



Where does the gender gap begin?

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BACKGROUND

Anecdotal evidence suggests that men are underrepresented in UK audiology, yet it remains unclear when this imbalance emerges within the educational pathway, or what influences men’s decisions to enter the profession.

AIM

To identify where the gender gap begins along the **UK audiology educational pathway**, using programme-level admissions data obtained through **Freedom of Information (FOI)** requests, and **to map the evidence on barriers and motivators to men’s participation in other health professions** through a **scoping review**.

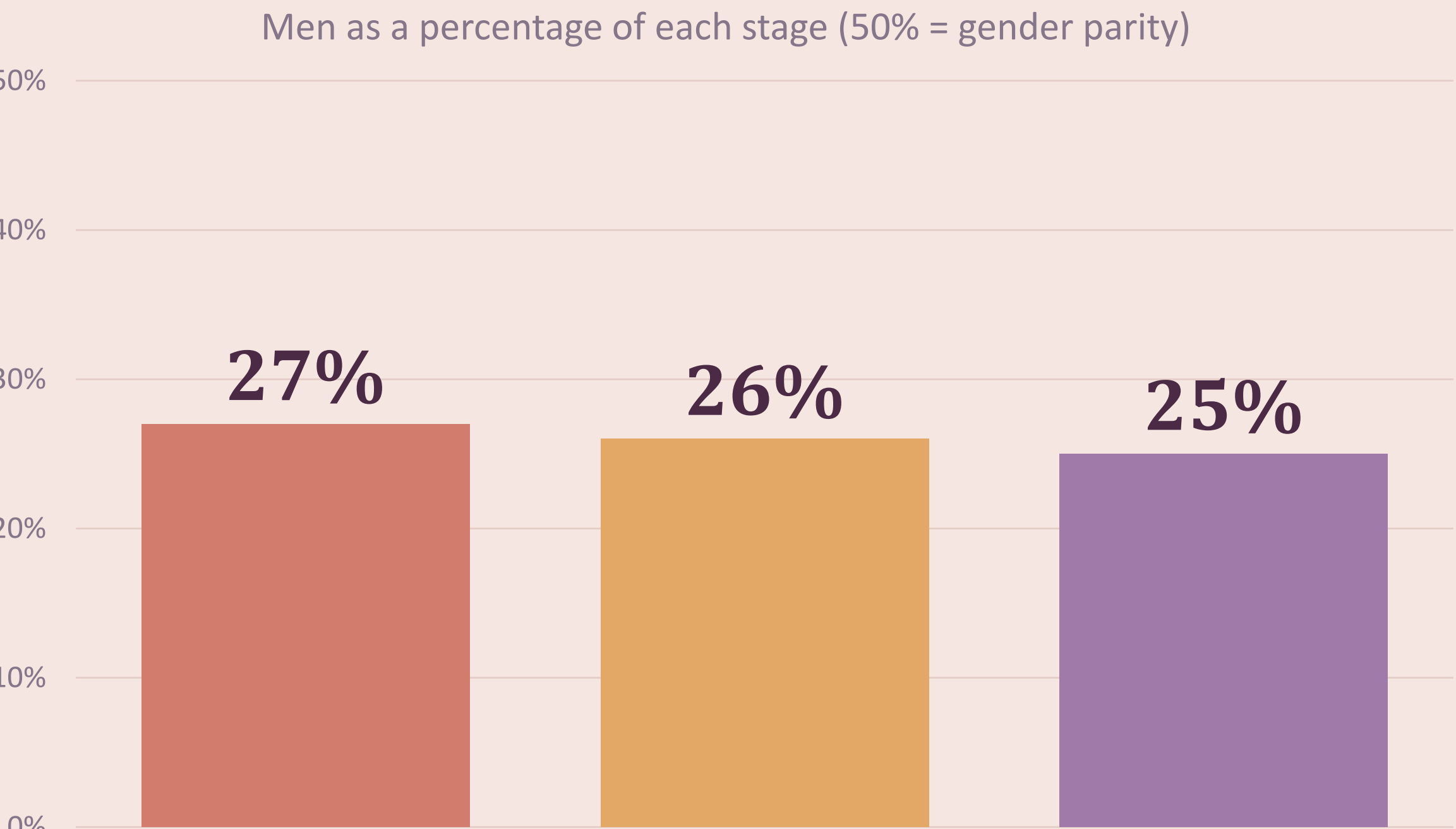
1 FOI admissions data
Where does the gap begin?

