

Presidential address, 2001. Roots and relevance

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The infrastructure, focus and modus operandi of the Canadian Orthopaedic Association (COA) has been changed to effectively address the needs of the Association in this new century, as well as the possibility of a diminished interest in orthopedic surgery as a career choice. These issues are dealt with in this COA presidential address given at the COA annual general meeting in June 2001.

L'Association canadienne d'orthopédie (ACO) a transformé son infrastructure, son orientation et son mode de fonctionnement de façon à mieux les adapter à ses besoins en ce nouveau siècle, et aussi à réagir à la possibilité d'une baisse d'intérêt pour la chirurgie orthopédique comme choix de carrière. Ces questions sont abordées dans ce discours du président de l'ACO, prononcé devant l'Assemblée générale annuelle en juin 2001.

I have chosen "Roots and relevance" as the title of my address to permit a backward glance at the past and a more detailed review of the present and the future of the Canadian Orthopaedic Association (COA).

We can be justifiably proud of our ancient roots, with the development of medicine in 400 BC, surgery as a branch of medicine in the 1500s, orthopedics as a branch of surgery in the 1700s and its introduction to Canada in the 1800s — a long journey from the Aegean to the banks of Lake Ontario. There followed the establishment of our association in Montreal by 5 wise men under the leadership of Edouard Samson in 1945. They chose 5 strategic objectives to ensure the safe birth and strong development of our association. These may be briefly summarized as follows:

- To carve out a place for our specialty in Canada
- To establish training programs

- To collaborate with others in education
- To organize meetings
- To promote orthopedic publications

Interestingly, while celebrating our golden jubilee 50 years later, it was noted that nothing had changed except for the addition of 2 somewhat technical objectives relating to financial support and enabling legalese. Apparently the initial 5 objectives were seen to have remained relevant and to have served us well.

What we must ask ourselves now, without disrespect to our founders or disregard of our founding principles is whether these roots and relevancies are germane to the challenges we face today.

For the past 10 years, presidents have expressed concern regarding the wellbeing of our organization and the need for change if we are to remain vibrant and essential in the professional lives of orthopedic surgeons in Canada.

Let me summarize a number of realities to bring this message home.

First, 1 in 5 of our colleagues chooses not to join the COA, and at least 1 of the remaining 4 has some reservations about the Association's role in his or her professional life. Although many reasons exist for these facts (and we should be proud of an 80% voluntary membership), the words of President Martin 5 years ago had a disturbing resonance: "the COA is seen by some as being elitist and an Old Boys Network with little of value to offer its members." We have to ask ourselves if this is an issue of relevance at the grass roots level.

Second, when we reflect on our association in the broadest sense and discuss it with our colleagues in the street or in the cafeteria, an interesting pattern emerges. The collective memory of the membership and most common citation is not of prominent presidents and lofty actions of the board. But instead of the Galways, Leightons and Lewises of

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our organization and the actions of the Committee on Orthopaedic Practice and Economics (COPE). I suggest this is definitely an issue of relevance at the grass roots level.

Third, there is the question of our future membership and of orthopedic surgery as an attractive career choice. There has been an alarming reduction in the number of medical graduates applying for entry to our training programs: from over 100 a few years ago to 61 this year — a 40% reduction. Additionally, of those 61, only 31 indicated orthopedic surgery as their first choice. Therefore, up to one-third of new entrants to Canadian orthopedic training programs this year may do so as a compromise, not as a first choice.

Furthermore, in 2001 the unthinkable occurred in the proud history of Canadian orthopedic surgery: 8 of our training slots across this country (approximately 15%) went unfilled in the first match. If we do not interpret this as a clarion call for action then we have become an association and a specialty group of dinosaurs approaching extinction, as indeed we may now be seen by many of our younger colleagues.

Many reasons have been advanced for this sharp reduction in the popularity of orthopedic surgery, but there is a common thread in explanations given by professionals in this field and by medical students: orthopedics as a “way of life.” It is seen as a specialty plagued by rising costs, diminishing work satisfaction and a problem of deplorable access to health care facilities for its patients and caregivers. Our waiting lists are among the longest within all specialty groups and are unacceptable by any standards in the free world. Furthermore, there is the added pervasive effect on morale of adversarial competition with one’s colleagues for the same resources, instead of constructive collegial cooperation. This cannot be hidden from young graduates who are seeking harmony in their professional lives.

Our way of life does not fit with the changing values of medical students today and is not seen as conducive to quality time with family and friends on which there is now much greater and healthier emphasis.

Those of us trained in the last century wear this way of life as a badge of honour. Is this wise? In a popular (although unlikely) rumour it is thought that a similar sentiment was worn by the Polish cavalry who charged Hitler’s tanks in 1939. We see ourselves as a strong, even elite specialty, well able to survive difficult times, not remembering that Darwin did not teach survival of the strongest and fittest, but survival of those, even if weak and unfit, who can adapt most easily to the realities of a changing world. Even if we have ideologic differences with the changing values of our colleagues to be, these must be acknowledged and an adjustment considered, if we are to survive.

To come to grips with these and other realities, our association returned to the city of its birth, for a retreat, in January 2001, 56 years after we came into being. Motivated by our COA president, facilitated by our Canadian Orthopaedic Foundation (COF) president and building on an initiative by our previous president 1 year earlier, 20 people, representing the executive team, the major committee chairs and our regional representatives, struggled with the need for change and the mechanism of achieving it.

