

**Sir,
The fate of ophthalmology trainees in the UK—CCT Holders 2007 to 2010**

The Certificate of Completion of Training (CCT) allows the holder to work as a consultant ophthalmologist in the UK or Europe. We present data identifying the post-CCT career outcomes of the 2007–2010 cohort. Analysis includes time taken to secure post, subspecialty interest and post location.

The career outcome of CCT holders, identified from the Royal College of Ophthalmologists' database, was researched at a local, deanery, and national level.

Data were obtained from over 85% of holders over the 4 years. The number of CCTs awarded between 2007 and 2010 has remained stable, with a mean of 69 being awarded each year (Figure 1).

Around half of the CCT holders gained a consultant post within 1 year and over three quarters were in a consultant post within 2 years. Almost all the CCT holders were in a consultant post by 3 years (Table 1).

The majority of consultant postings (90–96%) were identified as having a subspecialty interest (Figures 2 and 3). Medical retina was the most common, accounting for 25% of all posts, followed by oculoplastics (19%), vitreoretinal (14%), paediatrics and strabismus (12%), glaucoma (11%), and cornea (9%). Nine posts (4%) were identified in general ophthalmology or primary care.

Regional trends have also remained stable (Figures 4 and 5). A mean of 51% of trainees stayed within the training deanery for their consultant post, 34% took up a position out of the region and 15% went overseas, most commonly Australia.

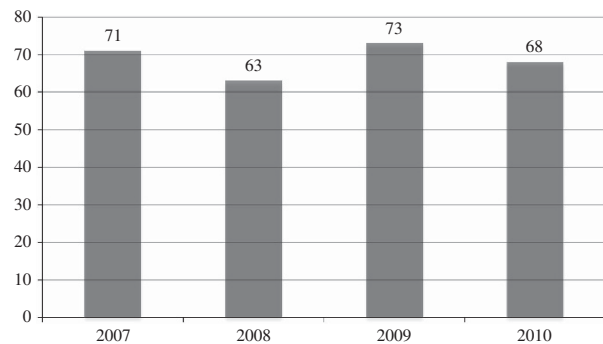


Figure 1 Recommendations for CCT 2007–2010.

Table 1 Percentage of CCT holders securing consultant posts

	Within 1 year	Within 2 years	Within 3 years
2007	—	84	—
2008	—	79	—
2009	58	90	98
2010	40	67	95

Only 2 year career outcome data was collected for the 2007 and 2008 cohorts. Consultant posts include both substantive and locum positions. 2007 and 2008 data were broken down by substantive and locum posts—84% includes 72% substantive, 12% locum; 79% includes 74% substantive, 5% locum.

Ophthalmology training in the UK continues to deliver a majority of consultant-ready ophthalmologists; however, many are undertaking an additional year(s) of subspecialty fellowship before attaining their consultancy post. It is unclear whether this is due to the fact that the majority of UK consultant posts are currently advertised with a subspecialty interest, personal choice, or a lack of advanced subspecialty training in Ophthalmic Specialist Training (OST).

One of the key messages from the Shape of Training report¹ is for provision of more general doctors across all medical specialties. It remains to be seen how the implementation of Shape will affect the future of ophthalmic training.

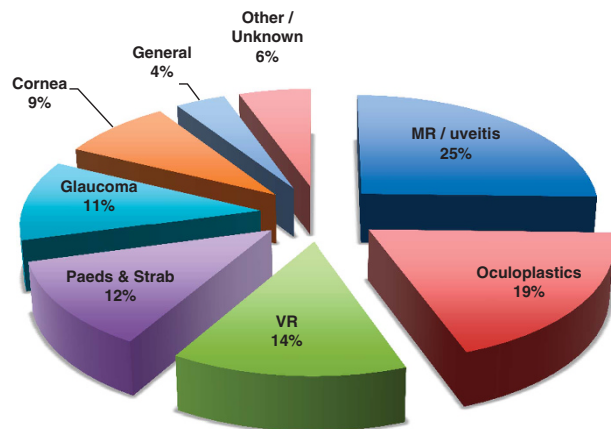


Figure 2 Consultant appointments by subspecialty 2007–2010.

