

**LETTER TO THE EDITOR****Letter to The Editor about paper entitled "Improvement of Orthopedic Residency Programs and Diversity, Dilemmas and Challenges, an International Perspective"****Dear Editor**

In the article "Improvement of Orthopedic Residency Programs and Diversity, Dilemmas and Challenges, an International Perspective" authored by Hengameh Fayyaz and colleagues (Issue 7(4), 2019), several points regarding the section on Iran require clarification.

Dr. Seyed Mohammad Javad Mortazavi has reported the number of practicing orthopedic surgeons in Iran as nearly twice the actual figure. It has also been stated that residents are free to rotate through various subspecialty services; however, it has not been mentioned that in these subspecialty services, residents are not allowed to perform surgeries themselves, as fellows take over this role.

Furthermore, reference has been made to the use of a logbook, while in reality no such record book exists in the country's training centers. Board examinations also do not reflect the content actually taught to residents. Importantly, the article does not address the numerous shortcomings and critical challenges in orthopedic residency training in Iran.

For clarification, we are enclosing a brief summary of the study "Urgency of Reform in Orthopedic Residency Education in Iran" to be published alongside this response.

This document presents a comparative review of orthopedic residency education systems across several countries, including Canada, the United Kingdom, Russia, Australia, India, Saudi Arabia, and Iran. The aim is to identify strengths and weaknesses in training structures and to propose urgent reforms for the Iranian system.

**International Residency Models**

- Canada: Residency lasts five years, with proper attention to research. Admission is highly competitive, and residents undergo structured supervision, surgical logbook maintenance, and rigorous midterm and final examinations.
- United Kingdom: Training spans ten years, with emphasis on trauma management, simulation-based education, and continuous assessments. Fellowships are integrated into later stages of training.
- Russia: A shorter two-year residency with an option for extension. Residents complete structured educational units and undergo written, oral, and simulation-based exams.

- Australia: A system similar to the UK, extending up to ten years. Strong emphasis is placed on trauma care and staged examinations.
- India: A three-year residency, with training concentrated in government hospitals. High patient volume provides residents with extensive trauma exposure, though supervision varies. Fellowships are integrated into the last two years of training. Duration of training has increased to six years lately.
- Saudi Arabia: A five-year residency overseen by the Saudi Commission for Health Specialties, with structured rotations, annual examinations, and a strong focus on ethics and professionalism.

**Challenges in Iran**

The Iranian orthopedic residency system has suffered from inconsistent curricula, weak supervision, absence of surgical logbooks, and poorly aligned board examinations. Academic oversight has diminished, while subspecialty fellowships (often mislabeled as 'super-specialties') have reduced residents' surgical opportunities. This has created inequities, professional frustration, and a decline in training quality.

**Key Issues**

1. Lack of consistent national curriculum and structured evaluations.
2. Weak or absent faculty supervision in teaching hospitals.
3. Overemphasis on subspecialty fellowships, leading to reduced opportunities for residents.
4. Inadequate compensation for residents and misallocation of surgical credits.
5. Extended exam preparation leave, reducing effective training duration.
6. Insufficient oversight from professional boards and associations.

**Recommendations for Reform**

- Reinstate a standardized, competency-based national curriculum aligned with international models.
- Mandate continuous faculty supervision and accountability in both clinical and surgical training.
- Increase training duration to five years, integrate

**Corresponding Author:** Aziz Ahmadi, Iranian Orthopedic Association, No.94, Keshavars Boulevard, Tehran, Iran

**Email:** azizahmadi@yahoo.com



THE ONLINE VERSION OF THIS ARTICLE  
ABJS.MUMS.AC.IR



fellowships in last years of training. Integration of fellowships into curricula will eliminate so called mislabeled super-specialties.

- Improve financial support and working conditions for residents.
- Establish mandatory surgical logbooks and structured periodic evaluations.
- Strengthen the role of professional associations in quality assurance and continuous education.

### Conclusion

The comparative analysis highlights significant gaps in Iran's orthopedic residency education. Adopting international best practices, coupled with strong oversight and restructuring of subspecialty roles, is essential for ensuring competent and motivated orthopedic specialists in the future.

*Sincerely,  
Aziz Ahmadi MD,  
Orthopedic surgeon  
Founder of Iranian Orthopedic Association, Tehran, Iran*

### Acknowledgement

N/A

**Authors Contribution:** All steps were done by the only author.

**Declaration of Conflict of Interest:** The author do NOT have any potential conflicts of interest for this manuscript.

**Declaration of Funding:** The author received NO financial support for the preparation, research, authorship, and publication of this manuscript.

**Declaration of Ethical Approval for Study:** N/A

**Declaration of Informed Consent:** N/A

Aziz Ahmadi MD<sup>1</sup>

1 Iranian Orthopedic Association, No.94, Keshavars  
Boulevard, Tehran, Iran