The ROYAL COLLEGE of OPHTHALMOLOGISTS

The ophthalmology workforce in 2026: capacity and change

Findings from the Royal College of Ophthalmologists workforce census

November 2026

Summary

Ophthalmology services in the UK continue to face unsustainable workforce and capacity pressures. Most departments report insufficient staffing, with increasing reliance on long-term locums.

Concerns about patient waiting times, particularly in glaucoma and medical retina, are rising, with workforce shortages seen as the main barrier to reducing backlogs. More ophthalmologists are combining NHS work with private or independent sector practice, while many in England are considering working for NHS Online. Staff morale is mixed, with poor IT and infrastructure affecting job satisfaction. Digital capability remains variable across departments, and many clinical leads believe growing independent sector involvement is negatively affecting NHS training, funding and service delivery.

It is vital that policymakers take action to ensure that ophthalmology services have the staffing and physical and digital infrastructure they require to meet growing patient need.

Key findings from this report are:

- **Workforce shortages remain a serious challenge in ophthalmology.** Only a third (35%) of departments have enough consultants to meet current demand. Shortages of specialty, associate specialist or specialist (SAS) and locally employed (LE) ophthalmologists are even more pronounced – only 29% of departments have enough to meet demand. Almost three-quarters (72%) of departments are now using locums to fill workforce gaps, with over half (55%) using locums to cover consultant vacancies for over a year.

- **Ophthalmologists are increasingly working in private practice and independent sector providers** (ISPs) – typically alongside an NHS role. The vast majority of consultants (87%) work in the NHS, although almost half (46%) now work in private practice and over a fifth (22%) work for ISPs. By 2030, among current consultants who plan to still be working, almost a third (31%) expect to be working in the independent sector.

- **NHS Online is likely to change the way that ophthalmologists in England work.** Almost half (48%) indicated that they would consider working for NHS Online, with most (79%) prepared to work up to eight hours a week.

- **Ophthalmology departments are increasingly making use of non-medical and allied health professionals working in extended roles,** with almost three-quarters (71%) becoming more reliant on these roles over the last year. Funding for additional posts (81%) and capacity to provide training (60%) are the biggest barriers to increasing their use.

- **Concerns are growing about waiting times.** Almost two-thirds (64%) of departments are more concerned about the length of time patients are waiting for care than they were in the previous year. Glaucoma and medical retina are the subspecialties of greatest concern. Filling medical workforce gaps would make the most difference to tackling backlogs – identified by almost nine in ten (89%) clinical leads.

- **Job fulfilment is declining for a significant minority of ophthalmologists.** Around a third (32%) say their role has become less fulfilling over the last year. Just over a fifth (22%) have become more fulfilled, while almost half (46%) report no change. Poor IT and digital technology (60%) and lack of sufficient space in the unit (51%) are the most cited reasons for roles becoming less fulfilling. A better work/life balance (58%) and strong working relationships (54%) were the most common reasons why roles had become more fulfilling.

- **The digital infrastructure available to support efficient care is variable.** Just over half (55%) of departments agree that it meets their requirements, with a strong majority having well-functioning ophthalmic image management systems (70%) and electronic health record systems (63%). Just over half (55%) report well-functioning electronic referral systems and locally agreed referral pathways with optometry.

- **ISPs are having a growing impact on ophthalmology services.** A large majority (84%) of clinical leads reported that ISPs are delivering NHS services in their area – including for the first time a majority in Scotland. Almost two-thirds (65%) say ISPs have had a negative impact – with a majority (57%) noting a negative impact on both training opportunities and the funding of their ophthalmology department. A majority (51%) reported a positive impact on cataract waiting lists.

Methodology

The census was sent to RCOphth members via SmartSurvey and received 481 complete responses between January and February 2026.

481 respondents comprised:

- **67%** Consultant ophthalmologists (of whom, 57 were clinical leads)
- **11%** Resident doctors
- **11%** SAS and LE ophthalmologists
- **4%** Retired
- **3%** Clinical academics

Where and how are ophthalmologists working?

