



**BRITISH ACADEMY
OF AUDIOLOGY**

British Academy of Audiology

Scope of Practice: Audiology Professionals

August 2025

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1 BACKGROUND

ACKNOWLEDGEMENTS

The BAA would like to thank everyone who took part in the production and public consultation of this document.

This guidance document was developed by the BAA Education portfolio, comprising professionals from various sectors and specialisms. It will be reviewed every three years and revised as needed to reflect developments in audiology.

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GENERAL CONSIDERATIONS

Across UK healthcare professions, there is no single definition of what constitutes a scope of practice document, partly driven by variation in legislation and registration across the professions.¹ Additionally, there is no single regulatory body for all audiology professionals working in the UK. The regulatory body for most Healthcare Scientists (AHCS) remains voluntary, while others working in the NHS, such as Clinical Scientists, and both Hearing Aid Dispensers and Clinical Scientists working in the private sector are required to register with the Health & Care Professions Council (HCPC). The HCPC regulates the protected title and function of "hearing aid dispenser" and protected title "clinical scientist".

This renders the task of re-developing the BAA Scope of Practice (ScoP) Document particularly challenging. Equally, it underlines the requirement for a unified scope of practice document for all audiology professionals across sectors.

This document refers to “audiology professionals” throughout. Whilst the term is not standardised, it ensures that the guidance provided here applies to audiology professionals across sectors and at varying levels of the career framework.

To ensure the BAA ScoP effectively meets this requirement, the document has been designed and assessed using the regulatory principles defined by Leslie et al., (2021).

¹ Leslie, K., Moore, J., Robertson, C. et al. Regulating health professional scopes of practice: comparing institutional arrangements and approaches in the US, Canada, Australia and the UK. Hum Resour Health 19, 15 (2021). <https://doi.org/10.1186/s12960-020-00550-3>

Nonetheless, the BAA is not a regulatory body, so the ScoP has been shared with a stakeholder group that includes other audiology professional and regulatory bodies, to ensure that it is both fit for purpose and effectively utilised by regulatory bodies in conjunction with their professional standards.

Regulatory principle	Description related to scopes of practice	Leading practices
Definition	Clear definitions of professional scope that advance regulators' mandate of protecting public safety	Uniform legislation and regulatory authorities operating nationally provide consistent and clear practice standards and regulatory frameworks (Australia)
Flexibility	Regulation sufficiently flexible and responsive to allow for timely innovation and optimization in scopes of practice	Umbrella frameworks that offer regulatory flexibility and loosen the restrictiveness of scopes of practice (many Canadian jurisdictions)
Accountability	Scope of practice regulation is transparent and contributes to high-quality and safe patient care	Transparent and publicly accountable risk-based processes with separate oversight body (UK)
Efficiency	Optimizing coherence, coordination, and communication while maintaining focus on public safety	Licensure compacts allowing licensure recognition and sharing of regulatory data across jurisdictions (US)
Collaboration	Legitimate stakeholder perspectives included in scope of practice consultations and definitions	Increased public engagement in regulatory processes such as community reference group (Australia)

Figure 1 Taken from the Leslie et al. (2021) analysis of leading practices related to regulating scopes of practice across the US, Canada, UK and Australia.

The aims of this document are as follows:

1. Defining the extent and limits of practice for an audiology professional.
2. Establishing the principles of good audiological practice which all audiology professionals shall adhere to, regardless of career framework level or sector, to ensure patient safety.
3. Identifying minimum levels of clinical capabilities according to career level and/or context.

To achieve these aims, the document has been split into 3 sections. *Section A: Who is an audiology professional?* defines the clinical and professional capabilities of an audiology professional. *Section B: Good Audiological Practice Guide* outlines expectations of audiology professionals in practice, including (i) knowledge, skills & performance, (ii) safety and quality, (iii) communication partnership and teamwork and (iv) maintaining trust, and *Section C: Career Framework* links career levels to capabilities.²

² This document relates to educational/skill levels and does not relate to agenda for change pay scales.

SECTION A: WHO IS AN AUDIOLOGY PROFESSIONAL?

INTRODUCTION

The British Academy of Audiology (BAA) is a professional body which represents Audiology Professionals who may be registered with the Health & Care Professions Council (HCPC) or the Academy for Healthcare Science.³ (AHCS)

The guidance in this document reflects best practice at the time of publication. It provides a framework for BAA members to use to define their scope of practice.

The document describes the Audiology Professional's role in terms of:

- i. Tasks which could be undertaken by an Audiology Professional
- ii. The Audiology Professional's role along the patient/client pathway
- iii. Training programmes
- iv. Responsibilities of BAA, the employer and the Audiology Professional

ROLE

DEFINITION

An Audiology Professional is an employed, registered⁴ (or performing delegated functions under the registration of an audiology professional), and trained healthcare scientist who can undertake a range of activities within Audiology service delivery in order to diagnose and treat hearing and balance disorders. An Audiology Professional will focus on patient/client ear and hearing health, supporting their needs by providing advice and diagnostic, therapeutic and rehabilitative ear and hearing care. The Audiology Professional will comply with standards that ensure best practice and continuous improvement.

