Ringing the alarm: The tinnitus care crisis

#TinnitusWeek
#RingingTheAlarm
#TinnitusCareCrisis

An estimated 8 million people will be affected by tinnitus in the UK by the end of 2025. We are calling on the UK's hearing healthcare sector to work together to elevate tinnitus care. This will help to alleviate patient distress and reduce escalating heathcare costs.

Alex Brooks-Johnson, CEO of Tinnitus UK

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About Tinnitus UK

Tinnitus UK is the only charity in the UK dedicated to providing tinnitus support services, via our helpline (telephone, web services, SMS, and email), support groups, forum and world-class information. Our support services offer a lifeline for people living with tinnitus, with over half of our callers stating they better understand tinnitus after speaking with one of our advisers.

The charity, which relies on donations, also provides essential resources and support for clinicians and the research community. You can find out more by visiting our website: tinnitus.org.uk

Key statistics:

There are over

1 million

tinnitus-related GP appointments annually, costing the NHS

£750 million

An estimated

8 million people

will be affected by tinnitus by the end of 2025

Tinnitus affects

1 in 7

adults in the UK, with severe impact on

1 in 6

of those living with the condition

About tinnitus

Tinnitus—the perception of sound such as ringing, buzzing, or hissing in the ears or head without an external source[1] —affects approximately one in seven adults[2] and one in thirty children[3]; the latter translates to one child in every classroom. While some experience tinnitus as a mild inconvenience, for many it becomes a persistent, life-altering condition.

In the UK, an estimated 1.5 million people struggle with severe tinnitus[4], profoundly impacting their quality of life. The condition frequently contributes to clinical anxiety, depression, and sleep disturbances, creating a ripple effect on home, work, and social environments. Many distressed individuals turn to Tinnitus UK for guidance and support, as the broader societal and healthcare implications of tinnitus continue to escalate.

Despite its growing prevalence, tinnitus remains without a recognised cure[6]. Current treatments focus solely on symptom management, often leaving patients feeling overlooked and unsupported. Many report that healthcare professionals treat tinnitus as a secondary concern—typically linked to hearing loss—rather than addressing its significant emotional and psychological toll. This urgent and escalating public health challenge highlights the critical need for increased awareness, dedicated research, and comprehensive support systems for those living with tinnitus.

The financial burden of tinnitus-related healthcare in the UK currently exceeds £750 million annually[5]. With nearly eight million people expected to be affected by the end of 2025, this cost is projected to rise to at least £850 million[5].

About the authors

Sonja Jones is a highly accomplished Clinical Audiologist and Hearing Aid Dispenser with a wealth of experience across multiple sectors within the hearing healthcare industry.

She has worked as a Senior NHS Audiologist, working with both children and adults. She has also been at the forefront of hearing aid innovation where she has been a technical trainer and support audiologist for two leading hearing aid manufacturers, Starkey and Widex, across the UK and Ireland. Furthermore, she has been a clinical assessor and mentor of fledgling audiologists and hearing care assistants.

In 2018, Sonja founded her own private practice in Cardiff, where she continues to offer personalised care and innovative solutions for patients with hearing difficulties. Sonja is also a hearing health consultant for world famous orchestras and operas across the UK.

Sonja is a member of Tinnitus UK's Scientific Advisory Board, an independent group of tinnitus experts who volunteer their time to support the charity. This report is just one part of the fantastic work she and her fellow volunteers carry out every year to guide the charity and help as many people living with tinnitus as possible.

Dr James Jackson has been a member of the Tinnitus UK Scientific Advisory Board for almost two years. He is a Reader in Psychology at Leeds Trinity University. He is a Chartered Psychologist and an Associate Fellow of the British Psychological Society.

James has tinnitus and a severe/profound hearing loss. His doctorate was on cognitive performance in tinnitus patients, and his most recent papers investigated use of online resources for tinnitus. He leads workshops training healthcare professionals to more effectively work with tinnitus patients.

