AI IMPACT REPORT NO. 305 · REVISED 5 OCTOBER 2026 · 250 ROLES COVERED

Ophthalmologists

AI augmenting diagnostics, personalized treatment, and administrative tasks in ophthalmology.

EXPOSURE	WINDOW	ADOPTION TODAY	READING
24 Low exposure	6–11 yrs until change lands	Medium	AI assists; the work stays human-led. Exposure is the share of today's work AI can plausibly take on within the window.

§ 01 WHAT IS HAPPENING

What is happening to ophthalmologists

Impact

AI tools are autonomously assessing ocular images, detecting subtle pathologies, optimizing treatment plans, and streamlining documentation. This shifts Ophthalmologists' focus towards complex diagnostic challenges, nuanced surgical procedures, ethical oversight of AI, and fostering irreplaceable human collaboration with patients.

Risk

Significant augmentation; premium on complex interpretation, ethical AI, and precision surgical intervention.

The Ophthalmologist role will be profoundly augmented by AI. AI will handle vast routine image screening (e.g., retinal scans, OCT), basic anomaly detection, and much of the administrative burden. Ophthalmologists must immediately pivot to becoming experts in leveraging AI for enhanced diagnostic insights, intensely validating AI outputs for accuracy and bias, and dedicating their expertise to the irreplaceable human elements of the role: profound diagnostic judgment in ambiguous cases, nuanced surgical skill, compassionate communication with patients and families, and critical ethical decision-making regarding vision-preserving treatments.

Sector readiness

Rapid & Transformative Integration

The ophthalmology and ocular diagnostics sectors are aggressively integrating AI, driven by overwhelming demand, critical precision, and the push for hyper-efficient, data-driven diagnostics. AI is rapidly moving beyond pilot stages to widespread adoption for image analysis, risk prediction, and treatment optimization, fundamentally altering traditional workflows, though regulatory and ethical frameworks are still striving to keep pace.

§ 02 POSITION

Where you stand

i The Ophthalmologist role is undergoing a profound and accelerating redefinition by AI, fundamentally restructuring image analysis, diagnostic interpretation, and personalized treatment.

ii AI will autonomously manage vast routine screenings, optimize image quality, and streamline reporting, compelling Ophthalmologists to pivot to indispensable complex diagnostic artistry, profound human collaboration, and ethical oversight.

iii Survival and impact will hinge on Ophthalmologists mastering AI tools, critically validating AI outputs for accuracy and bias, championing ethical AI, and providing irreplaceable human judgment and nuanced interpretation at the heart of patient vision care.

§ 03 ACTIONS 15 POINTS

What this means for you

Concrete changes to how the work gets done, in the order you are likely to meet them.

01 **AI-Driven Autonomous Ocular Image Analysis.** Ophthalmologists will command AI systems that autonomously analyze vast numbers of ocular images (e.g., retinal scans, OCT, visual fields), identifying critical findings, quantifying abnormalities (e.g., optic disc changes, retinal lesions), and prioritizing urgent cases. This radically frees ophthalmologists from routine screening, demanding focus on complex interpretations.

02 **AI-Enhanced Diagnostic Interpretation & Anomaly Detection.** Ophthalmologists will leverage AI tools that autonomously analyze complex ocular imaging studies, highlight subtle anomalies (e.g., early macular degeneration, glaucoma progression, diabetic retinopathy microaneurysms), and provide precise measurements or classifications. This profoundly augments diagnostic accuracy and reduces missed findings.

03 **Predictive Analytics for Disease Progression & Treatment Response.** AI models will autonomously analyze longitudinal patient data (EHRs, imaging, genomics, visual acuity) to predict disease progression (e.g., glaucoma worsening, AMD progression) or forecast patient response to specific treatments (e.g., anti-VEGF injections). This informs precision ophthalmology.

04 **Automated Documentation & Reporting Streamlining.** AI will autonomously handle a significant portion of documentation for Ophthalmologists, including transcribing dictations, populating reports with objective measurements from AI analysis, and generating initial drafts of interpretive findings. This radically frees up time for nuanced interpretation.

