



The ROYAL COLLEGE of
OPHTHALMOLOGISTS

Census Report

Facing workforce shortages and backlogs in the aftermath of COVID-19: The 2022 census of the ophthalmology consultant, trainee and SAS workforce

March 2023

[The Royal College of Ophthalmologists](#) (RCOphth) is the professional body for eye doctors, who are medically qualified and have undergone or are undergoing specialist training in the treatment and management of eye disease, including surgery. As an independent charity, we pride ourselves on providing impartial and clinically based evidence, putting patient care and safety at the heart of everything we do. Ophthalmologists are at the forefront of eye health services because of their extensive training and experience. The Royal College of Ophthalmologists received its Royal Charter in 1988 and has a membership of over 4,000 surgeons of all grades. We are not a regulatory body, but we work collaboratively with government, health and charity organisations to recommend and support improvements in the coordination and management of eye care both nationally and regionally.



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Key findings

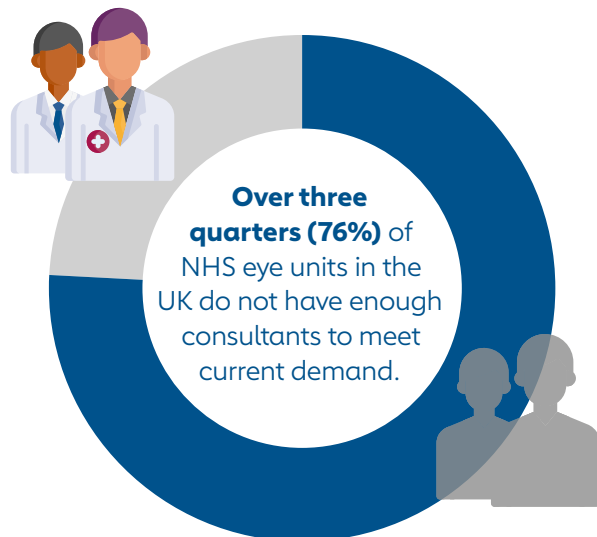
Workforce shortages remain a serious problem for NHS ophthalmology services across the UK in the aftermath of COVID-19, and have worsened since our last census in 2018. These contribute to and exacerbate the long outpatient backlogs faced by eye units, which 81% of NHS eye units say they have become more concerned about over the last 12 months.

The considerable growth of independent sector providers (ISP) delivering NHS-funded cataract surgery is also having a significant impact on ophthalmology services and its workforce. Although views are mixed, a majority of eye units say that the impact of ISPs on patient care in their unit has been negative. Increasing numbers of consultants also plan to spend more time working in ISPs over the next five years.

The census also found a clear desire among Specialty and Associate Specialist (SAS) doctors for greater recognition and simpler routes for progression in ophthalmology. The work being led by the GMC to reform the CESR process, which RCOphth is contributing to, should support this ambition.



Key findings from this report are:



74% of eye units are more concerned about the impact of outpatient backlogs on patient care than they were 12 months ago, with 63% estimating it will take at least a year to clear their backlogs.

80% of eye units

have become more reliant over the last 12 months on non-medical or allied health professionals working in extended roles.



52%



of eye units have found it more difficult to recruit for consultant and SAS vacancies over the last 12 months. Over two thirds (67%) have found it more difficult to retain consultants.



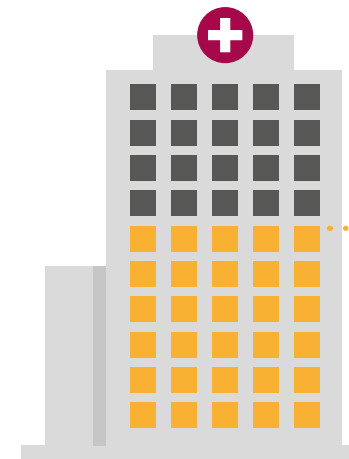
For those who reported their role becoming **less fulfilling** over the last 12 months, the leading reasons were **work-life balance, stress and too few staff.**

A majority of eye units (58%) say that independent sector providers delivering NHS-funded services in their area has had a **negative impact on patient care and their ophthalmology services.**

A majority (54%) of trainees want to be more involved in research.



65% of units are using locums to cover consultant vacancies.



A quarter (25%) of consultants plan to leave the ophthalmology workforce over the next five years, the vast majority through retirement.



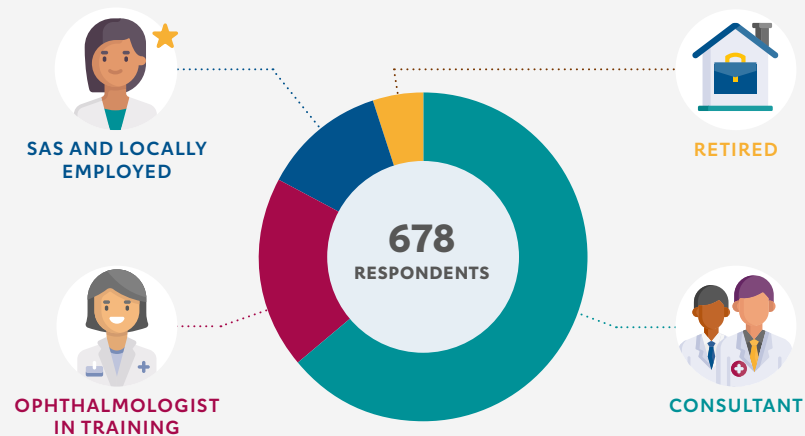
Snapshot of the ophthalmology workforce

Sent via SmartSurvey to RCOphth members, there were 678 completed responses to our workforce census between 22 November and 14 December 2022. Responses were comprised of:

- 64% consultants
- 19% ophthalmologists in training
- 12% Specialist, Associate Specialist (SAS) and locally employed doctors
- 5% retired.

The following analysis provides a snapshot of what that ophthalmology workforce looks like, how and where they work and what their future plans are.

The next section - The challenges facing NHS eye units across the UK – on page 29 describes in more detail the challenges facing NHS eye units, including workforce shortages and the role played by independent sector providers.

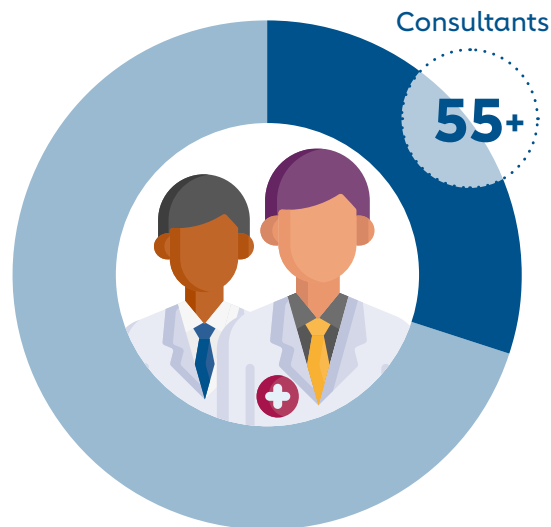


Demographics

Age

A quarter (25%) of the active ophthalmology workforce, including 30% of consultants, is over the age of 55, and thus approaching retirement over the next ten years. In our 2018 census, we found that 25% of consultants were over the age of 55 – an increasingly ageing workforce will present a challenge to capacity unless we train more ophthalmologists.

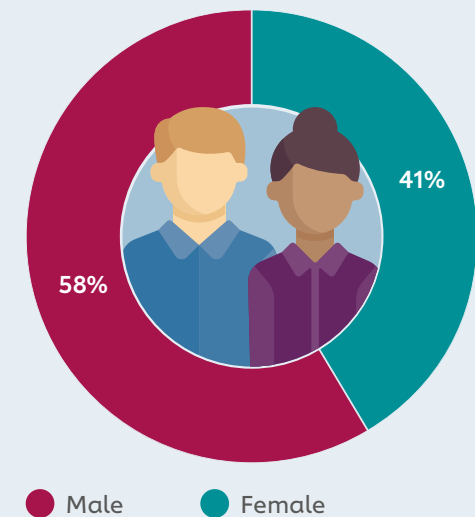
A third (32%) of the workforce is under the age of 40.



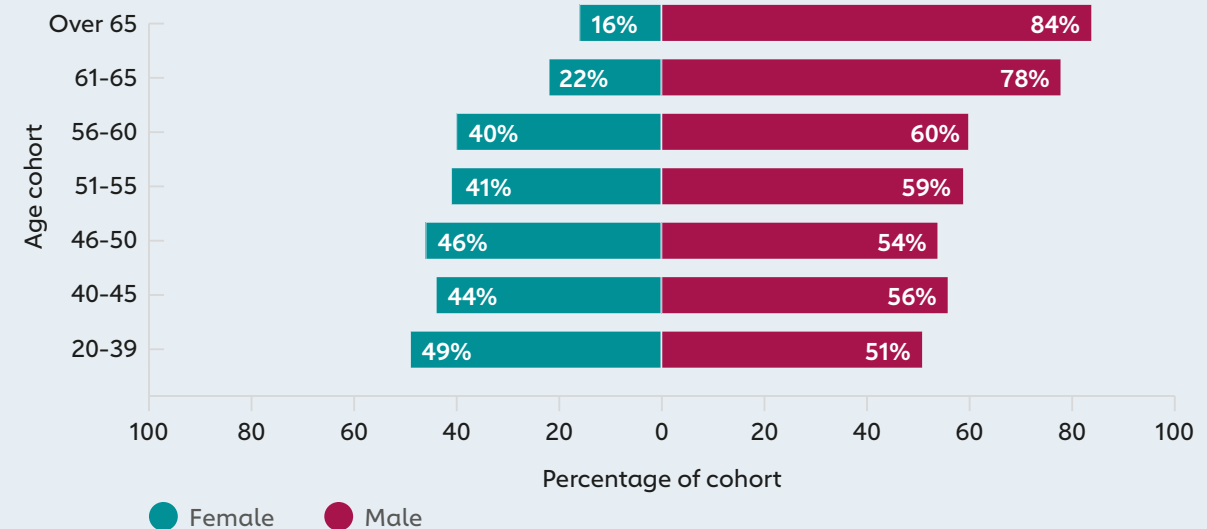
Gender

Gender of the ophthalmology workforce

Men are a majority (58%) of the ophthalmology workforce. This is primarily a generational pattern – approximately 80% of respondents over 60 were male, while it was 51% for those under 40. There is a relatively even gender split for ophthalmologists in training, so we expect that the ophthalmology workforce will move towards gender parity in the coming years.



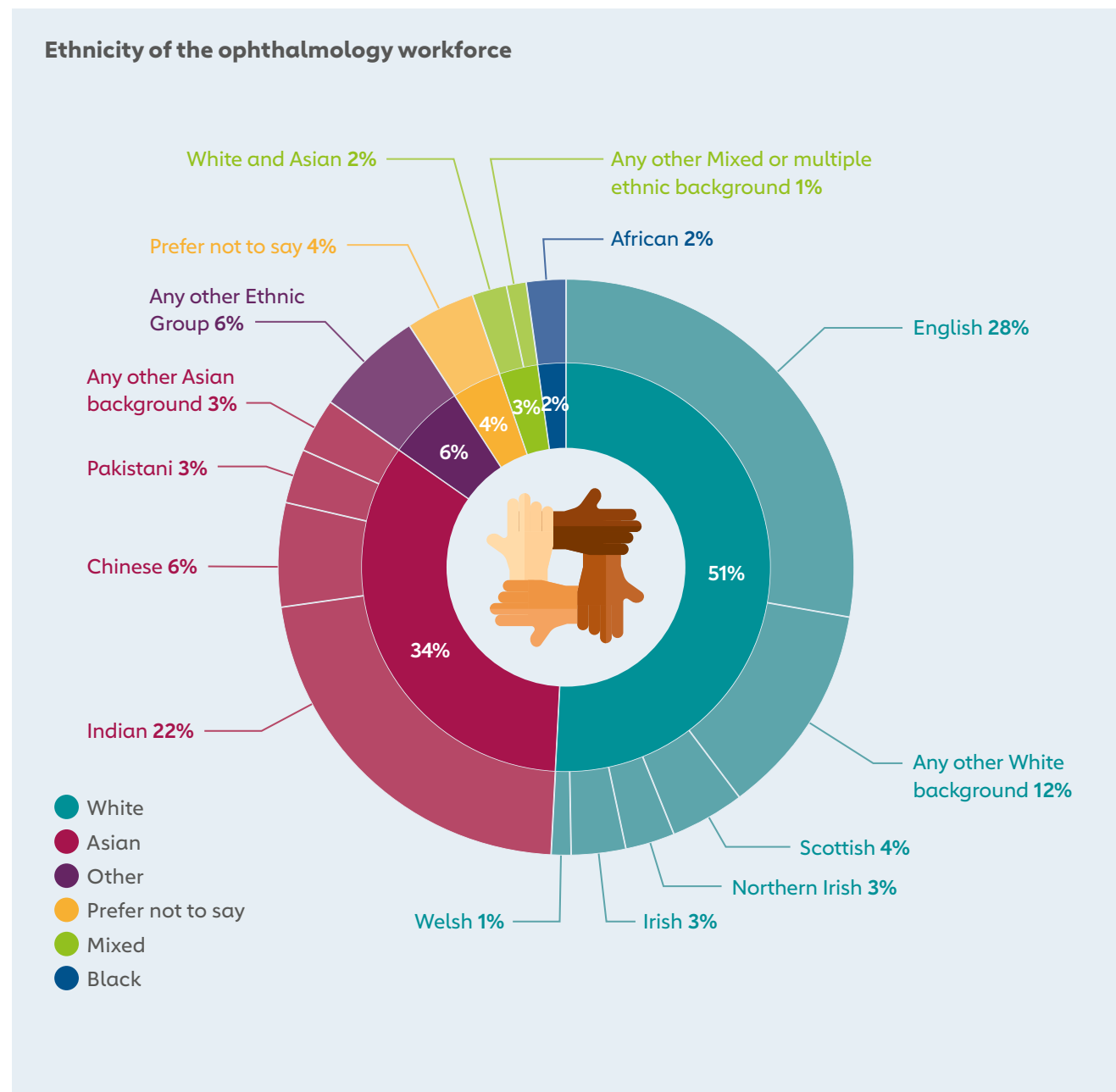
Gender of the ophthalmology workforce by age



Ethnicity

Half (51%) of the ophthalmology workforce is White, with a third from Asian backgrounds (34%). Of Asian respondents, 63% were Indian, 18% Chinese, 9% Pakistani. The proportion of the workforce identifying as Black or Black British is just 2%.

As with gender, there is again an important generational trend here. As highlighted on page 26, almost half of ophthalmologists in training are from Asian backgrounds so the ethnicity profile of the workforce is likely to shift in the coming years.



