

Впервые публикуется «White book», посвященная кистевой хирургии в странах Евросоюза. Это богатейший материал, собранный членом редакционного совета нашего журнала, профессором Massimo Ceruso (Флоренция, Италия). Даны подробные данные о кистевой хирургии и ее месте в травматологии и пластической хирургии. В ряде стран кистевая хирургия стала даже отдельной специальностью. Много внимания уделяется вопросам профессиональной подготовки врачей в области кистевой хирургии из числа травматологов и пластических хирургов. Захватывают идеи о будущем кистевой хирургии и профессиональных сообществах.



WHITE BOOK ON HAND SURGERY IN EUROPE

Produced by the European Board
of Hand Surgery — EBHS



1.1. WHAT IS HAND SURGERY?

Hand surgery is the field of medicine that deals with problems of the hand and wrist, whether of congenital, traumatic, degenerative, inflammatory or tumoral origin. The aim is to restore the function of the hand, which should be regarded as the key organ of prehension and sensibility. In this context, hand surgeons are also involved with complex problems of the whole upper extremity, including lesions of the peripheral nerves and the brachial plexus. Hand surgeons are also involved in the restoration of prehension in cases of tetraplegia and spasticity. Because of their special expertise, hand surgeons are also frequently involved in the repair of lower extremity nerve lesions.

1.2. THE SCOPE OF HAND SURGERY

The scope of hand surgery is broad and requires a wide range of diverse operative skills necessary to diagnose and treat, conservatively or surgically, hand and pertinent upper extremity and peripheral nerves affections.

The hand surgeon masters microsurgery as well as orthopaedic and plastic surgery techniques, as applied to the complex and delicate anatomy of the hand and upper limb. Hand Surgery considers also the cosmetic aspects of the reconstruction of the hand. A close cooperation with other specialists is required, including orthopaedic and trauma surgeons, plastic surgeons, radiologists, paediatric surgeons, rheumatologists, anaesthetists, specialized physiotherapists,

occupational therapists and other paramedics for rehabilitation, orthotics and prosthetics.

The treatment of a lesion of the hand/upper extremity in the earliest phase by a surgeon trained in hand surgery offers the patient the best chances of early and best recovery, and also reduces the costs related to the disability and time-off work for society. This is particularly true for the hand traumas, which are particularly frequent.

This book is made by cooperation of the specialist sections of UEMS, which deal with the education and qualification in hand surgery in EU countries, and FESSH in order to set the minimal requirements for a surgeon, who treats the complex problems of the hand. The UEMS Council has endorsed it in Prague, October 9, 2010.

2.0. TRAINING AND QUALIFICATION IN HAND SURGERY

Qualification in hand surgery is based on the clinical and surgical training received after basic accreditation in plastic or orthopaedic surgery in the majority of European countries. In some countries qualification is also possible through general, paediatric or trauma surgery; a separate specialty of hand surgery exists only in a few countries of Europe.

Training includes theoretical and clinical activities. The trainee should be exposed to the following conditions:

- Anatomy of hand and upper limb.
- Physiology of muscle, tendon, nerve and joints, blood perfusion and bone metabolism.

- Conservative treatments of hand disorders including post injury pain syndromes.
- Operative surgery, including microsurgical techniques.
- Rehabilitation and functional splinting.

In addition, a certified training course in microsurgery on laboratory animals should be included in the curriculum.

2.1. CERTIFICATION: EUROPEAN DIPLOMA EXAMINATION

According to the bylaws of EU, qualification in Hand Surgery is certified nationally by the local authorities. The «European Diploma in Hand Surgery» is not a prerequisite to practice Hand Surgery: it is an added qualification and attests the European standard of the surgeon's skill and knowledge. It is released by the European Board of Hand Surgery; provider is the Federation of the European Societies for Surgery of the Hand.

Strict conditions are required to obtain the qualification certified by the Diploma. The candidate is required to report academic records and training posts held and provide proof of a significant number of operations as operator or first assistant. Because of the differences in training which exist in different parts of Europe, different sets of criteria will have to be utilized according to the prevailing pattern of training in the candidate's own country.

1. In countries where training in hand surgery follows accreditation in Orthopaedic or Plastic Surgery, one year's training with 100% exposure to hand surgery in an accredited centre is sufficient for the Diploma Examination.

2. In countries where training in hand surgery follows accreditation in a major surgical specialty other than Orthopaedic or Plastic Surgery, two years' training in an accredited centre with 100% exposure is required, and at least one year before this time must have been spent in either the specialty of Orthopaedic or Plastic Surgery.

