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Education, Education, Education

The development and training of the next generation of orthopaedic surgeons is becoming more and more difficult. The problems are somewhat multifactorial – the limitation of working time and moves to a full shift system have limited 'contact time' somewhat, with the trainee often spending much less time with their trainer. This lack of exposure has been compounded with dramatic changes in working life. With morale perhaps at its lowest ebb in the time I have been in medicine, doctors and medical students at every level are becoming increasingly disenfranchised, which inevitably impacts on willingness to learn and time set aside for training. The added pressure of contractual and service obligations hasn't just impacted on morale, however, it has profoundly impacted upon training. The global push towards 'efficiency' has seen more and more patients being treated in facilities without a teaching commitment, and even in those where there *is* a teaching commitment, time pressures are eroding both the training opportunities and the quality of those opportunities. The natural eventual outcome of this, of course, will be that consultants and attending doctors are not as well-trained or as confident when they complete their training as they used to be. They will not be as proficient at treating their patients and will feel unable or unwilling to train in their first years of practice. A vicious cycle of limited training opportunities, impacting on trainers' ability and willingness to train.

This problem isn't just limited to the surgical higher trainee; more junior doctors and medical students are facing similar problems. The response has been impressive, from medical schools, regulatory authorities, the trainers and the trainees themselves all proposing measures to 'fill the gaps' in the exposure provided. The big shift from time-based to competency-based education in higher surgical training at least has recognised that training needs are different for each trainee and that achievement of certain competencies can substitute for simple 'time spent' in training.

The dual feature articles this month highlight two innovative approaches to training and teaching at two very different levels: one with providing supplementary material through an educational platform to enhance undergraduate and junior training using iPhones, iPads and web based devices; the other combining simulators with cadaveric workshops to ensure those learning newer surgical skills don't squander the opportunities offered by limited and valuable cadaveric workshops.

Whatever the local and national pressures applied, as so much learning is extra-curricular — either in coffee room conversations, before work seminars, journal clubs in the evening and often on trainers' and trainees' own time — it is all beholden to good will. It is a concern that with the 'squeeze' of both service commitments, and good will, valuable learning opportunities can be lost. These can to a certain extent be offset by innovative approaches to surgical training; clearly initiatives like Learn Orthopaedics and the Cambridge simulation courses are going to become increasingly central to teaching, training and learning.

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