

Research summary

Cataract training in the independent sector: Summer 2025 update

High quality training opportunities continue to expand

September 2025

Introduction and methodology

The delivery of NHS-funded cataract surgery by independent sector providers (ISPs) has surged since 2020, with well over half of procedures in England now being delivered by ISPs. One impact of this shift was that ophthalmology resident doctors struggled to access opportunities to perform cataract surgery.

To address this, the Royal College of Ophthalmologists (RCOphth) worked with training programme directors, the independent sector and ophthalmologists in training to publish a [blueprint for delivering cataract training in the independent sector](#) in 2022. Since then, we have monitored progress, publishing analyses in [2023](#) and [2024](#) that demonstrate notable progress albeit room for further improvements.

This 2025 update draws on data from three sources:

- [GMC National Training Survey 2025](#) (fieldwork conducted March-April 2025)
- Survey of RCOphth's Ophthalmologists in Training Group (conducted May-June 2025)
- Data provided by Newmedica, Optegra and SpaMedica (June 2025).

Key findings

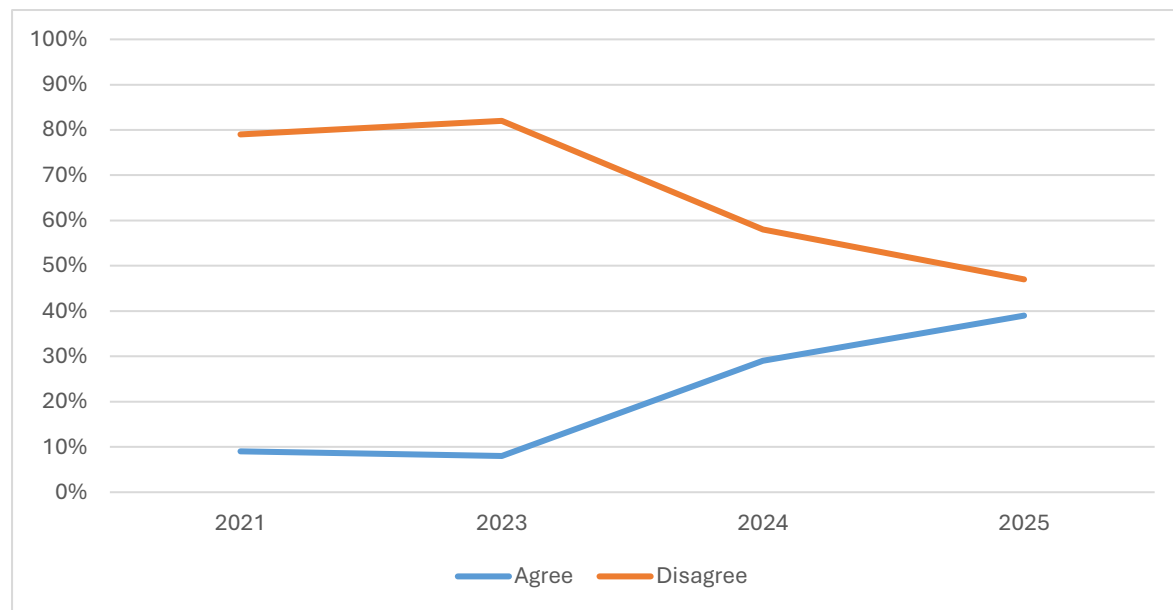
- Access to ISP cataract training has continued to improve in the last 12 months, with almost 130 placements currently in England – a threefold increase since 2023.
- Feedback on these placements is overwhelmingly positive.
- In regions with ISP training, half of RCOphth survey respondents still believe more opportunities in ISPs are needed.
- Procedure numbers for ophthalmologists in training have returned to pre-pandemic levels, reflecting both the recovery of NHS services and the increase in ISP placements.

Access to cataract training in the independent sector

As figure 1 illustrates, since 2023 there has been a huge improvement in the ability of ophthalmology resident doctors to access training opportunities in the independent sector, where they are needed. This year, 39% of GMC National Training Survey respondents agreed these were easily available – a marked improvement since 2023.