3. Candidates from countries in which hand surgery is already a separate specialty in its own right, may take the European Diploma Examination without further training provided that:

- Their general background training (minimum duration 2 years) has incorporated exposure to orthopaedic and/or plastic surgery for at least one year.
- Their specialty in Hand Surgery has been for a minimum of three years in an accredited centre with exposure to both orthopaedic and plastic surgery techniques, including microsurgery.

- They have achieved accreditation in hand surgery in their own countries.

A countersigned logbook indicating performed and assisted operations, academic records and training posts held is also required. The logbook contains 14 subsets, including tendon, joint surgery, replantations and congenital conditions and has a guide to the recommended number of required operations. The candidate should prove a significant number of operations as operator or first assistant. If possible, the training must be done in an accredited hand surgery training center or, at least, under the supervision of an experienced hand surgeon. At this moment the accreditation of hand surgery training centres is based on the proposals made by national societies. It is also expected that the candidates pursue a scientific activity. The candidates should also have a recommendation from his/her national society for surgery of the hand. If the candidate fulfils the above requirements he may take the European Examination.

The examination is open, not only to hand surgeons from European member countries, but also to anyone who fulfils the above requirements and desires to participate and receive certification in this specific competency, in conformity with European standards.

The European Board Examination in Hand Surgery (EBHS) is intended both as a quality mark, and to help in the harmonisation of standards in EU and UEMS member countries. The European Board examination is not an alternative to a national examination, where one exists. Passing the EBHS Examination does not give the right to work in a member country of the EU. Such rights are granted by the National Authority in each country.

The Diploma Examination is annually organized by the European Board of Hand Surgery and usually takes place at the site of the Congress of the Federation of European Societies for Surgery of the Hand, two days prior to the event, with the participation of 10–15 volunteer examiners invited from the countries of the examinees, with the idea of providing at least one examiner for each candidate speaking the same native language. The examiners are proposed by the national societies. The format of the examination is a multiple choice questions elimination test, followed by two 40 minute oral examinations conducted by two examiners. The chairman of the Examination Committee and two supervisors survey the flow of the examination to provide feedback for following examinations. The main topics covered in the orals are trauma, general reconstructive surgery and other topics, like systemic diseases, arthritis, Dupuytren, tumours and congenital malformations. The official language of the exam is English.

3.0. HAND SURGERY IN EUROPE

European hand surgeons are represented by national societies consolidated in the Federation of European Societies for Surgery of the Hand (FESSH). At a political level they are represented through the European Board of Hand Surgery (EBHS).

The Federation was established in 1990 as an association of European 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 while promoting uniformity among the different countries of Europe, to set a qualification standard for the practice of hand surgery within the Council of Europe, to improve the indications for hand surgery for the benefit of the patients, to define the highest standards for treatment of hand pathologies, and to implement and sustain study and research.

At present FESSH represents 24 national hand societies (there is no national society in Europe which is not a member of the Federation) formed by over 4 200 surgeons, whose main interest is hand surgery. The Federation is officially represented by its Secretary General. The Council comprises ten members: the Secretary General, the Treasurer, the Chairmen of the Committees for Examination, Training, Research, Internet, Hand Trauma, Journal of Hand Surgery, European Accreditation and an Historian.

The FESSH Examination Committee provides for the yearly organization of the European Board of Hand Surgery Diploma Examination. Two delegates from each UEMS Section actively involved in the activities of the European Board act as contributors to the organization of the European Board Examination. The applicants are selected by reviewing the documents submitted, the preparation of the MCQs for the written examination are provided and the oral sessions are organized; these are held by a group of examiners, mainly invited from the countries of the examinees. The first Diploma Examination was held in Paris in 1996.

The Training Committee aims to stimulate, assist and foster training in Hand Surgery in Europe amongst young surgeons, as well as established ones. The European Federation offers through its website a database of centres in Europe that provide training in all or in particular aspects of hand surgery. There, young surgeons can find details of the centre for training, fellowships or research. The centres offering these opportunities can upload onto the database details of the type of experience offered, funding and contact information. This committee, through a web-based application form, also administers the Training and

Travelling Awards. Every year 8 awards, currently funded at 2000 Euros each, are given to surgeons from a member society to visit other Hand Centres with the purpose of furthering their knowledge of Hand Surgery. The Training Committee is developing a Medical Student Bursary to inspire ambitions to become a Hand Surgeon.

