



# **Report**

## **Qualification Committee**

**30.08.2022**

**Patric Raiss**



# Committee Members

- P. Raiss, Germany (chair)
- K. Wegmann, Germany
- F. Castoldi, Italy
- M. Ricks, UK
- A. van Tongel, Belgium
- R. Brzoska, Poland
- H. Mullet, Ireland
- M. Ribeiro, Portugal
  
- **A. Foruria, Spain**  
**... to be replaced!**





# Teaching centers

- **Teaching Centers:**
- n = 58 accepted ; 4 pending
- Process is established
- Control of workflow necessary



# Meetings/courses

## Patronages:

- 63 past patronages on homepage
- 18 patronages in 2022!
- Control of workflow necessary



# SECEC Curriculum

The European Society  
Knee Surgery & Arthroscopy



## INTRODUCTION & METHODOLOGY

The European Society for Sports Traumatology, Knee Surgery and Arthroscopy (ESSKA) has developed this modular, competency-based Core Curriculum to define the Core Competencies required by ESSKA specialists.

This Curriculum will, we hope, become a powerful tool. It will be used to assess our educational activity (including the online ESSKA Academy), give us priorities for development, and better allocate our resources.

It can also be used by individuals to help identify, address and evidence their own learning needs and Continuing Professional Development (CPD); when developing, and comparing other Orthopaedic and Sports Medicine curricula; and as a template for assessment and accreditation.

The Core Curriculum was developed within ESSKA and using ESSKA's expertise.

A Working Group was established, which reviewed the existing curricula for each specialist area, and the relevant literature. The Working Group drew up a list of Core Competencies, and then consulted ESSKA membership. Survey respondents were asked to rate each of these competencies and their ratings were used by the Working Group for the final draft. Further details about methodology and contributors can be found on the ESSKA website ([www.esska.org](http://www.esska.org)).

The Core Curriculum is a living document, which needs to be kept up-to-date. We expect to repeat the process after three years and revise the Curriculum accordingly. Meanwhile, we would like to thank the Board, the ESSKA Sections and Committees for their splendid efforts. We would appreciate your feedback, suggestions and comments via the ESSKA Executive Office ([info@esska.org](mailto:info@esska.org)).

## CURRICULUM STRUCTURE

The Core Curriculum comprises **285 Core Competencies**, which have been arranged into ESSKA's six Specialist Areas:

- Knee
- Shoulder
- Foot & Ankle
- Hip
- Elbow & Forearm
- Sport & Exercise

For convenience, each Core Competency is defined in terms of a *Condition* and a related *Procedure*. But the Procedure itself – being able to do it – is only part of the process.

Equally important are the preceding steps: the history-taking, the consideration of co-morbidities and patient-context, the clinical-examination and diagnoses, a consideration of alternatives, based upon best evidence, and surgical planning. Each Core Competency also assumes adequate facilities, resources and staff for the procedure itself and for the management of common-complications, as well as training.

Each Core Competency has been given a unique identifier, composed of the shortened Specialist Area name (Shoulder-, Elbow-, Hip-, Knee-, Ankle- or Sport-) and the ID from the tables below. For instance, *Elbow-A3* is the third in Elbow & Forearm.

The Level of importance of Core Competencies for ESSKA Specialists working in each Specialist Area were determined by the Working Group based on the survey ratings as follows:

- ★★★ **ESSENTIAL**  
Competencies required by all specialists working in this area
- ★★★ **VERY IMPORTANT**  
Competencies required by most specialists working in this area
- ★★★ **IMPORTANT**  
Competencies required by some specialists working in this area



# SECEC Curriculum



## SHOULDER

ID	COMPETENCY	LEVEL
<b>ROTATOR CUFF TEARS</b>		
A1	Trans-tendon repair of partial tear	★★★★
A2	Takedown and repair of partial tear	★★★★
A3	Rotator cuff repair of full thickness tear (arthroscopic)	★★★★
A4	Rotator cuff repair of full thickness tear (open)	★★★
A5	Subscapularis repair (arthroscopic)	★★★★
A6	Graft augmentation for irreparable cuff lesions	★★★
A7	Partial rotator cuff repair (arthroscopic)	★★★★
A8	Partial rotator cuff repair (open)	★★★
A9	Head depressing procedures (arthroscopic)	★★★
A10	Head depressing procedures (open, e.g. balloon, superior capsule reconstruction, etc.)	★★★
A11	Tendon transfers (arthroscopic)	★★★
A12	Tendon transfers (open)	★★★
A13	Reverse shoulder arthroplasty	★★★★
<b>CALCIFYING TENDINITIS</b>		
B2	Calcium deposit removal (arthroscopic)	★★★
<b>BICEPS TENDON DISORDERS</b>		
C1	SLAP tear fixation (arthroscopic)	★★★★
C2	Biceps tenotomy (arthroscopic)	★★★★
C3	Biceps tenodesis (arthroscopic)	★★★★
C4	Biceps tenodesis (open)	★★★

