Working life (trauma and orthopaedic surgery)

This page provides useful information on the working week as well as any on call [1] and other commitments, along with information on who you will work with. The attractions and challenges of the job are also in this section.

“For me, orthopaedic surgery is simply the best surgical specialty. It’s all about reconstruction rather than resection, and by giving back people their mobility you help maintain their independence and quality of life.” David Large, Consultant T&O Surgeon, Ayr Hospital, Scotland.

“T&O is certainly one of the most satisfying surgical specialties. It combines the excitement, (and stress) of the emergency call to A&E where you are faced with the acute management of the seriously injured road traffic accident patient with the treatment of a patient with a degenerative hip or knee who needs a joint replacement. T&O transforms lives and can restore the patient with multiple fractures to full function so that they are able to return to their normal occupation. It can also enable the patient who is losing their mobility and independence because of an arthritic hip or knee to once more return to their normal daily living activities.” - David Stanley, Consultant T&O Surgeon, Sheffield.

Most trained surgeons in this specialty contribute to the emergency trauma service. However in some hospitals, T&O surgeons concentrate on emergency work, whilst others focus on elective [2] surgery. Elective [2] surgery is planned treatment for chronic conditions, such as hip or knee replacement for osteoarthritis.

How your time is spent

T&O surgeons generally spend about 40% of their time operating, and the remainder in outpatient clinics, the emergency department and assessing/monitoring patients before and after surgery. A typical week might include three operating sessions, with one comprising trauma cases and the other two elective [2] surgery, alongside their other duties.

Some surgery such as fracture repairs can take several hours and you may be doing emergency work in the evenings or at weekends. Surgery can sometimes take longer than
anticipated.

Any surgical post involves its share of administrative work - including writing letters to GPs and patients, attendance at departmental, multidisciplinary, national and international meetings, clinical governance, audit and research. There is also a significant teaching role.

You will often work in a district general hospital but there are also opportunities to work in specialist centres or orthopaedic hospitals.

### On call and working hours

There is more on call work for T&O surgery in comparison to other surgical specialties.

Most, but not all orthopaedic surgeons take part in on call rota to cover the trauma workload. The frequency of on call varies from 1 in 6 to 1 in 12-15 depending on the size of the unit. On call workload will be more intense in bigger units and in designated major trauma centres, but in general there is less overnight work than in other specialties as many cases can safely be scheduled during daytime hours.

The EU Working Time Regulation limits the working week to 48 hours.

- Who you will work with?

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Trauma and orthopaedic surgeons often work as part of large multidisciplinary teams. In emergency departments they work closely with emergency physicians and general surgeons.

Within the operating theatre you will work with:

- other surgeons
- anaesthetists
- theatre nurses
- medical students
- doctors in training
- operating department practitioners

Outside theatre you will work with a wide range of people including:

- patients and their families
- nurses
- administrative staff
- physiotherapists
- occupational therapists
- radiographers
- other doctors and surgeons including plastic surgeons, general surgeons, oral/maxillofacial surgeons, ENT surgeons, neurosurgeons, radiologists, rheumatologists, paediatricians, geriatricians and oncologists
Once you are a trained surgeon you will be leading and managing a team.

- Attractions and challenges of the role

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T&O surgery is a rewarding specialty. Patients are usually grateful when you replace a painful arthritic joint or repair multiple fractures following an accident. These procedures, and many others performed by the T&O surgeon offer the chance to rapidly improve people’s lives.

T&O surgery is also seen as a sociable specialty and the support you’ll receive from other colleagues adds to your job satisfaction.

The technology in T&O is developing rapidly and new therapeutic techniques greatly benefit patients. Minimally invasive surgical techniques are increasingly used, with reduced scarring and faster recovery times.

T&O surgeons comprise 28% of England’s surgical workforce. Our increasingly ageing population and the UK’s obesity epidemic means that there is a growing demand for services. Overweight people are much more likely to need joint replacement surgery than those who are a healthy weight.

About 20-30% of GP consultations are a result of musculoskeletal conditions, many of which are caused by age-related diseases such as osteoarthritis and osteoporosis. T&O surgery has more male surgeons than any other surgical specialty – at present only 5% of consultants are women. However between 2008-2012 there has been a 63% increase in women in T&O surgical training (Source CfWI report on T&O surgery 2014) (Securing the future workforce supply: trauma and orthopaedic surgery stocktake [22])

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[1] https://www.healthcareers.nhs.uk/glossary#On_call  
[8] https://www.healthcareers.nhs.uk/explore-roles/administration  
[16] https://www.healthcareers.nhs.uk/explore-roles/surgery/neurosurgery  