

The ROYAL COLLEGE of
OPHTHALMOLOGISTS

Workforce Census 2016



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Summary

- The census was sent to all Ophthalmology Clinical Leads on 25 February 2016
- 76% response rate equates to 106 Ophthalmology Departments across the UK
- Of those responding units:**
 - 74% of consultants are male and 26% female
 - 55% of SAS doctors are male and 45% female
 - 23% of consultants and 19% of SAS doctors are aged 55 years and older ie nearing probable retirement
 - 52% of consultants and 53% of SAS doctors work less than full time (9 or less Programmed Activities)
- 51% of units in the UK have unfilled consultant posts (73% in Scotland)
- 47% of units in the UK have unfilled SAS doctor posts
- 42% of units are using locums to cover unfilled consultant posts
- 91% of units stated a need to increase consultant numbers by 1-5 over next two years to meet demand
- 8% of units stated a need to increase consultant numbers by 5-10 over the next two years
- 91% of units are undertaking waiting list initiatives
- 71% of waiting list initiatives are undertaken by responding units rather than by other independent providers

Contents

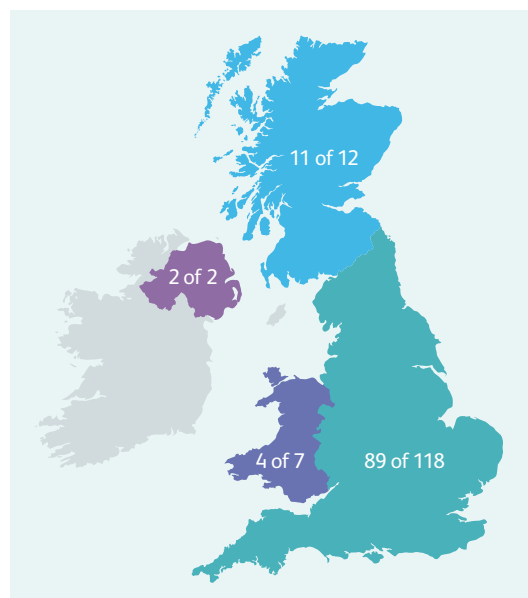
1.	Introduction	4
2.	Response Rate	4
3.	Consultant Workforce	4
4.	Specialty Doctors, Staff Grades and Associate Specialists (SAS Doctors) Workforce	6
5.	Local Education and Training Board/Deanery Funded Trainees	10
6.	Clinical Fellows (Not LTEB Funded)	12
7.	Unfilled Posts	12
7.1	Consultants	12
7.2	SAS Doctors	13
7.3	Specialty Trainees	14
8.	Locum Cover	15
9.	Out-of-Hours Emergency Care	18
10.	On Call Rotas	20
10.1	Consultants	20
10.2	Non-consultant career grade ophthalmologists	22
11.	Future Workforce Demand	23
11.1	Posts Required	23
12.	Capacity	25
12.1	Waiting List Initiatives	25
12.2	Recruitment to Non Training Posts (Consultant and SAS)	26
12.3	Difficulty Recruiting to Consultant Posts	27
12.4	Difficulty Recruiting to SAS Doctor Posts	28
13.	Conclusions	30
14.	Glossary	31
15.	References	32

1. Introduction

- 1.1 The census was undertaken to establish a clear picture of the size and shape of the UK ophthalmic medical workforce.
- 1.2 It was coordinated by the Medical Workforce Unit of the Royal College of Physicians on behalf of The Royal College of Ophthalmologists (RCOphth).
- 1.3 Census forms were sent electronically to all Ophthalmology Clinical Leads in the UK on 25 February 2016. Those who had not responded by 8 March 2016 were sent a follow-up email. A further reminder was sent to non-respondents on 15 and 21 March 2016. Those who had not responded by 30 March 2016 were sent a paper copy to return and data was transcribed by College staff.
- 1.4 We are grateful to all Clinical Directors, Heads of Service, College Tutors, departmental administrators and all others who became involved for taking the time and care to participate in the census.

2. Response Rate

- 2.1 The census was sent to all 139 known NHS Trusts and Health Boards in the UK that provide ophthalmology services.
- 2.2 118 (85%) were based in England, two (1%) in Northern Ireland, 12 (9%) in Scotland and seven (5%) in Wales.
- 2.3 We received 106 responses to the survey, an overall response rate of 76%. 89 responses (84%) were from Trusts and Health Boards in England, two (2%) from Trusts and Health Boards in England, two (2%) from Northern Ireland, 11 (10%) from Scotland and four (4%) from Wales.
- 2.4 Response rates per country: England 75%, Scotland 92%, Wales 57% and Northern Ireland 100%.

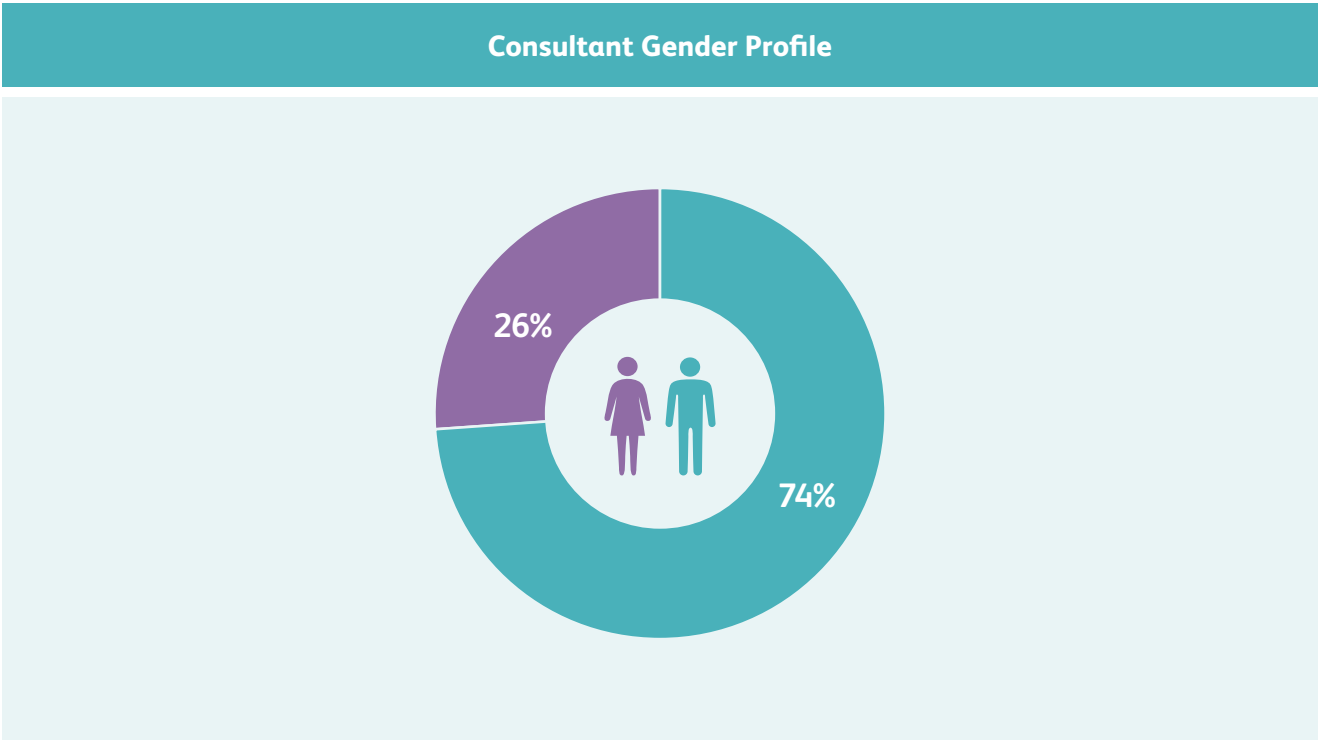


3. Consultant Workforce

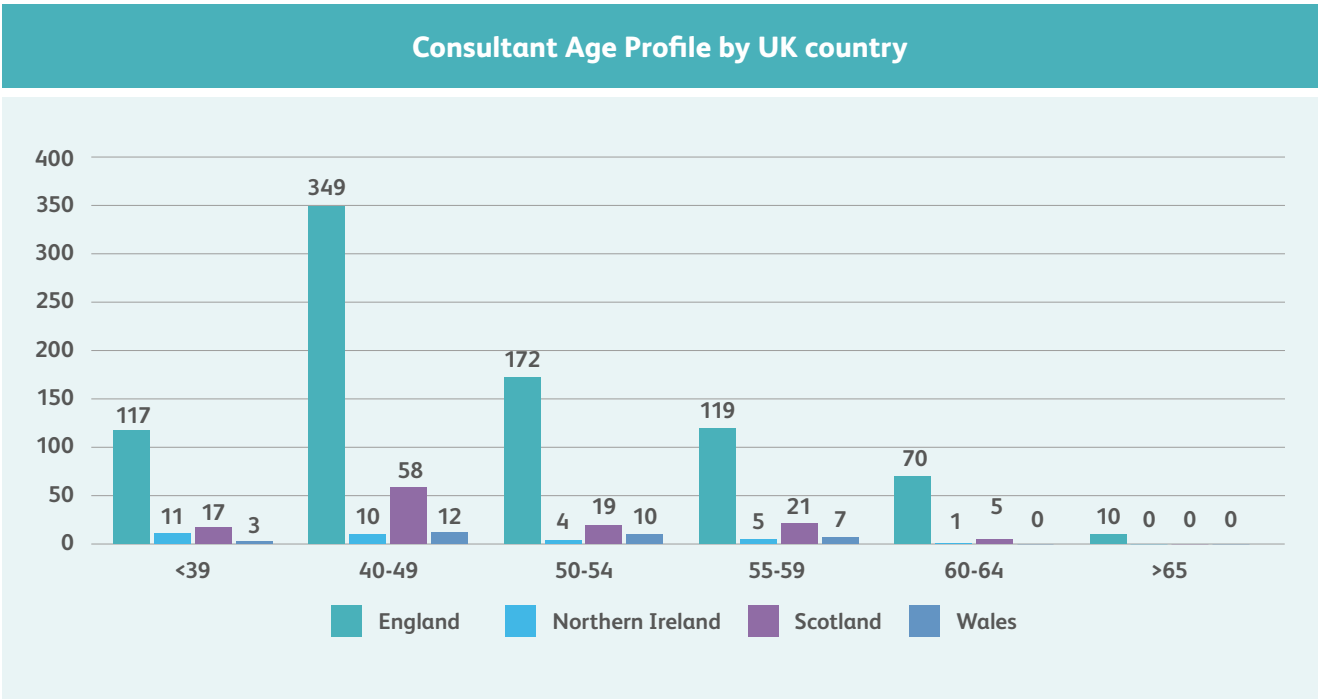
- 3.1 Consultant Workforce Figures from official national statistics from each of the four UK countries are provided below.

Country	Consultant Ophthalmologists Whole Time Equivalent
England	1,182 ¹
Northern Ireland	30.75 ²
Scotland	127.4 ³
Wales	56.6 ⁴
Total	1,396.75

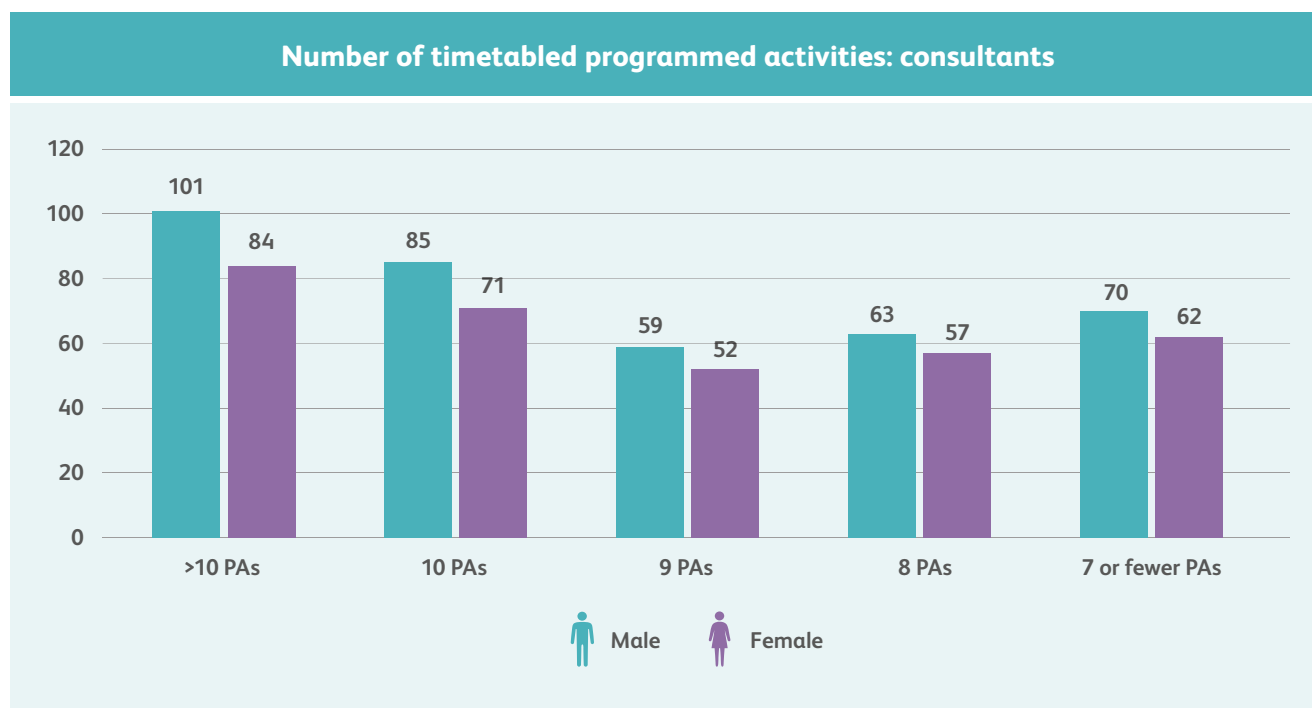
3.2 **Gender:** Our census shows that 74% of the consultant workforce in the UK is male and 26% female.