Executive summary

New Tinnitus UK report highlights alarming gaps in tinnitus care and education across the UK

In November 2024, Tinnitus UK conducted a groundbreaking investigation into tinnitus care provided by Hearing Healthcare Practitioners (HHPs)[i] within the private sector and the National Health Service (NHS) across the United Kingdom. This research builds on issues highlighted in the February 2024 'Revealing the Struggle for Silence' report, shedding light on critical challenges and opportunities for improvement in tinnitus care.

The study also delved into the education and training of HHPs at UK universities, with nearly 6%[ii] of the HHP workforce contributing their insights. Key findings from the research include:

1. **Long delays in NHS tinnitus care:**
   NHS clinicians reported waiting times of up to 12 months for psychology, talking therapies, CBT referrals or hearing aid assistance and three years for ENT appointments.

2. **Extended NHS wait times for therapies:**
   NHS patients face waits from three months to over a year for referrals to talking therapies and Cognitive Behavioural Therapy (CBT), leaving many without timely intervention.

[i] For clarity in this report we have used the terms "Hearing Healthcare Practitioners" (HHPs) for both the private and public sectors because Hearing Aid Dispensers and Audiologists have different training routes and are qualified for different things. Some people are dual-qualified as an audiologist and hearing aid dispenser.

[ii] 167 responses. It is estimated that there are between 3,000 and 4,000 audiologists actively working in the UK working within the NHS as well as private healthcare sector.

3. **Low priority for tinnitus in private clinics:** 36% of private audiology professionals say tinnitus care is a low priority for them, with only 12% indicating that their employers view it as essential.

4. **Concerns over deviations from NICE Guidelines:** Audiologist-led CBT for tinnitus is increasing, raising concerns about industry standards, and practices diverging from established NICE recommendations.

5. **Significant gaps in university-level education:** None of the surveyed UK university audiology departments offer tinnitus-specific clinical mentoring, competency logbooks, or work placements, leaving future practitioners underprepared.

36%
PRIVATE CLINICS
SAY TINNITUS CARE IS A
LOW
PRIORITY

Despite these challenges, the research reveals a unanimous desire among HHPs across the public and private sectors, as well as in academia, to enhance their knowledge and skills so that they can provide better support for tinnitus patients.

Tinnitus UK's calls to action

To address the pressing issues uncovered in this report, Tinnitus UK is calling for:

1 Full implementation of NICE Guidelines

Ensuring that all HHPs follow these guidelines to deliver optimal care for tinnitus patients.

2 Standardised continuing professional development (CPD)

Introducing properly accredited tinnitus-focused CPD for qualified HHPs, aiming to reduce NHS waiting times and equip practitioners to provide timely and effective care.

3 Enhanced university curricula

Expanding and standardising tinnitus education to prepare future hearing care professionals to confidently support patients early in their careers and beyond.

4 Hearing Health Professionals and GPs to utilise Tinnitus UK resources

As the UK's only charity dedicated to tinnitus, Tinnitus UK provides specialised support for both patients and healthcare professionals.

This report underscores the urgent need for systemic changes in tinnitus care and education to improve patient outcomes, reduce healthcare costs, and ensure no one faces tinnitus without the support they need.

Hearing healthcare support: A call for improvement

While no cure currently exists for chronic tinnitus[6], significant progress has been made in its management. In March 2020, the National Institute for Health and Care Excellence (NICE) introduced its first guidelines[7] for tinnitus assessment and management across various care settings, aiming to enhance the support available to those affected.

However, incomplete adherence to NICE guidelines remains a concern. Last year, Tinnitus UK published a report[8] examining patient experiences with tinnitus care. The findings were limited by insufficient input from audiology professionals, making it difficult to assess how well clinical practices aligned with NICE recommendations. To bridge this gap, Tinnitus UK has now conducted surveys with NHS and private sector Hearing Health Professionals as well as university educators.

Key findings from the survey include:

1. Significant NHS waiting times:

NHS clinicians reported waiting times of:

- Up to 1 year for psychology, talking therapies, or CBT referrals.
- Up to 3 years for ENT appointments.
- Up to 12 months for hearing aid assistance.

83% of private Hearing Healthcare Practitioners (HHPs) report seeing the knock-on effects of an NHS which remains under pressure.