ROLE DESCRIPTION

An Audiology Professional is described as someone who:

- i. Is a healthcare worker who has the experience, skills and knowledge to provide a range of agreed tasks and activities to provide safe and effective balance or hearing care support within defined levels of competency

³ Now incorporating the Registration Council for Clinical Physiologists (RCCP)

⁴ Although registration with AHCS remains voluntary, it is the British Academy of Audiology's position that audiologists shall maintain registration to demonstrate a commitment towards professional standards and continuing professional development.

- ii. has undergone an approved training programme (see the British Academy of Audiology website for training programmes alongside HCPC and AHCS)

KEY TASKS AND ACTIVITIES

The central focus of their work is to provide and enhance the Audiology services to patients/clients.

After successful completion of accredited training programmes⁵, the Audiology Professional's activities may include:

- i. Effective communication with patients/clients and their relatives or carers
- ii. Providing general information to clients about currently available Audiology Services
- iii. Accurately recording client information, contributing to a case history
- iv. Obtaining informed consent from the patient/client for any intervention
- v. Performing routine audiological diagnostics for adult patients/clients in accordance with current recommended procedures and developing person-centred management plans where interventions are required and agreed
- vi. Performing routine audiological diagnostics for child patients/clients in accordance with current recommended procedures and developing person-centred management plans where interventions are required and agreed upon
- vii. Performing objective audiological measurements for adult and child patients /clients in accordance with current recommended procedures
- viii. Performing balance and vestibular function measurements and delivering balance therapy for adult and child patients /clients in accordance with current recommended procedures, and for the purpose of detailed or specific diagnosis
- ix. Assessing tinnitus, misophonia and hyperacusis and delivering therapy as set out in a person-centred management plan agreed with the patient/client/carer
- x. Advising patients/clients on earwax management and conducting wax removal in line with recommended procedures
- xi. Taking aural impressions in accordance with current recommended procedures for the provision of earmoulds or other custom-made devices and ear fittings
- xii. Managing hearing and communication difficulties in adults, to include delivery of instrumental and non-instrumental interventions. Where hearing aid systems are fitted to adults, this should include subjective and objective evaluation of aid

⁵ These tasks will be defined by the training programme provider and where appropriate, the accrediting body.

performance and effectiveness, and teaching the patient/client how to fit, use and care for hearing aids, as set out in a person-centred management plan agreed with the patient/client

- xiii. Managing hearing and communication difficulties in children, to include delivery of instrumental and non-instrumental interventions. Where hearing aid systems are fitted to children, this should include both subjective and objective evaluation of aid performance and effectiveness, as well as teaching the patient/client/carer how to fit, use, and care for the hearing aids, as outlined in a person-centred management plan agreed upon with the patient/client/carer
- xiv. Fitting implantable hearing aid systems to children and adults (including subjective and objective evaluation of aid performance and effectiveness, and teaching the patient/client/carer how to fit, to use and to care for hearing aids) as set out in a management and rehabilitation plan agreed with the patient/client/carer
- xv. Understanding and practising autonomous decision making within a scope of competence
- xvi. Recognising the varied needs of individual patients/clients and including these in personalised care plans
- xvii. Recognising the need for advice and management from the other professionals in health and social care
- xviii. Working cooperatively with other professionals in health and social care to manage care plans for individual patients/clients
- xix. Supporting delivery and practice with evidence-based critical thinking governed by principles of continuous improvement
- xx. Maintaining competence and broadening the scope of practice with continuous professional development
- xxi. Ensuring human relations and leadership skills are compatible with the working environment and career framework
- xxii. Taking responsibility for patient/client outcomes and service quality
- xxiii. Acting honestly and ethically in line with the requirements of professional regulatory bodies

EMPLOYING AUDIOLOGY PROFESSIONALS

In employing Audiology Professionals to carry out some or all the tasks identified above, the employer must ensure that the employee has undergone the appropriate training, supervision, and has a programme of continuing professional development to maintain and develop their competence.

WHAT IF THERE IS A PROBLEM?

As a professional body, the BAA has a role in supporting its members and promoting the profession. There are several instances when a member may wish to seek BAA advice or support.

The following examples are given by way of illustration and do not signify the necessity of involving BAA or the limits of BAA involvement in any one case.

i. Tasks outside the role

- If an Audiology Professional is concerned that they are being asked to undertake tasks which sit outside their role, they should first approach their employer using the BAA role description as a basis for discussion
- If the matter persists, members of BAA can contact BAA directly for guidance and support and are encouraged to escalate within their organisation where appropriate

ii. Audiology Professional competence

- If the ongoing competence of an Audiology Professional is a concern, it is the responsibility of the Audiology Professional to address and resolve the area of concern, for the individual to continue to act in the role
- Audiology Professionals can use the national codes of conduct as an objective measure of performance to enable the area of concern to be described and named, so that appropriate action might be taken
- Any competence issues must be addressed as soon as they are detected. Where an organisation has capability policies in place to support returning to competence, these shall be adhered to

iii. Support for students in training

- The responsibility for supporting a student in training is shared between the training provider and the employer. As part of regulatory requirements in the approvals process, training providers are asked to outline their procedures to support students in all aspects of the training
- If the training provider or the employer does not meet the regulatory standards required during their training, then the student will be able to seek advice from the BAA and their regulatory body⁶

⁶ Please refer to HCPC and AHCS web pages for information on the relevant body's fitness to practise process and how to raise a concern about a provider or programme. These pages set out the circumstances in which the regulatory body can investigate.

