**European Board of Hand Surgery**

**Diploma Examination**

**Examination Guideline**

**INTRODUCTION**

The Federation of the European Societies for Surgery of the Hand has been created to ensure that optimal Hand Surgical care is rendered to the public in the countries of the Council of Europe and the European Union. The aim will be achieved by the following measures:

1. Annual Scientific Meetings consisting of structured symposia with invited speakers, free papers and instructional courses.
2. Defining educational standards for training centres and establishing a list of nationally accredited training centres.
3. Establishing exchange facilities between or travelling fellowships to accredited training centres.
4. Offering a Diploma Examination in Hand Surgery so as to establish a mutually acceptable qualification in Hand Surgery across the European Continent as a whole.

**Entry Criteria**

Candidates must have gained the necessary qualifications for undertaking independent practice in Hand Surgery in a country which must be a member country of the International Federation for Societies of Surgery of the Hand and/ or the Council of Europe.

Because of the differences which exist in training in Hand Surgery in different parts of Europe, the Council of FESSH have agreed that different sets of criteria will have to be utilised according to the prevailing pattern of training in the candidate's own country:

1. Where training in Hand Surgery is not subsequent to accreditation in a major surgical speciality, the background training should incorporate a minimum of three years spent in General Surgery, Orthopaedics and Plastic Surgery. At least one year of this time must have been spent in either one or other of the latter two specialities. Thereafter two years' training in a centre accredited for training in Hand Surgery with 100 % exposure to Hand Surgery for that period will be required.
2. In countries where training in Hand Surgery follows accreditation in a major surgical speciality other than Orthopaedic or Plastic Surgery, two years' training in an accredited centre with 100% exposure to Hand Surgery will again be required.
3. In countries where training in Hand Surgery follows accreditation in Orthopaedic or Plastic Surgery, one year's training with 100 % exposure to Hand Surgery in an accredited centre will be sufficient to allow entry to the Diploma Examination.
4. Candidates from countries in which Hand Surgery is already a separate speciality in its own right will be eligible for entry to the European Diploma Examination without further training provided that:
	* Their general background training (minimum duration 2 years) has incorporated exposure to Orthopaedic and/or Plastic Surgery for at least one year.
	* Their specialisation in Hand Surgery has been for a minimum of three years in an accredited centre with exposure to both orthopaedic and plastic surgery techniques, including microsurgery.
	* They have achieved accreditation in Hand Surgery in their own countries.

Surgeons who are interested in sitting the Examination but whose training background does not match any of the above, can still submit an application which will then be assessed individually by the Examination Committee and approved by the Council regarding eligibility to sit the Examination

**Format of THE Examination**

The examination consists of two separate parts, a written paper and oral examinations. Since 2013 the written part and oral parts of the examination have been held separately on different dates and locations. The written part of the examination is held 2-3 months before the annual FESSH congress in different European cities. The oral part of the examination is held in the same city as the Annual Congress of the FESSH, on the days immediately preceding the congress..

1. Written part

The written examination will be held in advance of the oral examination, usually in March. From 2021 written examination is held online through Zoom.

The format of the written paper is a multiple choice (MCQ) paper of 60 questions for which two hours will be allowed. Each MCQ question will have five statements, each of which must be marked as being (T)rue or (F)alse. In each question, at least one statement will be (T)rue. Incorrect answers will be liable to negative marking.

Marking of the papers will commence immediately after the examination and candidates will normally receive confirmation as to whether they are to be allowed to proceed to the oral examination within seven days. It is intended that in view of the stringent entry criteria and the candidates' advanced stage of training, the standard of the paper will be such as to render it likely that the majority of the candidates will pass this first hurdle.

2. Oral (*viva voce*) examination

Provided candidates have given a satisfactory performance in the written paper , they will be allowed to go forward to the oral examination.

The oral examination will consist of three separate examinations each lasting 30 minutes and each conducted by two examiners. The subject matter of the orals will be as follows:

* The acutely injured Hand.
* General reconstructive surgery with particular reference to: secondary reconstruction after trauma, congenital malformations, paralytic and other neurological conditions.
* Miscellaneous local pathology and general systemic disease, e. g. hand infections, Dupuytren's contracture, degenerative and inflammatory arthritis and tumours of the hand.

Each oral will comprise an assessment of the candidate's knowledge of basic sciences, investigative procedures, conservative management and operative surgery.

3. Practical examination

Practical sessions are held parallel with the oral sessions, on the same date and venue. Your schedule will be announced on site at the briefing.

The final results of the Examination should be available in the afternoon shortly after the completion of the final orals.

**Examination fees**

From 2024 exam the fee for the whole examination is 600 Euro for members of a national hand surgery society which is member in FESSH. The fee for other surgeons is 950 Euro.

**Languages for Examination**

The written paper is in English only.

The official language of the oral examination is English. Whilst the examiners will always make efforts to assist with language difficulties, this cannot be guaranteed..

