WHITE BOOK ON HAND SURGERY IN EUROPE
EUROPEAN BOARD OF HAND SURGERY

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WHITE BOOK ON HAND SURGERY IN EUROPE

produced by the Federation of European Societies for Surgery of the Hand (FESSH)
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, tumoural 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 the shoulder and elbow, as well as with lesions of the peripheral nerves, including 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 lesions of lower extremity nerves.

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, 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 radiologists, pediatric and trauma 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 specialized hand surgeon offers to the patient the best chances of early and best recovery, and also reduces the costs related to the disability and time-off work for the society. This is particularly true for the hand traumas, which are particularly frequent.
2.1 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 the European countries. In some countries qualification is also possible through general, pediatric or trauma surgery and 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, nerve, vascular and bone metabolism.
- Operative surgery, including micro-surgical techniques:
  - Injured hand – wound care, management of skeletal, vascular, tendon, nerve and skin injuries.
  - Amputations in the hand.
  - Burns of the Hand.
  - Reconstructive surgery of mutilated hand (eg. thumb reconstruction)
  - Management of upper limb nerve injuries, including brachial plexus injuries
  - Management of tetraplegia, stroke 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, eg. LES and scleroderma
  - Dupuytren's contracture, overuse syndromes eg. tendinitis, nerve compression syndromes, rehabilitation and functional splinting.
  - Infections of the Hand
  - Tumours of the Hand

2.1.1. List of Operations

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.

A) Skin and subcutaneous tissue

1. Free skin graft
2. Pedicled local flap
3. Pedicled distant flap
4. Free flap with microvascular anastomosis
5. Treatment of retracting scars of the hand and wrist
6. Wound closure with additional incisions
7. Skin tumours
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 synovialecctomy
10. Tendon reconstruction in rheumatoid arthritis
11. Tendon transfers (injury, paralysis, spastic)
12. 2-stage reconstruction
13. Tenodesis

C) Bone
1. Closed reduction and fixation of fractures
2. Open reduction and fixation of fractures
3. Corrective osteotomy
4. Treatment of non-union
5. Bone resections
6. Bone grafts
7. Finger joint fusion
8. Wrist partial and total fusion
9. DRUJ reconstruction
10. Bone reconstruction

D) Joints
1. Treatment of finger or wrist dislocation
2. Finger joint ligament or palmar plate repair/reconstruction
3. Wrist ligament repair/reconstruction
4. Arthrolysis
5. Digital/wrist arthroplasty (incl. allo-arthroplasty)
6. Secondary reconstruction of ligaments
7. Arthrodesis
8. Denervation
9. Synovectomy
10. Wrist arthroscopy
11. Elbow arthroscopy
12. Open and closed reposition of dislocation

E) Nerves
1. Microsurgical repair in upper and lower limb
2. Nerve grafting
3. Neurolysis
4. Brachial plexus repair/reconstruction
5. Excision of neuromas
6. Nerve tumours
7. Treatment of nerve compression syndromes (carpal tunnel syndrome, other: ulnar tunnel syndrome, anterior interosseous syndrome, radial nerve compression syndrome
8. TOS
G) **Blood vessels**
1. Microsurgical arterial anastomosis
2. Microsurgical venous anastomosis
3. Vein graft
4. Arterial grafts

Surgical procedures for treatment of complex trauma of the hand, special diseases, malformations:

A) **Amputations**
1. Digital or metacarpal level
2. Carpal or forearm\upper limb level

B) **Replantation in amputations of hand and fingers**
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) **Fasciotomy**

E) **Infections of the Hand**
1. Treatment of wound infection incl. tendon sheath
2. Treatment of paronychial or pulp infection
3. Treatment of osteomyelitis or septic arthritis
4. Necrotising fascitis

F) **Tumours**
1. Resection of soft tissue tumour
2. Resection of bone tumour
3. Resection of tumour-like lesion (e.g. ganglion cysts)

G) **Dupuytren's contracture.**
1. Radical or partial fasciectomy
2. Recurrent disease

H) **Treatment of congenital malformations of the hand**
1. Radial\ulnar ray deficiency
2. Syndactily\Camptodactily\Polidactily
3. Pollicization
4. Functional hand reconstructions

### 2.2 Certification

Hand surgery qualification is certified nationally through the “Diploma in Hand Surgery” released by the Federation of the European Societies for Surgery of the Hand. Strict conditions are required to obtain the qualification. The candidate should 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 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.

**a)** Where training in hand surgery is not subsequent to accreditation in a major surgical speciality, the background training should incorporate a minimum of three years spent in General Surgery, Orthopaedics and Plastic Surgery, Pediatric Surgery, Trauma Surgery and at least one year of this time must have been spent in either one or other of the latter two specialities. Thereafter two years’ training in a centre accredited for training in hand surgery with 100% exposure to hand surgery for that period is required.

**b)** 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.

**c)** 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.

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

1. Their general background training (minimum duration 2 years) has incorporated exposure to orthopaedic and/or plastic surgery for at least one year.
2. 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.
3. 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 of his/her national society for surgery of the hand.

If the candidate fulfills 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.
2.3 European Diploma Examination

The Diploma Examination is organised by the European Board of Hand Surgery and usually takes place at the site of the annual Congress of the Federation of European Societies for Surgery of the Hand, two days prior to the event, with the participation of 10-15 volunteering 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 minutes oral examinations conducted by two examiners. The chairman of the Examination Committee and two supervisors survey the flow of the examination to provide a feedback for following examinations. The main topics covered in the orals are trauma, general reconstructive surgery and miscellaneous topics, like systemic diseases, arthritis, Dupuytren, tumours and congenital malformations. The official language of the exam is English.
3.0 FESSH

European hand surgeons are represented locally by national societies, and at the European level by the Federation of European Societies for Surgery of the Hand (FESSH). 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 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.

The Federation of European Societies for Surgery of the Hand (FESSH) represents at present 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 Federation of European Societies for Surgery of the Hand Committees for Examination, Training, Research, Internet, Hand Trauma, Journal of Hand Surgery, European Accreditation and an Historian.

