BIOS

British and Irish Orthoptic Society

Orthoptic Workforce Report

British and Irish Orthoptic Society, March 2025

Contents

Introduction and Context for the Survey 3
Context of the profession in the UK 4
Orthoptic Support Workforce 7
Regulation and the Professional Body 7
Routes into the Profession 8
Historical Recruitment 11
Methods 13
BIOS Workforce Survey Results 14
Results for the whole United Kingdom 14
Vacancy Rates 18
The BIOS Activity Survey Results 24
Gender & Age Distribution 24
Ethnicity & Ethnicity by Banding 25
Summary/Recommendations 30

Introduction and Context for the Survey

The British and Irish Orthoptic society (BIOS) is the professional body for the orthoptic profession in the UK and Republic of Ireland; in addition, it is also the trade union for Orthoptists in the UK. BIOS carries out workforce surveys usually every 2-4 years to ascertain a snap-shot of the orthoptic workforce nationally at that point. The survey is usually conducted in two parts; the Workforce Survey which captures for example full time equivalent and head count data followed by the Activity Survey which captures detail relating to clinical activity of individual members of staff within departments, as well as staff demographics. The surveys rely on the engagement of both service leads and individual clinicians to provide an accurate picture of the orthoptic workforce; it is testament to the positive engagement of the profession as a whole that BIOS has been able to regularly capture robust data giving a reasonably accurate picture of the UK orthoptic workforce.

In 2024, BIOS was commissioned by NHS England to produce an up-to-date workforce survey report which would contribute to the continued planning for workforce development and feed into NHS strategic plans such as the 10-year plan and the Long-Term Workforce Plan. The aim of this report is to therefore present the findings of the data collection and provide a narrative to give a picture of the current orthoptic workforce in England. The intended audience ranges form colleagues in the orthoptic profession, our other ophthalmic professional colleagues as well as teams and individuals form other stakeholders.

Context of the profession in the UK

The term Orthoptics is derived from the Greek ‘ortho’ (straight) and ‘optikos’ (vision) and historically refers to the science and clinical practice of ocular misalignment (strabismus) and its treatment. Orthoptics is a protected title in the UK and Orthoptists are regulated by the Health and Professions Council (HCPC) and according to HCPC figures as of March 2023, there were 1543 registered Orthoptists. The growth in the number of Orthoptists since registration was introduced in 1968 has been steady, climbing form an initial 300 in that year to over 1500 in 2023. Orthoptic practice is ‘generalist’ and does not have sub-specialties in the way other Allied Health Professions (AHP) do, for example; there is no division between paediatric and adult practice and all Orthoptists are expected to be able to diagnose and treat the full range of orthoptic conditions on entry to the workforce. At the point of entry to the profession, Orthoptists specialise in the investigation and treatment of amblyopia; visual assessment of children and adults with special educational needs (SEND); investigation of refractive errors (the need for spectacles), investigation, diagnosis and treatment of childhood and acquired strabismus (‘squint’), treatment of double vision and eye movement abnormalities caused by neurological conditions, cancer, autoimmune disease (e.g. diabetes), myopathy, hypertension and endocrine disorders. Orthoptists qualify with a substantial core body of knowledge and expertise in orthoptics as well as a grounding in ophthalmology, providing a sound basis for development into advanced clinical practice roles within ophthalmology. In the UK, more that 95% of Orthoptists work within the NHS as their primary employment, many undertaking sessional private practice in addition; there are very few who practice only for private providers.

Whilst part of the family of AHPs, Orthoptists are also members of the ophthalmic multi-disciplinary team (Ophthalmologists, Optometrists and Ophthalmic Nurses), working particularly closely with paediatric Ophthalmologists, Optometrists, Neuro-Ophthalmologists and Strabismologists.

The profile for orthoptic roles is therefore best represented through the Agenda for Change (AfC) banding system; example role profiles are highlighted in Table 1.

AfC Band	Role Profile
5	Usually new graduates, with no requirement for the undertaking of additional competencies/rotation into sub-specialties, all are trained to assess, diagnose and treat the full range of orthoptic cases at pre-registration. Not expected to work alone without the ability to contact senior staff for advice. Expected to contribute to teaching and audit.
6	Usually with at least 1-2 years' experience in core orthoptics. High clinical confidence across a range of areas that may include extended roles. Specialist knowledge within core orthoptic practice as well as one or more specific areas of practice to postgraduate level; may work as part of MDT e.g. Stroke. Expected to provide teaching to pre-registration Orthoptists and may lead in areas of audit/research within a department.
7	Provide advanced knowledge and practice usually within one (but not exclusively) sub-specialty of orthoptics/ophthalmology, for example Neuro-ophthalmology and strabismus or glaucoma. Undertake clinical leadership of a specific service and require advanced specialist knowledge in that domain to develop other staff in that area.
8(+)	Examples of orthoptic roles at this level are: Deputy Head (8a/8b depending on service) of a department with associated managerial responsibilities, specialist orthoptic clinical knowledge. Consultant Orthoptist (8a / 8b+)- highest level of specialist clinical training, knowledge, skills and experience within the Hospital Eye Service to provide disease treatment, patient care and management of orthoptic and specific ophthalmological caseloads. Head Orthoptist (8a / 8b / 8c depending on service) - provides strategic leadership for the service but key in decision making for the Trust. Responsibility for the orthoptic service. Works closely with senior colleagues in all disciplines

Table 1. Example orthoptic AfC job profiles

Orthoptic Support Workforce

Within the contact of this report and within orthoptic practice Orthoptic Support Workers are a group of non-registered team members who are directly managed by an Orthoptist. There are a range of titles that are currently in use including Orthoptic Assistant, Technician, Assistant Practitioner, Orthoptic Support, Vision Screener etc; BIOS has undertaken work to try and align the terminology and standardise the responsibilities that these staff have within their roles, and this work continues. The variability in title makes it difficult at a national level to ascertain the true number of support workers through the NHS Electronic Staff Record, however; the 2020 HASKE report suggested that there could be up to 500 in practice. As part of this 2024 survey, we asked departmental heads whether they had support workers in their team with 48% indicating that they did and 52% stating that they did not. Of those who indicated that they did not currently have support workers in their team, 34% indicate that they would like to employ support workers but they were being prevented from doing so. Support workers are integral to almost half of the departments who took part in this survey with an additional 33% seeing the potential for them within their department. BIOS continues to develop competencies and other resources for managers and support workers to develop this area of the workforce as this is essential for the ability of the registered Orthoptic Profession to continue to develop. In addition, it is another potential source of recruitment to the Profession.

