

**MINUTES**  
**FIRST MEETING OF THE MULTI-DISCIPLINARY JOINT COMMITTEE**  
**(MJC) in HAND SURGERY UNDER UEMS**  
**Brussels, Jan 26, 2008, 14-16.00**

Present

B. Mailliet, Secretary General UEMS  
G. Molea, Plastic Surgery Section UEMS  
T. Raatikainen, General Surgery Section UEMS  
M. Garcia-Elias, Secretary General FESSH  
M. Ceruso, Secretary General elect FESSH  
F. Schuind, Chairman European Accreditation of Hand Surgery FESSH

A Multi-Disciplinary Joint Committee (MJC) in Hand Surgery had been established under UEMS in 1999, after a request from T. Raatikainen, representing at the time the Federation of European Societies for Surgery of the Hand (FESSH), but was never activated. Recently, FESSH, represented by F. Schuind, requested the organization of the first meeting of the MJC. FESSH wanted to get Hand Surgery recognized by UEMS as an “added qualification”. In this context, the FESSH was offering its cooperation with all involved specialties, including Orthopaedic Surgery, Plastic Surgery, General Surgery, Neurosurgery, Paediatric Surgery, etc., for the definition of minimal requirements, for the organization of courses, seminars and sessions in their meetings, and for the organization of the examinations. FESSH wanted also to inform the Committee about its current Diploma Examination in Hand Surgery, with the aim to obtain formal UEMS recognition. The invitation to attend this meeting has been sent by B. Mailliet to the Presidents and Secretaries of the 37 UEMS sections.

B. Mailliet recalls first the structure and aims of UEMS. Shortly after the Treaty of Rome, UEMS was founded (1958) by professional organizations of medical specialists of Belgium, France, Germany, Italy, Luxembourg and the Netherlands. The objectives were the study and promotion of the highest level of training of the medical specialists, medical practice and health care within the European Union. Actually it is not limited to the European Union, and B. Mailliet discusses extension to Ukraine and Russia, for example. Another objective is the study and promotion of free movement of specialist doctors within the European Union, presently a reality. The structure of UEMS comprises the National Member Associations (Council), a kind of “parliament”, Sections and Boards, MJC’s, and the European Accreditation Council for Continuing Medical Education (EACCME). The daily work is done by an Executive Committee, comprising the President (Z. Fras from Slovenia), the Treasurer (V. Lamy from Belgium), a Liaison Officer (G. Hofmann from Germany), the Secretary General (B. Mailliet from Belgium), and four Vice-Presidents (G. Berchicci from Italy, E. Borman from UK, G. Brenning from Sweden and Z. Magyari from Hungary), giving a well equilibrated representation both of the European countries and of the various specialties. There are 37 Sections and Boards, each comprising on average thirty members, representing the various officially-recognized through Europe specialties, discussing training, mutual recognition, and Continuing Medical Education / Continuing Professional Development (CME / CPD) in collaboration with EACCME. Boards are cooperative organs, associating with equal representation delegates of the given speciality with scientific societies, working together to propose to the Council decisions to be endorsed by this heading structure, before being proposed to the authorities of the various European countries. There are in addition eight MJC’s (Emergency Medicine, Genetics, Hand Surgery, Immune Mediated Diseases, Intensive Care Medicine, Pain Medicine, Paediatric Urology, Sports Medicine), working as Sections, but for competences or spheres of activity belonging to several disciplines. The MJC’s are indeed open to members of any section wishing to participate. The EACCME is the structure harmonizing the accreditation of the meetings in Europe ; it has an agreement on mutual recognition of credits with the American Medical Association. For example, EACCME could give credits to FESSH meetings.

After introducing M. Ceruso and F. Schuind, M. Garcia-Elias presents then the FESSH, and more details can be found in a special file provided to B. Mailliet, in the order to develop a fruitful and positive collaboration with UEMS. FESSH was founded in 1990 as an association of national societies for surgery of the hand, to represent these societies and their members at a supranational level, to rationalize and unify education and training in hand surgery throughout Europe, to set a qualification standard for practice of hand surgery within the Council of Europe, and to improve the indications for

