Letter to the Editor

Letter to the Editor: Orthopaedic Education in the United Kingdom

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To the Editor,

We read the recent article by McAlinden and Dougherty on orthopaedic education in the United Kingdom with great interest. The authors correctly highlighted the potentially negative factors

of having numerical targets for certain surgical procedures — preventing breadth of training in exchange for obtaining case numbers.

There are no spinal surgery procedures listed among these numerical targets. This is likely to encourage trainees to neglect the subspecialty of spinal surgery in favor of gaining their required numbers. Historically, it has been difficult to attract trainees to spinal surgery [2, 3] with 74% of trainees suggesting they would avoid spinal surgery if possible. The changes to the training program are likely to exacerbate this.

A recent survey of US program directors [4] suggested that the exposure to spinal surgery in neurosurgical and orthopaedic residency training is somewhat mismatched in terms of exposure to number of cases. In addition, it was highlighted that satisfaction with current spine training is low from both residency and fellowship program directors. Discussions between the Specialist Advisory Committee and British Association of Spinal Surgeons have also highlighted concerns regarding the suitability of current models of training in spinal surgery.

Current training systems are not ideal for spinal surgery and there is a

strong argument for a hybrid training system between neurosurgery and orthopaedic spinal surgery, especially at a time when the two specialties are working to form spinal surgery units within the UK. Interface training between two specialties has already been developed in hand surgery between plastic surgeons and orthopaedics, although only at a senior level.

It is vital that all orthopaedic trainees maintain some exposure to spinal surgery to ensure they can safely manage the emergency presentation of patients with spine pathology until transferred to a specialist unit. For those wishing to pursue a career in spinal surgery, there is a strong argument for a hybrid training program between the two specialties — the exposure to both areas is likely to result in greater engagement with deep learning and much greater understanding as suggested by Biggs [1].

We believe there is a need for much greater consensus on these important training issues and the need to consider aligning training more closely with the future of spinal surgery within the UK — a service delivered jointly by what were traditionally two separate specialties.

(RE: McAlinden MG, Dougherty PJ. Orthopaedic education in the United Kingdom. *Clin Orthop Relat Res*. 2014; 472:1697–1702.)

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