

Candidacy to General Secretary of EFORT

Dear President of EFORT, Dear President of SECOT:

I would like to present my candidacy to the General Secretary of EFORT. It would be for me a huge honour.

With that purpose, I write this letter, so as to ask for the approval of my national Society (SECOT), for the approval of the President of EFORT and EFORT Ex-Com, and of course I would have to be approved by the EFORT General Assembly to be held before next Congress to be held in Lyon on June 2025.

Along all my life, I have had the absolute conviction of the imperious necessity of Europe. Analyzing risks outside orthopaedic surgery, the conclusion is clear: Individually, each European country may get to be important, but clearly, in the nowadays international context, it is impossible for any of them to get the leadership in any area. Many reasons contribute to these, among the most important, our population size, our economical power, or our scientific production. On the contrary, the union of all European countries, by itself, has many opportunities to get the leadership in many areas, and Orthopedics may be one of them. Again, many reasons support this statement: History, population, Health Systems, economy, and, mainly, professionals, that is, orthopaedic surgeons.

In that sense, I have dedicated a lot of my time and effort to orthopaedic european activities along all my professional life. Moreover, I have promoted them as much as possible inside my country. Reviewing my curriculum a lot of them may be found: member of 2 european specialty societies (EHS and EBJIS), examiner in EBOT along 23 years, national delegate in EFORT along 13 years, national delegate in UEMS along 14 years, member of educational committee of EHS along 4 years, national representative in EHS along 9 years, member of EFORT OEG for 7 years, and chairman of EFORT OEG for almost 2 years.

On the other side, when analyzing internal risks of orthopaedic surgery, 2 main problems appear as evident: Super-(or sub-)specialization, and money dedicated to continuous medical education. Superspecialization may be desirable for patients, specially inside the operating room, but may be catastrophic for professionals. Obvious risks are similar to those coming from fragmentation among countries: the number of surgeons is low, their economical strength is limited, and scientific production is not great (and many times invaded from other medicine areas). The union, the "Federation" of speciality societies, is the only reasonable solution. EFORT was born as a federation of national societies. Possibly its future must be focused and re-oriented to be a federation of specialty societies. We, hip surgeons, shoulder surgeons, hand surgeons, even knee surgeons (supposing they are not involved in a "civil war" among arthroplasty and arthroscopic surgeons), have no power enough to defend our professional interests in Brussels, in Strasbourg, in front of our national health authorities, or even in front of industry. Even more, a foot&ankle specialist, for example, cannot be only a foot surgeon since she/he is 30 years old; she/he must be an orthopaedic surgeon, dedicated to the whole profession, with special interest in an area. The second internal risk comes from the relation with Industry and money dedicated to continuous medical education. It is not acceptable at all, for example, that a "knee surgeon" becomes exclusively a "X" robot specialist. If medical education continues progressively emigrating to companies, we orthopaedic surgeons will transform in specialists in software "X" in a very short time. But, huge risk!, in the mid-term we will be necessary only because of medico-legal reasons, just to sign as legal responsible of robot operations. Of course, in the long term, we will disappear: our whole profession will be substituted by IA in the office and by robots in the OR.

If I were chosen/voted as General Secretary, all my efforts would be directed against those very dangerous tendencies. EFORT must continue as a powerful and strong federation (of national and of subspecialty society), because it is the only way to fight against external and internal risks. Reviewing my curriculum some proof of my wide dedication may be checked: Inside my Department, I am the one in charge of infections, tumors, difficult hips (primary and exchange) and periprosthetic fractures; in fact, I dedicate 3 days/week to the office and 2

days/week to the OR. In the same way, reviewing my published papers, it is easy to discover my multiple areas of interest (infection, hip fracture, hip arthroplasty, biomaterials). After 38 years of dedication to the Orthopaedic Surgery, I continue operating from many fractures to difficult infections, tumors or hip exchanges. I think this "wide" vision and dedication to the profession is interesting and valuable for the post of General Secretary of EFORT.

Thank you very much.

Yours sincerely

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