SECTION B - GOOD AUDIOLOGICAL PRACTICE

In this section of the scope of practice, we outline the areas that each audiology professional, regardless of role, occupational setting, or experience within their profession, shall achieve. These are aligned to the Good Scientific Practice standards issued by the Academy for Healthcare Science⁷ and the Standards of Conduct, Performance and Ethics produced by the Health & Care Professions Council.⁸

The responsibility for maintaining good professional practice rests with every individual within the audiology sector and relates to many areas of professional behaviour. Personal responsibility for professional behaviour must be uppermost in our minds to maintain public trust in the profession.

This section is separated into areas that all contribute to good audiological practice.

KNOWLEDGE, SKILLS & PERFORMANCE

YOUR OWN HEALTH AND PATIENT SAFETY

- i. If you know or suspect that you have a serious condition that you could pass on to patients/clients, or if your judgement or performance could be affected by a new/existing condition or its treatment, it is your professional responsibility to inform Occupational Health staff, if available, or your own General Practitioner for advice on practising safely.
- ii. You must follow their advice about any changes to your practice they consider necessary. If appropriate, you shall inform your registration body of any changes to your practice that may affect your ability to remain on the register

INDEMNITY ARRANGEMENT

- i. As an audiology professional, you shall make sure that you have an appropriate indemnity arrangement in place relevant to your scope of practice and work setting
- ii. This indemnity shall meet the requirements of your professional registration body

FULFIL ALL PROFESSIONAL REQUIREMENTS

To achieve this, you must:

- i. Keep your knowledge and skills up to date, taking part in appropriate and regular learning and professional development activities that aim to maintain and develop your competence and improve your performance
- ii. Cooperate with requests to act as a witness in any hearing that forms part of an investigation

⁷ <https://www.ahcs.ac.uk/education-training/standards/>

⁸ <https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>

- iii. Inform your registration body and any employers as soon as you can about any caution or charge against you, or if you have received a conditional discharge in relation to, or have been found guilty of, a criminal offence (other than a protected caution or conviction)
- iv. Tell any employers you work for if you have had your practice restricted or had any other conditions imposed on you by your registration body
- v. Tell your employers and registration body at the first reasonable opportunity if you are or have been disciplined by any regulatory or licensing organisation, including those who operate outside of the professional health and care environment

RESPOND TO ANY COMPLAINTS MADE AGAINST YOU PROFESSIONALLY

- i. Never allow someone's complaint to affect the care that is provided to them
- ii. Use all complaints as a form of feedback and an opportunity for reflection and learning to improve practice
- iii. Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system
- iv. Identify priorities, manage time, staff, and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first

SAFETY AND QUALITY

- i. Prioritise safety and quality for clinical provision to patients and service users
- ii. Practise in line with the best available evidence
- iii. Provide evidence-based information and advice, including information relating to using any health and care products or services
- iv. Update and maintain the knowledge and skills you need for safe and effective practice.
- v. Keep clear and accurate records relevant to your practice in a format that can be assessed and audited

RESPONSIBILITY FOR QUALITY SYSTEMS

- i. You must take part in systems of quality assurance and quality improvement to promote patient safety
- ii. Taking part in regular reviews and audits of your work and that of your team.
- iii. Respond constructively to the outcomes of reviews and audits
- iv. Take steps to address any problems identified in reviews and audits and carry out further training where necessary
- v. You shall regularly reflect on your standards of practice and the care you provide, including reviewing patient feedback where it is available

RAISING CONCERNS

- i. Act without delay if you believe that there is a risk to patient safety or public protection
- ii. You shall raise and, if necessary, escalate any concerns you may have about patient or public safety, or the level of care people are receiving in your workplace or any other health and care setting which you have direct involvement with, using the channels available to you in line with our guidance, the guidance of your registration body and your local working practices
- iii. You shall raise your concerns immediately if you are being asked to practise beyond your role, experience, and training
- iv. You shall acknowledge and act on all concerns raised to you, investigating, escalating, or dealing with those concerns where it is appropriate for you to do so
- v. You shall not obstruct, intimidate, victimise or in any way hinder a colleague, member of staff, person you care for or member of the public who wants to raise a concern
- vi. You must take prompt action if you think that patient safety, dignity, or comfort is being compromised

