

The ROYAL COLLEGE *of*
OPHTHALMOLOGISTS

Workforce Census 2018



Workforce Census 2018



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1. Foreword

The combination of an aging population and expansion in diagnostic and treatment options continues to overwhelm ophthalmic services across the UK, despite significant transformation by the ophthalmic profession in the way services are delivered.

Ophthalmology is a major specialty, managing nine million outpatient appointments every year and 6% of all surgery, making it the busiest outpatient department in the NHS. We do this with approximately 1,500 ophthalmologists in the UK.

However, the latest RCOphth workforce census confirms what we hear daily from our members and our patients – there are not enough ophthalmologists to cope and that this crisis is getting worse. The census highlights the continuing serious shortage of ophthalmologists, a widespread use of locums, which is expensive and can create significant risk to patients, as well as many unfilled posts.

A consequence of the lack of capacity in ophthalmology services is avoidable sight loss. Recent research has shown that patients are losing sight due to hospital-initiated delays. Loss of vision is devastating and impacts a person's ability to retain independence, to work and care for themselves and others.

The recently published NHS long term plan has ambitions for *'Delivering world-class care for major health problems'*, *'Supporting people to age well'* and promoting the NHS *'as a better place to work'*. These ambitions are well intentioned but will not be realised without a national approach and long-term planning and funding of an adequate workforce to meet the increasing demand.

We welcome the recent announcement of a new workforce implementation planning group to take forward the vision of the NHS long term plan. We ask that this group works directly with The Royal College of Ophthalmologists, alongside all specialties, to find the solutions to halt the deepening crisis in the workforce.

Our patients deserve better. We all deserve a high quality healthcare system where patients are supported to live and age well and clinicians are given the opportunity to provide that level of care.

Melanie Hingorani

Chair Professional Standards Committee

Jane Harcourt

Chair Workforce Committee



2. Executive Summary

The Royal College of Ophthalmologists conducted its second workforce census, which was sent to the 135 trust and health boards providing ophthalmology in the UK in May 2018.

- 1.** There are many unfilled consultant posts:
 - a. Overall there are 77% units (14% of all consultant posts) in the UK where consultant posts do not have a substantive appointment
 - b. 67% of units are using locums to fill 127 consultant posts
 - c. The number of locums has increased significantly by 52% since the last census
 - d. 42 consultant ophthalmologist posts are completely vacant, ie not filled with a substantive or locum consultant
- 2.** The census data suggests an extra 230 consultant posts are required to meet the rising demand for ophthalmology services over the next two years. This increase of 22% more consultants compares with an estimated 8% increase in posts required in 2016
- 3.** 54% of units in the UK have unfilled SAS doctor posts
- 4.** Responding units estimate that 204 extra SAS posts are required to meet rising demand over the next two years
- 5.** Since the number of trainees acquiring their CCT or doctors acquiring CESR each year is on average 74, there are nowhere near enough appropriately trained doctors to fill current and future consultant posts
- 6.** 27% of consultants and 20% of SAS doctors are aged 55 years and older ie nearing probable retirement
- 7.** 25% of consultants and 31% of SAS doctors work less than full time – this has dropped from over 50% in 2016
- 8.** 85% of units are undertaking waiting list initiatives to attempt to manage demand
- 9.** 66% of waiting list initiatives are undertaken by responding units rather than by other independent providers
- 10.** As an estimate, for most unit sizes, there is a current consultant whole time equivalent (WTE) of around 2 for per 100,000 population; and of ideal consultant whole time equivalent of 3 to 3.5 per 100,000
- 11.** 86% of responding units rely on non-medical professionals working in extended roles to provide service to some extent
- 12.** 69% of consultants are male and 31% female
- 13.** 53% of SAS doctors are male and 47% female

3. Introduction

3.1 The census was undertaken to establish a clear picture of the size and shape of the current UK ophthalmic medical workforce, future needs and significant changes from the previous 2016 census.

Census forms were sent electronically to all UK ophthalmology clinical leads on 16 May 2018. There were two e-mail reminders sent to those who had not responded within two weeks and those who failed to respond to this were sent a paper copy to return and data was transcribed by RCOphth staff.

We are grateful to all clinical leads, clinical directors, heads of service, College tutors, departmental administrators and others who were involved for taking the time and care to participate in the census.

