



Otorhinolaryngologists in Lone Private Practice: Time to Change?

The days of the “tonsil puller” working with a few speculums, a laryngeal mirror, and a tongue depressor are gone forever. Otorhinolaryngology has struggled its way into an organ-based medical-surgical specialty that is on equal footing with the other branches of medicine. Its new position is in no danger of being challenged: most of our colleagues in other specialties give a wide berth to the “*terra incognita*” that encompasses the auditory and phonatory organs and the upper aerodigestive tract. Otorhinolaryngology now reigns over its own province. However, major upheavals will change the face of otorhinolaryngology in the next 10 years. The changes will create daunting obstacles to lone private practice.

Whether we like it or not, heavy burdens will be placed on our profession over the next 10 years.

- By the year 2015, the number of otorhinolaryngologists in France will be far smaller. Otorhinolaryngologists will be older, and there will be a large proportion of females seeking part-time working arrangements. The otorhinolaryngology curriculum will be the same throughout the country, thanks to efforts of the French College of Otorhinolaryngology.

- Technological advances will drive profound change. A growing number of sophisticated and expensive tools intended for diagnostic and therapeutic procedures are being introduced. They will radically change our practice. However, they will have to pass efficacy and safety tests, and the cost increase associated with their use will have to be shared among payers.

- The number and complexity of regulatory requirements are growing: practice evaluations, CME, recertification, accreditation of physicians and facilities, and minimum levels of activity will become mandatory. Specific accreditation for oncology will soon be required throughout France, and similar accreditations will probably be required in the near future for the other areas of otorhinolaryngology.

- Patient organizations are increasingly scrutinizing otorhinolaryngology curricula and CME programs, as well as levels of activity, most notably regarding surgical procedures. In the future, they may request information on the results and complication rates of individual otorhinolaryngologists.

These changes will occur in a setting of increasing malpractice litigation.

Other factors will contribute to reshape the landscape of otorhinolaryngology in France. Europe is now a single medical community, and licenses from one European country are valid in all the others. The density of otorhinolaryngologists varies up to 10-fold across European countries, and the fees also vary widely. Otorhinolaryngologists can be expected to move to the country that best serves their interests. Thus, a number of French otorhinolaryngologists are now working in the United Kingdom.

Finally, the increasing emphasis on pleasure that characterizes our society is leading younger otorhinolaryngologists to seek new working arrangements that decrease their work load and improve their quality of life. Furthermore, the French tax and social welfare system constitutes a disincentive to working long hours, as most of the additional income goes to government agencies.

The situation outlined above makes group practice appealing for many reasons.

- Time-sharing arrangements ensure that a physician is always available for the patients, while allowing the members of the group to devote only part of their time to their work, in keeping with the wishes of many female otorhinolaryngologists and with medicolegal regulations.
- The increasingly sophisticated and costly equipment needed for otorhinolaryngology procedures can be owned and used in common by several physicians in order to reduce costs. Private group practices and publicly funded hospitals can work together, a fact that will lead to greater communication between the private and public sector in France.
- Medical opinions and ideas can be exchanged within the group. Difficult cases can be discussed by all the members of the group. The need for exchanges is increasingly emphasized by otorhinolaryngologists.
- Otorhinolaryngologists can focus on difficult procedures, leaving simpler procedures to trained technicians working under the responsibility of the physicians. This arrangement is cost-effective in group practice but not in lone practice.
- Finally, group practice settings facilitate the achievement of activity level cutoffs by physicians who are highly specialized in a given area. In the future, surgical facilities will probably have otorhinolaryngologists specialized in rhinology, otology, laryngology, pediatrics, and plastic surgery.

A disadvantage of the shift to group practice is that some geographic areas may have limited access to otorhinolaryngologists. Groups will shun regions where equipment is limited or the number of patients is too small for a group of several physicians. This redistribution phenomenon already exists in obstetrics.

Many general hospitals fail to find candidates trained in France for their hospital positions in otorhinolaryngology. The French Board of Physicians is increasingly authorizing a second office in another location, and finding locums is increasingly difficult. These facts herald the changes to come.

Working less and better, at the cost of losing our independence, which is proving increasingly difficult to protect: isn't this a challenge that deserves to be discussed now?

Professeur Frederic CHABOLLE
General secretary of the French Society of Oto-Rhino-Laryngology
Head and Neck Surgery