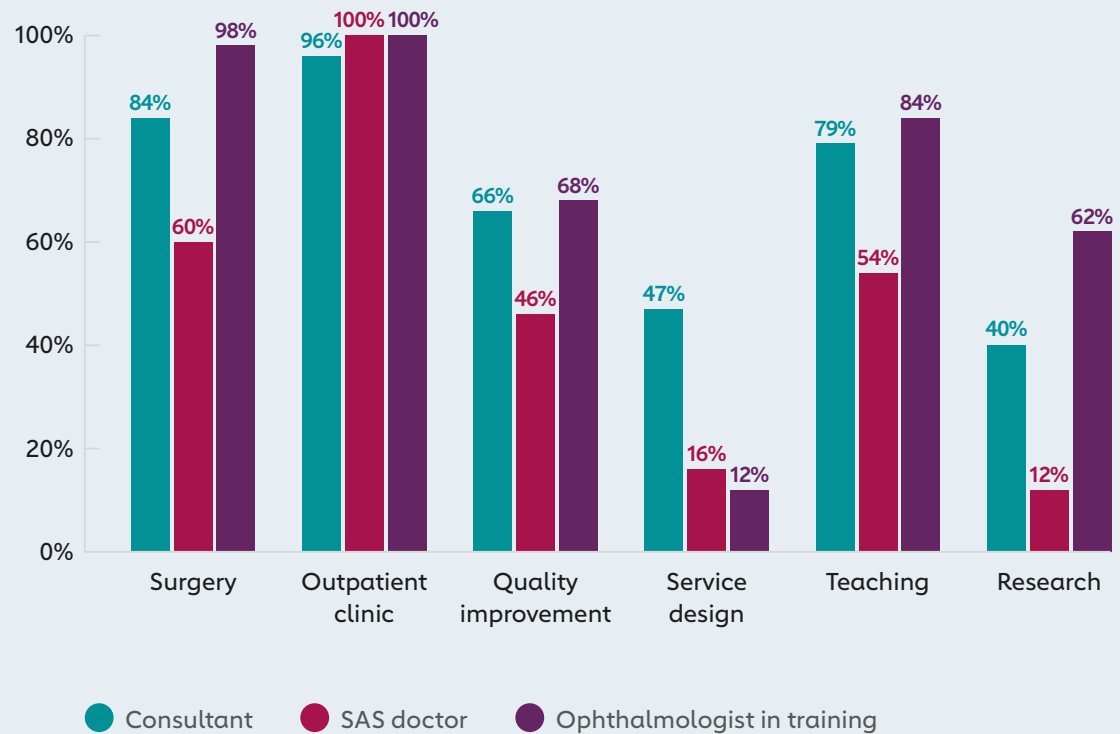
Activities undertaken

Almost all respondents undertake outpatient clinics. The vast majority of consultants and ophthalmologists perform surgery, with 60% of SAS doctors performing surgery too.

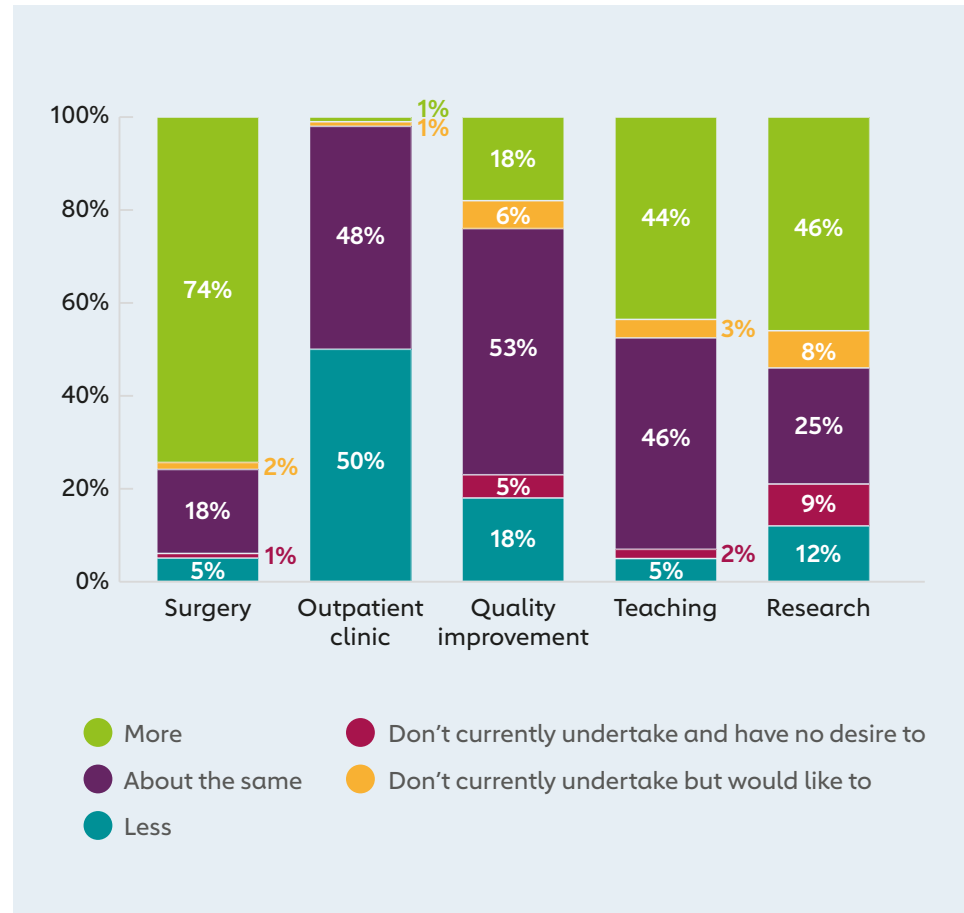
Around four fifths of consultants and trainees teach, with the figure just over half (54%) for SAS doctors. Two thirds of consultants and trainees undertake quality improvement, while under half (46%) of SAS doctors do. Apart from a large minority (47%) of consultants, the other parts of the workforce are unlikely to be involved in service design.

Trainees are the only part of the workforce where a majority (62%) are involved in research. 40% of consultants are, but just 12% of SAS doctors undertake research.

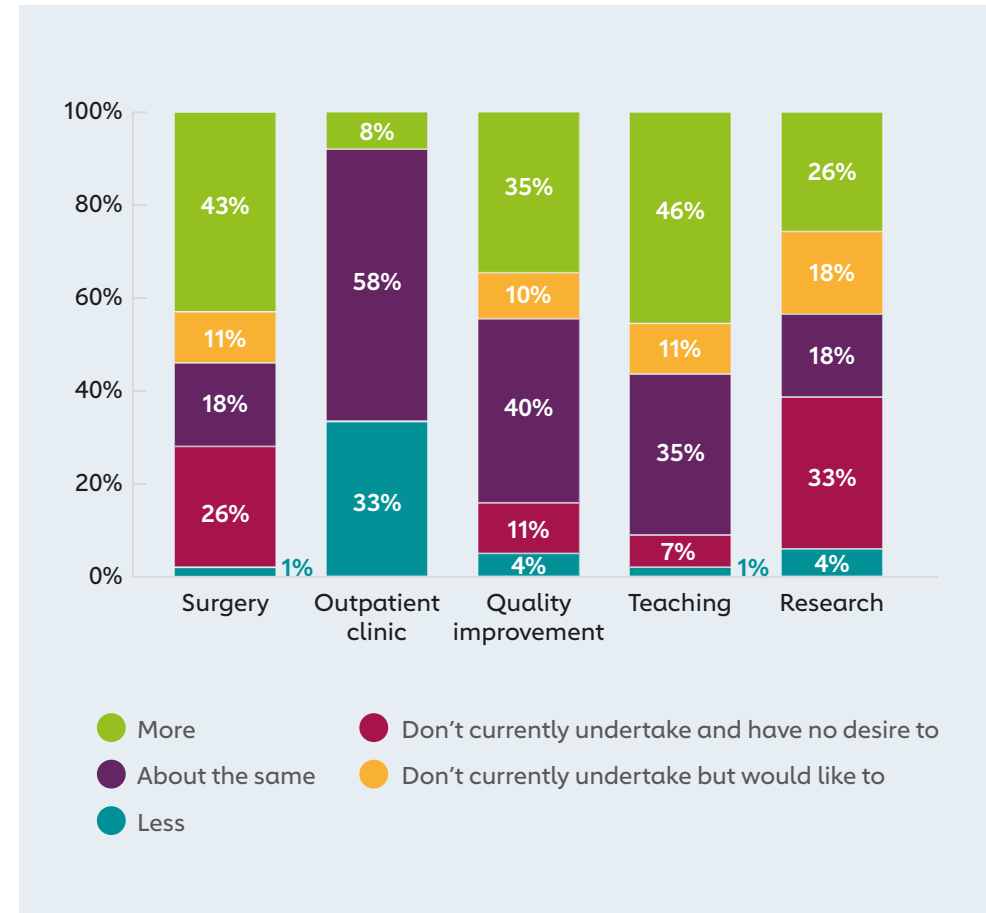
Which of these tasks do you regularly undertake in the course of your role?



Trainees – of these tasks, which would you like to do more of, less of or about the same?



SAS doctors – of these tasks, which would you like to do more of, less of or about the same?



Task preferences among the workforce

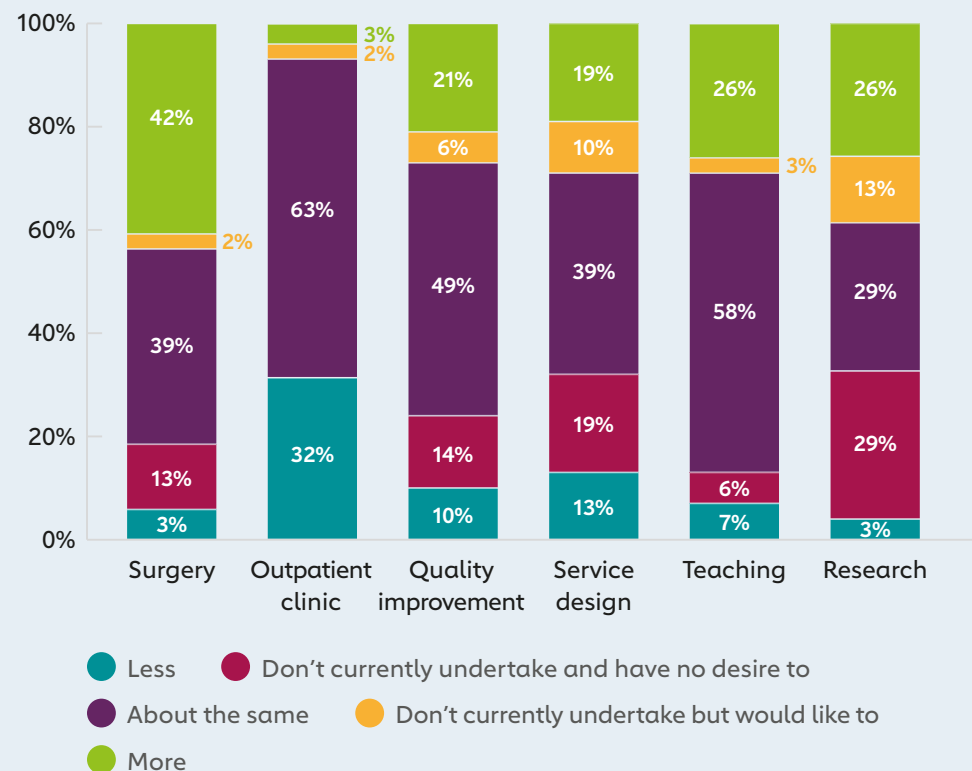
Over three quarters (76%) of trainees would like to perform more surgery than they do currently. Over half (54%) of SAS doctors would also like to perform more surgery.

A majority of SAS doctors (57%) also expressed their willingness to do more teaching.

There is a keenness among different parts of the workforce to become more involved in research. A majority (54%) of trainees want to be more involved in research than currently. 44% of SAS doctors also want to be more research active, while 39% of consultants do.

Interestingly, there is a positive correlation between participation in research and job fulfilment. Overall 64% of respondents reported a job fulfilment of 7 out of 10 or higher over the previous 12 months, but for those who participated in research 83% of SAS doctors scored 7 or higher, while the figures for consultants and trainees were 72% and 69%.

Consultants – of these tasks, which would you like to do more of, less of or about the same?



Future intentions

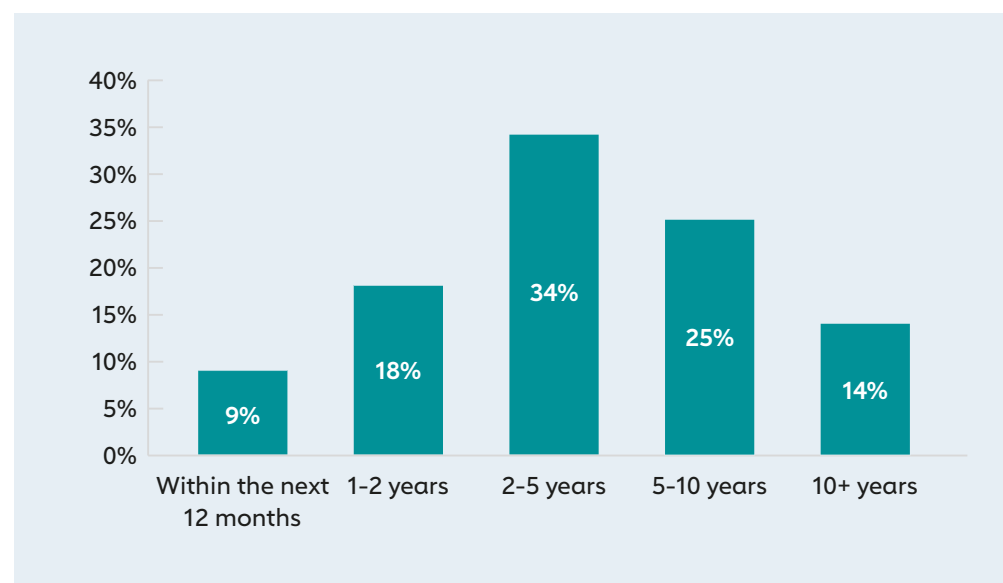
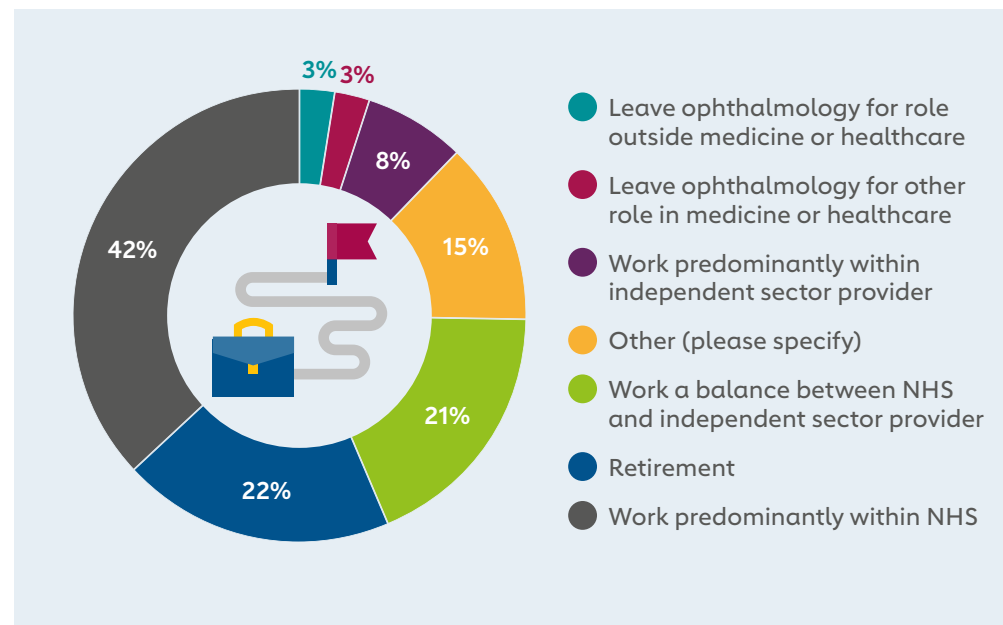
What are your career intentions over the next five years? (respondents were able to choose multiple answers)

Well under half (42%) of the workforce plans to work predominantly in the NHS over the next five years. With 22% announcing their intention to retire alongside 21% who plan to work a balance between the NHS and ISPs, NHS eye units will clearly face further workforce challenges in the coming years.