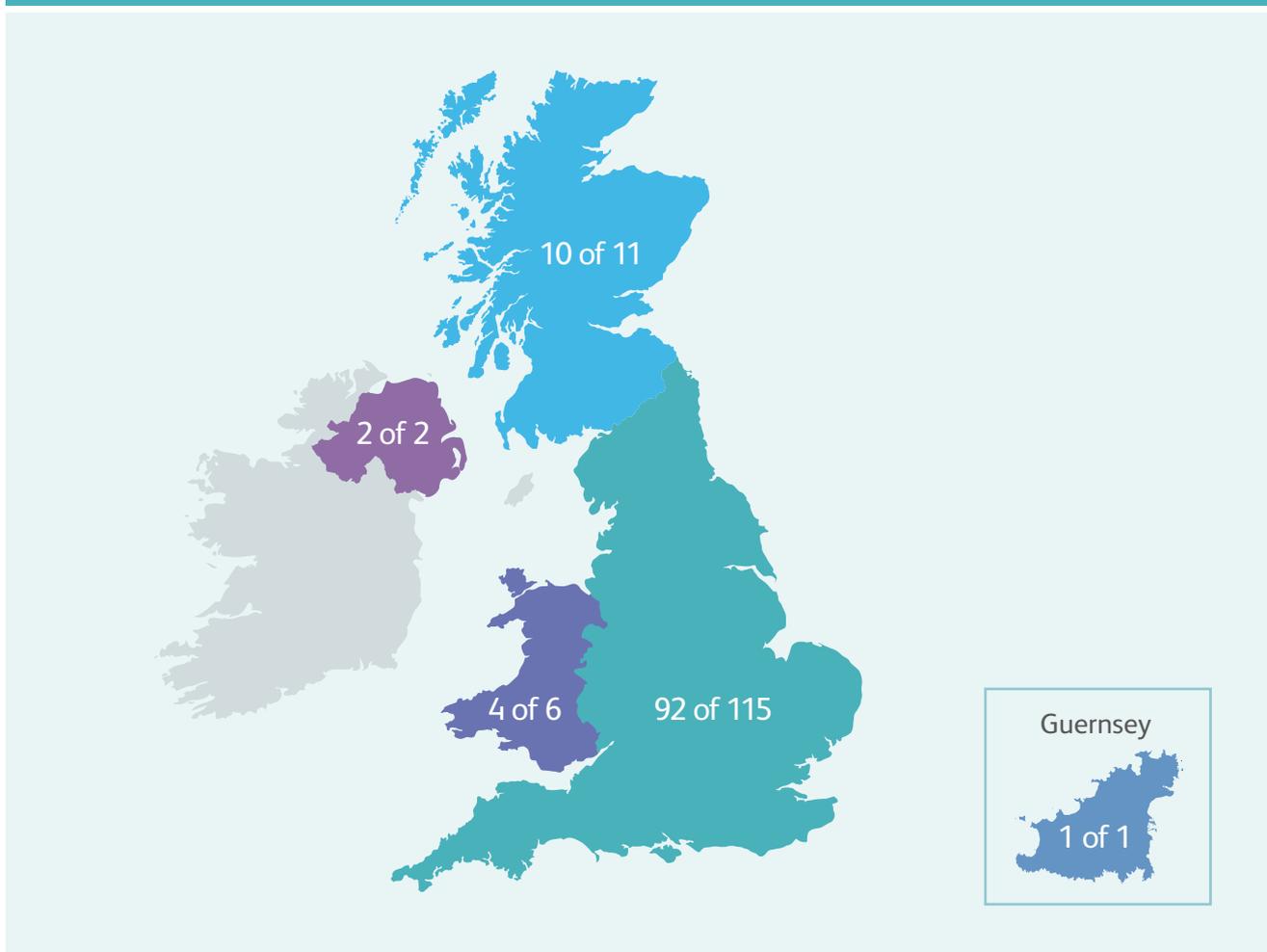
Data was supplemented by official workforce statistics from NHS Digital and NHS Hospital & Community Health Service (HCHS) accessed 21 September 2018.

4. Response Rate

4.1 The census was sent to all 135 NHS Trusts and Health Boards in the UK providing ophthalmology services, the geographical spread of which is shown below.

4.2 We received 100 responses to the survey, an overall response rate of 75%.

Percentage of total 2018 Workforce census responses per area

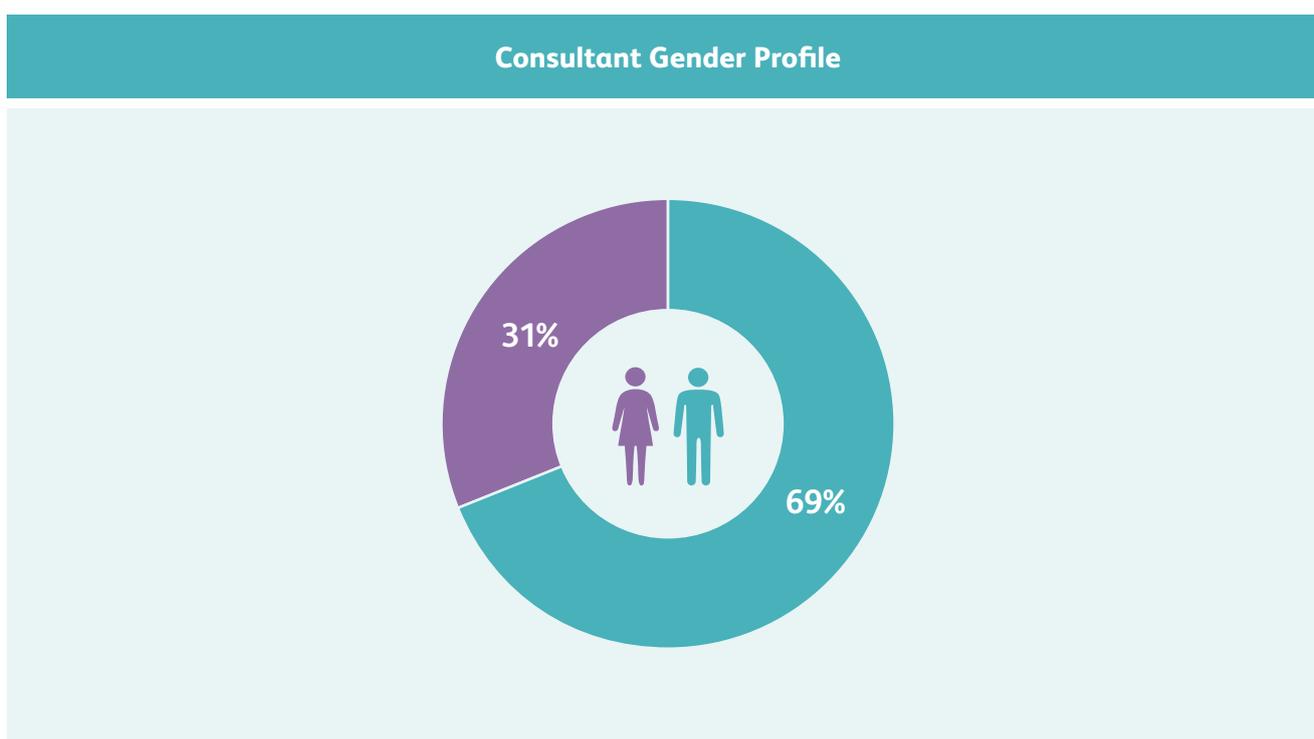


5. Consultant Workforce

5.1 **Consultant workforce figures** from official national statistics of the four UK countries are provided below.

