



To:

Dr. Romuald Krajewski

UEMS President

Dr. Marc Cairols

UEMS Section and Board of Vascular Surgery

Via e-mail: romekrajewski@gmail.com; mcairols@uemsvascular.com

CC: Dr. E. Borman, Dr. Zlatko Fras, Mr. F. Destrebecq; Dr. Demuth, Dr. Guillemot

PRESIDENT

Prof. Jim A. Reekers

SECRETARY GENERAL

Prof. Michael J. Lee

RE: FEBVS Logbook, Bologna 2012, Section on Board of Vascular Surgery

Vienna, 8th July, 2013

Dear Dr. Krajewski, dear Dr. Cairols,

The Luxembourg declaration of patient safety was adopted by the EU in 2005. It states that "patients have a right to expect that every effort is made to ensure their safety as users of all health services". It goes on to say that "the health sector is a high risk area because adverse events, arising from treatment rather than disease, can lead to death, serious damage, complications and patient suffering. High quality training has been proven to be crucial to prevent/reduce medical complications. It is with this in mind that we feel obliged to write with regard to the FEBVS training logbook published under the Board of Vascular Surgery section. The logbook divides endovascular procedures into basic, intermediate and advanced, with basic procedures requiring little or no specific training or experience; intermediate requiring specific training or experience and advanced requiring advanced training or experience. We believe that if these definitions be followed, patient safety will be significantly compromised throughout the European Union.

The definition of basic endovascular procedures includes PTA with or without stent placement of stenotic lesions in the aorta, iliac vessels, femoral vessels, popliteal vessels, tibial vessels and pedal vessels. Basic endovascular procedures also include vena cava filter placement. It is incredible to think that this document is suggesting that operators can perform these procedures with "little or no specific training or experience." Angioplasty and stenting at any peripheral level necessitates a significant body of knowledge regarding clinical indications, risks and outcome as well as interpretative knowledge of imaging techniques. These procedures also necessitate skills that require significant training in a properly accredited training program following a specific curriculum, to become a safe practitioner. To become an endovascular skilled interventional radiologist, 2 years of additional training (after board certification in radiology) is required.

In terms of the intermediate and advanced categories of procedures the document states that either specific or advanced training is required, respectively. This is the sum total of advice in terms of the training required to become an "endovascular specialist".

In short, we strongly believe that should these definitions in the training logbook be accepted, patients' limbs and lives will be compromised throughout the European Union. This will reflect poorly on the reputation of medical specialists as a whole and indeed the UEMS as an organisation. We urge you to act immediately.

Yours Sincerely,

Jim A. Reekers

Chairman

IR Division UEMS

Michael J. Lee

Secretary

IR Division, UEMS