"We in the Canadian Orthopaedic Association (COA) agree with the Wait Time Alliance that alternate-level-of-care patients with chronic conditions that unfortunately remain in acute-care hospital beds are a very serious health-care issue", says Dr. Ross Leighton, president of the COA, "and we look forward to a national plan to tackle this complex problem so that acute-care beds can be most effectively used. However, from our perspective, there are some other issues that also urgently require attention."

A founding member of the Wait Times Alliance, the COA established national wait-time benchmarks for hip- and knee-replacement surgery in 2006, and Canada's orthopaedic surgeons have strived to meet those standards. Some dedicated funding from the 2004 Health Accord has helped reduce the wait times for hip- and knee-replacement surgery, but not below acceptable benchmarks in many areas of the country. The Accord has not worked to make orthopaedic care uniform across the country or even across provinces. Moreover, as a result of the focus on only hips and knees, wait times for other surgical sub-specialties such as spine, shoulder and elbow, wrist, hand, foot and ankle, and paediatric orthopaedics have sharply risen.

"We still have a long road to go before *all* orthopaedic patients receive timely care", says Dr. Leighton. "Demand is still outpacing our ability to deliver care. At the very time when orthopaedic surgeons are needed the most, we have many Canadian-trained orthopaedic graduates who cannot find work here in Canada because of a lack of infrastructure and resources supplied by provincial governments. Surely, we cannot afford to lose these highly skilled professionals, especially when the demand for orthopaedic surgery is at an all-time high and the societal cost of waiting is so much greater than the surgical cost."

Since 2007, through its affiliate organization, Bone and Joint Canada, the COA has been working on a model of care that has truly reduced the wait times for orthopaedic consultation. The Canadian Orthopaedic Association is actively promoting this approach among its 1000-plus members and with government decision-makers. "By any measure, this is a solid example of real health-care reform", says Dr. Leighton, "not something imposed from above, but lots of hard work building from the ground up". While this initiative is to be celebrated, its positive effects are overshadowed by the persistence of excessive wait times for surgical care.

The missing piece to a successful outcome for this model of care is the need for more surgical resources. "Despite compelling statistics", says Dr. Leighton, "there is a reluctance to reallocate resources to those most in need of care- the orthopaedic patients of Canada. As their advocate,

the COA is only too aware of the suffering patients must endure when forced to wait for joint replacements and increasingly other orthopaedic procedures. We feel that all provincial governments, now embracing a patient-focused care system, should address these issues as soon as possible."