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# ESPRAS Survey: National and European Societies for Plastic Surgeons

## ESPRAS Umfrage: Nationale und europäische Gesellschaften für Plastische Chirurgie

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Keywords

ESPRAS, International Exchange, European Plastic Surgery

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## ABSTRACT

**Background** The European Society of Plastic, Reconstructive and Aesthetic Surgery (ESPRAS) comprises 40 national societies across Europe. In addition to ESPRAS, there are 8 different European Plastic Surgery societies representing Plastic Surgeons in Europe. The 4th European Leadership Forum (ELF) of ESPRAS, held under the motto "Stronger together in Europe" in Munich in 2023, aimed to collect and disseminate information regarding the national member societies of ESPRAS and European societies for Plastic Surgeons. The purpose was to identify synergies and redundancies and promote improved cooperation and exchange to enhance coordinated decision-making at the European level.
**Material and methods** An online survey was conducted regarding the organisational structures, objectives and challenges of national and European societies for Plastic Surgeons in Europe. This survey was distributed to official representatives (Presidents, Vice Presidents and General Secretaries) and delegates of national and European societies at the ELF meeting. Missing information was completed using data obtained from the official websites of the respective European societies. Preliminary results were discussed during the 4th ELF meeting in Munich in March 2023.
**Results** The ESPRAS survey included 22 national and 9 European Plastic Surgery societies representing more than 7000 Plastic Surgeons in Europe. Most national societies consist of less than 500 full members (median 182 members (interquartile range (IQR) 54–400); n = 22). European societies, which covered the full spectrum or subspecialities, differed in membership types and congress cycles, with some requiring applications by individuals and others including national societies. The main purposes of the societies include research, representation against other disciplines, specialisation and education as well as more individual goals like patient care and policy regulation.
**Conclusion** This ESPRAS survey offers key insights into the structures, requirements and challenges of national and European societies for Plastic Surgeons, highlighting the relevance of ongoing close exchange between the societies to foster professional advancement and reduce redundancies. Future efforts of the ELF will continue to further explore strategies for enhancing collaboration and harmonisation within the European Plastic Surgery landscape.

## ZUSAMMENFASSUNG

**Einleitung** Die European Society of Plastic, Reconstructive and Aesthetic Surgery (ESPRAS) ist der Dachverband von 40 nationalen Gesellschaften für Plastische Chirurgie in ganz Europa. Neben der ESPRAS gibt es acht weitere europäische Gesellschaften, die das gesamte Spektrum der Plastischen Chirurgie, oder Teilbereiche des Fachgebietes repräsentieren. Das 4. European Leadership Forum (ELF) der ESPRAS, dass unter dem Motto „Stronger together in Europe" veranstaltet wurde, hatte u. a. das Ziel, Informationen über die verschiedenen nationalen und europäischen Gesellschaften für Plastische Chirurgie zu bündeln und in Europa zu verteilen, um so Synergien zu finden und Redundanzen zu reduzieren.
**Material und Methoden** In Vorbereitung auf das vierte ELF der ESPRAS wurde eine online Umfrage über die organisatorischen Strukturen, Ziele und Herausforderungen von nationalen und europäischen Gesellschaften für Plastische Chirurgie erstellt und an offizielle Repräsentanten (Präsidenten, Vize-Präsidenten, Generalsekretäre) und Delegierte der nationalen und europäischen Gesellschaften versendet. Fehlende Informationen wurden anhand der offiziellen Websites der europäischen Gesellschaften ergänzt. Die Ergebnisse wurden im Rahmen der Präsenzveranstaltung im März 2023 in München diskutiert.
**Ergebnisse** Die ESPRAS-Umfrage umfasste 22 nationale und 9 europäische Gesellschaften für Plastische Chirurgie die insgesamt über 7000 Mitglieder repräsentieren. Die meisten nationalen Gesellschaften bestehen aus weniger als 500 Vollmitgliedern (Median 182 Mitglieder, IQR 54–400; n = 22). Europäische Gesellschaften, die entweder das gesamte Spektrum oder Subspezialitäten abdecken, unterscheiden sich in den Arten der Mitgliedschaft und den Kongresszyklen, wobei einige Einzelbewerbungen erfordern, und andere nationale Gesellschaften einschließen. Zu den wichtigsten Inhalten der nationalen und europäische Gesellschaften gehören Forschung, die Repräsentation gegenüber anderen Disziplinen, Spezialisierung und Ausbildung sowie individuellere Ziele wie Patientenversorgung und Politikregulierung.
**Schlussfolgerungen** Diese ESPRAS-Umfrage bietet wichtige Einblicke in die organisatorischen Strukturen, Anforderungen und Herausforderungen der nationalen und europäischen Gesellschaften für Plastische Chirurgie in Europa. Eine kontinuierliche Zusammenarbeit über nationale Grenzen ist essenziell, um die berufliche Weiterentwicklung des Feldes zu fördern. Das ELF spielt hierbei eine Schlüsselrolle, um den internationalen Austausch und die koordinierte Zusammenarbeit unter europäischen Plastischen Chirurgen nachhaltig zu verbessern.

