

Delegation of tasks envisaged to reduce burden on French ophthalmologists

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in Paris

THE taxing question of the place of optometry in the French health system, the evolving role and responsibilities of ophthalmologists in the face of recent legislative changes and the need for urgent measures to tackle the uneven geographical distribution of medical specialists throughout the country are among some of the more pressing issues facing French ophthalmologists.

While optometrists are an accepted feature of the ophthalmic landscape in England, the United States, Canada and some other European countries, the picture in France is more complicated, Thierry Bour MD.

He noted that recent changes to the nomenclature of France's social security system means that orthoptists have been singled out to play an enlarged role in ophthalmic practices. The idea is to allow orthoptists carry out routine technical tasks such as refraction, IOP, visual field and other non-contact measurements, under the supervision of the ophthalmologist, who remains medically and legally responsible for such procedures.

The decision has been welcomed by the French Union of Ophthalmologists (SNOF), who say that this new designation only confirms and gives legal expression to what was already the reality on the ground.

With an estimated 2,000 orthoptists working in private practice or employed by the public health service, France has one of the highest concentrations of orthoptists in the world. SNOF has long railed against the practice of optometry in France on the grounds that it needlessly complicates the already well-defined relationship between opticians, orthoptists and ophthalmologists, which they deem adequate to meet the challenge of attending to the nation's ocular health.

They also believe that optometry as practised along Anglo-Saxon/American lines blurs the distinction between medical and

commercial services and would ultimately lead to a diminution in the standard of ocular care for the French population.

SNOF estimates that the facility to delegate certain tasks to orthoptists will ultimately result in a 30% gain of working time for ophthalmologists, help to reduce waiting lists for ocular examinations in certain areas while maintaining high standards of care for patients in a legally validated and

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fully insured framework.

"Orthoptists will collaborate under the direct control of the ophthalmologist, whether in a public hospital or in private practice. The visual and ocular care of the patient will thus be integrated with a proper guarantee of quality and medical responsibility," said Jean-Luc Seegmuller MD, President of SNOF.

Needless to say, optometrists are up-in-arms at the way they have been effectively frozen out of the new arrangements. From their perspective, the delegation of tasks to orthoptists is more a question of maintaining the privileged status quo than ensuring a better and more efficient standard of eye care for the population.

In an open letter to the French Minister of Health, the Association of French Optometrists (AOF), which represents 1,100 optometrists in France, called the government plan "unrealistic" and claimed that only their profession had the skills, training and means to help tackle the national deficit of proper eye care.

Their protests, however, have fallen on deaf ears, ensuring that the qualifications obtained by an estimated 2,000 optometrists in France currently remain unrecognized by the authorities.

In terms of the future needs of the population, Dr Bour, who serves on the SNOF commission for rules and regulations, said that

some government reports had painted an overly pessimistic view of the demographic situation regarding ophthalmology in France.

He noted that official figures predicted a decrease of 4.5% in the overall number of physicians by 2010, rising to 20% in 2020. The same figures also predicted a drop of up to 30% in the number of ophthalmologists by 2020.

According to SNOF's own

demographic projections, however, the decrease will be more of the order of about 5% for all physicians in 2020, with a corresponding stabilisation in the number of specialists. At the same time, the number of interns will increase to help make up any shortfall from ophthalmologists retiring.

"Looking at the overall data, 80 ophthalmologists are being trained every year, and in the next five years there will be less ophthalmologists retiring than the official figures allowed for. We believe that the numbers of ophthalmologists will rise slightly until 2007 and remain stable until about 2012 or 2013. The consequences of a drop in the numbers after that date can be avoided if the correct decisions are taken in the meantime. We ultimately hope to maintain the figures close to what we actually have at the moment, that is about 5,400 ophthalmologists," he said.

He added that the really critical issue to be faced in the future will be the increasing demands placed on the entire spectrum of eye care professions by an ageing population. About 17% of the French population was over 65 years-of-age in 2003, a figure expected to rise to 29% by 2030.

"While stabilisation of the number of ophthalmologists is perfectly possible, the need for ocular care is also going to rise by 2020

by between 30% to 50% according to some estimates," said Dr Bour.

While the transfer of certain competencies to orthoptists will go some way towards meeting the anticipated upsurge in demand for eye care, SNOF has also proposed doubling the number of interns in ophthalmology over the next five years and increasing recruitment of accredited foreign ophthalmologists to help plug any eventual gaps in the system.

Dr Seegmuller said that French ophthalmologists were ready to play their part in spreading the word and enticing qualified ophthalmologists from abroad.

"We are ready to welcome them and to assist them in integrating in France in the regions where the need for doctors specialised in ophthalmology are most critical."

The issue of the uneven geographical distribution of ophthalmologists throughout France also needs urgent remedial action, according to SNOF.

A statistical breakdown of ophthalmologists in France underscores the true extent of the problem: at one end of the scale, Ile-de-France incorporating Paris and surrounding regions has an average of 13.3 ophthalmologists per 100,000 inhabitants compared, at the other end of the scale, to areas such as Nord-Pas-de-Calais, with just 5.7 ophthalmologists per 100,000.

The upshot is that many people in northern France have to wait three months or more to see an ophthalmologist and the scene of long queues forming outside ophthalmology practices have become commonplace in certain areas.

While offering financial incentives in the form of reduced charges and preferential rates for ophthalmologists to set up practices in underserved areas has been proposed as one solution, SNOF believes that establishing fully-equipped ophthalmic centres which can function for limited periods to meet demand, especially for cataract surgery, offers a more realistic way to reduce the impact of the imbalance of medical specialists in certain regions.

Dr Bour concluded that there was every reason to be optimistic that ophthalmology could rise to the challenge of ensuring the best possible ocular care for the French population in the years to come.

"There is a broad consensus among the relevant government ministries, the Academy of Medicine and ophthalmologists on the direction the profession should take in the future. We need more and better-equipped centres of ophthalmology, multidisciplinary in nature, comprised of medical and paramedical personnel, including ophthalmologists, orthoptists and administrative staff. We also recognise the need to make the best use of ophthalmologists' work-time, by stabilising the number of ophthalmologists in France, increasing the number of orthoptists and improving coordination with opticians," he said.

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