Of those reporting an intention to leave the workforce almost two thirds (61%) intend to do so within the next 5 years.

When do you intend to leave the ophthalmology workforce?

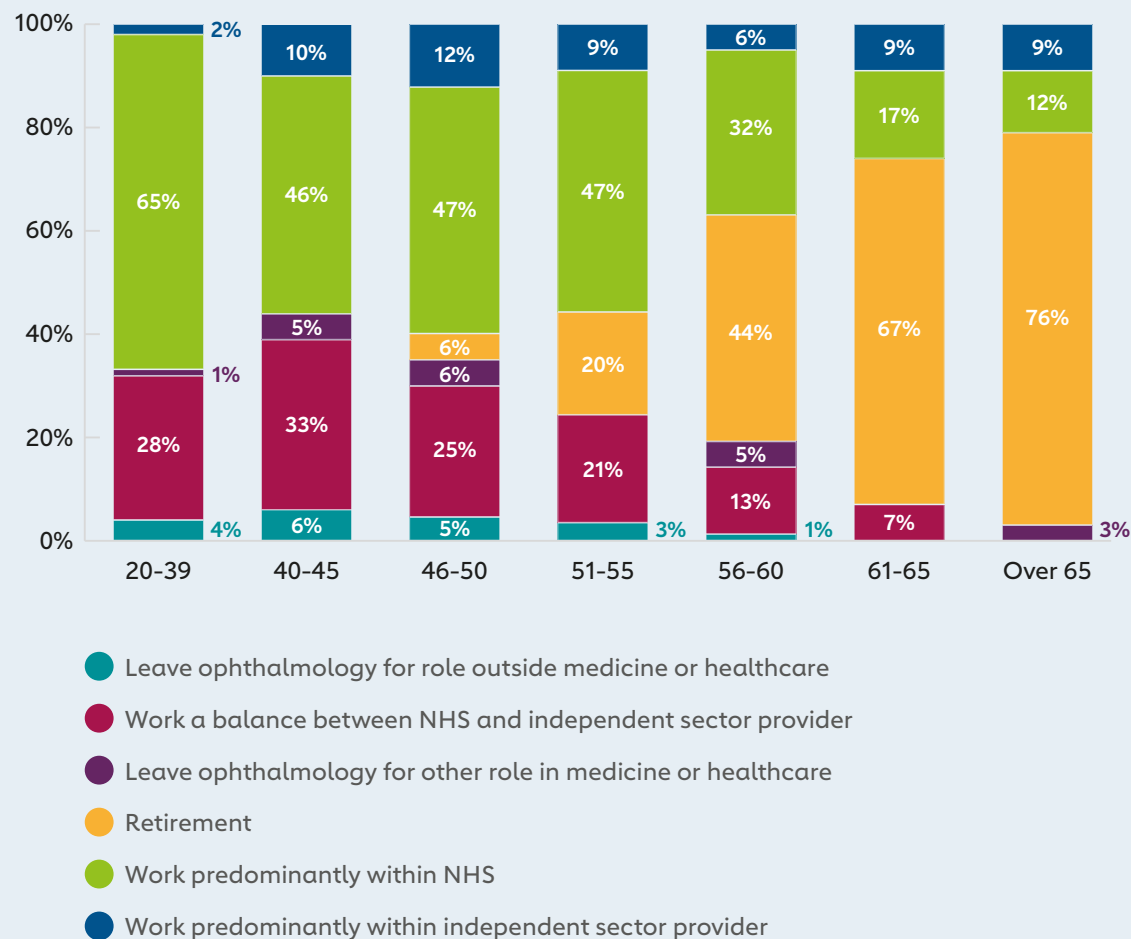
Reasons given for intending to leave the workforce focus predominantly on stress and/or finding a greater work-life balance elsewhere.



Future intentions by age

Unsurprisingly, two thirds (67%) of the workforce aged between 61-65 and three quarters (76%) over 65 plan to retire within the next five years.

There is a significant minority of the workforce under the age of 60 who are planning to work a balance between the NHS and independent sector. A third (33%) of those aged between 40-45 plan to do so, with 10% planning to work predominantly within the IS. 30% of those aged between 40-45 plan to do so, with 10% planning to work predominantly within the IS. 30% of those under 40 also plan to work in the independent sector over the next five years, nearly all alongside working in the NHS.



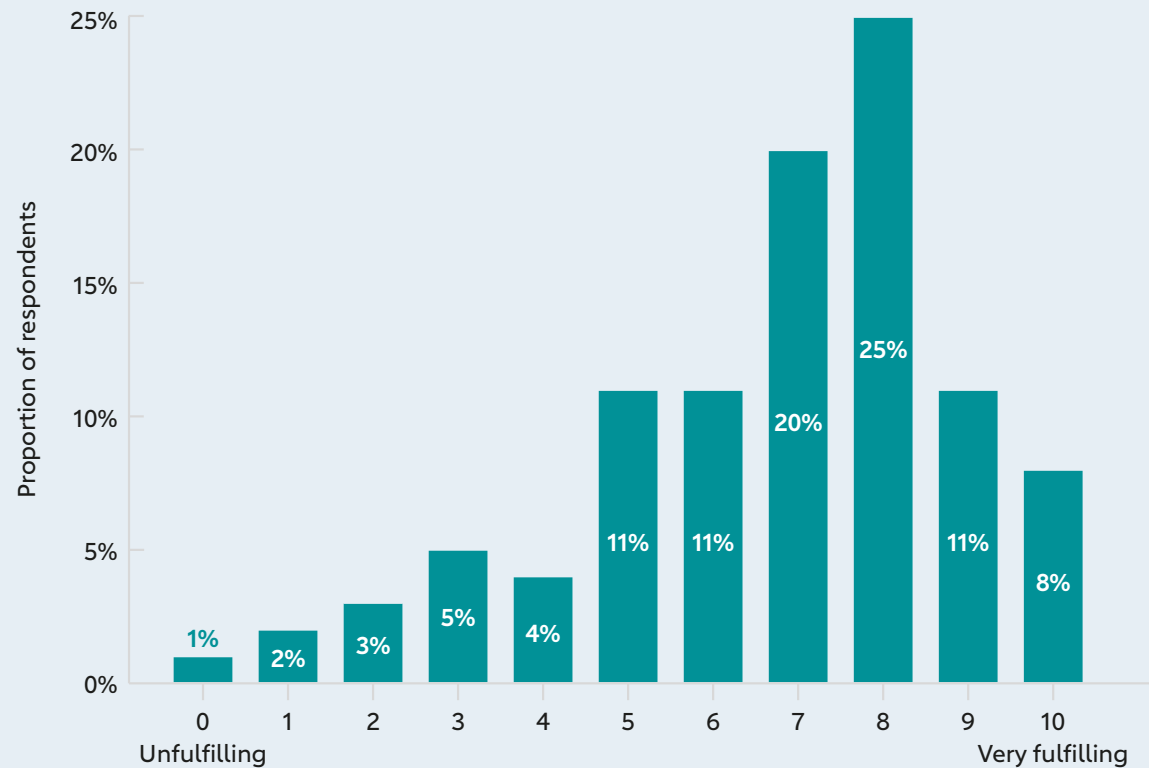
Morale

A significant majority of the workforce (64%) are reporting a fulfilment level of 7 or above, indicating a good level of satisfaction with their role.

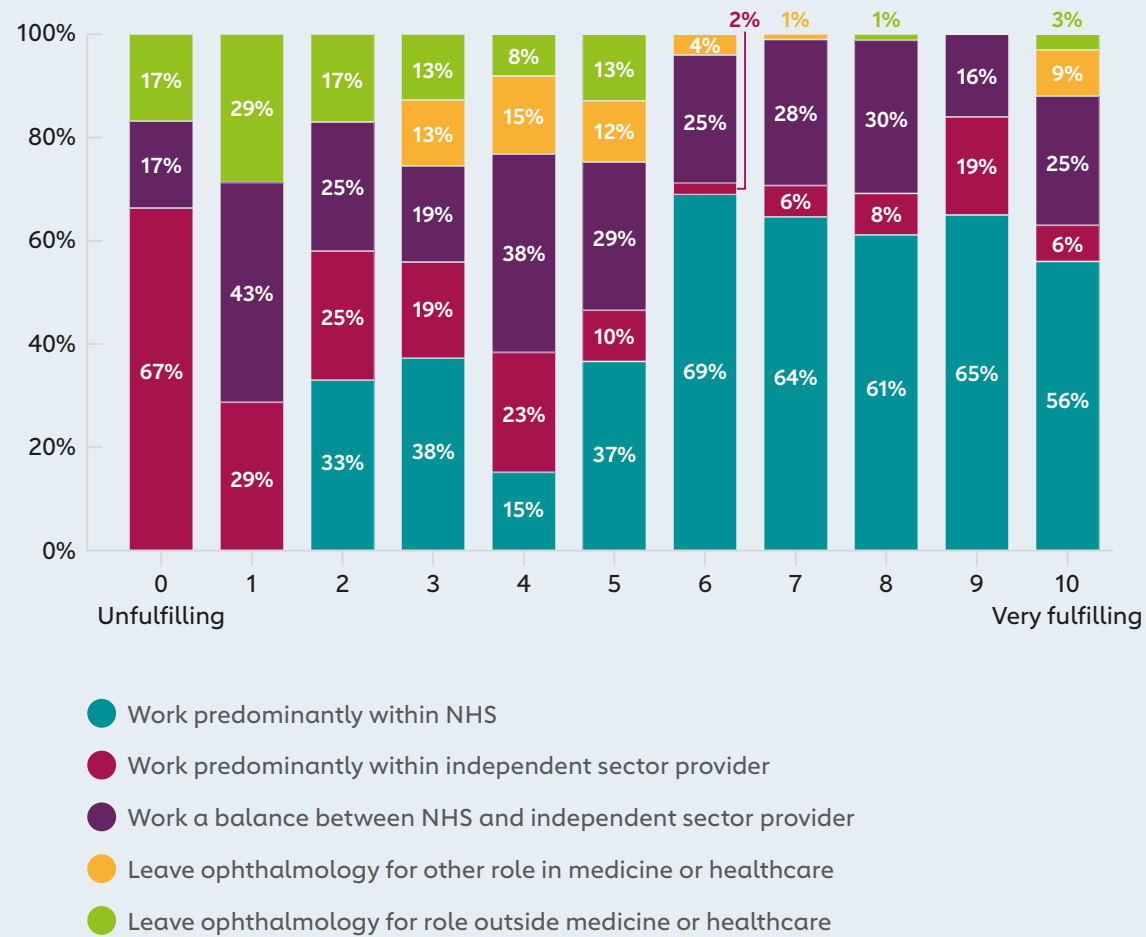
Over the last 12 months, how fulfilling have you found your role?

15% of the workforce reports a fulfilment level below 5 though, indicating a small but important minority of the workforce that is dissatisfied in their role. When probed further, the leading reasons behind both poor or high job fulfilment relate to staffing numbers – with those becoming less satisfied over the last 12 months reporting workforce shortages and those more satisfied reporting increased workforce numbers.

There is correlation between job fulfilment and future intentions over the next five years. For those intending to remain working and scoring 6 out of 10 or higher, a majority plan to work predominantly in the NHS. For those scoring 5 out of 10 or lower, a minority plan to work predominantly in the NHS. For those who found their roles most unfulfilling (scoring 0 or 1), a majority planned to work in the independent sector.

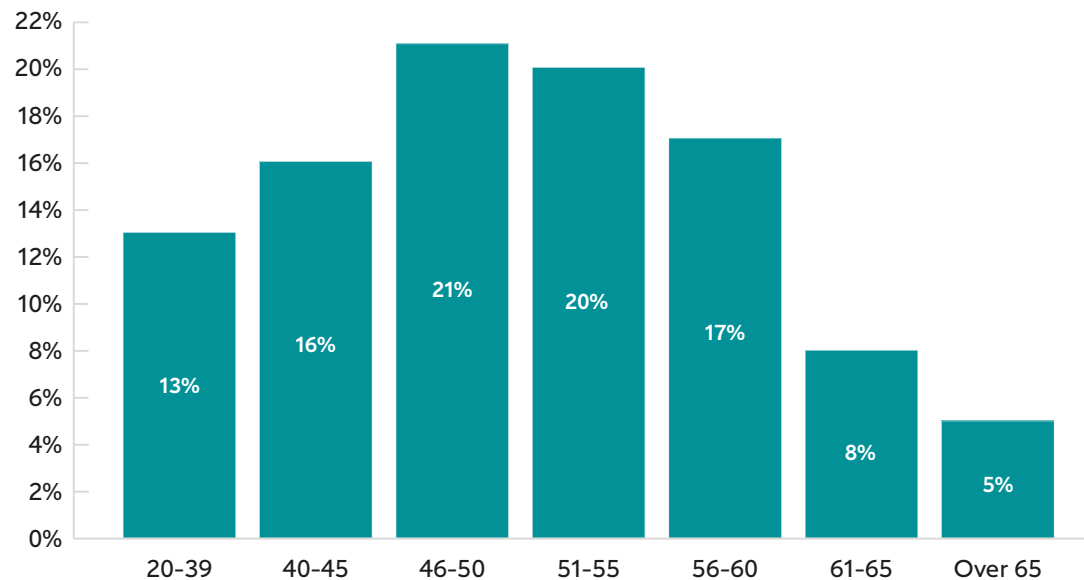


Job fulfilment and future intentions



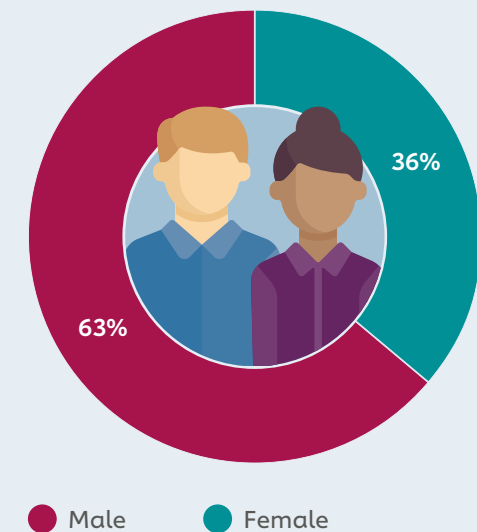
The Consultant workforce

The consultant workforce has a relatively even spread of age, with those between the ages of 46 and 55 making up almost half of the workforce (41%). The proportion of consultants aged over 55, and thus approaching retirement over the next decade, is 30%.



