Reply to the Letter to the Editor

Reply to the Letter to the Editor: Orthopaedic Education in the United Kingdom

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To the editor,

We thank the authors for their interest in our article. We agree that indicative surgical numbers tend to concentrate surgical

exposure to well represented areas, such as arthroplasty, trauma, and hand surgery, rather than others like spine surgery. In our experience, exposure to operative spine surgery can be variable, with trainees interested in a specialty other than spine surgery participating in as few as 20 procedures during their specialty training, while others participate in more than 100. Frequently, much of this surgical exposure is as an assistant, rather than a primary surgeon.

The 2013 Trauma and Orthopaedic Curriculum [3] recognizes that the days of the general orthopaedist who undertakes a few spine operations each year are numbered, and that spine surgeons are specialists who work closely with their neurosurgical colleagues. The role of the general orthopaedist is to safely triage, investigate, and be involved with the initial nonsurgical management of spine conditions, particularly emergency conditions. The curriculum specifies that each trainee has been explicitly assessed in the management of 10 critical conditions, six of which are spinal conditions: (1) Cauda equina syndrome (2) immediate assessment, care, and referral of spinal trauma (3) spinal infections (4) complications of inflammatory spinal conditions (5) metastatic spinal compression and (6) the painful spine in the child.

The last 2 years of training are now a period of time for the trainee to consolidate his or her skills in trauma and other areas of orthopaedic surgery and practice. This time is also used to extend his or her expertise in areas of special interest, such as spine surgery. It is during this time that there may be a place for interface training, much like the example in hand surgery. We would argue that it would be best to use this period of training to attract and retain the 26% of trainees who may have a long-term interest in spine surgery [1, 2] rather than to spread training thinly among other trainees who may spend much of their time in spine surgery as a surgical assistant.

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

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