

Developing ‘Training the Trainers’ for Independent Sector Trainers and Cataract Surgeons at The Royal College of Ophthalmologists

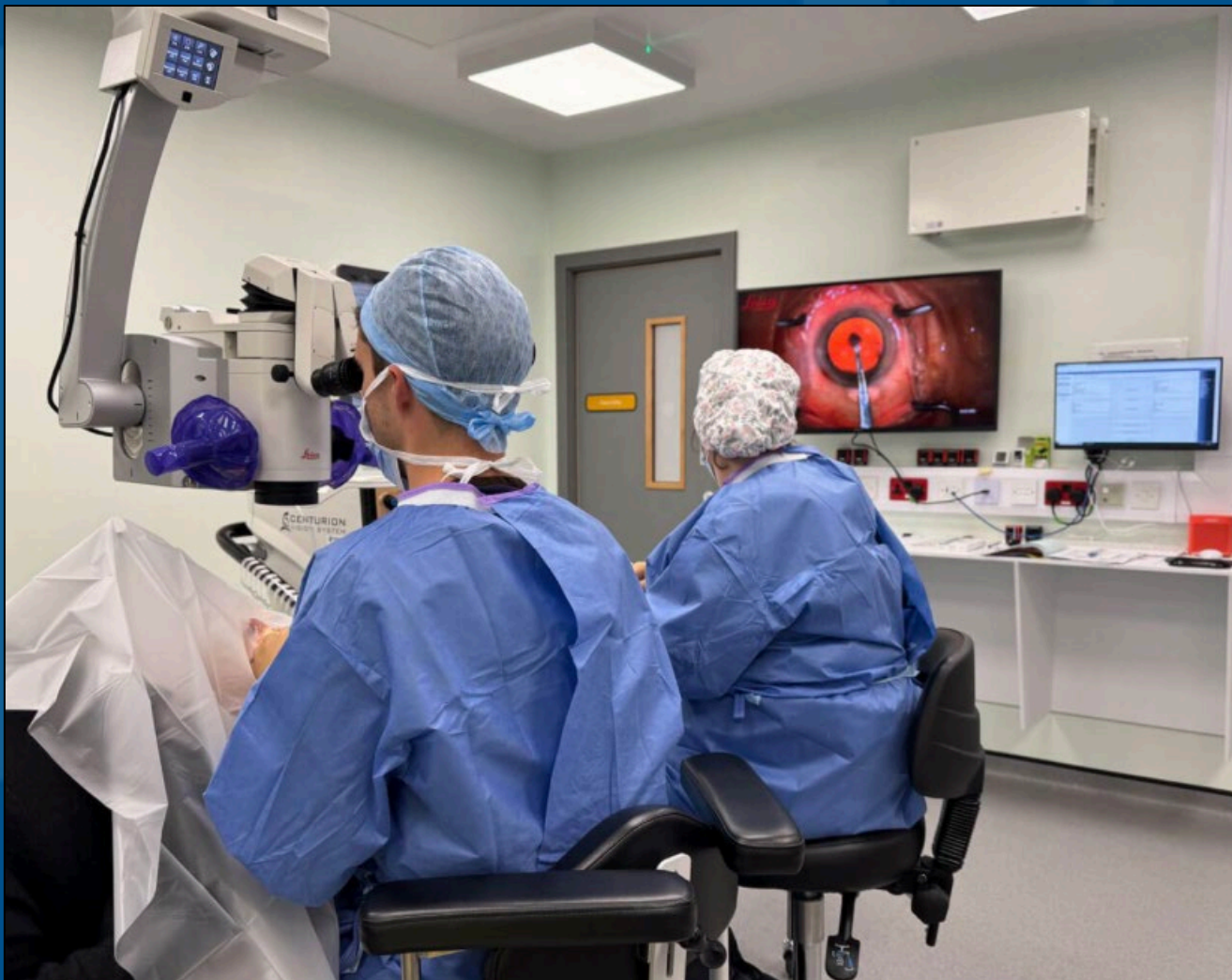
McKechnie CJ (Whipps Cross Hospital, London), Parkin B (RCOphth TTT Faculty), Ford R (Bristol Eye Hospital, Bristol)