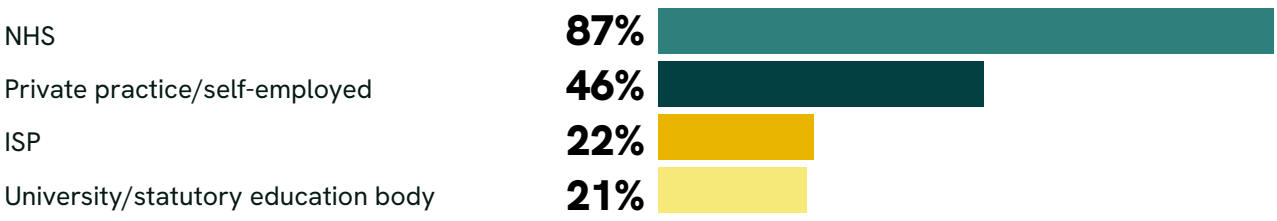
Setting

Consultant ophthalmologists work predominantly in the NHS, although almost half (46%) also undertake private practice or are self-employed, and over a fifth (22%) work for an ISP – typically alongside their NHS role. The proportion working for ISPs increased from 14% in 2022 to 22% in 2026.

For those who work in the NHS, over three-quarters (77%) spend more than 75% of their working time in this setting. Private practice and independent sector work supplement NHS work for most, with around two-thirds of respondents who work in private practice (62%) or an ISP (66%) spending less than 25% of their time in these settings.

Almost three-quarters (72%) of consultant ophthalmologists working in the NHS work full-time. Most of the remainder (22%) work between 0.6 and 0.8 full-time equivalent.

Where consultant ophthalmologists work in 2026



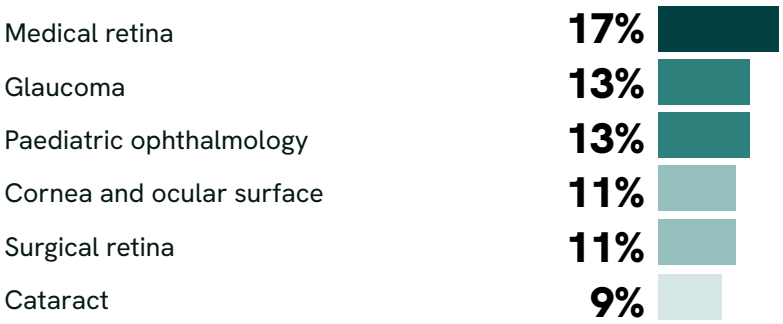
Note: respondents (n= 267) could select multiple settings.

Special interest areas

Ophthalmologists specialise in a wide range of special interest areas (SIAs), reflecting the broad range of eye conditions treated within ophthalmology. Medical retina, glaucoma and paediatric ophthalmology were the most commonly cited main SIAs, each reported by 13–17% of respondents.

When asked what other SIAs they worked in, a majority (59%) said cataracts. The next most common additional SIA was urgent eye care (16%).