2020

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## SHOULDER

ID	COMPETENCY	LEVEL
<b>GLENOHUMERAL INSTABILITY</b>		
D1	Arthroscopic anterior repair (labrum, capsule)	★★★★
D2	Open anterior repair (labrum, capsule)	★★★
D3	Arthroscopic anterior augmentation procedures	★★★★
D4	Arthroscopic posterior repair (labrum, capsule)	★★★★
D5	Open posterior repair (labrum, capsule)	★★★
D6	Arthroscopic remplissage	★★★★
D7	Arthroscopic coracoid transfer procedure	★★★
D8	Open coracoid transfer procedure	★★★★
D9	Arthroscopic bone graft procedure (anterior, posterior)	★★★
D10	Open bone graft procedure (anterior, posterior)	★★★
D11	Arthroscopic McLaughlin procedure	★★★
D12	Open McLaughlin procedure	★★★
<b>ACROMIOCLAVICULAR (AC) JOINT DISLOCATION</b>		
E1	Arthroscopic-assisted fixation (acute)	★★★★
E2	Open fixation (acute)	★★★★
E3	Open reconstruction procedures (chronic)	★★★★
E4	Arthroscopic-assisted reconstruction procedures (chronic)	★★★

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# ASES Curriculum

## American Shoulder and Elbow Surgeons Curriculum Guide For Treatment of Shoulder Injury

### Table of Contents

1. Anatomy and Biomechanics of Rotator Cuff Pathophysiology
2. Diagnosis, Patient Selection, and Clinical Decision Making
3. Management of Impingement
4. Open Rotator Cuff Repair
5. Repairable Rotator Cuff Tears (Mini Open)
6. Arthroscopic Rotator Cuff Repair
7. Management of Irreparable Rotator Cuff Tears
8. Complications of Rotator Cuff Surgery
9. Calcifying Tendinitis
10. Biceps
11. SLAP Lesions
12. Traumatic Muscle Ruptures
13. Anatomy, Biomechanics, and Pathophysiology of Glenohumeral Instability
14. Overhead Throwing Athlete

### 1. Anatomy and Biomechanics of Rotator Cuff Pathophysiology

Brooks, CH; Revel, WJ; Heatley, FW. A quantitative histologic study of the vascularity of the rotator cuff tendon. *Journal of Bone and Joint Surgery* 74B: 151-153, 1992.

This cadaveric study evaluated the blood supply in both supraspinatus and infraspinatus tendons. The tendons were first perfused, then were evaluated in serial histologic slices for blood vessels. The study found there is an area about 15mm from the bony insertion in which there are fewer perfused blood vessels, but this area was as large in the infraspinatus as it was in the supraspinatus. It appears that hypovascularity alone is not an adequate explanation for the etiology of rotator cuff tears.

Clark, JM; Harryman, DT. Tendons, ligaments, and capsule of the rotator cuff. *Journal of Bone and Joint Surgery* 74: 713-725, 1992.

This cadaveric study looked at gross and microscopic anatomy of the rotator cuff muscles. This study demonstrated the cuff was composed of 5 distinct layers of tissue and that the tendons splayed out to form a common distal humeral insertion. The coracohumeral ligament was found to be a major part of the rotator interval and biceps sheath, and to reinforce the supraspinatus.





# SECEC Curriculum

**Establish a SECEC CORE Curriculum for Shoulder  
& Elbow that act as a guide for European  
Associations and Nations**

**European Curriculum in Orthopaedics and Trauma**  
European Education Platform





# SECEC Curriculum

## European Curriculum in Orthopaedics and Trauma

### European Education Platform

#### **1. Principal goal of the curriculum**

The intention of this curriculum is to enable nations to produce orthopaedic and trauma surgeons who are safe to screen the range of referrals that can be made to the orthopaedic and/or trauma service and to deal with the majority safely. They will be capable of recognizing more complex cases, their urgency and of arranging appropriate and timely onward referral.

