The ROYAL COLLEGE of OPHTHALMOLOGISTS

Data Report

Analysis of cataract training provision in England

October 2022

The Royal College of Ophthalmologists (RCOphth) is the professional body for eye doctors, who are medically qualified and have undergone or are undergoing specialist training in the treatment and management of eye disease, including surgery. As an independent charity, we pride ourselves on providing impartial and clinically based evidence, putting patient care and safety at the heart of everything we do. Ophthalmologists are at the forefront of eye health services because of their extensive training and experience. The Royal College of Ophthalmologists received its Royal Charter in 1988 and has a membership of over 4,000 surgeons of all grades. We are not a regulatory body, but we work collaboratively with government, health and charity organisations to recommend and support improvements in the coordination and management of eye care both nationally and regionally.

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1. Purpose of this analysis

Historically all ophthalmology trainees were required to complete a minimum of 350 independent cataract operations with an appropriate 50 consecutive case audit to gain their CCT (certificate of completion of training). It is this qualification that allows eligibility to apply for a consultant post. Previously 50 independent cataract operations had to be completed before trainees could progress to the third year of training.

The number of cases and timelines for cataract surgery will change from August 2024 when we transition to the new curriculum. This will assess training on the basis of level achieved – Level 1-3 for all and Level 4 as the equivalent of specialisation in a particular area (eg cataract).

This report analyses current available data on cataract training provision in England, and barriers to this training being delivered. It is timely in light of the growing role played by independent sector providers in delivering NHS-funded cataract surgery. It includes data from GMC's 2022 National Training Survey, and data provided by RCOphth's Training Committee and Ophthalmologists in Training Group (OTG).

By taking stock of cataract training and the obstacles to its delivery, as well as outlining examples of good practice, this analysis aims to help stakeholders identify what is needed to ensure sufficient training capacity is made available and used across all providers of NHS-funded cataracts.

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This is particularly important in light of NHS England's cataract service specification, which states that all providers must offer surgical training to doctors in training if they deliver 50 or more cataract procedures per year, and they must take a proportionate number of trainees at different levels from the respective deanery.

2. Trainee concerns about cataract training provision and progression

GMC's 2022 National Training Survey, published in July 2022, was completed by almost 600 ophthalmology trainees across all grades.

This found that:

- Over a third (35%) had not completed more than 50 complete cataract operations by the end of ST2 training. This was up significantly from 22% in 2021 and 12% in 2019.
- By the end of ST2 training, 37% had completed more than 90 cataract operations. This had never fallen below 56% before 2021.
- Across all grades, 59% said they were on course to undertake the expected number of operative/practical procedures needed for their stage of training.
- 25% of ophthalmology trainees said they did not need to access training opportunities in ISPs for operative procedures. Of the 75% who did, 86% disagreed (65% strongly disagreeing) with the statement that they were easily able to access these opportunities – 6% agreed.
- Trainees report access has become more difficult since 2021. In the 2021 survey, a similar number (27%) said they did not need access to training opportunities in ISPs. Of the 73% who did, 79% disagreed (56% strongly disagreed) and 9% agreed they had been easily able to access these opportunites.

RCOphth also surveyed its trainees in 2022 through the Ophthalmologists in Training Group (OTG). This focused on understanding what ISP training was happening in different regions, with OTG representatives from 15 English deanery areas gathering information from other trainees in that area.

This found that:

- In just over half (8) of the deaneries surveyed, trainees had been on placement with ISPs for cataract surgery training.
- Two thirds (67%) of those placed were at ST5 level or above. None of the OTG representatives reported trainees at ST1 or ST2 being placed in ISPs.
- Of those who had been able to access training in ISPs, a high majority (75%) found the experience to be positive – with excellent teaching quality and clinical supervision reported.
- For those deaneries where limited training in ISPs was available, frustration was expressed at a number of obstacles including administrative issues, a lack of willing trainers in ISPs, equipment not always being available and a lack of investment in NHS eye units.

A separate survey was conducted by RCOphth in 2022 which was completed by 299 trainees, repeating a survey conducted in 2021.

