



The ROYAL COLLEGE of  
OPHTHALMOLOGISTS

AFS/at

11 July 2016

**This has been circulated to all Trainees, Head of Schools, Training Programme Directors, College Tutors and all Trainers**

Dear Colleague

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**Re: Terminology to be used when recording surgery; particularly when complications occur**

Previously, in 2012, the Chair of the Training Committee wrote to clarify the definitions for the four descriptors for surgery. I am now writing to clarify how trainees should record any surgical complications, in particular for cataract surgery.

Increasingly the Curriculum Sub-committee has been made aware that trainees do not record their complicated cataract operations in a consistent way as they are not clear about how to do this. It is vital for their Educational Supervisor to be able to identify complications and for the trainee, potentially, to demonstrate a reduction in their complication rate to an acceptable level over their training. They must also be able to document their ability to manage the complications of cataract surgery, in particular capsule rupture and vitreous loss, prior to obtaining CCT and becoming an independent practitioner. The four descriptors are:

<b>A assisted at</b>	Assisted at or performed part of the operation only (the surgery comments box should be used to record which part(s) of the operation the trainee has performed).
<b>PS performed under supervision</b>	Trainee has completed the entire operation under direct supervision i.e. the supervisor has been present in the operating theatre, scrubbed or un-scrubbed.
<b>P performed</b>	Trainee has performed the entire operation under indirect supervision. Indirect supervision means that the supervisor has not been in the operating theatre. They may be outside the doors, in the coffee room, in their office etc. but not in the operating theatre. For trainees who do not hold a CCT there should be a supervisor present on the hospital site who can be contacted and go to the operating theatre if a problem arises that is outside the trainees' competence to deal with.

Patron HRH The Duke of York  
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**SJ supervised (a) junior**

Trainee has supervised a more junior trainee.

All trainees should record complications in this way:

**PS + 'Takeover'**

When a trainee who has a complication during cataract surgery that requires the supervisor to take over should still record this as PS in the logbook. Additionally the box for 'takeover' must be marked. This identifies that the trainee is not able to manage their own complications at this stage of training.

Note: The trainee must not change the PS to A as it would then appear that the trainee had assisted at a complicated operation and the fact that it was the trainee's complication would be hidden from the Educational Supervisor on review of the logbook.

**A + 'Takeover'**

When the trainee has a complication whilst performing only particular steps of the cataract surgery and was never intended to complete the whole procedure; but a complication supervened and takeover is earlier than planned. Additionally the 'takeover' box must be marked and in the notes/comments in the logbook the details of when the complication occurred and what steps were performed by whom should be detailed.

**SJ**

When the senior trainee who is supervising a junior trainee has to take over from them to manage the junior's complication, they should record it as SJ and then record the surgery they performed e.g. anterior vitrectomy etc. in the logbook.

It is important for Educational Supervisors to pay attention to the Logbook, noting capsule rupture rate and takeover rate; to review the continuous cataract complications audit each trainee should keep throughout training; and look at the results of the 50 continuous cataracts audit, if present in the e-Portfolio and comment on these in their report for the ARCP panel.

Kind Regards



Miss Fiona Spencer  
**Chair Training Committee**