The intention of this document is not to impose an external Curriculum, but only to act as a guide for all Associations that wish to implement a European Curriculum at the National Level.



# EFORT SPINE CURRICULUM



ORIGINAL ARTICLE / TRAINING

Acta Orthop Traumatol Turc 2014;48(5):475-478  
doi: 10.3944/AOTT.2014.14.0180

## Core curriculum (CC) of spinal surgery: a step forward in defining our profession

Emre ACAROĞLU<sup>1</sup>, Serdar KAHRAMAN<sup>2</sup>, Alpaslan ŞENKÖYLÜ<sup>3</sup>, Haluk BERK<sup>4</sup>,  
Hakan CANER<sup>5</sup>, Seçil ÖZKAN<sup>6</sup>; Turkish Spine Society Core Curriculum Committee

TURKISH SPINE SOCIETY CORE CURRICULUM								
BASIC SCIENCES								
ANATOMY								
BASIC LEARNING OBJECTIVES			BASIC LEARNING OBJECTIVES		BASIC LEARNING OBJECTIVES			
S	F	KNOWLEDGE	S	F	SKILL	S	F	ATTITUDE
<b>Anatomy</b>								
Functional anatomy of the vertebral column	3	4	Identifies the bones comprising the vertebral column and their anatomy. Lists and describes the parts of each vertebra, such as the body, pedicle, facet, pars lamina. Lists the anatomy and functions of muscles and muscle groups related to the vertebral column motion. Lists the anatomy and functions of the intervertebral discs and ligaments. Recognizes the anatomy of vessels directly related to the vertebral column (segmental arteries, vertebral arteries), and describes their courses. Lists the anatomy of vessels adjacent to the vertebral column (aorta, vena cava, iliac arteries and veins), and describes their courses and branches. Describes the facet joints of the vertebra and their orientations.			3	4	Recognizes the significance of anatomy knowledge in spine surgery.
Functional anatomy of the spinal cord and spinal nerve roots	3	4	Describes the cross-sectional and functional anatomy of the spinal cord. Elucidates the long tracts, their functions and locations within the spinal cord. Explains the blood supply of the spinal cord. Describes the anatomy of nerve roots and dorsal root ganglions. Explains the function of individual nerve roots, the muscles they innervate and their dermatomes.			3	4	Appreciates the significance of anatomy knowledge in spine surgery.
Anatomy of the pelvis	2	3	Describes the bony anatomy of the pelvis. Explains and describes the spatial orientation of the pelvis. Lists the great vessels in the pelvis, describes their courses and branches. Lists other intrapelvic organs, explains their			3	4	Recognizes the significance of anatomy knowledge in spine surgery.



# Curriculum

## Curriculum:

- Curriculum for Shoulder & Elbow made by SECEC based on EFORT criteria
- 4 Telcos 2022 with Qual and others to define the process
- Basic structure is established
- Detailed information will be given in an appendix (like Turkish Spine Society)



# Curriculum Structure

A	B	C	D	E	F	G	H	I	J	K	L
1	<b>Anatomical Area</b>	<b>Patient Group</b>	<b>Differentiated in Diagnosis</b>	<b>Pathology</b>	<b>Differentiated Conservative Therapy</b>	<b>Differentiated Operative Therapy</b>	<b>Basic Science</b>				
2	Shoulder	Pediatric	Imaging Methods	Infection	Physical Therapy (Manual Therapy, Ergo Therapy....)	Arthroscopy	Anatomy				
3	Elbow	Adolescent	Specialist laboratory medicine	Nerve Pathology	Immobilisation	Reconstructive procedures	Approaches				
4		Adult	Puncture an Biopsy	Tumors	Orthoses, Prosthesis etc.	Osteotomies	Bimechanics				
5		Geriatric	Investigation techniques	Sports Injuries	Pain Relief Therapy	Osteosyntheses	Genetics				
6				Trauma	Conservative fracture treatment	Resections	Embryology				
7				Developmental Disorders		Arthroplasty					
8				Inherent		Soft Tissues (Tendons/Nerves/Vessels..)					
9				Growth associated		Amputations					
10				Caused by medical interventions		Arthrodesis					
11				Inflammatory							
12				Systematic diseases							
13				Caused by bone metabolism							
14				Degenerative							

  

