■ ANNOTATION

The ABC Travelling Fellowship 2010

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The 2010 Fellows undertook a six-week journey through centres of orthopaedic excellence along the East Coast of Canada and the United States. What we learned and gained from the experience and each other is immeasurable, but five areas particularly stand out; education, research, service delivery, financial insights and professional development.

The ABC Fellowship has been in existence since 1948, and the history of the tour and the significant contributions of previous ABC fellows to our profession are well documented.¹ The 2010 Fellows were Matthew L. Costa, Jonathan C. Clasper, Amar Rangan, Leela C. Biant (all United Kingdom), Stewart I. Dix-Peek (Republic of South Africa), Patrick C. L. Weinrauch (Australia) and Dawson C. W. Muir (New Zealand) and our journey is documented in the blog on the JBJS [Br] website.² The most frequent question asked of all seven of us on our return from the 2010 ABC Travelling Fellowship was: 'so what did you learn?' Five areas particularly stand out:

1. Education

The commitment of all the centres we visited to the education of their residents was apparent. This started with the selection of trainees; places on residency programmes were highly prized and sought after. Selection was not only based on academic achievement, but also on aptitude for surgical practice, leadership skills, and research potential. We observed that this process recruited high quality trainees with the potential to excel in our specialty, and was preferable to the anonymous tick box application process that has materialised in the United Kingdom.

It was clear that the residents' primary function was to learn the science and art of Trauma and Orthopaedic Surgery and good patient care. Service delivery in teaching hospitals was organised to facilitate this, with consultant led (and mainly consultant delivered) service models aided by paramedical staff such as Physician Assistants. Residents perhaps had fewer opportunities than British, South African, Australian or New Zealand registrars to be trained

in multiple centres with a wider exposure to orthopaedic practice, but the training programmes were highly structured, tightly controlled and evaluated. The smaller groups of residents at most Canadian and United States centres lent themselves to a cohesive and supportive environment for learning and socialising. Perhaps following from this centrist training approach, however, is the trend that very few American residents go abroad for fellowships, something most of us have found to be a valuable experience in both acquiring surgical techniques and learning about different clinical protocols. The widespread perception that only an American fellowship training is of value should be challenged so that American residents can also take advantage of opportunities for development beyond their shores. Perhaps the 2010 ABC Fellows will be able to foster links and encourage the exchange of residents in the future for the benefit of all our trainees.

Leadership programmes for outstanding trainees, including those run by the American Orthopaedic Association (AOA), give selected trainees the tools to become effective clinical and research leaders in the coming years. We can learn much from this investment in the future of the profession.

2. Research

Highly structured and organised programmes of research were evident in many centres. We learned valuable lessons about appropriate infrastructure, planned long-term programmes of activity, sustainable funding streams and management of research staff. Quality research was valued and expected at the bigger centres, including those hospitals only treating fully funded private patients. Certain hospitals have

their own indexed peer-reviewed journals and all the Departmental newsletters we saw from every centre listed their recent publications with pride. Clinical, integrated translational research and laboratory based research programmes were all valued with centres competing to recruit excellent scientists as well as clinical staff. We appreciated the opportunity to have working lunches with Carol Grieder, Nobel Prize winning scientist at Johns Hopkins, and Steven Goldring, Chief Scientific Officer at the Hospital for Special Surgery, New York. The potential of our own departments became apparent to all of us, and we have all returned from the Tour with renewed enthusiasm for developing further research infrastructure in our own units. Spending time in the company of the other 2010 ABC Fellows has also resulted in the instigation of several trials to investigate key unanswered questions in orthopaedic surgery.

3. Service delivery

Service delivery, government healthcare reform, and models of health delivery were topical subjects at our host centres and at the AOA meeting. Orthopaedic service delivery models in different countries differ immensely, from fee for service to an NHS type model, and our views of the systems in which we work were valued. The United States healthcare reforms may be more a reform of insurance systems and remuneration rather than service delivery. Some of our hosts viewed it as an opportunity, some as an opportunity missed to overhaul the whole system, and some resented the government interference entirely. Certainly debate ensued. The vast differences in orthopaedic service delivery models between Canada and the United States were apparent, with merit and deficiencies apparent in both systems.

