Ophthalmology in England: How is training geared to supply our future workforce?

Vishal Shah, Jordan Marshall, Mohammed Abu-Bakra, Declan Flanagan

Introduction

Training in ophthalmology is a 7-year postgraduate programme where doctors with a full GMC registration are taken through a curriculum to qualify as a consultant ophthalmologist.

Their profile, number and distribution provide an insight into the state of the ophthalmology workforce at present and into the future [1].

Patient need and the regional distribution of ophthalmology trainees

Our elderly population carries the greatest burden of eye disease; one in three aged over 84 live with sight impairment and 79% of those with sight impairment are over 64 [2]. By mid 2043, the number of people aged 85 and above is projected to reach 3.0 million while those aged over 67 will increase by 3.6 million [3]. Accordingly, The Royal College of Ophthalmologists projected a 44% rise in glaucoma cases, 50% rise in cataract operations and 59% increase in AMD cases from 2017-2037 [4].

Areas in the South West and East of England particularly will see a big increase in the proportion of their populations aged over 65, and their need for eye care services will increase significantly as a result. The geographical distribution of training is thus key. Almost 1 in 4 ophthalmology trainees in England are London-based (See Figure 1). The North West, West Midlands, and Yorkshire and Humber each support between 10-12% of training posts and the remaining 42% of posts are spread across the other 7 regions.

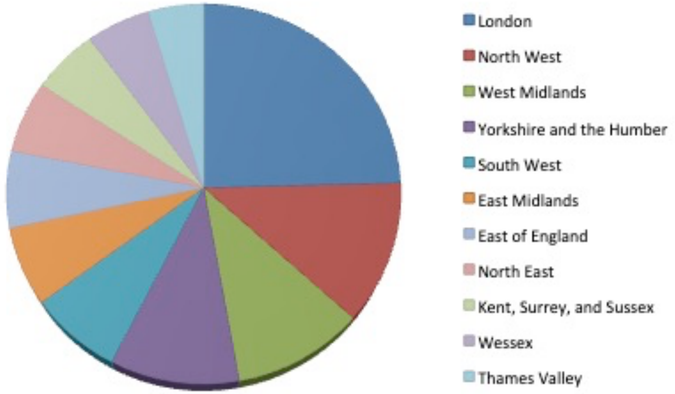


Figure 1: Regional distribution of trainees across England

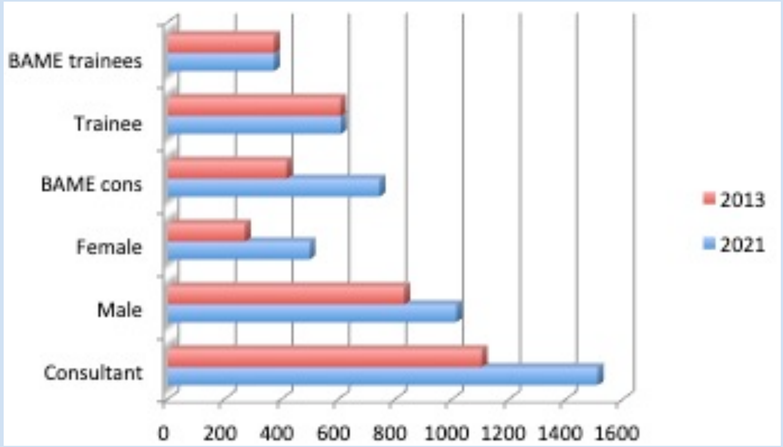


Figure 2: Consultant & trainee growth and breakdown

Expanding the workforce

Health Education England (HEE) created 1,500 additional undergraduate places at medical school in 2017-18, a 25% boost. Those entering Foundation training from this larger cohort began their rotations in 2023. Ophthalmology can therefore anticipate benefitting from the larger workforce capacity from 2024/25. Given this, an increase in training places in ophthalmology is needed. It is therefore welcome that HEE confirmed an extra 15 national ophthalmology training numbers in 2022/23. This will hopefully be followed up with further expansions to help cope with the increased demand to come.

There has been a notable expansion in the ophthalmic consultant workforce with 1,511 consultants in 2021 – a 37% increase since 2013 (See Figure 2).

The consultant ophthalmologist workforce increased by 29% between 2013-2019 and this was similar to the rise in patient demand, hence this increase in the consultant workforce is only keeping pace with demand rather than increasing capacity. The increasing role of the wider multi-disciplinary eye care team in this period, including nurses, optometrists and technicians, has therefore been crucial to meeting patient need.

Women and those from Black, Asian and Minority Ethnic (BAME) backgrounds make up an increasing proportion of the ophthalmology workforce and this represents important progress in achieving equality, diversity and inclusiveness in the specialty (See Figure 2).

Looking ahead: workforce and the new curriculum

Changes from 2024 will mean that trainees who wish to remain generalists can complete training in 5.5 years, rather than the current 7 years [5] at a cost of £258,165 [6]. The knock-on effect could therefore be a significant cost saving estimated at £64,950 per trainee. These savings could be reinvested in increasing the number of training places for ophthalmologists to produce more consultants and better meet rising patient demand.

Conclusions

The ageing population will result in an enormous demand for ophthalmology services over the next 20 years. This will particularly affect regions with populations comprised of proportionately more people aged over 65. Interestingly, the location of training posts does not correlate with this demand but rather demonstrates a London-focused distribution.

The consultant workforce has expanded significantly over the last 8 years and is becoming more diverse. However, rather than providing for greater capacity in the system, this increase has been met with a parallel increase in demand. There is therefore likely to be an increasing need for support from the non-medical ophthalmic workforce to prop up the system in the coming years.

Finally, news of more national training numbers in ophthalmology are welcome, and further increases, combined with the implications of the new curriculum, can secure an increase in the supply of the consultant ophthalmologists of tomorrow.

References

1. Shah, V., Marshall, J., Abu-Bakra, M. *et al.* Ophthalmology in England: how is training geared to supply our future workforce?. *Eye* (2022). https://doi.org/10.1038/s41433-022-02304-y
2. Atlas of Variation - 2021 Report, Office for Health Improvement and Disparities, Public Health England https://fingertips.phe.org.uk/profile/atlas-of-variation
3. Subnational projections for England: 2018-based, The Office for National Statistics https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2018based
4. The Way Forward 2017, The Royal College of Ophthalmologists https://www.rcophth.ac.uk/resources-listing/the-way-forward/
5. Curriculum 2024, The Royal College of Ophthalmologists https://www.rcophth.ac.uk/training/ophthalmic-specialist-training/ost-curriculum/curriculum-2024/
6. Education and Training Tariffs, Health Education England and Department for Health and Social Care https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064526/Education-and-Training-Tariff-Guidance-2022-23.pdf