Regulation and the Professional Body

Orthoptics is a protected title in the UK and the profession is regulated by the Health and Care Professions Council (HCPC). The HCPC is responsible for the development of orthoptic professional standards and approves pre-registration

programmes of study. Only once a learner has completed an approved programme are they eligible to apply to the HCPC for admittance to the register. Since September 2023, the standards of proficiency include standards for medicine exemptions for Orthoptists; since 2018 all learners completing approved courses automatically graduate with the ability to also be annotated on the HCPC register to sell, supply and administer listed medicines under exemptions as per the Human Medicines Act 2012. Orthoptists who qualified before 2018 wanting to also gain annotation are able to do so by undertaking an approved post-graduate exemptions programme.

BIOS is a membership organisation which represents members in the four nations of the UK as well as those in the Republic of Ireland. It is both a registered charity and a company limited by guarantee which Orthoptists are free to join for an annual fee; students of all pre-registration programmes join for no cost whilst they are studying. BIOS is governed by a Board of Trustees, all of whom are elected by the members. In the UK, BIOS also acts as the Trade Union for Orthoptists, BOSTU.

Routes into the Profession

The current route into the registered orthoptic profession is through 'traditional' direct entry to one of 5 approved pre-registration programmes located across 4 Higher Education Institutions (HEI) across the UK. The approved programmes along with guideline entry criteria for prospective students is illustrated in Table 2. Pre-registration training is undertaken as a national provision, there are three HEI (Higher Education Institution*)* providers in England with one more in Scotland, together providing the national orthoptic workforce supply:

HEI	Programme	Entry Criteria	Duration	Planned Recruitment
University of Liverpool	BSc (ug)	BBB	3 years	48
University of Liverpool	MSc (pg)	2:2 (ug degree)	2 years	20
University of Sheffield	BMed Sci (ug)	BBB	3 years	48
University College London	MSc (pg)	2:2 (ug degree)	2 years	20
Glasgow Caledonian University	BSc (ug)	BBB	4 years	20

Table 2. Outline of pre-registration provision along with entry criteria, duration and estimated student places as of 2024; u/g = undergraduate, p/g = post-graduate.

Until 2021, there were only two providers of pre-registration training in England and growth was deliberately restricted to a gradual increase in intake at these HEIs rather than expansion and development of programmes elsewhere so as not to destabilise the existing courses and therefore the profession. As of 2024 the number of academic Orthoptists providing English pre-registration programmes was approximately 18.00 whole time equivalent (WTE) for an approximate student cohort of 280. Following interventions such as the Strategic Interventions for Health Education Disciplines (SIHED) project and continual work by Health Education England (HEE), HEIs and BIOS, applicant numbers showed a steady increase which enabled the development of additional programmes first at UCL and then Liverpool.

The geographical location of the first two established programmes at Liverpool and Sheffield and the intelligence shared by these departments regarding the

geographical spread of where students are choosing to study in relation to their permanent/home address provides some context to the challenges of recruitment to orthoptic posts outside of the north west of England which will be highlighted later. Figure 1 illustrates how learners are increasingly remaining close to their permanent home address to study; over 40% of new students at Liverpool and Sheffield were from the Northwest in 2017 and 2022 which was an increase from 20% in 2014:

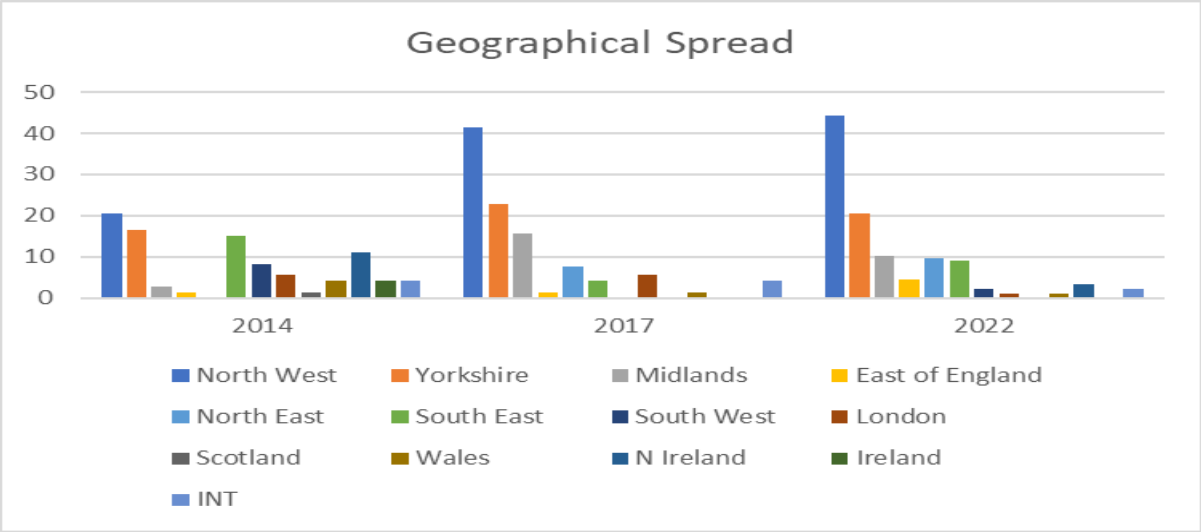

Figure 1. Chart illustrates where student home/permanent address was between 2014 and 2022

Although this is a snap-shot of an 8-year period, it demonstrates a trend towards proportionally more students from the North West studying at either Liverpool or Sheffield, and proportionally less students being from locations such as the South West. Anecdotal evidence from these two HEIs suggests that this trend is continuing with more students wanting to remain close to home for clinical placement blocks and also to work close to their home address once qualified.

This trend along with the workforce needs within areas such as for example the South of England, East of England and Midlands significantly influenced the need for the development of an alternative route into the profession. In 2024, the Orthoptic Apprenticeship Standard was approved and launched which will offer an additional alternative route for learners wanting to enter the profession. As of March 2025, discussions continue between BIOS and potential HEIs for the development of an apprenticeship programme.

