



EFORT Q2 2013 Report

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EFORT 2013 in Istanbul: a look back

Professor Dr. Pierre Hoffmeyer, EFORT Immediate Past President

The dust has settled on Taksim Square and the tents have been folded away. During the EFORT meeting from 5-8 June, disturbances were fortunately minimal in Istanbul, and the Congress could proceed normally. During that week the city shone, bathed in the glory of its ancient mosques, churches and palaces. The Bosphorus and the Golden Horn sparkled under the Byzantine sun. It was an unforgettable sight. Istanbul acts like a magnet and, despite media reports, 93% of the 7,300 registered participants (more than 6,800 delegates) made the trip to Istanbul for the EFORT meeting. They were not disappointed.



Of the 200 planned sessions, ultimately only seven had to be cancelled. This represents just 3.5% of all sessions – a remarkable achievement that was due to the hard work, enthusiasm, solidarity and flexibility of the participating speakers and presenters. Our Turkish colleagues were always ready to step in where needed, and the EFORT Head Office remained vigilant throughout. I would like to take this opportunity to thank all of those concerned.

The awards ceremony was well attended, and the Jacques Duparc (posters), Free Papers, Tribology, Allied Health, and Industry awards were distributed to the winners. Stéphane Pelet from Canada deserves a particular mention here for his awards in both the Best Poster and Best Free Paper categories. Congratulations to all of the winners*. Thank you for keeping the standards of our profession so high.



This year, the invited region was the Societies of Latin American Orthopaedics and Traumatology Federation (SLAOT), which groups together 20 countries, 21 societies and 43,000 orthopaedic surgeons under the leadership of Professor José Sergio Franco. The invited nation was Brazil, represented by Arnaldo José Hernandez, President of the Brazilian Orthopaedic Society (SBOT). EFORT sincerely thanks our Latin American colleagues from the many countries of their vast region for their contribution to the success of the EFORT Congress.



The Congress provided many highlights. Professor Celâl Şengör, of Istanbul Technical University, gave a magnificent overview of the development of science in Anatolia, and offered us an insight into the Turkish soul. Jean Dubousset, giving the Erwin Morscher lecturer, emphasised the importance of equilibrium and stability to orthopaedic practice. Katsuro Tomita, the Michael Freeman lecturer, presented his amazing technique for vertebral body removal from a posterior approach. Excellent sessions touched upon many orthopaedic topics, such as the benefits of navigation for TKA, the positive results obtained by manipulation under anaesthesia for frozen shoulder cases, the longevity of Vitamin E-containing polyethylene cups, and new concepts for handling periprosthetic fractures. It would be impossible to list here all of the innovations, outcomes, results and novel techniques presented. Our heartfelt appreciation goes to all the speakers, presenters and organisers who participated so actively in all of the sessions. We especially recognise the help received from some of our speakers, who stepped in at short notice, and the willing assistance of Prof. Önder Aydıngöz, President of the Turkish Orthopaedic Society, and his colleagues, who never hesitated when asked for help. This is the positive attitude that makes our orthopaedic community strong especially in times of adversity.

The charity walk was a success, with over 40 entrants taking part in the wonderful surroundings of the picturesque Maçka Park at sunrise. Our early risers were brave indeed to get up at 6am to come and run or walk for the benefit of the EFORT Foundation. Congratulations to the winners, and our thanks and encouragement to everyone who took part. We hope to see all of you – and many more – again in London.



Orthopaedic societies from all over the world are increasingly recognising EFORT and its work, and the General Assembly enthusiastically welcomed three new Associate Scientific Members. The Australian Orthopaedic Association is now a member of EFORT – a relationship of which we are very proud, as it represents global outreach to the Antipodes. The Nordic Orthopaedic Federation, which covers seven countries (Sweden, Finland, Estonia, the Netherlands, Iceland, Norway and Denmark), is now associated with EFORT, which is sure to boost our joint activities. The Cameroonian Society of Orthopaedic and Trauma Surgery (SOCCOT-CSOTS) was elected an Associate Scientific Member, which will allow us to pursue new projects with this active African partner.