Country	Consultant Ophthalmologists Whole Time Equivalent
England	1,260 ¹
Northern Ireland	35.89 ²
Scotland	126 ³
Wales	61.1 ⁴
Total	1,482.99

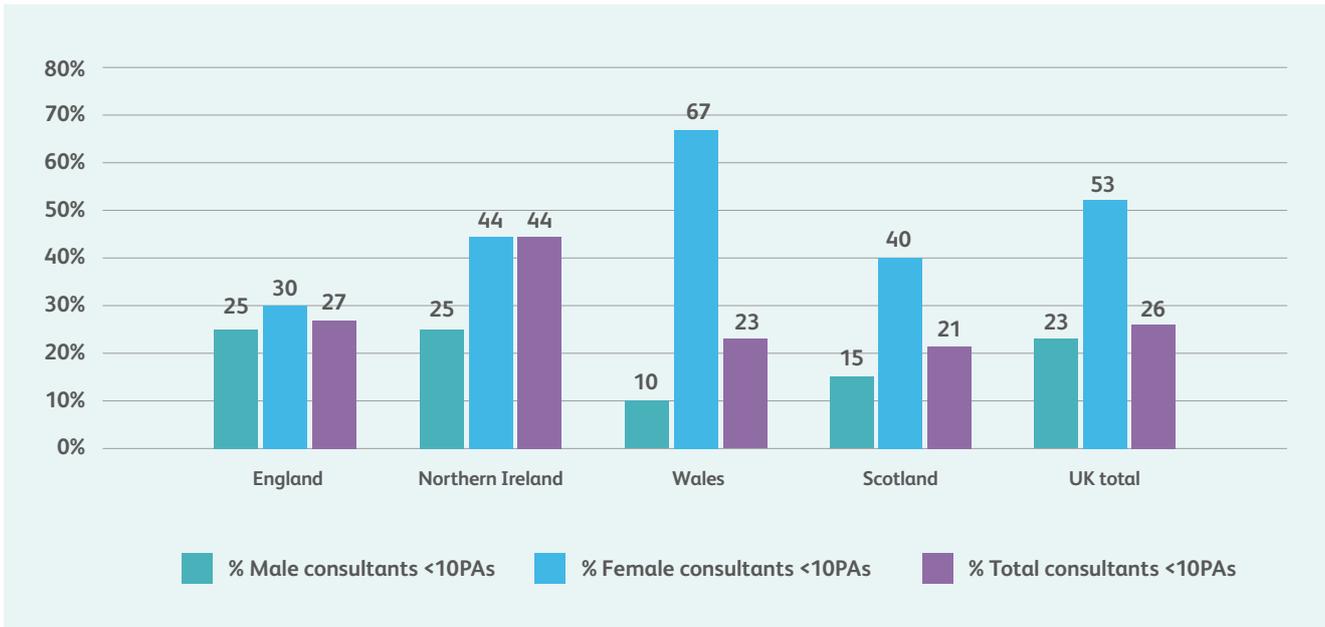
5.2 **Gender:** Our census shows that 69% of the consultant workforce are male and 31% female (in 2016 it was 74% M and 26% F). For all consultants in all specialties, NHS Digital shows 64% male 36% female, so our results are comparable with the overall consultant workforce gender distribution in England.



5.3 **Age:** 25% of all consultants are aged between 55 and 64 ie nearing probable retirement age. Only 2% of all consultants are aged 65 or over. 13% of all consultants are aged less than 39 years. These figures are very similar to the findings from 2016.

5.4 **Consultant Programmed Activities (PAs): full time vs less than full time:** 25% of consultants in responding units work less than 10 PAs. In the 2016 census, 52% of consultants were working less than 10 PAs and the results were similar for both male and female consultants. In 2018 the percentage of male consultants working part-time has almost halved (23%) but the rate has remained almost unchanged in females (53%). This reduction in part-time working may reflect the increase in demand for ophthalmology services and the subsequent difficulty in reducing the number of PAs worked.

Percentage of consultants working less than 10 Programmed Activities per week



5.5 Retirement, leaving and reduction in sessions

	How many consultant ophthalmologists of non-retirement age (<55 years old) have left their posts in the last year?	
England	21	2%
Northern Ireland	1	2%
Scotland	1	1%
Wales	0	0%
Total	23	2%

	How many consultant ophthalmologists of non-retirement age have reduced the total number of sessions they work per week in the last year?	
England	66	7.5%
Northern Ireland	4	10%
Scotland	6	5%
Wales	0	0%
Total	76	7%

The percentage of consultants of non-retirement age leaving their posts (2%) or reducing the number of sessions worked (7%) is small, suggesting that there is not a serious problem with staff retention.

57 consultants (5.2% of the UK consultant workforce) were reported to have returned to work after retirement and the majority are male (86%). These figures are similar to the previous census.

Retired consultants returning to work in the last two years.

	Total consultants		Consultants retired and returned		%Male	%Female
	Male	Female	Male	Female		
England	606	271	40	6	7%	2%
Guernsey	2	2	0	0	0%	0%
Northern Ireland	24	18	2	1	10%	6%
Scotland	91	30	6	1	7%	3%
Wales	10	3	1	0	10%	0%
Total	733	324	49	8	7%	2%

The data suggests that the increasing demand for ophthalmic care is not having a major impact on retiring, leaving or dropping sessions over the last two years; consultants do not seem to be leaving or retiring earlier due to perceived work pressures, but neither are they delaying retirement nor returning to work after retirement in enough numbers to fill workforce gaps.

5.6 Consultant posts not filled by substantive appointments

Locums are being used to cover 127 consultant posts: an increase compared with 2016 (66 posts). 67% of units have locum cover for consultant posts compared with 52% in 2016.