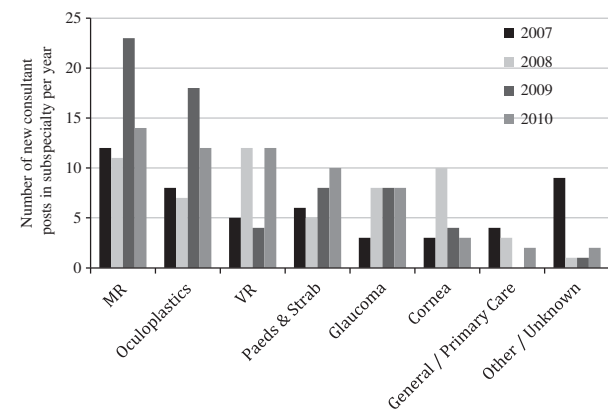


Figure 3 Trends in consultant appointments by subspecialty 2007–2010.

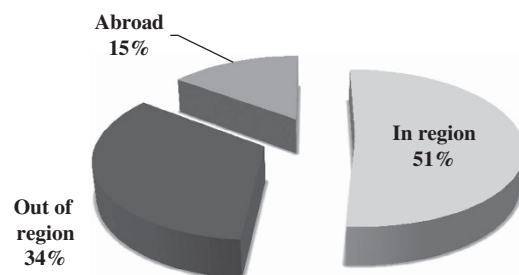


Figure 4 Consultant appointments by region 2007–2010.

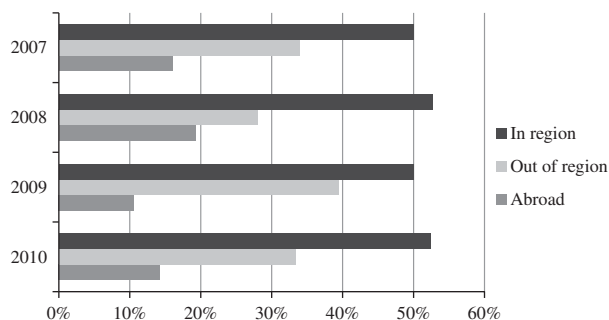


Figure 5 Trends in consultant appointments by region 2007–2010.

This cohort of CCT holders started their training before the introduction of run-through OST in 2007.² The first cohort of trainees in the new system is only just starting to emerge. In the next few years, we will have a better idea of how the new OST system has affected the outcome of CCT holders.

Conflict of interest

The authors declare no conflict of interest.

Full list of OTG Members at the time of project completion:

Will Dean (Chairman), Alan Connor (Deputy Chairman), John Bladen, Oliver Bowes, Anand Chawla, Samir Dowlut, Abdul-Jabbar Ghauri, Megan Johnson, Karinya Lewis, Lik Thai Lim, Murtuza Mookhtiar, Archana Pradeep, Mario Saldanha, Richard Symes.

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Sir, A different approach for manual foldable IOL injection for keeping wound size and integrity

We have read the article by Khokhar *S et al*¹ with a great interest. The authors have rightly compared two techniques in terms of wound enlargement, wound integrity, and incidence of Descemet’s membrane detachment. The authors state that manual injection of IOL with the compatible injector–cartridge system causes more enlargement on the final wound size and less posterior wound integrity when compared with motorized injector system.

We just wanted to share our practical approach during the manual foldable IOL injection. In our approach, even though we use compatible injector–cartridge system with microincision, we prefer to take help of wound assistance to keep wound size, integrity, and posterior Descemet’s membrane during foldable IOL injection. However, the injection of IOL by wound assistance requires excess use of OVD to provide adequate globe tonus. To minimize the amount of OVD used, irrigation solution is supposed to be used for adequate globe tonus. On the basis of this reasoning, we use hydro-visco-implantation technique,² which is a modified technique of both classic and hydroimplantation techniques³ for IOL injection by the wound assistance during microincisional cataract surgery. We generally place the tip of the cartridge into the wound edges without entering the anterior chamber.

In this technique, the capsular bag is filled approximately up to half with OVD and the anterior chamber is formed by bimanual irrigation cannula with continuous irrigation mode from the side port. After providing adequate tonus, the continuous mode could be put off to reduce the wash effect on OVD during the injection of IOL. After the injection of foldable IOL with the support of wound edges is completed, firm downward pressure could be applied with the tip of the aspiration cannula to the posterior lip of main incision and dynamic outflow could be created, and then the viscoelastic material could be removed from the eye without the necessity of using aspiration cannula.

As a result, during the procedure the injector does not exceed the cornea in full thickness, and it may provide not to enlarge the incision size, better wound integrity, and protection of the posterior Descemet’s membrane integrity.

Conflict of interest

The authors declare no conflict of interest.

References

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