These respondents highlighted delays, with one stating:

"By the time they have seen an ENT consultant or Audiologist it has been over a year. Only to be told there's nothing that they can do; they must get used to it."

2. Low priority in private clinics:

36% of private HHPs believe tinnitus care is a low priority in their workplace.

72% of private hearing clinics do not offer tinnitus-specific consultations.

A clinician remarked:

"The priority of the company I work for is that they want hearing aid sales and that's it. Most of us would love more diversity but the company restricts us because it doesn't make money."

3. Inadequate education in universities:

Leading UK universities revealed that pre-qualification training for HHPs lacks clinical work experience specific to tinnitus.

There is no requirement to observe or participate in tinnitus-specific appointments or complete a logbook of clinical competency in tinnitus care. For all other aspects of hearing health clinical training and education, this is standard practice.

A university educator shared:

"As a specialist in tinnitus, I would value more time for this in the curriculum."

4. Post-qualification training gaps:

Only 50% of respondent private HHPs have received tinnitus training after they have qualified. This highlights a significant barrier to improving patient outcomes.

- Of those, 75% (37.5% of all respondents) said their training did not align with NICE guidelines raising concerns about inconsistency in practice and suboptimal care.
- The remaining 25% (12.5% of all respondents) gave unclear answers about the type of CPD they undertook, so no further conclusions can be drawn.

This lack of standardised, guideline-compliant training not only limits HHPs' ability to effectively manage tinnitus, but also perpetuates disparities in care quality between providers.

5. Concerns about CBT delivery for tinnitus patients:

The delivery of Cognitive Behavioural Therapy (CBT) for tinnitus patients in the NHS reveals a pressing issue: 60% of respondent HHPs advise they deliver CBT for tinnitus. These professionals lack accreditation from either the British Association for Behavioural and Cognitive Psychotherapies (BABCP) or the British Psychological Society

(BPS)[iii]. This is a significant deviation from NICE guidelines, which stipulates that CBT should be delivered by trained and accredited psychologists to ensure effectiveness and patient safety.

Implications are profound. Without proper qualifications, HHPs may inadvertently provide care that falls short of evidence-based standards, potentially delaying meaningful support for patients enduring the emotional and psychological burdens of tinnitus. One clinician reflected:

> ***"I think additional training in these areas for audiologists is vital...Mental health services are already buckling under the pressure with the long wait times for patients to access these services...training could be given to audiologists - this would help patients be seen quicker."***

This research underscores the urgent need to prioritise tinnitus care, address educational and training deficiencies, and align practices with NICE guidelines to improve outcomes for those living with tinnitus.

[iii] The BABCP is a UK-based professional organisation that sets standards for cognitive and behavioural psychotherapy. It promotes evidence-based therapies, primarily CBT, benefiting practitioners and the public through accreditation, training standards, events, and policy development. The BABCP supports professionals seeking skill development and connects individuals with qualified therapists. The BPS is the foremost organisation representing psychologists in the UK. Established in 1901, it supports psychology's development, application, and public understanding. The BPS, a registered charity, promotes research, practice, and professional standards while advancing psychology for public benefit.

Delays in tinnitus care: A growing crisis

Tinnitus UK's 2024 report[8] revealed a sobering reality for those living with tinnitus: delays in accessing care are having a profound and detrimental impact on patients' lives. A significant majority of respondents (65.8%) reported that prolonged waits for ENT or audiology appointments negatively affected their quality of life, with 25% describing the impact as severe. One patient shared, "In hindsight, the waiting time undoubtedly made the condition worse, as I now understand the link with anxiety."

For those whose mental health is deeply affected by tinnitus, the situation is even more critical. Across the sector, audiologists report that patients often wait up to a year for psychotherapeutic care such as Cognitive Behavioural Therapy (CBT). Recognised as a highly effective intervention, CBT helps individuals reframe their thoughts and behaviours around tinnitus, reducing its distressing impact. Yet, many patients are left navigating a complex system with insufficient support. Clinicians noted:

"It can add to their stress not being able to navigate the system and waiting a very long time to be seen."