The Federation of European Societies for Surgery of the Hand promotes scientifically sound basic and clinical research studies in hand surgery. As an example, the Research Committee has promoted activities focused on reconstructive hand surgery in tetraplegia, by organising an internet-based survey directed towards patients living with tetraplegia in Europe, several dedicated courses in tendon transfer surgery, and by organising a 3-month fellowship in reconstructive hand surgery in tetraplegia.

Complex traumatic lesions of the hand represent a substantial chapter in hand surgery. Optimal management of these traumas requires specific individual skills of the surgeons (microsurgery, replantation surgery) and a specific organisation of the centres (permanent availability). For this reason the Hand Trauma Committee is currently identifying and mapping these centres throughout Europe.

The Journal of Hand Surgery, European Volume is the official journal of the Federation, and includes not only contributions by European authors, but also any noteworthy paper written by hand surgeons, from any country, which chooses to publish in the Journal.

Finally, the Federation of European Societies for Surgery of the Hand works on the history of hand surgery in Europe, especially reviewing research and advances made by European hand surgeons and collecting meaningful pertinent documents. The history of the Federation of European Societies for Surgery of the Hand may be found in an article published by S. Hovius in the Journal of Hand Surgery in 2002, as well as in the attached document and on the FESSH website (<http://www.fessh.com>).

3.1. CONGRESS AND COURSES IN HAND SURGERY IN EUROPE

The Federation of European Societies of Surgery of the Hand organises a congress each year. At each congress there is an Instructional Course in Hand Surgery. The lectures are published as a book, distributed at the time of the course. An independent Scientific Committee judges the anonymous abstracts of the free papers submitted for presentation.

If possible, the meetings are organised in conjunction with the European Federation of Societies for Hand Therapists. The attendance at the meetings so far has ranged from 400 to over 1 000 registrants. In addition to its annual congress, the Federation of European Societies for Surgery of the Hand organises Basic Hand Surgery Courses in Eastern European Countries (three in the last five years).

Education is also provided by national hand surgery societies from yearly national meetings, local and regional meetings, instructional courses (Austria, Belgium, Finland, France, Germany, Hungary, Italy, Netherlands, Norway, Poland, Rumania, Spain, Sweden, Turkey, UK) and formal lectures, research presentation and informal discussion.

The FESSH congress is granted European CME credits by the European Accreditation Council for Continuing Medical Education (EACCME).

4.0. MULTIDISCIPLINARY JOINT COMMITTEE (MJC) ON HAND SURGERY

The Multidisciplinary Joint Committee on Hand Surgery is a committee of the Union Européenne des

Medecins Specialistes (UEMS), whose main task is to promote the harmonization of Hand Surgical education and training in EU countries. It was established in 1999 by the initiation of UEMS Surgical Section, and all Sections interested in Hand Surgery are invited to join. The Federation of European Societies for Surgery of the Hand reported its interest for collaboration. The disciplines, in which hand surgery is closely linked, and which were interested in joining the Committee by their representatives were General Surgery, Orthopaedic and Trauma Surgery, Plastic Surgery, Paediatric surgery. The function of the committee was activated no earlier than 2008, when the first meeting with representatives of UEMS and FESSH took place on January 26, 2008 in Brussels, after which regular meetings have been organised.

4.1. EUROPEAN BOARD OF HAND SURGERY (EBHS)

The European Board of Hand Surgery (EBHS), formed by the MJC on Hand Surgery and the European Federation of the Societies of Hand Surgery (FESSH), was initiated in 2010 and endorsed by the UEMS Council in Prague, October 9, 2010.

EUROPEAN CURRICULUM FOR HAND SURGERY

1. PREFACE

1.1. PARTICULAR QUALIFICATION

Hand Surgery has developed into a particular qualification with practitioners derived from orthopaedic surgery, plastic surgery, general surgery and occasionally other disciplines such as trauma surgery, paediatric surgery and emergency medicine. The term Hand Surgery includes conditions of the hand and wrist and peripheral nerves, including the brachial plexus (primary and secondary surgery).

In Europe, different countries have different training programmes and thus different emphasis on the requirements for becoming a Hand Surgeon. In Finland, Hand Surgery is regarded as a separate speciality with training in Hand Surgery undertaken without prior Orthopaedic or Plastic surgical training. In some countries (e.g. Germany, Hungary, Sweden) Hand Surgery is a particular qualification with practitioners formally trained in Hand Surgery following training in

Orthopaedics, Plastics and General Surgery. In some countries (Turkey, UK) Hand Surgery is a separate speciality in some centres and part of plastic surgery or orthopaedic surgery in others. In other countries, (Austria, Belgium, France, Italy, Netherlands, Norway, Poland, Portugal, Rumania, Russia, Slovakia, Spain) Hand Surgery is a particular qualification professed by an Orthopaedic, a Plastic or a General surgeon.

