

## MINUTES

### SECOND MEETING OF THE MULTI-DISCIPLINARY JOINT COMMITTEE (MJC) in HAND SURGERY UNDER UEMS

Lausanne, June 21, 2008, 13:30-15:30

#### Present

B. Maillet, Secretary General UEMS  
S. Sourmelis, Orthopaedic Surgery Section UEMS  
T. Raatikainen, General Surgery Section UEMS  
M. Ceruso, Secretary General FESSH  
M. Garcia Elias, Past Secretary General FESSH  
Th. Dubert, Chairman of Hand Trauma Committee FESSH  
C. Heras-Palou, Chairman of Hand Surgery Training Committee FESSH  
Zs. Szabó, Chairman of Examination Committee FESSH  
M. Ritt, Chairman of Journal of Hand Surgery Committee FESSH  
K. Szigedi, Management Office FESSH

The agenda of this meeting was prepared by F. Schuind, Chairman of the European Accreditation of Hand Surgery Committee of FESSH who can not be present at this meeting due to family reasons.

#### **1. Approval of the minutes of the meeting in January 26th, 2008**

Minutes of the first meeting in January 26, 2008, were approved and M. Garcia Elias confirmed that an overall introduction of FESSH was made in Brussels as well, so it is not necessary to repeat it again this time.

B. Maillet suggested that participating representatives introduce themselves to each other, so introduction of names, work institutes and positions at both FESSH and UEMS were made.

#### **2. Presentation of some action of FESSH**

##### **a) Training - C. Heras-Palou**

The first presentation was held by C. Heras-Palou talking about hand surgery requiring a particular set of skills and knowledge derived from plastic surgery, orthopaedic surgery, traumatology and paediatric surgery. Therefore, training in hand surgery requires formal training opportunities, assessment of this knowledge and a certificate of this qualification. The present situation is different in different countries of Europe but to understand it better, three groups can be formed. The first group is countries where there is a proper specialization program (Sweden, Finland). The second group is countries where people have the opportunity to train themselves and get an added qualification in hand surgery (Italy, UK, Hungary, France). The third group is countries of Europe where there is no formal specific training that might be recognized as hand surgery. C. Heras-Palou presented what FESSH has done for the training in Europe: 1) in the last three years 3 junior and 1 senior travelling fellowships were offered to young surgeons for furthering their training, 2) since 1996 FESSH has a Diploma Examination, 3) annual instructional courses were organized, 4) basic hand surgery courses were held in Eastern European countries, 5) an Infolink Committee were formed in order to

provide information on hand surgeons, training centers and fellowships, and 6) FESSH is actively involved in the assessment of the situation of hand care throughout the world. Apart from that, FESSH organizes congresses, including instructional courses and the official website offers a fair amount of information on training and fellowship opportunities as well. FESSH has an official journal, the European Volume of the Journal of Hand Surgery.

Currently, hand surgery is carried out by orthopaedic and traumatology surgery, plastic and reconstructive surgery, general surgery and paediatric surgery. All these people need to carry on providing hand surgery that is not to be taken away, but they need a tailor-made qualification program in order to deal with more complex injuries. To cope with complex hand conditions there is a need for specific training. According to C. Heras-Palou the way ahead is to recognize the need for training in Hand Surgery; encourage setting up fellowships; set standards of training; have formal assessment that can be provided by the FESSH Diploma Examination and a certificate of added qualification.

M. Ceruso confirms that it is not uncommon that a session on hand surgery is organized during orthopaedic or paediatric meetings, so the need is recognized for training.

B. Maillet says that UEMS has already accepted the need for it and thinks that the best solution is to have competencies approved by UEMS Council.

#### **b) Examination – Zs. Szabó**

M. Garcia Elias proposes to see what FESSH offers for qualification at present. He also mentions that the FESSH Diploma Examination is not officially recognized, but backed by FESSH and offers a possibility that is ready to provide a base to establish a UEMS approved hand surgery examination in the future. At least FESSH already has the resources, the experience to promote such an action.

