

## Research summary

# Cataract training in the independent sector: Autumn 2023 update

## Important progress but still a long way to go

December 2023

### Introduction

The delivery of NHS-funded cataract surgery by independent sector providers (ISPs) [has surged over the last five years](#), with well over half of procedures in England in 2023 being delivered by ISPs. One impact of this shift has been that ophthalmologists in training have struggled to access opportunities to perform cataract surgery. Our [analysis of the General Medical Council's 2023 National Training Survey](#) found that just 8% of trainees who needed cataract training opportunities in the independent sector had been able to easily access them, and junior trainees were increasingly struggling to perform the indicative number of procedures needed.

We are committed to tackling this issue, and are working closely with training programme directors, ISPs, trainees and NHS England to establish how cataract training opportunities can be facilitated in the independent sector where they are needed. As such, we published [a blueprint](#) in 2022 and, since then, have surveyed our 18 Ophthalmologists in Training Group (OTG) members – each of whom represent a UK deanery area – to better understand the extent to which ISPs are offering training, what that training looks like, and the barriers to further training opportunities. We hope such data will help to identify where action is most urgently needed.

This paper summarises the findings of our Autumn 2023 OTG survey, which was conducted between September and October 2023. We validated the survey's findings with education leads from SpaMedica, Newmedica and Optegra in December 2023.

### What did the survey reveal?

- ISPs were reported to be delivering NHS-funded cataract services in 14 of the 18 UK deanery regions (78%). Representatives in Scotland and Wales reported that there were no ISPs undertaking NHS cataract services.
- ISPs were reported to be providing cataract training in 10 of these 14 regions (71%). While this breadth is encouraging, with just 44 placements available (and two SpaMedica sites in Mersey accounting for a quarter of this total), the scale remains small given there are approximately 700 ophthalmologists in training in the UK.

- No cataract training was reported to be taking place by ISPs in the south west of England, London (North and South) and Northern Ireland.
- The experience for those being trained in the independent sector was reported to have been unanimously positive, with the quality of supervision particularly valued. Opportunities for junior trainees appear to be slightly more limited however. Four in 10 (40%) of those placed were in the first three years of the training programme (ST 1-3), while just under half (48%) were in the last three years of training (ST 5-7).
- Significant variation between ISPs' delivery of cataract training was reported. While SpaMedica and Newmedica are providing cataract training in most of the deaneries in which they operate (63% and 66%, respectively), Optegra is supporting just one trainee and CHEC is supporting none despite operating across seven and three deaneries, respectively.
- A key barrier to further cataract training taking place appears to be NHS organisations and ISPs agreeing contractual arrangements. It is therefore vital that these parties work constructively to facilitate such arrangements, where they are needed. Commissioning at a local and national level must also ensure that the delivery of training is built into contracts and properly enforced.

## What does training delivery in ISPs look like?

In the 10 deaneries where cataract training in ISPs is taking place:

- Theatre frequency is one session per week for most, although a minority of trainee representatives report less frequent sessions.
- There is significant variation in the average number of procedures per list on which trainees operate. While just under half (44%) of deaneries report that their trainees operate on three to five per list, other deaneries report that trainees operate on more cases – nine per list in one deanery, and up to 12 in another.
- Most report that case complexity is simple (more routine procedures than in NHS providers), but some report mixed complexity. One respondent commented that *'Most of the cases are simple. However, there are complex cases such as white cataracts, small pupils, and traumatic cataracts. Secondary IOLs (intraocular lens) are also performed on the list'*.
- Despite trainees' overall positive experience, respondents felt that improvements could be made by tackling administrative, IT and equipment related challenges that have delayed commencement of training (due to DBS checks), prevented access to electronic patient records (due to lack of computer access), and limited skills development (due to the absence of a teaching arm in portable units).

## What are the barriers to training?

A key barrier to further cataract training taking place appears to be trusts and ISPs agreeing contractual arrangements. In deaneries where training occurs, 75% of respondents cited 'trust contract with ISPs' as a barrier to trainees accessing training opportunities. The number of cases on lists being high, supervisors not being keen to train, and the need for on honorary contract were also cited as barriers by 25% of respondents in these deaneries.

Of the four deaneries in which ISPs are not currently providing training opportunities, three (Northern Ireland, London North and London South) do not expect this situation to change in the near future. Trust contracts with ISPs and a reluctance for supervisors to train was cited by 60% of these respondents.

## Summary and next steps

Building on [existing data from the General Medical Council](#) and [our own previous survey](#) which demonstrated that ophthalmologists in training are struggling to access the training opportunities they need, our new survey data provides a nuanced insight into the current cataract training opportunities available for trainees in ISPs.

It is positive that training opportunities are being provided by ISPs in almost three quarters (71%) of the deaneries in which they operate, and that trainees' experience of this training has been positive. However, with just 44 placements currently available, additional training opportunities are urgently required.

There is significant variation between individual ISPs in their ability to deliver cataract training. While SpaMedica and Newmedica are making some progress in rolling out training, other providers are delivering little to no training despite having a significant footprint. It will be important to share and learn from the best practice of those sites where training is being delivered.

A key stumbling block seems to be NHS organisations and ISPs agreeing suitable contractual arrangements to facilitate this vital training. It is vital that this is addressed, and we hope our [Blueprint for cataract training in the independent sector](#) provides practical advice on how best to do this. Commissioning at both a national and local level must also ensure that the delivery of training is built into contracts and properly enforced.

Alongside this need to drive better training in, and commissioning of, independent sector providers we will continue to make the case to policymakers for the actions that are needed to enable ophthalmology services to deliver timely care for all our patients and prevent avoidable sight loss. At its heart this means investing in the NHS ophthalmic workforce and infrastructure (both physical and IT) to tackle chronic capacity shortages.

We will continue to monitor the delivery of cataract training in the coming months, including undertaking a further survey in the first half of 2024, while working with ISPs and the NHS to ensure more training is available and trainees are properly supported to progress.

For any questions on this project, please contact [policy@rcophth.ac.uk](mailto:policy@rcophth.ac.uk)