hand surgery for the benefit of the patients. More information about the history of the FESSH may be found in the Journal of Hand Surgery (S. Hovius, J. Hand Surg., 27B : 215-218, 2002). FESSH represents 24 national hand societies (indeed, there is no national society in Europe which is not a member of FESSH – including recently Russia) formed by 4200 surgeons, whose main interest is hand surgery. M. Garcia-Elias provides then more information about the national societies. The council comprises 11 members (M. Garcia-Elias, Secretary-General ; M. Ceruso, Secretary General Elect ; D. Egloff, Treasurer ; F. Schuind, European Accreditation of Hand Surgery, who will act as liaison officer with UEMS ; Z. Szabo, Examination Committee ; C. Heras-Palou, Hand Surgery Training Committee ; J. Friden, Research Committee ; Th. Dubert, Hand Trauma Committee ; G. Pivato, Internet Committee ; MJP. Ritt, Journal of Hand Surgery Committee ; F. Burke, Infolink Committee ; A. Göhritz, Historian). The Central Office is with Assisztencia SL, Budapest, Hungary, with excellent computer facilities. FESSH organizes a congress each year, the first hold indeed in Brussels in 1993. FESSH has a well-maintained web site, providing information about the activities of the Federation, including the organization of 3 Junior and 1 Senior travelling fellowships every year, the organization of the FESSH Diploma Examination in Hand Surgery (on average 18 certificates per year ; 40 candidates for 2008), the organization of the FESSH Annual Instructional Course in Hand Surgery (which is later published as a book), the organization of Basic Hand Surgery Courses in Eastern European Countries (3 in the last five years), the Infolink project (update data on all hand surgeons, hand surgery training centres, and hand surgery fellowships). FESSH is also actively involved in the assessment of the situation of hand care throughout the world (see a recent publication in Injury). The Journal of Hand Surgery, European Volume (previously British and European Volume) is the official journal of FESSH, with an impact factor of 1.1, expected to rise in the coming years.

After this introduction, M.Garcia-Elias explains the expectations of the FESSH council, from its cooperation with UEMS. The aims are to discuss with the representatives of the different Sections of UEMS and to promote consensus decisions concerning : [1] what should be the status of hand surgery within the overall European scheme of medical specialties ; [2] what should be the ideal training program to obtain an officially recognized certificate declaring “proficiency in hand surgery” ; [3] how to assess the level of expertise of those who have trained to get such a qualification. In the reality, of the 4200 surgeons that are members of a national Hand Surgery society, less than one tenth have an officially recognized accreditation as hand surgeons. Most members of FESSH have a training background in orthopaedic, plastic or general surgery. Only in Finland and Sweden (and in Sweden this could change in the near future, backing up to the suppression of hand surgery as an independent speciality) Hand Surgery is a recognized independent speciality. In some countries (Italy, Hungary, UK, ...) there exists the possibility of obtaining an “added qualification certificate” in hand surgery through controlled hand surgery fellowships. In the remaining countries, there are no officially recognized (academically or administratively) hand surgery certificates. Currently, hand surgery is carried out by orthopaedic, plastic, general, paediatric, or neurovascular surgeons, some of them with a special interest for hand surgery. It is clear that most hand surgery problems need to be taken care of by board-certified orthopaedic, plastic, paediatric or general hand surgeons, but that there are levels of complexity requiring special training in techniques, usually not covered by the usual programs of orthopaedic, plastic or trauma surgery. To cope with such complex hand conditions, there is a need for specific training in hand surgery. Indeed the hand surgeon should obtain a tailor-made training, for example if his/her background is orthopaedic surgery, he needs to acquire special additional skills in soft tissue coverage and microsurgery. If his/her background is plastic surgery, he should for example train in skeletal fixation. Indeed the hand surgeon should train in 4 to 5 additional specialties. Indeed FESSH will not join the UEMS Multidisciplinary Joint Committee in Hand Surgery to lobby for recognition of Hand Surgery as an independent specialty, but to defend the need for recognizing Hand Surgery as a certified added qualification, which obtention should involve undergoing a specific training program in properly accredited Hand Surgery Units for a period of time of at least 12 months (matter, of course, to be discussed), followed by proper assessment (examination?) under the supervision of UEMS. FESSH is willing to provide leadership, manpower, and resources to promote an open and thorough discussion of all these issues, the sooner, the better.

B. Maillat thinks that an excellent cooperation could be instituted via the MJC Board. Hand Surgery could be considered as a Particular Competence. Terms are important as UEMS wants to harmonize the different added qualifications, to make ideal recommendations to be implemented in the various countries. B. Maillat thinks that the aims should be to influence the future (20 years from now), via training and examination of young specialists, not to try today to change immediately complex

situations, which vary from one European country to the other. MJC's are inclusive structures, while Sections are indeed exclusive structures, something we don't want for Hand Surgery.

