



The ROYAL COLLEGE of
OPHTHALMOLOGISTS

Training Guidance

Blueprint for cataract training in the independent sector: guidance for providers and trainers

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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Executive Summary

The Royal College of Ophthalmologists (RCOphth) has worked with NHS England, Health Education England (HEE), Heads of School, ophthalmologists in training and independent sector providers (ISPs) to produce this guidance. It is designed to be a blueprint to help all providers and trainers enable appropriate and safe cataract training within the independent sector, while maintaining patient safety and excellent outcomes.

456,000 NHS-funded cataract operations were carried out in England in 2019/2020. In November 2021, 55% of these cases were carried out by NHS hospitals and 45% by ISPs. As RCOphth highlighted in its [2022 analysis of cataract trends](#), this marks a dramatic change in where NHS-funded cataract operations are performed in England. In April 2016, 83% of cases were carried out in NHS hospitals and 17% in ISPs.

It is essential that a publicly funded healthcare system integrates training the next generation of doctors with delivering excellent patient care. As the [GMC's 2022 National Training Survey](#) showed, without action we now risk falling short of this ambition. GMC's survey showed that just 59% of ophthalmology trainees felt they were on track to undertake the number of procedures needed at their stage of training. Of those who needed access to training in ISPs, 86% said they had not been easily able to access these opportunities – only 6% had. The situation has worsened since the same question was asked in the 2021 GMC National Training survey.

It is essential that providers in all settings, supported by the right commissioning approaches, work together to remedy this situation so that training opportunities are available in ISPs when they are needed.



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While the need for cataract training is clearly key for national ophthalmology trainees, this guidance is also applicable for all surgical training that takes place within ISPs – for example, SAS doctors or return-to-work consultants.

Key points

1. Within every NHS setting that delivers a cataract service, training opportunities must be maximised.
2. Every ISP delivering NHS-funded cataract surgery must be able to train NHS ophthalmic trainees on at least 11% of whole NHS cases within two years in every region they operate in – in line with NHS England’s March 2022 [cataract service specification](#) and [supporting guidance](#) (accessible via the Eye Care Hub).
3. Commissioners, including through the Integrated Care Body (ICB) structure, must ensure that within contractual arrangements all ISPs delivering NHS-funded cataract surgery demonstrate they are able to train NHS ophthalmology trainees on 11% of all NHS cataracts within two years, in each region that they operate in.
4. All pre-placement and intra-placement documentation must be available to both NHS and ISP training partners during all placements.
5. To enable training to successfully take place in ISPs where it is needed and appropriate, it is essential that ISPs and NHS trusts work together to proactively plan how the placement will be delivered. These discussions should begin at least one month prior to the training beginning within the ISP.



Identifying whether your trainee needs ISP opportunities

It is important to understand your local NHS training opportunity for cataract surgery before engaging with ISPs. The NHS setting is designed to train doctors and all training opportunities should be maximised within local trusts. There are multiple advantages to training within the NHS framework; familiarity for trainees, wraparound pre and post-operative care, named consultant care in the case of complications, out of hours service, trained trainers and simulation facilities.

In a 2022 post-Annual Review of Competency Progression (ARCP) data collection exercise, the range of independent cataract procedures completed by an ST3 in England was 38 – 350 and for an ST6 it was 77 – 1076. From the GMC 2022 National Training Survey, we know that 35% of ophthalmology trainees had not completed 50 independent procedures by the end of ST2 (an increase from 22% in 2021 and 12% in 2019). The 2022 National Training Survey also found that only 37% had completed more than 90 cataract operations. This number had never fallen below 56% prior to 2021.

Identification of lack of training opportunity should be actively reviewed by all trainees and Educational Supervisors (ES) at every meeting from ST1. Although there will be no set number of cataract procedures needed to be achieved when the new curriculum begins from August 2024, recent research suggests that the complication rate of cataract surgery halves after every 500 independently completed procedures. This means that trainees need to complete around 100 cases per year from ST2 – ST6. This guidance recommends that if the local NHS cataract training unit cannot provide this then the trainee should have a cataract training list at the local ISP.