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## Introduction

The European Society of Plastic, Reconstructive and Aesthetic Surgery (ESPRAS) was founded in 1967 in the Netherlands as an organisation uniting European national societies with the aim to strengthen Plastic Surgery, Plastic Surgeons and their official representatives beyond national borders on the European continent. In 2020, the ESPRAS Executive Committee (ExCo) introduced the European Leadership Forum (ELF), to create a forum for European Plastic, Reconstructive, and Aesthetic surgery leaders to engage in common strategies to address contemporary and lasting challenges (e. g., the COVID-19 pandemic, BIA-ALCL/ BIA-SCC, Plastic Surgery by non-Plastic Surgeons and others) and prospective approaches for strengthening and safeguarding the future of the Plastic Surgery community [1, 2].

For the first three years, the ELF-meetings were organized virtually due to the global burden of the COVID-19 pandemic but the lifting of social restrictions by March 2023 enabled the first physical meeting with the motto "Stronger together in Europe" to be held in Munich. In addition to the members of the ExCo and the national delegates of ESPRAS, official representatives from other European Plastic Surgery societies and associated subspecialities (e. g., Microsurgery, Aesthetic Surgery, Hand Surgery, Burn Surgery) were invited as participants and speakers. In pursuit of its motto, one of the goals of this year's ELF-meeting was to gather up-to-date information considering the organizational frameworks, and the primary goals and challenges of national and European Plastic Surgery member-societies and to disseminate this information.

Consequently, this official ESPRAS survey was conducted and distributed among leading professionals in Plastic Surgery from across Europe. This approach is intended to serve a dual overarching purpose: firstly, to facilitate the harmonization of decision-making processes in the field of Plastic Surgery on a European scale, and secondly, to minimize redundancy by eliminating the need for multiple processing efforts by different national and European Plastic Surgery societies.

## Material and Methods

### Study design, collective, and ethics statement

An online questionnaire was designed and implemented in the online survey administration software Google Forms (Google, California, U.S.). The survey included questions about the organizational structure of national and European Plastic, Reconstructive and Aesthetic Surgery-societies, including numbers of full and associated members, prerequisites for membership, frequency of congress meetings and questions about the societies content, goals, and challenges. The study participants were directly engaged through the European Leadership Forum (ELF) of the European umbrella society ESPRAS. This included members of the ESPRAS ExCo, ESPRAS national delegates, and officials from national Plastic Surgery societies in Europe, including presidents, vice presidents, and secretary generals. Additionally, representatives from other European societies specializing in Plastic Surgery or associated sub-specialties (including microsurgery, burn surgery, and hand surgery) were included in the study. The survey was additionally forwarded to the American Society of Plastic Surgeons (ASPS) to allow intercontinental comparison. All study participants execute an official role in their respective society and therefore possess comprehensive knowledge of its organizational structure and its aim and scope. Each national and European society received one questionnaire. The online survey was open from February with a deadline on the 22nd of March in 2023. The results of the survey were discussed during the 4th ELF-Meeting on the 24th and 25th of March in Munich. Data for European Plastic Surgery Societies that did not complete the survey was obtained from the official websites of those societies, where information was available. The study was conducted in accordance with the principles outlined in the Declaration of Helsinki. All participants received comprehensive information about the study's objectives and provided informed consent.