COMMUNICATION PARTNERSHIP AND TEAMWORK

DELEGATION OF TASKS

- i. You remain accountable for your decisions to delegate tasks and duties to other people
- ii. You must only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions
- iii. You must make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe care
- iv. You shall confirm that the outcome of any task you have delegated to someone else meets the required standard

MAINTAINING TRUST

- i. You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions
- ii. In addition, you must always uphold the reputation of your profession

To achieve this, you must:

- iii. Keep to and uphold the standards and values set out in the Code of Conduct of your registration body
- iv. Act with honesty and integrity always, treating people fairly and without discrimination

BULLYING OR HARASSMENT

- v. Be aware at all times of how your behaviour can affect and influence the behaviour of other people
- vi. Treat people in a way that does not take advantage of their vulnerability or cause them upset or distress
- vii. Stay objective and always have clear professional boundaries with people in your care (including those who have been in your care in the past), their families and carers.
- viii. Ensure that your personal beliefs (including political, religious, or moral beliefs) are not expressed to people inappropriately
- ix. Act as a role model of professional behaviour for students and newly qualified health professionals and support staff to aspire to good professional practice
- x. Use all forms of spoken, written and digital communication (including social media and networking sites) responsibly, always respecting the right to privacy of others

UPHOLD YOUR POSITION AS AN AUDIOLOGIST AND HEARING HEALTH PROFESSIONAL.

To achieve this, you must:

- i. Act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship with, including people in your care
- ii. Make sure that any advertisements, publications, or published material you produce or have produced for your professional services are accurate, responsible, ethical, do not mislead or exploit vulnerabilities and accurately reflect your relevant skills, experience, and qualifications
- iii. Cooperate with the media only when it is appropriate to do so, and then always protect the confidentiality and dignity of people receiving treatment or care

SECTION C: CAREER FRAMEWORK

INTRODUCTION

A career framework supports staff long-term development in a structured way. In some ways, it sits outside of a scope of practice document because an individual's scope of practice is independent of their job description.

The scope of practice is the limit of an individual's knowledge, skills, and experience, and is comprised of the activities they carry out within their professional role. As a health and care professional, individuals must always keep within their scope of practice to ensure they are practising safely, lawfully and effectively. This is likely to change over time as their knowledge, skills, and experience develop.

Your scope of practice is not the same as your roles and responsibilities as defined in your job description. **Your scope of practice may not be equal across all areas of audiology.** There may be times when your scope of practice exceeds the roles and responsibilities outlined in your job description; at other times, your job description may contain elements that fall outside of your

scope of practice. It is everyone's responsibility to work within their scope of practice and, via continued professional development (CPD), identify areas that are outside of their scope of practice that will require training or educational support. Individuals are expected to address these areas before performing those skills autonomously and complete a competency assessment if required. CPD will also be required to maintain an individual's knowledge and skills within their scope of practice; professionals must adhere to the specific CPD requirements of their regulatory body.

Good Scientific Practice (GSP) defines five domains that are interlinked, and the scope of practice applies to each of these domains:

- Professional Practice
- Scientific Practice
- Clinical Practice
- Research, Development and Innovation
- Clinical Leadership

Each domain applies to every level of a career framework. The HCPC offers advice regarding defining your scope of practice: [Identifying your current scope of practice | \(hcpc-uk.org\)](https://www.hcpc-uk.org/identifying-your-current-scope-of-practice).

Audiology services use a wide variety of job titles, which may fit with national profiles or be specific to an individual service provider; therefore, job titles do not necessarily correlate with role and are weak indicators of scope of practice. This document will avoid describing roles solely by titles but will provide common titles as illustrations.

Individuals are likely to progress between career framework levels on a gradual basis through the continual development of their skills, knowledge, and practice in each of the domains. Note that the career framework lists possible underpinning qualifications. Still, there will be a range of alternative training that may lead to professionals working at the corresponding career framework level, varying according to sector and specialism.



Figure 2: Career Framework based on HEIW document, Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales.

CAREER LEVEL A

Sector: Private

HCA/Trainee HAD

Training path

BTEC Level 4 Hearing Care Assistant Diploma.

I have been with X for 8 years, starting as an OA and working my way up to a manager. Around 2 years ago, I discussed with my store manager, as I felt I had done as much as I could in my role on optics, that I wanted to look into something different. At the time, the store was looking for an HCA. At first, I wasn't entirely sure if it was something I wanted to do, but once I started the HCA course, I knew I would enjoy it. I completed the HCA and wax removal course last summer, and I've really enjoyed it. My director was happy for me to continue and start the HAD course.



Support received

I've received a great deal of support, starting with my colleagues in the store, as I transitioned from optics to hearing care. We have an amazing small team of us on hear care, and we all support each other. We hold monthly meetings to keep everyone on the same page, and we use Teams to stay in touch with each other as we work across multiple stores. I received support and guidance throughout my HCA course from the course team. I was emailed regularly to check on our progress, and the same applies to my HAD course.