Historical Recruitment

The visibility of the profession to the public is a key issue for recruitment to pre-registration programmes, particularly given the relative visibility of other eye care professions. Barriers to potential students choosing orthoptics includes limited awareness of the profession, lack of understanding of the profession by career advisors and challenges in accessing information about the profession. There have been a number of projects undertaken over the last 5-10 years to attempt to address this challenge and raise the profile of orthoptics include the WOW Show, AHP VR360 and orthoptic specific 'day in the life' videos. Another specific project via The Office for Students Strategic Interventions in Health Education Disciplines (SIHED) between 2018-2020 helped improve applicant numbers to orthoptic programmes through direct engagement with careers advisors and other marketing activities. The positive effect of this intervention is demonstrated in Figure 2 which also shows a reduction in applications following its cessation.

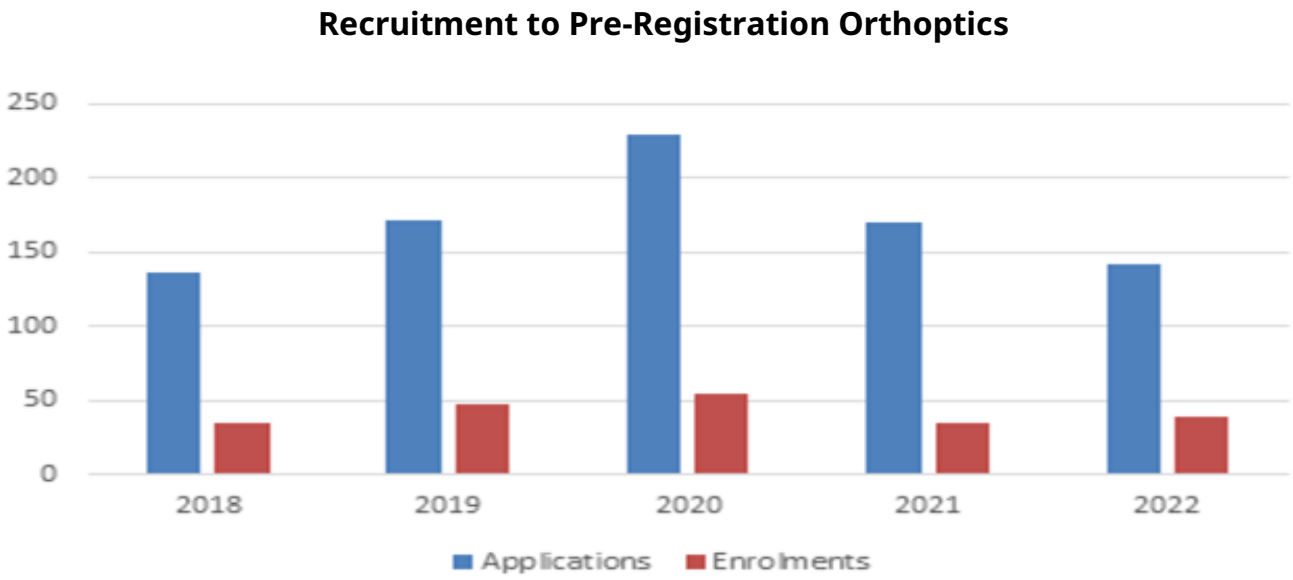

Figure 2. Chart illustrating the relative change in unique applications and enrolments to existing pre-registration programmes before, during and after the SIHED intervention project

There has been continued work within this area, lead by BIOS in conjunction with our HEI partners which has been possible via funding from HEE/NHS including the work shadowing project (enabling potential students to access work experience at local departments) as well as BIOS now having permanent Visibility and Recruitment leads to co-ordinate and drive this activity forward.

It is essential that this work continues to ensure the future sustainability of the profession and the BIOS workforce survey report provides the necessary workforce data that enables the profession and our colleagues to strategically plan for our workforce needs

Methods

Data collection for this Workforce Report comprised two separate Microsoft Excel data collection forms deployed at different points during 2024. The Workforce Survey was deployed to heads of service for completion by them alone during April. It collected data relating to the 2023/24 financial year (and where relevant plans for the 2024/25 financial year). The survey covered a range of areas including staffing establishment by headcount (HC) and WTE, vacancies, recruitment, types of Leave (excluding annual), leavers, and support workforce, which will be presented in this report.

The second part of the report was the collection of the Activity Survey. This was run over a 4-week period in November and involved every member of staff on the Orthoptic Department Establishment including non-Orthoptists. Each individual anonymously identified their demographic details including Role, Banding, Contract Type, Age, Ethnicity and Gender. They recorded each day the hours worked separated out into activities undertaken.

All data was collected, collated and analysed centrally by BIOS which produces national and regional reports that are shared with Heads of Service. As part of the NHSE Commission, for 2024, the Workforce Report also includes this narrative report which is publicly available via the BIOS website and will be shared with relevant stakeholders.

BIOS Workforce Survey Results

Results for the whole United Kingdom

The BIOS Workforce and Activity Surveys were taken across all UK nations. The data in this report will outline the UK wide workforce numbers and then specifically detail the breakdown for England.

The total possible cohort (number of orthoptic departments) for the UK was 150; there were 129 returns received for the workforce survey (84.1%). This is a healthy return and demonstrates good overall engagement with this national survey but any inferences made from the data must also take account of a +/- 5.76% margin of error. The UK data for headcount (HC) and whole time equivalent (WTE) are illustrated in Table 3.

AfC Band	5	6	7	8a	8b	8c	8d	Total
Head count	86	490	393	93	56	3	2	1123
Head count %	7.65%	43.63%	35.00%	8.31%	4.96%	0.27%	0.18%	
Whole Time Equivalent	72.80	399.94	317.77	81.02	51.08	2.91	2.00	927.4
Whole Time Equivalent %	7.85%	43.12%	34.26%	8.74%	5.51%	0.31%	0.22%	

Table 3. UK wide HC and WTE of Orthoptists

According to the Health and Care Professions Council (HCPC) registrant snapshot published 3rd March 2024, there were 1544 registered Orthoptists across the UK. The difference (n=420) in HCPC numbers and those reported through the BIOS survey is likely in the main due the effect of the return rate. Had the return rate been 100% it is reasonable to suppose that the head count

would have increased to approximately 1335. This leaves a discrepancy of approximately 219. This may be accounted for in the following ways; some Orthoptists requiring to be registered with the HCPC but who are undertaking roles which would not appear in the survey e.g. academics, those in other managerial roles and Orthoptists who have remained on the HCPC register but were not employed by an NHS orthoptic department at the time that the survey was undertaken. Regardless of this, the BIOS survey generally reflects the clinical orthoptic workforce available during 2024.