This found that:

- 64% were worried about completing training.
- Those at earlier stages of training were most worried about completing – 74% at ST 1-3 were worried about completing training, compared to 55% at ST 4-7.
- There is clear correlation between number of cataracts performed and concern about completing training. Those ST 5-7s who were worried had completed a mean of 398 cataract procedures, while those not worried had completed 556 procedures.
- Those who were worried were performing on average 47.7% of expected surgery numbers. This is a significant increase from 2021 – when those worried completed just a quarter (25.6%) of expected procedures.
- Unsurprisingly, there appears to be a link between performing more procedures and concerns about completing training easing. Those who were worried in 2021 and remained so in 2022 completed 65 procedures on average. For those who were no longer worried in 2022, they performed on average 173 cataract procedures.

2.1 Administrative obstacles

The following comments from OTG representatives highlight some of the challenges relating to administrative obstacles:

- *'This has been an issue raised by TPD, and multiple unsuccessful negotiations with management and IS to allow trainees to get access. Trainees were told they will have access to Oculoplastic cases in IS, but no trainees have been involved, as the logistics to get access was overcomplicated and impractical'*
- *'Ability to obfuscate and deter with massive, inefficient administrative burdens to discourage trainees'*
- *'Trusts and IS never reaching agreement to have IS permit access to trainee'*
- *'Head of school and college tutor for one of the hospitals have been in talks with the IS provider who were keen to have two trainees, however they have stopped responding once potential timetables were discussed'.*

2.2 Access for junior trainees

OTG representatives highlighted particular challenges with more junior trainees (ST 1-3) being able to access training opportunities in ISPs.

One trainee representative in the South of England highlighted an ISP site who during the pandemic had enabled one ST5 to operate on lists of *'6 or 7 cases…supervised by a consultant who also worked with the trainee in an NHS setting'*. However, more recently the trainee representative reports that no other trainees have been able to train at the site with the ISP creating *'inefficient administrative burdens to discourage trainees from trying to force the issue'*.

Other examples cited include:

- *'Only one ST3 has operated at xx (but he already had 200 cataracts on his logbook as a previous trust grade ophthalmologist…all others were ST4-7. The other ST1-ST3s only have training in NHS hospitals and this was impacted by the pandemic'*.
- *'The trainee needs to be relatively senior…because these are higher volume lists of straightforward cases'*.
- *'They lacked teaching microscopes (junior trainees could not operate)'*.

2.3 Willing trainers in IS

A number of OTG representatives highlighted problems with having willing trainers to support them in ISPs. Indicative of this point is the following comment.

- *'Only one trainer in the independent sector is able/willing to take a trainee in the region therefore only one trainee out of almost 30 is able to make use of this training'*.

2.4 Equipment

Where training was offered by ISPs, some trainees reported practical problems with available equipment, especially microscopes that hampered more junior (ST1-3) trainees.

Issues raised included:

- *'There was no assistant piece on the microscope and no screen'*.
- *'Lack of training microscope viewing pieces'*.

2.5 Lack of investment in NHS Eye units

Trainee representatives were keen to point out that until NHS eye units were properly resourced, training provision would continue to be stretched.

Comments included:

- *'Although ISTCs offer a huge threat to our training, there is an equal or perhaps larger threat posed by under-investment in our local eye departments. All are operating with inadequate facilities both for out-patient and surgical work, and in several departments this is creating serious threats to patient safety'.*
- *'Issue is lack of nursing staff and resources within NHS to run enough numbers of theatres regionally'.*

3. Training Programme Director feedback highlights challenges to training delivery

In June-July 2022, RCOphth gathered information on cataract training from Training Programme Directors (TPDs) and Heads of Schools (HoS) in all English regions. Combined with the data from the GMC survey and from our trainee OTG group, this enables us to summarise where there are areas of good practice and what we can learn from these, and the barriers being experienced across other parts of the country.

Despite positive examples in Yorkshire and Humber, East of England and Cheltenham and Bristol (see Section 4), detailed below, and mixed experiences in the Midlands and Oxford, there are still serious concerns in many parts of England around how cataract training is being delivered – especially in the South West and Peninsula, North West, North East, South East and London.

3.1 Governance

A number of HoS and TPDs raised concerns at the apparent lack of clarity of how to practically drive forward providing access to training opportunities in ISPs, working across the deanery, ISPs and commissioners.

