

The EBOT examination in the new format – European board certification



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), 109 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 we all know 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 guarantee 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 may 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 orthopaedics.

As for the final EBOT exam only the application rules have changed. Section I of the exam will take place on 6 June 2012 in different examining centres throughout Europe and section II will be held in Dublin on the first weekend of October 2012.

However, apart from European last-year trainees and fully qualified orthopaedic specialists, only non-Europeans working in Europe are allowed to sit for this fellowship examination in 2012.

So for those who meet these requirements, get ready and join so many others that are already Fellows of the EBOT.

info Save the dates: Interim EBOT exam on 18 April; EBOT examination: written part on 6 June; oral part in Dublin on 5 and 6 October 2012.

More information available on: www.ebotexam.org

author Prof. Dr. Jorge Mineiro, Chairman EBOT Examining Committee

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 EFORT to do something to help. We are pleased to announce that EFORT 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 governmental policy at European and national levels to support keeping people with musculoskeletal disorders (MSDs) in work.

Aligned with the many stakeholders across Europe, the vision for Fit for Work is to shift MSDs from disabling conditions to manageable conditions. The research conducted by The Work Foundation demonstrates that this can be achieved through prevention, early

detection, appropriate intervention, and better management of MSDs. The contribution of orthopaedic surgeons and other specialists will be crucial in achieving this. To this end, EFORT 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 Parvanova as Co-President. In addition, Nobel Peace Prize winner Lech Wałęsa has recently become Global Ambassador of the initiative.



Fit for Work aims to change perceptions

of MSDs among the general public, clinicians, employers and policymakers so that they are perceived as manageable conditions with which people can lead full, active and successful lives, and not conditions which lead inevitably to long-term disability, unemployment and social exclusion.

In Europe we know that MSDs account for half of all absences from work and for 60% of permanent work incapacity. They result in more sickness absence than stress and cost European countries around 240 billion euros annually.

Fit for Work Europe has moved to the next stage and in the coming years aims to strengthen outreach of national Fit for Work Coalitions to policymakers and stakeholders.

In Europe, national governments have the most influence over health and labor policies. Therefore the Fit for Work EU Coalition is helping to facilitate Fit for Work national efforts on a country-to-country basis to

move towards local policies and guidelines which embrace early detection and appropriate evidence-based intervention. The ultimate aim of the EU level advocacy campaign is to place political pressure on countries from a top-down approach.

In addition, in partnership with countries, and led by its Advisory Board (on which EFORT sits), Fit for Work will aim to advocate for specific sessions on MSDs at the World Economic Forum, or potentially a resolution at the World Health Assembly of the World Health Organization in 2012.

info The initiative is based on the results of original UK research done in 2007 by The Work Foundation, 'Fit for Work? Musculoskeletal Disorders and Labour Market Participation', which detailed the enormous economic and social burden of MSDs, called for return-to-work practices to be implemented across Europe, and demonstrated that improvements in early intervention and treatment can facilitate this. Please see <http://www.fitforworkeurope.eu/>

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 prosthetic 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 ageing population with their specific challenges. Consequently, EFORT 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 Bel (F), Christian Candrian (CH), Florian Gebhard (GER), Peter Giannoudis (UK), Josep M. Muñoz Vives (E), Morten Schultz Larsen (DK), András Sárváry (HUN) and Ulrich Stöckle (GER), the group started identifying several fields of action in order to harmonise the cooperation with the other sections 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. periprosthetic fractures or "cascade scenarios," i.e., patients evolving from a minor trauma to a worst case (including salvage procedures).

5. Extending the European EFORT Trauma Fellowship Programme, which started in 2011
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EFORT 2012 – All Europe looks to Berlin

13th EFORT Congress 2012 – Berlin, 23 – 25 May 2012

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 orthopaedists 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 underscores the commitment of EFORT to create a joint platform for all European nations' continuing training in orthopaedics and traumatology at as comparable a level as possible," Prof. Dr. Dieter Wirtz noted. Besides being one of the two local organizers of EFORT 2012, 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 select about 600 to 700 for the free paper sessions. This approach gives us a chance to discover a host of original new 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 Medical Park in Humboldtstraße, 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 congresses 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 90 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 cultures 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 musculoskeletal 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 multimodal 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 colleagues can often open established experts' eyes to new and unconventional approaches.