"There are long waiting lists for ENT, and more importantly for mental health. The support many patients end up receiving in mental health is not fit for purpose, and many get discharged without having received any meaningful help."

Despite long NHS waiting times for psychotherapeutic assistance to help people minimise their tinnitus related distress, 75% of NHS respondents said "no" when asked the question: 'Do you ever suggest patients seek help privately for their tinnitus?'

"There was very little guidance available when I started working. I came close to having a breakdown after trying and failing to get help for suicidal and severely distressed patients. What helped most was supervision with an experienced hearing therapist. Since then, the NICE guidance has helped, but there's still so much to improve."

For those requiring a medical referral for further physical investigations by ENT (Ear, Nose, and Throat) Consultants, the surveys indicated waits for ENT can be up to 3 years to determine any physical concerns[iv].

A patient's perspective:

"Understand how it's affecting your life right now. If it's starting to take over, my advice would be to speak with a good therapist."

These findings underscore the urgent need for systemic change. Reducing wait times, expanding access to qualified mental health support, and improving guidance for healthcare professionals are critical steps to ensure that those living with tinnitus are not left to struggle for silence.

[iv] Our surveys did not include ENT departments; therefore, we cannot provide further insights or compare perspectives on tinnitus care between audiology and ENT departments or patient experiences when referred to either service. Furthermore, as GPs and psychologists working with tinnitus were not surveyed, additional work is necessary to investigate these interprofessional views and aspects of tinnitus care.

Tinnitus: A low priority in the private sector

Tinnitus care appears to occupy a diminished role within the private hearing healthcare sector, with over one-third of private HHPs reporting that their workplace does not prioritise it. While 22% view tinnitus care as a high priority—an encouraging sign—only 12% consider it essential. This disparity underscores a pressing need for increased emphasis on tinnitus management across private practices.

The variation in prioritisation likely stems from the diverse business models within the private sector. HHPs operate in settings ranging from independent clinics to high-street chains, private hospitals, and home visit practices. Many of these businesses depend heavily on hearing aid sales for financial success, leaving less room for resource-intensive, non-product-based services like tinnitus care.

Tinnitus management is often perceived as a complex and unpredictable service. One clinician shared:

> ***"Many audiologists simply don't know how to charge for this type of service. They're so used to selling a physical product rather than charging for an open-ended service. Tinnitus treatment is messy, time-consuming, and requires extensive preparation and documentation. It doesn't fit easily into the way most practices are run, especially those focused on 'units sold'."***

To address these challenges, Tinnitus UK is committed to supporting clinics of all sizes in implementing strategies that align with NICE guidelines and elevate the standard of tinnitus care. By providing guidance and resources, Tinnitus UK aims to reduce barriers, instil confidence in tinnitus management, and empower private sector audiologists to integrate effective care practices into their operations.

This effort not only has the potential to transform private sector tinnitus care but also ensures that more patients can access the support they need, regardless of the business model of their provider.

Educational gaps in audiology: A barrier to effective tinnitus care

There are multiple educational pathways for individuals to become hearing aid dispensers[9] or audiologists in both the private sector and NHS[10], respectively. While multiple pathways, such as apprenticeships, foundation degrees, BSc degrees, and postgraduate programs, lead to careers in hearing healthcare though registration with either the Health and Care Professions Council and/or The Academy for Healthcare Science, there is a striking lack of tinnitus-specific training across all routes.

Our survey of those UK universities offering audiology programs uncovered that 0% of the responding institutions provided clinical training or mentoring with tinnitus-specific patients. Furthermore, students are not required to demonstrate clinical competence in tinnitus management as part of their qualifications. Clinical training and completion of competency examinations is required for all other areas of audiological training.

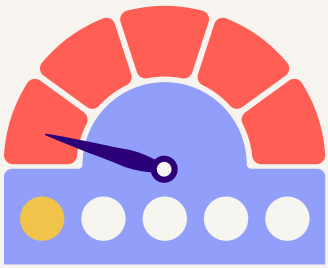
One university reported that tinnitus education comprised of just twenty hours across a three-year degree program, relying heavily on independent learning and group seminars rather than structured, guided teaching. Practical experience is limited, with no mandatory observation or participation in tinnitus-specific appointments. Assessment typically involves open-book exams and case studies where tinnitus is addressed as a secondary symptom, rather than as a primary focus of care.

