

The EFORT Academy – Promoting Excellence in Musculoskeletal Research and Education

Why was the all-new EFORT Academy launched?

The Academy is a new concept to promote excellence in musculoskeletal research, training and clinical practice.

The EFORT Academy was launched at the Berlin 2012 Congress. It met with the approval of the General Assembly. It is a new subsection of EFORT, intended for individual members. As a Federation of National Societies, EFORT is composed of institutional members, i.e. the societies, and does not allow for individual membership. The EFORT Executive Committee recognises that it is the individual surgeons and allied healthcare providers involved in diseases and trauma of the musculoskeletal system who are the main source of EFORT's success as lecturers, reviewers and organisers of training events. The broader EFORT structure leaves no room for the individual contributor, however. The creation of an EFORT Academy will fill this gap and permit recognition for the individuals who make up the national societies.

What is the purpose of the EFORT Academy?

The EFORT Academy's purpose is to promote clinical, educational, translational and

basic research issues of interest to the musculoskeletal health community within and outside of Europe. The Academy's mission is to disseminate validated knowledge about musculoskeletal health matters.

What will the Academy do?

The EFORT Academy will be responsible for the scientific content of all EFORT activities (Congress, fora, publications, etc.). The EFORT Academy will initiate, pilot and promote training and research campaigns throughout the European and extra-European orthopaedic and trauma community. It will also make recommendations on the allocation of EFORT stipends and fellowships. The Academy's role is to evaluate scientific and training activities where EFORT approval is sought.



Who will lead the EFORT Academy?

Under the guidance of the Executive Committee, the chairs of the Scientific, Educational and Publications Committees of EFORT will constitute the leadership of the

Academy. These individuals will also form the panel that will award the different grades of fellowship – full, associate or corresponding – based on the candidates' scientific, training and clinical activities.

Who can be a member?

Academy membership is open to all interested individuals, regardless of their country of origin. However, to be eligible a candidate must be a member in good standing of a recognised European or non-European national orthopaedic or musculoskeletal society with impeccable credentials. Different levels of membership – full, associate, or correspondent – are available. The level that is awarded will be determined largely by EFORT involvement, scientific activity, level of training and specialty. The full members of the Academy carry the title "Fellow of the European Federation of National Societies of Orthopaedics and Traumatology (EFORT)".

Why become a member?

As a member of the Academy, fellows are entitled (in accordance with their membership level) to privileges such as fee waivers for the annual congress and access to EFORT publications and training materials on the

EFORT website. Most importantly, fellows will be the first to be asked to participate actively in drawing up the scientific programme for the annual congress, to organise symposia and to participate in the review of abstracts.

What are the duties of an EFORT Academy fellow?

The fellow is expected to show an active interest in EFORT activities. They will be asked to participate at varying levels in EFORT's training activities. The Academy fellow will also need to pay dues, depending on their level.

How can I become an Academy fellow?

Applications (original documents) should be sent to EFORT Head Office. Information on the documents that are required will be provided upon request. Applications are examined by the Academy's Nominating Committee.

author

Prof. Dr. Pierre Hoffmeyer, EFORT President

info

<http://www.efort.org/academy.aspx>

Report on the EFORT travelling fellowship programme held in Marseille and Nice, France from 1 – 7 April 2012

The EFORT fellows from 14 nations who represented their national orthopaedic societies were welcomed on Sunday evening, 1 April by Prof. Jean-Noël Argenson and shared a cocktail drink on the terrace of the Novotel overlooking the Vieux-Port of Marseille. This was the occasion for the fellows to get together and receive a detailed programme of their upcoming week of training in France.



The next morning they were transferred to the University Hospital Sainte-Marguerite and the department of orthopaedic surgery there for the first working day dedicated to hip surgery under the direction of Xavier Flecher, MD, and Prof. Argenson. The day included oral presentations, as well as live surgery broadcast in a hospital conference room with live interaction between the participants and the surgeon. Among the themes covered were the surgical approach of the hip with a demonstration of the anterolateral approach in the supine position, bearing materials, sports and

total hip arthroplasty, surgery for hip dysplasia including a demonstration of hip arthroscopy, and total hip arthroplasty for developmental dysplastic hip. The final part of the session focused on all aspects related to revisions.

Later in the afternoon, the fellows were included in the case discussion portion of the weekly meeting related to trauma. The day ended with a dining party on the Vieux-Port.

The second day was dedicated to knee arthroplasty surgery under the direction of Sébastien Parratte, MD, and Prof. Argenson. Again, oral presentations were combined with live surgery that consisted of unicompartmental and total knee arthroplasty procedures. The topics addressed included indications of compartmental surgery, fixed and mobile bearing total knee arthroplasty, treatment of post-traumatic arthritis and revision knee arthroplasty. At the end of the afternoon the fellows participated to the tri-annual meeting of the department organised for colleagues in the area around Marseille. It was dedicated to the treatment of acute tears of the ACL, with an opening presentation by Prof. Philippe Neyret, Lyon.