Within countries, there are some hospitals with separate hand/peripheral nerve surgery units and others, which manage hand conditions within the orthopaedic or plastic surgery department. Even within Hand Surgery, there are sub-specialities such as brachial plexus, congenital differences, micro-vascular surgery and complex wrist reconstruction.

In Europe, different countries have different training programmes and thus different emphasis on the requirements for becoming a Hand Surgeon. In section 4.3.2 of this document, the current status of Hand Surgery in each member country is described. In only one country (Finland) Hand Surgery is a separate

speciality from the start of surgical training onwards; in some countries it is a particular qualification after previous training in Orthopaedics, Plastics or General Surgery followed by specific training and examination in hand Surgery. In some countries Hand Surgery is a self-professed speciality without formal training or examination. This is a developing picture; there is likely to be a trend towards specific training and examination.

2. INTRODUCTION

2.1. LEARNING RESOURCES

The trainee in Hand Surgery has many learning resources available.

2.1.1. Clinical Experience

Trainees will learn from their present employment post by observation, supervised operating, discussion. This apprenticeship is a crucial part of surgical training.

2.1.2. Fellowships

Further training is gained from a Hand Fellowship. This provides concentrated experience, not diluted by general orthopaedic or plastic surgical duties. Some Fellowships provide very specialised training within Hand Surgery depending on the practice and reputation of the Consultant to whom the Fellow is attached.

Fellowships are available in Europe; FESSH intends to develop a European Fellowship Directory. Overseas Fellowships are also available across the world, which offer excellent experience.

Observerships are also available, in which the trainee can visit a centre with a particular reputation or expertise, to learn by observation rather than practical involvement in patient care. Constraints on salary, time and medical registration make short observerships a valuable.

Funding is available for some fellowships. FESSH offers Training Award and Senior Travel Awards. National Societies also offer support (see individual Society websites).

2.1.3. Reading

2.1.3.1. Journals

- Journal of Hand Surgery, European Volume.
- Journal of Hand Surgery (American).
- Chirurgie de la Main (France).
- Handchirurgie, Mikrochirurgie, Plastische Chirurgie (Germany).
- Magyar Traumatológia, Ortopédia, Kézsebészet, Plasztikai sebészet (Hungary).
- Revista Ibero-americana de Cirurgia de la mano (Spain).
- Rivista di Chirurgia della Mano (Italy).

- Rumanian Journal of Hand and Reconstructive Microsurgery.
- Scandinavian Journal of Plastic and Hand Surgery.
- Orthopaedic Surgery Literature.
- Plastic Surgery Literature.
- Microsurgery Literature.

2.1.3.2. Internet sources

Pubmed Medscape Web of Science.

2.1.3.3. Textbooks

Many are available to cover all aspects of Hand Surgery in various depths and formats.

2.1.4. Meetings

Meetings provide education from formal lectures, research presentation and informal discussion. There are very many suitable meetings:

- National Hand Surgery Society Meetings.
- FESSH Annual Meeting- Meetings.
- Instructional Courses (Austria, Belgium, Finland, France, Germany, Hungary, Italy, Netherlands, Norway, Poland, Rumania, Spain, Sweden, Turkey, UK).

2.1.5. Tutorials

Training programmes should be encouraged to provide tutorials for individual or groups of trainees as a powerful tool for personal education.

2.2. LEARNING OUTCOMES

The Hand Surgery curriculum should lead to the following outcomes and core competencies:

- knowledge and Understanding;
- practical Skills;
- intellectual skills;
- personal Qualities;
- other skills.

2.3. ASSESSMENT

It is envisaged that an individual's expression of an interest in hand surgery should be supported by formal assessment.

2.3.1. Ongoing work-based assessment

A trainee should be regularly assessed by formal individual appraisal from his supervisor or trainer. The appraisal should have a structured form so that learning goals are set, reviewed mid term and then reviewed at the end of training.

2.3.2. Formal Examination

2.3.2.1. European Diploma in Hand Surgery, released by the European Board of Hand Surgery of UEMS

Provider is the Federation of the European Societies for Surgery of the Hand (see 4.3 Certification in Hand Surgery).

2.3.2.2. National Diplomas in Hand Surgery**2.3.3. Other Tests**

Examples for self assessment include:

- American Society for Surgery of the Hand Self Assessment Questionnaire www.assh.org;
- Journal of Hand Surgery (European) «So you think you have read this Journal?»