The Examination Committee organises the European Diploma Examination yearly. Among its assignements is the selection of the applicants by reviewing the documents submitted, the preparation of the MCQs for the written examination and the organisation of the oral sessions 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 aim of the Training Committee is to stimulate, assist and foster training in Hand Surgery in Europe amongst young surgeons, as well as established ones. Federation of European Societies for Surgery of the Hand 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 there details of the centres, the type of experience offered and contact information, to assist them in improving their training and knowledge before taking a permanent position. A Fellowship Directory will provide even more focused information for young surgeons at the end of their residency, at the time of completing their training in this field.

This committee also administers the Travelling Fellowships. Every year three Junior Fellowships and one Senior Fellowship are awarded to young surgeons to visit other Hand Centres with the purpose of furthering their knowledge of Hand Surgery.

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) 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, 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 Federation of European Societies for Surgery of the Hand 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, Federation of European Societies for Surgery of the Hand organises Basic Hand Surgery Courses in Eastern European Countries (three in the last five years).

4.0 Multidisciplinary Joint Committee (MJC) in Hand Surgery

UEMS MJC was established in 1999 by the initiation of UEMS Surgical Section. Federation of European Societies for Surgery of the Hand reported its interest for collaboration in harmonising the Hand Surgical education. 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, pediatric surgery and trauma surgery. The function of the committee was activated not earlier as 2008, when the first meeting with representatives of UEMS and Federation of European Societies for Surgery of the Hand took place on January 26, 2008 in Brussels, after which regular meetings have been organised.
EUROPEAN CURRICULUM
FOR HAND SURGERY

A document of the FESSH Council

Training Committee Chair

David Warwick, UK

www.handsurgery.co.uk
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1. **PREFACE**

1.1 **Subspecialisation**

Hand Surgery has developed into a sub-speciality, with practitioners derived from orthopaedic surgery, plastic surgery, general surgery and occasionally other disciplines such as emergency medicine. The term Hand Surgery includes conditions of the hand and wrist and peripheral nerves, including the brachial plexus (primary and secondary surgery). Conditions of the elbow are treated by some hand surgeons.

In Europe, different countries have different training programmes and thus different emphasis on the requirements to become 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 separate speciality with practitioners formally trained in Hand Surgery following training in Orthopaedics, Plastics and General Surgery. In some countries (Italy, 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, Netherlands, Norway, Poland, Portugal, Romania, Russia, Slovakia, Spain) Hand Surgery is a sub-speciality 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-specialties such as brachial plexus, congenital differences, micro-vascular surgery and complex wrist reconstruction.
1.2 Purpose of a Curriculum for Hand Surgery in Europe

- Enable an individual to be recognized as a Hand Surgeon in his own country and his own institution, with training and qualification accepted by his own peers (by other Hand Surgeons as well as by colleagues in other branches of surgery such as orthopaedics and plastic surgery).
- Allow recognition of experience and training across different countries in Europe so that the term Hand Surgeon has a recognised standard.
- Cater for those orthopaedic and plastic surgeons with an interest in Hand Surgery who will maintain an interest in the generality of their parent speciality.
- Recognise that the individual should be exposed to, and aware of, the entire spectrum of Hand Surgery yet may not be an expert in all aspects.
- Provide a trained workforce for those countries or institutions who need pure Hand Surgeons as well as for those who need orthopaedic or plastic surgeons with a sub-speciality interest.
- Provide an aspirational standard for those countries who may wish to develop Hand Surgery as a separate speciality.
- Lead to certification which confirms the acquisition of the core knowledge and competencies required of a Hand Surgeon or a surgeon with a sub-speciality interest in Hand Surgery.

This is the first edition by FESSH of a Curriculum for the development and organisation of recognised training programmes of comparable standard across Europe. The document has been developed by the Training Committee of the FESSH Council. It is to be submitted to the Multidisciplinary Joint Committee of the Union Européane des Médecins Spécialistes (MJC-UEMS).

Information on each country’s specialisation, courses, journals and examination has been derived from the responses received on a questionnaire given to each National Society delegate. Updates are welcomed- please email davidwarwick@handsurgery.co.uk.

2. INTRODUCTION

2.1 Learning resources

The trainee in Hand Surgery has many learning resources available.

2.1.1 Clinical Experience

The trainee will learn from their present employment post from 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 experience.

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)
Rivista di Chirurgia della Mano (Italy)
Romanian Journal of Hand and Reconstructive Microsurgery
Revista Iberamericana de Cirurgia de la Mano (Spain)
Scandinavian Journal of Plastic and Hand Surgery
Orthopaedic Surgery Literature
Plastic Surgery 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
- Local, regional and national Meetings
- Instructional Courses (Austria, Belgium, Finland, France, Germany, Hungary, Italy, Netherlands, Norway, Poland, Romania, 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. This includes

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 FESSH Diploma in Hand Surgery
(See White Book)

National Diplomas in Hand Surgery
- British Society: A formative and summative assessment by examination run by the University of Manchester and the British Society for Surgery of the Hand. (www.bssh.ac.uk).
- Certificate of Hand Surgery (Belgian Hand Society and University of Lille II, France)
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.
- Amputations in the hand.
- Burns of the Hand.
- Reconstructive surgery (eg. thumb reconstruction)
- 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, eg. LES and scleroderma
- Dupuytren’s contracture
- Infections of the Hand
- 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 osteosynthesis. 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; yet 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.

