■ EDITORIAL

Head, hand and heart

MEASURING OUR ABILITIES

D. H. A. Jones

From Great Ormond Street Hospital for Children and University College Hospital, London, England

I'm not sure of the origin of the term, but 'head, hand and heart' neatly summarises the characteristics required of a good orthopaedic surgeon. Roughly translated, one needs knowledge, technical dexterity and commitment in order to succeed.

Although our knowledge base goes back hundreds of years and can readily be assessed nowadays, the handing on of surgical skills takes place over one short generation. I learnt from my seniors and I teach my juniors. I build trust with patients and trainees, thereby allowing continuity of care for the former and enough time to supervise the latter. The acquisition and maintenance of surgical skills can be realised only through constant experience and practice, especially when dealing with complex or unusual problems.

In the UK, this heritage is threatened by the imposition of changes in working practice, often by people who have little idea of what is required of a surgeon. We surgeons are having to cope with the combination of a decreased working week and the imminent prospect of shortened training. The former, namely the European Working Time Directive (EWTD), is promulgated in the name of safety in the workplace and the latter, 'Modernising Medical Careers' (MMC),¹ in the interests of getting more surgeons more quickly into post. Already, increasing restrictions in working hours and shift work patterns mean that trainees are denied experience with patients and teaching time with seniors. Indeed, the evidence emerging suggests that, far from increasing safety in the workplace, the opposite is happening, with trainees disgruntled, denied experience and forced to work antisocial rotas.² The problems of the EWTD are generally unresolved in relation to craft specialties such as orthopaedic surgery.

Into this unhappy arena, MMC, designed to streamline training, arrives in August 2005. Newly-qualified doctors will begin two Foundation Years after which they will be eligible for specialist training. The curriculum through

which this is to be delivered is web-based and produced as an Intercollegiate venture by the Royal College of Surgeons of England.³ It has to be ready by 2007 when the first group of trainees will have finished their Foundation Years. The curriculum outlines broad strategic plans but the detailed delivery for each surgical specialty has yet to be finalised. However, competence assessment (CA) as a measure of a trainees performance will be included. The concept of CA is based on the assumption that reduced hours of work and streamlined career progression oblige training to be more intense and objective.

In orthopaedics, our well-established examination process is a reasonable test of knowledge and problem solving (the 'head').

In this issue of the *Journal of Bone and Joint Surgery*, we publish the progress of two projects which measure experience and competence ('the hand'), namely the UK and Ireland Orthopaedic eLogbook⁴ and Orthopaedic Competence Assessment Project (OCAP),⁵ respectively.

They are the fruit of an immense amount of work by committed people who deserve much credit for getting them into working order.

The eLogbook looks well on the way to success. In particular, arrangements for the ownership, custodianship and access to the data seem robust and acceptable.

If the eLogbook proves successful, one could see integration with other specialties, thereby leading to the availability of consistent data which is comparable across the board.

OCAP, while promising in its pilots, has yet to prove itself in the wider world. In order to succeed, it first has to show it is practicable, in particular with trainers who are already overburdened with paperwork and protocols. Secondly, it must prove the 'OCAP' surgeon is as good as the 'apprentice' type. Thirdly, it must be able withstand legal challenge. Fourthly, it must be workable within the surgical curriculum. Finally, it must include some measurement of 'heart', that part of a young surgeon's

■ D. H. A. Jones, FRCS, Ed(Orth), Consultant Orthopaedic Surgeon Great Ormond Street Hospital for Children and University College Hospital, London.

Correspondence should be sent to Mr D. H. A. Jones at Great Ormond Street Hospital for Children, London WC1N 3JH, UK.

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character which fights for high professional standards, makes sacrifices in the interests of patients, encourages and co-operates with others and still has time to enjoy life outside orthopaedics.

Our 'bird in the hand' is a system which has relied on time, experience and practice to produce orthopaedic surgeons of high calibre.

We must not accept any alternative system unless it maintains or improves on these standards.

References

1. **Modernising Medical Careers.** <http://www.mmc.nhs.uk> (accessed 16/06/05).
2. **Lowry J, Cripps J.** Results of the on-line EWTD trainee survey. *Am R Coll Eng Suppl* 2005;87:86-7.
3. **JCHST Curriculum Development Project.** <http://curriculum.jchst.org> (accessed 16/06/05).
4. **Sher JL, Reed MR, Calvert P, Wallace WA, Lamb A.** Influencing the national training agenda: the UK & Ireland orthopaedic eLogbook. *J Bone Joint Surg [Br]* 2005; 87-B:1182-6.
5. **Pitts D, Rowley DI, Sher JL.** Assessment of performance in orthopaedic training. *J Bone Joint Surg [Br]* 2005;87-B:1187-91.