The ROYAL COLLEGE of OPHTHALMOLOGISTS

Training guidance

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

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The Royal College of Ophthalmologists is the membership body for eye doctors, dedicated to advancing excellence in patient care in the UK and globally. We set the highest standards for training, education and professional practice, provide expert advice to policymakers, and work with healthcare partners to improve services. Through our leadership, collaboration and advocacy, we help ensure that everyone can access the best possible care for their sight.

**Contents**

# Executive summary

In 2022, The Royal College of Ophthalmologists (RCOphth) worked with NHS England, Heads of School (HoSs), ophthalmologists in training and independent sector providers (ISPs) to produce this guidance. It sets out a clear blueprint to help providers and trainers enable appropriate and safe cataract training within the independent sector, while maintaining patient safety and excellent outcomes.

The key principles remain unchanged, but this update reflects learning from the last three years. It places particular emphasis on facilitating cataract training opportunities for specialty and specialist grade (SAS) doctors, locally employed (LE) doctors, clinical fellows and consultant ophthalmologists, in addition to continuing to enable placements for resident doctors.

SAS and LE doctors play a vital role in the ophthalmology workforce. Many will go on to become consultants through the Portfolio Pathway, while others continue to be an integral part of the cataract surgery workforce with autonomous working. **RCOphth's latest workforce census** found that 54% of SAS ophthalmologists would like to undertake more surgery in their current roles.[1]

Since our original publication in 2022, NHS-funded activity has risen sharply. Procedures increased by 40%, from 482,104 in 2021/22 to almost 700,000 in 2024/25, with ISPs delivering the majority of this activity.[2]

This growth underlines the importance of ensuring cataract training opportunities in the independent sector are as accessible and high quality as possible. **RCOphth's analysis from September 2025** found substantial improvements – including a threefold increase in placements since 2023 and unanimous positive feedback on placement quality. However, resident doctors and SAS ophthalmologists still report a need for more cataract training opportunities in ISPs.[3]

It is essential that providers in all settings, supported by appropriate commissioning approaches, continue to work together to ensure timely access to high-quality cataract training in ISPs – when needed – for resident doctors, SAS and LE ophthalmologists, and consultants who need surgical training opportunities.

# Key points

1. Every NHS-funded cataract surgery should be treated as a training opportunity, irrespective of where it is performed.
2. All NHS settings providing cataract services should maximise training opportunities.
3. Every ISP delivering NHS-funded cataract surgery must be able to train NHS ophthalmic resident, SAS and LE doctors, in line with the requirements of the NHS organisation. Placements should be agreed in consultation with the Training Programme Directors (TPDs) in the region and aligned with NHS England's March 2022 **cataract service specification and supporting guidance** (accessible via the Eye Care Hub, on NHS Futures).
4. Commissioners must ensure that contractual arrangements require ISPs delivering NHS-funded cataract surgery to demonstrate their capacity to train NHS ophthalmic resident, SAS and LE doctors in every region in which they operate – based on the requirements of the NHS organisation.
5. All pre-placement and intra-placement documentation must be available to both NHS and ISP training partners during all placements.
6. Effective training within ISPs requires proactive joint planning between NHS organisations and ISPs. Where a placement is required and appropriate, discussions should begin at least one month before the placement begins.
7. Doctors undertaking ISP placements should log and audit all cataract surgeries in a similar manner to those performed or assisted within NHS organisations. Where local arrangements allow, doctors should be encouraged to follow-up on their complications.

# Identifying doctors who need ISP training opportunities

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

Resident doctors and educational supervisors (ESs) should review cataract training opportunities at every meeting from ST1 onwards. Although the current curriculum does not specify a minimum number of cataract procedures, research suggests that complication rates halve after every 500 independently completed procedures.[4] This means that resident doctors need to complete around 100 cases per year from ST2 to ST6. We recommend that if the local NHS cataract training unit cannot provide this level of exposure, the resident doctor should have a cataract training list at the local ISP.

A similar process should be followed for SAS and LE doctors. **RCOphth's 2022 workforce census** indicated that 54% of SAS doctors would like to undertake more surgery in their roles.[1] These doctors may be looking to further develop their skills or may be applying through the Portfolio Pathway or towards autonomous practice. Their training needs should be identified so that appropriate placements are made. These placements should be structured, justified and based on individual training plans. This approach also applies to consultants returning from leave or who need intensive cataract surgery training. In all these situations, resident doctors will take precedent. However, if appropriately utilised, there should be enough cataract surgery training opportunities to allow all training needs to be met.

