The Current State of Cataract Surgery Training in the Independent Sector

The Ophthalmologists-in-Training Group, The Royal College of Ophthalmologists

The ROYAL COLLEGE of OPHTHALMOLOGISTS

Introduction: The proportion of cataract surgery performed by the independent sector (IS) has increased dramatically since 2016. A recent RCOphth publication noted significant variation regionally in the provision of cataract surgery by IS providers[1]. Training opportunities in cataract surgery have been a cause for concern by Ophthalmologists in Training nationally in recent years [2]. The pandemic resulted in a hiatus in cataract surgery training for most trainees. Since this time, training opportunities specific to cataract surgery continue to be a serious cause for concern whilst the proportion of cataract operations performed in the IS has increased from 34% in December 2020 to 59% in February 2021[1]

Methods: A data collection exercise was undertaken by the OTG in November 2022 to identify the extent to which training was occurring within the IS on a regional level and the individual experiences of this. The OTG consists of 19 regional representatives who engaged with the trainees they represent in 18 regions.

Data was successfully collected from all 18 regions in the United Kingdom which was reviewed, collated, and analysed by the OTG. A thematic analysis was undertaken using the free-text responses. Data familiarisation was achieved by reading and rereading the responses, followed by open coding. Codes were contrasted or combined to produce themes. Finally, the themes were reviewed to ensure all codes were accounted for.

Results: The data collection exercise highlighted that independent sector providers are operating in all 18 regions of the United Kingdom. Seven out of eighteen regions reported trainees being able to access the independent sector for cataract surgery training opportunities. No junior ophthalmologists in training, defined as trainees within their first 2 years of training, were given access to training opportunities within the independent sector. Trainees who had an opportunity to access training opportunities in the independent sector were asked to what extent they agreed with the statement 'cataract surgery training in the independent sector, the experience has been positive overall.' Eighty-five percent of trainees either strongly agreed or agreed.

Thematic analysis was performed for all free-text data, identifying six major themes: limited case complexity, limited case numbers, suboptimal training for junior trainees, administrative burden, complications, and some positive training experiences. Table 1 displays the six major themes and sample responses.

Conclusion: In the aftermath of the pandemic, more ophthalmologists in training are struggling to progress with many finding it difficult to undertake the required number of cataract procedures. A big part of this challenge in England is that there has been a huge increase in the proportion of NHS cataract procedures delivered in the independent sector, without the accompanying increase in training opportunities. We have found that where training opportunities exist, they have overall been received positively. The RCOphth has published a blueprint for training in the IS, which sets out a minimum standard of training delivery expected by the IS. The extent to which this is delivered on must be reviewed and enforced as necessary. The OTG will play a key role in reporting and communicating the extent to which Ophthalmologists in Training are able to access cataract surgery training opportunities in the independent sector.

Theme	Sample responses from the thematic analysis
Limited case complexity	"IS has been cherry picking cases with DSD score 1,and leaving more complex cases for NHS trust." "All straightforward cases on high-volume lists."
Limited case numbers	"Infrequent lists or trainees only allowed a limited number per list." "Two separate sites, one offering up to eight cases per list, another offering no more than two per list (as the remaining eight are private patients)."
Suboptimal training for juniors trainees	"No teaching microscopes so juniors trainees weren't allowed to operate." "There is an unspoken time pressure as it's a high volume list, but no trainee has been told to hurry up." "No opportunity to learn to train others."
Administrative burden	"Significant paperwork burdens and administrative inefficiencies." "Commuting distance and difficulties managing timetables." "The IS provider asked me for a huge amount of paperwork, but not until I got there! Turned up for an all-day list and wasn't allowed to operate at all that day."
Complications	"Often complications were handled at the local NHS trust." "Good experiences managing complications in our deanery with very good plan for post-op follow up. The trainees had the opportunity to follow up their own patient where appropriate with consultant input where needed, otherwise the consultant followed up one of the patients with a complication at the IS provider."
Positive training experiences	"Many of the members of the wider theatre team are known to trainees from their NHS department, so it is a friendly and familiar environment. The phaco machine and other equipment were largely the same." "Really gave me confidence as I had low numbers and little opportunity to do more theatres." "Good experience overall, would be even better with more cases."

Members of the OTG 2022-23 contributed to the data gathering exercise

1. Ophthalmologists TRCo. Changes in NHS cataract surgery in England 2016-2021: an analysis of national, regional and independent sector trends. 2022
2. Hussain R, Singh B, Shah N, Jain S. Impact of COVID-19 on ophthalmic specialist training in the United Kingdom-the trainees' perspective. Eye (Lond). 2020;34(12):2157-60