05 **AI-Assisted Surgical Planning & Guidance.** For surgical procedures like cataract or refractive surgery, AI tools will autonomously analyze pre-operative imaging to optimize incision locations, lens power calculations, and guide precise surgical maneuvers. This augments surgical precision and efficiency.

06 **Focus on Complex & Ambiguous Cases.** As AI assumes command of routine screening and quantification, the paramount value of Ophthalmologists will be their irreplaceable human ability to interpret ambiguous cases (e.g., atypical retinal detachments, rare genetic eye diseases), reconcile conflicting findings, and integrate complex clinical context with imaging.

07 **Ethical AI Use & Patient Data Privacy Guardianship.** Ophthalmologists will be at the forefront of addressing the ethical implications of AI in eye care. This includes understanding potential biases in AI's detection (e.g., if AI performs differently across ethnicities or eye conditions) and ensuring AI is used responsibly and equitably.

08 **Human-AI Teaming for Diagnostic Excellence.** Ophthalmologists will operate in seamless human-AI teams. AI will process vast imaging data, provide predictive insights, and automate routine tasks, while the human Ophthalmologist leads complex interpretation, applies nuanced judgment, and manages critical ethical decisions, maintaining ultimate diagnostic authority.

09 **AI for Cross-Modal Data Fusion (Ocular Imaging & Genomics).** AI tools will autonomously fuse ocular imaging data with genomic data, clinical history, and other patient information to provide a more comprehensive, multi-dimensional view for diagnosis. Ophthalmologists will interpret these AI-generated fused insights for enhanced clarity in precision ophthalmology.

10 **AI-Driven Workflow Optimization & Prioritization.** AI models will autonomously analyze incoming studies, ophthalmologist workload, and critical findings to optimize reading queues, prioritize urgent cases (e.g., suspected retinal detachments), and allocate resources for maximal efficiency and throughput in clinics.

11 **Continuous Learning & AI/Ophthalmic Tech Literacy.** The exponential pace of AI integration in ophthalmology demands that Ophthalmologists commit to continuous, aggressive learning of new AI-powered diagnostic tools, advanced ML algorithms, and their profound capabilities and ethical implications, as a foundational competency for effective diagnosis and treatment.

12 **Specialization in AI-Integrated Ophthalmology.** The field will see a rise in Ophthalmologists specializing in managing, optimizing, and validating AI systems within ophthalmic departments, acting as primary points of contact for technology integration and troubleshooting.

13 **AI-Powered Risk Stratification for Eye Diseases.** AI tools will autonomously analyze patient data (e.g., family history, genetics, lifestyle, previous exams) to predict the likelihood of developing various eye diseases (e.g., glaucoma, AMD), assisting Ophthalmologists in personalized screening recommendations and preventative strategies.

14 **AI for Research & Clinical Trial Design (Ophthalmic Biomarkers).** AI can assist Ophthalmologists in research settings by analyzing large imaging datasets, identifying novel ophthalmic biomarkers, and accelerating the design and analysis of clinical trials for new eye therapies.

15 **Strategic Collaboration with Optometrists & Clinicians.** As AI streamlines interpretation, Ophthalmologists will dedicate more time to fostering profound relationships with optometrists (for co-management), other medical specialists, and referring clinicians, providing nuanced insights, and participating in multidisciplinary patient care discussions.

§ 04 CAUSES 10 DRIVERS

What is pushing this change

01 **Explosive Growth of Ocular Image Data (OCT, Fundus, Visual Fields).** Vast amounts of ocular images from various modalities (OCT, fundus photography, visual fields) provide rich input for AI models.

02 **Advancements in AI/ML (Deep Learning, Computer Vision, Predictive Analytics).** Breakthroughs in deep learning and computer vision enable highly precise image analysis, anomaly detection, and quantification of ocular findings.

03 **Need for Increased Diagnostic Accuracy & Consistency (especially for blinding diseases).** AI can reduce human variability in interpretation and ensure consistent, high-quality diagnostic output, reducing missed findings (e.g., early glaucoma).

04 **Critical Workforce Shortages & Burnout (Ophthalmologists/Optometrists).** The severe global shortage of eye care professionals and high rates of burnout compel aggressive AI adoption to radically augment human capacity.

