

## Expanding the possibilities of hand surgery training in Australia

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**Citation:** McCombe DB. Expanding the possibilities of hand surgery training in Australia. *Aust J Plast Surg.* 2018;1(2):16-18. <https://doi.org/10.34239/ajops.v1i2.114>

**Accepted for publication:** 27 July 2018

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**Keywords:** fellowships and scholarships, orthopedics, plastic surgery, microsurgery, hand

**Section:** Hand

Hand surgery has long been a major part of plastic surgery in Australia. From the post-war period that marked the growth of plastic surgery as a recognised specialty in this country, its application to the hand has been central. In 1953, renowned Australian pioneers of plastic surgery, Sir Benjamin Rank and Alan Wakefield, codified the management of traumatised tissues of the hand in one of the seminal texts of hand surgery, *Surgery of Repair as Applied to Hand Injuries*.<sup>1</sup> Another Australian plastic surgeon, John Hueston co-authored later editions of that important text. The continuing development of hand surgery in Australia has been marked by significant contributions by many past and current members of the Australian Society of Plastic Surgeons (ASPS), with figures such as Sir Benjamin Rank, John Hueston, Bernard O'Brien and Wayne Morrison all internationally recognised as pioneers of hand surgery by the international federation of societies for surgery of the hand.<sup>2</sup>

These surgeons and many others have not only contributed to the ASPS but have also been prominent members of the Australian Hand Club and its successor, the Australian Hand Surgery Society (AHSS). The AHSS continues to be a platform for collaboration between the disciplines of plastic and orthopaedic surgery, with the group's membership growing from the initial 46 who met in Sydney in 1972 under the presidency of Sir Benjamin Rank, to nearly 200 today.

In addition to offering a forum for discussion and the pursuit of research into hand surgery, the AHSS has an expanding role in education. Hand surgery forms significant components of both the plastic surgery and orthopaedic curricula of the

surgical education and training (SET) programs for advanced training in these core specialties, administered by the ASPS and the Australian Orthopaedic Association (AOA) respectively. In practice, however, an individual trainee's clinical exposure to all elements of the curriculum, including hand surgery, is often limited by the nature of the specialties within which they are training,<sup>3</sup> and also by growing trends toward sub-specialisation and centralisation of care for complex conditions.

For those who wish to focus on hand surgery in Australia, in the past it has been necessary to pursue further SET training with fellowship training, either within Australia or in international centres. It has been up to the individual to instigate this, and while it is a route that has worked well for many of us, it is now less prevalent.

The reasons for this are multiple: with changes in undergraduate and postgraduate training, our SET graduates are now often older and more encumbered with other responsibilities, and hence less likely to be able to pursue further training, particularly international training; visa and licensing restrictions present further hurdles. Internationally, hand surgery is recognised as a specialty in its own right in places such as Singapore, Sweden, Switzerland and Norway,<sup>4,5</sup> or as a further qualification following training in plastic or orthopaedic surgery in the United States, United Kingdom, France and Germany.<sup>5-7</sup> As a result, fellowship positions in these countries are often required for local training programs and may not be open to Australian surgeons. Such is the case with many of the programs in the United States, where a fellowship match system operates.<sup>6</sup>

In this environment, the AHSS, ASPS and AOA developed a training program that has been approved under the Royal Australasian College of Surgeons' (RACS) post fellowship education and training (PFET) program. The PFET program in hand surgery is administered by the AHSS and is open to Australian and New Zealand SET graduates in plastic and orthopaedic surgery. It is a two-year program, twelve months of which must be spent in an accredited hand surgery fellowship

post within Australia or New Zealand. Accredited posts offering invaluable opportunities to work within a dedicated hand surgery service—either a plastic or orthopaedic surgery unit, or a blended unit—are currently located in Brisbane, Sydney, Melbourne, Adelaide and Auckland. Six months of training undertaken as part of SET hand surgery programs can be credited directly to the PFET program. The remaining minimum six months of the PFET program can either be spent in a further accredited post or, by application to the PFET hand surgery committee, other national or international hand surgery fellowships can be recognised.

In addition to fellowship posts, other required components of the PFET program include attendance at fracture workshops and microsurgery courses and the completion of a significant research project. Upon successful completion of the program, the trainee is awarded a PFET hand surgery certificate.

The PFET in hand surgery has now been operating for five years and has produced twelve graduates, five of whom are specialist plastic surgeons. These surgeons have benefited from the structured program and the opportunities to expand their skills beyond their core specialties. As well-rounded surgeons, they are now in a position to enhance the clinical exposure available to their own SET trainees, thereby maintaining and strengthening hand surgery training within contributing specialities. I would encourage all plastic surgeons to either apply for the program or encourage their trainees to apply, and so continue the strong connection between plastic surgery and hand surgery.

### Disclosure

The authors have no financial or commercial conflicts of interest to disclose.

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