There is data available to determine what proportion of NHS-funded cataract work is delivered in each Integrated Care System (ICS) area – please contact policy@rcophth.ac.uk for this information.

This guidance recommends that if your trainees do not have sufficient NHS cataract training opportunities within local NHS units, the local ISPs should deliver weekly training (or fortnightly if local circumstances require). This is detailed further in [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.

Determining which trainees will need extra cases

All ES must discuss cataract training with all trainees at the first ES meeting. The ES must document whether ISP training is required for each trainee. The trainee must also be given the opportunity to ask for ISP training.

Trainees to identify may be those (not exclusively):

- With small surgical numbers, relative to their level of training
- Taking career breaks
- Working less than full time
- Without access to an appropriate weekly/fortnightly cataract list
- Expressing anxiety around access to cataract training lists
- With higher than expected complication rates.

All trainees are eligible for ISP training lists, although there may be sites that are not appropriate for certain trainees. All discussions must be personalised to each trainee, in particular the level of the trainee. All discussions and plans must be completed by the NHS provider and ISP before any trainee is allocated to an ISP list. ISPs must provide appropriately trained trainers and lists to accommodate the level of trainee for each placement.

If trainees attending an ISP list are not completing full cases, they should be taught in the modular style, as outlined in [RCOphth guidance on training in high volume settings](#).

How trusts and ISPs can proactively communicate and plan

All ISPs are aware of the necessity to train on 11% of all NHS cataracts within two years. This is a *surgical* training requirement – not a pre-operative or follow-up clinic requirement.

Once the need for a trainee to train on an ISP cataract list has been identified, the following people (note that variations on these role titles are likely to be used in different providers) from the NHS trust and the ISP need to start communicating. This communication should happen at least one month before the training within the ISP begins.

NHS Trust	ISP
TPD/Head of School	Named trainer for cataract surgery
Educational Supervisor	Business Manager
Trainee	Clinical Director of facility
Lead Ophth/Service Director of Trust	Theatre Manager
Business Manager	

4 key areas for trust/ISP planning

Beginning discussions at least one month prior to the training beginning within the ISP setting, the people identified in the table above from the NHS trust and ISP should:

1. Identify a weekly (or fortnightly if local circumstances necessitate) timetabled slot for the cataract list that the trainee can train on. This ideally will be the same slot (4-month minimum placement – ideally 6 months plus). The patients on the list should all be NHS patients and appropriate (to be determined by the trainer) for a training list. The trainer must be present at the list or have an appropriate named and agreed replacement.
2. Ensure the ISP trainer is accredited (in line with [HEE's guidelines](#)), aware of curricular requirements, can use the ePortfolio system and is able to communicate with the trainee's local ES.
3. Agree all steps of the cataract pathway within the ISP (access to notes pre-operatively, location of trust managing complications, all tasks expected of trainee in session, e-system used to record cases and trainee access for audit).
4. Check indemnity cover for both trainee and trainer/ISP.

The trainee must be involved in the final discussion and decision that some of their training will be provided in the independent sector. They should be aware that this will often affect their timetable at their NHS hospital, and that their portfolio data will be shared with the ISP cataract trainer.

Requirements of ISP trainers

To enable training to take place, trainers within ISPs must:

- be accredited trainers in accordance with [HEE's IS training guidelines](#).
- be able to access and use the trainee's portfolio.
- understand the current training needs of the trainee. The trainer will need to be trained in the new OST Curriculum (which begins in August 2024) and ensure that they can deliver the appropriate training for the trainee to achieve Level 1-4 cataract training. The level the trainee will need to achieve will be determined before they start the placement.

Information for trainee supplied by ISP before placement

To assist with planning, the ISP should provide the following to the trainee before the ISP placement begins:

1. Details of the cataract pathway (referral, listing, surgery, post operative follow-up procedure)
2. Consent Process
3. Biometry selection
4. Lenses Available (including sulcus and ACIOL)
5. Standard cataract surgical set used
6. Phaco machine used
7. E notes system (how data will be collected for trainee logbook)
8. Post-op drop regimes
9. Complication procedure (where patient goes and how trainee can access information/review).