Results for England

Following completion of the data collection in Spring 2024, the following data was reported for England by Heads of Service. Table 4 illustrates the overall data for England and Figure 3 highlights the split across bands nationally:

AfC Band	5	6	7	8a	8b	8c	8d	Total
Head count	71	393	313	80	44	2	2	905
Head count %	7.9%	43.4%	34.6%	8.9%	4.8%	0.2%	0.2%	
Whole Time Equivalent	58.9	319.7	252.6	70.2	39.8	1.9	2.0	745.2
Whole Time Equivalent %	7.9%	42.9%	33.9%	9.4%	5.3%	0.3%	0.3%	

Table 4. Workforce data for England including headcount and Whole Time Equivalent (WTE)

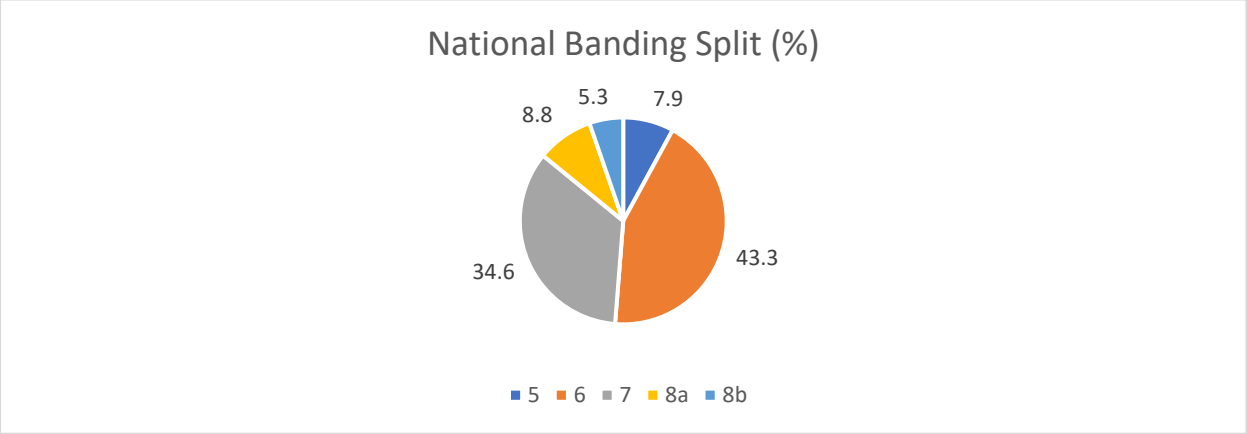

*Figure 3. English workforce split by banding for headcount *due to small numbers, bands 8b, 8c and 8d have been merged*

The total reported headcount of Orthoptists active (n=905) represents the majority of the orthoptic workforce in the UK. The figures demonstrate that the bulk of the workforce are employed on NHS AfC Band 6 (n=393, 43%), followed by Band 7 (n=313, 36). This is reflective of the nature of the roles and responsibilities required to deliver orthoptic services, in particular, the need for delivery of community services across large geographical areas single-handedly which may not be desirable for a band 5 Orthoptist to deliver. As departments are comparatively small (mean = 8.87 Orthoptists), there is a greater requirement for band 6 Orthoptists to deliver required services.

Although this data was collected from within BIOS regional divisions, further breakdown of these numbers per NHS England regions has been calculated and is presented below (Table 5 and Table 6):

NHS REGION	5	6	7	8a	8b	8c	8d	Total
East of England	2	19	14	5	2			42
London	3	34	43	12	8		1	101
Midlands	18	91	59	20	5		1	194
North East and Yorkshire	12	91	43	12	5	2		165
North West	24	77	75	10	9			195
South East	6	54	47	11	7			125
South West	7	27	33	11	8			86
Grand Total	**72**	**393**	**314**	**81**	**44**	**2**	**2**	**908**

Table 5. Number of Orthoptists by head count in each banding as per NHS England region.

NHS REGION	5	6	7	8a	8b	8c	8d	Total
East of England	4.76%	45.24%	33.33%	11.90%	4.76%			100.00%
London	2.97%	33.66%	42.57%	11.88%	7.92%		0.99%	100.00%
Midlands	9.28%	46.91%	30.41%	10.31%	2.58%		0.52%	100.00%
North East and Yorkshire	7.27%	55.15%	26.06%	7.27%	3.03%	1.21%	0.00%	100.00%
North West	12.31%	39.49%	38.46%	5.13%	4.62%			100.00%
South East	4.80%	43.20%	37.60%	8.80%	5.60%			100.00%
South West	8.14%	31.40%	38.37%	12.79%	9.30%			100.00%
Grand Total	**7.93%**	**43.28%**	**34.58%**	**8.92%**	**4.85%**	**0.22%**	**0.22%**	**100.00%**

Table 6. Percentage of Orthoptists in each banding as per NHS England region

Figure 4 illustrates the stark contrast in the distribution of Orthoptists across English regions, with a fairly even distribution across the North West, Midlands and the North East and Yorkshire. This may be expected given the basic distribution of population across England, with some of the largest urban conurbations being located in the areas with the greater number of Orthoptists, with the exception of London. However, the areas with the fewest Orthoptists

(East of England, South West and South East) represent large geographical areas meaning that this smaller workforce is having to provide delivery of orthoptic services across large areas of the country which also include significant rural and coastal areas.