Primary special interest areas of ophthalmologists



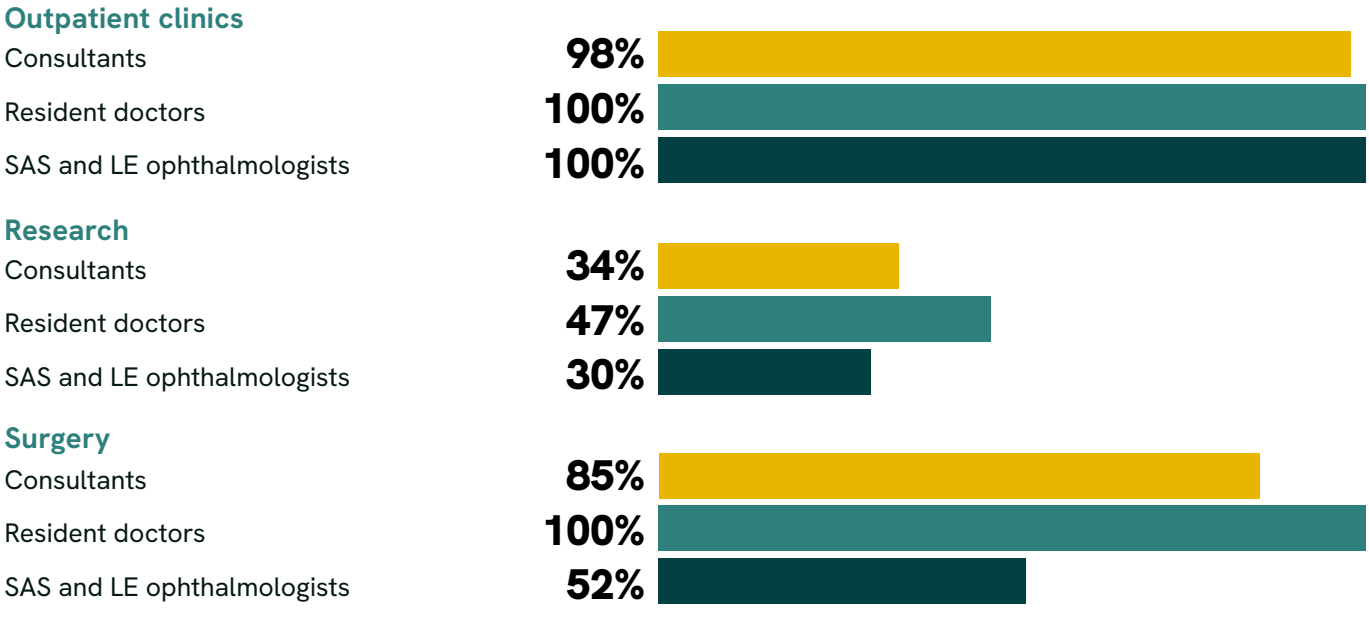
(n= 267)

Tasks

Almost all ophthalmologists regularly undertake outpatient clinics. The vast majority of consultants (85%) and resident doctors (100%) also perform surgery, with this figure falling to just over half (52%) for SAS and LE ophthalmologists. Almost half (47%) of resident doctors are involved in research, notably higher than the proportion of consultants (34%) and SAS and LE ophthalmologists (30%).

A clear majority (67%) of SAS and LE ophthalmologists would like to do more surgery, while two-fifths (40%) of consultants would like to do more research or become involved if they are not already.

Clinical activities by ophthalmologist group

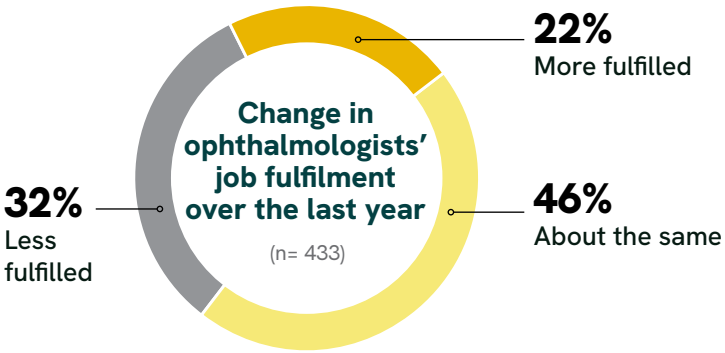


(n= 362)

Job satisfaction

Ophthalmologists generally find their work fulfilling, rating their fulfilment with their role over the last year at 6.5 out of 10. SAS and LE ophthalmologists are slightly less fulfilled than consultants or resident doctors.

When asked whether they have become more or less fulfilled in their role over the last year, the most common answer (46%) was "about the same". However, a third (32%) report becoming less fulfilled, while only just over a fifth (22%) say they have become more fulfilled. Poor IT and digital technology, a worse work/life balance and lack of sufficient space in the eye unit were the three most commonly cited reasons for roles becoming less fulfilling.