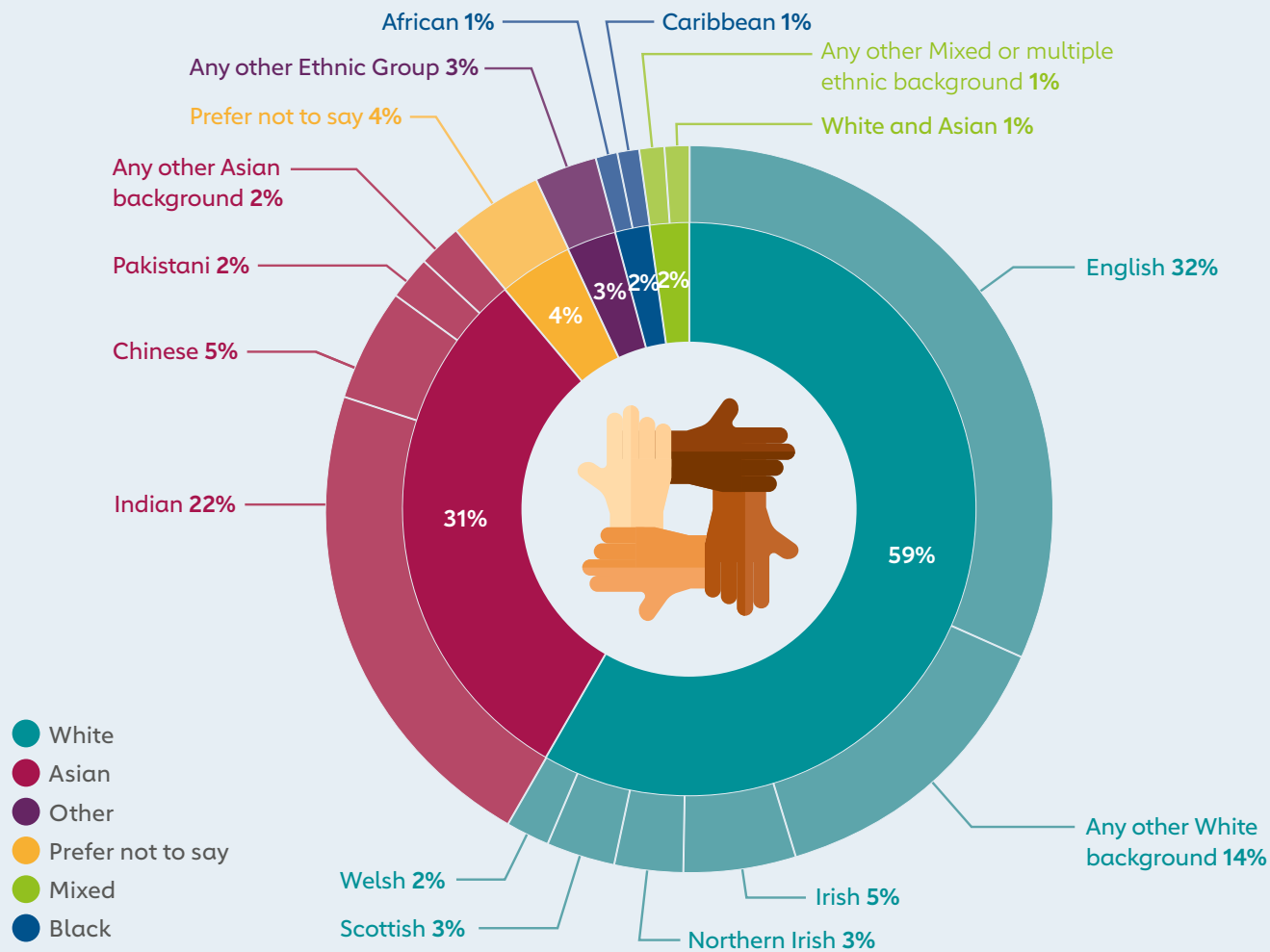
Gender of consultant workforce

The consultant workforce has a slightly higher proportion of men at 63%, compared to the wider ophthalmology workforce. The current consultant workforce has a higher proportion of women compared to the 2018 census, which recorded 69% men and 31% women.



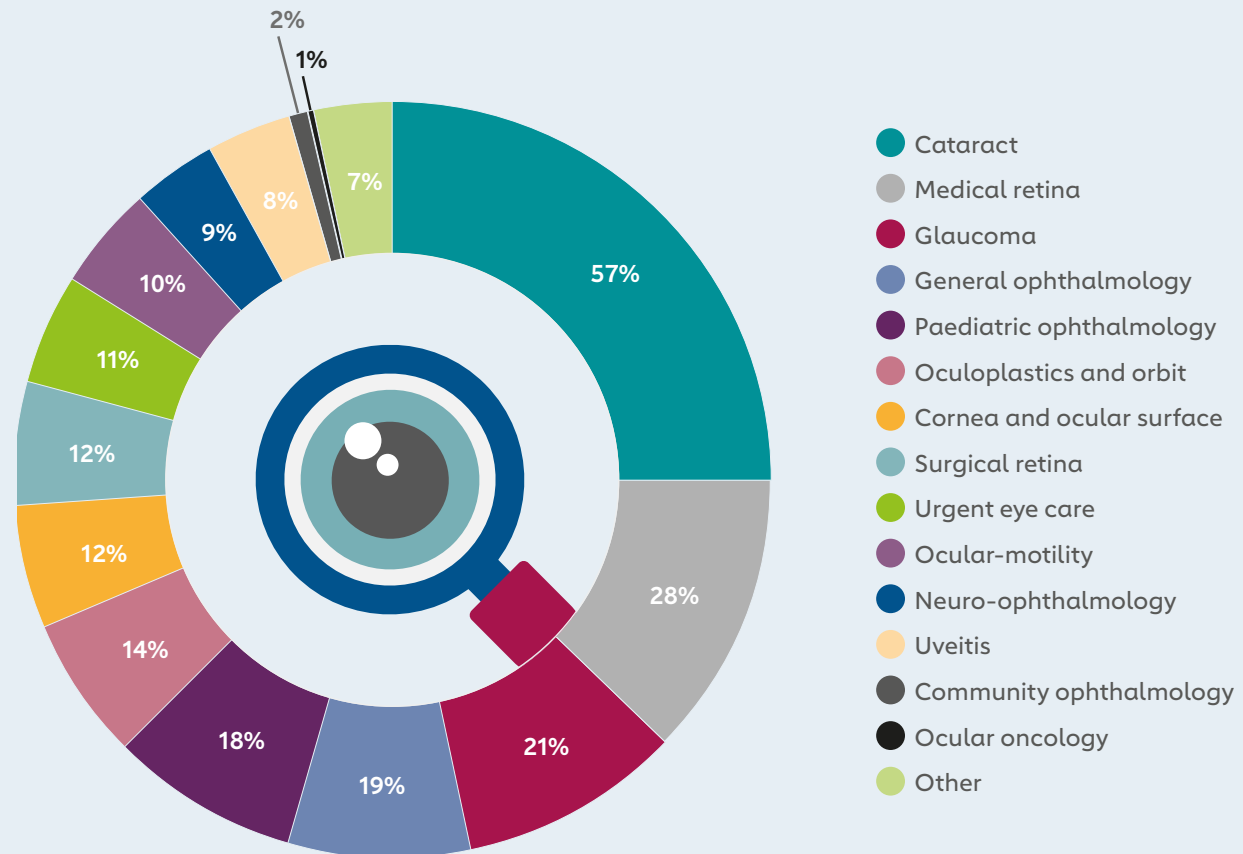
Ethnicity of the consultant workforce

59% of the consultant workforce is White, with just under a third (31%) Asian.
Over a fifth (22%) of the workforce is Indian, with only 2% Black.



Special Interest Areas (SIA) of the consultant workforce

The majority (57%) of consultants specialise in cataracts, with over a fifth of consultants also specialising in medical retina and glaucoma. General ophthalmology (19%) and paediatric ophthalmology (18%) are the next two most popular subspecialties that consultants specialise in.

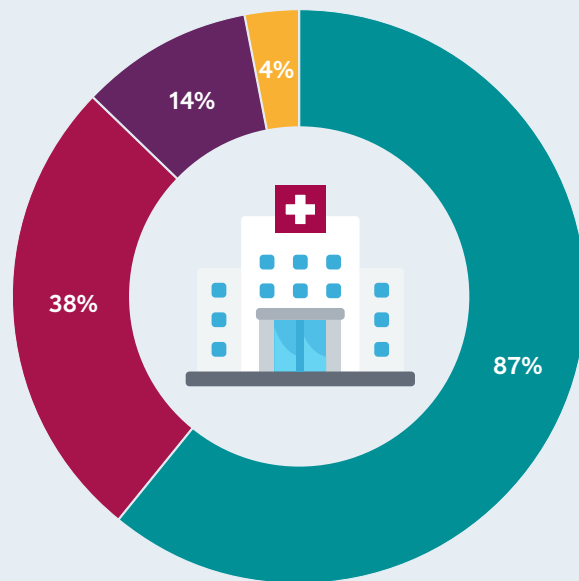


How consultant ophthalmologists work

The vast majority of consultants (87%) work within an NHS setting, while a significant minority work in private practice (38%). 14% also work for an independent sector provider (a private company commissioned to undertake NHS services). Given 80% of consultants describe the NHS as their primary employer, in terms of hours worked, it is clear that many will be undertaking private practice or working in the independent sector alongside their NHS role.

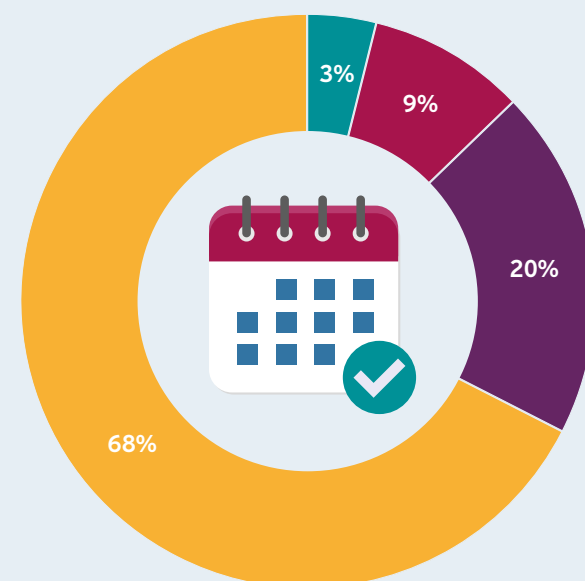
Two thirds (68%) of consultants are contracted to work full time, with the bulk of the remainder (20%) working between 0.6-0.8 Full Time Equivalent (FTE).

Work setting of the consultant workforce



- NHS provider
- Private practice
- Independent sector provider
- My own business or enterprise

Working hours of the consultant workforce

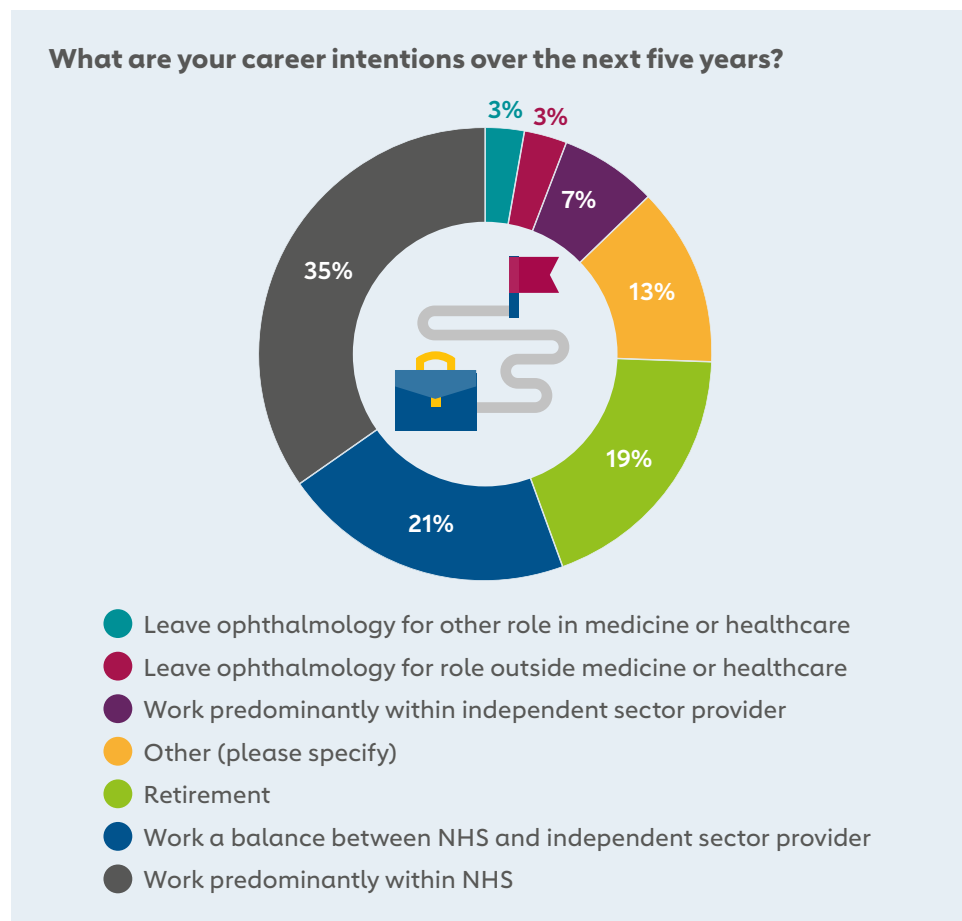


- Less than 0.2 full time equivalent (FTE)
- Less than full time: 0.2 – 0.5 FTE
- Less than full time: 0.6 – 0.8 FTE
- Full time