There are now around 130 cataract training placements in ISPs, including six for specialty and associate specialist (SAS) ophthalmologists. This is a threefold increase from just two years ago. SpaMedica delivers around 75% of these, with Newmedica and Optegra each offering around 10%. The West Midlands and East Midlands account for 21% of placements, Mersey for 14%, and London and Thames Valley for just 3% – likely a reflection of the areas in which ISPs operate.

Figure 1: Proportion of respondents easily able to access training opportunities in the independent sector for operative/practical procedures, where needed



Source: GMC National Training Survey 2025

This is very encouraging progress, and testament to the hard work collaboratively undertaken to improve the situation by RCOphth, ISPs, training programme directors and ophthalmology resident doctors.

However, ophthalmology resident doctors are still more likely to disagree than agree that they are easily able to access training opportunities in ISPs, if needed. Indeed, in regions with ISP training, 50% of OTG survey respondents reported an ongoing need for additional placements in ISPs, and the most common barriers GMC survey respondents reported were “IS supervisors not [being] available to train” and “obtaining a training contract”.

Experience of cataract training in the independent sector

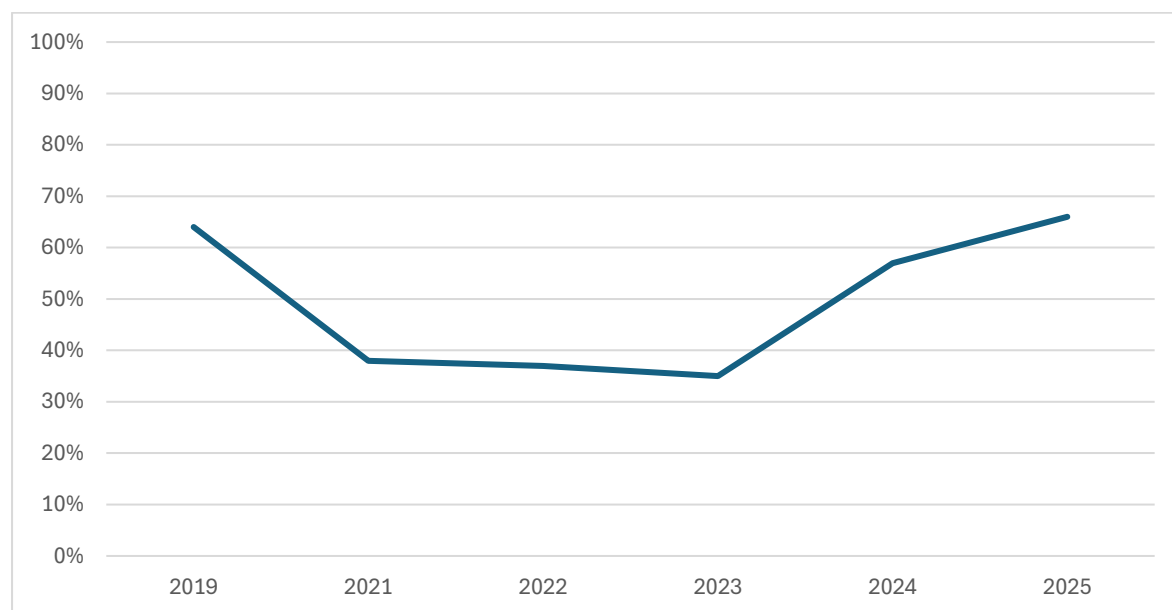
The experience of those undertaking cataract training placements in ISPs appears to have been almost universally positive. All resident doctor representatives surveyed by RCOphth “strongly agreed” that for those in their region the experience had been positive overall. They particularly praised the size of theatre lists and teaching quality. Session frequency has increased too. In 2023, 56% of placements had more than one session per month. This has now risen to 80%.

