Vascular surgery (VS) in Europe has, for many years, been a kind of subspecialty of General Surgery or Cardiac Surgery—depending on national or local situations. At present it is an independent monospecialty in only eight out of 15 of the ‘old’ Member Countries of the European Union (EU) and presumably only in one of the 10 ‘new’ ones. Encouraging news is that the Swedish Government decided on 20 December 2005 to admit Vascular Surgery as a subspecialty despite their general decision to cut down on specialties. Hopeful news is also being received from Germany but the ultimate decision is still pending.

In 1993, within the Union Européenne des Médecins Spécialistes (UEMS), a Division of Vascular Surgery was established in association with, and dependent on, the Section of Surgery; in 1996 a Board of Vascular Surgery was formed as a function of the Division, and the first assessment was held as a European Board of Surgery Qualification in Vascular Surgery (EBSQ-Vasc). Then on October 15, 2004 in Lisbon the Management Council of the UEMS (its central governing body) recognized VS as a monospecialty granting it the status of an independent Section. This decision took place following applications from the national medical associations of Finland, Italy, Denmark, Greece, Portugal and Slovakia—and after a heated debate and the defence presented by the authors. The Section of VS proceeded, through its Board, to refine the assessment that now awards the title of Fellow of the European Board of VS (FEBVS) to successful candidates. The Section has also expanded the European Vascular Continuing Medical Education accreditation programme to include other vascular events. The Section also emphasized the concept of multidisciplinary vascular care promoting the creation of vascular centres (VC) through a Working Group operated in collaboration with the International Union of Angiology (IUA) as the supra-national main representative of Vascular Medicine. Consequently, relevant ‘Guidelines for the Organization of Vascular Centres in Europe’ were completed in Rome, on September 9, 2005 and approved in Helsinki on September 15 of that year.

For VS, the hard way to independence and identity as a monospecialty in Europe goes through the national institutions, academic committees and health authorities and through the European organizations and governing bodies. Each country is entitled to a large autonomy for the solution of problems according to its own needs, social environment, educational systems and even traditions, but what happens at large in the EU (i.e. the decisions taken in its main organizations and directives coming from the European Commission [EC], European Parliament [EP] and Ministers) do not have an obvious impact on internal matters as well as on the general order.

In 2002, a dangerous problem arose concerning the status of VS in the European Union (EU). The original proposal for a Directive on the Recognition of Professional qualifications presented by the European Commission on March 7, 2002, listed VS among the disciplines not to be recognized as independent specialties and practically placing it in the domain of General Surgery. Three years later the final Directive was approved by the European Parliament (EP) and
Council, September 7, 2005;\textsuperscript{2} it should be mentioned that this was brought about as the result of considerable efforts by members of the UEMS Section of VS and ESVS Councils and Executives as well as the help of the Referee of the Committee on Legal Affairs and the Internal Market of the EP, Mr Stefano Zappala, an engineer who understood the value and needs of highly specialized professions. The final directive states two crucial points: (1) VS is included in the list of independent monospecialties in the EU (Annex V, 5.1.3); (2) professional associations should be represented at European level and suitable involvement of professional organizations should be ensured. Note that the UEMS is the representative of the medical specialists in the EU and its Section of VS represents the Vascular Surgeons.

Independence and identity as a monospecialty carry certain benefits for VS which can be summarized as follows: (a) VS becomes direct advisor to the EC, EP and Council with regard to the Specialty and allied disciplines, (b) VS gains direct dealing with governmental and health authorities, public and private institutions at national and European level and direct involvement in discussions to define planning for national health systems, (c) VS has the right to establish criteria for admission to training programmes and centres and to define the appropriate curriculum and modalities for training in the Specialty, (d) VS can define guidelines for quality control in VS units and performance of professionals and guidelines for certification of Vascular Surgeons and VCs, (e) VS is involved in direct management or participation in assessments for awarding academic positions and/or appointments in hospitals, (f) VS gains direct involvement in discussion/negotiation concerning budget for research, (g) VS has a valid reason to become the leader of the other vascular professions, to organize and direct VCs and to become the reference point for related industries, and finally (h) vascular surgeons are entitled to act as medico-legal advisors and technical experts in courts for everything concerning vascular diseases and procedures.

Close co-operation of the UEMS section of VS with the European Society of Vascular Surgery proved to be very effective. Vascular surgery has come of age and for a surgical specialty this means full development and integration of basic sciences, diagnostic tools, clinical refinement based on experience and evidence, medical engineering, new and sophisticated forms of treatment.\textsuperscript{3} It also means building bridges with other disciplines for a new form of multidisciplinary care of the vascular patient. Independence is not a secondary matter: a specialty that is bound to become a leader in its field cannot be a follower by definition!

Patients want specialist surgeons and not generalists. Certified proficient vascular surgeons achieve far better results, in all aspects of VS, than General or Cardiac or other occasional and sometimes amateurish, surgical professionals.\textsuperscript{4,5} This perception, apparently ignored by many in the medical community, is already public opinion and being circulated by the media and it will become increasingly difficult to deny it in the future. The only answer to this challenge is improved, more articulate, flexible and specific training based on appropriate criteria and rules.\textsuperscript{6}

The new monospecialty identity of VS in Europe will provide the means for the above only with the concerted efforts of the European vascular surgeons. We invite them all, on behalf of the Executives and Councils of the UEMS Section of Vascular Surgery\textsuperscript{†} and the European Society for Vascular Surgery\textsuperscript{‡}, to take active part in this exciting development.

\textbf{References}


Accepted 21 January 2006
Available online 27 March 2006

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\textsuperscript{‡}Executives of the European Society for Vascular Surgery, Jesper Swedenborg, President; Christos Liapis, Immediate Past President; Henrik Sillesen, Secretary-General, Jean-Baptiste Ricco, Treasurer, Jan Brunckwall, President Elect, Jonathan Board, Editor-in-Chief, Piergiorgio Cao, Senior Editor.