The results demonstrate a significant and increased use of locums to cover unfilled consultant posts, with potential increased costs and variation in the provision of safe patient care nationally.

26% of units have unfilled consultant posts with no locum cover (42 posts) ie completely vacant positions.

In total there are 166 consultant posts (14% of all consultant posts) that do not have a substantive appointment. 77% of units are affected. Since the number of trainees acquiring their CCT or doctors acquiring CESR each year is on average 74, there are unlikely to be sufficient appropriately trained doctors to fill these posts.

This demonstrates an enormous risk for care at a time of sustained and significant increasing demand.

5.7 Difficulty recruiting to consultant posts

64% of responding units acknowledge difficulty in recruiting to consultant posts: an increase from 58% in 2016.

5.8 Plans for Recruitment and Ideal capacity

How many replacement posts are you, or do you, expect to advertise in the next two years for maintaining or expanding services? How many extra/new posts would produce full/ideal capacity for the demand?

37% of responding units had 50 consultant ophthalmologist posts advertised at the time of the census and units are planning to recruit to 100 posts over the next two years.

Responding units suggest that an increase of over 230 posts, that is 22% in consultant numbers, is required to meet the rising demand for ophthalmology services. This compares with a suggestion of an 8% increase in posts in 2016 and reflects the continuing increase in demand, reiterating that the

number of trainee doctors gaining CCT or CESR per year (74) is nowhere near enough to supply the currently unfilled posts together with the required number of extra posts needed.

	Currently advertised - no. of consultant posts	Plan to advertise - no. of consultant posts	Ideal extra no. of consultant posts
England	43	92	202.5
Northern Ireland	0	4	7
Scotland	7	4	23
Wales	0	1	5
Total	50	101	237.5

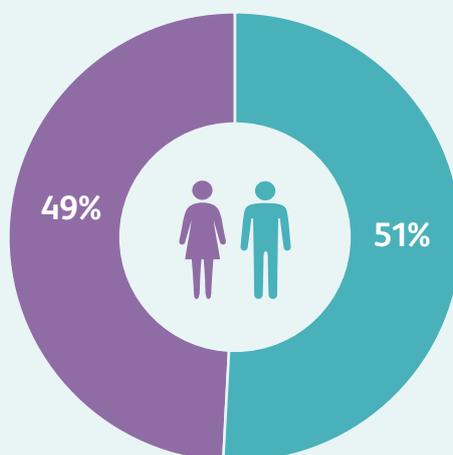
6. Specialty Doctors, Staff Grades and Associate Specialists (SAS Doctors) Workforce

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

Country	SAS Doctors Whole Time Equivalent
England	600 ⁵
Northern Ireland	3.61 ⁶
Scotland	25.7 ⁷
Wales	33 ⁸
Total	662.31

6.2 **Gender:** Our census shows that 51% of SAS doctors in responding units in the UK are male and 49% female, a similar picture to that in the 2016 census. The proportion of female SAS doctors is significantly higher than the proportion of female consultants, particularly in Northern Ireland, Scotland and Wales.

SAS Doctors Gender Profile



6.3 **Age:** In responding units, 26% of all SAS ophthalmologists are aged between 55 and 64 ie nearing probable retirement age. This is a slight increase compared with 2016. Only 2% of all SAS ophthalmologists are aged 65 or over. 26% of all SAS ophthalmologists are aged less than 39 years. There is a widespread perception that the SAS role no longer attracts younger doctors, but this data suggests otherwise.

6.4 **Programmed activities**

31% of SAS ophthalmologists work less than 10 PAs per week. The picture is similar to consultants in that there has been a reduction in SAS doctors working part-time down from 53% in 2016 to 31% in 2018. The percentage of male SAS doctors working part-time has almost halved to 18% but the rate of part-time work in females has only reduced slightly (44%). Again, this may be as a response to increasing demand and unfilled posts.

6.5 **Retirement, leaving and reduction in sessions**

How many SAS ophthalmologists of non-retirement age (>55 years old) have left their posts in the last year?

	SAS Doctors who have left posts in last year	
England	22	5%
Northern Ireland	1	25%
Scotland	1	3%
Wales	2	5%
Total	26	5%

How many SAS ophthalmologists of non-retirement age (>55 years old) have reduced the total number of sessions they work per week in the last year?

	SAS Doctors reducing their weekly sessions	
England	24	5%
Northern Ireland	2	50%
Scotland	4	13%
Wales	2	18%
Total	32	6%

The number of SAS doctors aged less than 55 years who have left their post (5%) or reduced their sessions (6%) are small, suggesting that there is not a serious problem with staff retention.

5.3% of SAS doctors were reported to have returned to work after retirement of whom most (54%) are male.

Overall, then, the results for SAS doctors around leaving, retiring, or returning after retirement across the whole UK is like that for consultants. However, it is worth noting a difference in Scotland where 32% of female SAS ophthalmologists have retired and returned to work. We suspect that this is because Scotland is particularly affected by workforce shortages and this is a concern because this is obviously only a temporary solution to the workforce issues.

6.6 Unfilled SAS Doctor posts requiring locum cover

	% of units using locums	Responding units	Units using locum consultants
England	52	85	44
Northern Ireland	50	2	1
Scotland	0	10	0
Wales	50	2	1
Total	46	100	46

Locums are being used to cover 46 SAS doctor posts: a small decrease compared with 2016 (52 posts). 46% of units are using SAS locums.

6.7 Unfilled SAS Doctor Posts

Overall 17% SAS posts are either unfilled or filled with a locum and 54% units have such locum or unfilled SAS posts.

6.8 Difficulty Recruiting to SAS Doctor Posts

85% of responding units state experiencing difficulty in recruiting to SAS doctor posts.

