

High quality cataract surgery in the independent sector: are trainees meeting standards?

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Background

A high-quality clinical service has been defined¹ as one that is safe, effective and demonstrates positive patient experience. There are national benchmarks for cataract surgery that can demonstrate the quality of a service including endophthalmitis rate, never events, operative complication rate, visual acuity > 6/12, refractive outcome within 1 Dioptre and Patient reported experience measures (PREMs).

In the past 2 years there has been a welcomed increase in the number of NHS cataracts performed by trainees in the independent sector², however, more is required.

Previous studies have identified that trainees are more likely to have an operative complication (including posterior capsule rupture) than more experienced surgeons,³ however, there is little information on the clinical outcomes of their patients or the patient experience. One potential barrier to more NHS trainees having placements in the independent sector is a concern of increased complications and a reduction in quality.

The aim of this audit was to determine the quality of cataract surgery performed by trainees in the independent sector.

Methodology

A retrospective review of the electronic medical records (*Medisight*) of 13,075 cataract operations performed by trainees at one independent ophthalmology provider over a 12 month period (October 2024 to October 2025).

Operative complication data was extracted from the electronic medical record (*Medisight*). All patients had a community post op follow up and data regrading PREMS, visual acuity and refractive outcome was recorded.

Benchmarks^{4,5,6}

Visual acuity better than 6/12	>95%	
Refractive outcome within 1D	>85%	
Endophthalmitis	< 0.02%	
Friends and Family Test	>95%	
Never events	0	

Results

13,075

cataract operations were performed in the the 12 month period by 108 trainees ranging from ST1 to ST7.

Safe; no never events were reported in the 12 month period. The posterior capsule rupture rate was 1.43% (unadjusted for complexity). Endophthalmitis rate was 0.02%.

Effective; 97.56% patients obtained better than 6/12 vision (national benchmark >95%) and 67% better than 6/6 vision. 92.93% of patients obtained a refraction within 1 dioptre of their predicted outcome (national benchmark >85%).

Patient experience; 99% of patients would recommend the surgeon to their family or friends.

Conclusion

The **quality** of cataract surgery performed by NHS trainees in the independent sector is **high** and **exceeds** national benchmarks for consultant ophthalmologists.

Whilst this audit supports previous studies that trainees have a higher rate of posterior capsule rupture, importantly, the visual and refractive outcomes for the patients remains high.

Additional metrics demonstrated that they were safe and patient experience was high.

Independent providers should be reassured that the quality of cataract surgery performed by trainees is comparable to more experienced surgeons, patient outcomes and experience exceeds national benchmarks, and quality concerns should not be seen as a barrier to engaging with deaneries and providing training lists within the sector.

References:

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