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Graduates of Joint Reconstruction Fellowship Training Programs are Increasingly Subspecialized

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Introduction: Recent trends in the practice patterns of Joint Reconstruction (JR) fellowship graduates are not well characterized. The aim of this study is to determine the proportion of cases JR fellowship graduates perform within their area of JR training. We hypothesize that fellowship-trained JR graduates are increasingly less likely to perform procedures outside their area of specialty training over the past decade.

Methods: The ABOS Part II database was used to analyze all the procedures performed by JR fellowship-trained candidates from 2003 to 2013. Procedures were classified into one of two groups: within or outside of JR specialty training, based on whether or not one would gain exposure to a procedure during a JR fellowship. The number of procedures per JR-trained candidate and the percentage of procedures performed within the JR specialty were analyzed. Linear regression was used to determine trend, and statistical significance was defined as p< 0.05.

Results: 767 JR trained candidates performed 120,456 procedures from 2003 to 2013. The number of procedures performed per candidate per year did not change (coefficient = -1.7, p = 0.15). The number of procedures performed within JR specialty increased by 2.3 procedures per candidate per year (p=0.01, r2 = 0.53) while the number of procedures performed outside the JR specialty decreased by 4.0 procedures per candidate per year (p< 0.001 r2 = 0.79). The percentage of procedures performed within the JR specialty training increased by 2.1% per year (p< 0.001, r2 = 0.85).

Conclusion: The number of procedures performed per JR trained candidate each year did not change from 2003 to 2013. The number and proportion of procedures performed within the area of JR training increased and the number performed outside of JR training decreased. JR fellowship-trained ABOS candidates are increasingly less likely to perform procedures outside their area of subspecialty training.