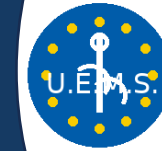


HAND SURGERY AS A MULTIDISCIPLINARY COMPETENCE



**EUROPEAN UNION OF
MEDICAL SPECIALISTS**

The advocate of medical specialists

European Competency & Training Framework for Hand Surgery

A careful harmonisation standard: rigorous, feasible, and respectful of national systems and parent specialities

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European reality

Hand surgery already functions as an advanced field but under different national structures

In most countries

A subspecialty after
Orthopaedic Surgery,
Plastic Surgery or Trauma
Surgery

In some countries

A distinct specialty in its
own right

In all countries

A shared upper-limb
domain requiring
collaboration across
specialties and therapists

Aim of the framework: **harmonize** and define a **minimum European standard** while recognizing **diversity of national systems**

How the framework was developed

Built under UEMS auspices, initiated by EBHS



performed by FESSH



1 Mandate & initiation

EBHS, educational and certifying body of FESSH at UEMS Surgery
FESSH working group was appointed.

2 Comparative review

National curricula, logbooks, fellowships and diplomas compared.
Common core elements and feasible requirements were extracted

3 Multidisciplinary drafting

Input FESSH White book and European representatives across Plastic, Orthopaedic and Hand Surgery.
Requirements for training, trainers, centres and governance were aligned

4 External review & feasibility

Comments were incorporated and the model was adapted for different national realities.
Networked training and different exposure models were explicitly recognised

5 Guideline, no law, living document

Designed for periodic revision aligned with ongoing scientific and medical progress

What the framework does and does not do

What it does

- Defines a harmonized European minimum standard for competence and training
- A clearly identifiable professional profile of surgeon dedicated to hand surgery
- Makes expectations explicit for trainees, trainers and centres
- Supports quality, transparency, mobility and mutual recognition within Europe
- Aligns practice with EBHS / FESSH foundations and modern educational principles

What it does not do

- Does not create an EU primary specialty under Annex V of Directive 2005/36/EC
- Does not prescribe one national organisational model
- Does not prescribe the obligatory practice profile of every individual surgeon
- Does not require every surgeon to practise the entire procedural spectrum
- Does not replace nor threaten the role or identity of parent specialties

Applicable across Europe's diverse healthcare systems

- Multiple training pathways (fellowship-based, combined, standalone)
- Flexible exposure models
- Accredited training networks (trauma, reconstructive, congenital centres)
- Clear distinction between mandatory vs exposure-based requirements
- Preserves national autonomy in training structures
- Respects diverse training traditions and parent specialties
- Ensures high professional standards for Hand Surgeons
- Supports continued development and recognition of Hand Surgery as a distinct, advanced surgical competence

from fingertip to brachial plexus and supraclavicular structures

Acute trauma

fractures, tendon and nerve injury, vascular compromise, mutilating injuries, replantation / revascularisation

Elective conditions

compressive neuropathies, Dupuytren's disease, overuse syndromes, contractures, degenerative, inflammatory, metabolic, infectious and tumour conditions

Congenital & paediatric

congenital hand conditions like duplications, aplasia/hypoplasia, syndactyly, radial longitudinal deficiency

Reconstruction

soft-tissue coverage, microsurgery, burns, wounds, complex salvage and functional restoration

Rehabilitation

hand therapy, splinting, outcome measurement, work and function-oriented recovery

**Mostly, training in a single parent specialty is not sufficient for expertise in Hand Surgery
Recognize the obtained competences during the parent speciality training**

Hand surgery is multidisciplinary by nature

Collaboration is not optional: it is the foundation of Hand Surgery in all aspects: clinic, education and organisation