3.3 **Age:** In responding units in the UK 26% of male and 11% of female consultants are aged between 55 and 64 ie nearing probable retirement age. Only 1% of males and less than 1% of female consultants are aged 65 or over. 15% of male and 17% of female consultants are aged less than 39 years.



- 3.4 **Distribution of consultant PAs:** Overall 26% of consultants in responding units work more than 10 PAs, 22% work 10 PAs, 16% work 9 PAs, 17% work 8 PAs and 19% work 7 or less PAs. The results are very similar for both male and female consultants.



- 3.5 A significant proportion (52%) of consultants in responding units work less than full-time ie less than 10 PAs per week, suggesting that increased numbers of trainees will be required to fill posts.
- 3.6 **Return to work after retirement:** 54 male and 3 female consultants (5.6% of the total consultant workforce in responding units in the UK) are reported to have returned to work after retirement. The majority are male (95%) and most (89%) work in England.

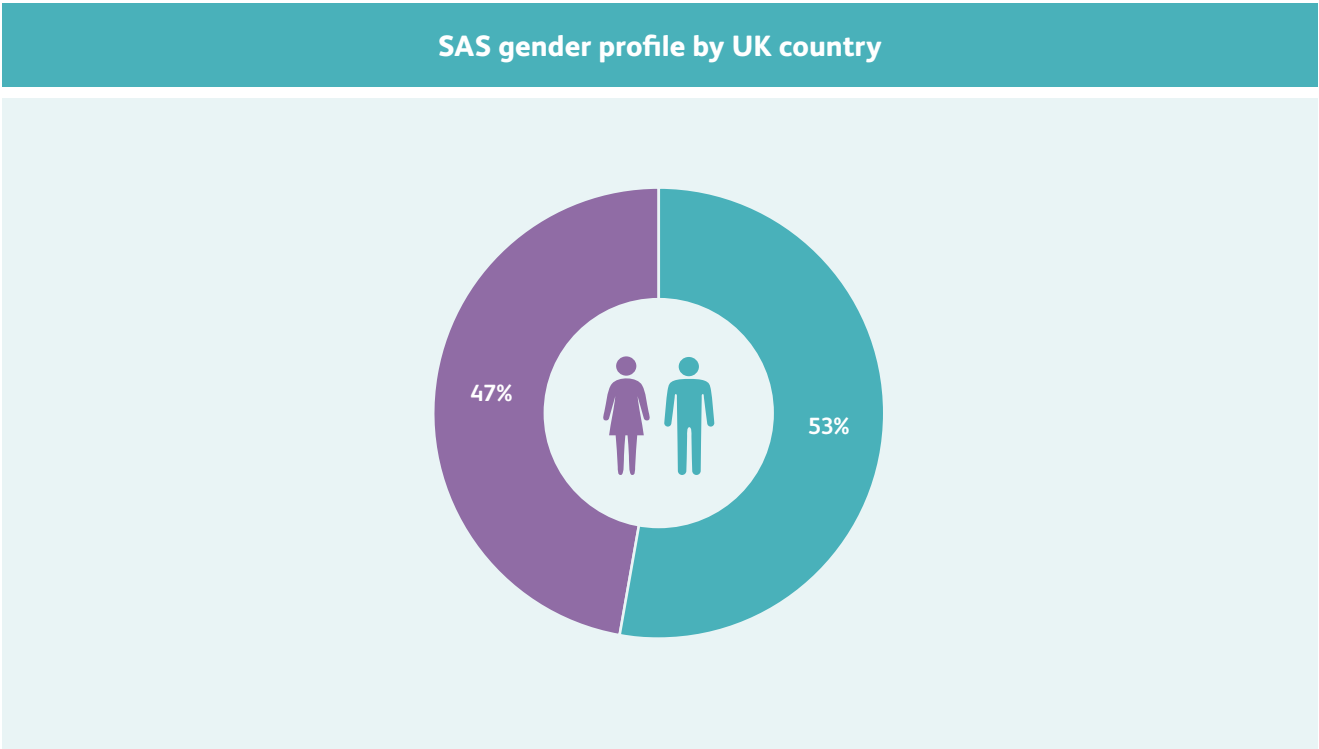


4. Specialty Doctors, Staff Grades and Associate Specialists (SAS Doctors) Workforce

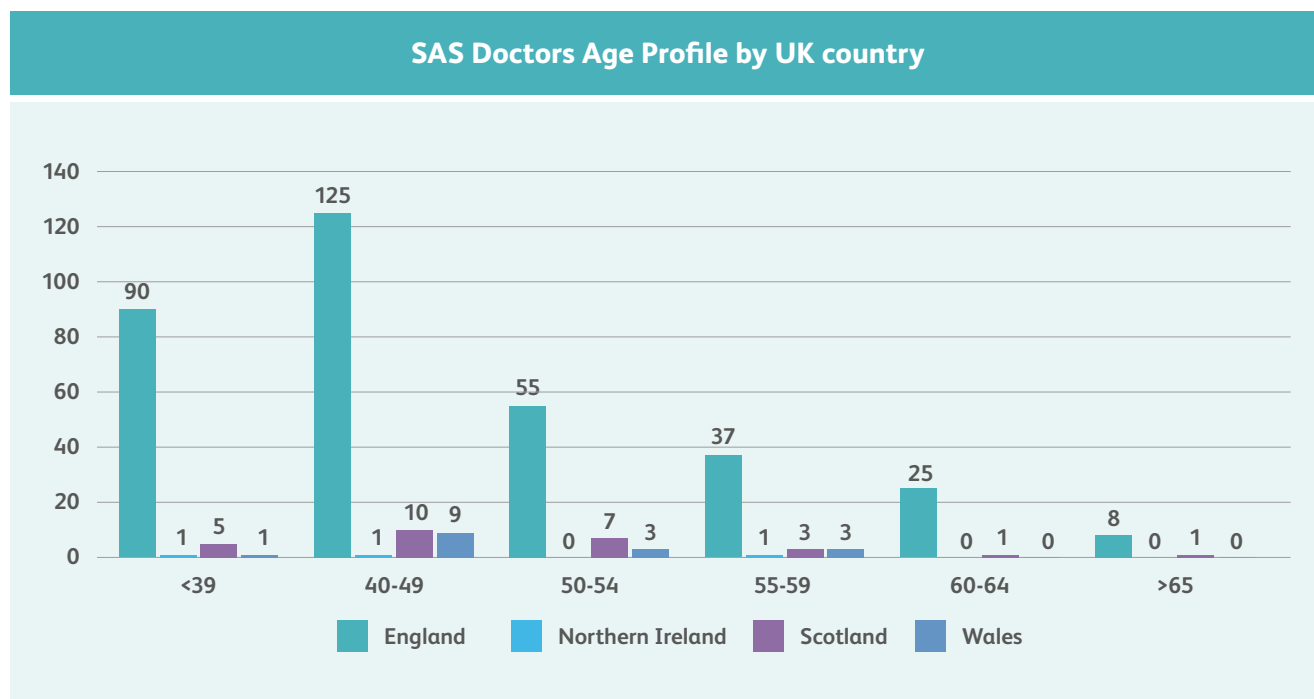
4.1 SAS Workforce Figures from official national statistics from each of the four UK countries are provided below.

Country	SAS Ophthalmologists Whole Time Equivalent
England	615 ⁵
Northern Ireland	4.94 ⁶
Scotland	26.6 ⁷
Wales	40 ⁸
Total	686.54

4.2 **Gender:** Our census shows that 53% of SAS doctors in responding units in the UK are male and 47% female. The proportion of female SAS doctors is significantly higher than the proportion of female consultants particularly in Northern Ireland, Scotland and Wales.

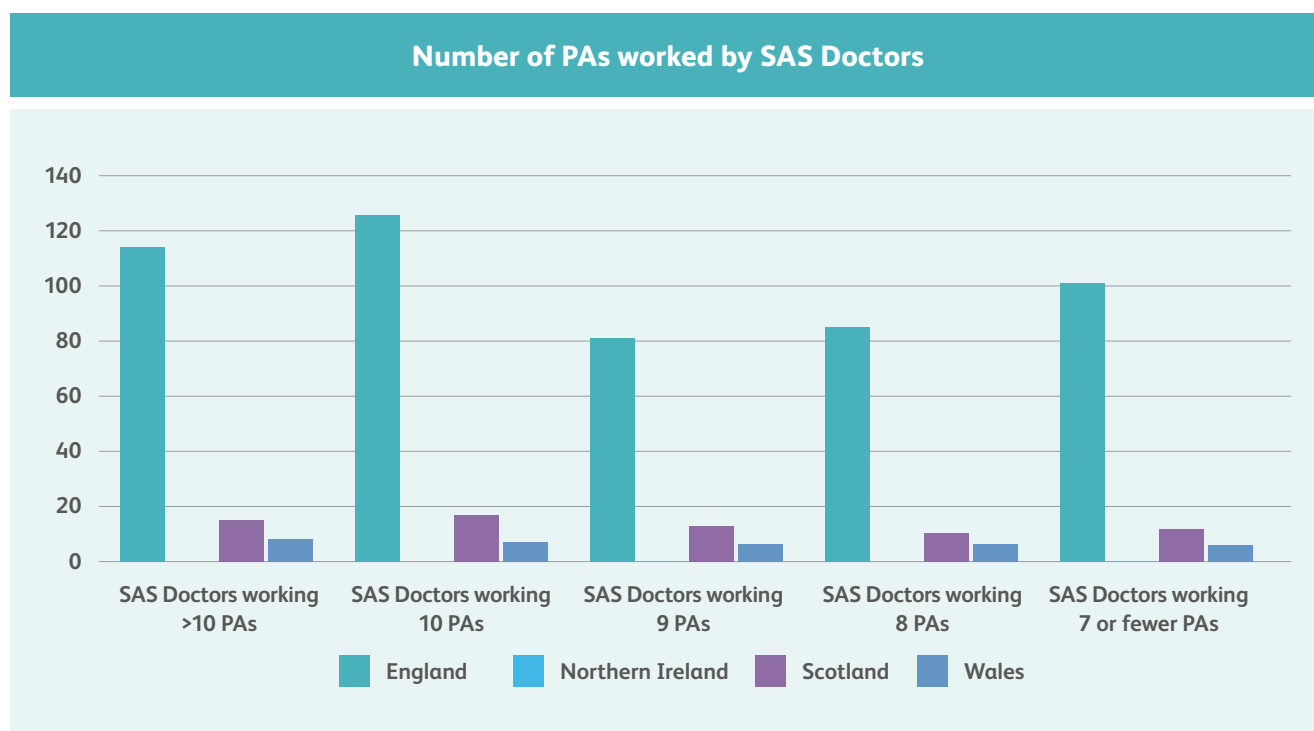


- 4.3 **Age:** In responding units in the UK 19% of male and 18% of female SAS doctors are aged between 55 and 64 years. 5% of male SAS doctors are aged 65 or over. There are no female SAS doctors aged 65 years or over. 26% of male and 28% of female SAS doctors are aged 39 years or younger.



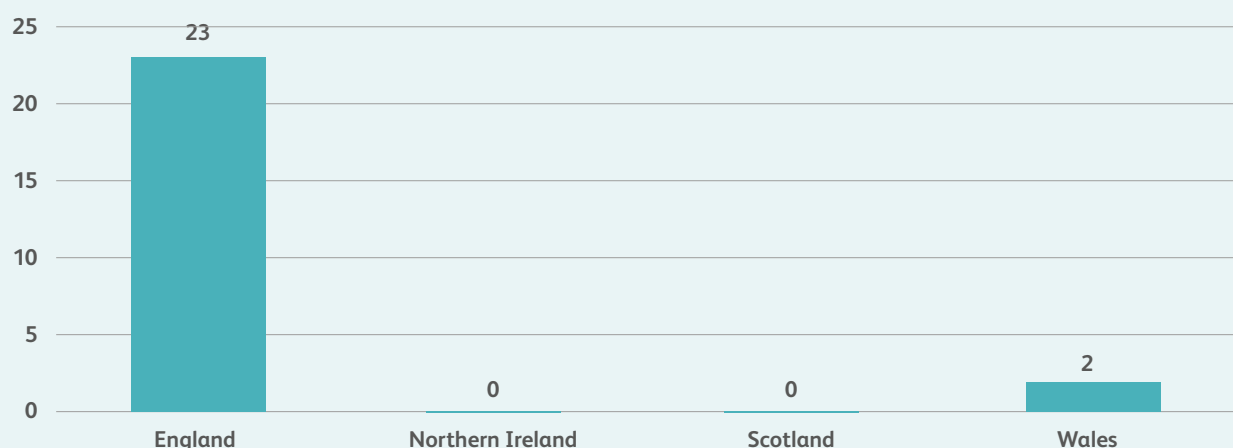
4.4 **Programmed activities:** Distribution of SAS Doctor Programmed Activities

23% of SAS doctors in responding units work more than 10 PAs, 24% work 10 PAs, 16% work 9 PAs, 17% work 8 PAs and 20% work 7 or less PAs. The results are very similar for both male and female SAS doctors.



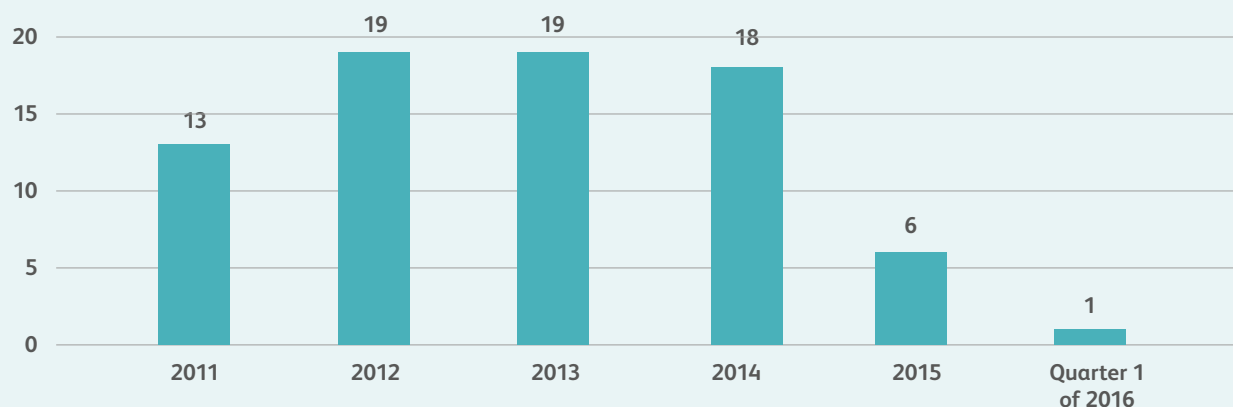
- 4.5 A significant proportion (53%) of SAS Doctors in responding units are working less than full-time ie less than 10 PAs per week
- 4.6 **Return to work after retirement:** 19 male and six female SAS doctors (6.5% of the SAS workforce in responding units in the UK) are reported to have returned to work after retirement. Most (76%) are male and the majority (92%) work in England.
- 4.7 One male trust doctor is reported to have returned to work after retirement in England.