05 **Relentless Pressure for Faster Turnaround Times (Screening, Diagnosis).** Clinicians and patients demand rapid and reliable imaging results for timely diagnosis and treatment initiation.

06 **Complexity of Eye Diseases & Varied Anatomy.** Analyzing complex eye conditions across diverse anatomies and detecting subtle changes over time is challenging; AI assists in synthesis.

07 **Growth of Tele-ophthalmology & Mobile Health Apps.** The proliferation of smartphone cameras and tele-ophthalmology apps generates vast digital image data for AI analysis.

08 **Mandatory Regulatory Push for Quality & Patient Safety.** Governments and regulatory bodies are pushing for data-driven approaches to improve diagnostic quality and patient safety in eye care.

09 **Demand for Precision & Personalized Eye Care.** AI is crucial for identifying early signs of eye disease and tailoring treatment based on individual patient ocular profiles and genomics.

10 **Focus on Preventative & Chronic Disease Management.** AI greatly assists in the early detection and management of chronic eye diseases, a key area for preserving vision.

§ 05 VARIATION 5 SECTORS

Impact by sector

The headline figure is an average. Where you work changes the picture.

Retina Specialists	AI for autonomous retinal image analysis, detecting subtle lesions/fluid, and predicting progression of macular degeneration/diabetic retinopathy. Focus on precision retina care.
Glaucoma Specialists	AI for autonomous optic disc analysis, visual field interpretation, and predicting glaucoma progression. Focus on early detection and personalized management of glaucoma.
Cataract/Refractive Surgeons	AI for autonomous biometry (IOL calculations), surgical planning (incision sites), and predicting refractive outcomes. Focus on surgical precision and visual outcomes.
Pediatric Ophthalmologists	AI for autonomous analysis of pediatric eye images, detecting subtle developmental abnormalities, and guiding amblyopia treatment. Focus on child safety and specialized interpretation.
Oculoplastic Surgeons	AI for autonomous analysis of orbital imaging, facial symmetry, and planning complex reconstructive or aesthetic procedures. Focus on precision and aesthetic outcome.

§ 06 PREPARATION 8 SKILLS

Skills to build

The skills that keep the human part of this work valuable as the routine part is automated.

01 **Ocular Image Interpretation & Diagnostic Acuity.** The core ability to meticulously interpret complex ocular images, synthesize findings with clinical context, and render accurate diagnoses for various eye conditions.

02 **AI/Medical Imaging Tech Literacy (Ophthalmic).** Proficiency in using AI-powered ophthalmic imaging software, diagnostic tools, and interpreting AI-generated insights from ocular data (e.g., OCT, fundus photos).

03 **Surgical Precision & Manual Dexterity.** Expert skill in performing intricate eye surgeries (e.g., cataract, retinal, refractive, glaucoma), including using micro-instruments with high precision.

04 **Patient Communication & Empathy.** Building strong patient and family rapport, conveying complex diagnoses with clarity and empathy, and providing compassionate care for vision-related concerns.

05 **Ethical AI Use & Patient Data Privacy.** Upholding the highest standards of patient data privacy, understanding potential biases in AI's image analysis (e.g., across ethnicities), and ensuring ethical AI deployment.

06 **Data Analysis & Validation of AI Outputs.** Critically evaluating AI-generated reports or highlighted findings, validating their accuracy, and identifying any flaws or limitations in large imaging datasets.

07 **Interprofessional Collaboration.** Working effectively with optometrists, primary care physicians, and other specialists to ensure integrated eye care pathways and patient management.

08 **Adaptability & Continuous Learning.** Willingness to rapidly learn new AI technologies, adapt diagnostic and surgical workflows, and stay updated on advancements in AI and ophthalmology.

§ 07 INSTRUMENTS 12 ENTRIES

Tools in use

KINDS OF TOOL WORTH KNOWING

01 **AI-Powered Ocular Imaging Analysis.** Software that leverages AI for autonomous detection, segmentation, and quantification of abnormalities in ocular images (OCT, fundus photos, slit lamp).