### Data analysis and graph illustration

The collected data was imported from Google Forms to Microsoft Excel (Microsoft Corp., Washington, U.S.) for analyses and calculation of descriptive statistics. Answers to free text questions were clustered in groups and reported as absolute and relative frequencies. Graphs were plotted using Microsoft Excel and Microsoft Power Point (Microsoft Corp., Washington, U.S.).

## Results

### Study participants

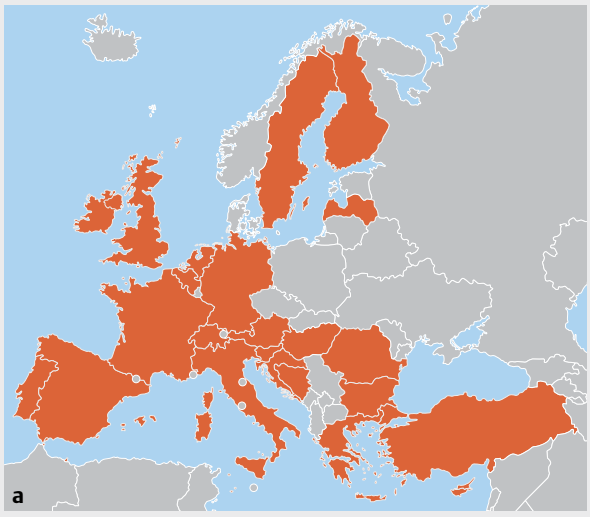
A total of 27 representatives from 22 national (out of 40) and 6 (out of 9) European Plastic Surgery societies participated in the ESPRAS survey (illustrated in ▶ **Fig. 1a**). During the 4th ELF-Meeting in Munich 36 representatives of ESPRAS were present to discuss the results. The majority of the study participants served as President, Past-President or General Secretary of their society. An overview of the official positions of the study participants within their respective society is given in ▶ **Fig. 1b**.

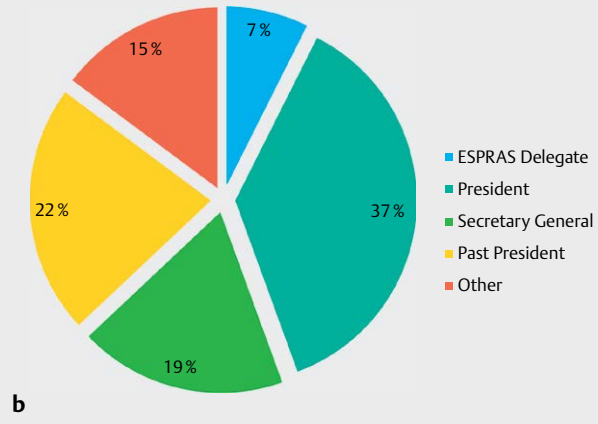
### National Societies in Plastic Surgery

The national societies united in ESPRAS including their corresponding homepage links are illustrated in ▶ **Fig. 2** and comprise 40 different national societies. The numbers of full and associated memberships of the national PRAS-societies were collected (Deadline: 22.03.2023) (▶ **Fig. 3a**). Most participating European national societies consist of lesser than 500 full members (Median 182 (Interquartile Range (IQR) 54–400); n = 22). The society with the most (full and associated) registered members is the German (Deutsche Gesellschaft für Plastische, Rekonstruktive und Ästhetische Chirurgie (DGPRÄC)), followed by the Italian (Società Italiana di Chirurgia Plastica Ricostruttiva Rigenerativa ed Estetica (SICPRE)), the Spanish (Sociedad Española de Cirugía Plástica, Reparadora y Estética (SECPRE)), Türk Plastik Rekonstrüktif ve Estetik Cerrahi Derneği (TPRECD) and British (British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS)) national societies. In comparison, the American Society for Plastic Surgery (ASPS) has registered approximately 7000 full members.

If the numbers of the full memberships are calculated per million inhabitants of the respective nation (source: *statista.com*) the average national Plastic Surgery Society in Europe has a median of

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▶ **Fig. 1** Overview of the national Plastic Surgery societies that participated in the ESPRAS survey (**a**) and the official positions of the study participants within their respective national or European society presented in a pie-chart diagram (**b**) (n = 27). Other positions comprise Vice Presidents, UEMS-, and EBOPRAS-delegates.

19 (IQR 9–23); n = 22) full members per million inhabitants of the respective country. An overview of the full memberships per million inhabitants of the national societies under the umbrella of ESPRAS is depicted in ▶ **Fig. 3b**.