A) Skin and subcutaneous tissue
   1. Free skin graft
   2. Pedicled local flap
   3. Pedicled distant flap
   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 synoviallectomy
  10. Tendon reconstruction in rheumatoid arthritis
  11. Tendon transfers (injury, paralysis, spastic)

C) Bone
   1. Closed reduction and fixation of fractures
   2. Open reduction and fixation of fractures
   3. Corrective osteotomy
   4. Treatment of non-union
   5. Bone resections
   6. Bone grafts
   7. Wrist arthroscopy
   8. Elbow arthroscopy
   9. Finger joint fusion
  10. Wrist partial and total fusion
  11. DRUJ reconstruction
D) **Joints**
1. Treatment of finger or wrist dislocation
2. Finger joint ligament or palmar plate repair/reconstruction
3. Wrist ligament repair/reconstruction
4. Arthrolysis
5. Digital/wrist arthroplasty (incl. allo-arthroplasty)
6. Secondary reconstruction of ligaments
7. Arthrodesis
8. Denervation
9. Synovectomy

E) **Nerves**
1. Microsurgical repair in upper and lower limb
2. Nerve grafting
3. Neurolysis
4. Brachial plexus repair/reconstruction
5. Excision of neuromas
6. Nerve tumours
7. Treatment of nerve compression syndromes (carpal tunnel syndrome, other: ulnar tunnel syndrome, anterior interosseous syndrome, radial nerve compression syndrome)

G) **Blood vessels**
1. Microsurgical arterial anastomosis
2. Microsurgical venous anastomosis
3. Vein graft

Surgical procedures for treatment of complex trauma of the hand, special diseases, malformations:

A) **Amputations**
1. Digital or metacarpal level
2. Carpal or forearm/upper limb level

B) **Replantation in amputations of hand and fingers**
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) **Fasciotomy**

E) **Infections of the Hand**
1. Treatment of wound infection incl. tendon sheath
2. Treatment of paronychial or pulp infection
3. Treatment of osteomyelitis or septic arthritis
4. Necrotising fascitis

F) **Tumours**
1. Resection of soft tissue tumour
2. Resection of bone tumour
3. Resection of tumour-like lesion (e.g. ganglion cysts)
G) Dupuytren’s contracture.
   1. Radical or partial fasciectomy
   2. Recurrent disease

H) Treatment of congenital malformations of the hand
   1. Radial-ulnar ray deficiency
   2. Syndactyly\Camptodactyly\Polidactyly
   3. Pollicization
   4. Functional hand reconstructions

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
   - using appropriate statistics to report the research
   - deduce appropriate conclusions form the data
   - understand the limitations of a study
   - epidemiological principles

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. 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. Some problems and treatments are straightforward and do not need the skills of a trained hand surgeon. 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 potential 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 to ask for advice or refer 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 to 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:

a) An individual not yet accredited in a major surgical speciality

b) A trained and accredited Surgeon (not Orthopaedics or Plastics) who develops Hand Surgery as a sub-speciality interest

c) A trained and accredited Orthopaedic or Plastic Surgeon who develops Hand Surgery as a sub-speciality interest.

d) An individual who trains in a country where Hand Surgery is a speciality in its own right.

An accredited Orthopaedic or Plastic Surgeon who develops Hand Surgery as a sub-speciality 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
  - Case based discussion
  - 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 FESSH / 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.

a) Where training in hand surgery is not subsequent to accreditation in a major surgical speciality, the background training should incorporate a minimum of three years spent in General Surgery, Orthopaedics and Plastic Surgery, and at least one year of this time must have been spent in either one or other of the latter two specialities. Thereafter two years' training in a centre accredited for training in hand surgery with 100% exposure to hand surgery for that period is required.

b) 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.

c) 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.

d) 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:

I. Their general background training (minimum duration 2 years) has incorporated exposure to orthopaedic and/or plastic surgery for at least one year.

II. 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.

III. 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 of his/her national society for surgery of the hand.

If the candidate fulfills 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.

The examination involves
- Log book submission
- Elimination MCQ
- Two 40 minute oral examinations by two examiners each
4.3.2 Other National Diplomas and Qualifications

4.3.2.1 British Diploma
Administered by the University of Manchester and the British Society for Surgery of the Hand, entry require:
- Accreditation in Orthopaedic or Plastic Surgery
- Minimum of 6 months specialised Hand Surgery training, over and above that already undertaken for accreditation in the parent speciality.

The examination involves:
- 7 compulsory modules (Basic sciences and rehabilitation; Skin, soft tissue and Dupuytren’s; fractures and wrist instability; osteoarthritis and inflammation; tendon disorders; child’s hand, tumours, vascular disorders; nerve disorders)
- Formal case-based discussions, clinical evaluation exercises and knowledge based assessment for each module
- Direct Observation of procedural skill
- Preparation of DVD of candidate performing Dupuytren’s surgery
- MCQ Examination
- Oral examination with 8 formal OSKE assessments.

Further details www.bssh.ac.uk/education/diploma

4.3.2.2 Belgium
Administered by the Belgian Society for Surgery of the Hand in collaboration with the University of Lille II. The certificate includes
- training over a period of 2 years
- 4 theoretical modules and practical (dissection) per year
- 1 year training in a specialised hand Centre
- Dissertation
- Oral examination

Details from olivier.barbier@uclouvain.be

4.3.2.3 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).

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.

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 (ie 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

FESSH is developing a Directory of Training posts and Hand Fellowships across Europe. This will provide information about the location, experience available and financial arrangements. A Directory would encourage the development of Fellowship programmes across Europe and would foster education in personal and cultural as well as professional ways.

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 Development of Diploma

The FESSH-European Board of Hand Surgery Diploma is reviewed each year by Council and the Examination Committee. Formative assessment may be considered.

5.5 Hand Surgery Training Centres

There are no recognised criteria at present for a recognised training centre. FESSH Council plans to consider criteria, such as volume of work, exposure to special interests within hand surgery, emergency work, academic opportunities and others.

5.6 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.
APPENDIX

The European Federation of Societies for Surgery
of the Hand
# Federation of European Societies for Surgery of the Hand National Society Members

## Full members

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<thead>
<tr>
<th>Country</th>
<th>Society Name</th>
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<tr>
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**Corresponding members**

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<td>South Africa</td>
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The Committees of Federation of European Societies for Surgery of the Hand

Activity of the federation is organised by its committees. Each committee represents a special area. Chairmen of the committees are members of the Federation of European Societies for Surgery of the Hand Council.

- Examination Committee
- Hand Trauma Committee
- Internet Committee
- Journal of Hand Surgery Committee
- Research Committee
- Hand Surgery Training Committee
Examination Committee

European Diploma in Hand Surgery
The first Federation of European Societies for Surgery of the Hand Diploma Examination was held in Paris in 1996.