SAS Doctors who have retired and then returned to work in the past two years



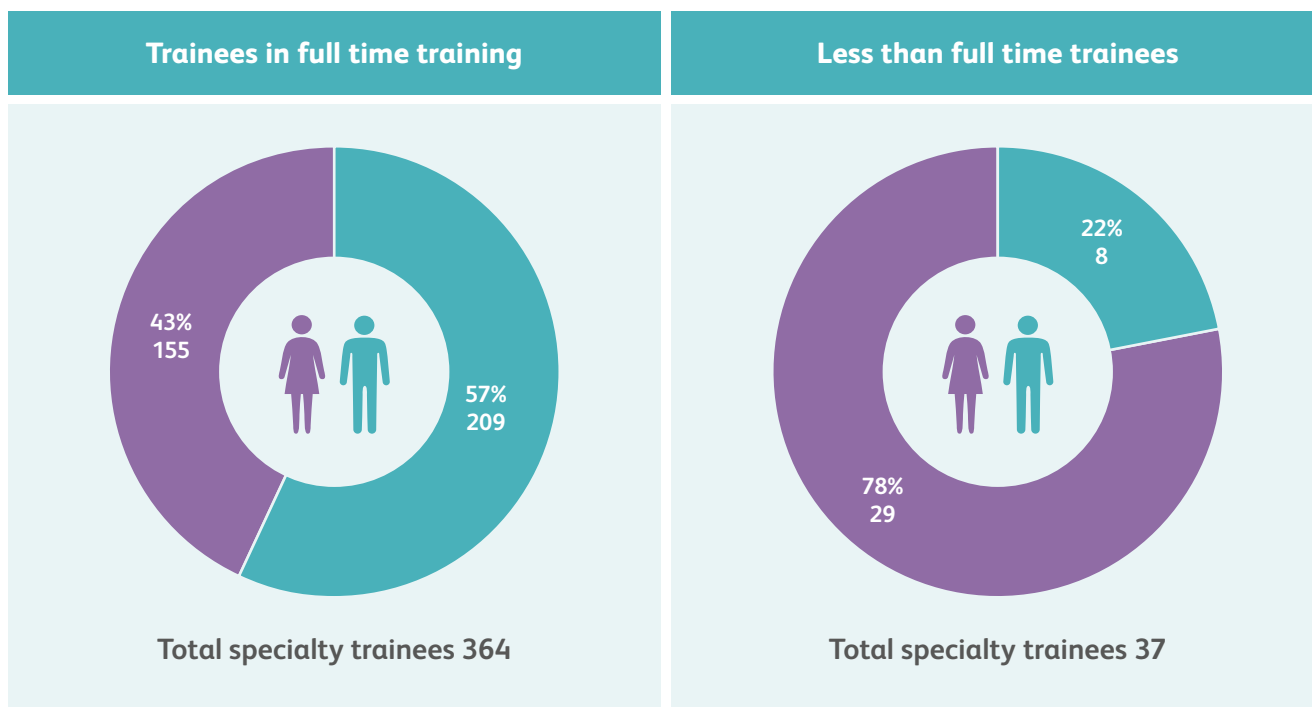
- 4.8 **SAS doctors with a Certificate of Completion of Training (CCT) or Certificate of Equivalence of Specialist Registration (CESR):** The total number of SAS Doctors in responding units in the UK with CCT is 22 (12 male and 10 female). The total number of SAS doctors in responding units in the UK with CESR is 27 (12 male and 15 female). This implies that there is not a significant pool of appropriately trained and qualified SAS doctors available to fill vacant consultant posts.

Number of recommendations for entry onto the Specialist Register in Ophthalmology via the Article 14 CESR route



5. Local Education and Training Board/Deanery Funded Trainees

- 5.1 **Full-time Ophthalmology Specialty Trainees (OST1-7):** A total of 364 specialty trainees work full-time in the responding units. 57% are male and 43% are female.
- 5.2 **Less than full-time Ophthalmology Specialty Trainees (OST1-7):** A total of 37 (10%) specialty trainees work less than full-time in the responding units. 22% of LTFT specialty trainees are male and 78% are female.



Data from the RCOphth database of trainees in 2014

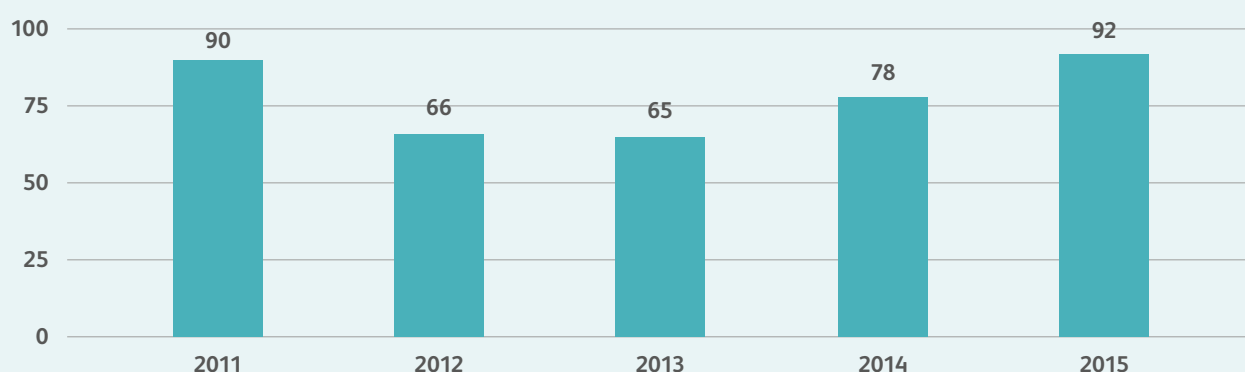
Trainees Total	Male	%	Female	%
818	554	68%	259	32%
LTFT Total	Male	%	Female	%
32	7	22%	25	78%

Data from the RCOphth database for each of the four UK countries, August 2016

Country	Trainees Whole Time Equivalent
England	686
Northern Ireland	21
Scotland	65
Wales	34
Total	806

- 5.3 **Full-time academic fellows:** There are 26 full-time academic fellows working in the responding units (12 male and 14 female).
- 5.4 **Less than full-time academic fellows:** There is one female part time academic fellow working in the responding units.
- 5.5 **Full-time Locum Appointments for Training (LATs):** There are 23 full-time LATs working in the responding units (15 male and 8 female)
- 5.6 **Less than full-time Locum Appointments for Training (LATs):** There are 3 less than full-time LATs working in the responding units and all are female.

Number of trainees recommend for the Certificate of Completion of Trainee and entry onto the Specialist Register in ophthalmology



6. Clinical Fellows (Not LTEB Funded)

- 6.1 **Post Certificate of Completion of Training (CCT) fellows:** In the units which completed the census there are 62 full-time post CCT Fellows (34 male and 28 female) and five less than full-time trainees (four male and one female).
- 6.2 **Post Certificate of Eligibility for Specialist Registration (CESR) fellows:** In the units which completed the survey there are 27 full-time post CESR fellows (12 male and 15 female) and two less than full-time (both female).
- 6.3 Post CCT and Post CESR fellows represent a reasonable sized pool of appropriately trained doctors who would be available to fill vacant consultant posts.

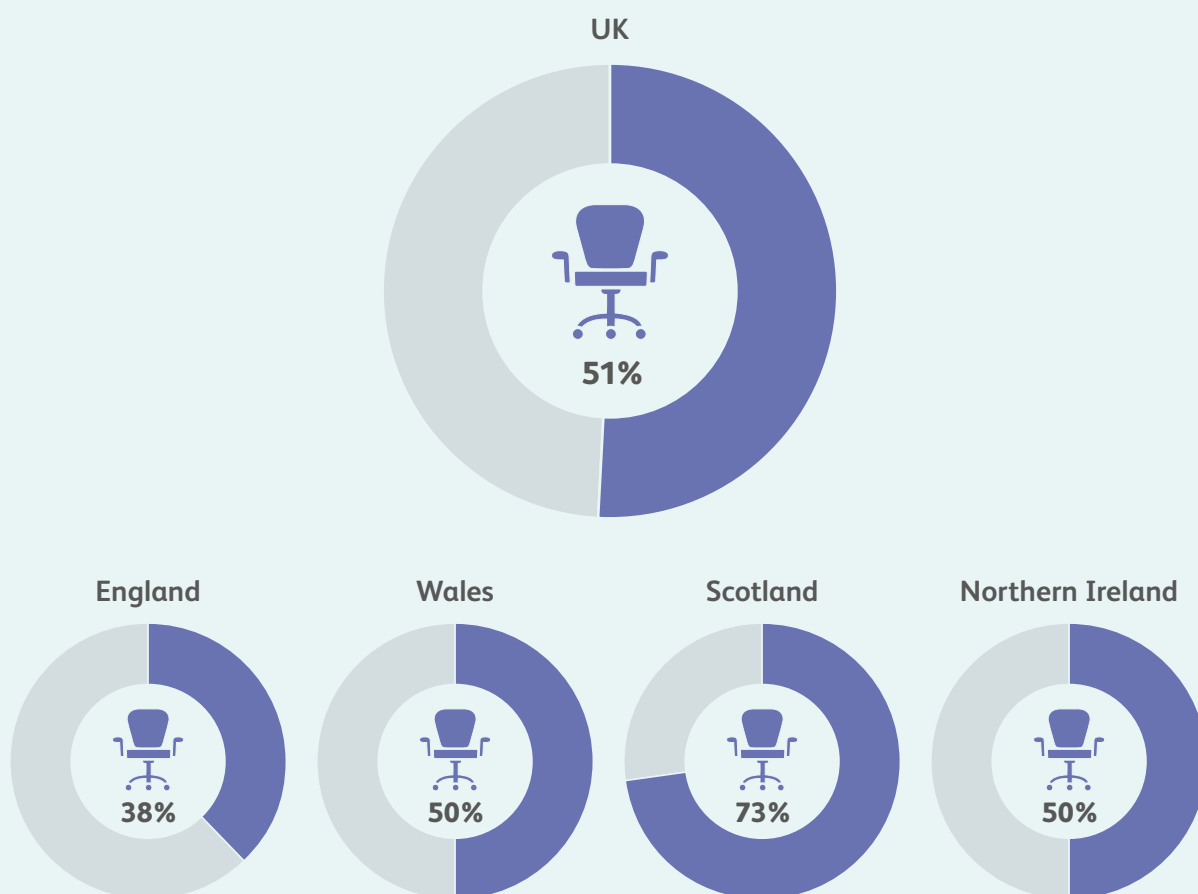
7. Unfilled Posts

7.1 Consultants

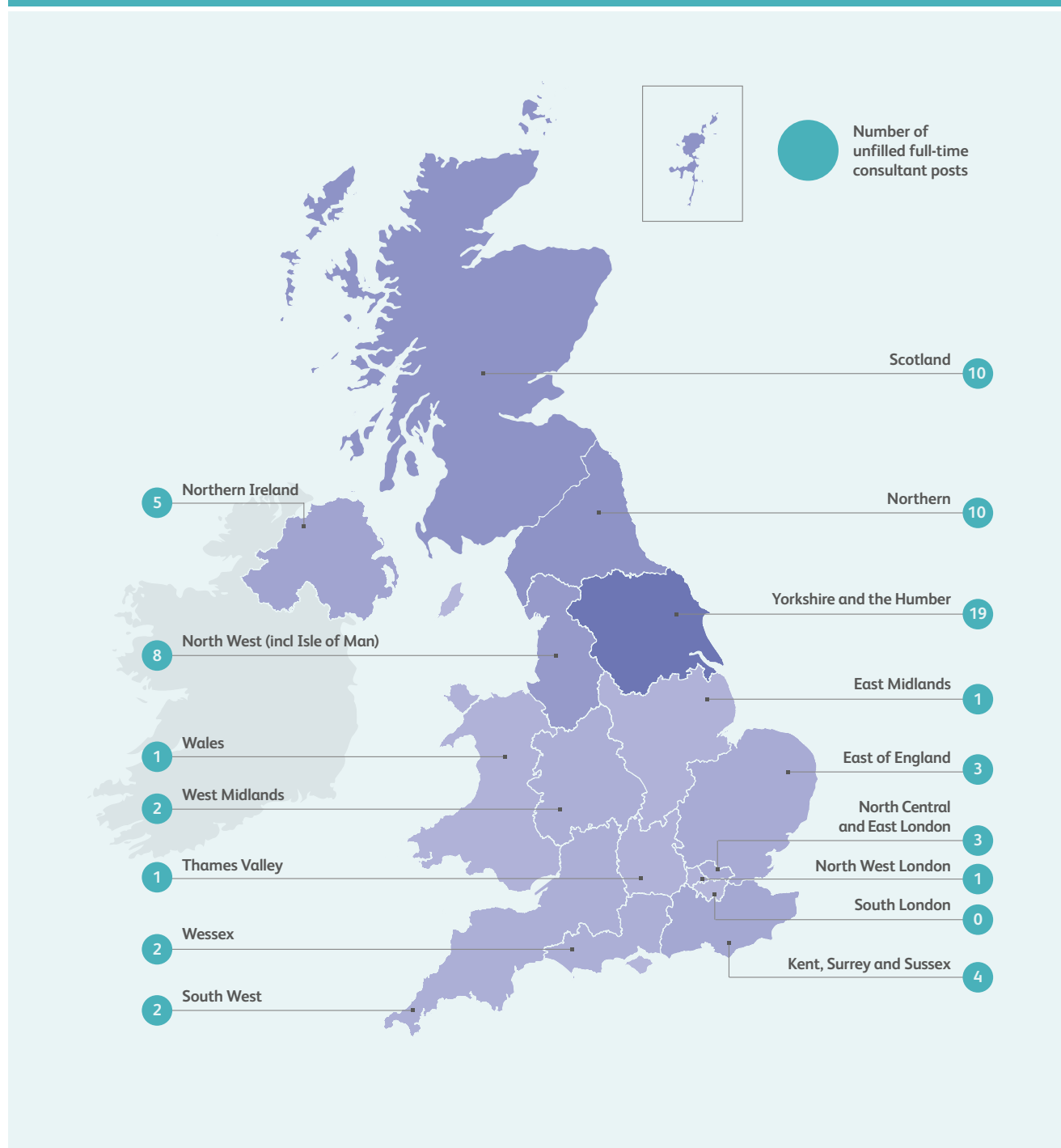
7.1.1 **Unfilled full-time consultant posts:** 51% of responding units in the UK have unfilled full-time consultant posts. The percentage of units with unfilled posts is highest in Scotland (73%). In Northern Ireland and Wales 50% of units report unfilled posts and in England 38% of units report unfilled posts. One of the response options was more than five so the exact number cannot be ascertained from the response information. Future surveys will improve on the question and response options.

