Taking funding out of secondary care and into a voucher based scheme to facilitate better access to more advanced technology solutions affordably.”

“Invite people for hearing checks regularly.”

“There needs to be quality assurance of all services and equitable provision for all.”

About BIHIMA

As an association, our aim is to raise the awareness of hearing loss and the impact it has on society. Our members' aim is to invest in research and development to ensure hearing instruments are designed and manufactured using the latest technology, to positively change the lives of people with hearing loss.

We work collaboratively to highlight the life-changing impacts of hearing loss and how hearing technology can improve the lives and well-being of sufferers. Members share a forum to develop collaborative strategies that better inform health care professionals and the public on the value of hearing technology.

To find out more, please visit: www.bihima.com

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