Applying for the Federation of European Societies for Surgery of the Hand Diploma Examination requires meeting strict conditions, such as submitting a log book completing all the questionnaires included. By reviewing the documents submitted, the Committee can decide if the applicant fulfills these requirements. Basic criteria is a speciality in orthopedics or plastic surgery and a minimum of 2 years activity in one of the accredited hand surgery centres. It is important to have a proper number of operations as operator or first assistant. Also one is expected to have a scientific activity and the recommendation of the national society for surgery of the hand. Until recently, application for the exam was available only for member societies of Federation of European Societies for Surgery of the Hand, but it has been open for all member countries of IFSSH since 2008.

Candidates could use the 5 major European languages until 2006, from then on the official language of the exam has been English. The Federation of European Societies for Surgery of the Hand Diploma Examination includes a written test by completing an MCQ test and two oral sessions. One of them considers acute trauma and reconstruction, the other sistemic diseases, tumours and congenitals.

There are 30-50 registrations of interest each year, of which 15-20 are accepted. An average of 10-20% fail, but the rest pass the exam successfully. The candidate achieving the best result is awarded by the Committee. The Best Examination Award is published in the Journal of Hand Surgery (European Volume) with a picture of the award winner and a list of the others passing the exam.

The Diploma Examination takes place at the site of the annual Federation of European Societies for Surgery of the Hand Congress 2 days prior to the event and with the participation of 10-15 volunteering examiners invited mainly from the countries of the examinees. It is our main intention to provide at least one examiner for each candidate speaking the same native language. When inviting examiners, we consider first of all their scientific activity. Younger examiners are requested to have a Federation of European Societies for Surgery of the Hand Diploma and a recommendation of the Federation of European Societies for Surgery of the Hand Delegate of their national society.

Zsolt Szabo
Examination Committee
The Council of Federation of European Societies for Surgery of the Hand holds its 13th Diploma Examination during the Federation of European Societies for Surgery of the Hand meeting as a part of the 14th Congress of the European Federation of Societies for Surgery of the Hand in Poznan, Poland (June 3-6, 2009). Any European surgeon whose National Hand Society is member of the IFSSH and who is interested in sitting this examination should complete the registration form and send it to Dr. Zsolt Szabo, Chairman of the Examination Committee of Federation of European Societies for Surgery of the Hand.

A copy should also be sent to the Secretary of your National Hand Society.

**Deadline for submitting applications is:** January 31, 2009

#### Federation of European Societies for Surgery of the Hand Diploma Examination statistics

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#### Examinees

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Hand Trauma Committee

Definition
The Hand Trauma Committee (HTC) of the Federation of European Societies for Surgery of the Hand is dedicated exclusively to hand trauma. The goals of the HTC are to collect data from the trauma centres, to analyse the differences and similarities between the different European countries and to define guidelines accepted throughout Europe.

Construction of the European network
In order to build a real European cooperation through this project, it was decided to include two “national representatives” for each Federation of European Societies for Surgery of the Hand country. To be eligible, these surgeons had to satisfy two prerequisites: to have some spare time and to be young enough to deal effectively with hand trauma. Nomination of these two national representatives is under the responsibility of the boards of each national Hand Surgery Society.

The Hand Trauma Committee includes 2 commissions:
- Accreditation Commission
  chaired by B Battiston (Italy) - E Vögelin (Switzerland) - R Boettcher (Germany) - Y Baeten (Belgium) - T Dubert (France). The responsibility of each member of the commission has been defined, as well as the periodicity of the validation.
- Prevention Commission
  chaired by Ph Bellemere (France) - T Kaleli (Turkey)

Achievements of the committee
To date, the HTC has achieved two goals:
1. Audit results: 21 countries participated through their national representatives. We recorded 309 centres, including 1797 surgeons and 20,363 patients treated during January 2006. The average proportion is one hand trauma centre and 6 surgeons for 1 million people. Hand surgery is a plain speciality only in Finland and Sweden. Of the 1797 surgeons included, only 38% have a hand surgery and 25% a microsurgery certification. This audit demonstrates a lack of clear definitions of trauma hand surgery facilities. The results of this audit are in press in the European Journal of Hand Surgery.
2. Clear guidelines have been voted to define – what is Hand Trauma – Who is a Hand Trauma Surgeon – What should a Hand Trauma Centre be like.

We are currently mapping the centres through an electronic survey. The results are presented here.

Thierry Dubert
Hand Trauma Committee

Hand Trauma committee guidelines
B Battiston (Italy) Chairman, R Bottcher (Germany), Yo Baeten (Belgium), Esther Vögelin (Switzerland), HE Rosberg (Sweden), T Dubert (France)

Hand Trauma: Any closed or open injury to the wrist and/or the hand, substantially affecting skin, muscle, tendon, bone and joint, nerve and/or vessels.

Hand Trauma Surgeon is defined as a hand surgeon (full member of his National Hand Surgery Society) with a special ability for trauma surgery. Validation of this trauma ability relies on both official microsurgery recognition and clinical activity.

Official microsurgery recognition requires a certificate of training or a national diploma. Microsurgical training must include some technical practice.
Clinical activity is evaluated by the number of cases operated during a 3-month period.

- This 3-month period can be chosen by the candidate, in order to be free of outwork period for any reason (holidays, illness, etc.).
- To be considered, these cases must be trauma cases, operated in the Operating Room. Surgeries secondary to trauma are not included, but acute trauma cases operated the next day are included.
- A total of 24 cases during this 3-month period is a minimum.
- Of these 24 cases, at least 5 cases must require microsurgical technique (nerve or arterial repair).
- These cases must be operated by the applicant as first operator or attested under the responsibility of a senior surgeon.

Hand Trauma Centre must include at least 3 surgeons for duty. All three must be Hand Trauma Surgeons. The centre must be open 24/24, with at least 2 trauma cases operated (in OR) per day on average.

One of the surgeons will be nominated the HTC delegate. This HTC delegate will be corresponding member to the HTC.

The HTC delegate must have a validated Federation of European Societies for Surgery of the Hand diploma.