02 **AI for Diagnostic Triage (Ophthalmology).** AI models that autonomously review vast numbers of ocular images, identify critical findings, and prioritize urgent cases in the reading queue for ophthalmologists.

03 **Predictive Analytics for Eye Diseases.** AI models that autonomously analyze longitudinal patient data (EHRs, imaging, genomics) to predict the likelihood of eye disease progression or treatment response.

04 **Digital Scribes & AI for Ophthalmic Reporting.** AI tools that autonomously transcribe ophthalmologist dictations and automatically populate reports with objective measurements from AI analysis, reducing manual effort.

05 **AI for Tele-ophthalmology Platforms.** Secure virtual platforms for conducting ophthalmology consultations, enhanced by AI for initial image analysis and symptom triage.

06 **AI for Surgical Guidance Systems.** AI tools that provide real-time image guidance during intricate eye surgeries (e.g., cataract, retinal), enhancing precision and safety.

NAMED TOOLS ALREADY IN USE

Google Health (Diabetic Retinopathy) VISIT

AI platforms specializing in screening and analysis for diabetic retinopathy from fundus images, often used for automated screening.

IDx-DR (now Digital Diagnostics) VISIT

An AI platform that autonomously diagnoses diabetic retinopathy from retinal images, enabling non-specialists to perform screening.

Retina AI Health (AI for AMD/Diabetic Retinopathy) VISIT

AI platforms for analyzing retinal images and OCT scans to detect and predict the progression of Age-related Macular Degeneration (AMD) and Diabetic Retinopathy.

Nuance Dragon Medical One (for Ophthalmology) VISIT

AI-powered voice recognition and medical dictation solutions specifically for ophthalmologists to automate reporting and integrate with EHRs.

AEYE Health (Tele-ophthalmology AI) VISIT

AI-powered platforms for remote eye screenings and tele-ophthalmology, leveraging AI for initial image analysis and triage.

Proprietary AI systems (e.g., integrated into surgical microscopes) VISIT

AI systems developed internally by surgical equipment manufacturers or large hospital systems for real-time surgical guidance.

§ 08 EXAMPLES 5 EXAMPLES

In practice

Ways people in this role are already using AI, and what they get from it.

Automate Diabetic Retinopathy Screening

EXAMPLE 1

HOW Ophthalmologists will command an AI system that autonomously analyzes fundus images from a patient, identifying and quantifying signs of diabetic retinopathy (e.g., microaneurysms, hemorrhages) and providing a preliminary severity grade, allowing for rapid screening.

GAIN Significantly reduces manual screening time, improves accuracy of diabetic retinopathy detection, and enables large-scale, cost-effective population screening.

Enhance Glaucoma Progression Monitoring

EXAMPLE 2

HOW Ophthalmologists will utilize an AI tool that autonomously analyzes sequential OCT (Optical Coherence Tomography) scans of the optic nerve head over time. The AI will detect subtle changes in nerve fiber layer thickness, predict glaucoma progression, and highlight areas for closer inspection.

GAIN Provides objective, highly precise tracking of glaucoma progression, enables earlier intervention, and helps preserve patient vision more effectively.

Predict AMD Progression

EXAMPLE 3

HOW Ophthalmologists can leverage an AI model that autonomously analyzes a patient's retinal images, genetic predispositions, and lifestyle factors. The AI predicts the likelihood of Age-related Macular Degeneration (AMD) progression (e.g., from dry to wet AMD) and suggests proactive interventions.

GAIN Enables proactive management of AMD, potentially preventing severe vision loss, and guiding personalized treatment strategies.

Streamline Ophthalmic Reporting

EXAMPLE 4

HOW Ophthalmologists will use an AI digital scribe system during patient examinations. The AI autonomously transcribes the consultation, extracts key findings from the ophthalmic exam, and populates the EHR note and a draft referral letter for review.

GAIN Radically eliminates manual dictation time, ensures consistent and comprehensive reports, and frees Ophthalmologists for complex diagnosis and patient counseling.

AI-Assisted Surgical Planning for Cataracts

EXAMPLE 5

HOW Ophthalmologists will utilize an AI-powered surgical planning platform for cataract surgery. The AI autonomously analyzes pre-operative biometry and corneal topography data to recommend optimal IOL (intraocular lens) power, incision locations, and astigmatism correction for precise outcomes.