The decisions of that retreat, which may become historical, were outlined in our *Bulletin* 3 months ago. Briefly summarized, for the first time in our history we crafted a vision as follows: “Excellence in orthopaedic care for Canadians.” We defined the enabling goals required to achieve that vision and decided to replace our historical objectives, unchanged over 56 years, with 4 new objectives to address the issues that are before us today:

- To advance professional fulfilment

- To promote and provide education
- To communicate and inform
- To advocate for national standards (for the *caregiver* as well as those cared for)

The deliberations of this retreat have been widely published, the by-laws revised to accommodate those changes and new committees formed to bring them into place. All of these were endorsed by the membership at our annual general meeting in London, Ont.

The new committees include:

- COPE and fulfilment
- professional development
- communication
- national standards

Obviously, they are closely aligned with the new objectives or relevancies of our organization.

All of the old committees will be retired or rolled into this new infrastructure except for a very small number that must remain standing, such as the nominating committee.

Furthermore, without surrendering pride of place on the international scene or our obligations on the global stage, it was resolved to look internally, like never before, with a new focus on our grass roots and on the new relevancies of this millennium — not the least to dispel the “old boys network” veneer and vernacular. There will be a focal shift from the sacrifice of the orthopedic way of life, to the fulfilment of the orthopedic day of life.

Effective leadership needs not only to happen but to be seen to happen, which begs the question, What will be the visible effects of this new direction on the lives of orthopedic surgeons in training and those in practice?

With this new focus, resolve and committee infrastructure, the Association, through the national standards committee will forcefully, publicly and politically advocate for:

- access to care
- excellence of care
- respect and reward for the caregivers

- improvement in our working conditions

The management of many orthopedic problems in the middle of the night must become a thing of the past, unless based on clinical need, not lack of daytime resources.

Communication will become effective, efficient, relevant and state of the art.

Education will include standards of care, advances in care, increased emphasis on hands-on bioskills instruction, as well as risk management.

The popular and effective COPE committee will be given a broader mandate and focus on professional fulfilment, acting as a clearing house so that our activities in advocacy, communication and education will return productivity and pride to the orthopedic day of life.

While much has been done in the past 5 months, a great deal is left to be accomplished by me and others.

The 4 new keystone committees will need to function as task forces for a while, requiring strong leadership, committed membership, new terms of reference and performance measurables. Involvement by our young membership and

provincial associations will be key.

Finally, if the grass roots have become our focus, what about the seed without which those roots will not exist? When faced with the diminishing interest in orthopedic surgery as a career, we must ask: What does the future hold if we do not take it into our own hands? Unhappily, it is extinction, if our response is passive. We may be in survival not "thrival" mode.

Many factors have been cited to explain this phenomenon, including a reduction or deletion of orthopedics in the undergraduate curriculum of many medical schools, the challenges of the traditional orthopedic lifestyle, which I have mentioned earlier, the changing values of medical graduates today and other important forces.

With some urgency, we must form a task force on orthopedic recruitment and careers (TORC) to examine this carefully and take affirmative action. The acronym TORC is no accident because we must turn this around.

That team, working with a number of partners, must determine

- why it happened
- when it happened

- how it can be reversed

Also, it must consider the need to go beyond the undergraduate curricula by active recruitment in medical school: the marketing of our specialty. After all, in this new era of molecular biology, tissue engineering and advanced technology, never has the potential for career satisfaction in orthopedic surgery been so great. That, coupled with the ideals of our association, the bedrock of our daily lives, properly expressed to these idealistic young colleagues to be, must surely prevail: beautifully expressed in the coat of arms gifted to the Association 20 years ago by President Salter — *Pietate, Arte et Scientia Corrigitur* — with compassion, skill and knowledge we heal.

I hope you will now understand the meaning of the title "roots and relevance," the flavour of the next year under my leadership, the determination of our association to adapt to the realities of our changing world and the urgency with which we need your active participation. The Association and I approach the next year with confidence and enthusiasm but ask you to join us in what must be a team effort if we are to succeed. ■

Calendar Calendrier

Hepatic, biliary and pancreatic surgery

The Department of Surgery, University of Minnesota Medical School will present the 66th annual course entitled "Advances in Hepatic, Biliary, and Pancreatic Surgery" from June 12 to 15, 2002, at the Hyatt Regency Hotel, Minneapolis, Minn. The fees are US\$595 (US\$375 for medical students). Credit: 23.75 hours in AMA Category 1. Contact the Office of Continuing Medical Education,

University of Minnesota, 190 McNamara Alumni Center, 200 Oak St. SE, Minneapolis MN 55455; tel 612 626-7600; fax 612 626-7766.

Controversies in breast cancer 2002

The Faculty of Medicine, University of Toronto will hold a course entitled "Controversies in the Etiology, Detection and Treatment of Breast Cancer: 2002" on June 13 and 14, 2002, at the Metropolitan Toronto Conven-

tion Centre, North Building, 100 Level, 255 Front St. W, Toronto. Credits: Royal College of Physicians and Surgeons of Canada and AMA Category 1. For registration and call for papers information contact Continuing Education, Faculty of Medicine, University of Toronto, Ste. 650, 500 University Ave., Toronto ON MTG 1V7; URL www.cme.utoronto.ca; tel 416 978-2719; fax 416 971-2200; email ce.med@utoronto.ca

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