In case there is no surgeon with a Federation of European Societies for Surgery of the Hand diploma in a centre, one of the surgeons of the centre may be a candidate for the HTC delegate position. Some national qualifications may be considered as equivalents of the Federation of European Societies for Surgery of the Hand diploma. His candidature will be analysed by the accreditation commission. It is expected that all the centres will have a HTC delegate with a Federation of European Societies for Surgery of the Hand diploma within 10 years from now.
Hand Trauma Centres in Europe
The Hand Trauma Committee of Federation of European Societies for Surgery of the Hand intends to build a database containing all major Trauma Centres in Europe. The contact persons of these centres have been asked to fill in an e-questionnaire on this website to be recorded on the list of European Hand Trauma Centres of the Federation of European Societies for Surgery of the Hand. The Federation of European Societies for Surgery of the Hand guidelines for this validation are available here. The map of Europe with the enlisted centres will be published.

In case you want your centres be accredited and enlisted please contact the National Federation of European Societies for Surgery of the Hand Representatives of your country.

**General Summary**

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**Country Summary**

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<tr>
<td>24 The Netherlands</td>
<td>6</td>
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<td>0</td>
</tr>
<tr>
<td>25 Turkey</td>
<td>15</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>26 United Kingdom</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td><strong>292</strong></td>
<td><strong>88</strong></td>
<td><strong>401</strong></td>
</tr>
</tbody>
</table>
# Hand Trauma Prevention in Europe

The Hand Trauma Committee decided in Athens to conduct a survey to review the hand trauma prevention in Europe. A questionnaire has been sent out to each country. The synthesis of all the questionnaires will be presented on the website.

## PREVENTION COMMISSION OF THE HAND TRAUMA COMMITTEE (FESSH)

### Hand trauma prevention (HTP) questionnaire

Please fill in the form and send back to philippe.bellemere@libertysurf.fr

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How much is being done for HTP in your country?</td>
<td>Nothing</td>
</tr>
<tr>
<td>2. Are hand surgeons actively involved in HTP in your country?</td>
<td>Yes</td>
</tr>
<tr>
<td>3. What kind of organisations are involved in HTP in your country?</td>
<td>Governmental (list:)</td>
</tr>
<tr>
<td>4. Have you ever been solicited by these organisations?</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Have you ever solicited these organisations for a specific HTP purpose?</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Is HTP information readily available in hand center waiting rooms in your country?</td>
<td>Yes</td>
</tr>
<tr>
<td>7. In which area is HTP the most developed in your country?</td>
<td>Work related injury</td>
</tr>
<tr>
<td>8. What kind of trauma prevention should be given the highest priority in your country?</td>
<td>Amputation</td>
</tr>
<tr>
<td>9. Which activities should be focused on regarding HTP?</td>
<td>Cooking</td>
</tr>
</tbody>
</table>
The first European Hand Injury Prevention Congress will be organised by the prevention commission and held in Bursa (Turkey) in June 2009.

The goal of this meeting is to bring together prevention experts, hand surgeons, industrialists, managers, Public Health and Government representatives from all parts of Europe.

The main topics will be:

- epidemiology and cost of hand injuries
- international standards and education methods
- efficiency of prevention methods
- management of acute hand trauma injuries
Internet Committee

The Internet Committee was created to collect and interpret the needs of each member of the Council so as to make our issues clear to the Webmaster. The Webmaster would then upload this information to the website.

As Chairman of the Committee, I have been present at every meeting of the Council, and now as Chairman have the responsibility to describe the progress of each committee’s project.

It is also the role of the Chairman of the Internet Committee to monitor the website and ensure that the material on the website is regularly updated. The chairman is also required to regularly collect critical information, such as dates of scientific meetings, contact information for members and Societies, and relevant dates and deadlines concerning the activities of Federation of European Societies for Surgery of the Hand.

Managing the website has been one of the main responsibilities of the new Management Office. A redesign and restructuring has been made and a completely new website has been launched in March 2008. Since then we had 6,026 individual visitors, 39% of them with more than 2 visits. Top visitor countries are Italy, Germany, Switzerland, UK, The Netherlands and France. Average page download 3.86 page/visit, total page download 32,563 in 2008.

Giorgio Pivato
Internet Committee
Journal of Hand Surgery Committee

The Journal of Hand Surgery (European Volume) is the official journal of the Federation of European Societies for Surgery of the Hand and an important means of communication between members of Federation of European Societies for Surgery of the Hand. It was formerly known as the Journal of Hand Surgery, British & European volume (from issue 1 volume 9 in 1984 until issue 3 of volume 32 in 2007) and a continuation of The Hand, which was first issued in March 1969.

The Journal is owned by the British Society for Surgery of the Hand and till 2008 published by Elsevier ltd. when it was transferred to SAGE Publications (http://jhs.sagepub.com). For an overview of the current editors and editorial board, please refer to Table I.

A growing number of national societies in Europe now include subscription to the Journal (both hard copy as well as full text access via internet) as part of their membership: the British Society for Surgery of the Hand (BSSH), French Society for Surgery of the Hand (SFcm/GEM), the Dutch Society for Surgery of the Hand (NVvH), the Spanish Society for Surgery of the Hand (SECMA), the Belgian Hand Group (BHG). At this point in time Federation of European Societies for Surgery of the Hand and SAGE Publications are seeking to secure subscription deals with The Swedish Society For Surgery Of The Hand (SHF), Austrian Society for Surgery of the Hand (OGH), German Society for Surgery of the Hand (DGH), Italian Society for Surgery of the Hand (SICM), amongst others.

The Journal of Hand Surgery (European Volume) is essential reading for everyone involved in restoring the function to the hand and upper limb. Dedicated to the needs of hand, plastic, reconstructive and orthopaedic surgeons, it publishes the best selection of current papers on hand surgery. The Journal only publishes about 30-45% of the papers submitted, after a thorough and professional peer review process (see Table II). Papers are submitted from all over the world (Table III). The Impact Factor is steadily rising over the years and for 2007 it is 0.824 and the JCR Impact Factor Ranking is 32/48 in Orthopedics and 97/139 in Surgery.