A	B	C	D	E	F	G	H	
1	<b>Infection</b>	<b>Nerve Pathology</b>	<b>Tumors</b>	<b>Sports Injuries</b>	<b>Trauma</b>	<b>Developmental Disorders</b>	<b>Inherent/ Growth associated</b>	<b>Caused by medical interventions</b>
2	Primary/Secondary Empyema	Parsonage Turner Syndrome	Osteoidosteoma	Anterior Instability	Proximal Humerus Fractures	Multidirectional Instability	Dysplasia	Cartilage damage
3	Prosthetic Infection	Cervical Spine Pathology	Primary malignant Tumors	Posterior Instability	Glenoid Fractures	Erb Palsy	Stiffness	Infection
4	Infection of Osteosynthesis	Plexus brachialis lesion	Meatastatic Cancer	SLAP Lesions	Dislocation Fractures	Scapula alata	Osetochondrosis dissecnas	Osteonecrosis
5	Osteomyelitis	Compression N. supraspinatus	Benign Soft Tissue Lesions	Cartilage Damage	Scapula Fractures	Scapula dyskinesia		Non-Unions
6		Neuralgic Amyotrophy	Enchondroma	Weightlifters Shoulder	Clavicle Fractures			
7		Axillary Nerve damage	Osetosarcoma	PSGI				
8			NOF	Biceps Pathologies				
9				AC-Joint Injuries				
10				Muscle/ Tendon injuries				
11				SC-joint Injuries				
12								
13								

  

A	B	C	D	E	F	G	H	I	
1	<b>Arthroscopy</b>	<b>Reconstructive procedures</b>	<b>Osteotomies</b>	<b>Osteosyntheses</b>	<b>Resections</b>	<b>Endoprosthesis</b>	<b>Soft Tissues (Tendons/Nerves/Vessels..)</b>	<b>Amputations</b>	<b>Arthrodesis</b>
2	Diagnostic arthroscopy	Open fracture treatment	Corretive Osteotomie prox. humerus	Proximal humerus fractures	AC-Joint resection	Anatomic Total shoulder arthroplasty	Direct Iligament repair	Arm amputation	Glenohumeral arthrodesis
3	Ligament repair	Open ligament repair	Corretive Osteotomie dist. humerus	Glenoid fractures	SC-Joint resection	Hemiarthroplasty	Tendon Repair	Shoulder exarticulation	
4	Tendon repair	Open tendon repair	Corrective osteotomie Glenoid	Scapula fractures	Humeral Head resection	Reverse shoulder arthroplasty	Bankart repair		
5	Removal of loose bodies	Open stabilization procedures		Clavicle fractures		Resurfacing arthroplasty	Capsular shift		
6	Cartilage treatment	Open arthrolysis		Dislocation fractures		Partial resurfacing arthroplasty	Tendon transfer		
7	Removal of osteophytes								
8	Arthrolysis								
9	Synovectomy								
10	Fracture treatment								
11									
12									
13									
40									

  

Overview	Shoulder Diagnostics	Elbow Diagnostics	Shoulder Pathologies	Elbow Pathologies	Shoulder Conservative	Elbow Conservative	Shoulder Operative	Elbow Operative
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# Curriculum Appendix