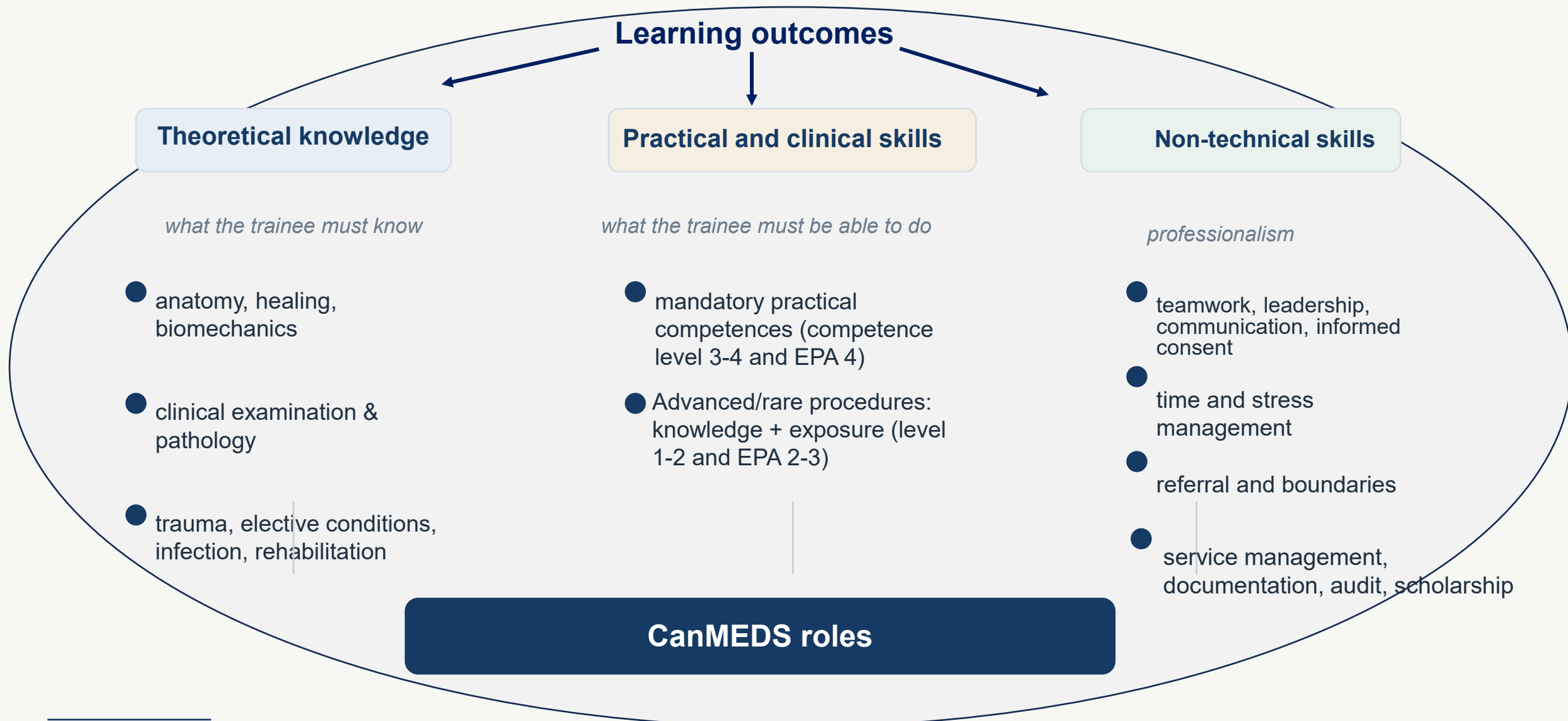
Shared clinical foundation

- Orthopaedic and trauma principles
- Plastic and reconstructive principles
- Peripheral nerve, vascular, microsurgical and therapy collaboration

What the framework protects

- Team-based pathways
- Clear referral boundaries where super-specialised care is needed
- Shared language for trainers, centres and trainees

A modern competency-based training



Competence = knowledge + skill+ professional behaviour

Structure of EPA table

Each EPA includes:

1. EPA Title
2. Description of the Activity
3. Specifications & Limitations
4. Knowledge, Skills, Professional Behaviours
5. Assessment Methods
6. Required Level of Entrustment

Core EPAs (level 4)

EPA 1 Acute Hand Trauma Assessment and Initial Management

EPA 2 Diagnosis and Management of Common Hand Conditions in Outpatient Care

EPA 3 Perform Common Elective Hand Surgery Independently

EPA 4 Perform Tendon Repair, Reconstruction and Tenolysis

EPA 5 Perform Bone and Joint Surgery of the Hand and Wrist

EPA 6 Perform Nerve Decompression, Repair and Selected Reconstructions

EPA 7 Soft Tissue Coverage and Flap Surgery of the Hand

EPA 8 Diagnosis and Surgical Management of Hand Infections

EPA 9 Management of Dupuytren's Disease and Contractures

EPA 10 Coordination of Rehabilitation and Long-Term Functional Recovery

EPA 11 Complex Case Leadership and Multidisciplinary Decision-Making

EPA 12 Participation in Research, Audit, Education and Quality Improvement

Optional set EPAs (level 2)

