

A descriptive summary of trends in registered HCPC Hearing Aid Dispensers since 2020

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1 Background

Hearing Aid Dispensers (HADs) work in a variety of settings and departments to assess, dispense and support those with hearing loss. HAD is a protected title, sitting under Health and Care Professions Council (HCPC) regulation. Since 2020, the HCPC reports a 50% increase in registered HADs, far ahead of the overall 27% increase of HCPC registered professionals (across all modalities) between 2020-2025. This poster looks to provide a narrative summary to foster discussion and consideration around registration patterns affecting our profession. These insights may be useful for workforce planning and recruitment.

2 Methods

HCPC recently launched a Data Hub (2026), which summarises characteristics e.g. gender, age group, disclosure of disability, that are self-reported by registrants. This data provides a rich insight into patterns and trends, both within Audiology and other HCPC modalities.

During Summer 2026 HAD data from 2020-2026 was reviewed across age, gender, ethnicity and declaration of disability. A narrative summary of these findings is presented here for discussion.

Access the HCPC Data Hub using this QR code:



3 Data

Themes



Age

- Between 2020 – April 2026 there was an exponential rise in HADs aged 30-39 years of age, with an **88% increase in registrants** within this age group
- HAD registrants across all other age brackets increased but by smaller amounts. The next biggest increase was in those aged 20-29 years and 40-49 years (55% and 31% respectively). Smaller growth was seen in those aged 50-59 years (22%)
- When age is filtered by de-registrants, the 60+ and 30-39 years of age categories are the main drivers (representing 28% and 30% of those de-registering in the last cycle)

The imbalance between age group increase contrasts to other HCPC registration groups, such as Speech and Language Therapy, Physiotherapy and Dieticians where growth in registrant numbers was consistent across all age groups under 50 years of age. This may reflect career changes facilitated through use of the Apprenticeship Levy, of which Audiology was an early adopter in commencing apprenticeships as early as 2017. It is hypothesised that a combination of Audiology apprenticeships and the pandemic saw this age group in particular pivot their career into Audiology.

It is encouraging that all registrant age groups continue to grow but the high % of de-registrants in 30-39 years may be of concern for workforce planning. Whilst the number de-registering is in line with other HCPC professions, workplace and profession surveys to identify possible triggers may be prudent to stem this.



Ethnicity

- Between 2020 – April 2026 the number of registrants self-identifying as belonging to a minority ethnic group increased. This includes a **164% increase in registrants who self-identify as being of Asian ethnicity** and a **108% increase in registrants who self-identify as being of Black ethnicity**.
- When viewed as % of the register, these increases mean those self-identifying as Asian make up 31% of the register but those who self-identify as Black or Mixed only make up 2% and 1% of the register respectively. The % self-identifying as White is 56% in 2026.

The % increase of those from Asian and Mixed ethnicities is on par with other HCPC registration groups, such as Speech and Language Therapy.

However, the % increase of registrants from those self-identifying as Black ethnicity is far behind the UK population % and the % growth seen in other HCPC registers, such as Dieticians, Paramedics and Physiotherapists across the same period (2020-2026). This would suggest that HAD/Audiology need to explore reason(s) why those who self-identify as being of Black ethnicity are not on the register. Anecdotally this may reflect the low % of those of Black ethnicity who are registered on Audiology training courses. Action(s) to encourage greater representation within our profession would be more reflective of UK demographics.



Disability

- Between 2020 – April 2026 the number of registrants self-identifying as having a disability **increased by 54%, but remains low at only 4% of the total HAD register**
- New HAD registrants appear slightly more likely to declare a disability, with 5% of new registrants in April 2026 selecting this
- When this is filtered by international applicants it was only the most recent data from April 2026 in which international applicants first declared a disability. This means since April 2026 1% of HAD registrants who are international have a self-declared disability

Both the % increase in registrants declaring a disability and the % of registered HADs with a disability remains in line with other HCPC professions e.g. Dieticians, Speech and Language Therapy. A 2024 NHS England Workforce register measured the number of NHS staff declaring a disability to be 5.7%. This suggests both HADs and other similar HCPC professions e.g. Speech and Language therapy, may be under-declaring or have a lower burden of disability. Work to understand any causative factors would be useful.

The lower self-declaration of disability from international applicants is noted on other HCPC registers e.g. Physiotherapy. The HCPC have noted this in an Equality Impact Assessment (2024), but it is unknown if work to encourage self-declaration is underway.



Gender

- Male registrants **increased by 31%** between 2020 – April 2026 **but a gender imbalance remains**, with 59% of HADs identifying as female in 2025.
- This imbalance is reflected in new registrants; there has been greater increase in the % of new female registrants than male every year since 2020
- Only 26% of international registrants identified as male, behind the 40% of UK registrants identifying as male.

The gender imbalance is similar to other HCPC professions, including Physiotherapy and Clinical Scientists. It should be noted that it is better than some professions, such as Speech and Language Therapy who have a distinctly low percentage of male registrants (3% in 2026). This suggests that healthcare has ongoing work to improve the workforce split in gender.

It is encouraging that the number of new male registrants is improving but the lower number of international applicants who are male suggests there may be a gap in attracting international male applicants to UK roles.

4 Conclusions

Registrant data for HADs from the HCPC Data Hub suggests that there are some unique patterns amongst registrants. These include a greater proportion of potential career change registrants, higher weighting towards female registrants and low numbers of those self-identifying as Black ethnic minority. Some discussion around potential reasons and mitigations is warranted to ensure our workforce adequately reflects the UK population. In other areas the HAD workforce mirrors patterns in other HCPC modalities. For example, % increases in other ethnic groups and lower self-declaration of disability in international applicants. These themes suggests there is wider work needed across Audiology to tackle these issues and provide insight for workforce planning and recruitment.

References:
HCPC. (2024). *Equality Impact Assessment*. Available from: [ELP-equality-impact-assessment-eia.pdf](#) Accessed: 9th September 2026
HCPC. (2026). *Data Hub*. Available from: [Data hub | The HCPC](#) Accessed: 1st August 2026
NHS England. (2024). *NHS Workforce Disability Equality Standard*. Available from: [NHS England » NHS Workforce Disability Equality Standard: 2024 data analysis report for NHS trusts](#) Accessed 9th September 2026