Why European qualifications in Vascular Surgery will have increasing importance?

1. to harmonize knowledge and skills
2. to indicate that the candidate has passed a structured training program
3. to guarantee a minimal level of competence
4. to promote exchange between countries by establishing a standard: FEBVS (Fellow European Board of Vascular Surgery)

Why to sit the European Exam?

1. Eligibility
   - Certificate: CCST (*)
   - Logbook (endovascular procedures; signature / validation by supervisor
   - Letter from the National Vascular Society

2. Oral Examination

The structure of the European Exam

1. Academic Paper
   For the academic section will be given a paper and allowed 25 minutes to read it and make notes. The viva will be presented on a laptop, using a series of PowerPoint slides and will last 20 minutes.

2. Clinical Case Scenarios
   These are real cases from throughout Europe and they will be presented on a Powerpoint presentation. The areas covered will include diagnosis and differential diagnosis, imaging modalities and interpretation, management plans and management of post-operative complications. Each viva lasts 15 minutes.

3. Overall Viva
   The overall viva will have several questions covering any aspect of vascular surgery and be presented on a laptop using PowerPoint. The overall viva will last 30 minutes.
4. Open Technical
Each open technical assessment will last 30 minutes. The Candidate has to undertake an aortic anastomosis, femorodistal anastomosis and a carotid endarterectomy.

You are advised to bring your own loupes for these technical assessments, as none will be available on the day of the exam. Do not bring any other surgical instruments as you will not be allowed to use them.

The assessor will provide assistance at a Candidate request, but will not guide the Candidate through the operation. Plenty of time is allowed for the procedure and the Candidate is advised that it is not a race to finish first.

5. Endovascular
The endovascular assessment is a task using standard wires and catheters. After a practice run to familiarise himself with the model and catheters/wires, the task is repeated with two different assessors.
Pass criteria

- score at least 168 / 224
- and pass at least 4 sections of the exam
- and pass at least 2 open technical stations
- and pass at least 2 endo technical stations

Failure rate

<table>
<thead>
<tr>
<th>Year</th>
<th>Location</th>
<th>Failure Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>Maastricht/Bologna</td>
<td>16%</td>
</tr>
<tr>
<td>2013</td>
<td>Maastricht/Budapest</td>
<td>16%</td>
</tr>
<tr>
<td>2014</td>
<td>Maastricht/Stockholm</td>
<td>18%</td>
</tr>
<tr>
<td>2015</td>
<td>Maastricht/Porto</td>
<td>25%</td>
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<tr>
<td>2016</td>
<td>Maastricht/Copenhagen</td>
<td>40%</td>
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<tr>
<td>2017</td>
<td>Maastricht/Lyon</td>
<td>32%</td>
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<tr>
<td>2018</td>
<td>Maastricht/Valencia</td>
<td>27%</td>
</tr>
</tbody>
</table>

Rules

1. Exam conducted in English
   - Never have two English first language examiners
   - Roving assessors to help but not translate
2. Pairs of examiners
3. Quality Assurance observers
   - They mark the examiners, not the candidates
4. Observers
   - Examiners in training
Comments

1. huge increase in the number of candidates in last years
2. candidates from non-UEMS countries with higher failure rate
3. open technical – higher failure rate for AAA model
4. endo technical – higher pass rate comparing with previous years