Progress of ophthalmologists in training

As figure 2 shows, resident doctors in the early stages of the ophthalmology training programme (end of ST2) are now completing similar numbers of cataract procedures as they were prior to the pandemic. The proportion completing more than 90 procedures fell from 64% before the

pandemic to around 35% afterwards but has now returned to baseline as ISP placements have expanded and NHS services recovered.

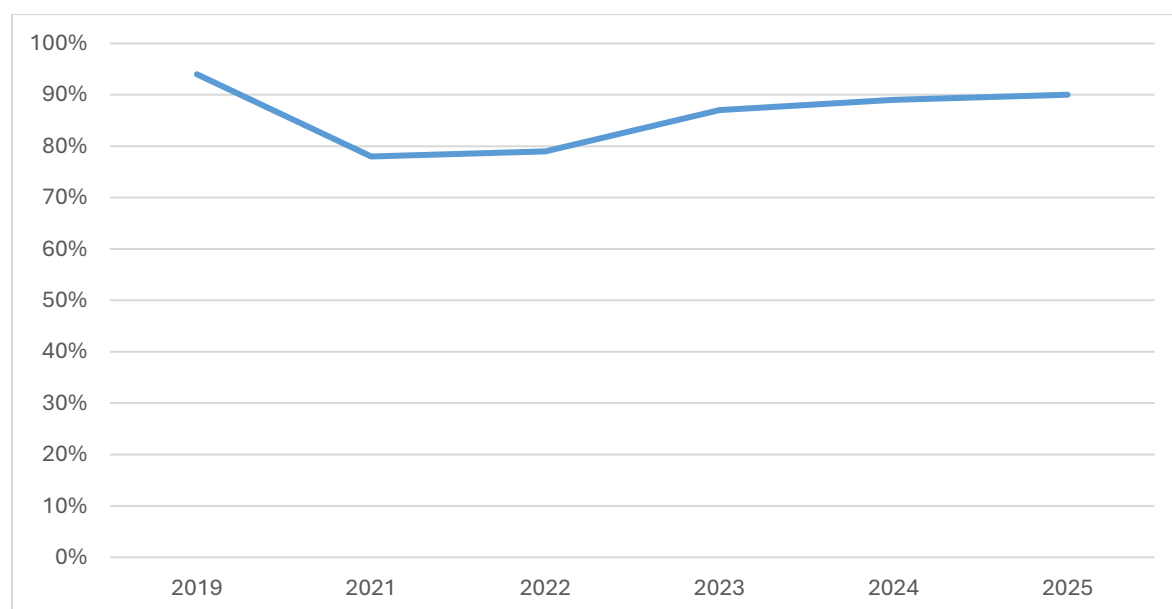
Figure 2: Proportion of respondents completing more than 90 cataracts at the end of ST2



Source: GMC National Training Survey

As figure 3 shows, the proportion of more senior ophthalmologists in training on track to meet their cataract surgery complications has also recovered – from under 80% in 2021-22 to around 90% in 2024.

Figure 3: Proportion of respondents on track to meet cataract surgery curriculum competencies (ST5, 6 and 7)



Source: GMC National Training Survey

Summary and next steps

The continuing improvement in the availability of high-quality cataract training placements in ISPs is a positive story of the progress that can be made with focused collaborative work. Approximately 130 placements are in place – mostly at SpaMedica sites, but increasingly with NewMedica and Optegra too.

It is encouraging that procedure numbers have returned to pre-pandemic levels and that some SAS ophthalmologists are now also undertaking placements. However, more can clearly be done. ISPs and NHS organisations must continue to work collaboratively to facilitate training opportunities, including for SAS ophthalmologists. RCOphth's [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. This means investing in the NHS ophthalmic workforce and infrastructure (both physical and IT) to tackle chronic capacity shortages.

RCOphth will continue to monitor the delivery of cataract training, while working with ISPs and the NHS to ensure more training is available when needed and resident doctors are properly supported to progress.