The survey asked universities to provide perspectives on the readiness of their graduates to work with tinnitus patients in various fundamental assessment and treatment scenarios. We aimed to evaluate how well these institutions believe their graduates are prepared for the practical demands of the profession:

Functional and emotional impact assessment: Universities indicated that graduates are only "slightly prepared" to evaluate how tinnitus affects patients' lives 'functionally and emotionally'.

Sound therapy: Two-thirds of universities reported that their graduates are "not at all prepared" to use sound therapies with tinnitus patients upon qualification.

Amplification provision: Preparedness to provide hearing aids to tinnitus patients varied widely, with responses ranging from "not at all prepared" to "extremely prepared", despite this being a core competency for HPPs within the NHS or private sector.



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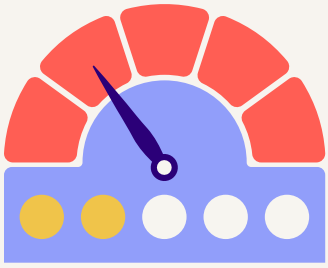

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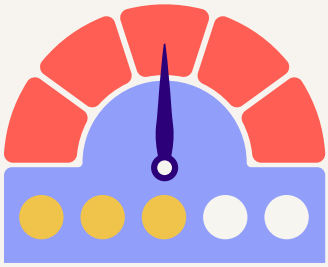

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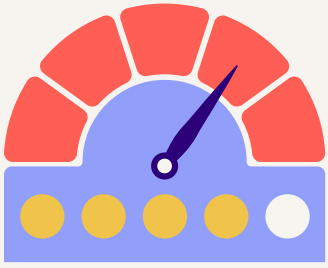

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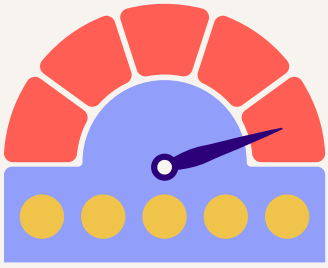


EXTREMELY PREPARED

Referral skills: Two-thirds of universities indicated that graduates are "quite prepared" to know when and where to refer patients whose needs fall outside their scope of practice.

Educational counselling: Two-thirds of universities said their graduates were "somewhat prepared" to deliver counselling aimed at educating and supporting tinnitus patients.

These findings highlight systemic issues in the training of HHPs, leaving many ill-equipped to provide comprehensive care for tinnitus patients. Emphasis on independent learning may reflect broader trends toward self-directed study rather than structured mentoring, which can leave students underprepared for real-world challenges.

The minimal allocation of time to tinnitus-specific education in audiology programs—both in formal instruction and clinical practice—is a significant concern. The absence of explicit clinical competency requirements exacerbates this gap. However, it is encouraging to see universities expressing a willingness to enhance their curricula:

> ***"...it does unfortunately not get taught too much; this is an area of development for us."***

Combined with the perceived level of graduate competency, these findings underscore the need for a consensus on a standard minimal level of tinnitus education across the industry, despite the existence of NICE and British Society of Audiology (BSA)[11] guidelines.

Strengthening tinnitus care education for early-career hearing health practitioners could have a beneficial impact on NHS waiting times and may ensure impactful care is delivered in the private sector. By providing clinicians with the appropriate knowledge and tools, they would be better equipped to effectively assist individuals experiencing tinnitus distress within their scope of practice, ultimately leading to more efficient and timely care delivery.

Continuing professional development (CPD) for qualified audiologists

Private sector clinicians: addressing the training disparity

A lack of standardised training and defined care pathways for tinnitus remains a pressing concern among private-sector Hearing Healthcare Practitioners (HHPs). One clinician articulated the challenge:

> ***"There is a lack of understanding of the subject—lack of training on tinnitus—and no clear pathway to deal with such patients."***

Despite respondents having an average eighteen years of clinical experience, only half reported pursuing additional tinnitus-specific training after qualification. The training methods among these practitioners varied, including:

- Private company-led one-day courses
- University courses or modules
- Self-directed online CPD

However, some respondents offered ambiguous references to "ongoing CPD in tinnitus" without detailing the content or source. Encouragingly, nearly 9% of those who pursued further training selected Tinnitus UK as their provider.

