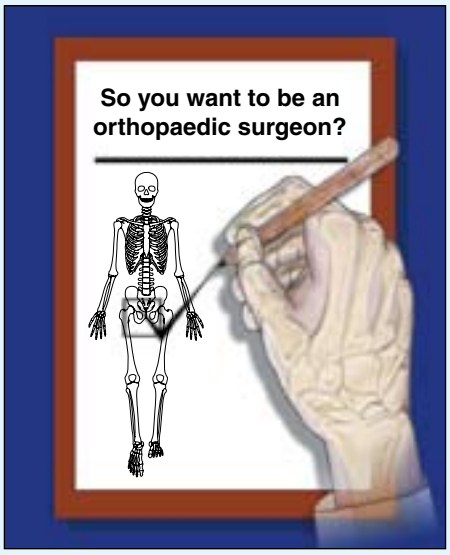
So you want to be ... an orthopaedic surgeon



The increasing pressures of the medical curriculum lead to a relative underexposure of most undergraduates to orthopaedic surgery. Nevertheless orthopaedics is a flourishing and ever expanding specialty as a result of remarkable developments in the past 50 years and increasing need in an ageing population. A worldwide initiative, the bone and joint decade, has already seen a massive expansion in the numbers applying for registrar and consultant posts in orthopaedic surgery and this trend is going to increase.

Orthopaedics encompasses a variety of subspecialists – many orthopaedic surgeons only focus on one or two joints at the very most. In addition to trauma surgery and fracture management, the sub-specialties include spinal surgery, which crosses over with the neurosurgeons; shoulder surgery which usually links in with elbow surgery; hand and wrist surgery which crosses over with plastic surgeons; hip surgery, knee surgery, and foot and ankle surgery. There is also expanding interest in sports medicine which links into knee surgery and shoulder surgery in particular.

Orthopaedic and trauma surgery can provide excitement and stimulation. There are a variety of challenges including the buzz of acute trauma care, the technically demanding aspects such as hand surgery or micro surgery, exciting developments in implant technology in hip and knee arthroplasty, and the increasing breadth of musculoskeletal research which stretches from nanotechnology and molecular biology, through to bioengineering to clinical outcomes.

The training of orthopaedic surgeons is changing rapidly as a result of the Modernising Medical Careers proposals. The basic principles, however, remain the same and the key for medical students is to enhance their chances by doing an extra orthopaedic firm wherever possible, sitting orthopaedic essays or exam prizes if these are available, and by trying to do an orthopaedic or trauma elective.

The underlying basis for higher orthopaedic training is to undertake a basic surgical training programme in order to obtain the Membership of the Royal College of Surgeons (MRCS). This is currently done through house jobs and subsequently a basic surgical training rotation. Once the MRCS is obtained, the trainee must compete with others at a similar stage for registrar numbers for higher orthopaedic training. At this stage most trainees undertake two or three senior house officer (SHO) jobs in orthopaedics, including so-called senior SHO jobs where cutting and/or surgical experience is paramount. A number do a period of research such as a master of surgery or an MD where they get a grounding in basic research skills and academic orthopaedics. There is one final exam undertaken after four full years of specialist registrar (SpR) training, the Fellowship of the Royal College of Surgeons for Orthopaedics. The current SpR programme is 6 years which can include a year of research and a year of fellowship.

Towards the end or after their training, most orthopaedic surgeons undergo a period of very specialist fellowship training, often undertaken abroad. This is an idyllic period where some of the day-to-day responsibilities of junior medical staff are taken away and are replaced by exposure to a high throughput of specialist work with teaching and supervision.

With the foundation programme and the run-through specialist training programmes due to start in August 2007, the current training programmes will be replaced although it is not clear exactly how the period after the first 2 years is going to work. New trainees will undergo a 2-year period of foundation training followed by a third year which will be in orthopaedics or an orthopaedic-related specialty and will then be able to compete for entry into the higher orthopaedic training programme. This will take at least 4 years. Selection will be via a series of tests and will be deanery based. The current certificate of completion of specialist training awarded at the end of training will be replaced by the certificate of completion of training. The training is likely to be shorter than it is now, but there are concerns that a reduction in training will limit the ability of orthopaedic surgeons of the future. Changes in training strategies are occuring to try and avoid this, but there are concerns that a two-tier consultant body will develop.

Career prospects in orthopaedic surgery are good – the specialty is expanding because of the massive need. There will be tough competition and candidates need to develop an edge in order to succeed. That can be obtained through excellence at medical school, specific orthopaedic exposure in the final year of electives, orthopaedic publications or research interests and/or a mix of the right research and clinical experience during the first 3–4 years after graduation.

With an ageing population the demand for orthopaedic services will continue to increase. Orthopaedics needs intelligent, enthusiastic people who will be rewarded by excellent patient outcomes and by exciting research and surgical opportunities. BJHM

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KEY POINTS

- Orthopaedic surgery is an expanding specialty.
- Orthopaedic surgery has a broad spectrum ranging from micro surgery and nerve re-implantation to major joint arthroplasty.
- The need for orthopaedic services is likely to increase dramatically.
- Both technological and biological advances make this an exciting and very stimulating specialty for both clinical work and research.