

Present – Ton Schreuders (chairman), Firdevs Kul, Ragnhild Cederlaund, Turid Aasheim, Jean-Claude Rouzaud, Ursula Wendling, Roma Bhopal (EFSHT President)

1. Welcome from Ton

2. Minutes of previous meeting – agreed

3. Short update on developments in different countries by each delegate.

Holland

Hand therapy is growing. Ton has been running a hand therapy course for the last 10 years. This is 20 days over a year and includes theory, practice and examination.

There is a 3-4 year waiting list.

The care system in Holland is moving to a business model and so is very competitive. Surgeons want dedicated hand therapists and so encourage training and development. There is interest and money for research. Many people are developing guidelines but there must be scope for working together.

Norway

There are 70 members but only 20 full time hand therapists. There are no private clinics. It is all state funded. Some surgery is done privately but followed up by government based therapy. Norway is a small country and so therapists need to travel for education. In Oslo work is going on in the translation of DASH and PRWE. Also work on cold sensitivity.

France

The public and private system work in conjunction. They are working towards University training. The University of Grenoble has a certificate in Hand Therapy. Research is small scale and varies from place to place.

Switzerland

This is a Government based service with many private clinics. The main centres are Zurich, Berne and St Gallen. However there are small numbers of patients which make it difficult for research. The certificate in Hand Therapy programme has stopped.

Sweden

Mainly government with a few private clinics.

OTs and PTs do hand therapy. There are no hand therapists as such. There is no certification and there is ambivalence about the idea of a 'hand therapist'.

It is a dynamic society with 200 members. The course in Malmo gives University points. There are many therapists with or working towards Masters and PhDs both in hand therapy and in related fields (stroke, CP).

Ragnhild presented a list of research that some therapists are doing. She suggested that it would be useful to get such a list from each country that could be shared

(ACTION POINT 1– need to contact each country delegate and ask for this information)

Turkey

42 hand therapists- government and private.

PTs cannot work independently. They have to work with Rehab doctors and so is dependant on personal relations with the doctors. They are slowly trying to show the benefit of hand therapy. A hand therapy course is being run soon(mainly for Rehab doctors). Therapists lack opportunity for learning. It was felt that rather than Turkish

therapists travelling overseas, it would be more cost effective to invite speakers from outside to run a course in Turkey. Firdevs stated that the visitor programme is very important to them. Others said that it is not always easy or feasible to accommodate visitors and the language was a problem.

UK

There is a BAHT validated post-graduate process. It is portfolio based with a number of different levels of courses. There are also Masters modules and courses available. In the past BAHT employed a Research Officer, Barbara Steward, for three years who had the remit to do research herself and also to teach research methods and increase the research capacity amongst BAHT members.

EFSHT

The ESC is working towards a European Accredited Hand Therapist qualification.

4. Lausanne Congress Feedback

Abstract reviewing:

There was a big variation in the decisions of reviewers and so final decisions were made by the Congress organisers on a mathematical basis. There were problems caused with the choice of oral or poster presentations especially with oral presentations that were not accepted.

A discussion ensued on how to improve this for Oslo. The decisions reached were-

- There should be 2 options – oral or poster. If the abstract is good but not accepted for oral, the presenter will be sent a letter asking if they are willing to present it as a poster. A deadline date will be given
- It needs to be made clear whether the abstract is for hand therapy or hand surgery so that abstracts go to the relevant reviewers.

Topics

It was felt that there were too many choices. This made it demoralising for presenters who had done a lot of work but had a very small audience.

Suggestions:

- Try not to clash abstract presentations with well known speakers. It would be better to have two simultaneous free paper sessions.
- Need to raise the bar and accept fewer, better quality presentations
- Case studies should only be accepted for oral presentation if they are something extra ordinary. Otherwise they should be accepted as posters.

Workshops were well received. Surgeons also attended therapist workshops.

Suggestions for talks/workshops were discussed and given to Turid. The joint session needs a topic that would be of interest to all.

Turid gave a short presentation on OSLO 2011

5. Report on WHO Consensus meeting – Lucelle van de Ven-Stevens

Lucelle gave a report on the recent meeting she had participated in – presentation to be sent to all. She also handed out a copy of the Core Sets for Hand Conditions that were finalised at this meeting.

Lucelle expressed her unhappiness at the slow progress of the update of the Clinical Assessment Recommendations (CAR) handbook. It was due to be finished by June 2009. A discussion took place regarding whether we should formulate our own European CAR. It was felt that it would just be duplicating work that has already been done. **ACTION POINT 2** – Ton to follow this up with Joy McDermid.

6. Guidelines Project – Bionka Huisstede

Bionka gave a very clear presentation which will be distributed to all.

She started work in February 2009 and has funding for three years. The goal is to achieve European consensus on treatment guidelines. Knowledge from different centres will be shared and the aim is to give patients the best possible treatment.

There are two stages in this process:

Step 1 - Evidence based information (Systematic reviews)

Step 2 - Expert opinion (done by Delphi consensus strategy)

Bionka explained the Delphi process.

She will start with five non traumatic hand disorders

- Tendinopathies (De Quervains, Trigger Finger)
- Dupuytren's
- Nerve Entrapments (CTS, Guyon's canal)

For the Delphi rounds experts will be invited from EFSHT, FESSH and UEMS

7. Overview of research projects – Ruud Selles

Ruud is a full time researcher based at the Erasmus MC working with surgeons and therapists. His presentation will be sent to all.

He demonstrated the Pollexograph and presented each member of the PSC with a sample product.

8. Discussion on PSC – how are we doing and what are our goals?

Ton asked if everyone is happy to continue to be a member of the PSC. It is strange to have a Permanent Scientific Committee so this may need reviewing. More researchers are needed but still keeping the balance with clinicians. English language skills are important to participate fully in PSC work. Six members are enough for reviewing abstracts. Are more needed for other tasks?

PLAN:

- A letter will be sent to each country delegate to send to all members regarding research they are doing (see **ACTION POINT 1**). This will simply include the name, country, post graduate degree and area of research.
- Try and find out from each country who is involved in research and would like to get involved in the work of the PSC. Ton will write an article for the journal. (**ACTION POINT 3**)

Collaboration - Ursula felt there should be more communication with the National societies telling them about the work of the PSC. Also must continue to collaborate with EFSHT and other societies.

Cedaron – In the USA this is an accepted way of registering outcomes. This may be workable/useful in Europe in the future.

Ton finished by asking each member how they felt the meeting had gone. Was it useful? How often should the PSC meet?

Ursula felt that in the year of a Congress the PSC should meet to discuss abstracts. In between, a Skype meeting could be tried. Also there should be more communication with the National societies telling them about the work of the PSC.

Turid felt that discussing abstracts is suitable for Skype. Face to face meetings are needed for creative thoughts.

Ragnhild and Ton felt that this is a first meeting and will evolve. Preparation is vital for a fruitful meeting. In the future 'homework' for members can be allocated.

It was agreed that if an e-mail is sent out all should reply within two weeks.