"My job would be more fulfilling if there was more funded time for research. There are many opportunities to be involved in research, but my department indicates this should be in existing SPA time or to apply for grant – but there is no dedicated time for the latter".

Consultant ophthalmologist, South East England.

Future intentions

By 2030, almost a quarter (23%) of the current consultant, SAS and LE workforce in ophthalmology expect to have left the profession – the vast majority through retirement.

Of those planning to still be working in ophthalmology in 2030, four-fifths (80%) expect to be working in the NHS. Almost half (47%) anticipate working in private practice/self-employment, while almost a third (29%) plan to work in the independent sector.

In England, NHS England is planning to establish a virtual NHS trust called NHS Online, which will deliver some ophthalmology pathways. Almost half (48%) of consultants in England indicated that they would consider working for NHS Online, most of whom (79%) would work up to eight hours per week for it.

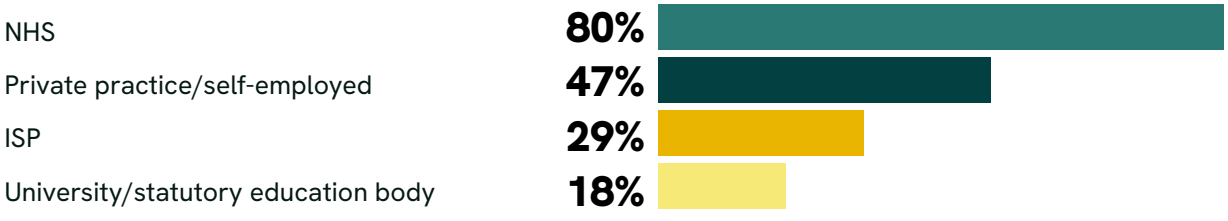
48%

Consultants in England would consider working for NHS Online

For resident doctors in the ophthalmology training programme, within five years of completing their training the vast majority (86%) intend to work in a substantive consultant post. A large majority (71%) also plan to undertake a clinical fellowship.

Over a third (36%) intend to work in private practice, while over a quarter (29%) plan to work for an ISP.

Where ophthalmologists expect to be working in 2030



(n= 316)

Challenges faced by ophthalmology departments

An interconnected set of challenges faces ophthalmology departments in 2026. Workforce shortages exacerbate long backlogs, while poor digital connectivity can also hamper the efficiency of services. Many NHS ophthalmology departments are also concerned about the impact that ISPs are having on the staffing, case mix and resourcing of the NHS services that they oversee.

Ophthalmology is one of the most innovative medical specialties, and new service models continue to be implemented to tackle the scale of this challenge. The majority of units deliver virtual diagnostic clinics (83%), non-medically led face-to-face clinics (59%) and high-volume cataract lists (52%). A further third of units would like to deliver community diagnostic hub services (30%) and medically led, high-flow, face-to-face clinics (35%), but do not have the resourcing or capacity to do so.

Workforce shortages

Just over a third (35%) of departments have enough consultants to meet current patient demand, while shortages of SAS and LE ophthalmologists are even more concerning – just 29% have the number needed to meet demand.

These shortages mean almost three-quarters (72%) of departments are reliant on locums to cover vacancies, a 7% increase since our 2022 census. Where locums are being used to cover consultant vacancies, the vast majority (83%) have been in place for over six months.

Continuing challenges in recruiting to roles are a key reason for the high reliance on locums. Of those who had attempted to recruit to consultant vacancies, almost a third (30%) had found it "much harder" to recruit than in the previous 12 months.

Effective staffing is also hampered by increasing difficulties retaining staff. Just over a third (35%) of departments reported finding it harder to retain consultants than 12 months previously, while almost a quarter (23%) had also found it harder to retain SAS and LE ophthalmologists.