6.9 Recruitment plans

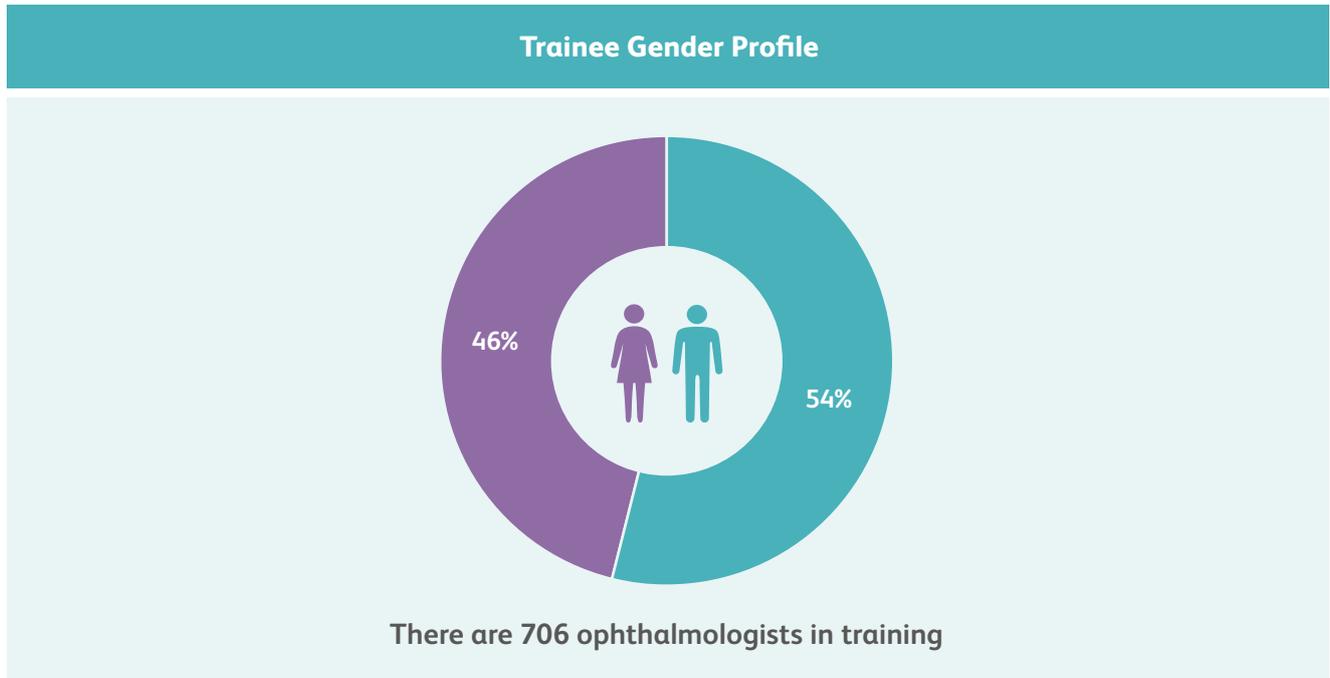
	Currently advertised - no. of SAS posts	Plan to advertise - no. of SAS posts	Ideal extra no. of SAS posts
England	46	60	187.5
Northern Ireland	0	1	1
Scotland	2	0	10
Wales	1	2	6
Total	49	63	204.5

There are almost the same number of SAS posts currently advertised (49) as there are consultant posts advertised (50) and, over the next two years, there is a plan to advertise 63 posts. However, ideally for predicted demand there would need to be an additional 204 extra SAS posts to meet demand. Anecdotally, RCOphth members report that they sometimes do not advertise SAS posts as so many units experience difficulty in attracting suitable candidates, and there is a belief that the population of eligible doctors has reduced in recent years due to changes in immigration rules, training programmes and the inability to newly appoint to the Associate Specialist role.

7. Local Education and Training Board/ Deanery Funded Trainees

7.1 Ophthalmology Specialty Trainees (OST1-7)

The current ophthalmology specialty trainee numbers for all seven years of OST (from RCOphth training records ie not limited to units responding to the survey):



7.2 How many ophthalmology specialty training posts are filled but the incumbent is not at work?

In responding units, there are 20 OST posts filled, where the incumbent is absent due to a number of reasons.



7.3 Unfilled training posts

How many of your normal complement of Local Education and Training Board (LETB) / Deanery funded ophthalmology trainee posts are not filled (have no substantive incumbent)?

	OST 1-7	Academic clinical fellows
England	24	5
Northern Ireland	1	0
Scotland	3	8
Wales	0	0
Total	28	13

Why are the trainee posts not filled?

	Failure to recruit at ST1	Failure to recruit at ST3	Other (please specify)
England	3	4	27
Northern Ireland	0	0	1
Scotland	1	2	4
Wales	0	0	1
Total	4	6	33

‘Other’ reasons, apart from failure to recruit, are varied but the main themes are:

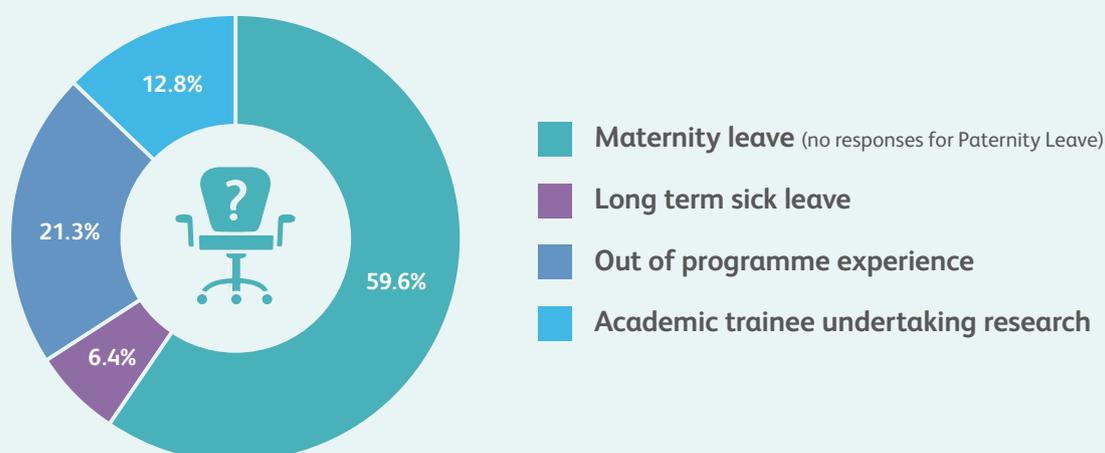
- Failure of Deanery to allocate trainees
- Trainees leaving for other specialties, or leaving for other posts eg fellowships
- Part time trainee or academic post meant 50% vacant time
- Drop out from programme
- Interdeanery transfers