T. Raatikainen expresses the support of the Surgical Section, for the concept of a Particular Competence, although in his country, Finland, Hand Surgery is an independent speciality, which presents the advantage that the doctor in training is exposed younger to the difficulties of Hand Surgery. G. Molea recalls that only in Finland and Sweden Hand Surgery is a separate speciality ; in Italy it became a Master. Hand Surgery can be a Particular Competence, but surely not an independent speciality. G. Molea insists also on the importance of Hand Surgery in the curriculum of Plastic Surgery (see chapter 6 of the Plastic Surgery syllabus), and Hand Surgery is an important part of the activity of the plastic surgeon. M. Garcia-Elias answers that it is not at all the aim of the FESSH, to get Hand Surgery recognized as an independent speciality. In the USA Hand Surgery is an added qualification after one year of specialized fellowship. B. Maillet recalls that the aim of a MJC is to include various specialities working at an equal level, not to exclude some. M. Garcia-Elias adds that in many countries, hand surgeons are plastic surgeons, but this differs from country to country (about 70% in Portugal, 50% in Italy but 20% in Spain for example) ; most of these plastic surgeons are members of their national Hand Society, which is member of FESSH. G. Molea expresses also his opinion, that UEMS is doing political lobbying, and not scientific work, which is the purpose of scientific societies as FESSH. B. Maillet thinks that both should work together for common objectives. M. Ceruso gives the example of Italy : the third level Masters in Hand Surgery involves Orthopaedic, Plastic and General surgeons. M. Garcia-Elias explains that FESSH is actively collaborating with the UEMS section in Orthopaedics for the organization of the examination (EBOT), by preparing questions and sending examiners ; FESSH would be very happy to do the same with the Plastic Surgeons, but has not yet received such a request. G. Molea expresses also concerns regarding the diploma : there are many non-European doctors who would like to get such recognition, we should be very careful. Also, can a general physician (not surgeon) succeeding in the examination be recognized as a Hand Surgeon ? M. Ceruso will provide to the UEMS the FESSH logbook, and it is clear that the present FESSH diploma is given only to a board-certified surgeon (whether Orthopaedic, Plastic or General) who can prove in addition that he has had specialized training in Hand Surgery (many candidates are actually not receivable, because of insufficient specialized training). The 2-days examination is very difficult, comprising 60 MCQ's, and 2 oral sessions with 4 different senior Hand Surgeons from various backgrounds. It is clear that FESSH is ready to reconsider all criteria of this assessment, in order to have one examination under UEMS. Clearly there will be a transition period, but on the long run there should be only one exam, and not at the same time national, UEMS and FESSH exams. G. Molea would like to receive very soon details about the logbook and other present requirements of FESSH, as well as details about the present organization of the exam, to discuss these matters on the occasion of the next meeting of the Plastic Surgery Section, in May 2008. T. Raatikainen explains that the organization of European exams presents many difficulties, but based on the FESSH experience this is probably more a matter of good organization. T. Raatikainen says also that frequently there is a disappointing number of candidates. B. Maillet explains that this is not always true, in Urology they have to refuse candidates, although the diploma is not official. G. Molea explains that there are over 70 candidates for the Plastic Surgery exam.

M. Garcia-Elias thanks the participants for their interest and good discussion, and B. Maillet for having set up this first MJC meeting which was quite productive. B. Maillet replies that there is a mutual interest, and asks F. Schuind to write not only the minutes, but also a short summary for the UEMS newsletter.

#### Decisions :

1. Hand Surgery should be considered as a Particular Competence, best organized within the UEMS MJC structure.
2. The first aims of the UEMS MJC/Board in Hand Surgery are to define and to organize the specific training (starting with the minimal requirements) and assessment of this Particular Competence, to be approved later on by the Council, and to be on the long term implemented to the various European countries.
3. Next meeting of the UEMS MJC/Board in Hand Surgery : Lausanne, June 21, 2008, 14-16.00, after the end of the FESSH meeting .
4. To give some exposure to the cooperation UEMS/FESSH, B. Maillet will present at the end of the FESSH meeting (21/6 in the morning) a 15-min lecture entitled

« Harmonization of Post Graduate Training and CME/CPD in Europe. A Challenge for UEMS  
» - F. Schuind will immediately ask the President of the Congress, D. Egloff, to fit this talk in the scientific program. FESSH will cover the travel and accommodation expenses of B. Maillet.

5. M. Ceruso will provide UEMS details about the logbook and other present requirements of FESSH, as well as details about the present organization of the exam.