So you want to be ... an orthopaedic surgeon

Orthopaedics is a flourishing and ever-expanding specialty which 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 neurosurgery; shoulder and elbow surgery; hand surgery which crosses over with plastic surgery; hip surgery, knee surgery, and foot and ankle surgery. There is also expanding interest in sports orthopaedic surgery.

Orthopaedic and trauma surgery provides excitement and stimulation, including the buzz of acute trauma care and the increasing breadth of musculoskeletal research which stretches from nanotechnology and molecular biology, through to bioengineering and clinical outcomes.

The training of orthopaedic surgeons is changing rapidly 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 aspiring orthopod should try to get an orthopaedic placement in his/her first foundation year. The second foundation year often provides some orthopaedic exposure via accident and emergency and 4-month placements in trauma and orthopaedics. This is a good time to build the CV to be competitive for ST applications. Potential targets include advanced trauma life support, advanced life support or basic surgical skills courses, peer reviewed publications, involvement in audits or relevant (i.e. orthopaedic/surgical) research studies.

Beyond this, training at ST or CT (core training) level is evolving. Most deaneries will ask for preferences within the subspecialties for the 2-year (and sometime now 3-year) ST/CT. Many jobs will be themed towards trauma and orthopaedics. Some trainees will be appointed to run-through training from the beginning, but most will have to apply again at ST3 level for the equivalent of a specialist registrar post. One-year training posts exist as fixed term specialty training appointment, and count towards training below ST3 (with a maximum of two posts per career). A few will enter higher training via an academic post.

Surgical examinations have recently been redesigned. MRCS Part A is a written paper of multiple choice questions on basic and applied clinical science, designed to be taken in ST1. Part B is a 21-station objective structured clinical examination, designed to include the communication skills, viva and clinical elements of the old exam, but all taken on the same day. This is supposed to be taken and passed in the ST2 year.

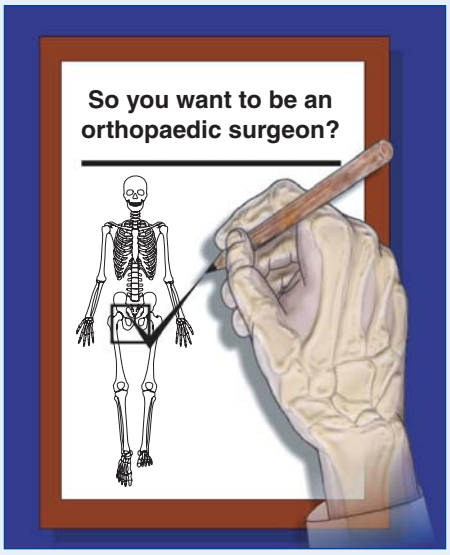
Training from foundation school through early specialty training is now competency based. Online assessment tools are used and scrutinized at annual reviews at the ST1 and ST2 levels. These assess clinical examination and observed procedures, and also more in depth case-based discussions.

A number of trainees undertake a period of research where they get a grounding in basic research skills and academic orthopaedics. The final exam, the Fellowship of the Royal College of Surgeons for Orthopaedics, is undertaken in higher training. This has two parts, a multiple choice question and a clinical exam, the timing of which is based on clinical experience and competencies. The current ST programme is 6 years beyond ST3 which can include a year of research and a year of fellowship.

Towards the end or after their training, the majority of 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.

Mr Fares Haddad *is Consultant Orthopaedic and Trauma Surgeon, University College Hospital, London NW1 2PG and* **Dr Ben Hudson** *is ST2 in Trauma and Orthopaedics, Kingston Hospital, Kingston-upon-Thames, Surrey*

Correspondence to: Mr F Haddad



At the end of specialist training, a certificate of completion of training is awarded. With the reduction in junior doctors' hours and the length of training, there are concerns that lack of experience will limit the ability of orthopaedic surgeons of the future. Training strategies are evolving 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 final year electives, orthopaedic publications or research interests and/or the right research and clinical experience in 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**

Conflict of interest: none.

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.