7.4 Locum Appointments for Training (LATs):

Number of locums currently in post covering ophthalmologists in training.

	Locum trainee posts
England	21
Northern Ireland	1
Scotland	5
Wales	3
Total	30

Reasons for the trainees not at work for Local Education and Training Board (LETB)/Deanery funded training posts



8. Keeping up with demand – waiting list initiatives

8.1 How many waiting list initiatives (other similar) sessions has your trust offered in the last three months?

The majority (85%) of responding units are undertaking waiting list initiatives (WLIs) to try and keep up with rising demand. 38 (39%) units in the UK have undertaken 21 or more sessions. These figures are similar to 2016.

	0	1-10	11-20	21 or more
England	8	21	22	33
Northern Ireland	1	0	0	1
Scotland	2	2	1	4
Wales	0	2	0	0
Total	12	25	23	38

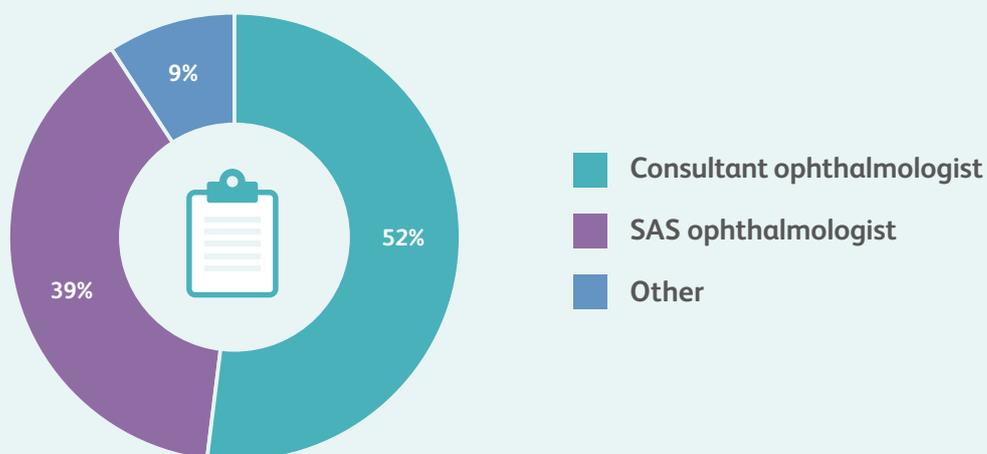
8.2 Where was the work undertaken?

	In your unit by your staff	In your unit by independent staff	Another NHS provider	Independent sector provider in independent unit
England	72	14	9	11
Northern Ireland	1	0	0	1
Scotland	5	2	1	2
Wales	2	1	0	1
Total	80	17	10	15

Most of the waiting list sessions (66%) were undertaken in the responding units using their own staff. 14% were carried out in the responding unit by independent sector staff, 8% were carried out by an alternative NHS provider and 12% were carried out by an independent treatment sector provider in their own unit.

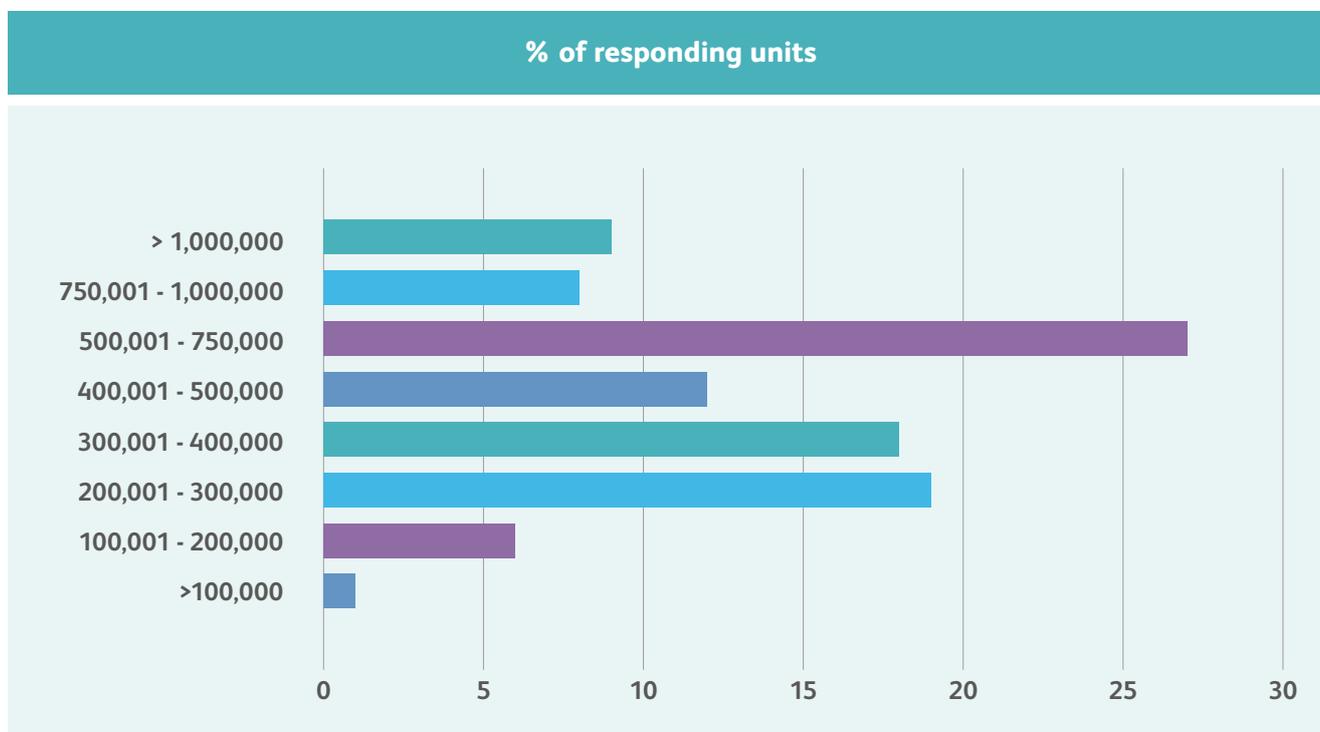
Who undertook the work? 52% of waiting list initiative sessions were carried out by consultant ophthalmologists, 39% by SAS ophthalmologists and 9% by other ophthalmic staff ie clinical fellows, optometrists, ophthalmologists in training, orthoptists and nurses.