Current role summary

Current job role is HCA/ Trainee HAD which I have just started. Day in the life for me can differ day to day, sometimes I do a wax removal clinic and other days can be a mixture of wax removals, screening check, hearing aid repairs and hearing aid fittings.

What I enjoy

I find hearing aid fittings the most rewarding, as every appointment is a little bit different, and the reactions from the patient when the hearing aids are switched on will never get old.

Most rewarding aspect

My advice for anyone thinking of a similar career path would be to just do it. You will never be bored, we are constantly learning with that being either new technology or software to use or new research has come out that's interesting to read. Also every appointment and patient is slightly different and for me meeting new patients everyday and making the difference to their hearing is very rewarding.

For someone who is also looking to do it through X ie the HCA/AP course there is so much support out there either from the team instore or the course team, there is always somebody to ask which I think is great.

Community Senior Audiologist Assistant

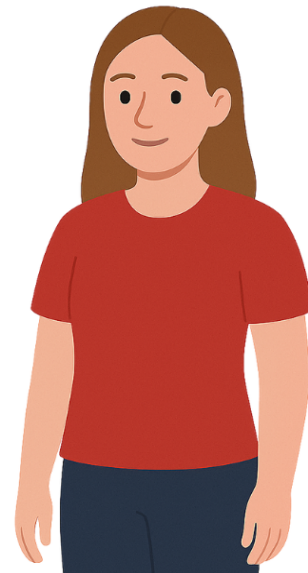
Training path

I applied for a job on the NHS jobs website in May 2014 and was offered an interview, for which I was successful in securing the role. I have been here for 10 years, as of May.

Support received

Previously, I had no support, especially when requesting additional training. Since my new CTL has been in post, I have been lucky enough to attend an audiology assistant course at X hospital. I had also never had the opportunity to view other Audiology services, and I was given the chance to observe a clinic in a local hospital, which was beneficial to me and my role.

I also hope to pursue a degree in audiology in the future.



Current role summary

I am a community senior audiologist assistant.

I assist in the day-to-day running of the audiology clinic alongside the audiologist. My duties include setting up the clinic in the morning and greeting patients as they arrive. Introduce the patient and family member to the audiologist. I keep the child distracted at the front so that we can obtain reliable VRA results, or I conduct performance testing, demonstrating to the child what they need to do in the hope of obtaining reliable behavioural results. I then prepare the Otoscope, tympanometer, and OAE for the audiologist and keep the child distracted while we obtain objective results.

Between patients, I clean the surfaces and toys throughout the day. At the end of the working day, I switch off all electrical items, pack the tympanometer and OAE away and make sure the clinic room is left clean and tidy.

Most rewarding aspect

The children that we see in our service and the difference we can make to their lives. Although we are a diagnostic service, it would be more rewarding to see them throughout their audiology journey.

Advice for others

I would advise anyone to pursue a career in audiology, especially given the evolution and changes in the field, which are for the better. It is something I strive for, to one day complete a degree in audiology and become an audiologist myself.

Hearing aid dispenser

Training path

- HCA course
- Apprenticeship Foundation Degree – Science and Hearing Aid Audiology

Support received

On the job training with my practice educator and 11 individual week residentials at university.

Current role summary

Hearing Tests, service calls and aftercare/ Counselling appointments. Microsuction, along with advice on looking after your hearing and Tinnitus support and management.

What I enjoy

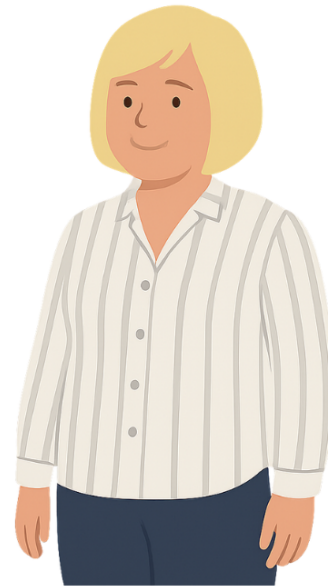
I enjoy the variety of different types of appointments I do, from wax removal to diagnostic testing, including tympanometry. The fact that although the degree is finished you are forever learning through CPD which is a requirement of the HCPC.

Most rewarding aspect

The interaction with clients from all walks of life. Sharing their journeys and how fulfilling it is to work with them to improve their quality of life.

Advice for others

Audiology is a rewarding career choice that offers the opportunity to make a difference in someone's life. Qualifying through the Apprenticeship route allowed me to study and learn while working full-time.



Owner and Audiologist

Training path

- Aston University Certificate in Audiology. 2013
- Institute of Healthcare Management, Managing Health and Social Care Certificate. 2001
- University of Bristol, Diploma in Hearing Therapy. 2000
- University of Leeds, BHSc (Hons.) Audiology Studies. 1997
- Kitson College Leeds, Btec HNC Science MPPM. 1994
- BAAT Professional exams 1993
- Kitson College Leeds, Btec ONC Science MPPM. 1992

Support received

The NHS employer paid for ONC and HNC BAAT and Hearing Therapy. Self-funded degree, part-time.