We recommend that if resident, SAS and/or LE doctors lack sufficient cataract training opportunities within local NHS units, local ISPs should deliver regular training – either immersive or weekly, as is required. 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 doctors require additional cataract surgery cases

ESs are best placed to assess the cataract training needs of resident doctors. They should document whether ISP-based training is required for each resident doctor. Residents must also be given the opportunity to ask for ISP training.

For SAS and LE doctors, a consultant in the NHS organisation should be responsible for tracking surgical training undertaken in ISPs. This could be the Clinical Lead, the Clinical Director or a named Clinical Supervisor. Discussions about their training needs will involve this named consultant, the Clinical Lead or Clinical Director (if not the same person) and the TPD/HoS.

All doctors are eligible for ISP training lists, although there may be sites that are not appropriate for certain doctors. All discussions must be personalised to each doctor, taking account of the doctor's level, and all plans must be agreed by the NHS provider and ISP before a doctor is allocated to an ISP list. ISPs must provide appropriately trained trainers and lists to accommodate the level of doctor for each placement.

If doctors 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**.[5]

# How NHS organisations and ISPs can proactively communicate and plan

All ISPs are aware of the importance of supporting surgical training on NHS-funded cataract procedures where required, reflecting the principle that every NHS-funded cataract operation is a training opportunity. This is a surgical training requirement – not a pre-operative or follow-up clinic requirement.

Once the need for a doctor to train on an ISP cataract list has been identified, the following NHS and ISP representatives should commence discussions at least one month before the placement begins. Role titles may vary between organisations.

| NHS organisation | ISP |
|---|---|
| TPD/HoS/College tutor | Named trainer for cataract surgery |
| ES | Business Manager |
| Resident/SAS/LE doctor | Clinical Director of facility |
| Lead ophthalmologist/ Director of Medical Education | Theatre Manager |

## Key areas for NHS-ISP planning

The following should be agreed during these discussions:

1. **Timetabling.** Identify a weekly (or fortnightly, if local circumstances necessitate) timetabled slot for the cataract list that the doctor can train on. This ideally will be the same slot for a minimum of three months, with six months or more preferred. The patients on the list should all be NHS patients who are appropriate (as determined by the trainer) for a training list. The trainer must be present or have an appropriate named and agreed replacement. Once agreed, we recommend that placements are honoured for the entire duration.

2. **Trainer accreditation and educational oversight.** Confirm that the ISP trainer is accredited in line with NHS England guidelines, aware of curricular requirements, able to use the ePortfolio system, and able to communicate with the resident doctor's local ES. Separate arrangements should be put in place for SAS or LE doctors who do not have access to the ePortfolio.

3. **Pathway and governance arrangements.** Agree all steps of the cataract pathway within the ISP, including access to clinical notes pre-operatively, location of NHS organisation managing complications, tasks expected of the doctor being trained in session, e-system used to record cases and access to data for their audit.
4. **Indemnity.** Confirm appropriate indemnity cover for both the doctor and trainer/ISP.

Doctors must be involved in final discussions and understand that ISP placements may affect their NHS timetable and require the sharing of their ePortfolio data with ISP trainers.

## Requirements for ISP trainers

To support cataract training for resident, SAS and LE doctors, trainers within ISPs must:

- Be accredited trainers in accordance with NHS England's IS training guidelines.
- Be able to access and use the resident's ePortfolio, where applicable.
- Understand the current training needs of the resident, SAS or LE doctor.
- Be familiar with the new Ophthalmic Specialist Training Curriculum (introduced in August 2024) and able to deliver training appropriate to the required cataract competency level (Levels 1–4), as agreed prior to the start of the placement.
- Be familiar with the Multi-Assessor Report (MAR) or Entrusted Professional Activity (EPA) assessments, one of which will need to be filled in by the ISP trainer at the end of the resident doctor's placement.
- Be familiar with the specific requirements of SAS and LE doctors, including (where relevant) the expectations of the Portfolio Pathway.

## Information doctors require

To support effective planning, the ISP should provide the following information to the resident, SAS or LE doctor before the placement begins:

- The cataract pathway (including referral, listing, surgery, and post-operative follow-up procedure)
- The consent process
- The biometry selection process
- The lenses available (including sulcus and anterior chamber intraocular lenses)
- The standard cataract surgical set used within the facility
- The phacoemulsification machine used
- The electronic notes system (including how operative data will be captured for logbook purposes)
- The post-operative drop regimes
- The process followed in case of complications (including the site at which the patient is seen, access to resident doctor, etc.).

## Information ISPs require

To ensure ISPs meet Care Quality Commission requirements, the resident doctor should confirm to the ISP that they hold:

- A Disclosure and Barring Service (DBS) check dated within last 12 months (or agree to a new check if required)
- Valid medical indemnity
- General Medical Council (GMC) registration
- Right-to-work documents (if applicable).