Many young colleagues have benefited from EFORT fellowships. For some, the programme has been life-changing. The EFORT Foundation has played a fundamental role in developing this activity. A new joint EFORT – Bone and Joint Journal fellowship programme has recently been set up under the leadership of Mark Paterson and Philippe Neyret. This is a great opportunity for the next generation of orthopaedists to hone their knowledge and bring home new techniques.



Our industrial partners played a major role in the success of the Istanbul Congress. Over 160 industries participated in the meeting, occupying some 3,500 square metres of exhibition space. The industry sponsored scientific symposia of a high standard, and the EFORT Board is thankful to the partners who attended the Congress, despite the perceived adverse situation.

A great and special thank you goes to Professor Hakki Sur, the local organiser, and to his lovely wife Lise. Hakki Sur made all the difference. He was everywhere, overseeing everything, and encouraging all of us. Thanks to his outstanding contribution, the Istanbul Congress will long remain a fantastic memory for all the participants.

The EFORT Head Office, under the leadership of CEO Adrian Ott, functioned remarkably well. Preparations for the Congress were hard work indeed, as liaison with Istanbul was not always straightforward and many challenges had to be overcome. In the weeks following such a large meeting, there is a great deal of work still to be done before a well-deserved period of rest. Thank you to all for your unrelenting efforts.

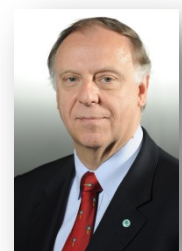
The MCI team, under Annette Gleich, did a fantastic job in organising the venue and taking care of a multitude of demands owing to the events unfolding around Taksim Square. The team handled queries and changes smoothly and harmoniously. EFORT is grateful for MCI's contribution to the success of the Istanbul Congress.

A new team will now take EFORT forward. Manuel Cassiano Neves is the new 2013-2014 President, supported by Stephen Cannon, as First Vice-President, and Enric Cáceres Palou, as Second Vice-President. Maurilio Marcacci has been elected Treasurer. We wish them all every success in their arduous task of leading the EFORT team.

The 14th EFORT Congress in Istanbul will go down in history as one of the great EFORT congresses. This is not only because of the socio-political events that occurred during the very week of the meeting, but also – primarily – because of the high quality of the scientific sessions and of the enthusiasm of the participants to make the EFORT meeting the showcase of orthopaedic endeavour.

See you all in London for the 15th EFORT Congress, in collaboration with the British Orthopaedic Association.

21 June 2013





*** Award winners**

Free Paper Award:

GOLD: Stéphane Pelet, Canada
SILVER: Björn P. Roßbach, Germany
BRONZE: Marcus Landgren, Sweden

Jacques Duparc Award:
(Best Poster Awards)

-Scott Evans, UK
-Ersin Kuyucu, Turkey
-F. Thomas D. Kaplan, USA
-Roman Nowak, Poland
-Torsten Prietzel, Germany
-Stephen Ellis Graves, Australia
-Anne Lübbecke, Switzerland
-Vishal Patel, UK
-Stéphane Pelet, Canada
-Mark Thomas R. Gaden, UK

Allied Professions Award:

Rasa Valaviciene, Lithuania

Tribology Award:

-Tiago Barbosa, Portugal

Industry Award:

- Bayer
- CeramTec
- OrthoPediatrics





Board & Committee elections in Istanbul

Following the statute revisions adopted at the General Assembly in Berlin in May 2012, the EFORT Executive Board has been expanded to include a second Vice-President. The term of office for the new officer takes effect immediately after the Istanbul Congress in 2013.

The following members of the EFORT Executive Board and Committee were voted in during the General Assembly, which took place at the Hyatt Hotel in Istanbul on 4 June 2013:

Mr. Stephen R. Cannon, of London, UK, was elected as First Vice-President, and Professor Enric Cáceres Palou, of Barcelona, Spain as Second Vice-President. Mr. Stephen R. Cannon has just completed his four-year mandate as EFORT treasurer, and Professor Enric Cáceres Palou just stepped down from his four-year period as Member-at-Large on the EFORT Executive Board.