7.1.2 There are at least 73 unfilled full-time consultant posts in the UK (bearing in mind that we have responses from only 76% of UK units).

Responding units reported number of unfilled full-time consultant posts by UK country



Number of unfilled full-time consultant posts



7.1.3 There would appear to be an increased difficulty filling posts in northern England, Scotland and Northern Ireland.

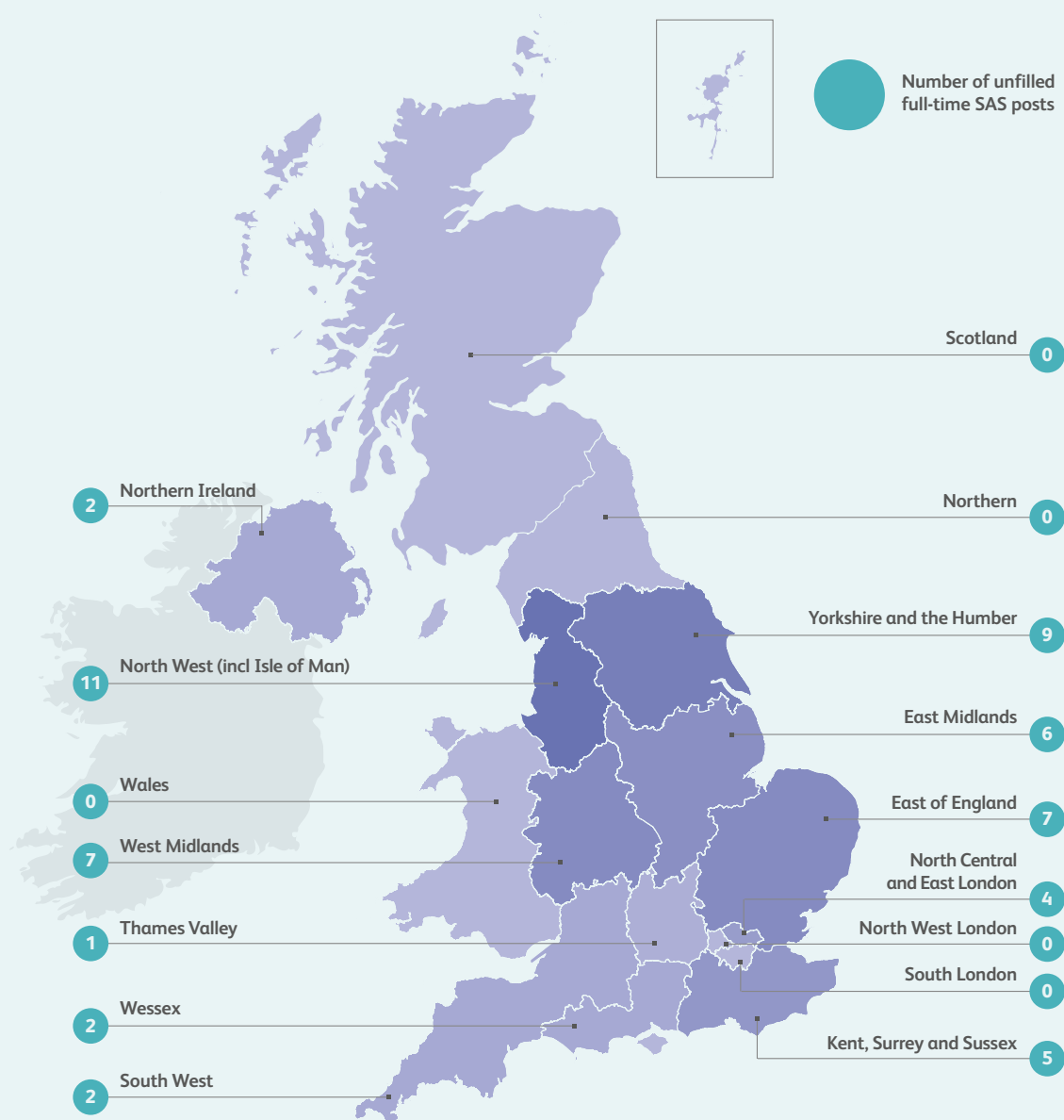
7.1.4 **Unfilled LTFT consultant posts:** There are at least 10 unfilled LTFT consultant posts in responding units in the UK (one of the response options was more than five so the exact number cannot be ascertained from the response information. Future surveys will improve on the question and response options).

7.2 SAS Doctors

7.2.1 **Unfilled full-time SAS doctor posts:** 50 of the 106 responding units report unfilled full-time SAS doctor posts (47%).

7.2.2 There are at least 56 unfilled full-time SAS doctor posts in the UK. There are 53 unfilled posts in England, 2 in Northern Ireland, 1 in Wales and none in Scotland (13.7% of the total SAS posts in responding units). The smaller numbers of unfilled posts in Northern Ireland, Scotland and Wales may reflect historical difficulty recruiting to these positions and the subsequent conversion of these posts to consultant or other staff posts.

Number of unfilled full-time SAS posts



7.2.3 **Unfilled LTFT SAS doctor posts:** There are a total of eight unfilled LTFT SAS doctor posts in the UK.

7.2.4 **Unfilled full-time posts excluding consultant, SAS doctors and LETB/Deanery Funded Trainees:** There are at least 32 of these posts unfilled in the UK (22 in England, two in Northern Ireland, none in Scotland and one in Wales).

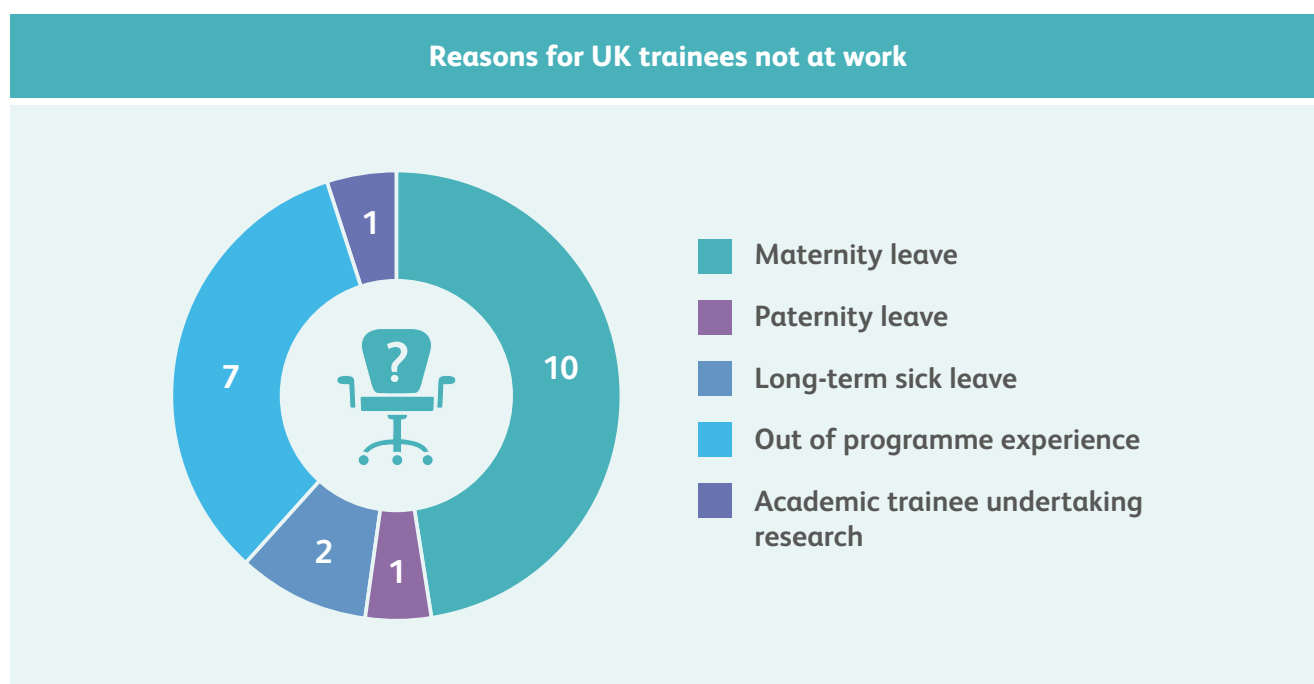
7.2.5 **Unfilled LTFT posts excluding consultant, SAS doctors and LETB/Deanery Funded Trainees:** There are a total of seven of these part time posts unfilled in the UK seven (three in England and four in Scotland).

7.3 Specialty Trainees

7.3.1 **Unfilled Ophthalmology Specialty Training posts (OST1-7):** There are 31 unfilled ophthalmology specialty training posts in the responding units (9% of the total number of specialty training posts in responding units). In three units there was failure to recruit to ST1, and in five units a failure to recruit to ST3.

This is a surprising result as there are more suitably qualified applicants than specialty training posts at national recruitment.

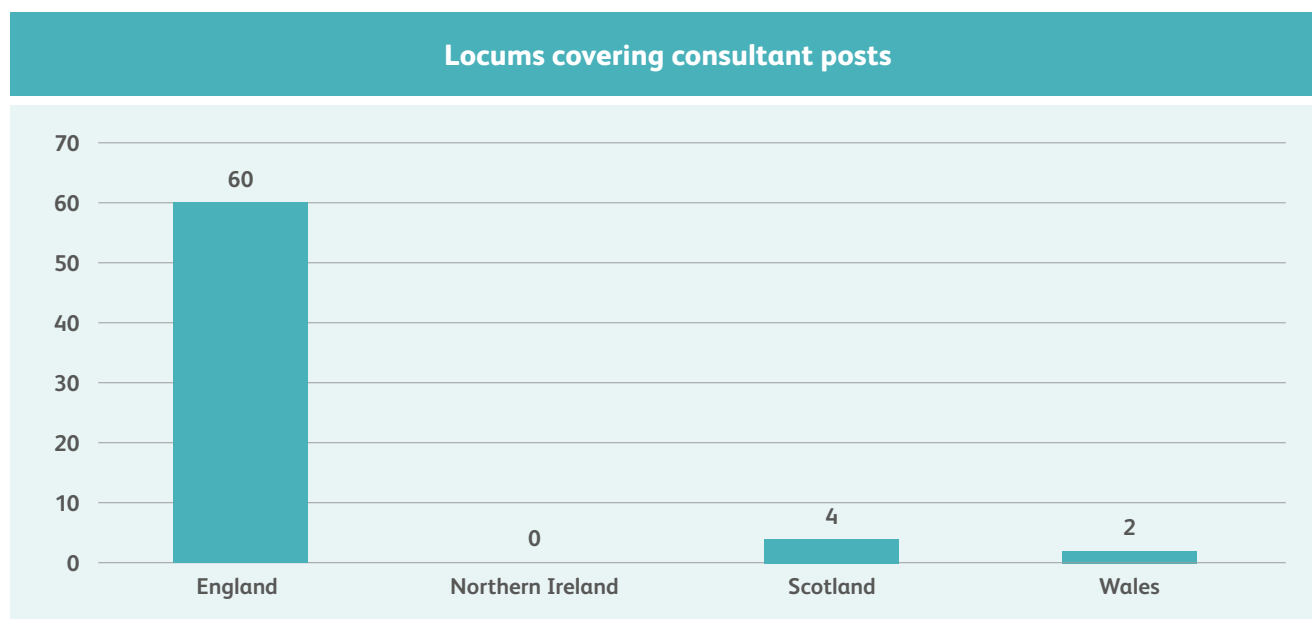
7.3.2 **Unoccupied Ophthalmology Specialty Training posts:** In responding units there are 21 ophthalmology specialty training posts which are filled but the incumbent is not at work. The commonest reasons are maternity leave (11 posts), out of programme experience (seven posts), long term sick leave (two posts) and paternity leave (one post).



8. Locum Cover

8.1 **Locums covering unfilled consultant posts:** 42% of responding units are using locums to cover unfilled consultant posts. The highest percentage is in Wales (75% of units). In England 63% of units are using locums and in Scotland 27% of units. There are no locums being used in Northern Ireland to cover vacant consultant posts.