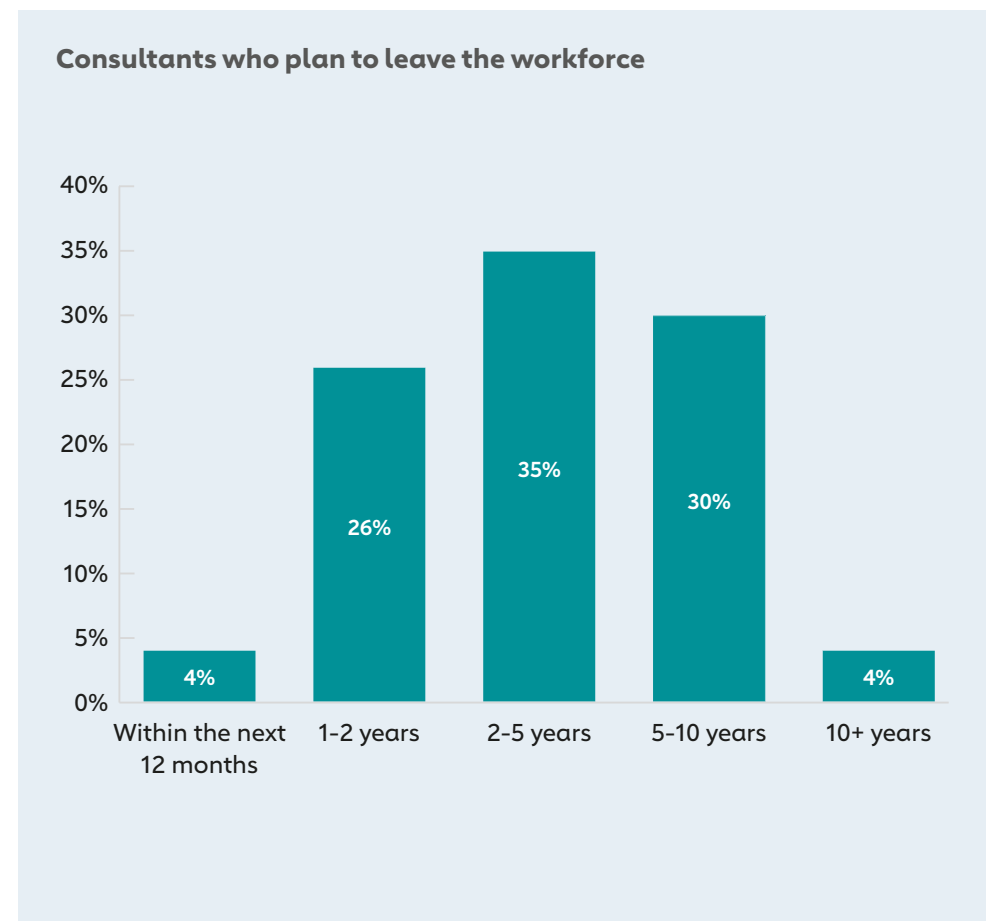
Future intentions of the consultant workforce

The majority of consultants (56%) indicate their intention to work either predominantly in the NHS or a balance between NHS and independent sector over the next five years.

Just under a fifth (19%) of the consultant workforce intends to retire within the next five years. On top of those planning to leave ophthalmology for another career, this means 25% of consultants are planning to leave the ophthalmology workforce over the next five years.



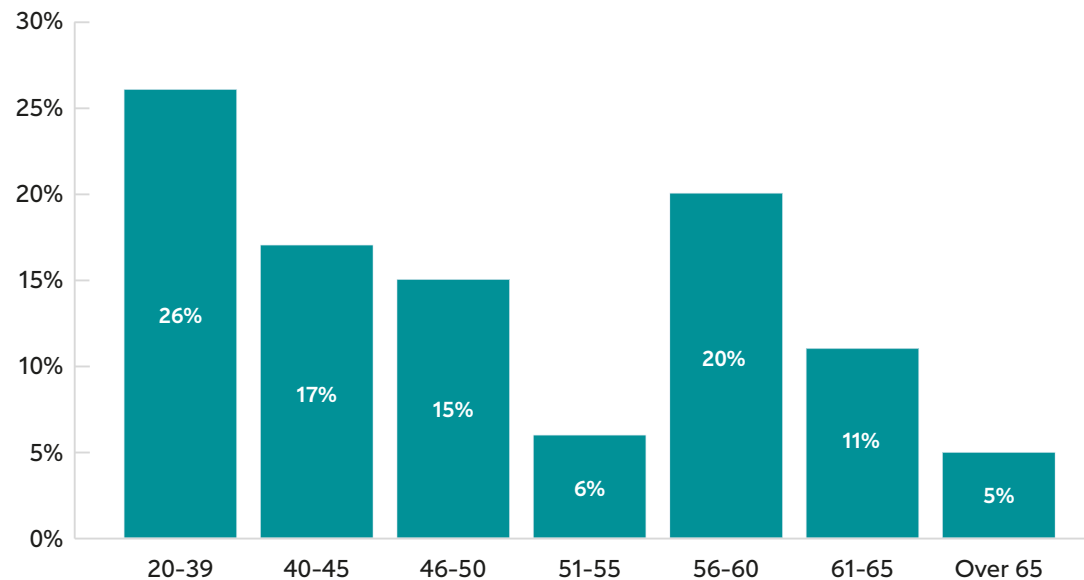
Of those consultants intending to leave the workforce, 65% plan to leave within the next 5 years – slightly higher than the average for the rest of the workforce. 30% intend to leave within 5 – 10 years, compared to 25% for the wider workforce.



The SAS workforce

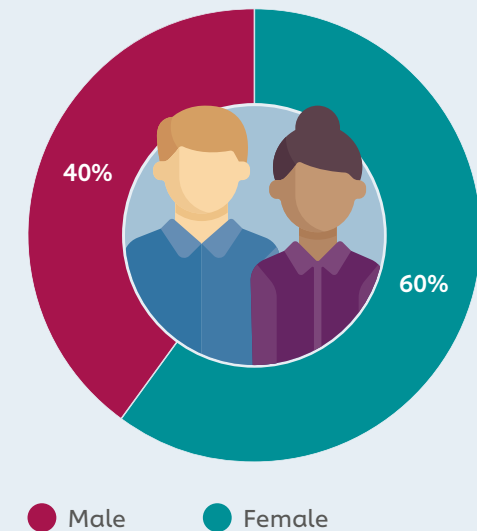
Age of the SAS workforce

The majority of the SAS workforce (58%) is under 51, with a quarter (26%) under the age of 40. SAS doctors therefore represent a relatively young sub-section of the ophthalmology workforce.



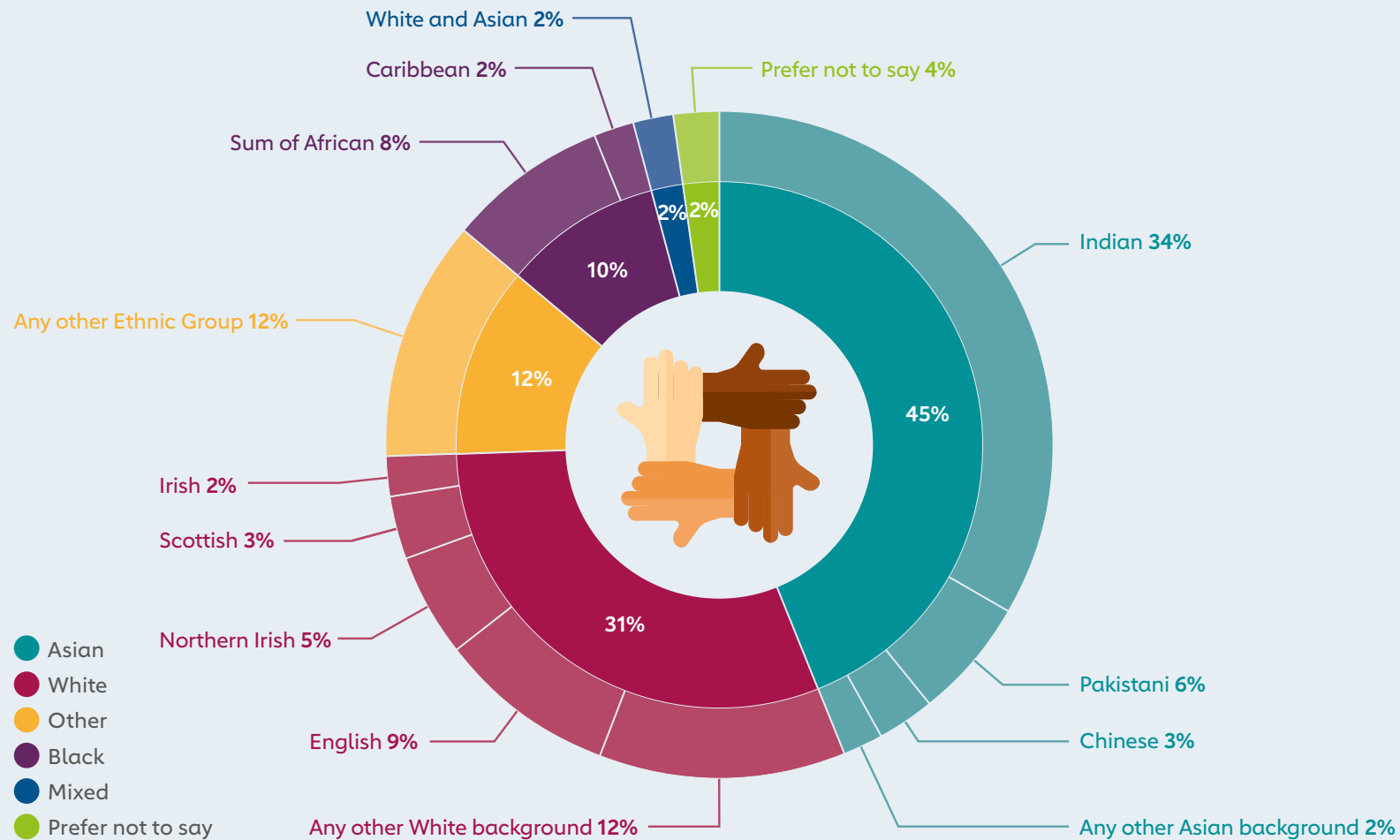
Gender of the SAS workforce

The SAS workforce is the only part of the ophthalmology workforce where a majority are female. 60% of SAS doctor respondents were female.



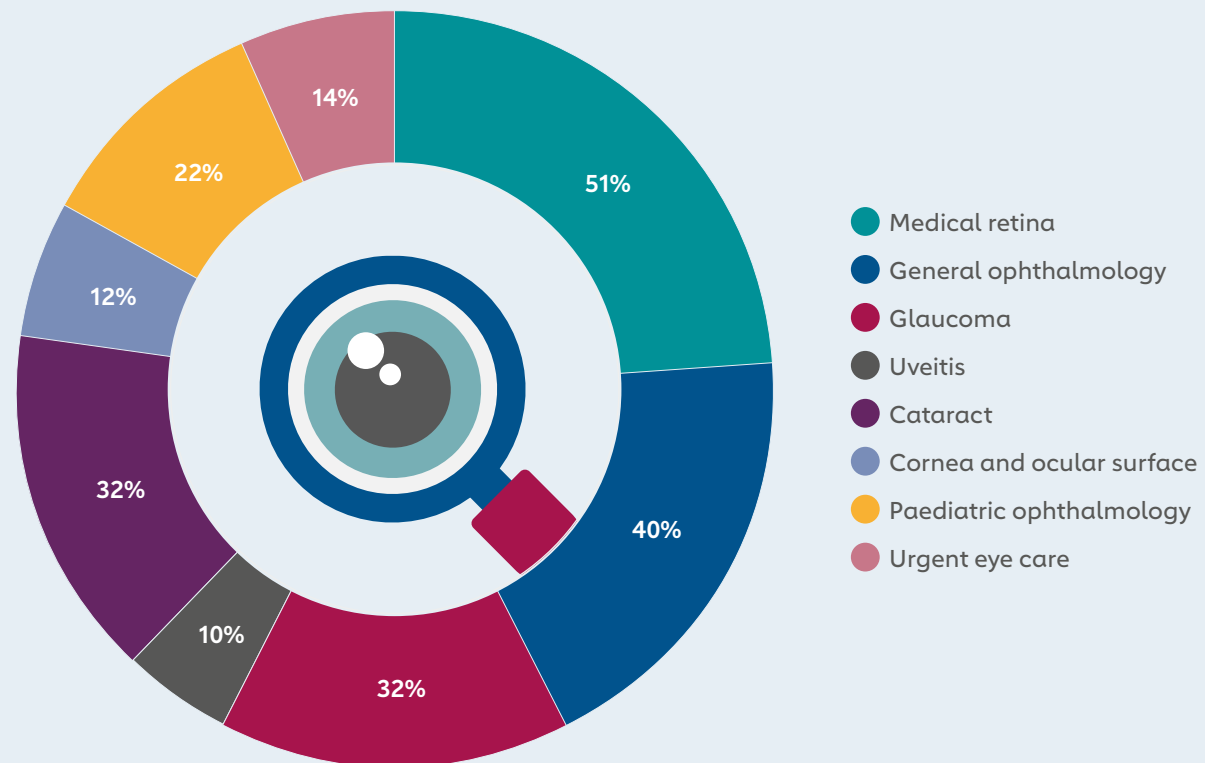
Ethnicity of the SAS workforce

45% of SAS doctors are Asian, compared to 34% in the wider workforce and 31% of consultants. In addition, 10% of SAS doctors are Black, higher than the wider ophthalmology workforce average of 2%. 31% are White, lower than the 51% average across all respondents.



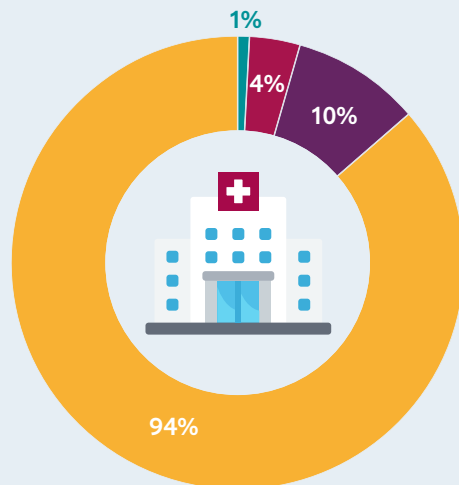
Special Interest Areas of the SAS workforce

Unlike consultants, the majority of SAS doctors specialise in medical retina (51%) rather than cataracts (32%). 40% of SAS doctors work in general ophthalmology too, compared to 19% of consultants.