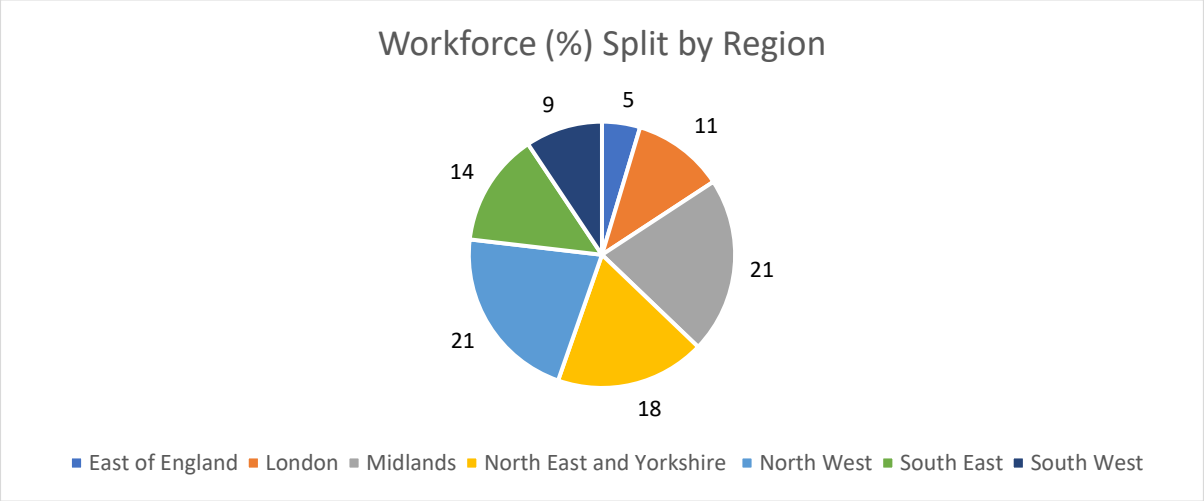

Figure 4. English workforce split by NHS region

Vacancy Rates

In addition to the headcount and WTE, the number of vacant orthoptic posts are important in order to understand the current picture of the orthoptic workforce. Table 7 outlines the national vacancy rates for both headcount (HC) and whole time equivalent (WTE). The vacancies in each banding have also been expressed as a percentage of the number of established posts in that banding. This highlights the proportion of vacancies there are nationally in each banding vs the number of posts that departments 'require' as part of their establishment.

Banding	HC (%)	HC as a % of establishment	WTE (%)	WTE as a % of establishment
Band 5	18 (19%)	25%	14.2 (19%)	24%
Band 6	48 (52%)	12%	38.8 (54%)	12%
Band 7	24 (26%)	7.7%	16.2 (23%)	6%
Band 8a	3 (3%)	4%	2.0 (3%)	3%

Table 7. National vacancy rates per banding for England

An important point to highlight here, are how these figures compare with the proportion of posts that make up the orthoptic workforce nationally. Bands 6 and 7 make up the majority of the orthoptic workforce, and although there are high numbers of vacancies, when viewed as a proportion of established posts, this drops to between 6% - 12% across both bands. As these roles are fundamentally essential to the delivery of orthoptic services, the supply into them from band 5 is crucial. Whilst the percentage of band 5 vacancies is under 20% (HC), the proportion of vacancies against established band 5 posts rises to 25%. A driver for this difference may be due to the need for departments to fill band 6 (or 7) and therefore moving band 5 Orthoptists through an accelerated route from band 5 to 6 in order to meet service needs. These factors together, demonstrate the continued need for recruitment to these posts at a national level and should provide the drive for continued and increased recruitment to the orthoptic workforce.

This is important to understand nationally, but given the distribution of the workforce across geographical areas highlighted by table 5 and 6, it is particularly important to understand on a regional basis.

NHS Region	Vacancies	Regional HC	% of HC
East of England	13	42	30.95%
London	11	101	10.89%
Midlands	20	194	10.30%
North East and Yorkshire	8	165	4.86%
North West	7	195	3.59%
South East	15	124	12.10%
South West	19	85	22.45%

Table 7. Regional Vacancies

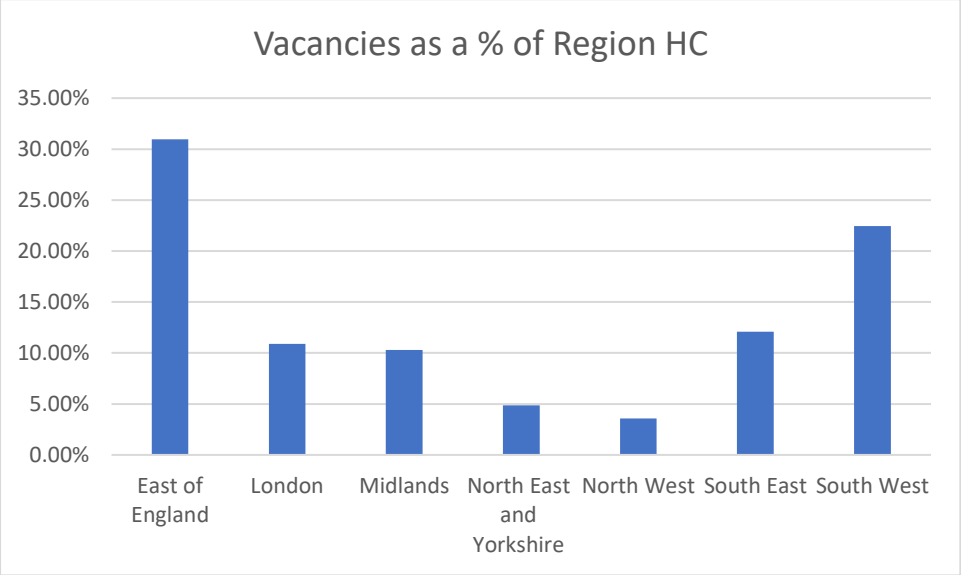

Figure 5. Bar chart illustrating the regional distribution of vacancies as a percentage of established HC.

As Table 7 and figure 5 illustrate, it is clear that there are significant differences in vacancy rates across regions with the East of England and South West holding the most significant vacancy rate. When this is compared to the geographical spread of where orthoptic students permanent/home address is (Figure 1) and the trend of students staying close to home for study and

subsequently initial employment, it is not surprising that these regions have the highest vacancy rates. This is in stark contrast to the North West which has the lowest vacancy rate (4%); the region clearly benefitting from the two established training schools being in the southern part of the north of England and within easy commuting distance of large conurbations.

The introduction of the pre-registration MSc programme in London in 2021 aimed at levelling up the distribution of workforce by training more Orthoptist in the south and will begin to address the vacancy rates in London and perhaps the South East. However there remains the issue of the rural and coastal regions of the south in general as well as the East of England. The development of an orthoptic apprenticeship programme is crucial to addressing the disparity in workforce distribution, specifically in the areas which have the highest vacancy rates. BIOS is currently engaged in facilitating the development of such a programme following the publication of the orthoptic apprenticeship standard in 2024.