The model of resident education separated from service delivery is one we will need to evaluate in our own countries as the number of trainees and the hours they are allowed to work fall, resulting in a relative lack of available manpower. We had the opportunity to observe specially trained Physician Assistants and extended scope paramedical practitioners assisting surgeons in theatres and clinics. Perhaps we as a profession need to be pro-active in training these individuals if they are to be of optimal benefit to our service delivery.

4. Financial insights

The extent of personal donations from wealthy members of the public to medical institutions in the United States was impressive. Some orthopaedic departments gained more in annual donations than the total hospital budget of some of our units at home. Larger departments employed teams of fundraisers to exploit every potential opportunity for donation. Almost every door in some research units had a plaque naming the donor who had helped fund its existence. We had a lecture on how to do "the ask" of a wealthy patient, how to stay in touch with them and encourage donations from their friends. We found the concept rather uncomfortable and alien, but perhaps we are missing an opportunity

to fund further research programmes and build research facilities. Clearly, in the United States there is a culture of large and very public donations by wealthy individuals to large and prestigious hospitals, that may not exist elsewhere. Perhaps we need to adopt some of these ideas culturally. The very valuable contributions of the armies of volunteers and small charity collections seen in our own hospitals were less evident in these large centres.

It was also interesting to note the further importance of philanthropic donations with the reduction in personal and departmental remuneration resulting from reform of financial support from industry. The 2010 Fellows were surprised to gain an insight into the extent of financing of Trauma and Orthopaedic Surgery by industry in the United States, the consequences of which were predictable. The initial intrigue that industry had put so much money into the American market compared to elsewhere in the world rapidly gave way to questioning where all this money is now going?

5. Professional development

Development of the profession as a whole, and nurturing leadership and management skills in individuals is at the forefront of AOA priorities. Outstanding trainees were selected to attend a programme of leadership training running parallel to the main AOA meeting. We enjoyed and appreciated diverse AOA symposia such as those dealing with educational leadership, healthcare reform, effective work/family/self/relationship balance, academic leadership, relationship of surgeons with industry and exposure to ionising radiation.

The 2010 Fellows were hosted in each centre by the most recent ABC Fellow in that city, and by the Head of Department. We were lucky to meet, have an academic exchange and socialise with such dynamic, talented and fun individuals. We enjoyed social activities such as go-kart racing, white-water rafting, fishing, a baseball match, boating and sports afternoons as well as the academic meetings in each centre. At the AOA meeting in San Diego at the end of the Tour we were pleased to see all our 'younger' hosts on the AOA council as well as the senior surgeons. The AOA is indeed in safe hands for the future. The combination of dynamic youth and senior experience driving the profession forward keeps it relevant, and is perhaps one we could take to our own associations.

Previous ABC Fellows selected by the BOA, SAOA, AOA and NZOA have gone on to lead the profession in their own countries and make significant contributions to society. Only time will tell if the 2010 Fellows will match up to their predecessors, but the ABC Fellowship has given us an unparalleled opportunity to meet and learn from exceptional individuals and be inspired and energised to push our own units and profession forward. Perhaps most importantly on a personal level; to step out of our hectic lives for six weeks and re-evaluate priorities of clinical and research work, and personal goals; to have met and travelled with six others

who have inspired and entertained each other, to have forged a deep bond of friendship that will last a lifetime, is a gift for which we cannot be too thankful. The six-week fellowship has influenced all the Fellows profoundly; we are grateful to our generous hosts for their time and company and to our home orthopaedic associations and the JBJS [Br] for supporting the tour.

No benefits in any form have been received or will be received from a commercial party related directly or indirectly to the subject of this article.

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1. **St Clair Strange D.** *The history of the ABC club of travelling fellows*. London: British Editorial Society of Bone and Joint Surgery, 1998.
2. **ABC travelling fellows.** ABC travelling fellows 2010 blog. <http://www.jbjs.org.uk/education/abc-travelling-fellows-2010-blog> (date last accessed 6 September 2010).