Background: The need for training the trainers (TTT) in the Independent Sector

Cataract surgery training in the NHS is under increasing pressure due to the expansion of independent sector treatment centres (ISTCs), which delivered 59% of UK cataract procedures in 2022¹. As ISTC activity grows, NHS hospitals, where training has traditionally occurred are experiencing reduced case numbers and increasing case-mix complexity, limiting opportunities for early-stage ophthalmology trainees².

In response, The Royal College of Ophthalmologists (RCOphth) has advocated for cataract training within ISTCs and set a minimum target of training in 11% of cases, based on national competency requirements. Funding for training provision is included within commissioner tariffs. However, the ISTC workforce is heterogeneous, and not all surgeons are on the ophthalmology specialist register.

Consequently, concerns have been raised regarding variability in trainers’ experience and familiarity with UK training standards, particularly among those trained outside the UK. The General Medical Council (GMC) requires clinical trainers to demonstrate competence across four domains of supervision. Ensuring these standards are met is essential to maintain training quality and patient safety.



Methods: Bespoke course

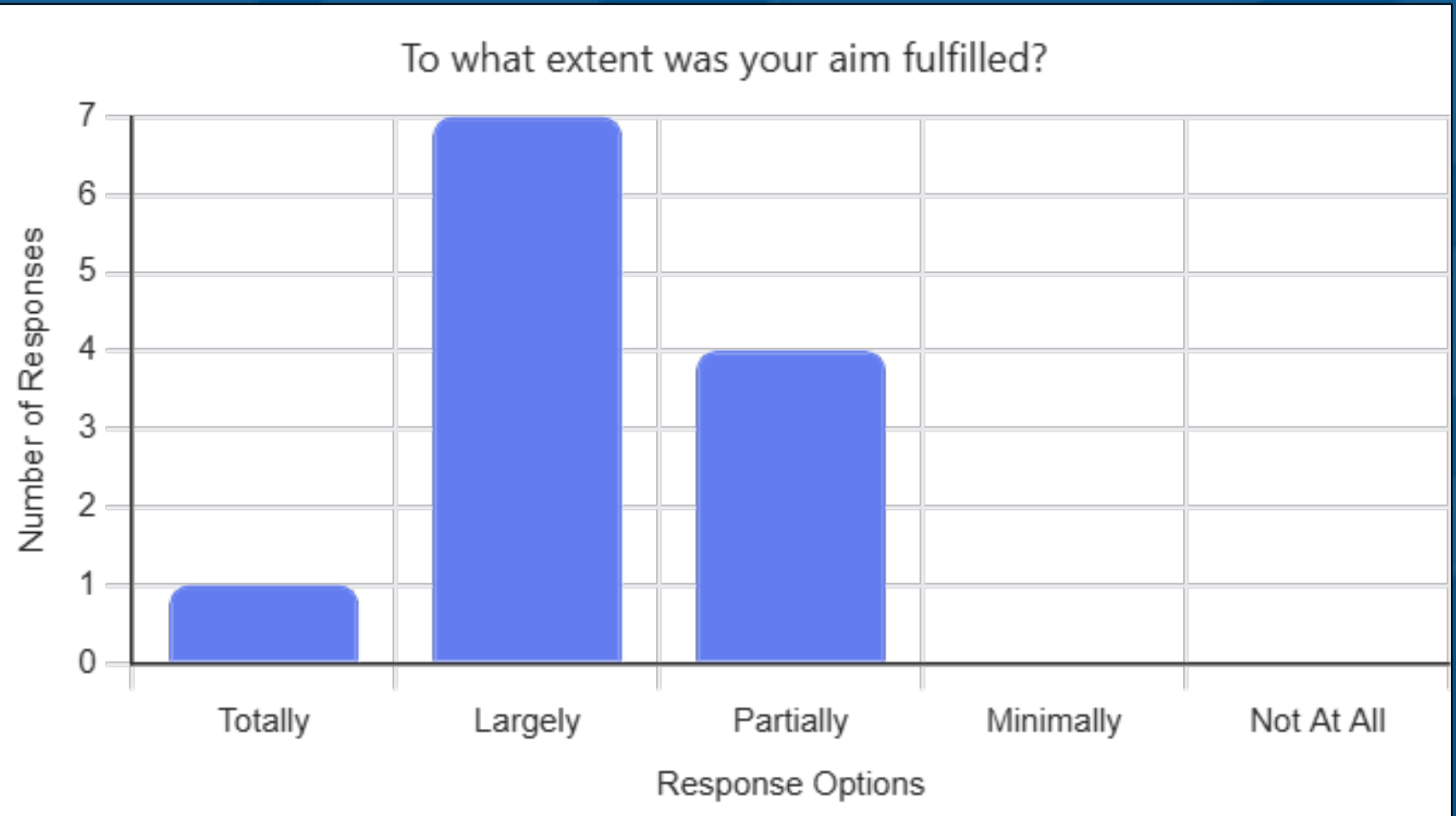
To meet this need, we created a specific ‘Training the Trainers’ course for cataract surgery at The Royal College of Ophthalmologists and invited ISTC trainers from major providers. We ran a whole-day course covering human factors, supervision, appraisal, feedback, supporting trainees in difficulty, SMART objectives, and teaching surgical skills. We sent pre-learning material before the course and collected feedback at the end. Time was preferentially allocated to interactive sessions (see program below) to foster deeper learning by attendees.