Zs. Szabó recalls that FESSH has started the first examination in 1996 and since then it is organized every year, on the two days prior to the annual congress and at the same venue. Until 2007 only candidates from FESSH member societies could apply for the exam, but starting with 2008, hand surgeons from IFSSH member countries may participate, too.

There are very strict entry criteria according to the training status of the countries as follows:

**A/** where training in hand surgery is not subsequent to accreditation in a major surgical speciality, the background training should incorporate 1) a minimum of 3 years spent in general surgery, orthopaedics and plastic surgery, and 2) at least one year of this time must have been spent in either one or other of the latter two specialities. 3) Thereafter 2 years training in a centre accredited for training in hand surgery with 100 % exposure to hand surgery for that period will be required.

**B/** In countries where training in hand surgery follows accreditation in a major surgical speciality other than orthopaedic or plastic surgery, 2 years training in an accredited centre with 100% exposure will be required.

**C/** In countries where training in hand surgery follows accreditation in orthopaedic or plastic surgery, 1 year training with 100 % exposure to hand surgery in an accredited centre will be sufficient to allow entry to the Diploma Examination.

**D/** Candidates from countries in which hand surgery is already a separate speciality in its own right will be eligible for entry to the FESSH Diploma Examination without further training provided that a) their general background training (minimum duration of 2 years) has

incorporated exposure to orthopaedic and/or plastic surgery for at least one year; b) their speciality in hand surgery has been for a minimum of 3 years in an accredited center with exposure to both orthopaedic and plastic surgery techniques, including' microsurgery; c) they have achieved accreditation in hand surgery in their own countries.

Zs. Szabó presents the format of the FESSH Diploma Examination that includes two major parts. The first step is the written MCQ examination with 60 multi-choice questions allowing true or false responses with a maximum points of 300. The limit to be accepted for oral examination is 150. Candidates take part on 2 oral examinations, each 45 minutes duration and each conducted by 2 examiners in two major fields on hand surgery: a) acute injuries, reconstruction, microsurgery, brachial plexus; b) systemic diseases, congenital conditions, tumors of the hand. Each oral will comprise an assessment of the candidate's knowledge of basic sciences, investigative procedures, conservative management and operative surgery. The language of written and oral exams are English since 2 years now, but the examination committee makes efforts to provide at least one native language examiner to each candidate.

Zs. Szabó gives information on the log book containing the basic criteria for entering the exam. It has all training posts of the candidate in chronological order, all hand operations assisted, or performed during the above posts, consolidation sheets signed by the appointed supervisor of the given country, academic records on the scientific activity of the candidate. From this year on it is possible to submit computerised records of operative experience, too.

There is an increase in the number of candidates in recent years. Registration of interest was 53, after supervising entry criteria the number of accepted candidates was 28 and finally 22 of them took part at the examination. Almost all countries of Europe were involved and for the first time candidates from other countries registered (Singapore, Malaysia and Bahrein), too.

Examiners were selected considering the language criteria, but also considering their experience. It means that there were well-known professors and young hand surgeons already possessing a FESSH Diploma received in the first 2-3 years of the examination period.

The result of this year's examination was 16 passed and 6 failed. A best examination award with a nice diploma is given each year and the awardee's name and picture is published in the Journal of Hand Surgery (European Volume). This year there were 2 candidates with the best result reaching 13 points from the maximum of 15.

Application for next year's examination is already available through the official website and so far 9 registrations of interest have arrived.

B. Maillet offers FESSH to participate in the Glasgow group as they have the same points and their certificate is also open to everybody. However, we have to be careful and see that this examination means no entry to Europe, as it has no legal value. This examination is to certify that one was trained in Europe, regardless of nationality, but this is not an automatic recognition.