The resident doctor must also provide their most recent Annual Review of Competence Progression (ARCP) outcome, Form R and proof of identification. At the end of their placement, the resident doctor should ensure the trainer completes the MAR or EPA form. This will serve as vital feedback to the ES and ARCP panel.

SAS and LE doctors should similarly confirm DBS status indemnity, GMC registration and right-to-work documentation, and provide copies of their most recent appraisal and proof of identification.

# Template timeline for ISP cataract training

## Pre-placement

Once the ISP trainer and doctor have been identified, they should meet to agree plans for the placement. This discussion should be documented on the ePortfolio (or as a separate document (for SAS and LE doctors) and a personal development plan (PDP) developed for the duration of the placement. The resident doctor's NHS ES (or the SAS or LE doctor's supervisor or Clinical Lead) must review and sign off the document before training begins.

Before the placement starts, the ISP trainer must identify the key NHS contact for the doctor. For resident doctors, this will be the ES; for SAS or LE doctors, a named supervisor, Clinical Lead or Clinical Director; and for consultants, the Clinical Lead or Clinical Director.

# Placement

The following example illustrates a structured approach to an ISP-based cataract training placement. Arrangements may vary depending on regional factors, but the principles should be adhered to in all cases.

## Week 1: acclimatisation

- The doctor attends the cataract list but does not operate.
- The doctor observes the trainer in all steps of the cataract list.
- The doctor and trainer meet with the phacoemulsification machine representative to discuss and load the doctor's settings.
- The doctor and trainer meet with lens representatives and receive training on lens loading.
- The doctor and trainer meet with the theatre manager to ensure the wider team is aware of the plans for the training list.

## Weeks 2–4

- The doctor begins modular cataract training, tailored to their prior experience and guided by the trainer.
- All cases are recorded in line with local information governance requirements, where recording facilities are available.

## End of first month

- A formal review meeting takes place and is documented in the doctor's ePortfolio, with outcomes shared with the NHS ES/lead/Clinical Director. At this point, the plan for the rest of the placement is agreed.
- The PDP is updated to reflect agreed objectives, including expected cataract numbers or completion of specific surgical steps.
- The ISP trainer reviews the doctor's progress and reports back to the NHS organisation.

## Completion of placement

- A formal end-of-placement meeting is documented in the doctor's portfolio and shared with the NHS ES/lead/Clinical Director.
- The ISP trainer completes the appropriate clinical supervisor report/EPA, including review of the logbook and any complications.

## Managing issues during placements

Existing local NHS and deanery guidelines for addressing training problems should apply equally to ISP placements. Resident doctors and ISP trainers can raise concerns with the ES, HoS, TPD or Dean. The HoS/TPD should visit the ISP during a training list within three weeks of the placement starting. An appropriate feedback loop from the ISP to the NHS organisation should be established before the placement begins.

All placements must be supported locally by the HoS/TPD and Deanery. The named ISP trainer must be in direct contact with the resident doctor's NHS ES, and resident doctors should have access to support from RCOphth's Ophthalmologists in Training Group (OTG) representative.

For SAS and LE doctors, a named consultant within the NHS organisation should take responsibility for oversight of the placement. Existing local NHS guidelines for addressing problems should be followed. SAS and LE doctors and ISP trainers can contact the Named Clinical Supervisor, Clinical Lead or Clinical Director with any concerns. The Clinical Supervisor/Clinical Lead/ Clinical Director should visit the ISP during a training list within three weeks of the placement starting. Appropriate feedback arrangements should be agreed in advance.

# 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 commissioning also plays. National and local commissioners need to build into their contractual requirements mechanisms that ensure those ISPs delivering NHS-funding cataract surgery are able to train NHS ophthalmology doctors.

Further information can be found in **NHS England's cataract service specification and supporting guidance**, which is accessible via the Eye Care Hub on NHS Futures. NHS England's **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.

# References


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   ***Facing workforce shortages and backlogs in the aftermath of COVID-19: The 2022 census of the ophthalmology consultant, trainee and SAS workforce***, 2023.
2. NHS England
   ***Hospital Admitted Patient Care Activity***
3. The Royal College of Ophthalmologists
   ***Cataract training in the independent sector: Summer 2025 update***, 2025.
4. Chaim M.Bell et al. Ophthalmology
   ***Surgeon Volumes and Selected Patient Outcomes in Cataract Surgery. A Population-Based Analysis***, 2007.
5. The Royal College of Ophthalmologists
   ***Cataract surgical training in high volume cataract settings***, 2021.

# Appendix: useful further guidance

NHS England
***Guidance for Placement of Doctors in Training in the Independent Sector***, 2021.

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***Analysis of cataract training provision in England***, 2022.

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***The Way Forward: Cataract***, 2017.

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