The Journal regularly highlights key developments in a range of original, authoritative and highly informative articles written by distinguished experts from around the world. Rapid coverage of the latest research, techniques, trends and ideas to make sure you stay up-to-date.

Subjects covered include:

- joint replacement
- fracture and joint injuries
- microvascular surgery
- congenital hand problems
- soft tissue reconstruction in the hand
- nerve injury and compression
- disorders of the wrist
- management of arthritis in the hand

In addition one can find editorials, book reviews, conference dates, case studies, detailed coverage of new techniques and full-length reviews articles.

Marco JPF Ritt
Journal of Hand Surgery Committee
## Table I

### EDITORS AND EDITORIAL BOARD JOURNAL OF HAND SURGERY
### EUROPEAN VOLUME, 2007

<table>
<thead>
<tr>
<th>Editors:</th>
<th>Vivien Lees</th>
<th>Manchester, UK</th>
</tr>
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<tr>
<td></td>
<td>Geoffrey Hooper</td>
<td>Edinburgh, UK</td>
</tr>
<tr>
<td></td>
<td>Grey Giddins</td>
<td>Bath, UK</td>
</tr>
<tr>
<td></td>
<td>Joseph J. Dias</td>
<td>Leicester, UK</td>
</tr>
<tr>
<td></td>
<td>Tim Davis</td>
<td>Nottingham, UK</td>
</tr>
<tr>
<td></td>
<td>Peter Burge</td>
<td>Oxford, UK</td>
</tr>
<tr>
<td>Assistant Editor:</td>
<td>Francisco del Piñal</td>
<td>Santander, Spain</td>
</tr>
<tr>
<td>Former Editor:</td>
<td>David Elliot</td>
<td>Chelmsford, UK</td>
</tr>
<tr>
<td>Editorial Assistant:</td>
<td>Wendy Patterson</td>
<td>Notts, UK</td>
</tr>
<tr>
<td>Statistical Advisor:</td>
<td>Stefan Sauerland</td>
<td>Cologne, Germany</td>
</tr>
<tr>
<td>Editorial Board:</td>
<td>Michel Boeckstyns</td>
<td>Hellerup, Denmark</td>
</tr>
<tr>
<td></td>
<td>Christian Dumontier</td>
<td>Paris, France</td>
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<tr>
<td></td>
<td>Joel Engel</td>
<td>Ramat Gan, Israel</td>
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<tr>
<td></td>
<td>Angel Ferreres</td>
<td>Barcelona, Spain</td>
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<tr>
<td></td>
<td>Jan-Ragnar Haugstedt</td>
<td>Oslo, Norway</td>
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<td></td>
<td>Carlos Heras-Palou</td>
<td>Derby, UK</td>
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<tr>
<td></td>
<td>Jonathan Hobby</td>
<td>Cheltenham General Hospital, UK</td>
</tr>
<tr>
<td></td>
<td>Paul R. Manske</td>
<td>St. Louis, USA</td>
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<td></td>
<td>Ladislav Nagy</td>
<td>Zurich, Switzerland</td>
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<td></td>
<td>Philippe Saffar</td>
<td>Paris, France</td>
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<td></td>
<td>Michael Solomons</td>
<td>Cape Town, South Africa</td>
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<td></td>
<td>Jin-Bo Tang</td>
<td>Nantong, China</td>
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<tr>
<td></td>
<td>Ian Trail</td>
<td>Centre for Hand and Upper Limb Surgery, UK</td>
</tr>
<tr>
<td></td>
<td>Esther Vögelin</td>
<td>Bern, Switzerland</td>
</tr>
<tr>
<td></td>
<td>David Warwick</td>
<td>Southampton, UK</td>
</tr>
<tr>
<td></td>
<td>Andrzej Zyluk</td>
<td>Szczecin, Poland</td>
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<tr>
<td>Treasurer:</td>
<td>Ian Trail</td>
<td>Centre for Hand and Upper Limb Surgery, UK</td>
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<tr>
<td>Committee of Management:</td>
<td>Peter C. Amadio</td>
<td>Mayo Clinic, Rochester, USA</td>
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### Table II

**SUBMITTED PAPERS – 4 year comparison**

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
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<tr>
<td>Papers submitted</td>
<td>330</td>
<td>411</td>
<td>451</td>
<td>384</td>
</tr>
<tr>
<td>Accepted</td>
<td>32%</td>
<td>44%</td>
<td>45%</td>
<td>30% (to date)</td>
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### Table III

**SUBMISSIONS BY COUNTRY – 2 year comparison**

<table>
<thead>
<tr>
<th>Country</th>
<th>2006 – Number of submissions</th>
<th>2007 - Number of submissions [some 07 submissions still in process]</th>
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<tr>
<td>Belgium</td>
<td>9</td>
<td>10</td>
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<tr>
<td>Brazil</td>
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<td>5</td>
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<tr>
<td>Canada</td>
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<tr>
<td>China</td>
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<td>9</td>
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<td>Colombia</td>
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<td>Croatia</td>
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<tr>
<td>Czech Republic</td>
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<td>Greece</td>
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<td>Ireland</td>
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<td>1</td>
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<td>Japan</td>
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<td>Jordan</td>
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<td>Korea</td>
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<td>Lebanon</td>
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<td>Lithuania</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Country</td>
<td>2006 – Number of submissions</td>
<td>2007 - Number of submissions [some 07 submissions still in process]</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------------</td>
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<tr>
<td>Malaysia</td>
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<td>Netherlands</td>
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<td>Nigeria</td>
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<td>Oman</td>
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<td>Poland</td>
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<td>3</td>
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<td>Portugal</td>
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<td>Saudi Arabia</td>
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<td>South Africa</td>
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<td>Spain</td>
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<td>Switzerland</td>
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<td>Taiwan</td>
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<tr>
<td>Turkey</td>
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<tr>
<td>UK</td>
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<td>136</td>
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<tr>
<td>USA</td>
<td>29</td>
<td>31</td>
</tr>
</tbody>
</table>
The Research Committee has chosen to focus on developing the field of reconstructive hand surgery in tetraplegia. There are numerous reasons for this decision:

1. Reconstructive hand surgery in tetraplegia is variable throughout Europe in terms of accessibility, specific training in assessment and reconstructive strategy, outcome measurements and co-operation with physiatrists active in the field of spinal cord injuries.

