

EDUCATION, TRAINING AND ACCREDITATION

Orthopaedic surgery fellowships

Prof NGJ Maritz

Head: Department of Orthopaedic Surgery, University of Pretoria

O orthopaedic fellowships are becoming more and more popular. The author discusses the advantages and disadvantages of further training once qualified as an orthopaedic surgeon.

Fellowships were started in the USA in the mid-eighties and were accredited much later. They have now become very popular and of the 630 new Orthopaedic Surgery residency graduates per year in the United States, more than 60% will take a fellowship of at least one year.

In South Africa there are a few fellowships available, which are run fairly informally with no accreditation as such. The question is: How do we see the road ahead? Must we continue and structure it better and start an accreditation programme?

To answer this question we have to look at the pros and cons of orthopaedic fellowships. For the registrars these are the reasons to take a fellowship:

- Extra training in an area of special interest
- Another year's experience to gain confidence
- To add to one's CV

For the institutions, fellowships have the following benefits:

- Teaching: Because they have fewer extraneous commitments, fellows are more available and better positioned to teach registrars and medical students
- Patient care: Fellows are able to help with the high volume of patients
- Research: They are ideally situated to do the necessary research

- They boost the number of physicians in academic medicine at a time when academic institutions are under great stress

The disadvantages of sub-speciality fellowships include:

- They may interfere with the registrars' training who may then have less opportunity to gain clinical and surgical experience
- Sub-specialisation may lead to fragmentation of the Orthopaedic Association. Examples of this are the Hand Society and now the Spine Society
- Sub-specialisation may lead to regulations that exclude the treatment of certain conditions from the domain of the general orthopaedic surgeon. It may also have certain medico-legal consequences - if you do not have a fellowship in a certain field, it may be seen that you are inadequately trained to do certain procedures

I believe fellowships are here to stay, because a sub-specialist who has additional education and experience and who sees many similar cases, best serves patients with complex orthopaedic conditions. This may well represent the most cost-effective type of care.

However, fellowships should be better structured with a clear goal. The sub-speciality group in the Orthopaedic Association should most likely, also accredit it.

Business should be involved in the financing of fellowships! OJ

Bibliography

Simon MA. Evolution of the present status of orthopaedic surgery fellowships. *JBJS* Dec 1998;80(12):1826-1850.