

CLOSING THE REFERRAL GAP

Improving Access to Cochlear Implant Assessment Through Standardised Audiology Practice

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BACKGROUND

- Despite expanded UK cochlear implant (CI) candidacy criteria^[1] and evidence that many eligible adults remain unimplanted, variation persists in how patients are identified, counselled and referred within audiology services.
- CIRCA1^[2] identified opportunities to improve referral consistency.
- Standardised audiology practice may improve access to CI assessment.

AIM

Develop and implement an evidence-based Standard Operating Procedure (SOP) to improve identification, discussion and referral of potential CI candidates.

WHAT WE DID

CI champion + STP student

Review of common queries from clinicians

Review of national guidance and literature

Development of SOP

Review by CI mentor and Adult Lead

Audiology clinical governance approval

Implementation and training

Ongoing audit of referrals

WHAT DID THE SOP STANDARDISE?



Identification



Hearing aid
optimisation



Decision
making



Documentation



Patient &
clinician support



Referrals

SUPPORTING IMPLEMENTATION

'Ask me about
hearing implants'
badges

Optimal aiding
checklist^[3]

CI Champion referral
audits

Counselling
guidance for
clinicians

Clinic room posters

CI Champion

Journal prompts
Audiogram alerts

Subtitled video
information booklets

Training sessions
(referrals, TEN testing,
speech testing)

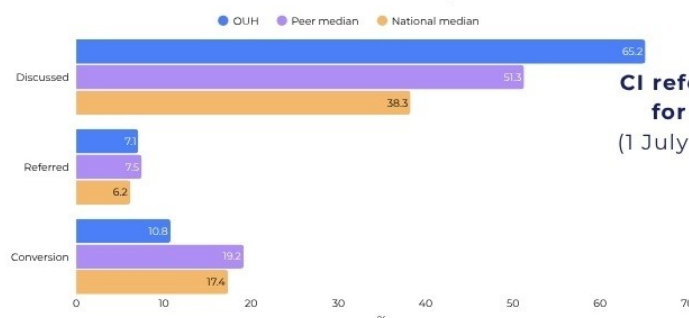
OUTCOMES

	CIRCA 1 (pre-implementation) n = 195	CIRCA 2 (post-implementation) n = 253
Discussed	37.6%	65.2%
Referred	20%	7.1%
Conversion*	53.1%	10.8%

*Conversion = proportion of documented CI discussions resulting in referral

**Documented CI
discussions:**
**37.6% →
65.2%**
(73% relative increase)

CIRCA2 Benchmark Comparisons



**CI referrals accepted
for assessment**
(1 July to 31 Dec 2025)

100%
(17/17)

CONCLUSIONS

- Implementation of a standardised pathway for patients with severe-profound hearing loss was associated with a substantial increase in documented CI discussions compared with CIRCA1. While documented CI discussions increased, the proportion progressing to referral decreased. This may reflect earlier CI discussions before patients are ready or eligible for referral (e.g. aided speech scores outside criteria); however, some potential candidates may not be progressing to assessment.
- Our next focus is to identify and address local barriers to CI discussion and referral, supported by ongoing education, training, CI Champion leadership and referral audits.

Standardised assessment, counselling and documentation processes support more consistent referral decision-making and may contribute to more efficient use of specialist CI services.

REFERENCES

- [1] National Institute for Health and Care Excellence. Cochlear implants for children and adults with severe to profound deafness (TA566). London: NICE; 2019. Available from: <https://www.nice.org.uk/guidance/ta566>.
- [2] INTEGRATE: The UK ENT Trainee Research Network. The Cochlear Implant Referral Criteria Audit (CIRCA-1). 2021. Available from: <https://integrate.co.uk>.
- [3] British Academy of Audiology, British Cochlear Implant Group. Guidelines for the definition and management of "optimally aided" for experienced adult hearing aid users with severe and profound deafness. 2025.