2011 was the start of the new era for the European orthopaedic board examination. As part of the new format the exam for the second time had a separate written paper taken in June at different European cities and was used as a screening tool, selecting candidates for the final European Board of Orthopaedics and Traumatology section II oral exam that was held in Paris. From a total of 205 applicants (among last-year trainees and fully qualified orthopaedic specialists), 101 candidates took the written part in the examining centres scattered throughout Europe and from this group, 68% succeeded and presented to the final European Board of Orthopaedics and Traumatology (EBOT) section II oral exam. At the final part II the pass rate was 65% with an overall passing rate of 66.5% for the EBOT examination.

The numbers of candidates have been increasing slowly while the EBOT exam reputation has been spreading in Europe and also around the world, as shown by the number of European and non-European applicants increasing every year. However, this prestigious qualification is a gold standard attribute for those that wish to have an extra mark and are willing to travel around Europe and work in different countries. As all are aware it is legal within Europe to work in any country with our own national qualifications; however, we know from the past that the failing rate among these varied between 46% and 75%.

To be a Fellow of the EBOT and to be board certified is in fact that extra guaranty that these fellows are safe to practice in any of our countries and this was the basic requirement that was agreed upon among all European orthopaedic societies for the fellows of the European Board. As planned one of the major actions was to develop a tool to help preparation for the final EBOT examination. We felt that an interim exam would be beneficial for both trainees and also for the training centres, being able to compare the outcomes of the different areas of training before the final assessment. The interim EBOT examination for orthopaedic trainees took place in 15 hospitals in 10 countries in Europe on 18 May 2011 and as a trial it was extremely successful. Both trainees and training centres got a thorough appraisal of their performance and were able to compare themselves with other European participants for the years of residence and also for the different subjects assessed.

On 18 April 2012, the interim exam will take place again. All European hospitals that are willing to join this project and therefore benefit from all this valuable information that will for sure help to improve the standards of training of their residents and correct the knowledge gaps they may have or correct the deficiencies in provided training in any particular field of orthopedics.

Helping Europe get back to work

As orthopaedic surgeons, we know very well the tremendous burden of musculoskeletal conditions on the work force in terms of time lost to sick leave and incapacity to work. And in these times of economic crisis, this burden becomes even heavier to bear. But we may now have found the right partner to position EDTO to do something to help. We are pleased to announce that EDTO is now a partner in the Fit for Work Coalition and will sit on the Fit for Work Advisory Board.

Since 2007 the Fit for Work initiative has worked to drive health and government policy at European and national levels to support keeping people with musculoskeletal disorders (MSDs) in work. In addition, in partnership with coun-
tries, the vision for Fit for Work is that MSDs from disabling conditions to manage-able conditions. The report submitted by The Work Foundation demonstrates that this can be achieved through prevention, early detection, appropriate intervention, and bet-ter management of MSDs. The contribution of orthopaedic surgeons and other special-ists will be crucial in achieving this. To this end, EDTO will be working with the European League Against Rheumatism (EULAR) on this initiative. Fit for Work is actively supported by several Members of the European Parliament, most prominently Antonia Panavanas as co-President. In addition, Nobel Peace Prize win-ner Lech Walesa has recently become Global Ambassador of the initiative.

The Trauma Task Force: an increasingly important section in EFORT

In the development of EFORT over the years, orthopaedics prospered successfully. Driven by a rising demand for all kinds of reconstructive surgery, most centres in the field of orthopaedics strengthened this section within their surgical portfolio. But not only the “classic” degenerative joint disease of hip and knee was a growing faction but the numbers of trauma cases kept increasing significantly all over Europe, too — and still are increasing today, especially in the age-
ger population with their specific challenges. Consequently, EDTO identified the need to empower its “trauma arm” to organize and strengthen this section within the “EFORT family,” too.

In 2010, a Trauma Task Force was formed to elaborate a strategy and implement this ambitious undertaking. The person in charge was Norbert Haas (GER), who is head of department of the Center for Musculoskeletal Surgery Charité in Berlin, which has become Germany’s largest trauma facility. With a number of distinct surgeons including Jean-Christophe Bet (FR), Christian Cardani (CH), Florian Gehrhard (GER), Peter Giannoudis (UK), Josep M. Muñoz Vives (IB), Morten Schultz Larsen (DK), András Sánigo (HUN) and Ulrich Stöckle (GER), the group started identify-ing several fields of action in order to har-monise the cooperation with the other sec-
tions within EFORT. Another problem was the political context on the European level. All national trauma organizations had their own legal framework, and in a constantly melting Europe, politics had a tendency to design pan-European solutions in a way that was just fitting for political purposes instead of serving patients’ needs or aiming at a medically sensible consensus. However, the Trauma Task Force had a successful start and gained rapid acceptance within EFORT.

Today, the EFORT Trauma Task Force has established the following continuing agenda: 1. Strengthen the trauma content of the scientific programme at the annual EFORT congress. For the upcoming congress in May, the range and extent of trauma content is as great as never before.