The BIOS survey collects data relating to the effect on workforce of for example retirement as well as influx of new graduates to posts to give a picture of the overall impact on the workforce. Table 8 illustrates the effect of these fluctuations across the year in 2024:

Reduction in Workforce	Number (HC)	Addition to Workforce	Number (HC)
Retirement	23	Disestablished posts	4
Other	16	Overseas Recruitment	0
New Post Created	25	New Graduate Appointment	53
Maternity/ Parental/Adoption Leave	51	Returners from all types of leave	38
Career Break	10	Cover for Leave	37
Secondment	2	Return to Practise	0
Training Backfill Shortfall	12	Retired and returned	9
Extended Unpaid Leave	3	-	-
Negative Impact of WF Need	**-142**	**Positive Impact on WF Need**	**141**

Table 8. Impact on workforce from leavers/joiners to the workforce

This highlights that the net effect of those leaving and joining generally balances out with a loss of one Orthoptist to the workforce. Whilst this may be viewed as the profession generally sustaining its workforce, when viewed alongside the vacancy rates in specific areas as well as the need for additional Orthoptists (167 learners by 2031 according to the NHS Long Term Workforce Plan); more needs to be done to shift the balance towards a greater number joining or returning than there are leaving. Overall (64%) of service leads reported that staffing levels are obstructing redesign and modernisation of services and 85% state that they envisage an increase in the need for orthoptic services in the next financial year. In addition to the recruitment of more orthoptic learners, retention of students, retention of recent graduates as well as diverse routes in to the profession must be at the forefront of continued work to address this issue.

Job Planning, CPD and Staff Well-being

Under half of service leads (44%) reported that there were adequate funds available for staff CPD activity, however a more positive statistic is that 85% of appraisals were up to date at the point that the survey was completed. Leads reported that 37% of staff had Job Plan reviews, 61% did not. Only 2% reported that this question was not applicable which may mean that 2% of respondents are not utilising job planning at all. Table 9 outlines a picture of current staff well-being as reported by service leads.

Staff Wellbeing	Agree	Disagree
Experiencing significantly increased workload compared with a year ago	58.9%	41.1%
Experiencing significantly increased stress levels compared with a year ago	60.5%	39.5%
Work Related Stress has led to higher sickness absence rates among orthoptic staff	24.0%	76.0%
Non-Work-Related Stress has led to higher sickness absence rates among orthoptic staff	27.9%	72.1%
Other Reasons have led to higher sickness absence rates among orthoptic staff	32.6%	67.4%

Table 9. Outline of staff well-being reported by service leads

The pattern of staff well-being (although this is as reported by leads and not individuals) suggests that the combination of increased pressure from service needs and recruitment issues may be contributing to further strain within the workforce which could have a further impact on retention. A reduction in available CPD resource for staff may further exacerbate this issue if they are not able to utilise time and resource to continue their personal development within the profession. This will not be an issue isolated to orthoptics but is being felt across the system and therefore needs to be tacked at a multi-disciplinary, national level.

The BIOS Activity Survey Results

The BIOS Activity Survey collects data from individual Orthoptists regarding clinical/professional activity as well as information relating to demographics; ethnicity, gender etc. It is a separate data collection from the Workforce Survey which collects information from service leads only relating to the numbers of Orthoptists in their department. The number of returns for the Activity Survey are significantly lower than the Workforce Survey with 79 out of a possible 124 returns for England, representing a 64% return and an 8.5% +/- margin for error. The reported number of Orthoptists across the two surveys are different as they have different return rates, therefore; any proportional data highlighted in this section is derived from the number derived from the Activity Survey and not the Workforce Survey.

Gender & Age Distribution

According to the Activity Survey, the profession in England (based on a 63% return rate) is overwhelmingly female (87%) with 12% reporting as male and 1% preferring not to state their gender. This distribution is also similar within the orthoptic support workforce (female, 87%; male 13%).

The age distribution of the profession in England is illustrated in Figure 6, with the largest individual group of Orthoptists in the 25-29 age category (19%). The next largest groups are the 30-34 (14%) and 35-39 (14%) age groups. This is positive from a workforce planning perspective as there are higher proportions in the younger age groups who are less likely to retire form the profession. However, retention of these groups in the profession is a key factor to ensuring that there is sufficient workforce for the future. This is something which should be viewed in the context of the HCPC retention rate report in (2023) which suggested that although the majority of orthoptists remained on the register

after 4 years (post initial registration), 1 in 9 had left the register by that point. Whilst that number may be low, in a profession with relatively small departments, that number could have a significant impact if concentrated in certain areas. One slightly concerning figure is the proportion of Orthoptists within the 20-24 age group (12%), particularly given that the numbers of pre-registration learners has increased significantly in the last 10 years. It would be expected that this age group had a similar number to the 25-29 age group, however it must be considered that the number of returns the survey captured potentially leaves a significant margin for error. The survey also relies on individuals completing the survey themselves, something which more recently qualified Orthoptists may not yet be confident in engaging with. The nature of the survey is something which will be reviewed for future iterations to try and improve the return rate.

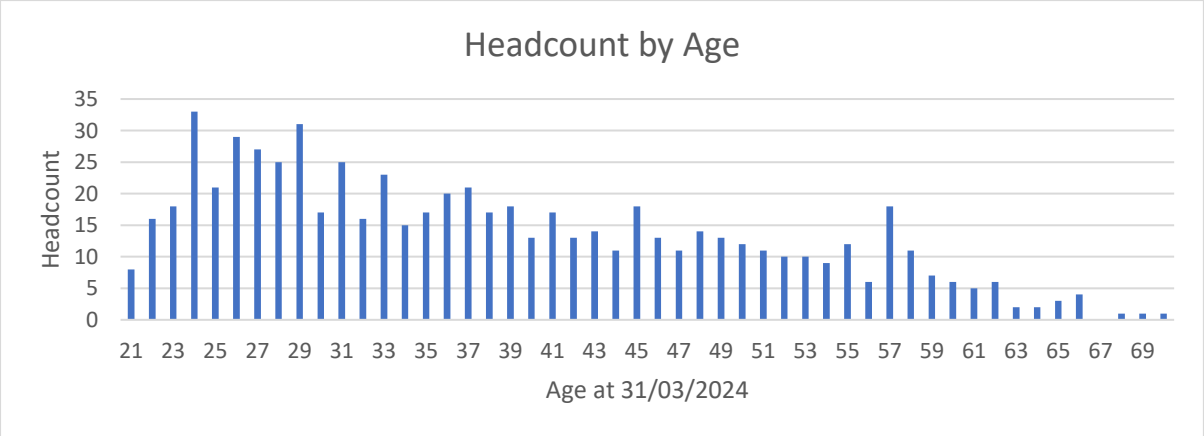

Figure 6: Age Distribution at 31st April 2024

Ethnicity & Ethnicity by Banding

A total of 685 Orthoptists completed the Activity Survey, which represents around 44% of the total UK HCPC registered workforce and over 55% of the English workforce.