As of this year's congress, the new EFORT Executive Board is therefore composed of the following nine members:

- Dr. Manuel Cassiano Neves, Portugal (President)
- Professor Pierre Hoffmeyer, Switzerland (Immediate Past President)
- Mr. Stephen R. Cannon, UK (First Vice-President)
- Professor Enric Cáceres Palou, Spain (Second Vice-President)
- Ass. Professor Per Kjaersgaard-Andersen, Denmark (Secretary General)
- Professor Maurilio Marcacci, Italy (Treasurer)
- Professor Klaus-Peter Günther, Germany (Member-at-Large)
- Professor George Macheras, Greece (Member-at-Large)
- Professor Philippe Neyret, France (Member-at-Large)

The Finance Committee also has a new composition with immediate effect: Dr. Benn Duus, Denmark has been elected as a new member in his capacity as Immediate Past President of the Danish Orthopaedic Society. Dr. Duus has served EFORT for the last three years, as he has been reviewing abstracts and chairing sessions.

The following four colleagues currently constitute the member's base of the EFORT Finance Committee:

- Professor Dr. Marko Bumbasirevic, Serbia
- Dr. Benn Duus, Denmark
- Mr. Ketil Holen, Norway
- Professor Dr. Marek Synder, Poland



We would like to take this opportunity thank the outgoing members for their commitment and their untiring efforts to maintain a clear overview of the finances of the Federation:

- Dr. Åke Karlbom
- Professor Dr. Paolo Tranquilli Leali (spokesperson)
- Professor Mazhar Tokgözoğlu

New EFORT National Members and Associate Scientific Members

The 52 national delegates present at the General Assembly elected the Orthopaedic Society of Belarus to become an Ordinary Member of EFORT after two years as an observer. EFORT therefore now has a total of 45 National Orthopaedic & Traumatology Societies as ordinary members.

The General Assembly also elected three new societies as Associate Scientific Members, bringing the total to ten:

- The Australian Orthopaedic Association (AOA)
- Cameroonian Society of Orthopaedic and Trauma Surgery (SOCCOT-CSOTS)
- The Nordic Orthopaedic Federation (NOF)

A new standing committee was presented at the General Assembly – the EFORT Ethics Committee, under Chairman Professor Jean Puget of France. EFORT has also set up a new task force – the EFORT Basic Research Task Force – under Chairman Professor Enrique Gómez-Barrena of Spain. Finally, after several years at the head of EFORT Portal Congress Steering Group, Professor Klaus-Peter Günter of Germany, has been succeeded by Professor Elke Viehweger of France.

17th EFORT Congress in June 2016

After a thorough analysis, EFORT has decided to hold the 2016 annual congress in Geneva, Switzerland – the home country of its Head Office. This was announced during the General Assembly in Istanbul. The choice was driven by the bid from the Geneva Palexpo convention and exhibition centre. Appropriate hotel accommodation has been secured with the help of the local Convention Bureau.

The 15th EFORT Congress will be held in London, UK, from 4–6 June 2014. “Patient Safety” is the main theme of the congress, and the guest nation is the American Academy of Orthopedic Surgeons.





The subsequent 16th EFORT Congress will take place at the end of May 2015 in Prague, Czech Republic.

**The EFORT Presidential Breakfast:
"Revalidation/Recertification: Where do we stand?" (Thursday 6 June 2013)**

During a well-attended breakfast meeting, the Presidents of the National, Associated Scientific and Speciality Societies were invited to share their opinions and ideas about recertifying or revalidating the orthopaedic and/or musculoskeletal surgery specialists in their country or region.