Work setting of the SAS workforce

SAS doctors have a smaller presence within the independent sector compared to consultant colleagues. Only 4% of SAS doctors work in the independent sector and 10% in private practice. The vast majority (94%) of SAS doctors work in an NHS provider.

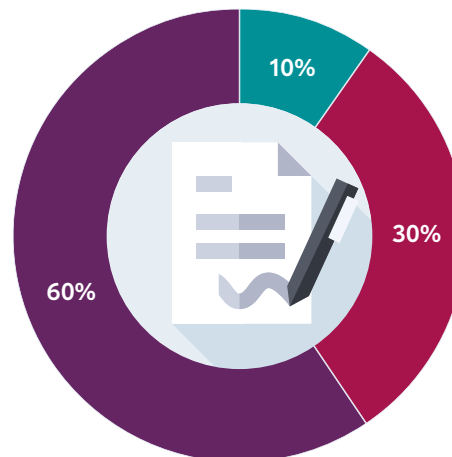


- My own business or enterprise
- Independent sector provider (private company commissioned to undertake NHS services)
- Private practice
- NHS provider

Working hours and contract type of the SAS workforce

Contract type of the SAS workforce

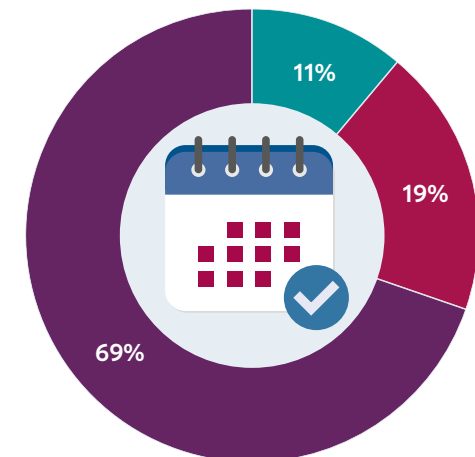
Following reforms to SAS pay structures in 2021, only 30% of the workforce are on a reformed contract, with 60% remaining on legacy contracts.



- Other (please specify)
- Reformed contract
- Legacy contract

Working hours of the SAS workforce

Two thirds (69%) of SAS doctors are contracted full-time, with 19% working 0.6 – 0.8 FTE. This is similar to the trend in the consultant workforce.

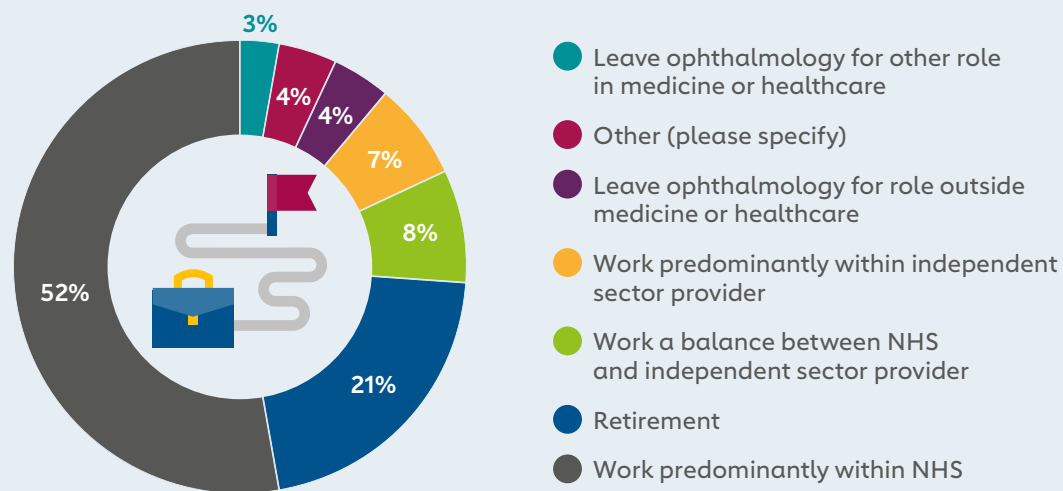


- Less than full time: 0.2 – 0.5 FTE
- Less than full time: 0.6 – 0.8 FTE
- Full time

Future intentions of the SAS workforce

The proportion of SAS doctors indicating their intention to continue to work predominantly in the NHS over the next 5 years (52%) is higher than that of consultants (35%). The proportion of those planning to work a balance between NHS and the independent sector is significantly smaller at 8% compared to 21% for consultants.

The proportion of SAS doctors intending to leave the ophthalmology workforce over the next five years – either through retirement or for another profession – is 28%, roughly equal to the wider workforce. Of those indicating an intention to leave, 100% plan to leave within the next 5 years – 20% within the next two years.



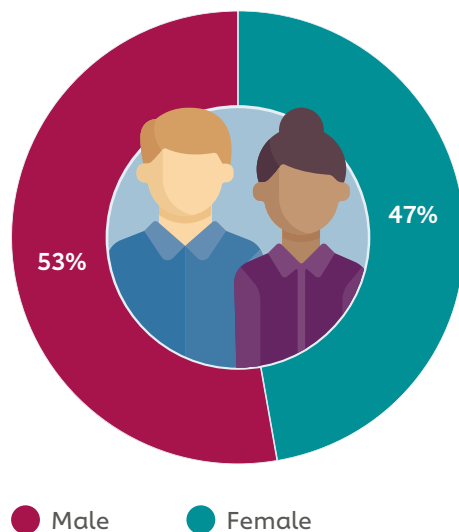
The trainee workforce

Age of the trainee workforce

Unsurprisingly nearly all (94%) ophthalmologists in training are between the ages of 20 – 39, with only a small proportion (6%) being 40 years or older.

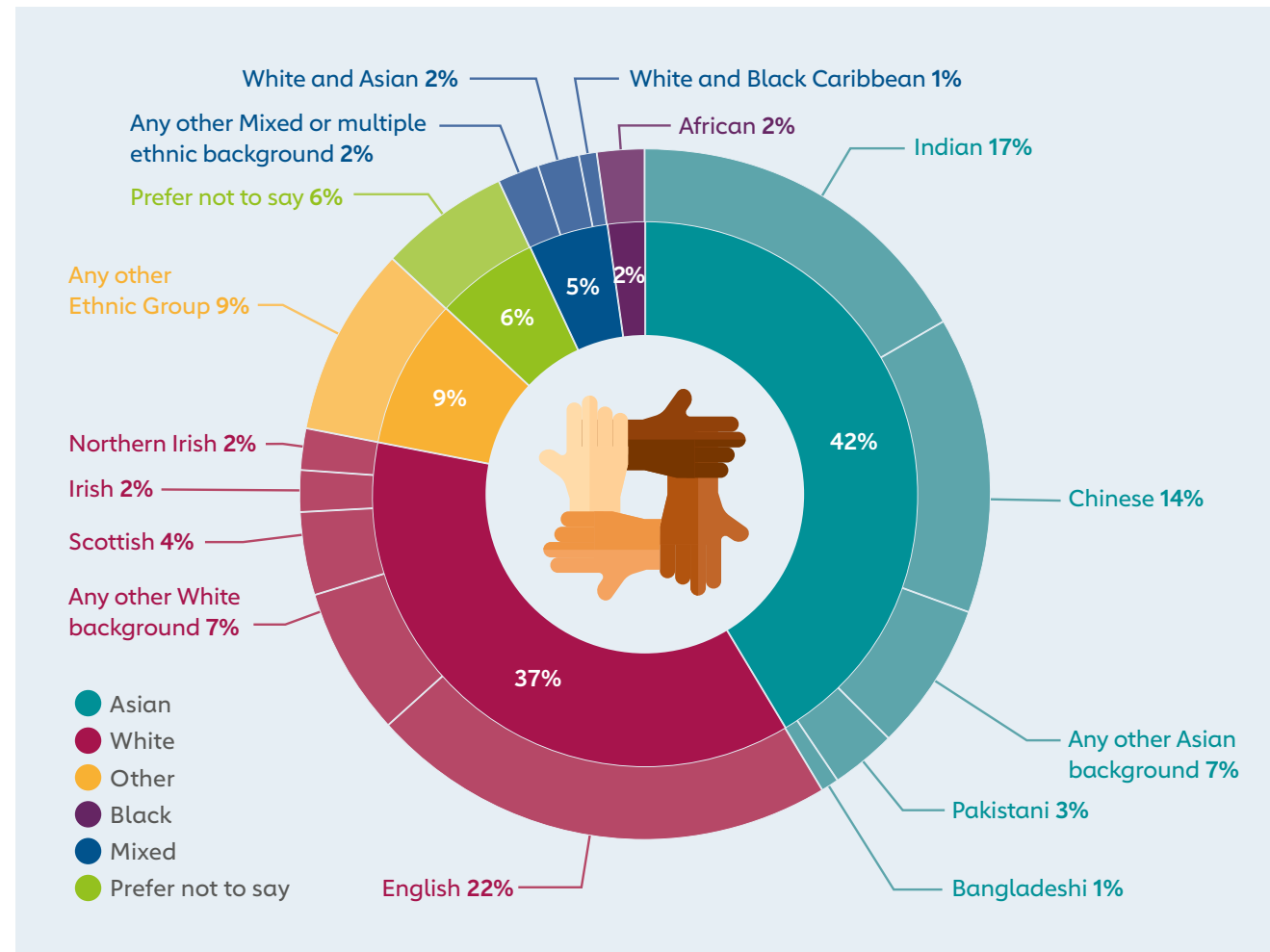
Gender of the trainee workforce

The gender balance in the trainee workforce is also more equal than the wider ophthalmology workforce, with 53% male and 47% female.



Ethnicity of the trainee workforce

42% of ophthalmologists in training are Asian, compared to 34% of the wider workforce and 31% of consultants. Chinese trainees represent 14% of trainees, compared to only 5% of the consultant workforce.



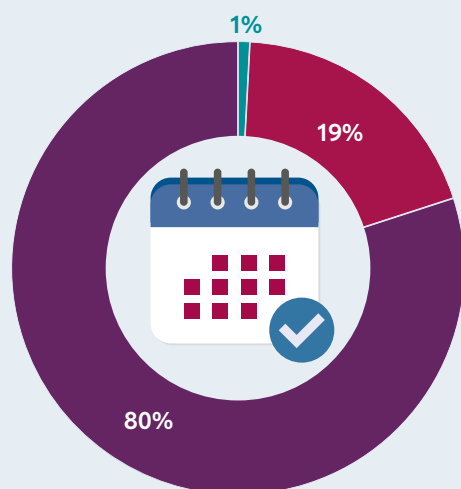
Work setting of the trainee workforce and future intentions

The majority of trainees (80%) work full time, with around one-fifth (19%) working less than full time at 0.6 – 0.8 FTE.

The overwhelming majority of trainees (96%) conduct their training programme within NHS providers only, with a small fraction (4%) also training within independent sector providers.

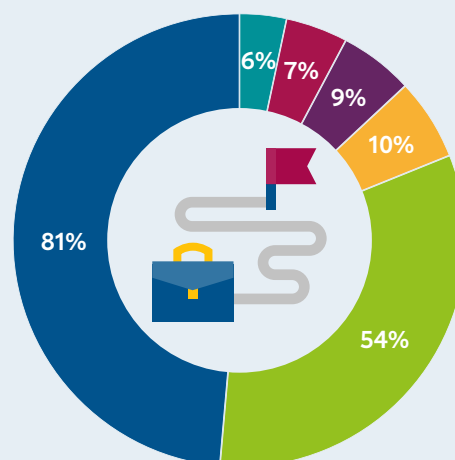
Following the completion of their training, the majority (81%) of trainees intend to pursue a substantive consultant post. Notably however, a majority (54%) of trainees plan to work in private practice. This is higher than the 38% of current consultants who work in private practice. Respondents could select multiple options and were asked to think about their career intentions, so this is likely to reflect their intentions over the course of their career not just their immediate plans after completing training.

Working hours of the trainee workforce



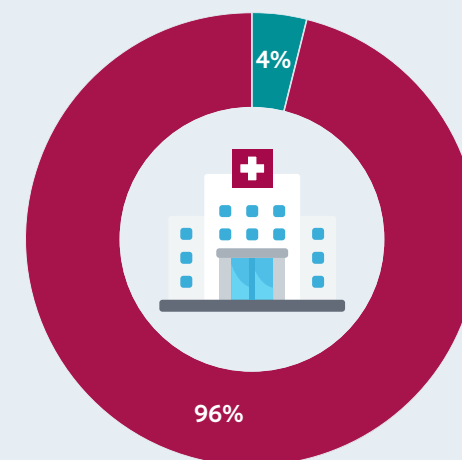
- Less than 0.2 – 0.5 FTE
- Less than full time: 0.6 – 0.8 FTE
- Full time

Future intentions of the trainee workforce



- Career inside medicine or healthcare but not in ophthalmology
- Career outside medicine or healthcare
- Other (please specify)
- Private practice
- Substantive consultant post
- Unsure

