

Trauma and orthopaedic workforce - Challenges and solutions

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Planning the surgical workforce is one of the most difficult challenges to ensure the provision of a high-quality service, meeting not only the demands of patient care but also ensuring the conditions of work and maintaining the necessary levels of recruitment and retention. This edition's subspecialty section describes the current state of the trauma and orthopaedic (T&O) workforce from the perspectives of a consultant, trainees and a member of the Extended Surgical Team (EST).

It is very easy in such presentations to describe the negative aspects but all authors have successfully identified solutions to the challenges which face everyone. There are a number of themes which are common in all four articles and reflect the constraints which are resource related. However, there are some very positive suggestions which show from their experience how job satisfaction can be achieved despite the constraints.

By way of background, the Royal Colleges of Surgeons 2023 census provides details on demographics, working activity and working conditions. T&O faces challenges with regard to recruitment as the numbers of trainees joining training do not meet the numbers of surgeons retiring. T&O consultant surgeons are very busy and many are working frequently, or always, beyond contract. Unfortunately many surgeons are struggling with burnout challenges reflecting both the workload and conditions of service. Many trainees are struggling to gain the necessary technical competence and experience which has an inevitable impact on the confidence of the newly appointed consultant.

These themes are supported by the comparative surveys which BOTA did in 2019 and in 2022 before and after the pandemic. Adrian Andronic and Karen Chui have very clearly identified the key challenges for trainees. These are increasing training

opportunities, the appointment of a lead employer, opportunities for flexible working, opportunities for working out of programme and ensuring wellbeing. They have provided solutions such as experience of elective surgery in the independent sector, expanding access to simulation, flexible working and the potential benefit to encourage a higher proportion of women to join T&O as well as opportunities to work overseas to consolidate clinical experience.

Marc Patterson has provided a very insightful view based upon his own career. His extensive experience of a very busy clinical practice has underpinned his work and indeed has continued into his later years after 'retirement'. He does however stress the importance of pursuing opportunities for activities such as examining and both internal and external management roles to compliment a busy clinical practice. He rightly points out that this flexibility maintains job satisfaction. He also provides very sensible advice on coming to terms with retirement and appropriate planning which combines working to suit the individual interlinking with outside interests.

The theme of this year's annual meeting is the T&O workforce in general which includes the EST. Sally Stuart has described the background to the development and training of Surgical Care Practitioners and their very important role in supporting the service as well as providing their experience to facilitate training opportunities. This in the context of the current debate on the role of Physician Associates which she has clearly explained focussing on the different contributions of the members of the EST according to their scope of practice.

These perspectives have provided a very valuable insight into their different experiences and I think the authors have given helpful advice to aid job satisfaction for all across the T&O workforce. ■