Access to high-quality, consistent training remains a significant barrier. One participant voiced their frustration with the lack of institutional support:

> ***"There wasn't any training worth having. I suggested we should ask Tinnitus UK to come and do training courses, but the idea was ignored [...by my workplace]!"***

NHS Clinicians: A mixed picture

Among NHS respondents, more than 47% reported engaging in tinnitus-specific training of some description, post qualification. However, 16% indicated they had not received any further education, and a further 37% did not provide a response. Training methods were diverse, including:

- In-house training sessions
- Seminars led by private companies
- University courses or modules

While these efforts reflect a commitment to improving tinnitus care, the fragmented approach mirrors challenges seen in the private sector. A clinician emphasised the importance of ongoing professional development:

"There is a danger, once an audiologist is trained to help with tinnitus, to become complacent. It is crucial to allocate time to keep skills up to date with the latest thinking on tinnitus. This ensures patients receive the best advice and support."

The case for standardised CPD

These findings highlight the urgent need for unified, evidence-based CPD frameworks aligned with NICE guidelines. Standardised and accessible training would enable both private and NHS clinicians to confidently deliver consistent, effective tinnitus care, ensuring better outcomes for patients across the board.

Adherence to NICE Guidelines: A mixed picture of compliance

While skilled clinicians across both the NHS and private sectors are making significant contributions to tinnitus care, our findings suggest inconsistencies in adhering to the National Institute for Health and Care Excellence (NICE) guidelines. These guidelines emphasise timely assessment, personalised information, and evidence-based interventions, including cognitive-behavioural therapy (CBT). They advocate for multidisciplinary collaboration, regular monitoring, and patient-centric care, ensuring that services are inclusive and accessible.

Our survey did not specifically focus on compliance with NICE guidelines, limiting the ability to draw definitive national conclusions. However, anecdotal evidence and reported practices highlight areas where adherence appears variable, particularly in the assessment and treatment approaches used by Hearing Healthcare Practitioners (HHPs).

CBT delivery: A divergence from guidelines

The NICE guidelines specify that CBT, regardless of delivery method (face-to-face, group, or online), should only be administered by qualified psychologists. However, our findings reveal a notable trend of HHP-led CBT within both private and NHS sectors:

NHS sector: Nearly 40% of those HHPs reporting to work with tinnitus refer tinnitus patients to psychotherapy, however 60% of respondent HHPs advise that they deliver CBT themselves rather than making a referral.

Private sector: Among practitioners supporting tinnitus patients, 25% ensure clients have access to CBT. Of these, 53% refer patients to psychotherapy services, while 47% deliver CBT themselves.

Most clinicians delivering CBT have pursued private, audiology-led training courses, which are neither accredited by the British Association for Behavioural and Cognitive Psychotherapies (BABCP) nor the British Psychological Society (BPS). While there is no legal requirement for accredited certification to perform or teach CBT, this lack of regulation raises concerns about disparities in education, practice quality, and patient outcomes.

The rationale for audiologist-led CBT

The prevalence of HHP-led CBT may stem from long waiting times for psychotherapy within the NHS. Audiologists, recognising the immediate needs of their tinnitus patients, often feel compelled to step in. This proactive approach is not without controversy. In particular, the BABCP has called for stricter regulation of psychotherapy to ensure patient safety and practitioner accountability, highlighting the broader issue of unregulated practices in mental health care.

"BABCP calls on the next UK Government to take steps to introduce proper regulation of psychotherapy as a matter of urgency, in order to better protect members of the public who seek support for their mental health and wellbeing. Everyone who seeks this kind of help should have confidence that the therapist will be properly qualified and registered - and will be held to account if something goes wrong[12]."