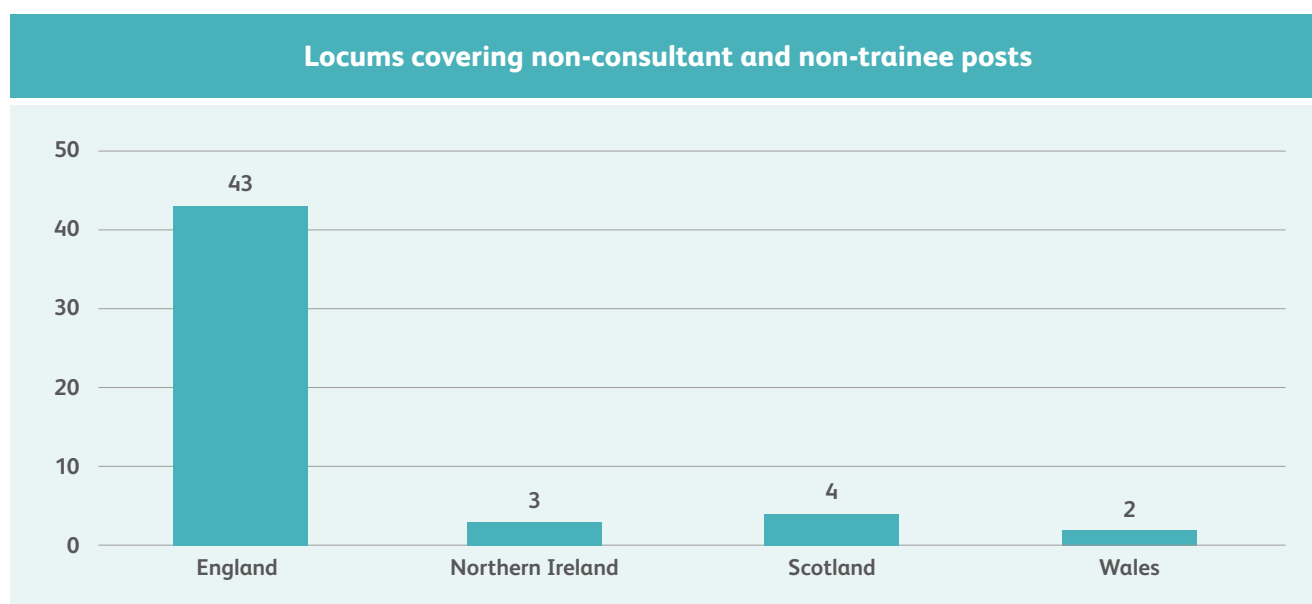
8.2 The total number of locums being used by responding units in the UK to cover unfilled consultant posts is 66 (60 in England, four in Scotland and two in Wales).



8.3 The results demonstrate significant use of locums to cover unfilled consultant posts with resultant cost to the Health Service.

8.4 **Locums covering posts other than consultant and training posts:** 59% of responding units are using locums to cover other unfilled posts. The highest percentage is in England (63 % of units). In Northern Ireland 50% of units are using locums, in Scotland 27% of units and in Wales 50% of units.

8.5 The total number of locums being used by responding units to fill posts other than consultant and training posts is 52 (43 in England, three in Northern Ireland, four in Scotland and two in Wales).

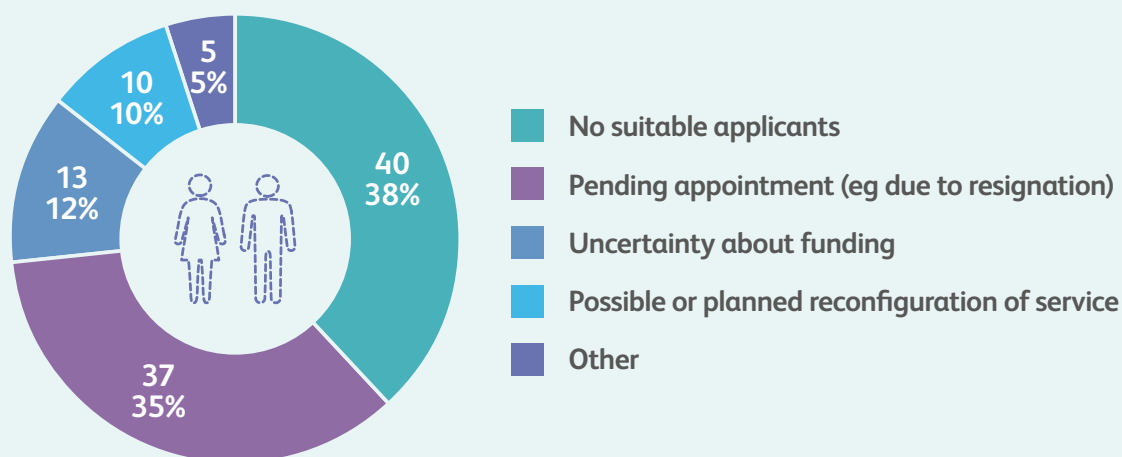


8.6 Again these numbers suggest a significant expenditure for the Health Service.

8.7 **Locums covering training posts:** Only units in England reported the use of locums to cover unfilled training posts - a total of 24 posts.

- 8.8 **Reasons for using locums to cover unfilled consultant or SAS doctor posts:** The commonest reasons for using locums to cover unfilled posts in responding units are the lack of appropriately trained applicants for the post (38%) and posts pending appointment (35%). Financial uncertainty (12%) and planned reconfiguration of services (10%) are other significant reasons.

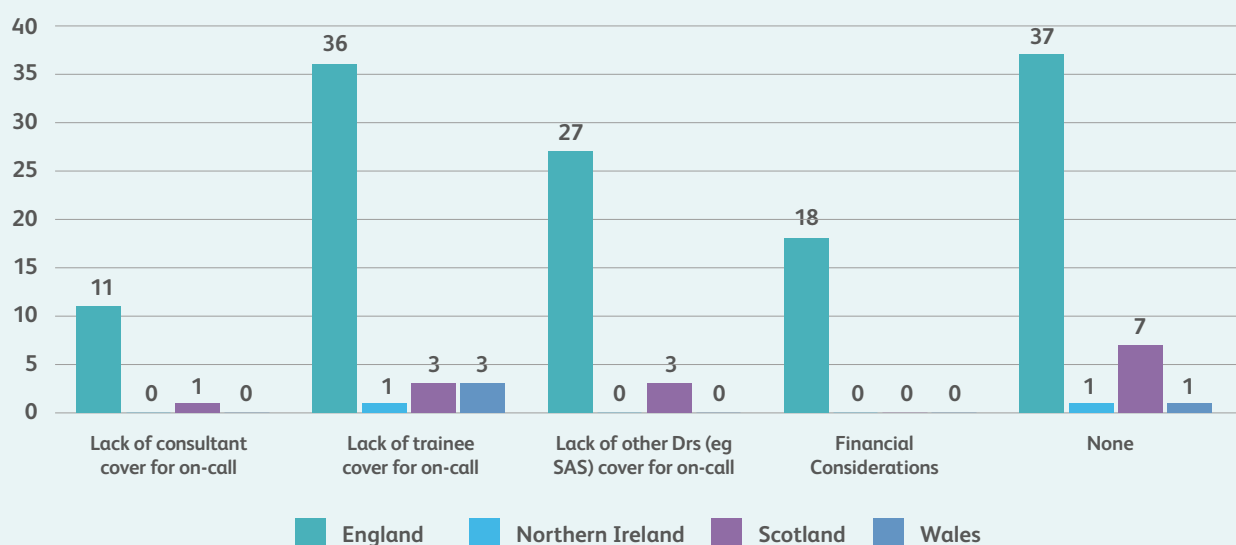
Reason for using locums to cover unfilled consultant or SAS doctor posts



9. Out-of-Hours Emergency Care

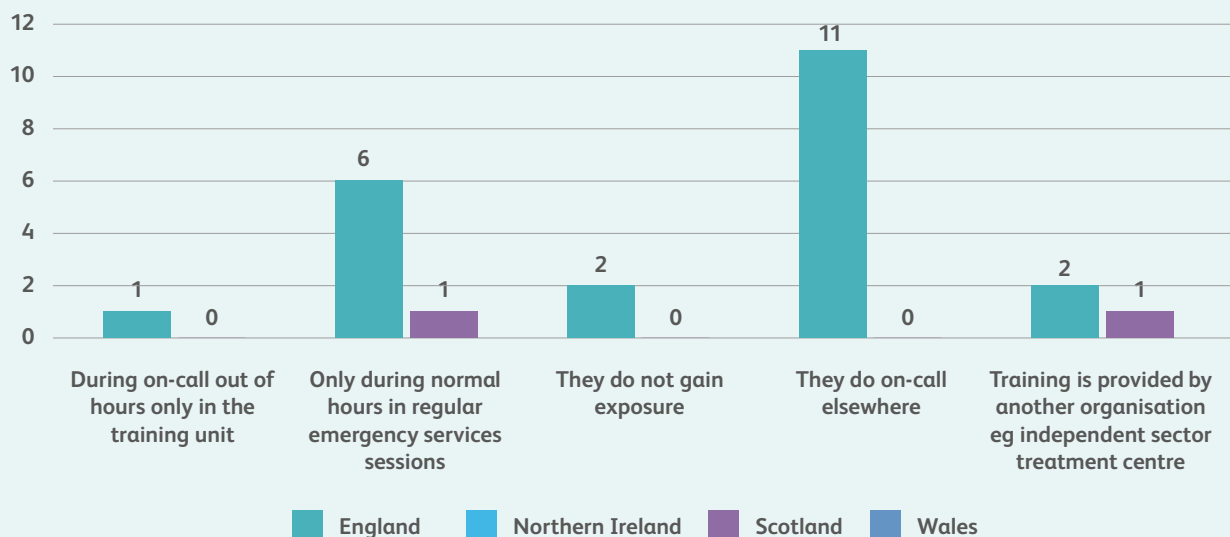
- 9.1 **Problems covering out-of-hours emergency care:** 57% of responding units in the UK reported problems covering out-of-hours emergency care (outside of 09:00hrs to 17:00hrs). The reasons include lack of consultant cover, lack of trainee cover (insufficient trainees to provide a compliant rota), lack of other doctors including SAS doctors and financial considerations.

Reasons for difficulties providing out-of-hours emergency care in your hospital?



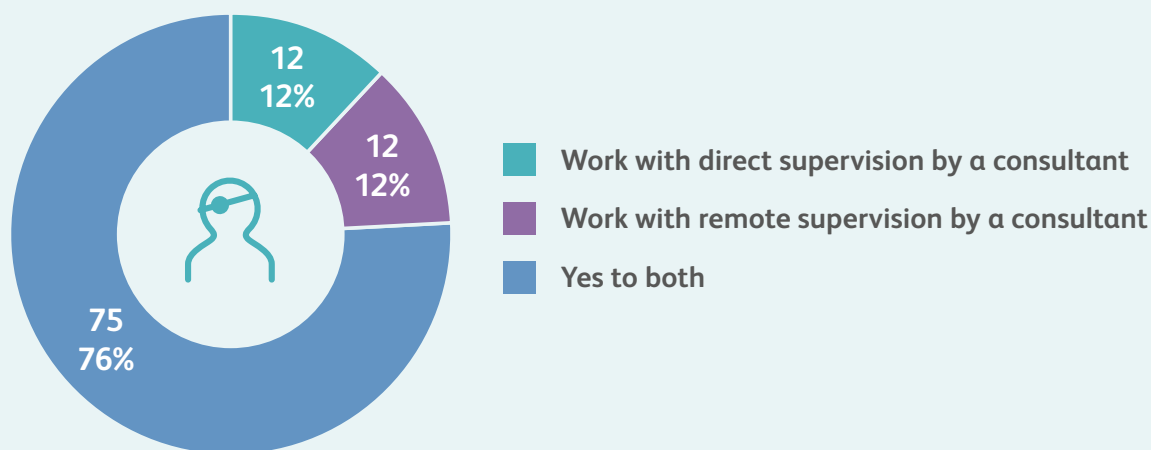
- 9.2 **Providing trainees with experience in emergency care:** In the responding units which are no longer able to provide out-of-hours emergency care the trainees gain exposure to dealing with emergencies in other organisations, other hospitals, during normal working hours or whilst working in the main training unit.

If your unit no longer provides out-of-hours on-call, do your trainees gain exposure in dealing with emergencies?



- 9.3 **Emergency work carried out in another hospital:** Surprisingly in 11% of cases the hospital undertaking the emergency work was not informed beforehand!
- 9.4 **Supervision of trainees undertaking emergency work:** 12% of trainees in responding units work with the direct supervision of a consultant, 12% work with remote supervision (supervising consultant not on the premises) and the majority (76%) experience both remote and direct supervision.

