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), 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.

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 eLogbook and Orthopaedic Competence Assessment Project (OCAP), 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
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