

Who's teaching orthopaedic surgery now?

In the previous issue of VCOT, John Houlton unveiled the exciting programme of events that are planned for the Third World Veterinary Orthopaedic Congress in Bologna in September 2010. World renowned orthopaedic gurus will enlighten us with their presentations of the latest research and knowledge in a wide variety of orthopaedic problems. Over the last two decades or so, the growth in orthopaedic congresses and courses that cater to the specialist surgeon, veterinary practitioner or both, has been amazing. All ten associations that use VCOT as their official journal have contributed enormously to the delivery of leading-edge orthopaedic education and training. In addition, an intermediate level non-specialist certification in orthopaedics and other disciplines has been established by the British Royal College of Veterinary Surgeons and the Australian College of Veterinary Scientists. A major factor driving this demand by veterinarians for orthopaedic training has been the massive expansion in knowledge and sophistication in veterinary orthopaedics. However another contributing factor has been the gradual demise of orthopaedic teaching within the veterinary curriculum at our universities.

In many veterinary colleges, the time allocated for lectures and laboratory class training in orthopaedics is considerably less than what it was two or three decades ago. Indeed, in some veterinary colleges the orthopaedic course, clinical rotation or both is only an elective; it is not core curriculum any more. Many factors seem to have contributed to these changes including the growth of residency training and specialisation, the need to set curricular priorities with the expansion of knowledge in all areas of veterinary medicine, and also the growing ethical concern about the use of stray animals or cadavers for surgical training. Added to this, most of the surgical procedures to which veterinary students

are exposed in the university hospital are not likely to be undertaken in general practice. Veterinary students that are 'scrubbed in' on these surgical procedures often have little opportunity to practice basic surgical techniques and skills, except perhaps retraction of tissues. Little by little, we have seen a shift of training in orthopaedic surgery from being integral to the undergraduate course, to now being a post-graduate activity. This change occurred in the medical profession in the middle of the last century; in many developed countries it would be unusual for a general medical practitioner to undertake the treatment of a fractured bone. However, I doubt that the veterinary profession is quite ready for such a sharp demarcation.

In rural and less affluent or developed regions around the world, veterinarians who are in a general practice do not have ready access to specialist surgeons. They must be competent to diagnose common orthopaedic disorders, and to provide basic care for traumatised animals. Therefore, we must continue to insist that these skills should be essential 'day one' clinical competencies of new veterinary graduates.

In the medical profession, the identification of a list of core regional musculoskeletal examination skills for medical students has been given some priority. Perhaps we should establish a similar list for veterinary students. This list could be quite different, region by region, around the world. While I absolutely applaud the growth of orthopaedics as a speciality and the inimitable success of our World Congresses, it is imperative that the veterinary colleges remain responsible for the provision of training in core orthopaedic skills for our veterinary students.



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