3. CORE COMPETENCIES OF THE EUROPEAN HAND SURGEON

3.1. KNOWLEDGE AND UNDERSTANDING**3.1.1. Basic Science**

- Anatomy of the hand and upper limb.
- Embryology of the Hand and Upper Limb.
- Physiology of muscle, nerve and bone metabolism.

3.1.2. Principles of Hand Surgery

- Injured hand — wound care, management of skeletal, vascular, tendon and nerve injuries.
- Treatment of fractures and malunions of the hand.
- Ligament ruptures and joint instabilities of the hand.
- Arthroscopy of the hand and wrist.
- Amputations in the hand.
- Burns of the hand.
- Reconstructive surgery of mutilated hand.
- Management of upper limb nerve injuries, including brachial plexus injuries.
- Management of tetraplegia, stroke, brain injury and cerebral palsy.
- Tendon transfers.
- Congenital abnormalities of hand and upper limb.
- Arthrosis of the hand and wrist.
- The arthritic hand in rheumatoid arthritis and other inflammatory arthritides, e.g. LES and scleroderma.
- Dupuytren's contracture.
- Overuse syndromes.
- Nerve compression syndromes.
- Infections of the hand.
- Vascular disorders.
- Tumours of the hand.

3.2. PRACTICAL SKILLS**3.2.1. Requirements**

Hand Surgery has a very large repertoire of procedures for which the surgeon needs detailed knowledge of the complex anatomy of the hand and wrist, as

well as competency in microsurgery, reconstructive plastic surgery and orthopaedics. Some procedures requiring specific practice and skill should be undertaken by only a few (e.g. pollicisation of the thumb, brachial plexus exploration) whereas others (e.g. trigger finger, carpal tunnel) can be undertaken by many practitioners with surgical qualification and basic training; still other procedures, although complex and rarely performed, can be performed by a trained Hand Surgeon by applying familiar techniques to familiar anatomy.

3.2.2. List of procedures

Herein follows a description with the operations to be performed independently by the trainee or, for operations of a higher degree of difficulty, as a participant. Microvascular experience is essential.

Surgical procedures can be listed according to the anatomical structures involved:

A) Skin and subcutaneous tissue:

1. Free skin graft.
2. Pedicled local flaps.
3. Regional and/or island flaps.
4. Free flap with microvascular anastomosis.
5. Treatment of retracting scars of the hand and wrist.

B) Tendons:

1. Flexor tendon repair.
2. Flexor tendon graft.
3. Flexor pulley reconstruction.
4. Flexor tendon tenolysis.
5. Trigger finger release.
6. Extensor tendon repair.
7. Extensor tendon graft.
8. Extensor tendon tenolysis.
9. Tendon sheath synovectomy.
10. Tendon reconstruction in rheumatoid arthritis.
11. Tendon transfers (injury, paralysis, spastic conditions).
12. Free muscular flap with microvascular anastomosis.

C) Bone and Joints:

1. Closed reduction and fixation of fractures and dislocations.
2. Open reduction and fixation of fractures and dislocations.
3. Corrective osteotomies.
4. Treatment of non-union.
5. Bone resections.
6. Bone grafts and substitutes.
7. Free bone transfers with microvascular anastomosis.
8. Finger joint ligament or palmar plate repair/reconstruction.

9. Wrist ligament repair\reconstruction.
10. Arthrolysis.
11. Digital\wrist arthroplasty (incl. allo-arthroplasty).
12. Wrist partial and total fusion.
13. Hand Arthrodesis.
14. Denervation.
15. Synovectomy.
16. Arthroscopy.
17. DRUJ reconstruction.

E) Nerves:

1. Microsurgical repair of nerve lesions.
2. Nerve grafting and neurotisation.
3. Neurolysis.
4. Brachial plexus repair\reconstruction.
5. Treatment of nerve compression syndromes.

G) Blood vessels:

1. Microsurgical arterial anastomosis.
2. Microsurgical venous anastomosis.
3. Adve graft omy.

List of procedures should also include operations for the treatment of complex trauma of the hand, special.

A) Amputations:

1. Hand level.
2. Carpal or forearm\upper limb level.

B) Replantation in limb amputations:

1. Digital or metacarpal level.
2. Carpal or forearm\upper limb level.
3. Lower limb.

C) Treatment of thermal burn, chemical injury, electrical trauma.

D) Mangled hand treatment.

E) Fasciotomy.

F) Necrotising fasciitis.

G) 1. Um Resection of skin and soft tissue tumour.

2. Resection of bone tumour.
3. Resection of tumour-like lesion.

H) Dupuytren's contracture.

I) Treatment of congenital malformations of the hand.