Grades carrying out waiting list initiatives



9. Planning Capacity

9.1 The RCOphth is often asked to provide units with an idea of what medical staffing they need for a given size of unit or population. To provide data to help, a new question was asked in 2018: **What is the size of the primary catchment population served by your trust or health board?**



9.2 **Current and desired consultant workforce breakdown by population**

Population	Average number of consultants currently in post	Average WTE consultants current	Total ideal WTE consultants
<100,000	4	4	4
100,000 - 200,000	3.5	3.5	5.5
200,001 - 300,000	7.3	7.7	9.6
300,001 - 400,000	8.6	8.4	10.2
400,001 - 500,000	9	8.5	11.8
500,001 - 750,000	10.5	9.3	12.1
750,001 - 1,000,000	15.3	14.1	16.8

>1,000,000	25	22.2	25.9
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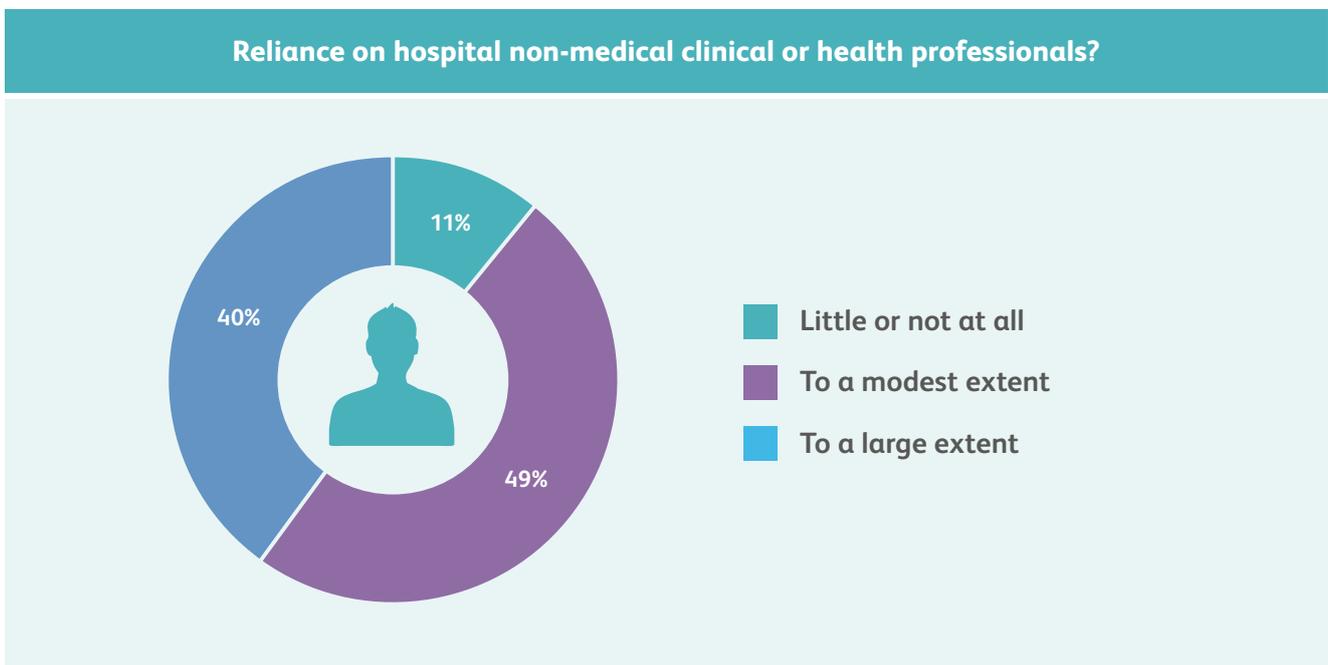
9.3 Assessment consultant staffing per 100,000 population current and ideal

	Current WTE consultants/100th pop	Ideal WTE consultants/100th pop
100-200th	2.3	3.6
200-300th	3.0	3.8
300-400th	2.4	2.9
401-500th	1.9	2.6
501-750th	1.5	1.9
751-1,000th	1.6	1.9
>1,000th	2.5	2.6

9.4 The table looks at the reported and the desired 'ideal' WTE consultant workforce from the census data and maps that against different levels of unit size in terms of broad population served. The second table divides those figures by the mid level of the population served to give an estimated number of WTE consultants per 100,000 population. Although of course there is some variation, a rule of thumb does emerge of current consultant WTE of around 2 for most unit sizes per 100,000 population; and of ideal consultant WTE of 3 to 3.5 per 100,000.