2. Several units are currently in the start-up phase of this service and have requested guidance and collaboration through Federation of European Societies for Surgery of the Hand.

3. There is a lack of courses in basic and applied aspects of modern tendon transfer surgery.

4. No one other than hand surgeons and their rehabilitation teams will be able to provide such a comprehensive approach to the increasing demands for information from patients and rehabilitation doctors regarding possibilities of surgical reconstruction.

Several steps have already been taken to enhance the awareness of the surgical options available to this group of patients:

1. A 3-year internet-based survey directed towards patients living with tetraplegia in Europe has been launched and has run for almost one year now.

2. A theoretical and practical course in tendon transfer surgery was given recently (November 2007) with selected young, academic hand surgeons from Europe attending. This course was arranged and heavily subsidised by the National Skeletal Muscle Research Centre and arranged by the University of California San Diego and University of Goteborg.

3. A FESSH-sponsored advanced course in hand surgery including reconstructive tetraplegia hand surgery was given in Hungary in September 2007.

4. A FESSH-sponsored 3-month fellowship in reconstructive hand surgery in tetraplegia has been planned in 2008 and for the following two years.

5. Federation of European Societies for Surgery of the Hand is proposing a program aimed at setting up a baseline level for surgical reconstruction in tetraplegia in terms of requirements of education, infrastructure, minimal number of surgeries per year, access to rehabilitation facilities, outcome measurements and development.

The Research Committee is well aware that this field is complex and that there are many potential obstacles and pitfalls that must be addressed before all of the spinal cord injured patients in Europe will have full access to good hand surgery and post-surgery rehabilitation service in specialized units. Federation of European Societies for Surgery of the Hand wants to promote this development through an ambitious academic program that encourages colleagues in Europe not only to read and critically analyse all aspects of previously presented literature in surgical reconstruction but also to actively plan, design and undertake scientifically sound clinical research studies.

Jan Fridén
Research Committee
Aim: The aim of the fellowship is to strengthen the participating physician’s skill in surgical reconstruction of hand function in tetraplegia. The program is to be the foundation for future collaboration within a network of experts and to develop this particular subspecialty in the applicant’s home country.

Curriculum: The training will provide insights into all aspects of the process of examining, treating and training patients with tetraplegia undergoing reconstructive upper extremity surgery. The following items will be specifically addressed:

1. History and relevant literature
2. Quality management system according to ISO-9001 standard
3. Diagnostics
4. International Classification of Hand Function (ICHF)
5. Infrastructure of a tetraplegia hand surgery service
6. Team organisation and rehabilitation programs

A research project will be completed and reported during the course of the fellowship and an examination will be held.

Eligibility: The application process is open to citizens or permanent residents of an EU/EFTA country. Applicants should be currently completing their residency or in the early stages of their career as specialists.

Length, Value and Place of Tenure: A stipend of €2,500 will be awarded for a 3-months fellowship (March-May 2009) devoted to full-time training at Sahlgrenska University Hospital in Göteborg, Sweden.

Application: Please include the following in your application:

- Letter of Intent, which details clinical experience and expresses professional goals related to the Fellowship program.
- Current curriculum vitae.
- Two letters of recommendation.

Closing date for application:
January 15th, 2009
To apply online please visit: http://www.fessh.com/
Hand Surgery Training Committee

One of the aims of Federation of European Societies for Surgery of the Hand is to stimulate, assist and foster training in Hand Surgery in Europe amongst both young and established surgeons.

Federation of European Societies for Surgery of the Hand Training and Travelling Awards

This committee administers Training and Travel Fellowships, awarded each year to young surgeons to visit other Hand Centres with the purpose to furthering their knowledge of Hand Surgery. It is hoped that these Awards will offer a forum for exchange of information and concepts in Europe, making possible cross-fertilization of ideas regarding training in Hand Surgery and allowing the spread of best practice.

Junior Training Award (€ 2,000) three each year
Senior Travel Award (€ 10,000) one each year

Federation of European Societies for Surgery of the Hand Junior Training Award

The Hand Surgery Training Committee of the Federation of European Societies for Surgery of the Hand invites applications for three Junior Training Awards for trainees near the end of their training in hand surgery who would like to visit another Centre to gain a wider experience in Hand Surgery.

Application is restricted to those whose nationality is consistent with a full member of Federation of European Societies for Surgery of the Hand. It is intended that the visit is to an alternative Federation Country (to promote exchange of knowledge between member countries and foster links across national boundaries).

Each Junior Training Award offers a fixed amount of 2'000 Euros, to be used for travel, accommodation and subsistence, to visit a single center for three weeks. Study may be based on clinical or research activity within the host centre. Application forms are available on the Federation of European Societies for Surgery of the Hand website. Completed forms must be returned with a letter from the potential host centre, accepting the trainee as a visitor, if the Training Award is granted. The application should also be accompanied by a letter of recommendation from the trainee’s head of training. This letter must confirm that the applicant is in a formal training programme.

Applications may be submitted after the 1 July in the current year with a closing date on the 1 December the same year. Successful candidates will be informed in the New Year and it will be announced at the annual Federation of European Societies for Surgery of the Hand Congress around June of the following year and the grant will be available shortly after. Their training visit must be completed within 12 months of the Training Award being awarded. Successful applicants will be required to submit a written report of their training visit to the Council of Federation of European Societies for Surgery of the Hand within one month of completion, including a confirmation of attendance letter from the host centre. They will also be required to present a report to the following Federation of European Societies for Surgery of the Hand Congress.

Federation of European Societies for Surgery of the Hand Senior Travel Award

The purpose of the Senior Travel Award is to sponsor a young Hand Surgeon in the development of national and international relationships, which contribute to his/her pursuit of higher learning, and which fosters the principles of scholarship of the Federation of European Societies for Surgery of the Hand.