Current role summary

I am a business owner of a Private Independent clinic. I work alone and am responsible for all patient care in a mainly adult hearing rehabilitation service.

I also run the business and do all other roles, from cleaner, to reception to marketing etc.

What I enjoy

Patient care. Having as much time as I want with each patient to understand their needs and deliver bespoke solutions.

Most rewarding aspect

Getting feedback from patients who can hear well and start to enjoy company and their social lives again. I also enjoy finding foreign objects in ears and removing them.

Advice for others

I believe you should always look for learning opportunities. Do not stick to conventional routes for all your training needs as this will lead to a lack of variety for you and the profession. Get a broader understanding of Audiology by looking at examples from around the world not just the U.K. Remember shadowing and visiting other clinics can offer valuable insights and opportunities too. Look for the unique roles within the profession and it never gets dull.



Senior Audiologist

Training path

I did an undergraduate degree in Audiology in South Africa and then had a placement year in a government hospital in South Africa.

Support received

Since coming to work in the UK over 10 years ago, I have been supported by being sent on external and internal courses to help me improve both my clinical skills and my leadership skills. This has been invaluable in helping me improve my own knowledge base, as well as providing the best service for my patients.



Current role summary

I work as a senior audiologist, serving both adults and paediatrics. I am the clinical lead for tinnitus in the adult department. I also do general ENT clinics, DR clinics, hearing aid fittings, HA rehab and HA adjustment appointments. In paediatrics, I conduct diagnostic clinics and see patients with tinnitus and hyperacusis.

What I enjoy

I enjoy working with patients who have tinnitus and hyperacusis, and I appreciate that almost every patient is unique and their situation is different, which I find to be a valuable aspect of my work. I also enjoy the more complex hearing aid fittings, and I enjoy helping someone to hear better than when they came in.

Most rewarding aspect

Giving help and advice to distressed tinnitus patients. Tinnitus can have a severe effect on some patients, and sometimes just having someone willing to listen to them and discuss things with them can make a huge difference and I find this very rewarding.

Advice for others

It's a wonderful career but make sure it's right for you. You need to be confident in communicating, patient and willing to listen. Patients at times can be rude and difficult and it feels sometimes like this is getting more prevalent, but they are often just scared and overwhelmed and if you are willing to listen and show you are trying your best for them their attitude often changes.

Evaluation Healthcare Scientist

Training path

Initially trained as an audiologist with BSc Audiology (University of Manchester) and MSc Rehabilitative Audiology (Queen Margaret University, Edinburgh). Worked clinically for 9 years before working as a Research Audiologist for 2 years, both within large, comprehensive audiology departments in the UK. Applied for STP equivalence through AHCS in 2021. Development of research and academic skills throughout these roles and acceptance as a Clinical Scientist enabled me to apply for this current role.

Support received

Support from senior members of staff and line managers as well as academic supervisors supported in gaining the transferable skills required for this role. I also received support and training relating to health economics and economic modelling as well as data analysis following appointment.

Current role summary

As part of an External Assessment Group, we are commissioned by the National Institute for Health and Care Excellence (NICE) for specific projects that typically focus on the assessment of the quality and availability of evidence for medical technologies for use within the NHS. Depending on the type of project, this may involve searching for, critically appraising, and summarising evidence relating to medical technologies in any field and considering their cost-effectiveness within reports that are used to inform NICE Committee decision-making. Some projects also involve development of research methodologies and protocols for submission to funding streams.

What I enjoy

The work is incredibly diverse and quite intense, often with multiple projects running in parallel, which ensures that I am never bored! The work is also stimulating and challenging. The breadth of project types and technologies encourages critical thinking and skills to be developed and applied across a wide range of topics.

Most rewarding aspect

While I do miss the rewarding nature of direct clinical care, it is great to be able to support patients in a different way by ensuring that the technologies being used in the NHS are evidence-based and cost-effective. Delivering robust and comprehensive reports that summarise this information to support decision-making, through hard work and collaboration, is rewarding.

Advice for others

Consider what you enjoy and what your 'ideal day at work' might look like and think outside the box for what roles may be available or fit what you would like to do. Consider what skills and strengths you have already that would facilitate this and where skills or qualifications may need to be achieved or developed before you could be considered and be proactive and dedicated to this. Seek advice and speak to those around you, even if this feels uncomfortable or unsolicited – people often are more than willing to help. Don't be too afraid of change and know that if things do not work out the way you hoped, you can repeat this process with the knowledge of what you learned in the process and that the first step, although is often the hardest, can lead you onto other things.



Senior Teaching Fellow

Training path

I completed the following degrees in Audiology. I also studied for my MEd once I had started working in a Higher Education institute (HEI).

- BSc (Hons) Audiology (4-year degree from the University of Bristol)
- MSc Clinical Sciences (Neurosensory Sciences) (3-year degree from the University of Manchester as part of the Scientist Training Programme)
- MEd Education Learning and Teaching in Higher Education (Aston University)



Support received

My clinical supervisors were key for both my undergraduate and postgraduate Audiology training. I also was a student member of both the BAA and BSA where I was able to network with other students as well as gain access to study days, documents and events.