> "We have to refuse most routine paediatric ophthalmology as inappropriate because we simply don't have capacity to take this on despite the demand".
>
> *Clinical lead, south of England*

Departments with enough medical staff to meet current patient need



(n= 55)

Long backlogs

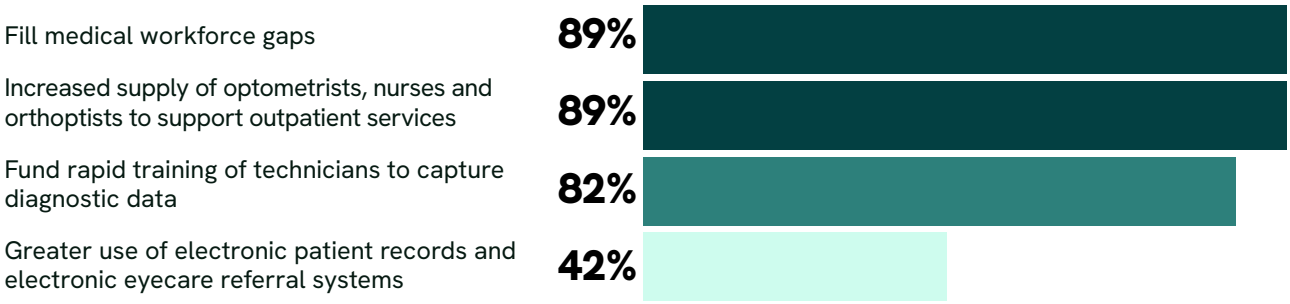
Ophthalmology departments are concerned about the length of time patients are waiting for care in their departments, reporting an average satisfaction rating of just 3.94 out of 10 for the length of patient waits.

Concern is increasing, with almost two-thirds (64%) of departments reporting that they have become more concerned about the length of time patients are waiting compared with the previous year.

Glaucoma and medical retina are the two areas that clinical leads are most concerned about, cited by over half of respondents. Over a quarter (28%) of departments also cited paediatric ophthalmology as one of the top three SIAs of greatest concern for patient waiting times.

When asked about the impact of various options to tackle backlogs, almost nine in ten departments (89%) thought filling medical workforce gaps would help tackle backlogs. The same proportion said that increased numbers of optometrists, nurses and orthoptists to support outpatient services would help tackle backlogs. A large majority (82%) also thought that funding to rapidly train technicians to capture diagnostic data would help tackle backlogs.

Actions departments say would help tackle ophthalmology backlogs



(n= 45)

