

Young Consultant Otolaryngologists Head and Neck Surgeons at BACO 2015: symposium on the future of ENT

BY VENKAT REDDY

What does the future hold for ENT surgeons in the UK? Leaders of our specialty aim to provide insight based on current guidance and personal experience. The programme will be of interest to anyone wishing to gain an insight into the issues that will dictate the working environment of the future.

The Young Consultant Otolaryngologists and Head and Neck Surgeons (YCOHNS) will be hosting a symposium at BACO 2015 with the overarching theme of 'The Future of ENT'. James Powles, former president of YCOHNS, will be chairing the session which features presentations from leaders in our specialty. Claire Hopkins, Consultant Rhinologist at Guy's, will speak about the future of ENT in the NHS. Professor Tony Narula, President of ENT-UK and former council member of the Royal College of Surgeons of England, will discuss the future of private practice. Andrew Robson, Chair of the Specialist Advisory Committee for Otolaryngology, will give his thoughts on the future of ENT training.

Commissioning and performance metrics

Commissioning for specialist services has existed in various guises for decades, currently residing with regional clinical commissioning groups. Data comparing departments on metrics including readmissions, reoperations and length of stay derived from Hospital Episode Statistics can be accessed online [1, 2]. There is remarkable variation across the country in terms of age and sex standardised activity, and providers should engage with this data as it is likely to influence decision-making regarding commissioning.

Common ENT procedures including tonsillectomy, grommet insertions and general rhinology are 'perceived' to be of limited clinical benefit and are therefore under threat. The commissioning of

services in the independent sector in some locations has led to a diminution of specific caseloads. Anecdotally, this has reduced the exposure to elective rhinology in NHS units, which may have implications for training and maintaining skills. Models of training in the future may need to accommodate training opportunities in the independent sector.

Single surgeon specific outcome measures are now established for head and neck oncology (DAHNO) and thyroid / parathyroid surgery (UK endocrine registry). Audits of other otolaryngology procedures are imminent. This may have unforeseen consequences for training opportunities in the future.

Surgical training

The independent 'Shape of Training' review has recommended that postgraduate medical education should involve a longer period of generalist training, with a shorter time to CCT, then further credentialing for subspecialist roles in fellowship posts. The proposals suggest that during the early years of training, registrars will be more supernumerary thereby providing less service delivery, but reversing this towards the end of training to

provide more service. The implications to current ENT training are yet to be elucidated. To implement this, ENT departments may need to reconfigure working practices, with varying seniority of trainees year to year which may lead to fluctuations in capacity and demand.

Service provision 24/7

The differences in clinical outcomes for patients admitted at weekends have driven the debate on providing care 24/7, clearly beyond the current state of 24/7 on-call provision. What this actually means for surgical services is as yet unclear. Whilst the argument for emergency work is compelling, if the absolutist perspective is taken, it could mean the creeping provision of non-emergency services, both outpatients and theatre activity, being provided seven days a week. It is difficult to see how this could happen without employing two-fifths more personnel. Needless to say, it will significantly impact on all our working lives.

Private practice

In recent years the demand for private healthcare outside the South East of England has fallen. As consultant numbers increase, the market has become diluted and more competitive.

"an insight into the issues that will dictate the working environment of the future"

Some medical insurance companies require new entrants to private practice to sign up to contracts with lower fees in order to gain access to their patients. The cost of overheads and medical insurance, in an era of increasing litigation and patient complaints may present a significant barrier to entry. The changes affecting consultants' pensions and deteriorating working environment in the NHS may see established senior colleagues leave NHS practice and solely practise privately.

SUMMARY

- What will be the impact of increasing availability of performance metrics?
- How will the Shape of Training review impact on surgical training?
- Will we be providing elective services 7-days a week?
- Are the barriers to entry for private practice worth overcoming?

Whilst not comprehensive, I hope this article has served to stimulate some thought about the future of our specialty, and to encourage you to attend this symposium. However, please note that predictions cannot be guaranteed and are liable to revision!

I would also like to invite you to join us for the next YCOHNS annual meeting in October 2015. A new website will soon be launched to provide more details about the meeting. Please email any suggestions for the programme to ycohns@hotmail.com.

References

1. Royal College of Surgeons of England. Right Care Data Tools. <http://rcs.methods.co.uk/>
2. General Medical Council. Shape of Training. <http://www.shapeoftraining.co.uk>



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Declaration of Competing Interests None declared

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