2. Inception of a prestigious EFORT Trauma Award.

3. Run at least one high-level Trauma ExMEx Forum each year. This year’s ExMEx will take place in Barcelona in March.

4. Develop educational courses covering the interfaces between orthopaedics and trauma, e.g. perioperative fractures or “cas-cade scenarios,” i.e., patients evolving from a minor trauma to a worst case (including sal-
vagi projectile wounds).
The 13th EFORT Congress 2012 in Berlin is Europe’s most important scientific event of the year in orthopaedics and traumatology. Along with updates on all specialty areas, it offers a record number of submissions and a myriad of formats for generalists, specialists and specialists still in training, customized to meet the needs of the group involved. And the venue is unbeatable. Participants can look forward to priority topics surrounding the U.N. Decade of Action for Road Safety and the European Year for Active Ageing as well as two honorary lectures and highlights such as the new Cross-Fire Sessions, a forum for controversial issues.

The European Federation of National Associations of Orthopaedics and Traumatology (EFORT) is staging the 13th EFORT Congress in the German capital from 23 to 25 May 2012. It is the most important scientiﬁc event at the European level for orthopaedics and trauma surgeons. "Holding the EFORT Congress in Berlin is not only an accolade for the German orthopaedics and traumatology, but the decision on the venue also underlines the commitment of EFORT to create a joint platform for all European nations' continuing training in orthopaedics and traumatology at as compatible a level as possible," Prof. Dr. Dieter Wirtz noted. Besides being one of the two local organizers of the event, Prof. Wirtz is Director of the Clinic for Orthopaedics and Traumatology at the University Clinic in Bonn and on the Advisory Board of the Executive Committee of the German Association of Orthopaedics and Orthopaedic Surgery or DGOOC. "Berlin is easy to reach and a unique point of convergence for the cultural, political and social history of Eastern and Western Europe. We hope to be able to welcome large numbers of colleagues from Eastern Europe in particular to this event," he added.

There is great interest in any case. "From the nearly 4,000 abstracts submitted, we will choose about 600 to 700 for the free paper sessions. This approach gives us a chance to discover a host of original ideas," noted the second local organizer of the event, Prof. Dr. Karsten Dreinhöfer of Charité University and chief physician in the Department of Orthopaedics and Traumatology at Medi- cal Park in Humboldtsdorfer, Berlin and Vice President of the Professional Association of Specialists in Orthopaedics and Traumatology or BVOU. "EFORT can draw on the diversity of historical and scientiﬁc advances and experience in Europe to achieve a breadth of creativity that concedes more limited in a regional, linguistic and cultural sense simply cannot offer. That is certainly an important reason for the incomparable appeal EFORT meetings have far beyond the borders of Europe. We expect participants from 50 countries. This international gathering also allows us to learn from our neighbors so that we can ﬁrst understand each other better and perhaps subsequently bring our different cul- tures closer together," he said.

Focal points: Road safety and healthy aging
Two current international initiatives are among the priority topics in Berlin. First is the U.N. Decade of Action for Road Safety, which will be covered by a number of presentations on collision prevention and the treatment of injuries and their consequences. Second is the European Year for Active Ageing. The presentations in this area will focus mainly on degenerative diseases of the musculoskelet- al system. Main priorities will include the state of the art in operative and conservative treatment options, in modern approaches to rehabilitation and pain treatment, in multi- modal approaches to back pain therapy and in the management of osteoporosis. The organizers are striking a balance between inviting experienced experts as speakers and allowing younger researchers to give free presentations. These younger col- leagues can often open established experts’ eyes to new and unconventional approaches.

Prof. Wirtz said, "Our globally unique fea- ture of the EFORT Congress is the diversity of formats we offer. In 2012 that diversity will certainly deliver fresh impetus."

Participants should also look forward to the honorary lectures. The two honor- ary speakers are Prof. Reinhold Ganz, who pioneered pelvic osteotomy, and Prof. Ber- nard Morey, a trailblazer in elbow surgery and elbow endoarthrositis. Prof. Wirtz said, "Last but not least, the industry exhibition offers a record number of submissions and a myriad of formats for generalists, specialists or newcomers to the profession — with guests of honor and experts — whether generalists, special- ists or newcomers to the profession — with customized continuing training tailored to their needs."

EFORT 2012 – All Europe looks to Berlin
13th EFORT Congress 2012 – Berlin, 23 – 25 May 2012

Internationally renowned experts will give state-of-the-art presentations on current topics in instructional lectures and sym- posia. The various specialty societies will hold events that allow experts to exchange knowledge and views at the highest level. In a single day, the Comprehensive Review Course covers the essential material one needs for the European and national examination as a specialist in orthopaedics/traitumatology. Berlin will also have Experts meet Experts (ExMEx) sessions delving into the topics of acetabular fractures, periprosthetic fractures, revision in cruciate ligament reconstruction and the treatment of fragility fractures.

To cement or not to cement? Controversial Cross-Fire sessions
Prof. Dreinhöfer noted, "For me, one of the highlights of the Congress are the formats that bring together different views on the same subject. One of those is the Controversial Case Discussions (CCDs). In the CCDs, we involve colleagues to discuss controversial cases such as the treatment of multiple inju- ries, deformities in the lower extremities, hip joint dislocation or vertebral infections. This year’s Congress will also feature a new format for the ﬁrst time: the Cross-Fire Sessions. At these events, recognized experts present con- troversial views on topics such as cemented versus cementless stems in geriatric hip replacement patients, operative versus conser- vative treatment of osteosynthetic vertebral fractures or the treatment of slipped capital femoral epiphysis."

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