
EDUCATION, TRAINING AND ACCREDITATION

Orthopaedic surgery fellowships

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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

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Orthopaedic Knowledge Update Tom R. Norris, American Academy of Orthopaedic Surgeons, American Shoulder and Elbow Surgeons (Organization), 2002 Highly relevant to your clinical practice OKU Shoulder and Elbow 2 presents a balanced review of solid foundational science all new annotated bibliographies plus a review of pertinent literature over the past 5 years with new and practical information on Anatomy and natural history Biomechanics Clinical guidelines coding and outcomes Complications Surgical and nonsurgical management options *Index Medicus*, 2003 Vols for 1963 include as pt 2 of the Jan issue Medical subject headings Orthopaedic Knowledge Update North American Spine Society, 2002 From the latest imaging technology to the future of spine care this new edition brings you the most important knowledge on Evaluations Biomechanics Bone Physiology Nerve Root Pathophysiology Bone Imaging Plain Radiography CT and Radionuclide Bone Scan Magnetic Resonance Imaging of the Spine Pain Imaging discography Electrodiagnostics Differential Diagnosis of Spinal Disorders The Aging Spine Outcomes Assessment and Guidelines of Care Impairment and Return to Work Evaluation Nonsurgical Care Pharmacologic Care of Arthritic and Metabolic Disorders of the Spine Manipulative Therapy Spinal Injections for Diagnosis and Treatment Chronic Pain Management The Pain Clinic Psychosocial Care for Spinal Disorders Spinal Cord Injury Rehabilitation Surgical Care Fractures and Dislocations Cervical Spondylosis Discopathy and Instability Thoracic Spondylosis and Discopathy Lumbar Disk Herniation Lumbar Stenosis and Degenerative Spondylolisthesis Lytic and Dysplastic Spondylolisthesis Pediatric Spinal Deformity Adult Scoliosis and Deformity Primary Tumors and Cord Disorders Musculoskeletal and Metastatic Tumors Complications New and Future Developments Biologic Enhancement of Spinal Arthrodesis Minimally Invasive Spinal Surgery Disc Replacement Prosthetics Restoration of Spinal Cord Function Developing and Future Methods for Spine Care *CPT/ICD 9 Cross Reference for Orthopaedic Surgery 2008* AAOS, American Academy of Orthopaedic Surgeons (AAOS) Staff, 2008-03 Offers a look up from Current Procedural Terminology CPT registered code to ICD 9 This book includes 24 CPT registered codes and cross references It also includes 36 new ICD 9 codes and cross references It links primary and secondary ICD references applicable to each CPT code and spells out exclusions *CPT/ICD-9 Cross-Reference for Orthopaedic Surgery 2000* Aaos Committee on Cpt Staff, American Academy of Orthopaedic Surgeons, Icd Coding Staff, 2000-04-01 **Orthopaedic Knowledge Update** Jeffrey M. Spivak, Patrick J. Connolly, 2006 Developed by the North American Spine Society and published by the American Academy of

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