Responding to the question of M. Ceruso as to what the process could be for FESSH to get this legal value, B. Maillet invites delegates of FESSH to participate at the next meeting in Brussels later this year, where MJC will be represented and different procedures of examination and the choosing of examiners are to be harmonized. The date of this meeting will be confirmed by B. Maillet later, but this is usually November 22.

### **c/ Network for hand trauma – Th. Dubert**

Th. Dubert recalls that the first step of FESSH was to build a network, where all countries have 2 representatives deciding which trauma centers of their countries are to be listed in the database. This list then is validated by the national representatives and the list of centres have to be validated by the national boards of each country. As parameters of these centers needed to be harmonized a guideline was established with criteria to define a hand trauma surgeon and hand trauma center. These criteria are the definition of hand trauma and hand trauma surgeon, the need of high standard certification in microsurgery practice and clinical activity on a regular basis. According to these criteria a hand trauma center should have at least 3 hand trauma surgeons, with availability of 24 hrs service each day, a minimum of 2 trauma cases in the operating room per day, and at least one of the surgeons possessing a validated FESSH Diploma. Survey of these data were made through e-questionnaires by using the direct internet connection to the official website and therefore easy to update anytime by the national representative. The Hand Trauma Committee validates the newly submitted data on centers every year and after validation these results are shown on the website, as well. The Hand Trauma Committee is also involved in the organization of the '1<sup>st</sup> European Hand Injury Prevention Congress' in Bursa, Turkey in June 25-27, 2009 where representative of UEMS would be welcome to participate.

B. Maillet expresses that considering the harmonization within UEMS the above procedures go too far already. First step should be to have the examination in accordance with UEMS standards and following that could FESSH go on with accreditation of hand trauma centers.

M. Garcia Elias assures that this is only showing what FESSH is doing now and confirms that FESSH has a strong intention to harmonize its activity with UEMS.

### **3. Collaborations of FESSH-UEMS – B. Maillet**

B. Maillet introduces the activity of UEMS-EACCME (European Accreditation Council for Continuing Medical Education) through the issues of the Council Meetings held twice a year in March and October.

UEMS Council Meeting issues are:

- strategy paper
- future structure of the UEMS
- voting rights for Sections and Boards
- e-health
- European examinations – CESMA
- membership
- European issues : European Working Time Directive, Recognition of Qualification Directive, Health Service Directive, e-Health
- Section issues: including Chapter 6 on Training

UEMS will have its 50 years celebration in April with meetings of the Council, the various Sections and Boards. B. Maillet thinks that UEMS-EACCME will be the key organisation in Europe concerning accreditation and that is open to every MJC to come and participate at meetings that can be interested for a specialty.

B. Maillet mentions that what is important to FESSH is 1) to produce a document on hand surgery and 2) to work on EACCME to have accreditation for FESSH meetings. A similar

document, a template from other MJC's can be requested to see the structure. It has to include the definition of the specialty, the length of the training and the content of the training.

M. Ceruso confirms that it will be F. Schuind on behalf of FESSH to prepare this document and sending it to the Sections. FESSH is encouraged to contact and communicate to Sections directly to have their approval. After approved by all the Sections, the document will go to the Council.

#### **4. Organisation of the MJC and Officers – B. Maillet**

T. Raatikainen is elected for Chairman and F. Schuind for Secretary of the Hand Surgery Section to represent FESSH in the MJC. There is no need to delegate other officers so far.

#### **5. Next MJC Meeting**

A date for the next meeting is set for September 18th, between 14:00-16:00 in Budapest, Hungary. The place of the meeting, accommodation and travel arrangements for participants will be arranged by FESSH Management Office sending details of the meeting later.

#### **6. All other business**

A formal communication for the future should also be established between CESMA (Council of European Specialist Medical Assessment) and the chairman of FESSH Examination Committee, Zs. Szabó with the help of B. Maillet.

M. Garcia Elias questiones at what point can FESSH acclaim that the examination is acknowledged by UEMS and is advised to wait until the agreement of the Sections are given.