Clinician perspectives on CBT in tinnitus care

Opinions among HHPs regarding audiology-led CBT are divided:

Support for audiologist-led CBT: Some practitioners argue that providing CBT within audiology settings alleviates pressure on overburdened mental health services and ensures continuity of care for patients.

"The reason for audiologists receiving such training is simple: it may not be possible to refer to a psychologist in the private sector locally, and there's unlikely to be enough demand to employ one in-house. Tinnitus is often a 'whole person' problem, requiring a psychological approach that is sympathetic to the audiological aspects."

Calls for collaboration with psychology: Others advocate for closer collaboration with psychologists, suggesting that this would yield better outcomes, particularly for complex cases.

"Collaborate closely. For more complicated cases, a psychologist seeing the patient directly would be best. For routine cases, audiologist-led CBT with psychological oversight might be more feasible."

The path forward

Clinicians identified several opportunities to enhance CBT delivery for tinnitus patients:

1. Developing accredited, evidence-based CBT training tailored to audiologists.
2. Establishing referral networks and "hub-and-spoke" models, where psychologists act as central resources for multiple audiologists, ensuring timely and appropriate referrals.
3. Promoting interdisciplinary collaboration to bridge gaps between audiology and mental health services.

With further research comparing outcomes of HHP-led and psychologist-led CBT, these insights could inform future guidelines and training programs, fostering a unified approach to tinnitus care that aligns with NICE standards.

Recommendations

1 Embed NICE guidelines fully

Clinicians must adhere to NICE guidelines in tinnitus assessment and treatment. Employers should ensure their teams remain updated on best practices, enabling consistent, high-quality care across the sector.

2 Recognise and share best practices

Tinnitus UK recommends celebrating and disseminating effective approaches to tinnitus care. With over 60% of NHS clinicians reporting their service prioritises tinnitus care—40% marking it as a 'high priority' and 22% as 'essential'—these successes offer a foundation for broader improvement. Collaboration with high-performing NHS departments can help establish a uniform standard of care nationwide. While resource-intensive, such partnerships are crucial for overcoming barriers and fostering engagement in services of all sizes.

3 Foster cross-industry collaboration

Greater collaboration between organisations such as the BSA (British Society of Audiology) Tinnitus and Hyperacusis Special Interest Group, the British Academy of Audiology (BAA), the British Society of Hearing Aid Audiologists (BSHAA), the Association of Independent Hearing Healthcare Professionals (AIHHP) and ENT UK is vital. Working together can elevate tinnitus care in both the NHS and private sectors. Additionally, Tinnitus UK advocates for partnerships with organisations like BABCP and the BPS to establish an accredited pathway for audiologist-led CBT, alleviating NHS mental health service pressures and improving access to tinnitus care.

Recommendations

4 Standardise tinnitus education and CPD programmes

Tinnitus UK is committed to leading the development of standardised tinnitus care educational guidelines in partnership with universities and professional bodies such as the BSA, BAA, and BSHAA. These guidelines should ensure that students and practitioners alike are equipped with the knowledge and tools to provide evidence-based tinnitus care.

5 Align curricula with best practices

Course providers must align their curricula so it adheres to NICE guidelines and BSA practice guidance. Given the inconsistencies in pre- and post-qualification training, integrating up-to-date, approved CPD programmes is essential to equip clinicians with the skills needed to manage tinnitus effectively. Tinnitus UK can work with course providers to help facilitate this change.

6 Upskill the workforce

Employers should prioritise tinnitus education and actively support their teams in engaging with tinnitus-specific CPD. By doing so, they can ensure their workforce is prepared to deliver comprehensive and effective care to patients.

Conclusion

Addressing the disparities in tinnitus care across the UK's hearing health sector is both a pressing challenge and a significant opportunity. Failure to act risks exacerbating patient distress, overburdening healthcare systems, and perpetuating health inequalities.

Adhering to NICE guidelines is fundamental to establishing high-quality tinnitus care. Collaboration among key organisations such as the BSA, BAA, BSHAA, and BABCP will foster consistent education, encourage best practices, and explore innovations such as accredited CBT pathways.

This collective effort requires contributions from employers, educators, and clinicians:

Employers must invest in upskilling their teams.