Table 10 and Figure 7 illustrate the distribution of self-reported ethnicity within the orthoptic workforce. White British was by far the largest individual group within the cohort at 52.2%, followed by Asian British (12%) and White English (10.2%). If white ethnicity groups are combined the overall total rises to 67.7%, which although lower, broadly reflects the 2021 Census data (where the largest ethnic group was white). However, the proportion of Orthoptists in England reporting their ethnicity as Asian British is higher (12.0%) than the Census data (9.3%). Furthermore, when Asian groups are combined, this figure increases to around 25% meaning that these ethnic groups are highly represented within the orthoptic workforce. Anecdotally, this is also true of the demographics within pre-registration training programmes and has been the case for a number of years.

Ethnicity	Count	%
Arab	3	0.4%
Asian Bangladeshi	8	1.2%
Asian British	82	12.0%
Asian Chinese	7	1.0%
Asian Indian	27	3.9%
Asian Other	17	2.5%
Asian Pakistani	41	6.0%
Assyrian	1	0.2%
Black African	4	0.6%
Black British	5	0.7%
Brazilian South American	1	0.2%
Mixed Other	3	0.4%
Mixed White and Asian	4	0.6%
Mixed White and Black African	1	0.2%
Mixed White and Black Caribbean	3	0.4%
White British	344	50.2%
White English	70	10.2%
White Irish	12	1.6%
White Northern Irish	10	1.5%
White Other	11	1.6%
White Scottish	4	0.6%
White Welsh	14	2.0%
Prefer Not to Say	13	1.9%
Total	685	100%

Table 10. Reported Ethnicity of the orthoptic workforce

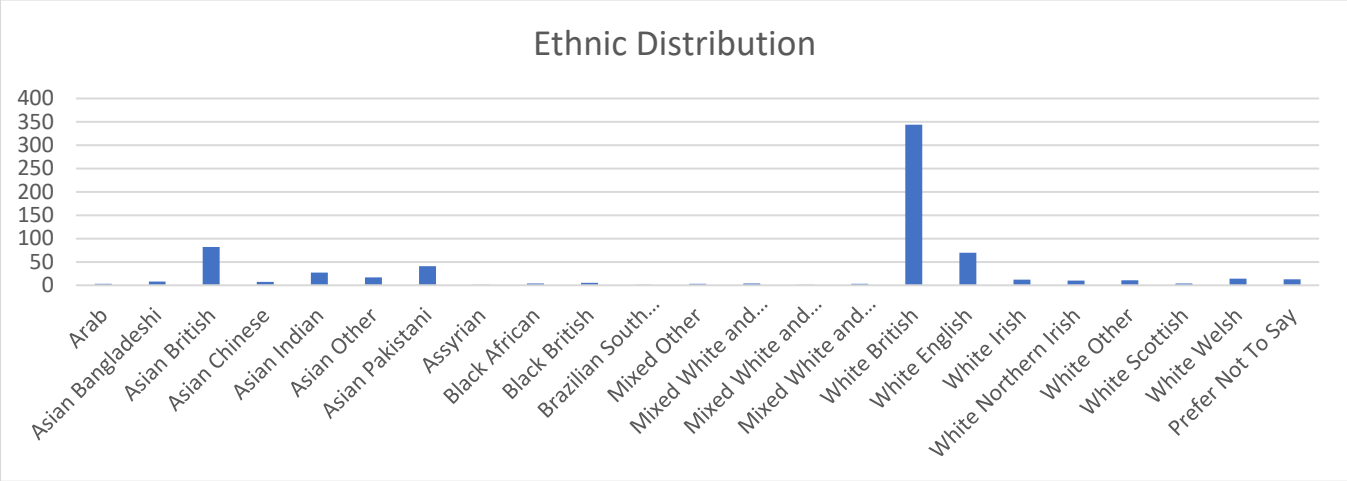

Figure 7. Chart illustrating the reported ethnic distribution of the returned Activity Survey

Further analysis reveals the distribution of reported ethnicity across AfC bandings, illustrated in Figure 8 which reflects the broad distribution across the workforce as a whole, with the majority employed at band 6 or band 7. However, if the two largest grouped ethic groups are analysed more closely (White and Asian), there are differences between the groups in the proportion of Orthoptists who are employed at various bandings, these are highlighted in Table 11.

