

Research summary

Cataract training in the independent sector: Summer 2024 update

Improvements continue amid need for further opportunities

November 2024

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 2024 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 2024 National Training Survey](#) found 29% of trainees who needed cataract training opportunities in the independent sector had been able to easily access them, although this is a big increase from the 8% figure in 2023.

Working closely with training programme directors, the independent sector and ophthalmologists in training, The Royal College of Ophthalmologists over the last two years has prioritised ensuring more cataract training opportunities are available in ISPs, where they are needed.

Following [our 2022 blueprint for delivering cataract training in the independent sector](#) published in 2022, we undertook and published [a survey in 2023 of our Ophthalmologists in Training Group](#). This found there had been encouraging progress in facilitating more cataract training placements in ISPs, but much more still needed to be done.

We repeated that survey eight months on, between June-July 2024, and this document summarises the results.

What did the survey reveal?

- Access to cataract training in the independent sector has improved; placements are available in all regions where ISPs operate, other than London North. Despite this progress, trainees in nearly all regions report they need additional training opportunities in ISPs.
- Variation in ISPs' ability to offer training placements continues. While SpaMedica and Newmedica now provide training placements in the vast majority of regions where they operate, Optegra and CHEC do not currently offer placements across most regions in which they operate.
- Almost two thirds (64%) of placements we recorded were for ST4-6 trainees. Further work is needed to understand if additional provision for more junior trainees is required. It is encouraging to see that two SAS doctors are now undertaking cataract training at SpaMedica sites.

- The quality of training undertaken in ISPs continues to be rated highly. 90% of trainee representatives agree it is a positive experience, with the size of theatre lists and teaching quality particularly valued. A lack of case complexity and theatre frequency was however cited as a downside by a minority of trainee representatives.

One trainee representative highlighted the “good opportunities to boost numbers” and “variety of cases”, while also noting that trainees “felt pressurised to be quick” and “the main drawback is the infrequency of lists”.

Other trainee representatives reported contrasting experiences on case complexity, with one noting “case complexity has gradually increased”, another highlighting the need for a “better case complexity mix”.

- Trainees have mixed views on what the barriers are to enabling further cataract training opportunities in the independent sector. These include ISPs making placements available (including issues relating to administrative burdens) and support from Training Programme Directors (TPDs).

Summary and next steps

It is very positive that we are continuing to see improvements in the availability of high-quality cataract training placements in ISPs, particularly at SpaMedica and Newmedica sites. This is testament to the collaborative work that has been taking place between the College, ISPs, TPDs and ophthalmologists in training over the last two years.

We cannot be complacent though as more progress is needed. In nearly all regions, trainee representatives say additional cataract opportunities are needed in ISPs. Consideration may need to be given to how more junior trainees can better access placements in the independent sector.

Varying experiences in relation to the frequency of lists and case complexity will need to be examined to assess how the quality of the training experience in ISPs can be maximised for all trainees who need such opportunities.

We continue to urge ISPs and NHS organisations to work collaboratively to facilitate training opportunities, and we believe 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, ISPs policymakers need to do more 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 2025, while working with ISPs and the NHS to ensure more training is available when needed and trainees are properly supported to progress.

For any questions on this project, please contact policy@rcophth.ac.uk