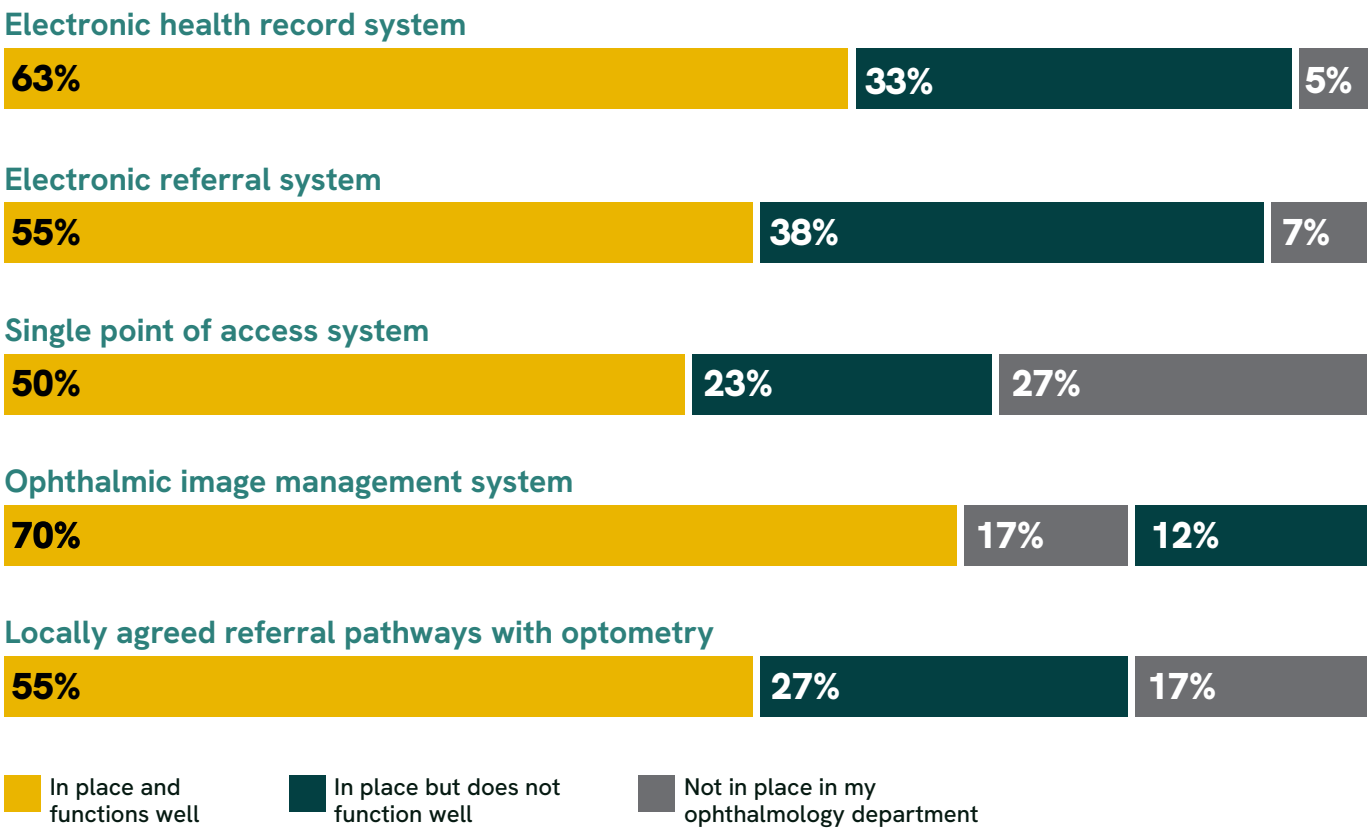
Digital infrastructure

There is significant variation in the IT capabilities of ophthalmology departments in the UK. Just over half (55%) agree that the digital infrastructure in their department meets their requirements, while over two-fifths (43%) disagree.

Almost all units have electronic health record systems in place, but a third (33%) report that these do not function well. There are even more challenges with electronic referral systems, with almost two-fifths (38%) reporting that these do not function well.

Work to implement single point of access systems that manage referrals is underway, with half (50%) reporting well-functioning systems, almost a quarter (23%) saying theirs does not function well and over a quarter (28%) reporting that such systems are not in place in their department.

How well digital infrastructure is working in ophthalmology departments



(n= 40) Note: percentages may not total 100% due to rounding.

Independent sector

A large majority (84%) of clinical leads report that ISPs are delivering ophthalmology services in their area. Where ISPs are operating, almost two-thirds (65%) of responding clinical leads report a negative impact on patient care and services – up from the 58% reported in our 2022 census. However, a majority (51%) of clinical leads also reported a positive impact on cataract waiting lists.

When asked about specific aspects of ISP involvement, 57% of clinical leads reported a negative impact on training opportunities and the funding of their ophthalmology department. A majority (51%) also reported a negative impact on their ability to deliver comprehensive services.

Conclusion

Our 2026 workforce census shows that ophthalmology services continue to face significant workforce and capacity pressures. Shortages of ophthalmologists, growing concerns about patient waiting times, particularly for glaucoma and medical retina care, and limitations in digital and physical infrastructure are constraining departments' ability to meet patient need. At the same time, the way ophthalmology care is delivered is changing, with greater use of extended roles, increasing independent sector provision and growing interest in new models such as NHS Online.

Meeting growing demand for eye care will require sustained action to expand and support the ophthalmology workforce, alongside investment in infrastructure and service capacity. Workforce planning must also take account of changing working patterns and models of care, while ensuring that changes support comprehensive NHS services, high-quality training and safe, timely care for patients.

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