EPA A Replantation & Revascularisation (Level 2–3)

EPA B Brachial Plexus & Major Nerve Reconstruction (Level 1–2)

EPA C Complex Congenital Hand Surgery (Level 1–2)

EPA D Complex Free Tissue Transfer / Toe Transfers (Level 2–3)

Training requirements for trainees: key points

The framework sets a minimum European outcome standard while respecting different national pathways

Entry routes

Orthopaedics & Traumatology
Plastic & Reconstructive
Surgery
Trauma Surgery, General
Surgery or standalone national
Hand Surgery routes

Minimum exposure

Recommended exposure ≈ 24 mths:
Concentrated full-time exposure or
Different phases of training/clinical
practice
Depends on obtained competences
in parent speciality/nationale
frameworks

Clinical breadth

Trauma, elective practice, nerve,
reconstructive, congenital/paediatric and
rehabilitation exposure
Network rotations are encouraged when one
centre cannot deliver the full spectrum

Mandatory curriculum

Syllabus, procedural curriculum, non-
technical skills and EPAs
Microsurgery course, trauma/fracture
course, national society meeting and
FESSH/European meeting

Assessment

WBAs, countersigned logbook,
portfolio and EPA entrustment
decisions
Core EPAs should reach
independent practice by completion

Summative endpoint

National exit assessment where applicable
EBHS Diploma recommended where no
national Hand Surgery exam exists

***No replacement of parent specialties; it defines the additional structured training needed for expertise in Hand Surgery
Recognition of Hand Surgery related documented competences acquired during training in parent speciality***

Requirements for trainers: key points

Trainer recognition is based on sustained Hand Surgery practice, educational capability and professional standing

Who can be a TPD

Specialist from relevant parent specialty with focus and competence in Hand Surgery or TPD in parent speciality with dedicated trainers and organized training program in Hand Surgery

Required qualifications

Full specialist accreditation and Hand Surgery competence.
EBHS qualification or equivalent national certification strongly recommended

Experience thresholds

Training Programme Director: around 5 years in parent speciality
Clinical Supervisor: around 3 years independent specialist practice

Educational competence

Training-the-Trainer or equivalent pedagogic qualification.
Ability to supervise, assess, give feedback, identify trainees in difficulty and support remediation.

Responsibilities

TPD oversees programme structure, exposure, progress reviews and certification.
Clinical supervisors provide day-to-day supervision, WBAs, feedback and safe escalation.

The framework is inclusive of parent specialties, but recommend that Hand Surgery training is led by surgeons whose current practice is genuinely focused on the field of Hand Surgery

Requirements for training centres: key points

Training may occur in a single centre or an accredited network, provided the combined programme delivers the full curriculum

Structure

Core institution with national accreditation in the relevant parent specialty, or in Hand Surgery where it is a primary specialty
Additional sites may contribute if fully integrated into a documented network

Case mix

Adequate exposure to trauma, elective surgery, reconstruction, infection, rehabilitation and selected congenital care
Access to specialised reference centres when rare procedures are not locally available

24/7 acute care

Emergency hand and microsurgical exposure must be available within the centre or network
Trainees participate in emergency rotas with clear senior escalation

People & supervision

At least three hand-focused specialists across the centre/network is recommended
Several named trainers should cover trauma, elective, nerve, microsurgery, paediatrics and rehabilitation

Facilities

Microsurgery-capable theatres, microscope/loupes, imaging, outpatient clinics, hand therapy and skills/research support
Training should be structured and educational, not incidental service provision

Quality assured by a trainable, assessable and auditable framework

Accredited programmes

Single centre or recognised network with planned rotations and case breadth

Recognised trainers and centers

Predominant hand practice, educational competence and good professional standing and facilities

Continuous assessment

Validated logbook and core EPA progression

Final certification

Core EPAs at Level 4, portfolio review and EBHS or national exit examination

Endorsed as the UEMS reference for Hand Surgery training

A careful European standard for an already mature field

- Recognise what already exists across Europe
- Harmonise training standards responsibly
- Respect national autonomy and parent specialties
- Support patient safety, quality and mobility