

Developing Sub-specialty Education and Societies in Orthopaedic Surgery.

Rabindra Lal Pradhan

Chief Editor

The ideal strategy of developing sub-specialty education/societies in Orthopaedic surgery is to provide effective relief to a suffering patient, which is predictive, cost effective, and based on scientific principles.

The specialty of orthopedics in particular has grown by many folds in the past few decades. From a less important specialty that dealt with fractures only, it has become a specialty of great demand and is proved by the fact that many who top the entrance exam choose Orthopaedics as their specialty. Major improvement in aseptic techniques, imaging and diagnostic methodology, anesthesia and intensive care facilities, has allowed us to progress more effectively. Orthopedics has evolved into many subspecialties like spine, pediatric orthopedics, trauma, hand, sports medicine, arthroscopy, arthroplasty, foot and ankle, shoulder and elbow.

Association of Spine surgeons of Nepal (ASSN) is the first subspecialty society to come into existence and several are under consideration. This trend has gained momentum because it is generally accepted that the increase of new knowledge would make it impossible for the orthopaedic surgeon to be competent in all aspects of the profession. In the west there was a surge of subspecialty societies in the '70s, however the academy formed the Council of Musculoskeletal Specialty Societies (COMSS) in anticipation that such a council would assist in "keeping the family together."

In developed world there are in addition to the hip, hand, knee, foot and ankle, shoulder and elbow, several spine societies, and many others societies that have subdivided into smaller components, focusing on such areas as the cervical spine, the lumbosacral spine, spine arthroplasty, and scoliosis. Several societies were formed around surgical techniques, such as the Arthroscopy Association. In addition, there are special-interest groups dealing with even smaller anatomic sections of the body, such as the cruciate ligaments and the shoulder labrum, or particular pathological conditions.

In subspecialty training a period of time is devoted to gain advanced knowledge and experience in a given field of orthopaedics as there is insufficient time and opportunity during his or her training to acquire the necessary knowledge and skills.

The common bottom-line among the subspecialty societies' continuing education activities is the emphasis on one or a small number of surgical procedures. This trend has also been seen in Nepal as there were many CME dedicated to one subspecialty in recent years. As more and more medical colleges grow in Nepal this trend of subspecialty training will grow and so will societies in different subspecialty. An Orthopaedic surgeon with some form of sub specialty training will have a better chance of getting a job than a person without it especially in an academic institute. However, we also need to know that Orthopaedic services should not be concentrated in cities only but spread to all parts of the country. Nepal Orthopaedic Association (NOA) has to play a pivotal role in guiding the future of Orthopaedic education and services so that "specialist" orthopedicians do not detach themselves from their parent organization and focus on one area. Therefore, it is in the best interest of our profession to maintain its unity, for our future depends on it. Splitting orthopaedics into a large number of subspecialties may underestimate the profession and may not always lead to progress. We should emphasize the value of general orthopaedics (as we are still a small group), without ignoring the important place and role that subspecialty plays in the education. Subspecialization must be structured and practiced in a realistic manner. The present executive committee in their forthcoming conference has taken this practical approach and also initiated the ethical background in education that ultimately will lead to a better practice in patient care.

REFERENCES

1. Rockwood CA Jr. *Keep the family together. J Bone Joint Surg Am. 1984;66:800-5.*
2. Sarmiento A. *Subspecialization in Orthopaedics. Has it been for the better? J Bone Joint Surg Am. 2003;85A:369-373.*