EFORT's philosophy was briefly introduced which is to harmonize pre-graduate education by defining an acceptable curriculum and to provide a canvas for post-graduate certification and /or revalidation applicable throughout the European countries. This of course has to take into account the variation in practice of specific nations or regions. It is essential to understand that the scope and practice of orthopaedics and musculoskeletal surgery is variable in Europe. The scope of orthopaedics and musculoskeletal surgery differs widely: In some areas orthopaedics is considered a non-operative specialty centered on rehabilitation; In others, the orthopaedic surgeon practices essentially "cold" or elective orthopaedics; In some countries musculo-skeletal trauma surgery is a specialty in its own right while yet in others musculoskeletal trauma surgery and orthopaedic surgery are integrated into the same specialty. Practice also varies and orthopaedics and musculoskeletal surgery are in some countries akin to where general surgery was in the mid-fifties.

Today throughout Europe there is, clearly, a major trend towards subspecialisations which may be either organ specific (Hip, knee, shoulder, foot, spine etc), or age related (Paediatric orthopaedics or orthogeriatrics) or activity related (Sports medicine) or, in some cases, even technique related (Arthroscopic surgery). These movements towards subspecialisation are momentous and appear irreversible especially with the disappearance of role models. The myth of the general orthopaedic surgeons knowledgeable and competent in all domains of practice has done its time.

All of these developments and evolutions are accelerating which makes musculoskeletal surgery today the fastest growing and evolving speciality. This evolution is in great part due to evolving technologies and so the role of industry has increased tremendously in the educational field whether pre or post graduate. Third-party payers and governments are more and more implicated in assessing physician competence and patient outcomes due to pressure coming from patient organisations, the general public, and because of the financial situation. This signifies that it has now become impossible to provide a meaningful education without input from the industrial partners and, to some degree, of control by third-party payers and governments. This state of affairs has put a strain on the relationship between the practitioners and the industry, the third-party payers and the government. Many new rules and legislations have been recently generated stemming from outside the profession which will have to be incorporated in all pre and post graduate educational activities of the future.



Patients are also evolving; the legitimate demand for active pain-free function and prolongation of sports and physical activities even late in life is more intense today than it ever was. Patients and their families do not tolerate the prospect of handicap or loss of mobility if a cure is within reach.

The topic of **revalidation/recertification** was then discussed by the participants. All attendees agree that a certification process is mandatory to become an orthopaedic or musculoskeletal surgery specialist. Most nations have developed clear programs leading to certification. Europe is very diverse and the language difficulties are not trivial to establish clear communication between the countries. All participants admit that a harmonisation of training programs is necessary and salute efforts in this direction. Jorge Mineiro, responsible for the EBOT, comments that the examination is more and more successful over the years. The theoretical first part of the EBOT exam is now Web based and the successful candidates can apply for the second part: A five part oral “viva table” examination. This is focused on the topics of upper extremity, lower extremity, basic science, spine and paediatrics. It would certainly be worthwhile to extend this European examination to all of our countries with certain language adaptations so that it would be universally accepted.



The participants agreed that **revalidation/recertification** is common to all our nations in Europe. The differences lie in the method. Basically three different methods are in use.

All **European countries** favor and use the **point system** elaborated by the **UEMS (Union Européenne des Médecins Spécialistes)**: The specialist attends courses, lectures, seminars or congresses and receives an allotted number of points for each educational event. Points are also given for participation in CME activities organized by scientific journals such as MCQ's based on vignettes. Every year the specialist must justify the collection of a certain number of points. This differs somewhat between countries but the principles remain the same. In Europe, most countries adhere to the UEMS point accrediting system for their meetings, seminars and congresses. The organisers send their event program to the UEMS. This organism then attributes the points obtainable for each educational event according to pre-established criteria. The advantage of this point collection method is that it encourages participants to attend educational sessions, the bureaucracy is relatively light and the individual surgeon is master of his time and he is his own organiser. The difficulty is that the participant is treated as a passive auditor; he is not required to demonstrate his knowledge. Also, it is a purely theoretical approach that does not guarantee that the necessary surgical skills are on hand.