	A	B	C	D	E	F	G	H	I	J	K	L	M	N		
1				<b>Basic Learning Objectives</b>								<b>Key Words</b>				
2		S	F	<b>Knowledge</b>	S	F	<b>Skill</b>	S	F	<b>Attitude</b>						
3				<b>E.1 Basic Science</b>												
4	<b>E.1.1 Anatomy</b>															
5	Functional anatomy of the elbow joint	#	4	Teaches basic and detailed anatomy of the elbow and its surrounding structures. Special Emphasis shall be laid on the neuro-anatomy around the elbow (Radial, ulnar and median nerves).				3	4	Appreciates the high relevance of profound understanding and knowledge of elbow anatomy for proper diagnostics and conservative as well as operative treatment of elbow pathologies.						
6	Functional anatomy of the elbow stabilisers	#	4	Teaches basic and detailed anatomy of the elbow and its surrounding ligaments and stabilising mechanism. Special Emphasis shall be laid on the functional stability of the elbow				3	4	Appreciates the high relevance of profound understanding and knowledge of elbow anatomy for proper diagnostics and conservative as well as operative treatment of elbow pathologies.						
7	Functional anatomy of the forearm	#	4	Teaches basic and detailed anatomy of the forearm and its surrounding structures. Special Emphasis shall be laid on the muscular and neuro-anatomy around the elbow.				3	4	Appreciates the high relevance of profound understanding and knowledge of elbow anatomy for proper diagnostics and conservative as well as operative treatment of elbow pathologies.						
8	<b>E.1.2 Biomechanics</b>															
9	Basic biomechanics	#	4	Teaches basic and detailed biomechanics of the elbow. Special Emphasis shall be laid on bony and ligamentous stability patterns				3	4	Appreciates the high relevance of profound understanding and knowledge of elbow biomechanics for proper diagnostics and treatment of elbow pathologies.						
10	Elbow kinematics	#	4	Teaches basic and detailed kinematics of the elbow. Special Emphasis shall be laid on range of motion and muscle function				3	4	Appreciates the high relevance of profound understanding and knowledge of elbow kinematics for proper diagnostics and treatment of elbow pathologies.						
11	Elbow stability	#	4	Teaches basic and detailed of the elbow stability. Special Emphasis shall be laid on instability patterns -posterolateral rotatory instability -posteromedial instability -varus / valgus instability -longitudinal instability of the forearm				3	4	Appreciates the high relevance of profound understanding and knowledge of elbow stability for proper diagnostics and treatment of elbow pathologies.						
12	<b>E.1.3 Surgical approaches</b>															
13	Arthroscopic approaches and portals	#	4	Teaches basic and detailed knowledge on the available approaches to the elbow joint, which can be separated in medial, lateral, dorsal and ventral approaches. The approaches are learned with special respect for the position and course of the major neuro-vascular structures at the elbow -medial approaches (Hotchkiss, Sulcus-splitting) -lateral approaches (Kocher, EDC-split, Kaplan) -dorsal approaches (Triceps-preserving, Triceps-off, Triceps-peel) -ventral approaches										2	4	Appreciates the high relevance of profound understanding and knowledge of elbow surgical approaches for proper surgical treatment of elbow pathologies.
14	Lateral approaches	#	4	Teaches basic and detailed knowledge on the available lateral approaches to the elbow joint. The approaches are learned with special respect for the position and course of the major neuro-vascular structures at the elbow. -lateral approaches (Kocher, EDC-split, Kaplan)										2	4	Appreciates the high relevance of profound understanding and knowledge of elbow surgical approaches for proper surgical treatment of elbow pathologies.
15	Medial approaches	#	4	Teaches basic and detailed knowledge on the available medial approaches to the elbow joint. The approaches are learned with special respect for the position and course of the major neuro-vascular structures at the elbow. -medial approaches (Hotchkiss, Sulcus-splitting)										2	4	Appreciates the high relevance of profound understanding and knowledge of elbow surgical approaches for proper surgical treatment of elbow pathologies.
16	Dorsal approaches	#	4	Teaches basic and detailed knowledge on the available posterior approaches to the elbow joint. The approaches are learned with special respect for the position and course of the major neuro-vascular structures at the elbow -dorsal approaches (Triceps-preserving, Triceps-off, Triceps-peel)										2	4	Appreciates the high relevance of profound understanding and knowledge of elbow surgical approaches for proper surgical treatment of elbow pathologies.
17	Ventral approaches	#	4	Teaches basic and detailed knowledge on the available posterior approaches to the elbow joint. The approaches are learned with special respect for the position and course of the major neuro-vascular structures at the elbow. -ventral approaches.										2	4	Appreciates the high relevance of profound understanding and knowledge of elbow surgical approaches for proper surgical treatment of elbow pathologies.
18	<b>E.1.4 Epidemiology</b>															
19	Elbow epidemiology	#	4	Lists embryologic developmental basic steps of the elbow joint. Describes the mechanism of developmental malformations of the elbow.												Appreciates the high relevance of profound understanding and knowledge of elbow epidemiologies.
20	<b>E.1.5 Genetics</b>															
	Elbow genetics			Describes the fundamental concept of elbow genetics. Describes the genetics of elbow problems.												Appreciates the high relevance of profound understanding and knowledge of



# Curriculum

## Next steps:

- Qual Com work on basic structure done
- Qual Com works on Appendix step by step with feedback from Exom
- Send Curriculum & Appendix to Members
- Finalization and publication (JSES or EFORT Open Reviews)



# SECEC Curriculum

**Everybody who is interested is  
more than welcome to help and  
support!**



# SECEC Curriculum

## Thanks!