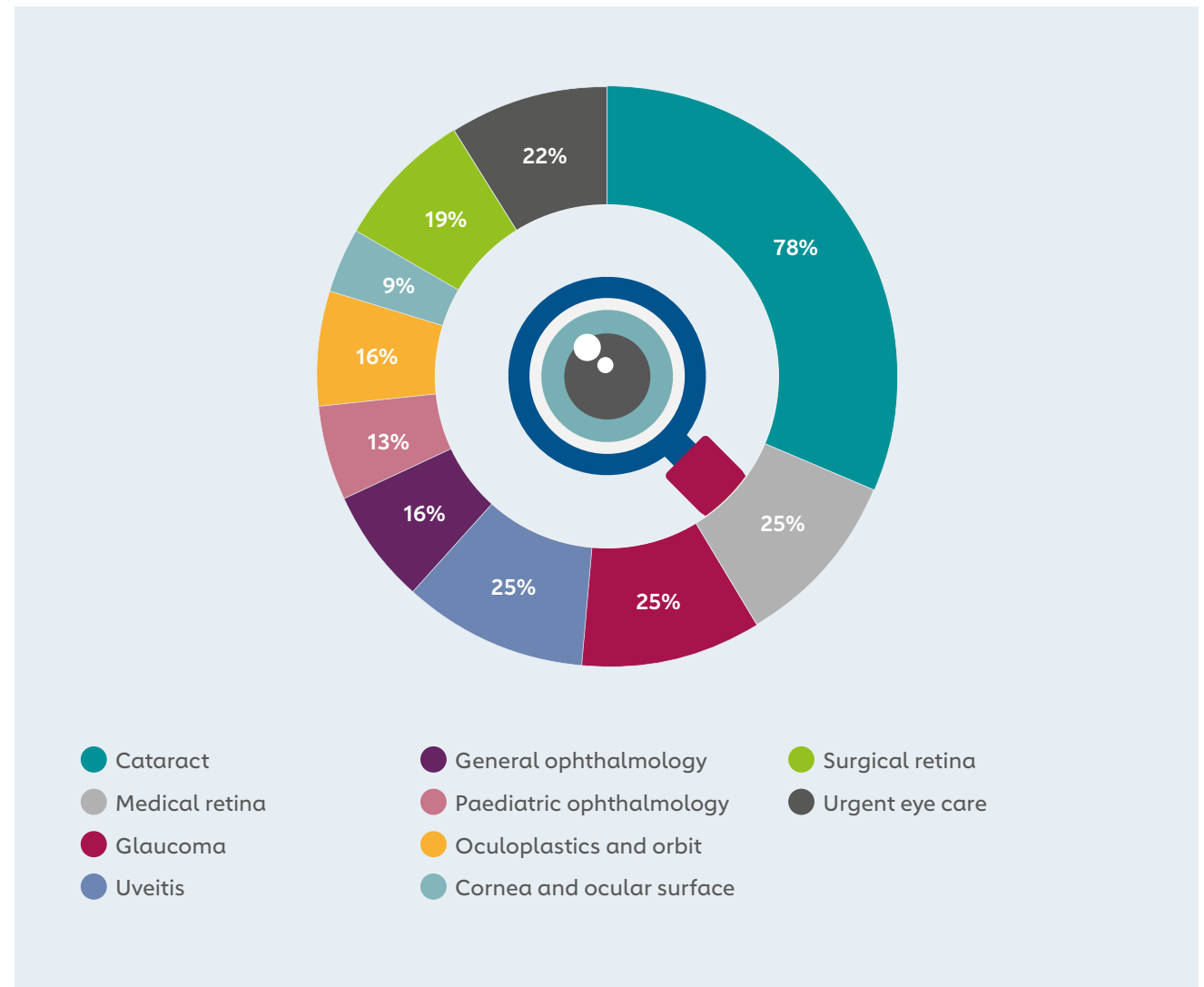
Work setting of trainee workforce



- Both NHS provider and independent sector provider
- NHS provider only

Preferred Special Interest Areas of the trainee workforce

When asked which special interest area would be their preference when taking up a consultant post, there is a relatively even spread across the range of sub-specialties. Over three quarters (78%) would like to specialise in cataracts. Glaucoma, medical retina, uveitis, and urgent eyecare share roughly equal interest between 20% – 25%. Between 10-20% would like to take up a post that specialises in surgical retina, general ophthalmology, oculoplastics, or paediatric ophthalmology.



The challenges facing NHS eye units across the UK

Capacity challenges in NHS ophthalmology units across the UK are growing, and without action now patient care will suffer. Clinical leads in these units are becoming more concerned about the impact outpatient backlogs are having on patient care, at the same time as existing workforce shortages are exacerbated by growing challenges in recruitment and retention.

A lack of appropriate resourcing and support from trusts and health boards is also a concern, particularly with regard to theatre space and an inability to expand the multidisciplinary eye care team.

The majority of eye units also worry that while growing independent sector provision of NHS care can provide additional capacity, the overall impact on their patient care and services is negative.



1. Workforce shortages

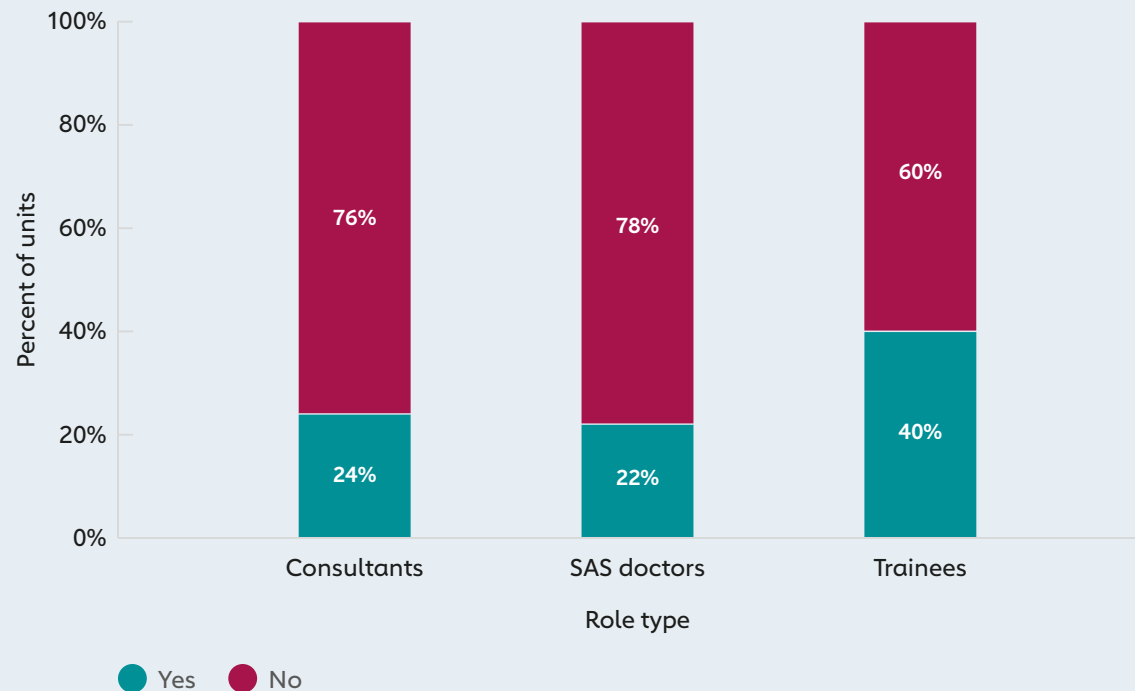
1.1 Workforce shortages exist and are self-perpetuating

Workforce shortages are significant and growing, with only 24% of eye units saying they have enough consultants to meet current patient demand. Two thirds (67%) are finding it more difficult to retain consultants and over half (52%) found it harder to recruit consultants over the last 12 months. A majority (61%) of eye units are also reporting a cut in the number of sessions consultants under retirement age (younger than 55 years old) are doing, with an average of 2 fewer sessions per week per eye unit of those reporting a cut.

Within this concerning picture, Northern Ireland stands out as the only region where all units reported that they did not have enough consultants, SAS doctors or trainees to meet current patient demand.

Shortages extend to SAS vacancies too, with just 22% of units across the UK reporting they have enough SAS doctors to cover current patient demand, 48% finding it more difficult to retain SAS doctors and 52% finding it harder to recruit SAS doctors over the last 12 months.

Are the number of consultants, SAS doctors, and trainees adequate to meet current patient demand?



The majority of eye units report a need for extra posts just to keep up with current patient demand, with 84% saying they need at least one additional consultant and 77% needing at least one additional SAS doctor.

These shortages seem to be self-perpetuating. Respondents who report a decline in job fulfilment over the last 12 months cite workforce shortages and a lack of a work-life balance as the most important reasons. These falls in job fulfilment – fuelled in significant part by workforce shortages – also correlate with respondents' intention to work in independent sector providers (ISPs).

Those who intend to work in ISPs over the next five years, either predominantly or alongside working in the NHS, are more likely to say they had an unfulfilling previous 12 months compared to those whose intention is to work primarily in the NHS. The more staff that leave the workforce, the higher the likelihood of shortages which will hit job fulfilment and ultimately retention.

Future intentions of workforce based on how fulfilling their role is

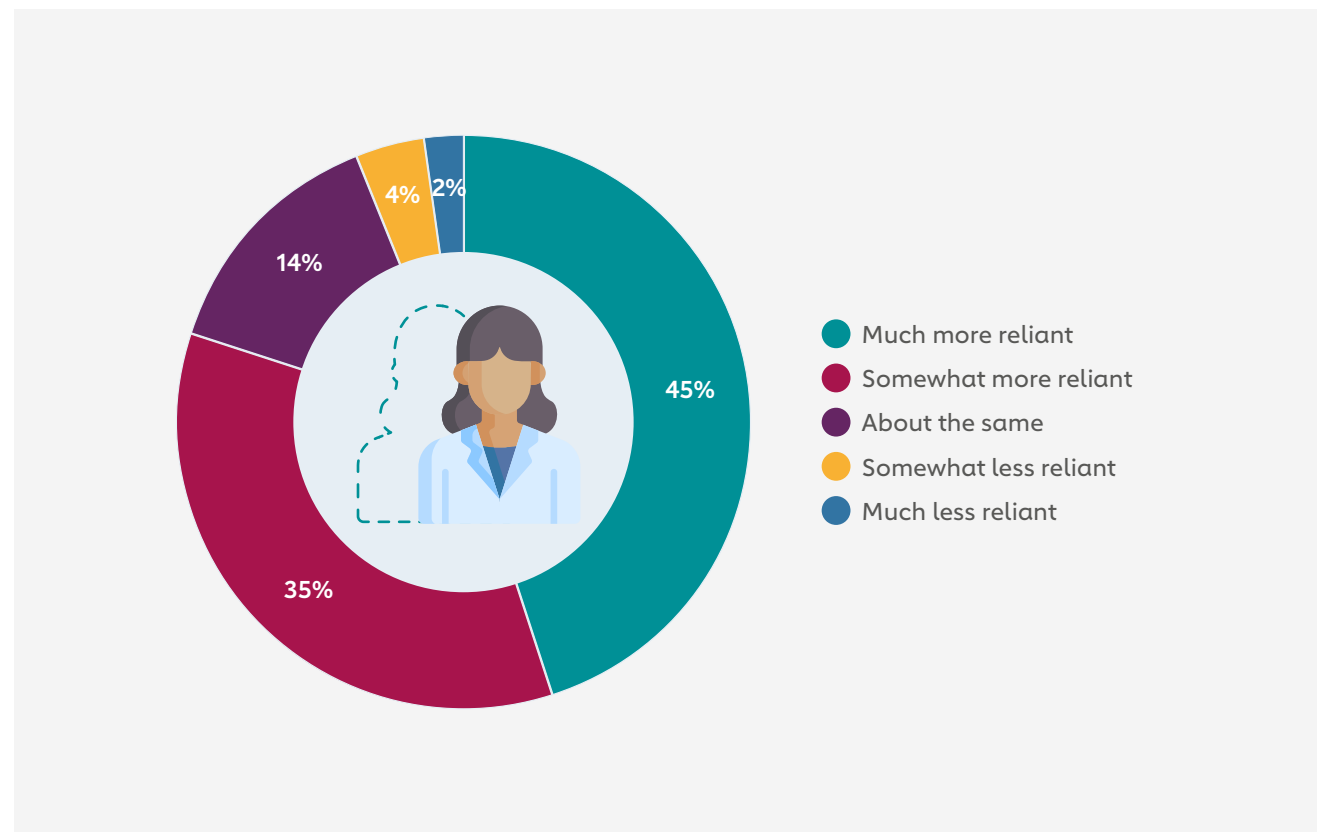
5 year intention	Last 12 months experience – more fulfilling	Less 12 months experience – about the same	Last 12 months experience – less fulfilling	Net more fulfilling
Predominantly in NHS	29%	44%	27%	+2%
Balance between NHS and ISPs	22%	42%	36%	-14%
Predominantly in ISP	0%	25%	75%	-75%
Retirement	17%	50%	33%	-16%

1.2 Workforce shortages leading to increased reliance on locums and extended roles

These workforce shortages are leading to significant use of locums, particularly for consultant vacancies. 65% of units report using locums to fill consultant vacancies, while 24% use locums to fill SAS vacancies and 20% use locums to fill trainee vacancies.

Use of locums is not a temporary measure either, with 57% of units reporting that they were using locums for over 12 months to fill consultant posts. The majority of eye units in London, the North West, Northern Ireland and East of England have been using locums for over 12 months to fill consultant vacancies.

Alongside an increased use of locums to meet patient demand, we are also seeing a large majority (80%) of units increasing their reliance on the multidisciplinary team – including ophthalmic nurses, orthoptists, and qualified optometrists – working in extended roles over the last 12 months. This increased reliance is further emphasised by the fact that 74% of units are reporting they rely ‘to a large extent’ on non-medical professionals working in extended roles. Over three quarters (76%) cite funding for additional posts as a barrier to further increasing the capacity of non-medical professionals working in their unit.



2. Recruitment and retention are becoming harder

2.1 Workforce shortages are exacerbated by challenges in recruitment and retention

Staff recruitment and retention have become increasingly challenging over the last 12 months. Half (52%) of units have found it more difficult to recruit for consultant and SAS doctors, with 33% and 30% of units finding it 'much harder' to recruit for each role respectively.

Meanwhile, two thirds (67%) are finding it harder to retain consultants and 48% are finding it harder to retain SAS doctors, with 37% and 26% finding it 'much harder' to retain consultants and SAS doctors respectively. Conversely, just 4% of units say that it has become easier to recruit consultants and 2% for SAS doctors, with 6% and 4% reporting it easier to retain consultants and SAS doctors.

84% of units need at least one additional consultant post to meet current patient demand, with 77% of units needing at least one additional SAS post. However, only 40% of eye units are currently advertising for consultant posts and just 13% are advertising for SAS doctors, illustrating a significant disparity between units that need additional posts and their ability to fill those gaps.

Compared to 12 months ago, has your unit found it easier or harder to recruit for vacancies?



2.2 Retention is being hampered by working conditions and pension reforms

Many respondents described significant levels of burnout, driven by 'under resourced' staff 'constantly working above contractual hours', a lack of investment in staff pay and progression leading to high turnover and difficulties in recruitment.

When considering challenges in staff retention, pay and pensions were a consistent theme. Broadly, respondents highlighted two key themes: that fewer staff are consistently being asked to work harder and harder, and that pension tax reforms have led many to retire earlier than they otherwise might have.

While three quarters (76%) of consultants who are intending to leave the ophthalmology workforce over the next five years are doing so due to retirement, for those leaving for other reasons 77% indicate they intend to leave to find a greater work-life balance elsewhere. Half (50%) say they plan to leave due to stress, 43% to find greater financial rewards elsewhere, and 39% state they have not been properly supported by their employer.

The activities performed by the ophthalmology workforce, whether consultants, SAS doctors or trainees, may also play a role in fulfilment at work and retention rates. For example, there is a clear appetite among the workforce to be more involved in research. A majority (54%) of trainees would like to be more involved, with 44% of SAS doctors and 39% of consultants also wanting to be more involved than they currently are.