Current role summary

I currently manage postgraduate courses at a UK University for the MSc Clinical Sciences and PGCert/ MSc Clinical Neurophysiology Practice courses. I also teach across our undergraduate courses and lead the Interprofessional Education activities for Audiology. These roles encompass organisation, leadership and teamwork skills.

Most rewarding aspect

Graduation day is definitely an annual highlight in my career; it's a rewarding experience being able to celebrate the hard work of our students and their friends/family members.

What I enjoy

I enjoy working with students across all levels. It's great to see the confidence develop over their time on their course. We focus on skill development and utilise authentic assessments to help with this, which extends beyond clinical practice. A great aspect of teaching is when students can bridge the link between theory & practice, as well as when they're able to reflect and share their experience with patients.

Advice for others

I would say get involved in training and supervision in whatever role you have. This could be supporting new colleagues, speaking to placement students, those training in other healthcare fields or outreach activities. These experiences will be incredibly useful in determining whether a career in teaching and mentoring is right for you. You may be able to get involved with HEI through clinical teaching, assessments or guest lecturing as an initial step.

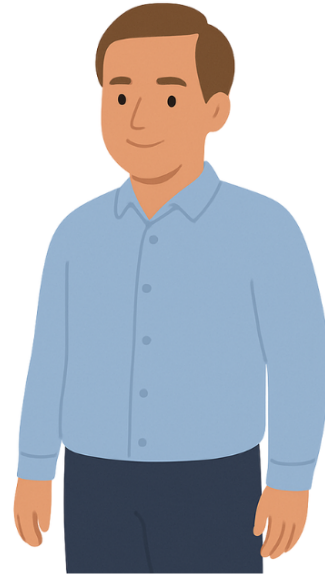
Managing Director

Training path

- B.Sc. Life Science (Physiology)
- M.Sc. Technical Audiology
- HCPC registration

Support received

My employers provided funding and time for both my M.Sc. and HCPC registration.



Current role summary

I am a business owner and sole employee. My principal task is to provide services to customers which include: Hearing Aid dispensing, hearing assessments, tinnitus advice, noise and leisure ear protection, wax removal. However, I also have to attend to the business needs of financial control and reporting, buying, marketing. Then there are the day-to-day requirements of office maintenance and cleaning.

What I enjoy

Listening and having the time to listen.

The clinical tasks ultimately become routine. Employing them competently is a necessary skill, but deciding what to apply from the toolbox feels like good use of autonomous professional judgement, which feels nice.

However, the most significant benefit of being independent in my own practice is that I can allow clients to set their own timeline and simply go with it.

Most rewarding aspect

I am always hungry for feedback. The most unrewarding part is that, despite verification, validation, and satisfaction routines, when we examine our data, we still find that there is a large number of people whom we get to know well but who then disappear. I suspect they are, quite reasonably, less invested in the relationship than we are, i.e. they just don't need us anymore, but this leaves a hole. It is satisfying when people stick their heads in the door and give an unsolicited update.

Advice for others

Get on with your customers. In audiology, the key to liking what you do is empathy. Let's not kid ourselves that it comes easily or naturally at every moment, but it is the essential ingredient.

Clinical scientist

Training path

- BSc Biochemistry & Pharmacology
- MSc Audiology, Certificate of Audiological Competence (CAC)
- Health & Care Professions Council (HCPC) registration as a Clinical Scientist

Support received

I have received excellent support from my managers throughout my career, particularly in providing support and opportunities to maintain CPD and to develop my leadership skills, through additional training within my hospital trust.



Current role summary

I lead the Paediatric Audiology team within a large hospital-based, IQIPs-accredited service. I am responsible for line-managing staff, producing & maintaining protocols & procedures, staff training, audit, and incident management within the Paediatric team. I also chair the local Children's Hearing Services Working Group (CHSWG) & local Paediatric Network. Clinically, I undertake hearing assessment for all ages of children, including ABR & behavioural testing, as well as providing hearing aids and bone conduction implantable devices.

What I enjoy

I love patient contact and getting to know families, as I work with them over time. I am also lucky to have a fantastic, dedicated and supportive team of colleagues, who make every day at work enjoyable (even when we are extremely busy).

Advice for others

My advice is to be self-reflective – which area of Audiology are you most interested in, but also which area of Audiology would best suit your current skill set? If you reflect on what skills you already have, you can identify any gaps that may require additional training or experience.

Most rewarding aspect

The most rewarding part of my job is supporting families through the process of finding out that their child has a hearing loss. Ensuring that the family is provided with all the necessary information in a sensitive and timely manner, and knowing that I have helped that family through a challenging experience to the best of my ability, is what motivates me to continue doing my job.