GAIN Enhances surgical precision, reduces human error in calculations, and improves refractive outcomes for patients undergoing cataract surgery.

§ 09 CONTEXT

How this role compares

Three neighbouring roles chosen to show the direction of travel.

Ophthalmic Technicians (Routine image acquisition) / Optometrists (Routine refractions/screening)

MORE EXPOSED

AI IMPACT Catastrophic (AI can autonomously optimize image acquisition; AI can perform routine refractions and interpret basic screenings.)

WORK MOVES TO Immediate need for radical re-skilling into AI oversight, troubleshooting ophthalmic tech, or specializing in complex patient positioning.

AI Ophthalmic Imaging Scientists / AI Vision Engineers

DIFFERENT SKILLS, GROWING

AI IMPACT Foundational (They design and build the AI algorithms and systems that analyze ocular images and optimize ophthalmic care.)

WORK MOVES TO Deep expertise in AI/ML algorithms, computer vision, ophthalmic physics, and software engineering, with a focus on real-time ocular applications.

Opticians (Eyewear dispensing) / Low Vision Specialists (Rehabilitation) COMPLEMENTARY, LESS EXPOSED	AI IMPACT	Low-Moderate Augmentation (AI assists in frame selection for opticians; AI may provide data for low vision aids), but core human fitting, aesthetic judgment, and personalized rehabilitation remain paramount.
	WORK MOVES TO	Expertise in eyewear fitting and aesthetics (Opticians); Highly personalized rehabilitation strategies and assistive device training (Low Vision Specialists).

§ 10 VERDICT

Closing judgement

> For Ophthalmologists, AI is not merely a tool but a radical force of transformation that will fundamentally redefine their role. It will autonomously manage vast image data, amplify diagnostic precision, and streamline surgical planning, compelling Ophthalmologists to pivot to indispensable complex diagnostic artistry, profound human collaboration, and ethical oversight. The future Ophthalmologist will be a visionary orchestrator of human-AI collaboration, providing irreplaceable judgment and nuanced intervention at the heart of patient vision care.

§ 11 BASIS REVISED 5 OCTOBER 2026

Evidence and revisions

What the exposure figure rests on, what changed when it was last revised, and the published work cited for this role.

SCORE

35 to 24

WINDOW

5-10 years to 6-11 years

The 5 October 2026 review moved the score down by 11 points.

Exposure Index v2. Inputs: task applicability 18/100 (Microsoft AI applicability score 0.09 for Ophthalmologists, except pediatric); observed usage 0/100 (Anthropic observed exposure 0.00); official exposure tier 40/100 (BLS: moderate); labour-market trajectory 39/100 (BLS projects employment to grow 4.5% over 2025–35); published adoption rating 40/100 (medium adoption). Weighted base 24.1. Final score 24. The previous figure of 35 was lowered by 11 points: the earlier method kept 60% of the weight on an undocumented editorial prior and capped movement at fifteen points, so the measured evidence was only partly reflected. The change window moves from 5-10 years to 6-11 years under the one-notch-per-ten-points rule.

HOW THE FIGURE IS BUILT (EXPOSURE INDEX V2)

Task applicability — Microsoft Research, AI applicability score	18 × 35%	6.2
Observed usage — Anthropic Economic Index, observed exposure	0 × 20%	0.0
Official exposure tier — US BLS AI-exposure category	40 × 20%	8.0
Labour-market trajectory — US BLS projected employment change 2025–35	39 × 10%	3.9
Published adoption rating — This report's adoption level	40 × 15%	6.0
Weighted base		24.1
Exposure score		24

MEASURES BEHIND THE SCORE

US Bureau of Labor Statistics · *Employment Projections 2025–35 and AI Exposure Categories* (27 August 2026)

AI-exposure tier: Moderate. Projected employment change 2025–35: +4.5%. Matched to Ophthalmologists, except pediatric.

PUBLISHER PDF ARCHIVED COPY

Microsoft Research · *Working with AI: Measuring the Applicability of Generative AI to Occupations* (10 July 2025)

AI applicability score 0.09 (percentile 29 of 785 occupations) for SOC 29-1241.