Some countries are introducing **theoretical knowledge controls**. This requires the specialist to present himself to a theoretical examination. In **Switzerland** the members of the Swiss Orthopaedic Society are invited to participate in the same general knowledge MCQ examination that is used to certify young surgeons at the end of their training. The results were intriguing and showed a definitely lower level of theoretical knowledge of the seniors when compared to

the younger candidates. This can be considered a normal phenomenon, the established surgeons not being exposed to the intensity of information that occurs during the training years. Also, many surgeons are highly specialised and tend to be well informed in their own speciality; they may be missing some theoretical knowledge in other less practiced fields. This method of testing knowledge is more proactive and the specialist demonstrates clearly the level of his theoretical knowledge. Missing in this type of control is the level of surgical skills and the adequacy of interaction with patients and personnel.

In the **UK** which is the most advanced European nation in this respect a revalidation process to be taken every five years has been put in place and is governmentally supervised. Revalidation is based on three principles: Appraisal of practice by their peers, by their patients and by outside appraisers; Point collection proving attendance and participation in courses with relevant medical content; and finally reporting of outcomes.



In the **United States** the system is very elaborate and surgeons may choose between different recertification systems. The American Board of Orthopaedic Surgery is the body responsible for maintenance of certification. One learns on the ABOS website (www.abos.org) that the surgeon must complete 120 hours of pertinent continuing medical education, undergo a stringent peer review process to make certain they are respected by their peers and practicing ethical orthopaedic surgery, and taking and passing a written or oral examination. This maintenance of certification process must be performed every 7 to 10 years. This also applies to subspecialties.

Clearly there is a trend towards proactive revalidation or recertification. EFORT will be involved in this process and make recommendations in order to harmonise practice throughout Europe. As a reminder, even though there is freedom of mobility for all certified physicians in the member nations of the Union, actual reimbursed practice will depend on the recertification conditions of each country. It would therefore be in the interest of the Orthopaedic Community in Europe to elaborate a recertification concept acceptable by all and defined by minimal criteria.



Before adjourning, Tony Woolf of the **Bone and Joint Decade** reminded everyone of the importance of the burden of musculoskeletal diseases and affections in Europe. All musculoskeletal professionals, physicians, surgeons, and allied health workers must come together to obtain the necessary means to actively fight these handicapping conditions.

BJJ/EFORT 2013 Travelling Fellowship

The first BJJ/EFORT Travelling Fellowship was very successful. It was organised in 2013 in four Scandinavian cities: Odense, Denmark (27–28 May), Hvidovre, Denmark (29 May 29), Lund, Sweden (30–31 May), and Orton, Finland (3 June). The three fellows from the UK, Owen Diamond, Amit Atrey and Abbas Rachid then flew to Istanbul to attend the EFORT Congress. A special welcome reception was organised on Thursday, 6 June, at the congress venue in the presence of the new EFORT President Manuel Cassiano Neves, Mark Paterson from the BJJ, and Per Kjaersgaard-Andersen and Philippe Neyret from EFORT.

The next BJJ/EFORT Travelling Fellowship will give three fellows from mainland Europe the opportunity to visit four centres in the UK, ending with the combined BOA/EFORT Congress in London in June 2014. Please encourage your young surgeons to apply (visit www.efort.org for more information and the application form).

EFORT Travelling Fellowship 2013/2014

We also encourage national societies to select one fellow to participate in the next Travelling Fellowship programme.

- Autumn 2013: Greece, 25 September –2 October, organised by Professor Konstantinos and N. Malizost, Hellenic Association of Orthopaedic Surgery & Traumatology (HAOST). A very attractive programme has been proposed for this fellowship.
- Spring and Autumn 2014: Nations to be determined.

EFORT would be grateful if each national society would:

- validate EFORT hosting centres in their own countries;
- select candidates for the different travelling fellowships, and encourage young surgeons to apply for the BJJ/EFORT fellowship; and
- nominate one or two evaluators for selections for the Visiting Fellows programme. This work takes approximately one hour every three months.