METHOD

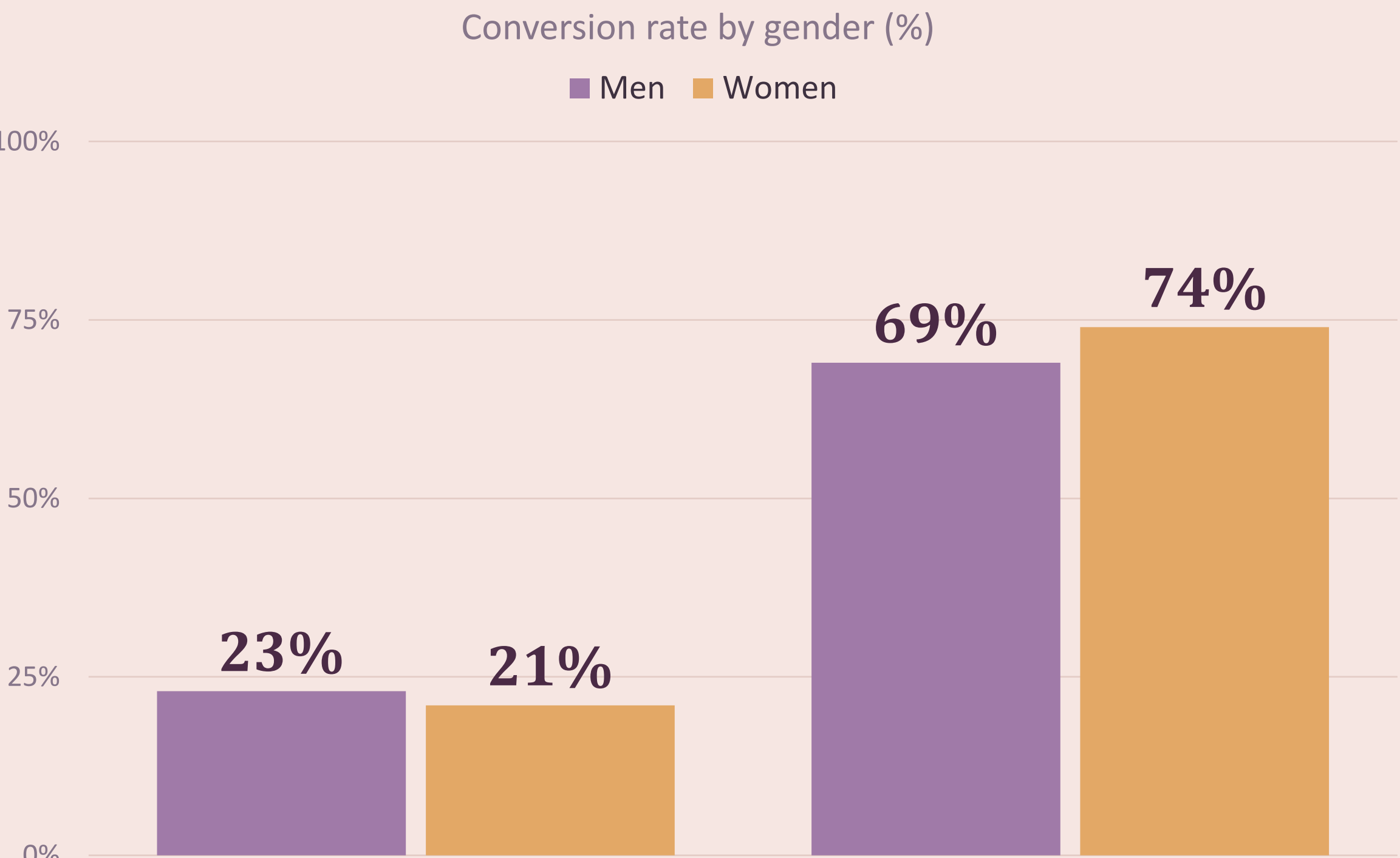
Freedom of Information requests were sent to the nine UK higher education institutions offering undergraduate audiology programmes. Institutions were asked to provide the number of applicants, enrolments and graduates by gender for each academic year from 2014/15 to 2023/24. Seven programmes responded. Data were aggregated across institutions and years and were not linked by cohort. The proportion of men was calculated at each stage. Where both figures were available, conversion rates were calculated from application to enrolment and from enrolment to graduation.

RESULTS

Men made up just **27%** of applicants, and the proportion barely changed through training



Aggregated FOI data across ten academic years (2014/15–2023/24). Data coverage varied by stage: applicants (n=4 institutions), enrolment (n=6), and graduates (n=7).



Aggregated FOI data, 2014/15–2023/24 (Applicant → Enrolment: n = 4; Enrolment → Graduation: n = 5)