PUBLISHER PDF ARCHIVED COPY

Anthropic · *Anthropic Economic Index report: Cadences* (26 June 2026)

Observed exposure 0.00 for SOC 29-1241 (no meaningful Claude usage recorded on these tasks).

PUBLISHER PDF

UK Department for Science, Innovation and Technology · *Assessment of AI capabilities and the impact on the UK labour market* (28 January 2026)

UK context: around 70% of UK workers are in occupations with tasks AI could perform or enhance, above the US average; a one-standard-deviation rise in exposure was associated with a 3.9% fall in UK job postings.

PUBLISHER ARCHIVED COPY

ALSO CITED FOR THIS ROLE

McKinsey Global Institute · *Agents, robots, and us: Skill partnerships in the age of AI* (25 November 2025)

Skills tied to assisting and caring are expected to change least; this is where AI most clearly complements rather than substitutes.

PUBLISHER

International Monetary Fund · *Bridging Skill Gaps for the Future: New Jobs Creation in the AI Age* (14 January 2026)

The IMF places clinical and care roles in the high-complementarity group, where AI raises productivity without reducing headcount.

PUBLISHER PDF

Indeed Hiring Lab · *AI at Work Report 2025: How GenAI is Rewiring the DNA of Jobs* (23 September 2025)

Indeed rates nursing the least exposed major occupation (68% of typical skills minimally affected).

PUBLISHER

Archived copies are served only where the licence permits; otherwise the link goes to the publisher. Full research library: https://www.careerguard.ai/sources

§ 12 APPENDIX

Method and sources

Each report was written from a large body of published research. The exposure score itself is computed, not written: it is the CareerGuard Exposure Index, a weighted average of occupation-level measures from the US Bureau of Labor Statistics (AI-exposure classification and 2025–35 projections), Microsoft Research (AI applicability scores) and Anthropic (observed exposure), together with the adoption rating published on the report. The organisations and publications below are the standing literature behind the narrative sections. Every source, with dates, licences and archived copies where we are permitted to hold them, is catalogued in the research library.

Exposure Index v2 (October 2026). Each input is scaled to 0–100 and weighted: task applicability 35% (Microsoft AI applicability score ÷ 0.5), observed usage 20% (Anthropic observed exposure ÷ 0.75), official exposure tier 20% (BLS very high = 100, high = 70, moderate = 40, low = 10), labour-market trajectory 10% (50 2.5 × projected % employment change), published adoption rating 15% (very high = 85, high = 70, medium-high = 55, medium = 40, low-medium = 25, low = 10). Inputs not measured for an occupation are dropped and the remaining weights renormalised. An editorial adjustment of at most ±12 points is allowed only for automation channels the measures cannot see (robotics, self-service, machine vision, medical imaging, RPA/OCR, generative video) and is always logged with its reason. Scores are whole numbers, not rounded to five. The change window shifts one notch (a year at each end) per ten points of movement.

I GLOBAL AND MACROECONOMIC IMPACT OF AI ON WORK

World Economic Forum

The Future of Jobs Report series — Employer survey of expected job growth and decline, skill shifts and technology adoption (2020, 2023 and 2025 editions); Artificial Intelligence and the Future of Entry-Level Work (2026).
AI governance and transformation reports — Frameworks on ethical AI, talent strategy and industry transformation.

McKinsey Global Institute

AI, Automation and the Future of Work series — Research quantifying automation potential by task, sector and demographic, from "Jobs Lost, Jobs Gained" to "Agents, robots, and us" (2025).
Industry-specific reports — Financial services, healthcare, manufacturing and others.

PwC

Global AI Jobs Barometer — Annual analysis of job postings and productivity by AI exposure (2024–2026 editions).
Upskilling Hopes and Fears survey — Employee perceptions and readiness.

Microsoft Research and Anthropic

Working with AI (2025); Anthropic Economic Index (2025–2026) — Occupation-level usage data from Copilot and Claude conversations, the two observed-usage measures behind the 2026 revision.