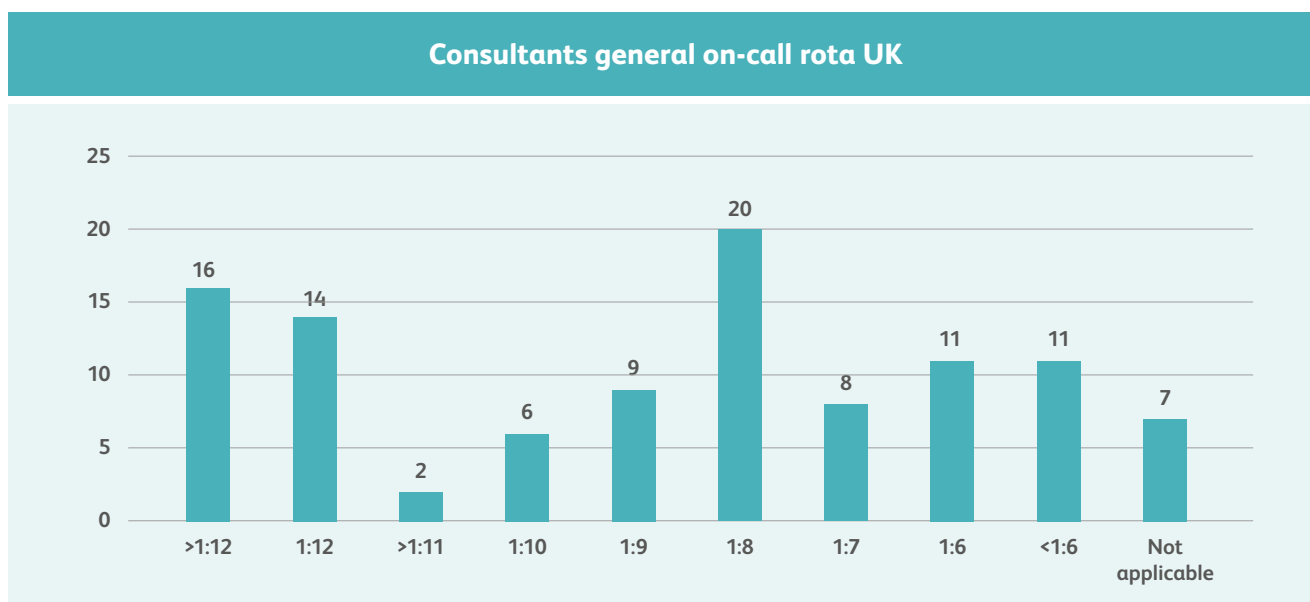
Supervision of trainees dealing with emergencies across the UK



10. On Call Rotas

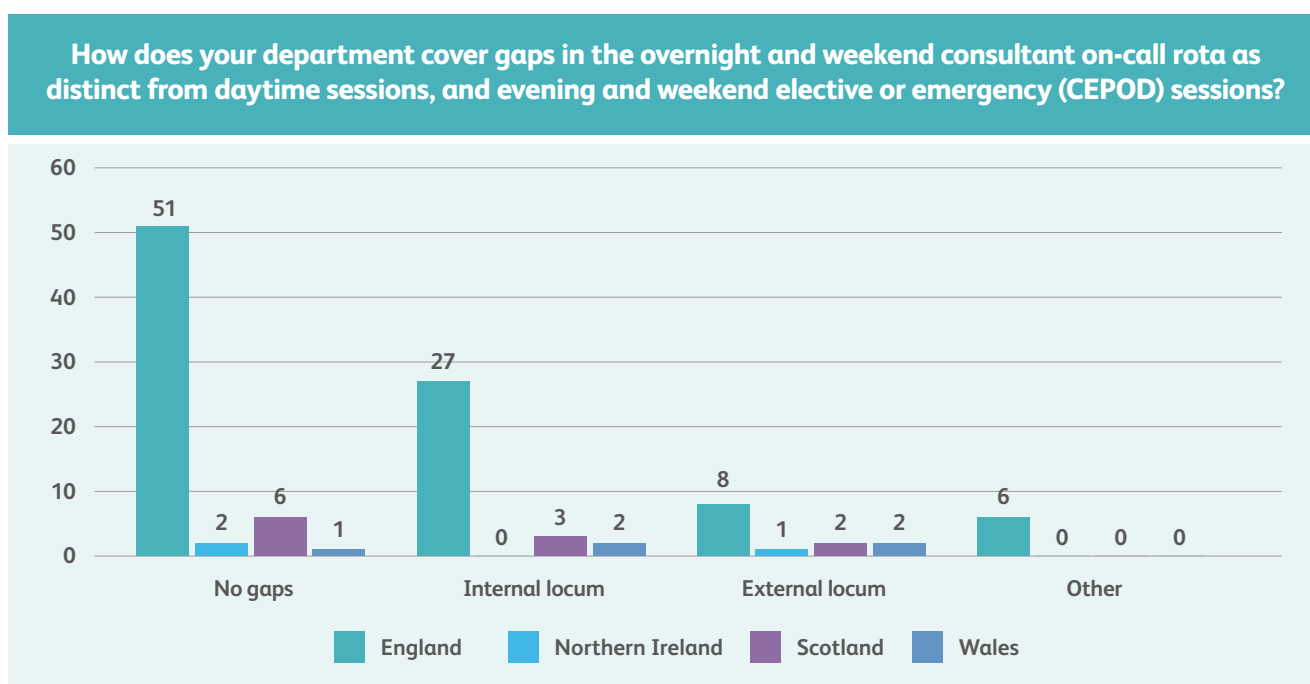
10.1 Consultants

- 10.1.1 **Frequency of consultant general ophthalmology on call:** 11% of consultants in responding units participate in general ophthalmology on call rotas of less than 1 in 6. The majority (74%) participate in rotas of between 1 in 6 and 1 in 12. 15% are involved in rotas of greater than 1 in 12.

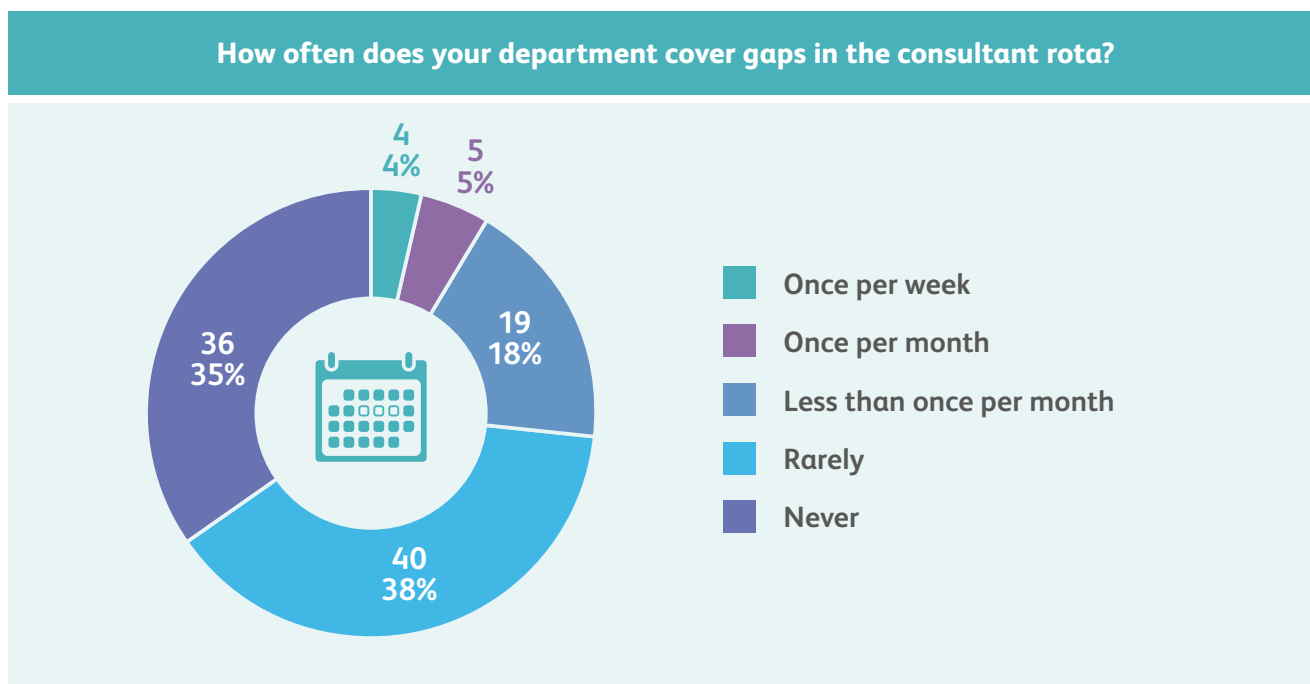


- 10.1.2 **Frequency of consultant vitreoretinal on call:** The majority (76%) of consultants participating in vitreoretinal on call have rotas of less than 1 in 6. 20% participate in rotas of between 1 in 6 and 1 in 12 and 4% have a rota of greater than 1 in 12.

- 10.1.3 **Covering gaps in overnight and weekend consultant on call rota:** 54% of responding units report no gaps in the consultant on call rota. 63% of units with gaps in the consultant on call rota use internal locums and 26% use external locums. 11% of units find other ways of covering the gaps.

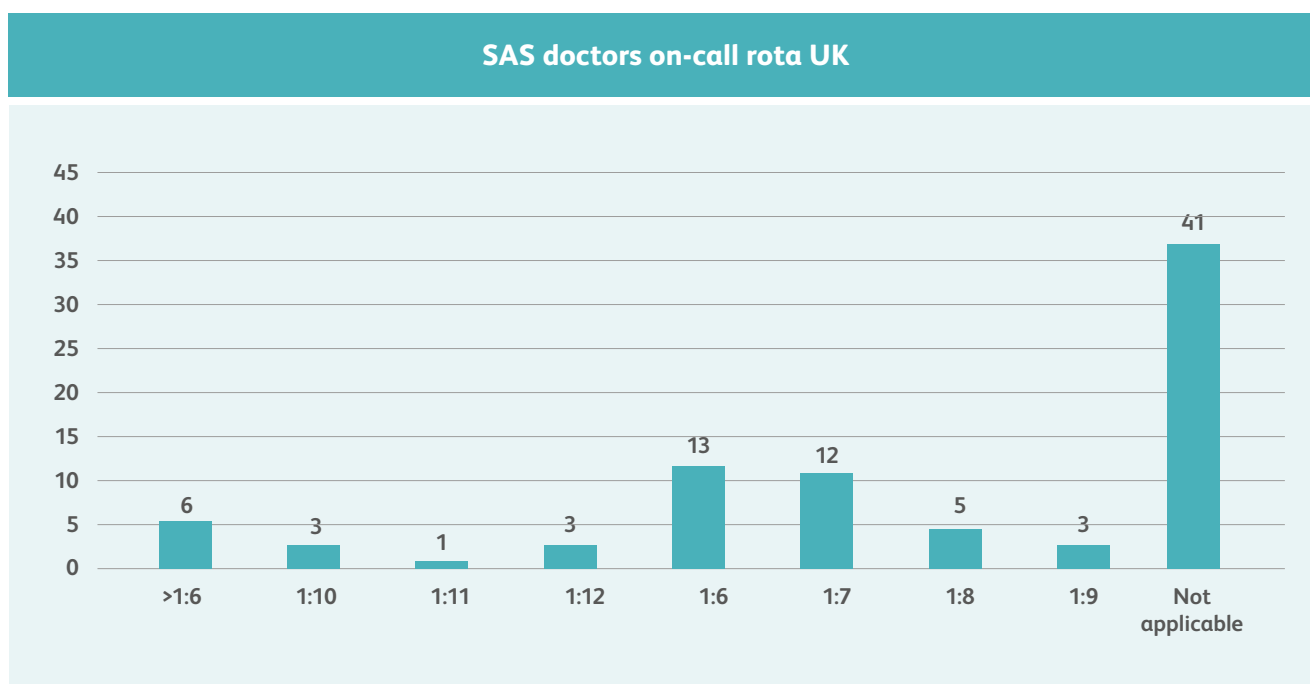


10.1.4 **Gaps in consultant on call rota:** In 73% of responding units the necessity to cover gaps in the consultant on call rota occurs either rarely or never.



10.2 Non-consultant career grade ophthalmologists

10.2.1 **Frequency of SAS doctor general ophthalmology on call:** 13% of SAS doctors in responding units who participate in general ophthalmology on call are involved in rotas of less than 1 in 6. The remainder (87%) are involved in rotas of between 1 in 6 and 1 in 12.

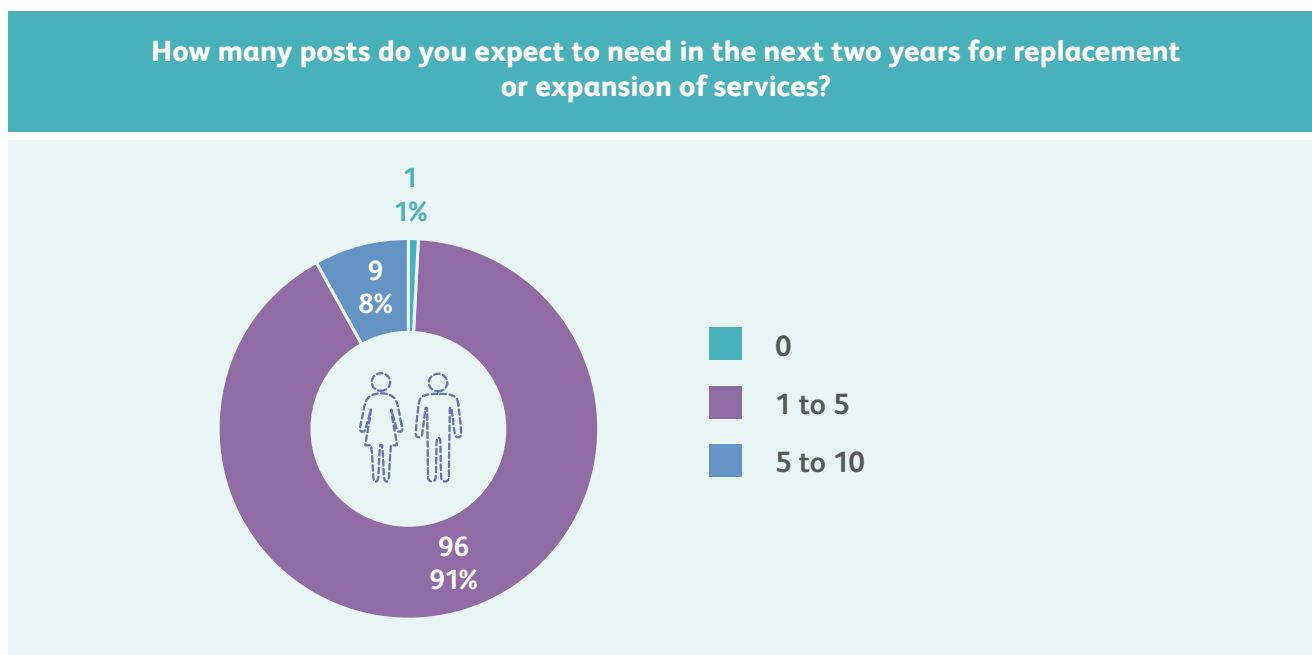


10.2.3 **Frequency of trust doctor general ophthalmology on call:** 30% of trust doctors in responding units who participate in general ophthalmology on call are involved in rotas of less than 1 in 6. The remainder (70%) are involved in rotas of between 1 in 6 and 1 in 12.

11. Future Workforce Demand

11.1 Posts Required

11.1.1 96 responding units in the UK report that they will require between one and five posts over the next two years to replace or expand services to meet demand. Nine units in England report that they would require between five and 10 new posts. Only one unit does not require any new posts over the next two years.