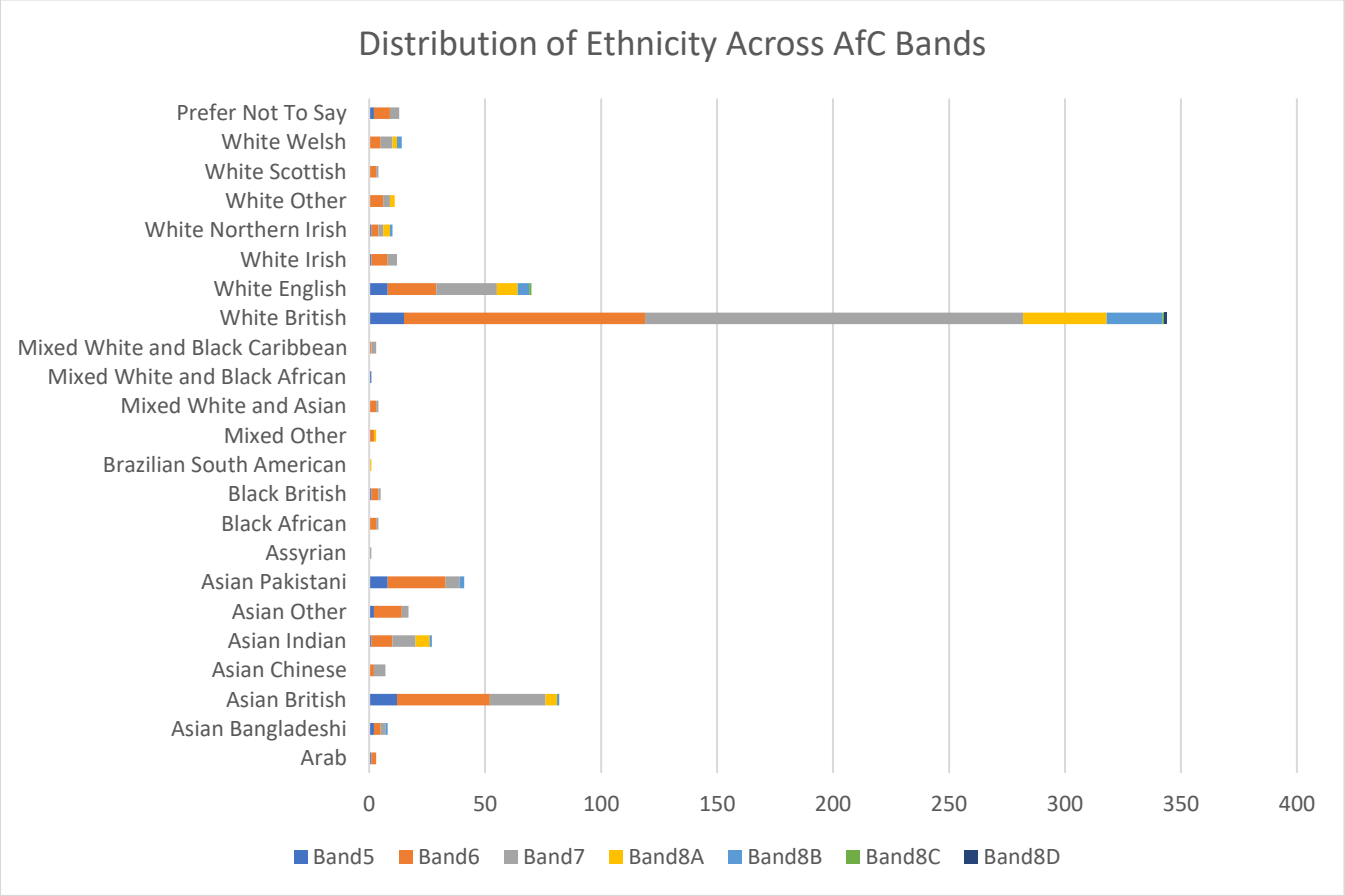

Figure 8. Ethnicity distribution across Agenda for Change (AfC) bandings

AfC Banding	White Ethnicity %	Asian Ethnicity %
Band 5	5%	14%
Band 6	32%	51%
Band 7	44%	26%
Band 8a	11%	6%
Band 8b	7%	3%
Band 8c	0.4%	0%
Band 8d	0.2%	0%

Table 11. Proportion of white and Asian ethnicity at each banding level

This clearly illustrates that although there are a high proportion of Orthoptists from an Asian background, there are proportionately fewer of those individuals

at Band 8 (9%) – those which are usually the level of service lead e.g. Head or Deputy Head Orthoptists Band 8. This is in contrast to those from an ethnically white background (19%). In addition, there are proportionately more ethnically white Orthoptists employed at a band 7 (44%) compared with 26% from Asian backgrounds. This imbalance is reversed at the band 5 and 6 level with proportionately more Orthoptists form Asian backgrounds employed at these bandings with the highest proportion of Orthoptists from an Asian background employed at band 7. If all individuals from a BAME background are combined, this still would not shift the proportions significantly due to the small numbers within these groups.

The Activity Survey also collected information relating specifically to job title, not just banding and revealed that 87% of Head Orthoptists are of white ethnicity, 11% are Asian and 1% reported as 'other' ethnic background. Based on this survey, there are no black or mixed-race heads of department. The reasons for this proportional split between ethnicities may be multi-factorial and as the balance may shift in the future with more graduates from BAME backgrounds entering the orthoptic workforce. However, this does warrant some additional investigation which is beyond the remit of this report.

Summary/Recommendations

The profession has shown steady growth since the start of registration in the 1960s. The growth in pre-registration numbers particularly with the advent of additional post-graduate MSc routes has been a positive move to address the continued need for orthoptists in England (and across the UK). The increase in numbers has been positively impacted by continued visibility activity within the profession but also by targeted recruitment drives such as the SIHED project

which brought together BIOS and HEIs to co-ordinate this activity with dedicated resource. It is clear that there needs to be a continued, co-ordinated effort between HEIs and BIOS to ensure that this effect is sustained over a longer period of time.

Despite the growth in pre-registration numbers and tin the registered profession overall, there remains clear recruitment and vacancy issues in areas that are located geographically furthest away from the existing HEIs. With students tending towards staying near home to study due to the costs of study, this will potentially further exacerbate the workforce issues in the South West, South East and Est of England in particular. It is therefore essential that there are alternative routes into the profession which do not rely on learners re-locating form their permanent address. The successful publication of the Orthoptic Apprenticeship Standard provides the opportunity for the growth in the number learners required to sustainably meet workforce needs without negatively impacting existing training programmes by ensuring the training and recruitment of the orthoptic workforce in the areas that most need it. The profession is currently working towards facilitating the production of an Orthoptic Apprentices Programme as a priority.

The representation of orthoptists from minority ethnic backgrounds is positive, however more needs to be done to understand why there is an uneven distribution of those clinicians in higher banded or leadership roles when compared to groups from white backgrounds.

The age distribution of orthoptists is positive with respect to expected leavers due to retirement, however; retention of orthoptists within the first few years post-qualification in particular is crucial to ensure that the impact of increased recruitment to the profession is not negated by those choosing to leave. The profession must pro-actively review the reasons for those leaving and ensure

for example that the provision of quality preceptorship and clear career progression are provided to its. This is particularly crucial to ensure the supply of band 5 orthoptists to the band 6 and then band 7 roles that the profession relies on to deliver its services to patients.

There are clear areas which the profession must address to meet current and future workforce needs and there have been continued efforts to address these areas with success over the last few years. The continued development of the support workforce is also essential to this and it is important that the profession continues to support and lift up its support worker colleagues to also reach their full potential. BIOS continues to address these areas both through its Strategic Priorities and ensuring any external funding is directed towards these priorities as it has done in the recent NHSE Commission. This programme of work was wide-ranging and has produced a number of resources and recommendations that will help the profession deliver the developments that will facilitate the increase in both recruitment to and retention of the workforce.