10. Effect of advanced non-medical clinical practice

- 10.1 There is increasing use of non medical clinical staff working in extended roles or advanced practice, undertaking tasks which were traditionally delivered by ophthalmologists in hospitals or by community ophthalmologists. What impact the consistent use of the extended non medical clinical team is having or will have on the ophthalmic workforce is difficult to assess. In an attempt to understand this further, new questions were included in the 2018 census.
- 10.2 **Do you rely on hospital non-medical clinical health professionals (NMCPs) working in extended or independent roles, or doing work traditionally performed by ophthalmologists, to provide service?**



10.3 86% of responding units rely on NMCPs to provide service to a large or modest extent.

Population service by unit	Little or not at all	To a modest extent	to a large extent
100,000-400,000	7	18	16
400,001-750,000	1	22	15
750,001 and above	2	5	7

10.4 There is perhaps a trend for more use of NMCPs in the small and medium units and less in the very

large units. This may reflect greater ease of doctor recruitment at larger centres.

We analysed the data to see whether there was any obvious link between numbers of doctors (consultant and SAS) and the extent of use of NMCPs. There was absolutely no evidence from our data that the use of NMCPs reduced the number of doctors required to deliver the service.

10.5 Do you use GPs with a special interest in ophthalmology?

	Yes	No
England	24%	76%
Northern Ireland	100%	0%
Scotland	10%	90%
Wales	0%	100%
Total	24%	76%

24% of responding units in the UK use GPs with a specialist interest. They are used less commonly in Wales and Scotland.

11. Non-operating ophthalmologists

11.1 National training bodies are suggesting the need to implement a shortened training programme for ophthalmologists and for there to be more non-operating ophthalmologists to widen the specialty to those without operating skills. This is hoped to address the rising demand for care of patients with chronic ophthalmic disease.

We asked a new question to explore how much of this is already occurring.

Please provide information on the number of non-operating ophthalmologists in your department. (Non-operating ophthalmologists means not undertaking any surgical procedures other than minor surgery (eg minor lid surgery) and injections).

	No. of Consultants		No. of SAS	
England	64	7%	170	38%
Northern Ireland	5	12%	4	100%
Scotland	11	9%	19	61%
Wales	0	0%	3	27%
Total	80	7.5%	196	40%

11.2 There are currently a small but significant proportion of non-operating consultants (7.5%) but many SAS doctors (40%) do not operate.

12. Conclusions

- 12.1 With an ageing population and the introduction of new treatments, the workload in ophthalmology departments has increased enormously over the last 10 years. Research undertaken by The Way Forward Project⁹ looking at prevalence of disease and population projections suggests an increase in demand over the next 10 years of 25% for cataract services, 30% for medical retina services and 22% for glaucoma services. Ophthalmology is now the busiest outpatient specialty, with a 30-40% increase in demand is predicted over the next 20 years. There are currently not enough trained staff to deliver this.
- 12.2 Responding eye units have suggested that an increase of over 230 consultant posts (22% increase in consultant numbers) would be required to meet rising demand over the next two years alone. There are insufficient specialist trainees with CCT and SAS doctors with CESR emerging from current numbers to fill these posts and, as discussed previously, there are already a significant number of vacant posts. Additional to this, it is estimated that 204 extra SAS posts are required to meet rising demand over the next two years and it is already proving very difficult to recruit to existing SAS vacancies.
- 12.3 The majority (85%) of units in the UK are undertaking waiting list initiatives to meet demand. This is an expensive and inefficient solution. Most (66%) 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.
- 12.4 Ophthalmology is an innovative specialty and makes wide use of the multidisciplinary team to meet increasing demand. 86% of responding units rely on non medical clinical professionals such as nurses, optometrists and orthoptists working in extended roles and advanced practice to provide services traditionally delivered by medical staff to a large or modest extent. However we found no evidence that this reduced the number of ophthalmologists required to meet the demand.
- 12.5 The Royal College of Ophthalmologists is committed to ensuring that the workforce needs of our members and patients are heard. We will continue to work collaboratively with the Academy of Medical Royal Colleges, the NHS, and the Department of Health and Social Care to represent the profession and work to secure the much-needed resources for eye services.

13. Glossary

CCT	Certificate of completion of training
CESR	Certificate of Eligibility for Specialist Registration
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.

14. References

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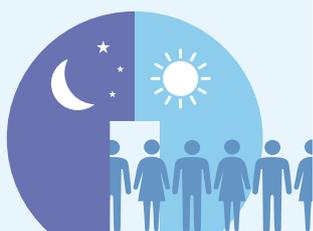
15. Workforce Census 2018 Infographic

Ophthalmology – the hospital eye service in crisis

Nearly 10% (9 million annually) of all outpatient appointments are for eye clinics
Ophthalmologists perform 6% of all surgery in the UK



85% of units dependent on waiting list initiative and out of hours sessions



2016

88

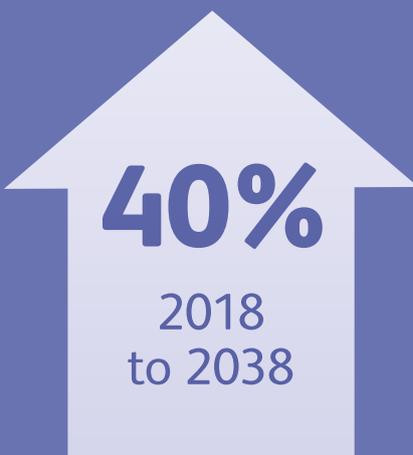
new consultant posts needed



2018

230

new consultants needed to meet demand



2018 to 2038

A 40% increase in demand for eye services is predicted over the next 20 years



67% of units are using locums to fill 127 consultant posts
The number of locums has significantly increased since 2016 by 52%



22 patients per month losing vision from hospital initiated system delays



The overall economic burden of sight loss is estimated to be £28 billion in the UK

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