Surgical Training the Trainers Course Tuesday 18th June 2024 9am-4.30pm Royal College of Ophthalmologists 																																																																																															
Surgical Training the Trainers PROGRAMME Chair: Mr Ben Parkin Faculty: Mrs Cordelia McKechnie, Miss Rebecca Ford, Miss Kate Bush, Mr Ben Parkin Course Programme with approximate timings <table><tr><td>09:00</td><td>5</td><td>Welcome and Introductions</td><td>Ben Parkin</td></tr><tr><td>09:05</td><td>25</td><td>Enhancing learning through training</td><td>Ben Parkin</td></tr><tr><td>09:30</td><td>15</td><td>Setting Learning Objectives</td><td>Rebecca Ford</td></tr><tr><td></td><td></td><td>Practical session A</td><td></td></tr><tr><td>09:45</td><td>15</td><td>Barriers to training</td><td>Ben Parkin</td></tr><tr><td>10:00</td><td>5</td><td>Clinical Supervision: GMC</td><td>Cordelia McKechnie</td></tr><tr><td>10:05</td><td>15</td><td>Curriculum and formative assessments</td><td>Cordelia McKechnie</td></tr><tr><td>10:20</td><td>40</td><td>Feedback</td><td>Rebecca Ford</td></tr><tr><td></td><td></td><td>Practical session B supervision meeting</td><td></td></tr><tr><td>11:00</td><td>10</td><td>Trainees in Difficulty</td><td>Rebecca Ford</td></tr><tr><td>11:10</td><td>20</td><td>Coffee Break</td><td></td></tr><tr><td>11:30</td><td>75</td><td>Human Factors</td><td>Kate Bush</td></tr><tr><td></td><td></td><td>Practical session C</td><td></td></tr><tr><td>12:45</td><td>60</td><td>Lunch</td><td></td></tr><tr><td>13:45</td><td>60</td><td>Communication</td><td>Ben Parkin</td></tr><tr><td></td><td></td><td>Practical session D</td><td></td></tr><tr><td>14:45</td><td>60</td><td>Teaching Practical Skills</td><td>Rebecca Ford</td></tr><tr><td></td><td></td><td>Practical session E</td><td></td></tr><tr><td>15:45</td><td>15</td><td>Tee break</td><td></td></tr><tr><td>16:00</td><td>20</td><td>Supervisor reports</td><td>Cordelia McKechnie</td></tr><tr><td></td><td></td><td>Practical session F</td><td></td></tr><tr><td>16:20</td><td>10</td><td>SMART Actions to take</td><td>Ben Parkin</td></tr><tr><td>16:30</td><td></td><td>Close and Evaluation</td><td>Ben Parkin</td></tr></table>				09:00	5	Welcome and Introductions	Ben Parkin	09:05	25	Enhancing learning through training	Ben Parkin	09:30	15	Setting Learning Objectives	Rebecca Ford			Practical session A		09:45	15	Barriers to training	Ben Parkin	10:00	5	Clinical Supervision: GMC	Cordelia McKechnie	10:05	15	Curriculum and formative assessments	Cordelia McKechnie	10:20	40	Feedback	Rebecca Ford			Practical session B supervision meeting		11:00	10	Trainees in Difficulty	Rebecca Ford	11:10	20	Coffee Break		11:30	75	Human Factors	Kate Bush			Practical session C		12:45	60	Lunch		13:45	60	Communication	Ben Parkin			Practical session D		14:45	60	Teaching Practical Skills	Rebecca Ford			Practical session E		15:45	15	Tee break		16:00	20	Supervisor reports	Cordelia McKechnie			Practical session F		16:20	10	SMART Actions to take	Ben Parkin	16:30		Close and Evaluation	Ben Parkin
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Results: Attendee Feedback

