Message from the President

Subspecialisation: What it does for patient care and unity in orthopaedics

While recognising the need for subspecialisation, orthopaedic associations across the globe are starting to realise its possible shortcomings with regard to patient care and unity in orthopaedics.

I am of the opinion that these two topics, namely patient care and unity in orthopaedics, are currently of some relevance in our association.

Let us look at patient care first. There is no doubt that subspecialisation is a necessary development in orthopaedics. Subspecialisation is at the forefront of research and the development of new treatment modalities for better patient care. It is therefore accepted that treatment by a subspecialist/super specialist is the best. This can only be jeopardised where teaching is skewed towards subspecialisation from the beginning of training. In some countries there are talks of decreasing the time spent as a registrar/resident in orthopaedics and increasing the time spent in fellowships. The aim is to intensify subspeciality training in order to produce excellent subspecialists. There is no doubt that such programmes will be to the detriment of general orthopaedic training. There is a great risk for the subspecialist produced in this manner to regard his or her area of specialty as being more important than anything else. In fact, they may for example, regard the foot as being more important than the patient to whom the foot is attached. I do not see this happening in our country; we have very well balanced training in patient care as a whole. We just need to have more structured fellowship training.

What about unity in our association?

In the beginning we had one annual congress, attended by all orthopaedic surgeons, where papers from different subspecialities in orthopaedics were discussed zealously but in a truly educational manner.

Then came subspecialisation. Nature dictates that people with a common goal want to discuss their common goal. Subspeciality discussions take time, first within a congress and then later after the congress to disseminate knowledge and share research ideas within the group. This has been very good for the country in that we now have experts in all sections of orthopaedics. Unfortunately this happens at the expense of unity within the orthopaedic community. A matter of concern is that good papers in some subspecialities do not feature at our congresses. They are presented only at the subspeciality congresses. This decreases the educational value of our congresses for the registrar and the general orthopaedic surgeon.

We need an association that can champion the training of the general orthopaedic surgeon in the country. This cannot be done without the subgroups. It can only be achieved by a united orthopaedic fraternity. In the eyes of the public we are all orthopaedic surgeons (unless you live in the bigger cities where the public recognises, for example, hip surgeons, etc.). In the eyes of the government we are all orthopaedic surgeons, and this is the speciality that the HPCSA registers. It does not register us as a spine surgeon or shoulder surgeon, etc. For medical aid funders we are all orthopaedic surgeons and negotiations for funding are carried out under this umbrella term. It is therefore clear that this association has to work harder at assuring that there is greater unity between the subgroups and the association for better training of orthopaedic surgeons and a bigger human resource pool for tackling issues confronting orthopaedic surgeons at a national level.

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