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Editorial

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TAKING CONTROL OF YOUR PRACTICE

The Practice Development programme will give people an insight into the business of healthcare

by Paul Rosen

The principal focus of the ESCRS has been, and always will be, clinical education and research. However, there are other aspects to our professional lives which we ignore at our peril. Health services, whether privately or state funded, need a strong financial base to survive and provide all the support that our patients deserve. This is particularly relevant in a fast developing specialty such as ophthalmology, where technological advancement has been stunning, but which requires rapidly rising funding.

There is a limited financial resource, which has to be shared between areas such as defence, welfare, social care and others, as well as healthcare; money raised from taxation is not ever increasing and indeed in many countries is declining. Therefore, to advance and introduce new technologies, we have to maximise the efficiency of our practices, public or private, and work in a more a business-like way.

Often colleagues have told me: "I didn't come into medicine to make money". Such naivety will not survive the next decade. Without financial resources we can't progress clinically or receive financial recompense including pensions.

The model for the delivery of healthcare appears to be changing rapidly away from the individual doctor treating their own patients, to corporatised healthcare provided by large organisations with profit the priority, using employed medical staff who may not be able to offer the same commitment and responsibility as the independent surgeon treating their own specific patients. The latter will have built up a reputation which they will protect with high professional standards at all costs.

Clearly there are large clinics which provide excellent healthcare and often superb research programmes, but these are lead by unique clinicians who are also able businessmen and can achieve a balance between the two aims of excellence in healthcare and profit to support this in terms of investment.

As surgeons we will soon face a dilemma. We can take control of our destinies and run our practices as businesses in order to remain as truly independent practitioners. Our other option is to become employees in large organisations. Both models of healthcare are valid and legitimate, but we should make an active choice as to which way we wish to practice – and not complain after inaction.

The UK National Health Service is said to be moving towards a clinically-lead service, which if it lives up to its promises, should be a great leap forward. A recent article in the *Harvard Business Review* supports this philosophy (Lee, *Harvard Business Review* April 2010).

I believe business principles should be taught to medical students, to prepare them for the real world. Some of us have done MBAs and I would encourage anyone with the smallest of interest to look at this option. For the rest we have developed The Practice Development programme to give people an insight into the business of healthcare and to give them a chance to take control of their own destinies and make a wider contribution to the organisations in which they work. I would encourage colleagues to take part in the ESCRS Practice Development Workshops which will take place during the ESCRS Congress in Paris in September and I would be delighted to hear your views on how we should develop these workshops in the future.

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