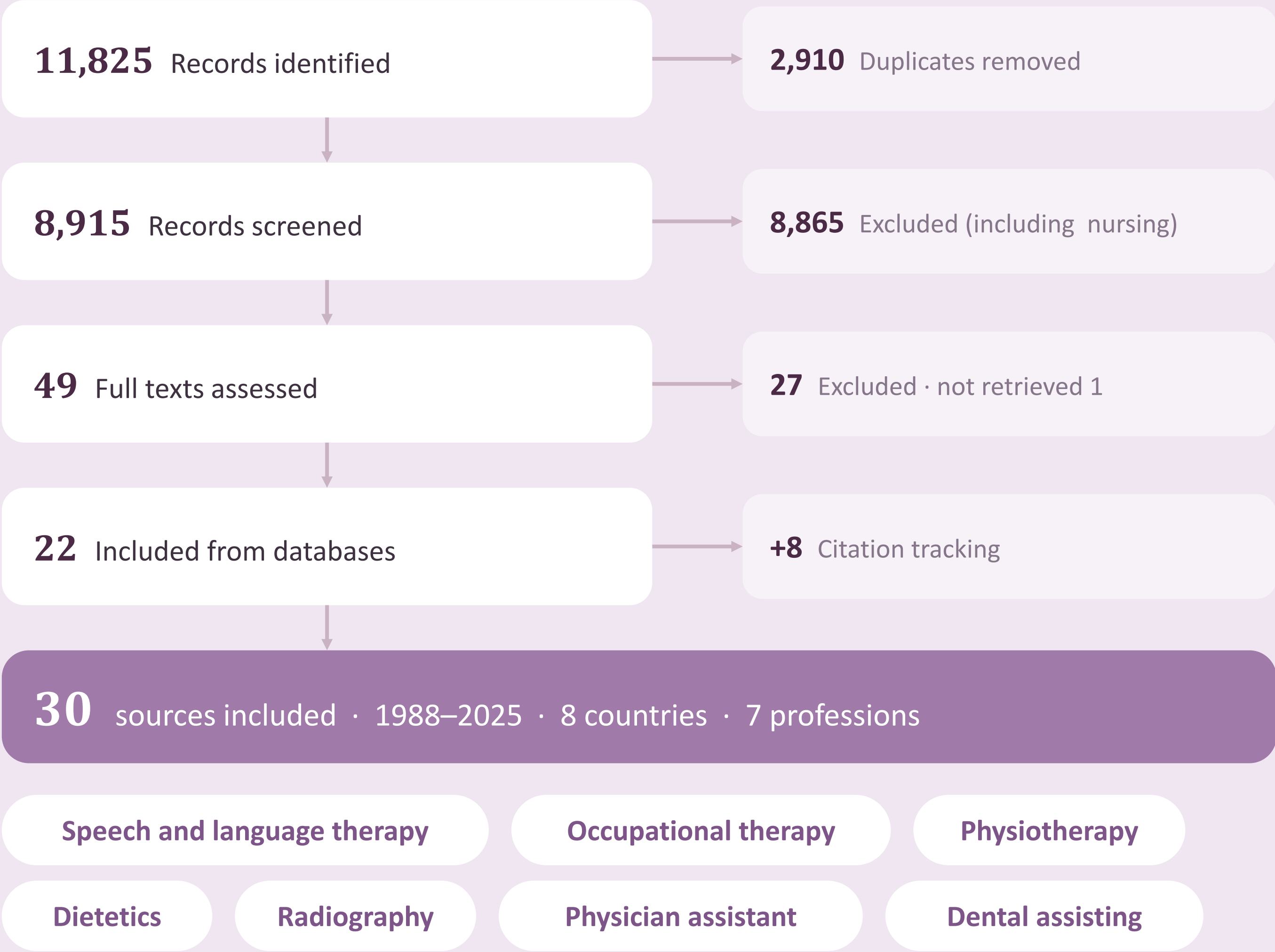
➔ Conversion rates were broadly similar for men and women, so the gap is not created during training. It is already there at application.

2 Scoping review
What influences men’s participation in other professions?

METHOD

The scoping review explored wider evidence on barriers and motivators influencing men’s participation in allied health professions. It followed JBI guidance and PRISMA-ScR reporting standards, using the PCC framework: men as the population, barriers and motivators as the concept, and allied health professions as the context. Eight databases were searched with no date limits, supplemented by backward and forward citation tracking. Charted findings were analysed using inductive qualitative content analysis.

PRISMA-SCR FLOW



Mostly from the USA (13), UK (7) and Canada (6). No UK study of men’s participation in audiology was identified.

FINDINGS

Barriers

- Gendered professional image and stereotypes Pre-application
- Professional status, pay and career structure
- Belonging and visibility
- Limited awareness, knowledge and career information Pre-application

Motivators

- Personal interest and perceived fit Pre-application
- Career benefits and progression
- People-focused, meaningful work
- Support, role models and belonging Pre-application

Pre-application marks potential influences acting before men apply.

CONCLUSION

The gender gap begins before men apply, not during training.

Efforts to widen men’s participation in UK audiology should begin by understanding what shapes the decision to apply. Evidence from other allied health professions points to possible pre-application influences, including awareness of the profession and careers information, early exposure and role models, perceived fit, and how the profession is presented.



Evidence Gap and Next Phase

UK audiology-specific evidence on why men choose, or do not choose, audiology remains limited. The next phase will explore factors that encourage or discourage men from applying to undergraduate audiology programmes.