11.1.2 Responding units in England expect to need to appoint to at least 88 consultant posts over the next two years. The anticipated increase in posts is approximately 8% of the present total.

	Minimum posts needed	Total current posts	Minimum % of present posts needed
England	124	1077	11.5
Northern Ireland	2	34	6
Scotland	11	147	7.5
Wales	4	48	8

11.1.3 Since 51% of units already have unfilled consultant posts and the number of trainees acquiring their CCT or doctors acquiring CESR each year is on average (mean) 93 there are unlikely to be sufficient appropriately trained doctors to fill these posts.

CCT

Year	2011	2012	2013	2014	2015
No. of trainees recommended for CCT	90	66	65	78	92

CESR

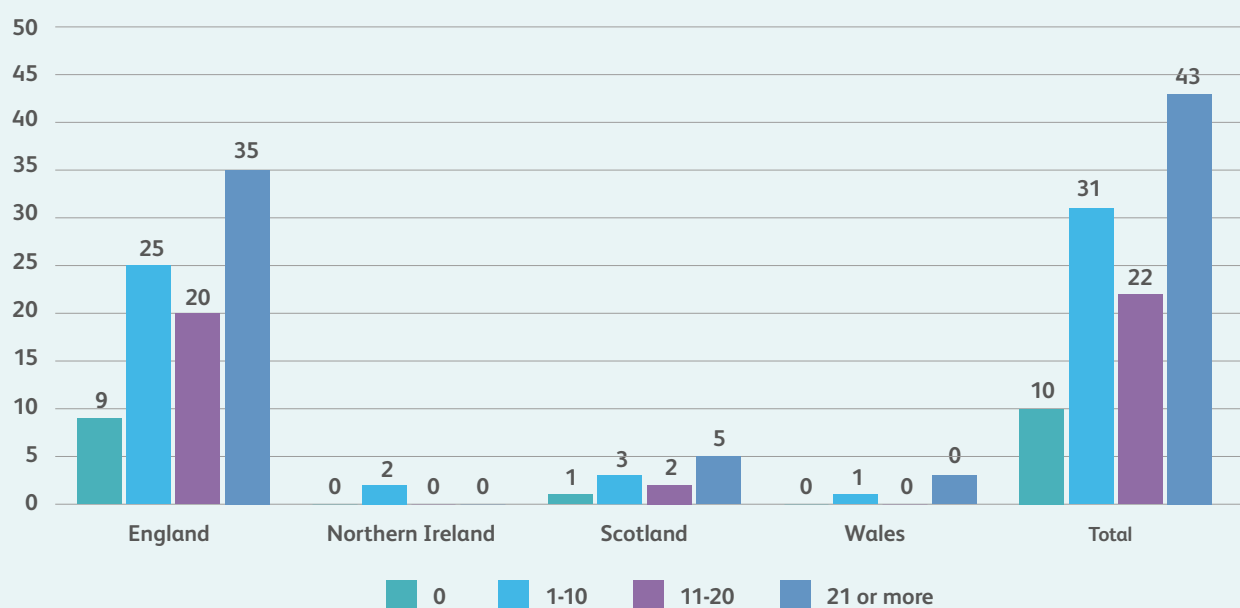
Year	2011	2012	2013	2014	2015
No. of CESR recommendations	13	19	19	18	6

12. Capacity

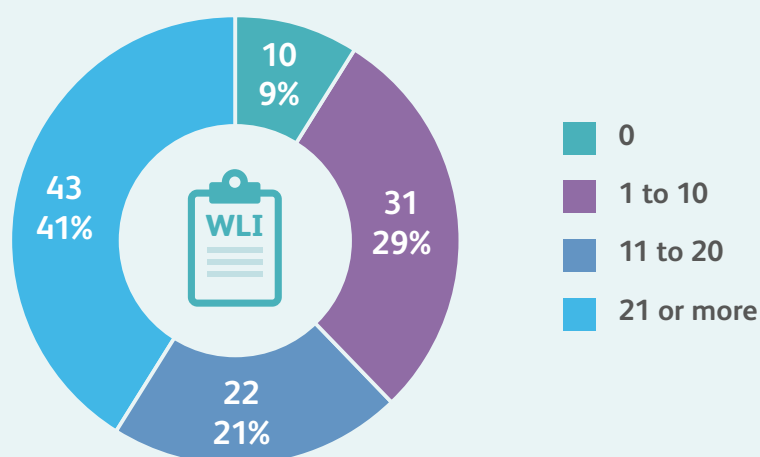
12.1 Waiting List Initiatives

12.1.1 91% of respondent units have undertaken waiting list initiative sessions in the three months prior to the census. Only nine units in England and one unit in Scotland have not undertaken waiting list initiative sessions. 43 units in the UK have undertaken 21 or more sessions.

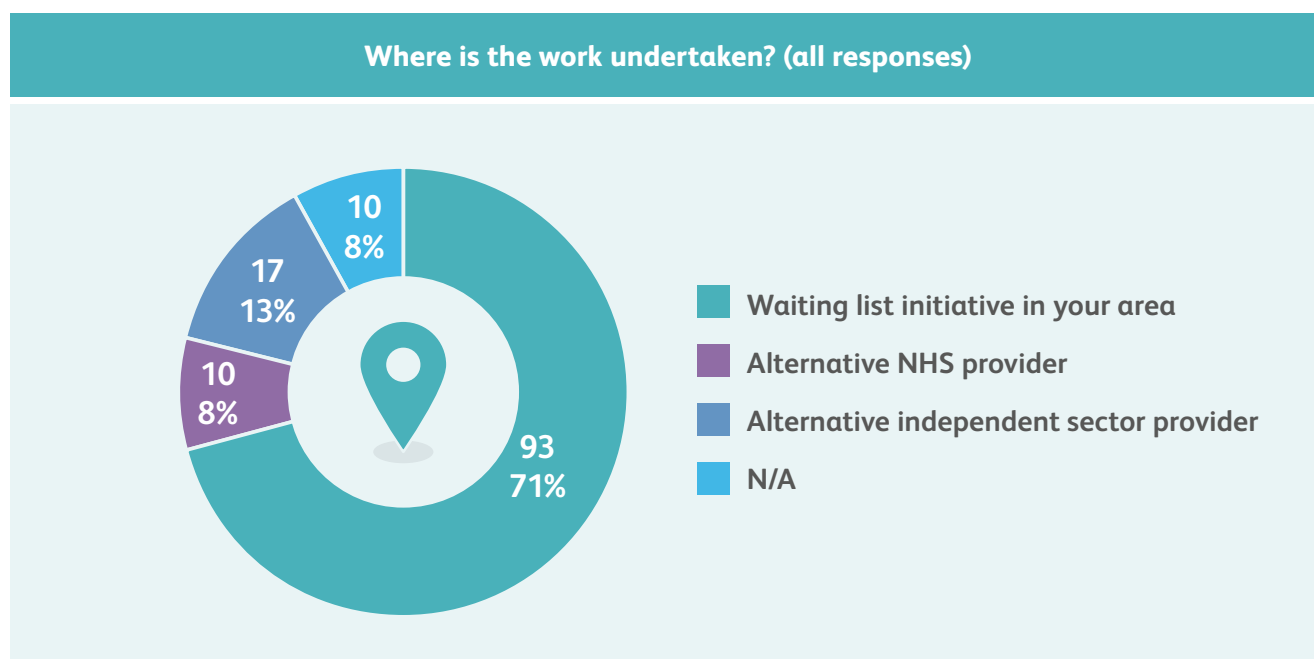
How many waiting list initiative (other similar) sessions has your trust offered in the last 3 months?



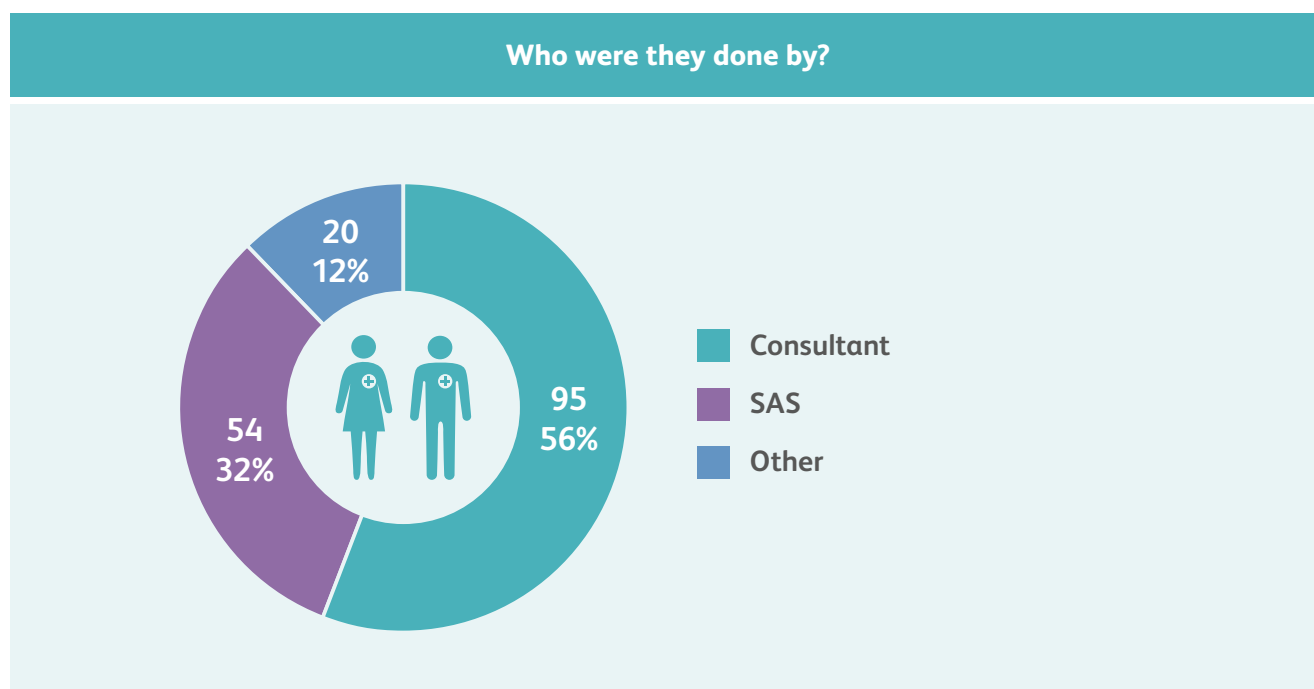
Units responses on the number of waiting list initiatives in the last three months



- 12.1.2 71% of units in the UK report that waiting list initiatives are carried out in their own unit. 13% report that lists are undertaken in an alternative independent sector provider and 8% report that lists are undertaken at an alternative NHS provider.



- 12.1.3 56% of waiting list initiative sessions were carried out by consultants, 32% by SAS doctors and 12% by other grades.

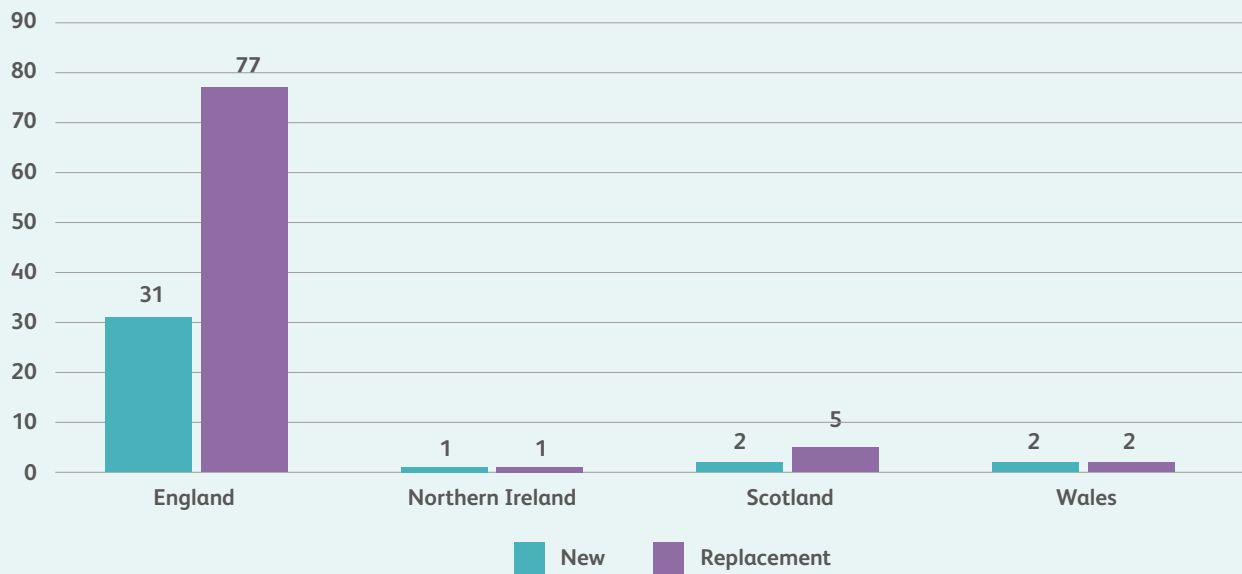


12.2 Recruitment to Non Training Posts (Consultant and SAS)

- 12.2.1 **Advertised posts:** 58% of responding units had jobs advertised at the time of completing the census – a total of 121 posts.
- 12.2.2 30% of these posts are new posts and 70% replacement posts