The course was delivered successfully and received predominantly positive feedback. Sixteen trainers attended, with twelve completing post-course evaluations. Some participants expressed initial scepticism, as attendance was employer-mandated, and this was perceived as early reluctance by faculty.

Nevertheless, all respondents reported that the learning objectives were met to varying degrees. The interactive format and discussion of real-world scenarios were particularly valued, offering educational benefits not readily achievable through online learning.



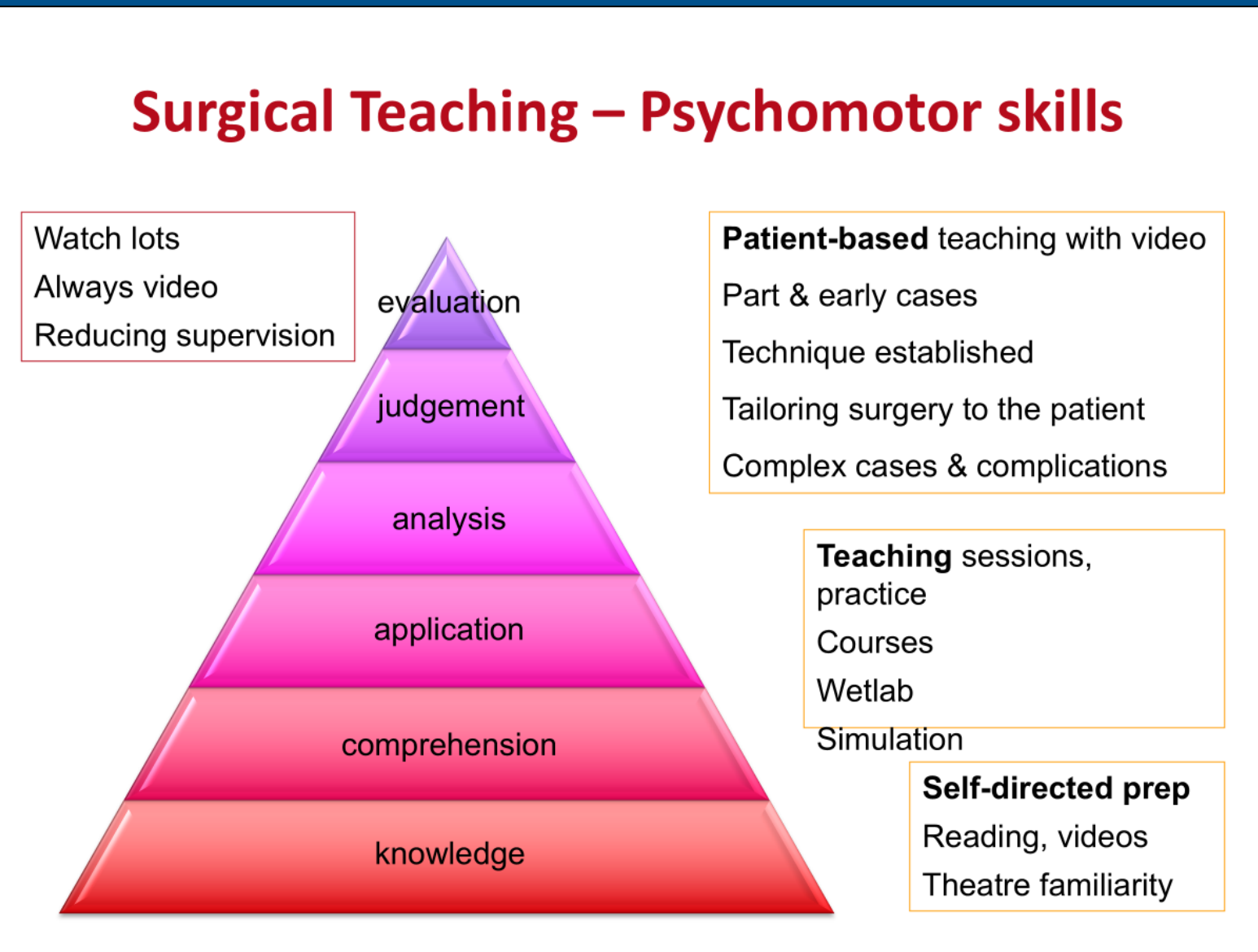
Thematic analysis of participant feedback

Key Theme	Summary Description	No. of Responses	Illustrative Examples
Interactive and discussion-based learning	Participants valued interactive teaching, group discussion, and peer exchange over didactic formats.	10	"Interactive course"; "Group discussions"; "Free interaction"
Sharing real-world experiences in a safe space	Open dialogue and sharing of challenging real-life experiences enhanced practical understanding.	5	"Sharing experiences and challenging situations"; "Open communication and exchange of experiences"
Applied teaching methods	Role play and focused discussion on feedback and trainee support were seen as useful learning strategies.	2	"Role play"; "Discussion about how to give feedback and address trainee concerns"
Quality of facilitation	Positive facilitator-participant interaction supported the overall learning experience.	2	"Both the speakers and the participants' interactions"



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Bloom’s taxonomy (below) was used to guide teaching strategies aimed at advancing residents to higher-level performance while maximising effective theatre time.



Conclusions: This course, developed by the RCOphth TTT subcommittee, fulfilled GMC requirements for ISTC clinical supervisors and was positively received, meeting the expectations of the majority of attendees. The programme emphasised strategies to enhance trainees’ psychomotor skill development, aligned with Bloom’s taxonomy.

Ongoing refinement of the course will be guided by participant feedback and linked with continuing evaluation from ISTC trainee placements. However, variability in ISTC surgeons’ contractual arrangements and working patterns may limit consistent training activity, even where trainer capability is high.

References:
1. Maling, Sarah, and Mike Adams. "Independent sector cataract training." Eye 38, no. 14 (2024): 2663-2664.
2. Iakovlev, Ernest, John Buchan, and Alexander C. Day. "The opportunity of independent sector treatment centres for cataract training." Eye 38, no. 14 (2024): 2686-2687.