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The ROYAL COLLEGE of OPHTHALMOLOGISTS

CORRESPONDENCE

National access to Eyesi® and anterior vitrectomy simulation

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To the Editor:

We congratulate Lee et al. [1] on their recent article that provided a comprehensive overview of technical and non-technical simulation skills in ophthalmology. Eyesi® (VR Magic, Germany) simulator had the best evidence base for its role in cataract surgery training and has been shown to reduce posterior capsular rupture (PCR) rates amongst first and second year surgeons [2].

Recent events have resulted in a prolonged and widespread hiatus of elective surgery and redeployment of staff. This in turn has emphasised simulation as a potential tool that can help surgeons retain and retrain their cataract skills. It is hypothesised that de-skilling due to a surgical hiatus may lead to an increase in complications such as PCR. Although PCR is an infrequent complication, it holds the potential, if poorly managed to result in significant visual morbidity [3]. The impact of simulation on PCR rates is not

Table 1 An overview of Eyesi® simulator locations and the presence/absence of anterior vitrectomy modules.

Deanery/Region	Location	Cataract module	Anterior Vitrectomy module
Scotland	Edinburgh, Dundee Aberdeen[a], Glasgow[a]	Yes	Yes
Northern	Sunderland	Yes	Yes
	Newcastle		
North West	Manchester	Yes	No
	Merseyside[a]		No[a]
Yorkshire and Humber	Leeds Doncaster[a]	Yes	Yes
East Midlands	Nottingham	Yes	No
	Wolverhampton		
West Midlands	Birmingham	Yes	Yes
East of England	Great Yarmouth, Cambridge, Luton	Yes	Yes
Thames Valley (Oxford)	Stoke Manderville	Yes	No
London (North Thames)	Western Eye, Moorfields, RCOphth[b]	Yes	Yes
London (South Thames)	Access via North London	No	No
Kent, Surrey, and Sussex	Frimley[b] (Alcon Laboratories)	Yes	No
Severn	Cheltenham, Bristol	Yes	Yes
Peninsula	Torbay	Yes	Yes
Wessex	Bournemouth	Yes	No
Wales	Cardiff, Newport, Swansea	Yes	Yes
Northern Ireland	Dublin[a], Belfast	Yes	Yes

Up to date, June 2020. Please note we aimed to ensure the content of the table is as accurate as possible but discrepancies are possible.

[a]Anterior vitrectomy module is on order or unconfirmed.

[b]Relocation possible.

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well known and national access to standardized PCR simulation facilities remains unclear.

Our objective was to update the national locations of Eyesi® simulators and identify whether anterior vitrectomy modules were available. Regional simulation leads were contacted directly via the RCOphth simulation lead and asked to provide updated details about their facilities. Where information was absent, direct contact was made with local simulation users.

Table 1 provides a useful reference that may encourage cataract surgeons to make best use of locally available resources. Simulation offers an important tool in helping surgeons limit the risk of de-skilling and ensuring the safest level of care is offered to our patients. Although the impact of simulation on PCR rates is yet to be established in the literature, there is mounting evidence for the efficacy of simulation in both cataract and glaucoma surgery [2, 4]. The RCOphth recommends trainees in particular to access "extensive simulation" [5]. At present there is some inter-deanery variation in access to both cataract and anterior vitrectomy modules. We would like to highlight this geographical disparity to the college and hope that this leads to a more even distribution of simulation facilities in the future. Improved local access will lead to the greatest benefit for ophthalmologists and their patients.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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