Prof. Wirtz said: "One globally unique feature of the EFORT Congress is the diversity of formats we offer. In 2012 that diversity will be greater than ever. We provide all interested parties – whether generalists, specialists or newcomers to the profession – with customized continuing training tailored to their needs."

► continued from previous page (The Trauma Task Force)

6. Bringing relevant trauma content into EFORT publications, i.e., the eJournal.
7. Convince trauma surgeons who are all already involved in other organizations to become active in EFORT.
8. Attract national trauma societies to become EFORT members.
9. Analyze differences in treatment standards between countries with the goal to propose European guidelines.
10. Define the framework and contents of a model specialization curriculum for a "European specialist in orthopaedics and

- orthopaedic trauma."
 11. Build up a European trauma network in clinical research.
 12. Join forces with other internationally active trauma organizations on specific issues and in mid- or long-term projects.
- At the moment, the Trauma Task Force is preparing for the next ExMEx meeting in Barcelona in March and the EFORT Congress in Berlin in May. At the same time, an online-based multicenter survey has just been launched under the supervision of Ulrich Stöckle to show daily practice for the treatment of similar fractures in Europe. Besides understanding the differences in treatments, the final aim is to be able to give a compendi-

um of recommendations to trauma surgeons. A second, even larger scale pan-EFORT multicenter study is planned to start early in 2012. Moreover, the coordination of the newly designed curriculum for an European orthopaedic trauma specialist is well under way. These are just some of the projects bringing trauma back into focus and underlining that the Trauma Task Force has become an indispensable EFORT section within just 2 years, and its importance is still growing.

To cement or not to cement? Controversial Cross-Fire sessions

Prof. Dreinhöfer noted, "For me, some 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 (CDCs). In the CDCs, we invite colleagues to discuss controversial cases such as the treatment of multiple injuries, deformities in the lower extremities, hip joint dysplasia 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 controversial views on topics such as cemented versus non-cemented stems in geriatric hip replacement patients, operative versus conservative treatment of osteoporotic vertebral fractures or the treatment of slipped capital femoral epiphysis."

Participants should also look forward to the honorary lectures. The two honorary speakers are Prof. Reinhold Ganz, who pioneered pelvic osteotomy, and Prof. Bernard Morrey, a trailblazer in elbow surgery and elbow endoprosthesis. Prof. Wirtz said, "Last but not least, the industry exhibition is incomparable in scale and format and will certainly deliver fresh impetus."

Interface between East and West

The hosts have also come up with special ideas for the social programme, including the traditional Congress Party. According to Prof.



SAVE THE DATE

Next EFORT Congress

Berlin, 23 – 25 May 2012

Pre-registration deadline:
► 4 May 2012

EFORT Head Office

Technoparkstrasse 1
8005 Zurich
Switzerland

Phone +41 44 448 4400

Fax +41 44 448 4411

Dreinhöfer, "Berlin is undoubtedly one of the liveliest, hippest and most fascinating cities in the world right now. It helped to write medical history, especially at the Charité. And its diversity of architecture, urban planning, arts and culture is nearly indescribable. We will be inviting the Congress participants to a Berlin Night at the legendary KaDeWe to experience several facets the city has to offer. The combination of entertainment and culinary delights should help participants to become closer on a personal level as well. Besides their discussing professional matters, we hope they will also forge friendships with others in Eastern and Western Europe."

author

Prof. Dr. Karsten Dreinhöfer and Prof. Dr. Dieter Wirtz, Chairmen EFORT Congress Berlin

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www.efort.org/berlin2012

EFORT ExMEx Forum – Trauma

Date: 16 – 17 March 2012

Venue: Barcelona, Spain

Topic: Periprosthetic fractures

EFORT ExMEx Forum – Hip

Date: 20 – 21 April 2012

Venue: Athens, Greece

Topic: Advancing the science and art of hip arthroscopy, primary and revision hip arthroplasty

Still places left for registration!

author

Prof. Dr. Norbert Haas, Chairman EFORT Trauma Task Force