The gala dinner took place in the evening at the Vallon des Auffes, a nice little port on the Marseille corniche, and this allowed the fellows to enjoy sophisticated French cuisine with a Mediterranean touch.

The third scientific day was under the

direction of Prof. Neyret, who was the godfather of this edition of the EFORT travelling fellowship and included his team members Prof. Elvire Servien and Victoria Duthon, MD. The scientific programme involved oral presentations related to osteotomy around the knee, meniscal and ligament surgery, treatment of cartilage defects and patellofemoral disease. During the afternoon each fellow was asked to make a short presentation about his city, work place, areas of orthopaedic interest and interests outside of the hospital. At the end of the afternoon, the fellows left Marseille to travel to Nice where they attended a cocktail reception and were welcomed by Prof. Christophe Trojani.

The fourth scientific day, led by Prof. Pascal Boileau and held in the department of orthopaedic surgery at the L'Archevêque University hospital, consisted of live surgical demonstrations for the first part of the day, including arthroscopic rotator cuff surgery, shoulder instability surgery and shoulder arthroplasty, and of a presentation by Prof. Boileau and colleagues during the second part of the day about their extensive experience in shoulder surgery. Among the topics addressed were SLAP lesions and fractures of the proximal humerus.

During the last part of the afternoon the fellows heard the conference conducted by Prof. Boileau, president of the European

Shoulder and Elbow Society. The dinner that evening was held at la petite Maison, a typical dining venue in the old city of Nice.

The last scientific day in the orthopaedic surgery department in Nice was organised by Prof. Trojani with live surgical demonstration of one-stage bilateral hip or knee arthroplasty. That was followed by a round table discussion with all the fellows from various countries sharing and discussing their experiences. The second part of the afternoon was dedicated to such subjects as combined ligament and axis correction surgery of the knee and revision ACL surgery. The gala dinner that evening was held in Monaco and gave the fellows an opportunity to try French cuisine on the Riviera. On Saturday morning, 7 April the fellows departed for home.

This first EFORT travelling fellowship in France took place in a friendly atmosphere that fostered free exchanges between the hosting departments and fellows. It was also the occasion to provide the EFORT fellows with a spirit of the French orthopaedic culture, under the hospice of the French Society of Orthopaedic Surgery and Traumatology, SOFCOT.

author

Prof. Dr. Jean-Noël Argenson, Chairman

EFORT invites you to the mythical city of Istanbul in 2013



A scientist is someone with a passion for solving challenges and exploring mysteries. The description also fits an orthopaedic surgeon perfectly.

How would you describe Istanbul? It is full of history, from Byzantine to Ottoman times, and offers modern visitors 1001 mysteries to uncover. It is a mythical city for which passions are difficult to hide.

EFORT has chosen Istanbul for its Con-

gress for a reason. This will be a meeting of all passions and curiosities.

It takes a degree of courage to choose such an attractive place for a Congress. There is always the risk that the setting will overshadow the Congress itself.

EFORT, however, has all the scientific prestige it takes to stand up to the competition, even if that competition is Istanbul.

We have worked hard on the upcoming scientific programme, which we are sure will meet your justifiably high expectations. Its highlights are sure to fire our professional passions anew.

We are proud of the feedback we have received, which reveals a great deal of interest in this Congress from Middle and Far-Eastern countries. The reason, no doubt, is

that Turkey offers a bridge between East and West, with a shared history and closely related culture. This city is the gateway to the Orient.

This will be a unique opportunity for all participants to meet colleagues from other parts of the world, to share scientific experience and to build new friendships.

EFORT looks forward to welcoming you to Istanbul from 5–8 June 2013.

author

Prof. Dr. Hakki Sur, Chairman LOC 14th EFORT Congress Istanbul 2013

info

www.efort.org/istanbul2013

Revalidation and recertification in Europe: why proactivity is of the essence

Should orthopaedic and trauma surgeons hold licences to practice that are valid for a lifetime after initial certification, without ever being retested? For many orthopaedic and trauma societies the answer is a clear "no". Orthopaedic and trauma surgeries are essentially knowledge-based activities. As Prof. Reinhold Ganz puts it: "The hands will only do what the brain tells them". Since the practice of our specialty relies on knowledge, orthopaedic and trauma surgeons must offer proof that they do, in fact, possess the expertise necessary to continue to practice safely and ethically.

The AAOS has put in place a recertification procedure that tests surgeons every ten years (1). In the United Kingdom, the BOA operates a revalidation process that obliges orthopaedic surgeons to be retested every five years, and other European countries are in the process of instituting similar systems, or have already done so.