New and replacement posts advertised by UK country

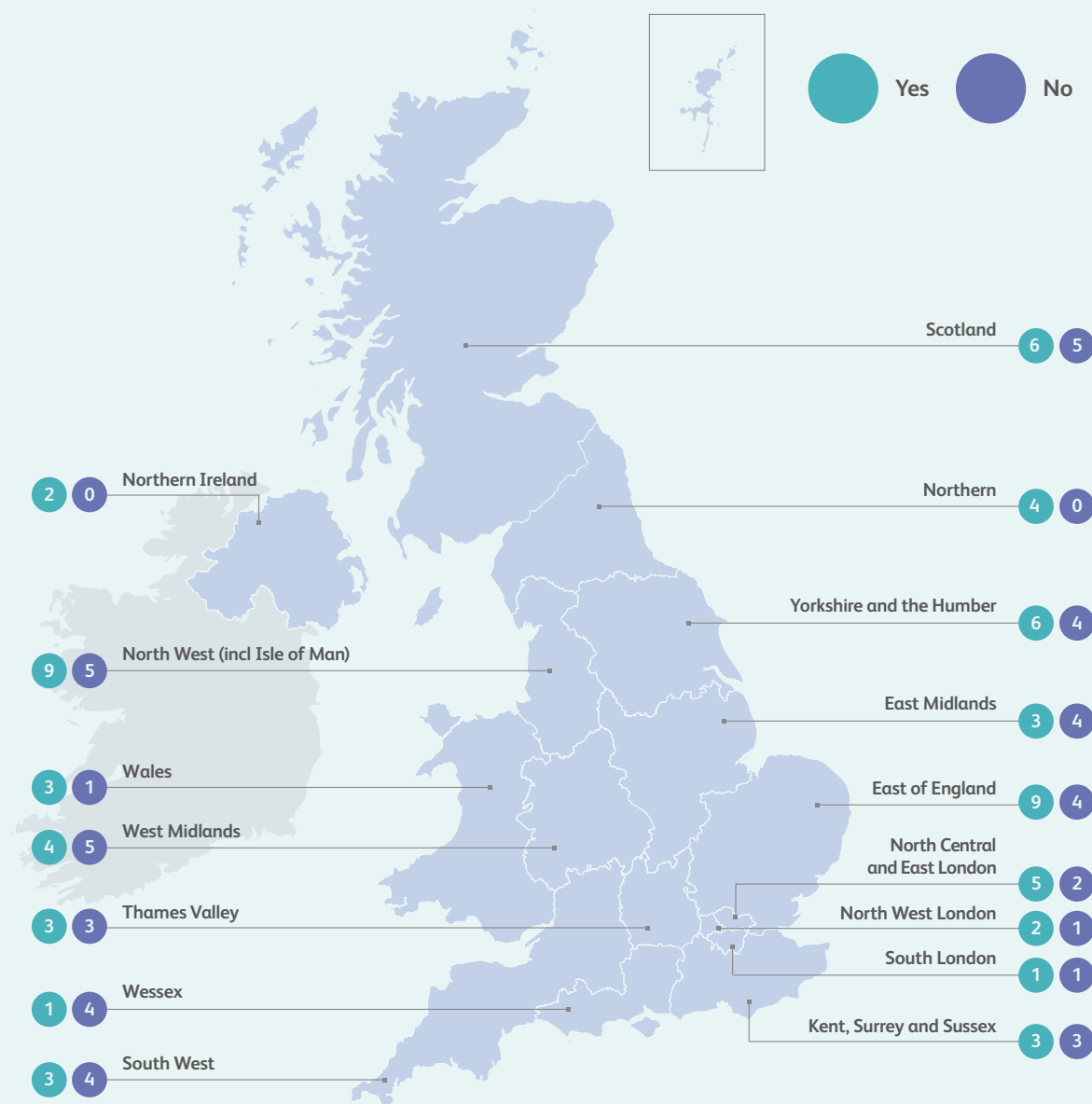
In total 121 posts were advertised of which 36 were new posts and 85 were replacement posts



12.3 Difficulty Recruiting to Consultant Posts

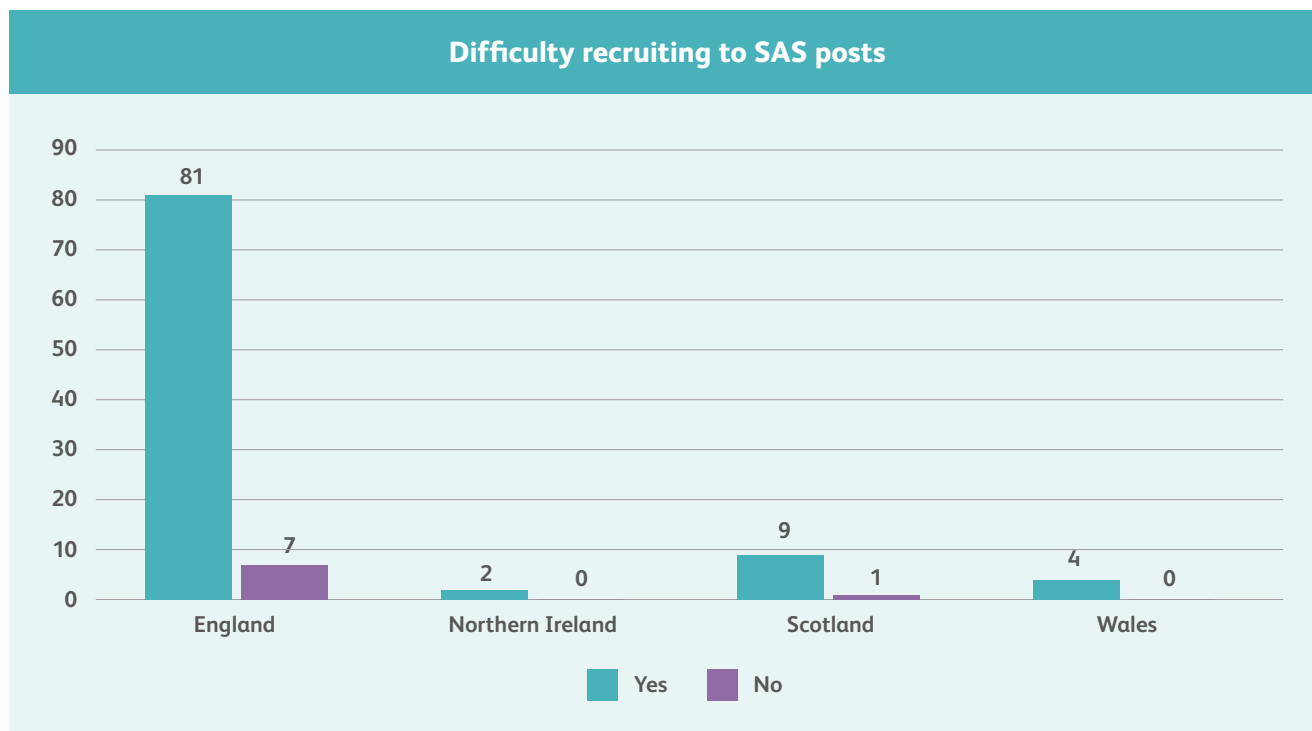
12.3.1 58% of responding units report previous difficulties recruiting to consultant posts. The proportion is highest in Scotland with 91% of units describing historical difficulties in recruiting to consultant posts.

Have you previously had problems recruiting consultant ophthalmologists?

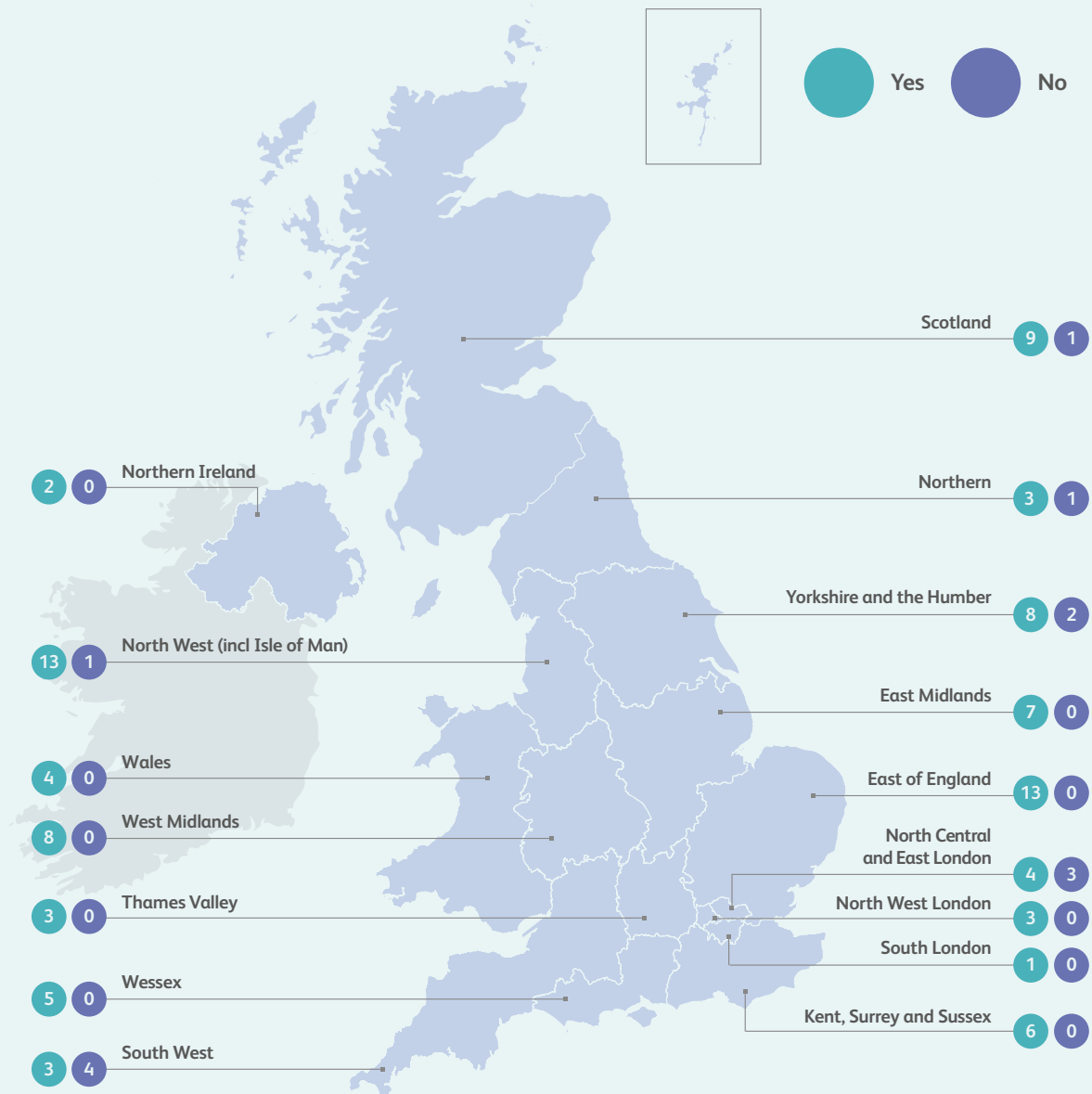


12.4 Difficulty Recruiting to SAS Doctor Posts

12.4.1 92% of responding units report difficulty recruiting to SAS Doctor posts.



Have you previously had any problems recruiting SAS grade ophthalmologists?



13. Conclusions

- 13.1 At present there are at least 73 unfilled full-time consultant posts and 56 unfilled SAS doctor posts in the UK. The most common reason for posts remaining unfilled is a lack of suitable applicants. Difficulty recruiting to consultant posts is reported by 58% of responding units and difficulty recruiting to SAS doctor posts is reported by 92% of units. The proportion of responding units reporting difficulties recruiting to consultant posts is greatest in Scotland (91%). Many of these posts are being covered by locums resulting in increased expenditure by the Health Service.
- 13.2 With an ageing population and the introduction of new treatments the workload in ophthalmology departments has increased. Research undertaken by the Way Forward Project looking at prevalence of disease and population projections suggests an increase in demand over the next 10 years of 25% for cataract services, of 30% for medical retina services and of 22% for glaucoma services. There are presently 1,306 consultant ophthalmologist posts in the UK and this increase in demand will require an increase in consultant numbers of at least 326 over the next 10 years. The majority of responding units predict that they will require between one and five new posts over the next two years in order to meet demand. There are insufficient specialist trainees with CCT and SAS doctors with CESR to fill these posts and as discussed previously there is already a significant number of vacant posts.
- 13.3 The majority (91%) of units in the UK are undertaking waiting list initiatives in an attempt to meet demand. This is an expensive and inefficient solution. Most (72%) of these sessions are undertaken by responding units rather than by other independent providers and are not therefore a sustainable way of increasing capacity in the long term

14. Glossary

CESR	Certificate of Eligibility for Specialist Registration
CCT	Certificate of Completion of Training
LETB	Local Education and Training Board
LTFT	Less Than Full-time
OST	Ophthalmic Specialist Training/Trainee
PAs	Programmed Activities
SAS	Staff and Associate Specialist
SPAs	Supporting Professional Activities
WTE	Whole Time Equivalent
Trust Doctor	A term applied to a doctor who is working in the National Health Service (NHS) in a non-training post, usually at senior house officer level.

15. References

NHS Workforce Statistics – April 2016 Provision Statistics, Doctors by grade and specialty, Health and Social Care Information Centre 26 July 2016. Accessed 26 July 2016

<http://content.digital.nhs.uk/searchcatalogue?productid=21281&topics=0%2fWorkforce&co-vdate=APR%2c2016%2cSEP%2c2016&sort=Relevance&size=10&page=2#top>

Source: Alison Dunwoody, DP Statistician, Project Support Analysis Branch, Information & Analysis Directorate, Department of Health, Stormont Estate 5 August 2016

ISD Scotland accessed 26 July 2016

<http://www.isdscotland.org/Health-Topics/Workforce/medical-and-dental/>

Stats Wales accessed 26 July 2016

<https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/Medical-and-Dental-Staff/hospitalmedicalanddentalstaff-by-specialty-year>

NHS Workforce Statistics – April 2016 Provision Statistics, Doctors by grade and specialty, Health and Social Care Information Centre 26 July 2016. Accessed 26 July 2016

<http://www.hscic.gov.uk/searchcatalogue?productid=21281&topics=1%2fWorkforce%2fStaff+numbers&sort=Relevance&size=10&page=1#top>

Source: Alison Dunwoody, DP Statistician, Project Support Analysis Branch, Information & Analysis Directorate, Department of Health, Stormont Estate 5 August 2016

ISD Scotland accessed 26 July 2016

<http://www.isdscotland.org/Health-Topics/Workforce/medical-and-dental/>

Stats Wales accessed 26 July 2016

<https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/Medical-and-Dental-Staff/hospitalmedicalanddentalstaff-by-specialty-year>

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