Stanford Digital Economy Lab and Stanford HAI

Canaries in the Coal Mine? (2025–2026); AI Index Report (annual) — Payroll evidence on early-career employment in exposed occupations; annual measurement of AI capability, investment and adoption.

Deloitte

Human Capital Trends series — Workforce, talent and HR technology trends.
Tech Trends series — Emerging technologies and their business implications.

Accenture

Technology Vision series — Forward-looking analysis of emerging technology, with emphasis on AI.
Fjord Trends — Design, innovation and human experience in a digital world.

Boston Consulting Group

AI/ML insights and industry solutions — "The AI Revolution in the Workplace" and related research.

EY

AI and workforce reports — Adoption, talent strategy and ethics.

IBM Institute for Business Value

AI and automation studies — Business models, workforce evolution and leadership.

OECD

AI Policy Observatory — International data and policy on AI, labour markets and skills.
Employment Outlook — Labour-market trends including technological impact (2023–2026 editions).

International Labour Organization

Generative AI and Jobs: A Refined Global Index of Occupational Exposure (2025) — Task-level exposure gradients for every ISCO occupation; successor to the 2023 global index.

International Monetary Fund

Staff Discussion Notes on AI and work (2024, 2026) — Complementarity framing: where AI augments and where it substitutes.

UK Department for Science, Innovation and Technology

Assessment of AI capabilities and the impact on the UK labour market (2026) — UK occupational exposure and job-posting evidence.

Brookings Institution

AI and automation research — Economic and social implications, displacement and skills.

Yale Budget Lab and Goldman Sachs Research

Tracking the Impact of AI on the Labor Market; AI and the US labour market (2026) — Aggregate labour-market monitoring; macro displacement estimates.

Oxford University (Oxford Martin School)

The Future of Employment — Frey & Osborne and subsequent research on susceptibility to automation.

MIT Technology Review

AI & Work — Reporting on AI research and its implications for industries and jobs.

Gartner

Hype Cycle for Artificial Intelligence — Maturity and adoption of AI technologies.
Future of Work reports — Workplace models and talent strategy.

U.S. Bureau of Labor Statistics

Employment Projections 2025–35; AI Exposure Categories; Occupational Outlook Handbook — Ten-year employment projections and, from the 2025 cycle, an AI-exposure tier for every detailed occupation.

Indeed Hiring Lab

AI at Work Report (2025) and posting-market updates — Skill-level transformation estimates and job-posting trends by occupation.

II CORE AI AND MACHINE-LEARNING RESEARCH

OpenAI

Research papers, blog and API documentation — Large language models, generative AI, safety and societal impact.

Google DeepMind

Research papers and blog — Reinforcement learning, AI for science, AGI and ethics.

Meta AI

Research papers and blog — Large language models, computer vision, AI for social good.

Hugging Face
Transformers library and model hub — Open-source state-of-the-art NLP models.

TensorFlow and PyTorch
Documentation and community forums — Core frameworks illustrating practical capability.

arXiv
cs.AI, cs.LG, cs.CV, cs.CL — Pre-print research.

NeurIPS and ICML
Conference proceedings — Top-tier academic research.

ACM and IEEE
Journals and proceedings — ACM Computing Surveys; IEEE Transactions on AI.

Kaggle
Datasets and competition solutions — Applied machine learning on real-world problems.

The Alan Turing Institute
Research and reports — Responsible and applied AI.

III ETHICAL AND RESPONSIBLE AI DEPLOYMENT

NIST
AI Risk Management Framework — Voluntary framework for managing AI risk.

European Commission
AI Act — Risk-tiered legal framework for AI.
Ethics Guidelines for Trustworthy AI — Principles for responsible development.

Partnership on AI
Research and best practice — Responsible AI development.

AI Now Institute
Annual reports — Social implications: power, inequality, rights.

ACM FAccT
Proceedings — Fairness, accountability and transparency.

Data & Society
Publications — Social implications of data-centric technology.

WIPO
Conversation on IP and AI — Intellectual-property implications of AI.

IEEE Global Initiative on Ethics of A/IS
Ethically Aligned Design — Recommendations for ethical AI design.

Center for AI and Digital Policy
Policy briefs — Accountable AI policy.