3. Outpatient backlogs a cause for serious concern

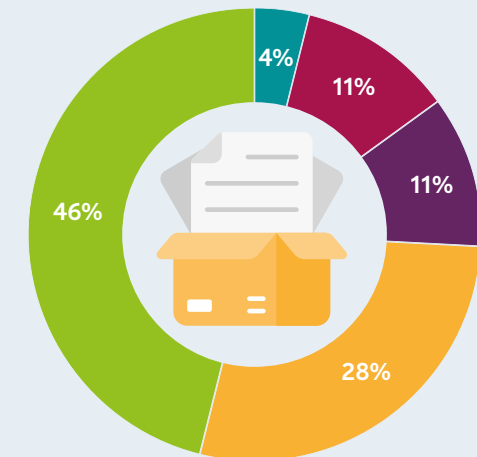
3.1 No end in sight for lengthy outpatient backlogs

Exacerbated by workforce shortages, concerns around backlogs for patient care are growing. Compared to 12 months ago, three quarters (74%) of units report they are growing more concerned about the impact of outpatient backlogs. 63% estimate it will take over a year to clear their backlogs, with a quarter (26%) estimating it will take over three years.

Northern Ireland again stands out as a particularly concerning situation given all units reported that they expect it to take over three years to clear their backlogs for outpatient services, with all units also saying they are 'much more concerned' about the impact of outpatient backlogs compared to 12 months ago.

NHS eye units report that the three areas with the most concerning backlogs are uveitis, urgent eye care, and surgical retina. Backlogs in paediatric ophthalmology are also cited by a third (32%) of units as one of the areas with the most concerning backlogs.

Have backlogs become more or less concerning over the last 12 months?



- Much less concerned
- Somewhat less concerned
- About the same
- Somewhat more concerned
- Much more concerned

3.2 The case for a greater focus on outpatient backlogs

While significant resources have rightly been invested in tackling surgical backlogs across the NHS, through initiatives such as surgical and high-throughput cataract hubs, we cannot afford to ignore the growing outpatient backlogs in ophthalmology.

Delays in diagnosis and follow-up appointments are particularly worrying in ophthalmology, as these patients are often at the highest risk of avoidable sight loss.

In England, the number of patients waiting for consultant-led ophthalmology treatment in September 2022 was 656,814 – up from 446,182 in September 2019, an increase of 47%. However, the outpatient backlog has increased by 59%, whereas the surgical backlog is up only 14%.

Similarly in Scotland, the number of patients waiting for an ophthalmology outpatient appointment has almost doubled since 2019, from 30,289 to 59,034. Wales has seen an increase of 20% in its number of outpatients at risk of irreversible harm if an appointment is not made within the patient's target date. In Northern Ireland, the proportion of patients waiting over a year for an outpatient appointment in 2022 is 54%, while 30% of patients are waiting over two years.

It is important that policymakers now prioritise measures that address these outpatient backlogs. In the long term this will need a commitment to expanding workforce capacity. In the shorter term, actions should include an expansion of MDT capacity, supporting integration of optometry and the hospital eye service through the development of electronic patient records and electronic eyecare referral systems, and the further rollout and integration of ophthalmology into community diagnostic centres.

4. Workforce morale resilient amid challenges

4.1 Clinicians find their role fulfilling but pressures are hitting consultant morale

Morale in the ophthalmology workforce remains broadly positive. A significant majority (64%) of the workforce rates their job fulfilment at 7 out of 10 or higher over the previous 12 months, with 26% of the workforce rating their fulfilment at 5 out of 10 or below.

There is a roughly equal split between those who report their role became more fulfilling (28%) compared to those reporting it less fulfilling (32%) – with 42% saying ‘about the same’ – indicating a small overall negative shift over the last 12 months.

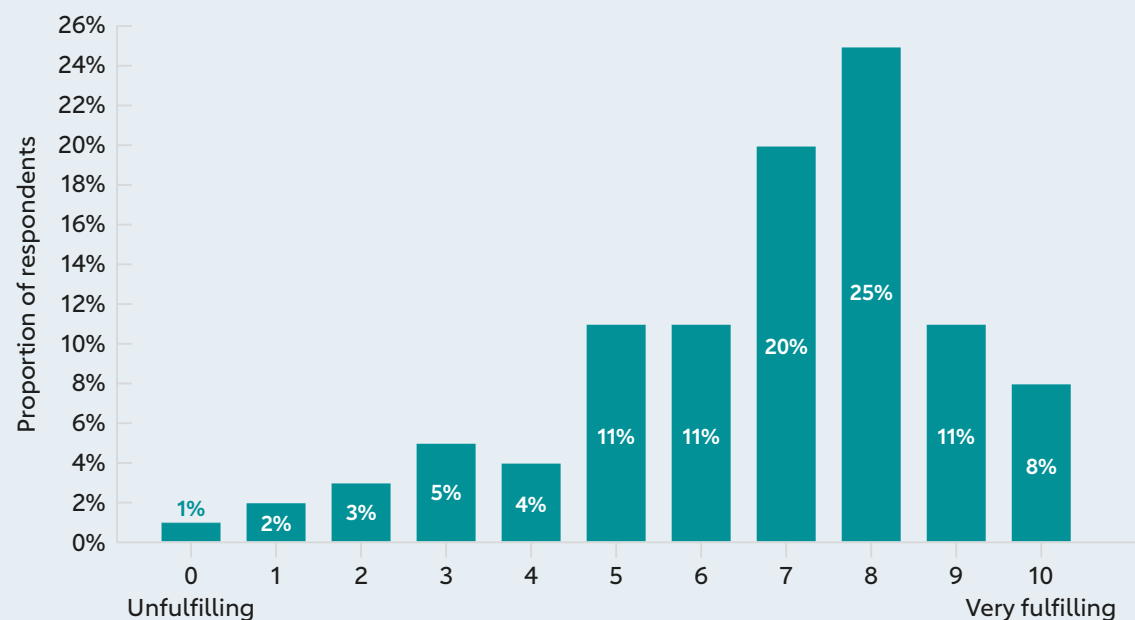
Morale appears to be quite variable across different regions. Northern Ireland is the only region where a majority of consultants did not rate their role fulfilment at 7 or higher. In Northern Ireland, there was an even 39% split in those reporting 7 out of 10 or higher and 5 out of 10 or lower.

In England, over a third (34%) of consultants in the South East of England reported their role fulfilment at 5 out of 10 or lower, with 56% 7 out of 10 or higher. More positively, in the North West of England and London, 77% of consultants reported their role fulfilment at 7 out of 10 or higher.

Of those reporting a drop in morale over the last 12 months, the leading reasons given were a shortage of workforce within their unit, lack of appropriate equipment, a lack of sufficient space within the unit, increasing patient need despite limited resources, and a worse work-life balance.

Trainees and SAS doctors have found their role more fulfilling over the last 12 months than consultants have. 26% of consultants felt more fulfilled and 41% less fulfilled over the last 12 months, compared to trainees who were 39% more and 24% less, and SAS doctors who were 48% more fulfilled and 33% less.

Over the last 12 months, how fulfilling have you found your role?



4.2 Morale is higher for those working in the independent sector compared to the NHS

There are differences in role fulfilment between consultants reporting their primary employer as the NHS compared to an independent sector provider (ISP). For consultants reporting the IS as their primary employer, 78% had a job fulfilment of 7 or above. Where the NHS is their primary employer, only 60% reported a role fulfilment of 7 or above. 22% of consultants working in ISPs had a fulfilment of 5 or below, while 26% of NHS consultants reported 5 or below.

This pattern of higher morale for those working in ISPs stretches over the last 12 months. Half (50%) of consultants reporting the IS as their primary employer say that their role became more fulfilling over the previous year, compared to just 21% of NHS consultants. Conversely, just 11% of IS consultants found their role becoming less fulfilling, compared to 37% in the NHS.

4.3 Working conditions a key indicator of staff fulfilment

Of those reporting an increase in fulfilment over the last 12 months, the leading reasons given were a strong working relationship with colleagues and staff, a better work-life balance, rewarding training and professional development, and more efficient patient care. Conversely, of those reporting a drop in fulfilment, the leading reasons were a lack of work-life balance, stress, and too few staff.

From these responses, it is clear that working conditions associated with staff shortages play an important role in the reason why staff morale decreases. Conversely, the reasons why staff become more fulfilled do not relate to workforce size, but the linked issue of working conditions, with many staff reporting that strong relationships, improved patient care, and rewarding training and development contributed to increased fulfilment – all of which are difficult to attain with workforce shortages.

5. A lack of resourcing and support from trusts and health boards is exacerbating challenges

5.1 Physical and IT infrastructure

Many respondents highlighted a lack of investment in ophthalmology infrastructure as a frustrating constraint on the quality of patient care that could be delivered. Shortages of clinic space is leading to situations in which there are clinicians without sufficient space to carry out their work.

This lack of investment in infrastructure extends to IT systems, with numerous accounts of clinicians spending time repeatedly entering the same information on the same patient across multiple different systems.

Lack of investment has also hit the ability of clinical leads and others to develop service improvement offerings. These improvements provide potential efficiencies in the delivery of patient care, but as the workforce consistently struggles to meet current patient demand it is more difficult to develop these improvements. One example is the development of a virtual hub to help tackle backlogs that has been put on hold for three years due to a lack of funds being made available by the local trust.

5.2 MDT training and deployment

Delivering ophthalmology care is a team effort with far greater reliance on the wider multidisciplinary eye care team (MDT) than in the past, as detailed in section 1.2. Eye units are however running into problems with expanding the capacity of the MDT, with a lack of funding for additional posts (76%), insufficient capacity to provide training for non-medical roles (56%), and a small recruitment pool (50%) identified as the top three barriers.



6. Increased independent sector provision causing concerns for sustainability of services, although helping with cataract backlogs

6.1 Impact on patient care and ophthalmology services

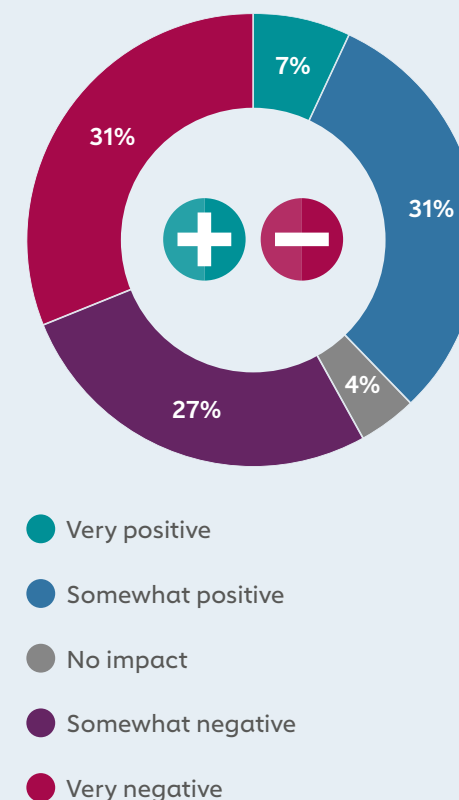
Independent sector providers – private companies undertaking NHS-funded services – are delivering ophthalmology services in the vast majority (83%) of areas covered by NHS eye units. This reflects [research published in 2022 by RCOphth](#) which found that ISPs were delivering almost half of NHS-funded cataract procedures in England.

A majority (58%) of clinical leads report that independent sector provision in their area has had a negative impact on patient care and ophthalmology services in their unit. Perceptions do remain mixed though, with 38% saying that the independent sector has had a positive impact on patient care and their ophthalmology services.

There appears to be some link between levels of ISP provision and the likelihood of units reporting their impact to be negative on patient care and services in their area. For example, Scotland, Wales and Northern Ireland have low levels of ISP provision compared to England. In Scotland, 100% of leads reported the impact to be positive while in Northern Ireland and Wales over half said the impact was positive.

On the other hand, three quarters (67%) of clinical leads in the East of England reported the impact to be very negative. 44% of leads in the North West and 40% in the South West also indicated the impact was very negative. These three regions represent three of the four regions with the highest levels of ISP provision. The Midlands is the region with the second highest level of ISP provision – no clinical leads here rated the impact to be very negative, although two thirds (67%) did rate it to be somewhat negative.

What has been the impact of ISPs on patient care and ophthalmology services in your unit?



6.2 Concerns centre on case selection and sustainability of NHS units

Many respondents highlighted their concerns regarding ISPs generally only performing more routine cataract cases and leaving NHS units with more complex procedures. They described the impact this was having on loss of training opportunities for ophthalmologists in training as well as exacerbating capacity constraints in the NHS.

These worries reflect the findings of the [GMC's 2022 National Training Survey](#), which found that 42% felt they had not been able to compensate for the loss of training opportunities resulting from the pandemic – much higher than the 23% across all specialties. Only 37% had performed more than 90 cataracts by the end of ST2 training – this had never fallen below 56% before 2021. Of the three quarters who needed to access training opportunities in ISPs, 86% disagreed that they were easily able to access these – just 6% agreed.

Eye units also expressed their concern that the loss of income from cataract procedures would make it more difficult to fund complex and emergency care, which ISPs are typically not set up to deliver. In addition, some units reported that cases with post-operative complications are being passed onto NHS units to manage, rather than being managed by the independent sector provider who undertook the surgery.

Some respondents did though point to the positive role that ISPs had played in their area in bringing down cataract waiting times, reflecting the fact that 38% of clinical leads reported the impact of ISPs on patient care and services in their area had been positive. Between 2021 and 2022, ophthalmology backlogs increased by 29% compared to the 53% across all specialties in the NHS.

A number of eye units expressed their concern that more of their workforce were working in ISPs, further affecting their capacity and sustainability. This looks set to become a growing issue in the coming years, given that 28% of consultants reported their intention to work in ISPs over the next five years – largely alongside also working in the NHS.

Next steps: A five point plan to deliver sustainable ophthalmology services

To address the significant challenges faced by ophthalmology services across the UK to deliver timely care with sufficient workforce capacity in place, RCOphth is calling on policymakers across the UK to:



Develop an eye care workforce plan to determine what workforce capacity is needed to meet current demand and future patient need. This should encompass the whole multidisciplinary eye care team, from consultants, SAS doctors and trainees, to optometrists, orthoptists, ophthalmic nurses and technicians. NHS England's Long Term Workforce Plan, set for publication later in 2023, provides an ideal opportunity to do this in England.



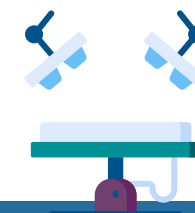
Commit to a phased increase in ophthalmology training places. Given current consultant workforce shortages and projected increases in demand, alongside the significant time needed to train to consultant level, education bodies should enable this increase - working with training programme directors to ensure the right training capacity is in place.



Commission independent sector capacity in an intelligent planned way, learning the lessons from the last 18 months. Coordination at the national and regional level is essential to ensure capacity is provided where it can benefit patients, avoid destabilising NHS eye care, and make best use of scarce resources.



Explore simpler routes for progression for SAS doctors, acknowledging their desire for recognition and a clear career pathway. RCOphth will continue to work with the GMC with representation from our SAS committee, in its ongoing work to explore reforms to the Certificate of Eligibility for Specialist Registration (CESR) process.



Ensure ophthalmology units are properly resourced to meet patient need. This is particularly important when decisions are made by trusts and health boards regarding the provision of theatre space and the training and deployment of the multi-disciplinary eye care team.

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