

By this point, I was fairly certain that orthopaedics was the right surgical speciality for me, but I wanted to be sure. As a result, I undertook a surgical medical student elective in rural Zambia. This was the first chance I got to feel like a real doctor, performing manipulations of fractures, minor general surgical procedures, management of polytrauma patients and I even delivered my first baby!

In my final year of medical school, we were allowed to undertake student selected components. I didn't like the look of any of the ones offered by the medical school and sought opportunities to create my own. As a result, I independently arranged an exchange programme and spent a month in Kathmandu, studying musculoskeletal radiology.

After graduation, I arranged a one-month placement during the summer holidays in Malawi at the Beit Cure Paediatric Orthopaedic Hospital and Queens Trauma Centre in Blantyre. This was a fantastic placement, and one that secured my desire to pursue orthopaedics. I worked with Professor Mkandwire, who, at the time, was the only Malawian orthopaedic surgeon in the entire country. He performed every type of operation you could imagine including life changing thoracotomies and spinal surgery for tuberculosis, in a challenging and austere environment.

I started my Foundation training in Scotland and I chose my jobs around surgical specialities, doing orthopaedics, general surgery, obstetrics and gynaecology, rheumatology, accident and emergency and geriatric rehabilitation.

Again, I sought to make the most of my study leave and independently arranged taster weeks at the Royal National Orthopaedic Hospital, Stanmore. Here, I saw incredible limb salvage surgeries, including rotationplasty and total femur replacements. I also arranged taster weeks in Queens Hospital, Birmingham, with Professor Porter, where I had the opportunity to assist with military polytrauma casualties arriving back from Camp Bastion, Afghanistan.

I later received my Core Surgical number in Mersey Deanery. I was fortunate to negotiate placements in paediatrics orthopaedics, neurosurgical spine, trauma and limb reconstruction. Here, I had the opportunity to learn from some of the world's leaders in limb reconstruction and open fractures.

Along my path, I have met many influential and inspiring orthopaedic surgeons who helped make my decision easy. However, I believe I ended up in orthopaedics by trying everything available and creating my own opportunities for new experiences. Going into a surgical career demands dedication, hard work and perseverance.

There will undoubtedly be times when you wonder whether you made the right decision. However, if I were given the choice again, I would still, without doubt, choose orthopaedics.

My advice

- Don't be afraid to ask for opportunities
- Use your initiative and create your own opportunities
- Try all the surgical specialities you can – it will help you confirm your decision and will make you a better surgeon in the long run
- Find a mentor

How I got into orthopaedics — Peter Smitham: My story

Peter Smitham



As a teenager, I always hated the question “What do you want to do when you leave school?” I would answer by saying I wanted to be a vet because I am allergic to animal hair and felt it was the one thing I could never be. I first considered a medical career after seeing my mother's transformation after her surgery.

Exploring this option further, I asked the local GP why he went into medicine and his response was “Because I thought I would be good at it.” A work shadowing experience during my A-levels cemented the idea. Seeing the fun, caring attitude and team spirit the nurses, physiotherapists and doctors had with each other and with the patients confirmed my thoughts.

A gap-year teaching deaf and blind children in India, with a short stay in an Indian public hospital, gave me a passion for travelling and opened my eyes to the differences in healthcare around the world. University was spent enjoying any travelling opportunities available, buying a Landrover and driving from Bristol to Ghana and studying acupuncture in Taiwan. But back home, I enjoyed the surgical specialities the most; mixing the diagnostic opportunities and the ability for surgeons to often provide both medical and surgical solutions.

I arrived to start my first job as a House Officer, racking up 120 hours on a bad week. It was tough juggling relationships and extracurricular activities, however, as we all worked and played hard, it was a great experience.

Orthopaedics became the most obvious option during my House Officer years, at the Avon Orthopaedic Centre. Within a few weeks of starting, the registrar for the firm decided he did not want to do another arthroplasty job and so elective lists were spent with me being first assistant, running between cases to finish ward paperwork and on-calls, contacting Mr. Smith for any management issues. Nevertheless, I felt supported. Mr. Bannister provided Monday lunchtime teaching on orthopaedic principles and plaster techniques to all the House Officers, in a fun and lively manner.

After an accident and emergency attachment, I moved to the Hammersmith BST Rotation. I enjoyed all the surgical firms. I

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was tempted by vascular surgery: the immense satisfaction of seeing a blue leg become pink, with a pulse and the adrenaline of an abdominal aortic aneurysm. However, orthopaedic surgeons seemed to be happier and the opportunity of operating on trauma or elective cases, the young or the old, the sick or the well, covering the entire body, eventually won out and a PhD in Sydney followed, but that's a different story.

If I could give some advice to juniors, it would be to make the most of any opportunity offered, consider the courses you need and try and combine them to be in places you want to visit, whether it is an Advanced Trauma Life Support course in USA or AO Foundation courses in Davos and obviously enjoy the journey, for it is a long road to take if it isn't fun. ◆