Comments typical of this point included:

- *'No one knows who is meant to organise the process (MD? DME? Dean CCG?)...the CCGs in general are not keen to step up and be involved'*
- *'Next step involves CCG /OUH mangers / OUH consultants engagement / no idea of who should be steering process'.*

3.2 Consistency in training arrangements

Many training leads in TPDs and HoS also reported issues with securing agreement with ISPs on specific training lists with the same trainer.

Comments included:

- *'ISP have not committed to offering specific lists with consistent trainer and have tried to specify which trainee they get ie more senior... no trainee has actually attended a list yet'.*
- *'One runs its lists in a much more ad hoc way, with variable dates, weekend operating and no consistency of consultants, which meant it was a non starter to try to coordinate trainees attending. Two other providers are yet to engage with us'.*

4. Good practice examples

4.1 Yorkshire and Humber:

Both the HoS and OTG representative reported satisfaction with arrangements between the NHS and ISPs in the region, and how this had facilitated access to training.

The trainee representative reported that there is an ISP in Yorkshire, offering cataract training to ST 5-7, with 'good opportunities to operate'. There are on average four cases per list, with *'excellent consultant supervision'*. Arrangements were '*fairly straightforward*...the IS consultant also works in the NHS teaching unit'.

The Head of School for Yorkshire and Humber similarly noted that 'we have one surgeon who has provided excellent surgical training to his trainee at the local ISP...we channel trainees who need increased numbers towards him so there is continuity between consultant supervision in NHS and IS'.

In this example, a single surgeon who is experienced at working within an IS site, has a consistent list at the site and is an engaged and certified trainer.

This model of continuity across the NHS and IS has helped to ensure that training cataract numbers in Yorkshire and Humber at ST3, with a mean of 213, are higher than many other regions reported.

4.2 East of England:

The HoS for East of England has also reported an encouraging picture. Although current ISP training is limited to one trainee, he reports they 'are currently working with 3 ISPs in Norwich to involve training by February 2023, and 'no barriers are expected'.

Key to this positive outlook has been good dialogue between the deanery, ISP and commissioners and proactive engagement from commissioners. The HoS reports that the commissioners are 'very supportive and insist training will be part of contracts going forwards...they have included me in the process of engagement'.

Like in Yorkshire and Humber, continuity between the NHS and ISPs has also been important. The HoS has highlighted 'same trainers as local trust...same microscope/sidearm, phaco and approach to training planned'.

The OTG representative for East of England reports that the experience of the trainee at the ISP has generally been positive, with an 'ad-hoc list with two cases of medium complexity, taught and supervised by NHS consultant who is also a regular College tutor for the trainee'. The OTG representative similarly indicates that 'the future looks positive...due to roll out in next year for senior trainees'.

This case also highlights the importance of continuity. Success appears to need most of the elements to be the same as the NHS (surgical trainer, kit, access to notes) with only the location of operating theatre changing.

4.3 Gloucester and Bristol:

Both the Head of School for Severn and the trainee representative for the region report a generally positive experience of Newmedica offering training at their Cheltenham and Bristol sites.

The HoS outlines that 'We have IS training started with Newmedica in Cheltenham and Bristol, with 1 trainee going to Cheltenham and 2 having rotated through Bristol...they are now getting enough cases in Bristol where private and NHS patients are mixed on the same list'.

The trainee representative further explains that 'in Gloucester there is more opportunity with the trainee being encouraged to do as many cases as they feel comfortable to (time allowing) on a list of 8 cases, in Bristol the trainee is given a maximum of 2 cases to do in a list of 10 cases. Teaching quality is reported to be high with a specific named supervisor for lists running at both sites'.

5. Next steps

RCOphth is continuing to work with a wide range of stakeholders – including its Training Committee and Ophthalmologists in Training Group, NHS England, independent sector providers and commissioners – to agree the practical steps needed to ensure ophthalmologists in training have access to suitable cataract training opportunities across the NHS and independent sector providers.

In October 2022, we published a blueprint for cataract training in the independent sector.

If you have any comments or questions about this publication, please contact **policy@rcophth.ac.uk**.

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