The impact of outsourcing on cataract training in the UK

Eye (2017) **31**, 827; doi:10.1038/eye.2017.35; published online 3 March 2017

For nearly a decade, cataract outsourcing by hospitals has been noted to have an adverse effect on cataract training.1 Outsourcing companies often have stringent exclusion criteria that exclude the cataracts with significant comorbidities or technical difficulties. These more complex cataracts are then left to be carried out in NHS hospitals and often end up on training lists. Sparrow et al² found that case mix is a major determinant of the probability of an intraoperative complication. Posterior capsule rupture (PCR) being the benchmark intraoperative complication. A senior house officer (ST1-2) was found to have an odds ratio of 3.53 (2.93-4.26) of having a PCR compared with a consultant (1.00).² A recent audit at the Royal Gwent Hospital where outsourcing took place, found that 90 out of 134 (67%) cataracts on training lists were deemed not suitable by a consultant for an ST1-3 to operate on. Only 27% (36/134) of the cataracts on training lists were operated on by the trainees (ST1-5). The majority of which 61% (22/36) were carried out by ST4-5. A retrospective audit of the same time period prior to outsourcing occurring found that 14 more cataracts were performed by trainees the year before who actually had one ST5 less. Heads of deanery and Programme Directors should be aware of which hospitals in their deanery are undertaking outsourcing of cataracts and appropriate adjustments undertaken. That may involve placing more senior trainees in those hospitals that may benefit them by doing more challenging cases. A recent article in College News chronicled the experience of Severn Deanery trainees attending Emerson's Green treatment centre.³ They reported a positive experience doing more cataracts than their NHS colleges (8.7 vs 2.8).3

However, the treatment centre also has an exclusion criteria of trainees in years ST2 and below. Therefore, the trainees most affected by outsourcing in the area seem to be the most junior (ST1–2). The College should be aware of the impact which outsourcing is having across the UK and guidelines be given to all Deaneries on potential adaptations that can be made to minimise the effect of outsourcing on cataract training.

Conflict of interest

The authors declare no conflict of interest.

References

- 1 Barsam A, Heatley CJ, Sundaram V, Toma NM. A retrospective analysis to determine the effect of independent treatment centres on the case mix for microsurgical training. *Eye* 2008; 22: 687–690.
- 2 Sparrow J, Taylor H, Qureshi K, Smith R, Birnie K, Johnston RL, UK EPR user group. The Cataract National Dataset electronic multi-centre audit of 55,567 operations: risk indicators for monocular visual acuity outcomes. *Eye* 2012; 26(6): 821–826.
- 3 Burke T, McVeigh K, Anthony T. Phacoemulsification training in an independent sector treatment centre (ISTC): The severn deanery experience. Royal College of Ophthalmologists College News, Quarterly Bulletin. Autumn, 2015, p 19.

S Wijetilleka¹, CM Yeo¹, A Roberts² and R Sengupta²

¹Department of Ophthalmology, University Hospital of Wales, Cardiff, UK ²Department of Ophthalmology, Royal Gwent Hospital, Newport, UK

Correspondence: S Wijetilleka, Department of Ophthalmology, University Hospital of Wales, Mid Glamorgan, Cardiff CF14 4XW, UK Tel: +44 (0)29 2074 7747; Fax: +44 (0)29 2074 2250. E-mail: sidwijetilleka@doctors.net.uk