Educators must modernise curricula to reflect current standards.

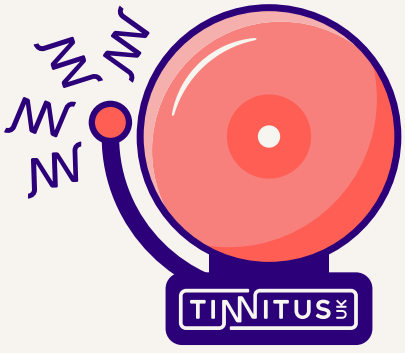
Clinicians must engage in lifelong learning and CPD opportunities.

Together, we can transform tinnitus care, providing timely and effective support to improve outcomes for individuals living with tinnitus. The time to act is now.

Patient perspective:

"If I hadn't found Tinnitus UK on that day, the worst day of tinnitus, when I was really panicking, I don't know what I would have done. I think my day would have been really horrible.

I've called the Tinnitus UK helpline twice. The first time was on my worst day of tinnitus... I called up Tinnitus UK. Thankfully somebody immediately answered and I was able to talk with them and understand that my tinnitus had spiked. I didn't really understand this before. Speaking to the person at Tinnitus UK and being able to talk it through really calmed me down and really helped me."



References

1. NHS. (2024). Tinnitus. Retrieved from www.nhs.uk/conditions/tinnitus

2. Biswas R, Lugo A, Akeroyd MA, Schlee W, Gallus S, Hall DA. (2021). Tinnitus prevalence in Europe: a multi-country cross-sectional population study. *The Lancet Regional Health* (2021)

3. Benton, C., et al. (2016). British Society of Audiology Good Practice Guidance for the management of children with tinnitus. Retrieved from https://www.researchgate.net/publication/301614087_British_Society_of_Audiology_Good_Practice_Guidance_for_the_management_of_children_with_tinnitus

4. Tinnitus UK. (n.d.). Our vision. Retrieved from https://tinnitus.org.uk/what-we-do/our-vision/

5. Stockdale, D., McFerran, D., Brazier, P., Pritchard, C., Kay, T., Dowrick, C., & Hoare, D. J. (2017). An economic evaluation of the healthcare cost of tinnitus management in the UK. BMC Health Services Research.

6. Miller, R. R., Smith, D. P., Hanson, A. B., Taylor, K. L., Hoffman, H. J., Tuttle, T. E., ... & Call, J. L. (2019). Why is there no cure for tinnitus? Frontiers in Neuroscience, 13. https://doi.org/10.3389/fnins.2019.00802

7. National Institute for Health and Care Excellence (NICE). (2020). Tinnitus: assessment and management. NICE guideline NG155.

8. Tinnitus UK. (2024). Revealing the struggle for silence: Tinnitus UK highlights the alarming mental health crisis amid a void of support. Retrieved from https://tinnitus.org.uk/wp-content/uploads/2024/02/TINNITUS-WEEK-2024-REPORT-V8c.pdf

9. British Society of Hearing Aid Audiologists (BSHAA). (2024). Become an Audiologist. Retrieved from https://bshaa.org/professionals/become_an_audiologist.aspx

10. British Academy of Audiology (BAA). (2024). Careers. Retrieved from https://www.baaudiology.org/careers/

11. British Society of Audiology (BSA). (2021). BSA guidelines tinnitus: Front page. Retrieved from https://www.thebsa.org.uk/wp-content/uploads/2023/10/OD104-95-BSA-practice-guidance-Tinnitus-in-adults-Publication-Nov-2021-1.pdf#:~:text=The%20aim%20of%20this%20guidance%20is%20to%20promote,shared%20decision-making%20with%20patients%20to%20facilitate%20individualised%20care.

12. British Association for Behavioural & Cognitive Psychotherapies (BABCP). (2024). Call for regulation of therapy. Retrieved from https://www.babcp.com/About/News-Press/Call-for-regulation-of-therapy#:~:text=With%20the%20outcome%20of%20the%20Ella%20Janneh%20case,order%20to%20better%20protect%20members%20of%20the%20pub

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