

**Supplementary information 1.** Swansea Bay University Health Board clinical outcomes of Primary Care Audiology for Advanced Audiology Practitioner and associate audiologist. Onward referral criteria has been developed alongside discussion with local Ear, Nose and Throat colleagues in accordance with National Institute for health and Care Excellence guidelines.

	Appointment Outcome	Summary	GP input required	ENT input required
Advanced Audiology Practitioner	Discharge with advice	Patients requiring wax removal, advice/signposting, and/or decline onward referral.	No	No
	Audiology Referral	Patients requiring further intervention for management of hearing impairment and/or tinnitus.	No	No
	MRI Referrals	Offer MRI of the internal auditory meati (IAM) if the following is identified; # Unilateral or asymmetric sensorineural hearing loss (15 dB or more at any 2 adjacent test frequencies, using test frequencies of 0.5, 1, 2, 4 and 8 kHz) # Persistent unilateral or asymmetric tinnitus	GP to review MRI results with <b>no</b> significant findings	ENT to review MRI results with significant findings
	Routine Referrals to ENT	Patients who require ENT opinion regarding ear, hearing or tinnitus symptoms and do not meet urgent or immediate referral criteria.	No	Yes
	Urgent ENT Referrals	Patients that present with; # Sudden sensory hearing loss (Sudden defined as a hearing loss acquired over 72 hours) which occurred more than 30 days ago (also require an IAM MRI referral). # Rapid onset hearing loss (occurring between 4 -90 days) # Suspected cholesteatoma # Middle ear effusion not associated with an upper respiratory tract infection of people of Chinese or South East Asian family origin.	No	Yes
	Immediate ENT referral	Patients who present with red flag symptoms; # Vertigo with active perforation/cholesteatoma # Sudden sensory hearing loss (Sudden defined as a hearing loss acquired over 72 hours) which occurred less than 30 days ago # Facial palsy with active middle ear disease	GP to contact on call ENT	Yes
	Referral to GP	Patients who may require medical advice/ intervention without the need of ENT, such as: # Bleeding # Aural pain # Routine outer ear infections # Vertigo	Yes	No
Associate Audiologist	Discharge with advice	Patients requiring wax removal and/or advice/signposting only.	No	No
	Review with AAP	Patients that require complex wax removal and/or report new or significant changes to pre-existing ear, hearing or tinnitus symptoms.	No	No
	Referral to GP	Patients with suspected otitis externa	Yes	No