**SYLLABUS FOR DIPLOMA EXAMINATION**

The syllabus is outlined on the website. In brief the examination will cover the following:

1. Anatomy of hand and upper limb.
2. Physiology of muscle, nerve and bone metabolism.
3. Operative surgery, including micro-surgical techniques.
4. Injured hand – wound care, management of skeletal, vascular, tendon and nerve injuries.
5. Amputations in the hand.
6. Burns of the Hand.
7. Reconstructive surgery eg.
8. Thumb reconstruction
9. Tendon transfers
10. Management of tetraplegia, stroke and cerebral palsy
11. Management of upper limb nerve injuries, including brachial plexus injuries.
12. Congenital abnormalities of hand and upper limb
13. The arthritic hand in osteoarthritis, rheumatoid arthritis and other inflammatory arthritides, eg. Lupus and scleroderma
14. Dupuytren’s contracture
15. Infections of the Hand
16. Tumours of the Hand

**Application for the Examination**

Any surgeon interested in sitting this examination should send an application online through the website of FESSH ([www.fessh.com](http://www.fessh.com)) as soon as possible and certainly not later than November 30th of the preceeding year.

The applicant should provide personal data and proof of his or her professional experience by submitting the documents listed below. These should be uploaded to the website in a form of a pdf file.

The Examination Committee reserves the right to reject applications from those whose training, qualifications and log book they consider inadequate or incomplete.

The candidates must have had their training in Hand Surgery in an accredited centre in one of the member countries of IFSSH.

**Documents to upload**

* CV and photocopy of personal data page of passport
* Photocopy of accreditation certificate in Hand Surgery, and/or Orthopaedic Surgery, and/or Plastic Surgery, and/or General Surgery
* Proof of membership in a national hand society if a member thereof
* Surgical logbook
* Consolidation sheet
* Training post diary
* Instructional courses list
* Research activity list
* Presentations list
* Publications list

**Log book of operation records**

You are required to record all hand operations at which you assisted, or which you yourself performed during your tenure of all the above posts. Working diary entries should be completed after each operation as follows:

|  |  |
| --- | --- |
| **Date:**  | Date of operation |
| **Patient's initials:** | Initials only to maintain confidentiality |
| **Nature of operation:** | Description of the operation, including all the procedure in a major operation.  |
| **P/PA/A:** | P=performed independently by yourself PA=performed with assistance of an experienced Hand Surgeon A=operations at which you aided as first assistant.  |

Each diary sheet should be signed at the foot by vour supervisor.

Where complex procedures are involved that include, for example, free tissue transfer or reconstruction by tissue expansion, you may include these reconstructive procedures in addition to the other major procedures. In other multiple procedures you may list only one component.

**Computerised records of operative experience**

A computer generated record of a candidate's experience will be accepted by F.E.S.S.H. provided it contains the information required in this log book and provided it is certified by the candidate's supervising consultant. If the computerised record fulfils these requirements, it will not be necessary for the candidate to fill in the operation record pages in the log book, but the record of training posts held, the consolidation sheets and the record of academic activities must be completed.

**Consolidation sheets**

These should show the cumulative totals of the various operations of which you have experience as independent operator (P), as surgeon with supervisory assistance by your consultant (PA) and as assistant (A). Two thirds of the procedures should have been done by yourself as independent operator. The required number of procedures should be performed as independent operator (P) or as surgeon with supervisory assistance by your consultant (PA).

The recommended numbers for each category of operations shown on the cumulative sheets should not be regarded as absolute requirements but more as guidelines. Moreover because of the differences in the availability of surgical procedures performed at any given hand surgical institution, it will be possible to compensate for the deficiency in the number of operations in one group by performing an increased number of operations in another group of equal value, eg. microvascular for congenital malformations.

**Training posts diary**

You are required to list in chronological order all the training posts in surgery which you have held. In particular hand appointments undertaken during your training or accreditation in Orthopaedic, Plastic or Hand Surgery should be listed as well as appointments at post-accreditation level or during the tenure of a Hand Fellowship.

**Academic records**

This should include:

1. Any special instructional courses attended.
2. Research undertaken.
3. Presentations at scientific meetings.
4. Published work - all candidates will be expected to have published at least one paper and to have made presentations at various categories of scientific meetings.

**Guidelines for Advanced Hand Surgery Training Requirements:**

The goals of advanced training are to gain continued knowledge and experience in the following areas:

1. normal and pathological anatomy, aetiology, epidemiology, pathogenesis and prognosis of injuries, diseases and malformations of the hand,
2. in clinical, radiological and operative diagnosis of injuries, diseases and malformations of the hand, including arthroscopy and imaging techniques (standard X-rays, CT and MRI),
3. indications, planning and management of conservative and operative treatment of injuries, diseases and malformations of the hand, including microsurgical procedures,
4. postoperative management and programmes of rehabilitation, as well as indications for therapeutic exercises, occupational therapy and physiotherapy, and the use of splints and protheses for the hand,
5. disability evaluations of patients following an injury (minimum of 5 evaluations).

The training in Hand Surgery consists essentially of one to two years' training in an accredited centre and the performance of the suggested number of operations listed in the Consolidation Sheets.

**FURTHER INFORMATION**

The Chairman and Co-chairman are always available for advice.

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