Information for ISP supplied by TPD/HoS & trainee

To ensure ISPs meet CQC requirements and thus trainees are able to operate at the ISP, the TPD/HoS should confirm to the ISP that the trainee has a Disclosure and Barring Service (DBS) check (dated within last 12 months), in date medical indemnity, GMC registration and right to work documents (if applicable).

The trainee will need to provide to the ISP copies of their most recent ARCP outcome, Form R and proof of identification.

Template timeline for cataract training within ISPs

Pre-placement

Once the ISP trainer and trainee are identified, they should meet to discuss plans for the coming months. This meeting will be documented on the trainee ePortfolio and a Personal Development Plan (PDP) will be produced for the placement. The trainee's ES within the NHS trust will review the document and sign it off before the trainee can start.

Week 1-4

Week 1 – acclimatisation

- The trainee will attend the list but not operate in week one.
- They will observe the trainer in all steps of the cataract list.
- The trainee and trainer will meet with the rep for the phaco machine to discuss and load the trainee's settings.
- The trainee and trainer will meet with the rep for all lenses (including ACIOL/sulcus lenses) and be trained on loading.
- The trainee and trainer will meet with the theatre manager to ensure all of the team are aware of the plans for the training list.

Week 2-4

- The trainee will begin modular cataract training, dependent on previous experience and guided by the trainer.
- All cases should be recorded, where facility exists, and local information governance guidance followed.

End of first month

- Formal meeting documented in trainee portfolio and shared with NHS ES. At this point it will be established what the plan for the rest of the placement is.
- The PDP will be adapted appropriately to contain expected cataract numbers or completion of which steps.
- The ISP trainer will review the trainee's progress and report back to the NHS ES.

Completion of placement

- Formal meeting documented in trainee's portfolio and shared with NHS ES.
- Formal completion of clinical supervisor report by IS trainer including review of logbook and complications.

What to do if problems arise during the placement

The existing guidelines for addressing training problems, that are used within the local NHS trust and Deanery, should be used within the ISP placement. Trainees and/or the ISP trainer can contact the ES, HoS, TPD or Dean with any concerns. The HoS/TPD would be expected to visit the ISP site during a training list within 3 weeks of the initial placement starting. At the meeting between the ISP and NHS trust before the placement, an appropriate feedback loop from the ISP to the NHS trust should be established in case of any training issues.

All placements must be locally supported by the HoS/TPD and Deanery. The named ISP supervisor/trainer must be in direct contact with the trainee's NHS ES. There should also be local support for the trainee from the Ophthalmologists in Training Group (OTG) local representative.

The role of commissioning

Although this guidance focuses on the practical steps that providers and trainers need to take to enable cataract training in ISPs, it is worth highlighting the important role that is played through the commissioning process.

To underpin this guidance, NHS England at the national level, and integrated care bodies (ICB) at the local level, need to build into their contractual requirements mechanisms that ensure those ISPs delivering NHS-funding cataract surgery are able to train NHS ophthalmology trainees on at least 11% of all NHS cataracts within two years, as detailed in NHS England's March 2022 cataract service specification. This should apply in each region that the ISP operates in.

Further information can be found in [NHS England's cataract service specification and supporting guidance](#). NHS England will shortly be publishing further guidance to commissioners on how to achieve stable cataract commissioning arrangements.

NHS England and HEE's 2021 [Guidance for Placement of Doctors in Training in the Independent sector](#) also contains importance guidance on contracting and funding arrangements – particularly in paragraphs 14-27.

Appendix: useful further guidance

[Health Education England/NHS England Guidance for placement of doctors in the independent sector](#)

[Curriculum 2024](#)

[Curriculum for Ophthalmic Specialist Training](#)

[The Way Forward: Cataract](#)

[Cataract surgical training in high volume settings](#)

[2022 analysis of cataract training provision in England](#)

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

18 Stephenson Way
London, NW1 2HD

T. 020 7935 0702
policy@rcophth.ac.uk



rcophth.ac.uk
@RCOphth