The Hand Surgery Training Committee encourages applicants to develop a specific theme or focus (eg a clinical area of specific interest, a scientific investigation or an educational endeavour) that the applicant would like to explore during the Award visit. The Award recipient will be expected to present a detailed account of their experience both at the Annual Meeting of the Federation of European Societies for Surgery of the Hand and also in a written report to the Federation of European Societies for Surgery of the Hand Council. In addition the Fellow should consider submitting a written report at the conclusion of the trip, summarising his/her scholarship for publication in the European Journal of Hand Surgery, if invited by the Editor.
Applications for the Travel Award should include a description of the clinical, educational or investigative theme to be pursued during the Award (use a maximum of 250 words). The statement should specifically describe the planned objectives of the Award and the persons or places to be visited. The application should include approximate costing and whether alternative funds are available.

Prerequisites for the Senior Travel Award

- The applicant must have completed a Fellowship in Hand Surgery and/or be in possession of a Federation of European Societies for Surgery of the Hand Diploma in Hand Surgery.
- Preference will be given to applicants under the age of 42.
- Applicants must be active members of a National Society, which is a full member of FESSH.

Application for Junior and Senior Awards

- Send a copy of the completed application in English by e-mail attachment to David Warwick at training@fessh.org.
- Attach a small recent photograph.
- Ask two sponsors to send letters of recommendation to David Warwick at training@fessh.org. One sponsor should be a Hand Surgeon under whose tutelage the applicant has served for the majority of their training. The other must be a Hand Surgeon who is familiar with the applicant's work during the past two years. At least one sponsor should be a member of a national society which is a full member of FESSH.
- All application forms and letters of recommendation must be completed and returned by 1 December in the current year. Applications received after that date cannot be considered for the current year, but may be considered for the following year.

Database of Training Centres and Fellowships

Federation of European Societies for Surgery of the Hand is compiling through its website a database of centres in Europe which provide training posts or Fellowships in the whole or in particular aspects of Hand Surgery. Young surgeons will be able to find on the website details of the centres, the type of experience offered and contact details, to assist them in improving their training and knowledge before taking a permanent position. The data indicated on this website are for information only. Federation of European Societies for Surgery of the Hand is only a resource provider and this does not mean accreditation or validation by Federation of European Societies for Surgery of the Hand.

David Warwick
Hand Surgery Training Committee
davidwarwick@handsurgery.co.uk
training@fessh.org
FEDERATION OF EUROPEAN SOCIETIES FOR SURGERY OF THE HAND
TRAVELLING FELLOWSHIPS AWARDED IN PREVIOUS YEARS

Senior Fellowship in 2006
- Torbjorn Vedung (Sweden)

Junior Fellowships in 2006
- Colin Riordan (Ireland)
- Annechien Beumer (The Netherlands)

Senior Fellowship in 2007
- Allan Hussey (Ireland) - to Australia, Taiwan, Singapore, India

Junior Fellowships in 2007
- Jean Bart Jacquet (The Netherlands) - to Barcelona
- Frank Unglaub (Germany) - to UK
- Tobias Laurell (Sweden) - to Rotterdam

Senior Fellowship in 2008
- no applications arrived

Junior Fellowship in 2008
- Mischa Wiegand (Switzerland) – to Paris
- Tobias N. Schneider (Sweden) – to Leeds
- Nicolas Stuetz (Germany) – to Malmö
Historian of FESSH

History of the FESSH

The idea of a linking organisation of all hand surgery societies in Europe stems from meetings of colleagues from different European nations on the basis of personal friendship, such as the Franco/German symposium for hand surgery in 1964 organised by Verdan under the patronage of the Swiss National Exhibition.

The International Federation of the Societies for Surgery of the Hand (IFSSH), created in 1966, grew quickly from the only 8 original national societies to 45 in 2000 and was an inspiration for their 19 European members to form their own Federation of the European Societies for Surgery of the Hand (FESSH).

This dream became reality when Professor Caroli presented a draft proposal for a European Federation constitution in 1989 and subsequently, 15 national representatives met in Paris on 11th February 1990 to foster the development of this linking organisation. Thirteen Hand Societies had agreed on a draft constitution with Norway and Sweden as observers. Since 1993, an annual meeting with instructional courses has been organised.

The federation is still growing and today unifies the hand surgical societies of 24 European members including the Czech Republic, Slovenia and Russia as the newest countries: (in alphabetical order) Austria, Belgium, Bulgaria, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Norway, Poland, Portugal, Romania, Russia, Slovenia, Spain, Sweden, Switzerland, The Netherlands, Turkey and the United Kingdom. The principle objective is still the promotion and harmonisation of training throughout Europe, to define and provide qualifications and encourage exchange opportunities for younger hand surgeons as a part of their training. The Federation is led by a Secretary General rather than a President, supported by a Treasurer and 8 council members.

Role of the Historian within the FESSH

The main objective of the historian’s work within the Federation of European Societies for Surgery of the Hand is to provide an overview of the research and advances made by those from various European countries who have taken part in the development of what has become the surgical specialty devoted to the human hand. Of course, an important source in this regard is the medical literature. In our European Journal of Hand Surgery, original articles are republished regularly to describe the various contributions from the different countries in detail and show the historical background of the respective innovation with a portrait of its author, such as the recent article on Paget (first description of carpal tunnel syndrome), Lexer (first flexor tendon transplantation) or Esmarch (tourniquet for bloodless operative field). This collection of articles shall soon be expanded by personal recollections of famous hand surgery masters on their teachers and by further contributions on the hand surgery development from Spain, Italy, Poland, Russia and Turkey.

The launch of a historical book library with exchange of old books and digital scans during meetings (Historical Book Corner) is planned together with a historical bibliography including journals, biographies, procedures, techniques, associations, meetings and rare books.

George Santayana’s famous quotation “Those who cannot remember the past are condemned to repeat it” could summarise our objective in exploring the historical development of hand surgery, to be aware of the past of our speciality, thus knowing the present so as to be prepared for the future. In addition, we can save time and paper, have fun and make new friends.

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Historian

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