Consultant Clinical Scientist / Service Manager – Audiology

Training path

I began with a degree in Biological Sciences, then trained in the NHS, gaining a master's in Audiology, the Certificate of Audiological Competence, and HCPC registration. After working as a Senior Clinical Scientist, I completed the Mary Seacole Programme and the 5-year HSST while serving as a Principal Clinical Scientist. I became a Consultant Clinical Scientist in 2020 and earned my Doctorate in Clinical Science in 2022.

Support received

I had a supportive line manager who valued scientific leadership, encouraged my development, and saw HSST as vital for our service's succession planning. My family also supported me through the many evenings and weekends of study.

Current role summary

As a Consultant Clinical Scientist in Audiology, I lead our department clinically and operationally, running 3–4 weekly clinics in Paediatric Audiology and Balance. I work with the Head of Audiology to manage staff, oversee service quality and safety, maintain IQIPS accreditation, and ensure efficient, evidence-based care. I lead the Newborn Hearing Screening Programme and support research by enrolling the service in suitable studies. Recently, I became the Trust's Chief Healthcare Scientist, promoting best practice from Audiology and raising awareness of Healthcare Scientists' vital role in patient care.

What I enjoy

I enjoy the mix of clinical and managerial work, and knowing we are making a difference, whether to an individual patient in the clinic, or to all our patients by improving our service. Juggling all the managerial responsibilities is difficult sometimes, but I like working under pressure and enjoy that there's always a new challenge.

Advice for others

If you invest in yourself, work hard, and keep progressing, Audiology can offer a brilliant career. You don't need to be a manager to lead – small service improvement projects can make a big difference. Get involved in the wider community through organisations like the BAA and BSA.

For those considering the HSST, be prepared for hard work and sacrifices, but it's unmatched for developing clinical, research, and leadership skills. Even after 10 years in Audiology, it showed me there's always something new to learn.



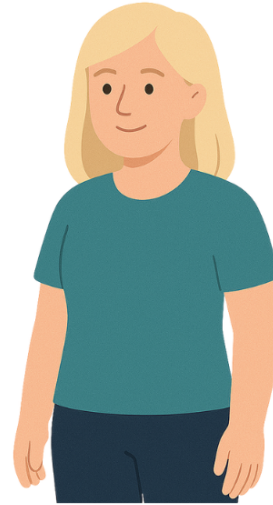
Most rewarding aspect

I still love clinical work – the diagnostic challenge that testing children can bring and knowing that our intervention is helping support that child and family. I also find it rewarding to see our staff progress and develop, for example through formal training and apprenticeships, or even learning new clinical skills in house.

Charity Senior Policy Advisor/ Lead Clinical Scientist

Training path

- BSc Applied Science
- MSc Audiology (Southampton)
- CAC in Audiology at Nottingham Children's Hearing Assessment Centre
- PGCert in Managing in Health and Social Care
- DClSci (Clinical Doctorate in HealthCare Science awarded as part of the Academic part of the Higher Specialist Scientist Training)



Support received

I self-funded my MSc in the 1990s before securing NHS trainee posts and further training in later roles. Working at centres of excellence has taught me the value of good leadership, supporting others, and pursuing opportunities that match my interests. I have specialised in paediatric audiology, developed a paediatric vestibular service, and held leadership roles, including BAA President.

For the HSST, I secured NHS England funding and supervisors, often seeking expertise externally. As a self-led programme, it demands motivation, creativity, and strong departmental support.

Current role summary

As Policy Advisor at a UK charity, I use my audiology expertise to represent deaf children, young people, and families on national groups, respond to consultations, shape policy asks, and support colleagues and advisors. I work to raise awareness of audiology's importance and improve services across the UK. Alongside this, I maintain a part-time NHS role, seeing children for vestibular, tinnitus, listening, and complex assessments. This clinical work keeps my skills current and ensures my policy advice is both realistic and constructive.

What I enjoy

I use my audiology expertise and passion for improvement to take a step back, see the bigger picture, and focus on what matters to patients and families. Working with people outside the sector challenges my thinking and offers a fresh perspective to feed back into the profession.

My NHS role reminds me how much I enjoy patient care and that every child and family is unique. I take pride in successfully testing children labelled "difficult to test," recognising it's our role as audiologists to adapt our skills to meet their needs.

Most rewarding aspect

Working for a campaigning charity can be stressful and change is often slow, but I'm proud that my work helps deaf children and their families. In my NHS role, I've seen how simply explaining symptoms, recognising a child's difficulties, and advising those around them can significantly improve their wellbeing.

Advice for others

Know what motivates you. Third sector policy roles suit those passionate about service users, able to see the bigger picture, and open to other perspectives. They require you to challenge others, backed by experience and expertise. With over 30 years in NHS paediatric audiology, I aim to keep expectations realistic and offer pragmatic support, while recognising my limits and being clear about which role I represent in external engagement.

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Please cite this document in the following format:

British Academy of Audiology (2025), BAA Scope of Practice: Audiology Professionals.

<https://baaudiology.org/members-home/scope-of-practice/>

Doc Number: OD1755 – Version 1. Last Review Aug-25. Next Review Aug-28