3.3. INTELLECTUAL SKILLS

3.3.1. Education

A Hand Surgeon must be able to critically assess a research article or podium presentation, to understand the strengths and weaknesses of the material and to apply it to his own practice.

3.3.1.1. Continuing Medical Education

Education is a life-long process; the Hand Surgeon should take personal responsibility to use all

resources to improve and update his knowledge and practice.

3.3.2. Research

The Hand Surgeon should undertake some research during his/her training, At the very least, a thorough understanding of the basics of research is essential:

- formulating a hypothesis;
- designing an appropriate methodology to test that hypothesis.

3.3.3. Audit

The Hand Surgeon should review the outcome of his own practice. As a minimum, a log book should be kept. Procedures with uncertain outcomes or surgeon-dependent outcomes such as joint replacement, scaphoid fracture fixation, tendon grafting, should be routinely monitored for quality. Validated scoring schemes are available for example the QuickDASH, Patient Evaluation Measure (PEM) and Michigan Hand Score.

3.3.4. Teaching

Teaching is part of learning. Also, an individual has a responsibility to pass on acquired knowledge and skills so that others can benefit. The Hand Surgeon should also teach the patient so they are better informed of their condition and the treatment options.

3.4. PERSONAL QUALITIES

3.4.1. Team working

Hand Surgeons work with theatre teams, therapists, nurses, junior doctors and many others who are involved in the care of patients. The Hand Surgeon will often be the leader of the team and should develop the necessary qualities of leadership.

3.4.2. Delegation

Many problems in Hand Surgery can be shared with others. The Hand Surgeon should develop skills of delegation so that patient care can be safely delegated to the appropriate practitioner to help provide an efficient, safe and cost-effective service.

3.4.3. Time Management and Stress Management

Surgery is stressful. It requires long hours with many competing demands on time and skill. Some decisions are uncertain; some procedures are very complex with potentially serious complications and uncertain outcome. The Hand Surgeon must learn to manage time and cope with stress.

3.4.4. Referral

The Hand Surgeon must appreciate the responsibility of asking for advice or referring to another practitioner when a case is beyond his expertise or comfort.

3.5. OTHER SKILLS

3.5.1. Consent

Informed consent is important in developing the confidence of a patient by engaging them in the choice of treatment and avoiding medico-legal issues with unexpected outcomes.

3.5.2. Documentation

Clear contemporaneous documentation is important for many reasons: to allow proper handover, for example post-operative instructions; to record the basis of clinical decisions; for medico-legal protection; to collect data for research and audit.

3.5.3. Service Management

A Hand Surgeon must be able to prioritise and also develop the skills to manage their service with the skills, resources and personnel available.

4. STRUCTURE OF TRAINING OF EUROPEAN HAND SURGEONS

Standards of postgraduate medical education have been developed (see reference list) upon which the training of Hand Surgeons in Europe should be based.

4.1. ROUTES INTO HAND SURGERY

Trained Hand Surgeons derive from four routes:

- An individual who trains in a country where Hand Surgery is a speciality in its own right.
- A trained and accredited Orthopaedic or Plastic Surgeon who develops Hand Surgery as a particular qualification.
- A trained and accredited Surgeon (not Orthopaedics or Plastics) who develops Hand Surgery as a particular qualification interest.

An accredited Orthopaedic or Plastic Surgeon who develops Hand Surgery as a particular qualification interest will cover a broad range of Hand Surgery and so less specific Hand Surgery training is required compared with an individual who has training, with or without accreditation, in another major surgical discipline. Hand Surgery certification therefore has to take account of these different routes.

4.2. ASSESSMENT

Assessment takes two forms, formative and summative.

4.2.1. Formative assessment

This is an ongoing process in which the trainee has teaching, advice and review of his/her progress.

It allows the trainee to grow in knowledge and confidence; gaps are identified and filled.

- Regular appraisal and documentation of progress.
- Assessment in the workplace.
- Observation of history taking, examination, surgical procedures.
- Assessment outside the workplace.
- Case presentations, research presentations, teaching of colleagues.

4.2.2. Summative assessment

This is a formal test of whether the trainee has reached an appropriate standard. The requirements for the Diploma, which provides the summative assessment, are described below.

4.3. CERTIFICATION IN HAND SURGERY

4.3.1. European Board of Hand Surgery Diploma

This recognises the varied routes into Hand Surgery across Europe. Because of the differences which exist in training in different parts of Europe, different sets of criteria will have to be utilised according to the prevailing pattern of training in the candidate's own country.