Most European national orthopaedic and trauma associations require "maintenance of certification", with professionals accumulating a certain number of training credits per year for attending courses and seminars. This, in a way, is similar to attending a non-validated refresher course at university. Although a necessary step in the right direction, this cannot alone reassure the public, the payers or the authorities about the surgeons' knowledge and expertise.

Clearly, there must be benefit to be gained in establishing a recertification process. This may be construed by some as intrusive and bureaucratic. Yet it is the patients who are the primary beneficiaries of a system of regular revalidation or recertification. There can be no doubt in patients' minds as to the value of being assessed and operated on by a surgeon who has actively proven to be knowledgeable and up-to-date in their specialty. Moreover, third-party payers and employers will have the guarantee that medical expenditures are generated by practicing physicians applying

the latest findings in their field.

Undoubtedly in the near future, governments, health ministries and other official agencies will require guarantees that orthopaedic and trauma surgeons are up to date and knowledgeable. Some already have such requirements in place. The spiralling costs of healthcare are a strong incentive for authorities to become more intrusive in monitoring individual healthcare providers. Left to their own devices, health authorities might take ill-advised decisions, such as requiring that all physicians, regardless of specialty, pass periodic general medical knowledge tests to revalidate their medical licences. The medical specialty societies must be proactive if we are to avert such over-hasty bureaucracy.

The introduction of revalidation or recertification procedures will also encourage the organisations that provide post-graduate and continuing education to be more efficient and attuned to the needs of the surgeons who will have to go through the requalifying process.

In essence, it is all about maintaining a visibly high quality of care so that patients may be assured that they are being treated at the best possible level.

Certain credible objections nonetheless exist as to the need for a recertification process, there are many questions as to how it should be implemented. Often, comparisons are made with pilots, who undergo rigorous recertification procedures. The aviation example does not apply 1:1 to surgery. For example, reaction times differ, so that intervals between revalidations may be longer for orthopaedic surgeons than they are for pilots. Some – chiefly our colleagues who are highly specialised in their fields – have also objected that pilots are recertified according to the aircraft they fly. However, basic information such as flight paths, weather conditions and communications routines are applicable to all types of

aircraft, and this also true for all surgical activities. Considerations with regard to infection, thromboprophylaxis and ethics are common to all practicing surgeons, no matter what their specialty. These objections will, of course, be studied and acceptable answers will need to be provided. The resulting assessments might be general, with a comprehensive examination in the form of a multiple choice questionnaire, as used in many of today's qualifying examinations. That said, this type of examination is probably not ideal for many because it is not suited to today's practice. After all, most orthopaedic surgeons limit themselves to certain domains of their specialty. Rarely do we encounter a surgeon who practices across the full spectrum of orthopaedics, from the spine to paediatrics to hand surgery, for example. The examination might therefore be more practice-oriented, with each individual surgeon being assessed on their knowledge of their preferred fields of activity. This might be conducted by a panel of colleagues based on a chart review of the surgeon's patients. There are many possible solutions, and each society will need to reflect on the best answer.

This year, the Swiss Society of Orthopaedic Surgery and Traumatology introduced an optional self-assessment test for all practicing surgeons. The test involved retaking the same qualifying MCQ exam as junior surgeons. We were surprised by the high number of surgeons voluntarily subjecting themselves to this form of self-assessment. The Society counts 700 active members, and 105 came to do the test on 29 June 2012. The test was anonymous, so the only stimulus is individual benchmarking. The participants received the marks of all the others, including a breakdown of the scores relating to the different specialties. It emerged that surgeons either do well in all of the specialties, or do poorly in all of the specialties. Those who excel in one domain



SAVE THE DATE

Abstract submission closes 15 September 2012

EFORT Head Office
Technoparkstrasse 1
8005 Zurich
Switzerland

Phone +41 44 448 4400
Fax +41 44 448 4411

and know nothing about any other are rare indeed. The assessment technique must be tailored to the individuals concerned, and there is a need for different means of assessment (MCQs, oral assessments, etc.).



105 members of the Swiss Society of Orthopaedic Surgery and Traumatology sit an anonymous self-assessment test, on 29 June in Bern.

EFORT has a vested interest in training and, more specifically, in continuing professional development. We are hearing growing calls for the establishment of a Europe-wide curriculum for orthopaedics and traumatology. This would resolve the disparities between countries in the duration and content of training. The recertification or revalidation process must form an integral part of this discussion. An EFORT task force, including representatives from the UEMS (European Union of Medical Specialists) and from the EBOT (European Board of Orthopaedics and Traumatology), will be set up to tackle these weighty matters and to come up with a plan of action. Only in this way will the European orthopaedic and trauma community gain the necessary credibility and strength that will allow it to maintain its extensive activities.

(1) Simon MA, DeRosa GP. The value of recertification to orthopaedic surgery and to the public. JBJS A 1999; 81-A; 2, 292-293

author

Prof. Dr. Pierre Hoffmeyer, EFORT President