1. Examination.

2. In countries where training in hand surgery follows accreditation in a major surgical speciality other than Orthopaedic or Plastic Surgery, two years' training in an accredited centre with 100 % exposure is required.

3. Candidates from countries in which hand surgery is a separate speciality in its own right, may take the European Diploma Examination without further training provided that:

- Their general background training (minimum duration 2 years) has incorporated exposure to orthopaedic and/or plastic surgery for at least one year.
- Their speciality in Hand Surgery has been for a minimum of three years in an accredited centre with exposure to both orthopaedic and plastic surgery techniques, including microsurgery.
- They have achieved accreditation in hand surgery in their own countries.

A countersigned logbook indicating performed and assisted operations, academic records and training posts held is also required. The logbook contains 14 subsets, including tendon, joint surgery, replantations and congenital conditions and has a guide to the recommended number of operations. The candidate should prove a significant number of operations as operator or first assistant. If possible, the training should be done in an accredited hand

surgery training center. At this moment the accreditation of hand surgery training centres is based on the proposals made by national societies. It is also expected that the candidates pursue a scientific activity. The candidates should also have a recommendation from his/her National Society for Surgery of the Hand.

If the candidate fulfils the above requirements he may take the European Examination.

The examination is open, not only to hand surgeons from European member countries, but also to anyone who desires to participate and receive certification in this specific competency, in conformity with European standards.

4.3.2 Recognition of Hand Surgery and National Diplomas

4.3.2.1 Status of each FESSH member Country

Austria. Hand Surgery is just about to become a speciality with a three year training programme and then an examination due to be developed. Candidates have prior training in Orthopaedics, Trauma, Plastics or General Surgery.

Belgium. Exam administered at 4 Universities, comprising a dissertation (Universe Libre de Bruxelles, University Catholique de Louvain, University de Liege, Universite de Lille II). Training occurs over a period of 2 years, 4 theoretical modules and practical (dissection) per year and 1 year training in a specialised hand centre. Details from olivier.barbier@uclouvain.be

Bulgaria. No details.

Czech Republic. Hand surgery is not a separate specialty and there is no examination.

Denmark. No details.

Estonia. No formal training.

Finland. Hand surgery is a separate speciality with an examination organized by the University of Helsinki.

France. Hand Surgery is not a separate qualification but follows training in orthopaedics or plastics. To qualify as a hand surgeon, the orthopaedic or plastic surgeon must spend 1 year as resident and 2 years as Fellow in Hand Surgery training centres accredited by the «Collège de Chirurgie de la Main» (Hand surgery College). The trainee must pass an Inter University Diploma (IUD). There is a University Diploma of Surgery of the Hand and Upper Limb in 2 years (St Antoine, HEGP, Lille, Bobigny, Versailles) and a University Diploma in Microsurgery at Bichat, Fer-a-Moulin and St Louis Hospital Paris.

Germany. Hand Surgery is a particular competence (zusatzbezeichnung) after 6 years of General Surgery, Plastic Surgery, Orthopaedics, Paediatric surgery, Neurosurgery. Surgeons then need a further 3

years of Hand Surgery training, completed by an oral examination in Hand Surgery.

Greece. Hand surgery is not a separate speciality and there is no examination.

Holland. Hand Surgery is not a separate speciality and there is no examination. There are no set criteria by which an individual can be classified as a Hand Surgeon. Most hand surgeons have trained in Plastic Surgery, occasionally Orthopaedics.

Hungary. Hand surgery has been recognized as a separate specialty since 1994. There are two years of training after training in, Orthopaedics, Trauma or General Surgery, as well as a practical and theoretical oral examination. Over 80% are trained as Trauma Surgeons.

Ireland. No details.

Italy. Hand surgery is not a separate speciality and there is no examination. There are University.

Masters in hand surgery: the participant should attend 1500 hours of teaching (800 lectures, 700 clinical). Each of the Masters gives 60 formative credits. Hand surgeons come from orthopaedics or plastic surgery specialties.

Latvia. No details.

Norway. There is a Diploma in Hand Surgery awarded by the Norwegian Society for Surgery of the Hand. To obtain the Diploma the candidate has to be a specialist in orthopaedic, plastic or general surgery and in addition has to fill certain criteria (detailed in «the Log Book» made by the Hand Society).

Poland. No details.

Portugal. No details.

Rumania. There is no formal training and no examination. Hand surgeons derive from Plastic Surgery.

Russia. Entry is through Orthopaedic Surgery. No specified criteria for being a Hand Surgeon and no examination.

Slovenia. No information.

Spain. There is no formal training programme or examination. Trainees can undertake a Hand Surgery Fellowship after Plastic or Orthopaedic Training.

Sweden. Used to be separate but in 2007 rules changed. Hand Surgery is now a branch of Orthopaedics. After 5 years of orthopaedic training, there are two further years of hand surgery training and attendance at 6 courses. The FESSH Diploma entitles a salary raise of 150 to 200 Euros per month.

Switzerland. Hand Surgery is recognized as a separate specialty. After 2 years of general training in Plastics, Orthopaedics, General or Paediatric Surgery, there is a 4 year training programme in at least 2 different centres. The trainee must attend 6 national or international conferences or courses and must be the

first author of a peer-reviewed article on hand surgery. The trainee must also give 2 oral presentations at a hand surgical congress and complete a log book. There is a final oral examination organized by the Swiss Hand Society.

Turkey. Hand Surgery has just been accepted as a particular qualification. An examination should be developed within two years.

UK. Hand Surgery is not quite a separate speciality although holding of the FESSH Diploma and appropriate training has led to recognition by the licensing body (General Medical Council). The BSSH and University of Manchester hold an examination each year. Hand Surgeons gain their board examinations in Orthopaedic or Plastic Surgery and can then specialise in Hand Surgery. At least one year as a Fellow in a recognized centre in the UK or abroad is expected although there are no formal requirements for someone to promote themselves as a hand surgeon. Further details www.bssh.ac.uk/education/diploma.

4.4. TRAINERS

Trainers will be trained Hand Surgeons who are able to provide the time, enthusiasm and resource to support the educational needs of the trainee. The Trainer should be recognised by his or her peers as an individual with the proper attitude, reputation and credentials to train.

4.5. TRAINING CENTRES

There are very many excellent centres for training in Hand Surgery throughout Europe. Formal recognition is a future option (see 5.)

4.6. TRAINEES

4.6.1. Personal responsibility

The trainee has a personal responsibility to follow the curriculum. This means dedication of time to reading and observing and to arranging time with the trainer. Hand Surgery is diverse and an individual trainee will have deficiencies in experience. A trainee with an orthopaedic background may need to make special effort to fill gaps in knowledge of the plastic surgical aspects of hand surgery. Fellowship training and observerships, often meaning travel away from home, is usually required.

4.6.2. Logbook

The trainee must keep a log book of procedures that have been performed or participated in. The logbook should form a part of the ongoing formative

assessment of the Trainee, as well as a marker for entry into summative assessment (i.e. Diploma). An adequate range of procedures should be accumulated to allow competent unassisted performance of many procedures and at least an understanding of more complex procedures.

5. FUTURE DEVELOPMENTS

Education is a developing process.

5.1. FELLOWSHIP AND TRAINING POST DIRECTORY

The FESSH website suggests a database of training, research and fellowship posts. Centres can upload information about the location, experience available and financial arrangements. The database can be searched by potential applicants. It is hoped that the database will be populated by more and more centres over the next few years.

5.2. HAND TRAUMA CENTRES

A European network of Hand Trauma centres has been developed by FESSH. These centres can provide intensive training in the management of hand trauma, as well as opportunities for audit and research (see www.fessh.org).

5.3. JOINT REGISTRY

Anatomical joint replacements are available for the wrist, metacarpophalangeal joints, proximal interphalangeal joints, thumb base, ulna head, radial head and elbow. New designs and biomaterials are evolving. Whereas hip and knee replacement give reliable long term results, there are few data on the outcome of most implants in the hand. Some devices fail early and have been withdrawn. A European Joint Registry based on a web-based proforma would produce a very large database from which the best-performing implants can be selected and by which poor designs can be detected and withdrawn as soon as possible.

5.4. HAND SURGERY TRAINING CENTRES

There are no recognised criteria at present for a recognised training centre. The EBHS plans to consider criteria, such as volume of work, exposure to special interests within hand surgery, emergency

work, academic opportunities and others so to provide for these centers a label of excellence, not the exclusivity.

5.5. CONTINUING PROFESSIONAL DEVELOPMENT

Hand Surgeons have a responsibility for life-long learning. FESSH supports all aspects of learning, with an annual Congress. National Societies also have their own contributions. FESSH will continuously review and develop opportunities for continuing professional

education. European CME credits can be granted by the European Accreditation Council for Continuing Medical Education (EACCME).

5.6. MEDICAL STUDENT BURSARIES

An interest in Hand Surgery can be inspired at the earliest stages of training. FESSH Council has agreed to funding of a number of bursaries which will be advertised and then awarded to Medical Students by competitive application across member countries.



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