Regarding an annual congress meeting 77 % (n = 17) of the representatives of the national societies responded positive, while 23 % (n = 5) of the national societies do not meet annually (▶ **Fig. 4**).

To further stratify the focus, the contents of the national societies were analyzed with multiple-choice questions. The results are shown in ▶ **Fig. 5**. The primary objective of most national societies (n = 22) is to support scientific research (n = 17), followed by providing regulation and legal aspects (n = 15) and representation against other disciplines (n = 15). Other important contents comprise Public Education about Plastic Surgery (n = 13), Education (n = 14), Surgical Techniques in Plastic Surgery (n = 10), Registries (n = 10), and examination (n = 10) (▶ **Fig. 5**). 45 % (n = 10) of the national Plastic Surgery societies identified with all the above-mentioned contents.

An open question regarding the challenges of national societies were summarized as 6 main challenges as shown. In descending order, most national societies found "professional network" and "specialization" the most challenging. This involves establishing a strong network among Plastic Surgeons to counteract the tendency of other surgical specialties to perform Plastic Surgery and to advocate against non-specialists performing Plastic Surgery procedures. "Education and Training", was accorded equal priority with a desire to establish new training centers focused on all aspects of Plastic Surgery, to organize workshops and courses, including a dedicated section for Aesthetic Surgery and to increase the number of accredited Plastic Surgeons and specialists in reconstructive surgery. The third most important challenge mentioned was to strengthen "international relations". Furthermore, individual challenges were raised by national societies. Summarized as patient care, the focus is to address long waiting times, the lack of resources in public healthcare and to educate patients and the media to improve public awareness and decrease complications, especially complications resulting from procedures performed abroad or by non-specialists. Other priorities include the creation of national registries, such as for breast reconstruction, to standardize and improve outcomes ("registries") and the negotiation of new outpatient tariffs with national authorities to ensure sustainable practice ("policy and regulation").

## European Plastic Surgery Societies

Nine European societies were included in this survey, with five of them providing answers to the survey questions. An overview of the European Plastic Surgery Societies is shown in ▶ **Fig. 6a, b**. In addition to the European societies that focused on the full spectrum of Plastic, Reconstructive and Aesthetic surgery, four additional European Societies with a subspecialty focus on Aesthetic Surgery (European Association of Societies of Aesthetic Plastic Surgery (EASAPS)), Hand Surgery (Federation of European Societies for Surgery of the Hand (FESSH)), Burns Surgery (European Burns Association (EBA)), and Microsurgery (European Federation of Societies for Microsurgery (EFSM)) were invited to participate in the survey.

Two different types of memberships were observed: ESPRAS, FESSH, EFSM and the European Chapter of the International Confederation of Plastic Surgery Societies Europe (ICOPLAST) unite national societies in subspecialties and offer membership to national societies and not to individuals. However, ESPRAS is the only society, that offers membership to all the national societies of European countries that are included in the Council of Europe, making it the largest European Plastic Surgery Society on the continent. However, many member services of ESPRAS are only available to those national societies who have recently paid their membership fees. Other societies in Europe require membership application by the national societies, thus not all countries on the continent are represented by them. The European Plastic Surgery Research Council (EPSRC), the European Board of Plastic Reconstructive and Aesthetic Surgery (EBOPRAS), the European Association of Plastic Surgeons (EURAPS), and the European Burn Association (EBA) require individual membership applications. The types and numbers of mem-

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berships of the European Plastic Surgery societies are summarized in ▶ **Table 1**.

Congress meetings are held in three different cycles. The European Chapter of ICOPLAST, FESSH, EPSRC, and EURAPS follow annual cycles. Biennial, by EASAPS and EFSM. Quadrennial by ESPRAS (▶ **Tab. 1**).

## Discussion

The 4th European Leadership Forum (ELF), titled "Stronger together in Europe!", was convened in March 2023 with the goal of setting the stage for more robust and harmonized constructive collaborations within the realm of European Plastic Surgery. In this context, it became evident that gaining a comprehensive understanding of the organizational structures, objectives, and challenges faced by both national and the various European Plastic, Reconstructive, and Aesthetic Surgery societies was essential to all participants. This survey is an ESPRAS initiative to educate all concerned and improve mutual understanding and constructive collaborations.

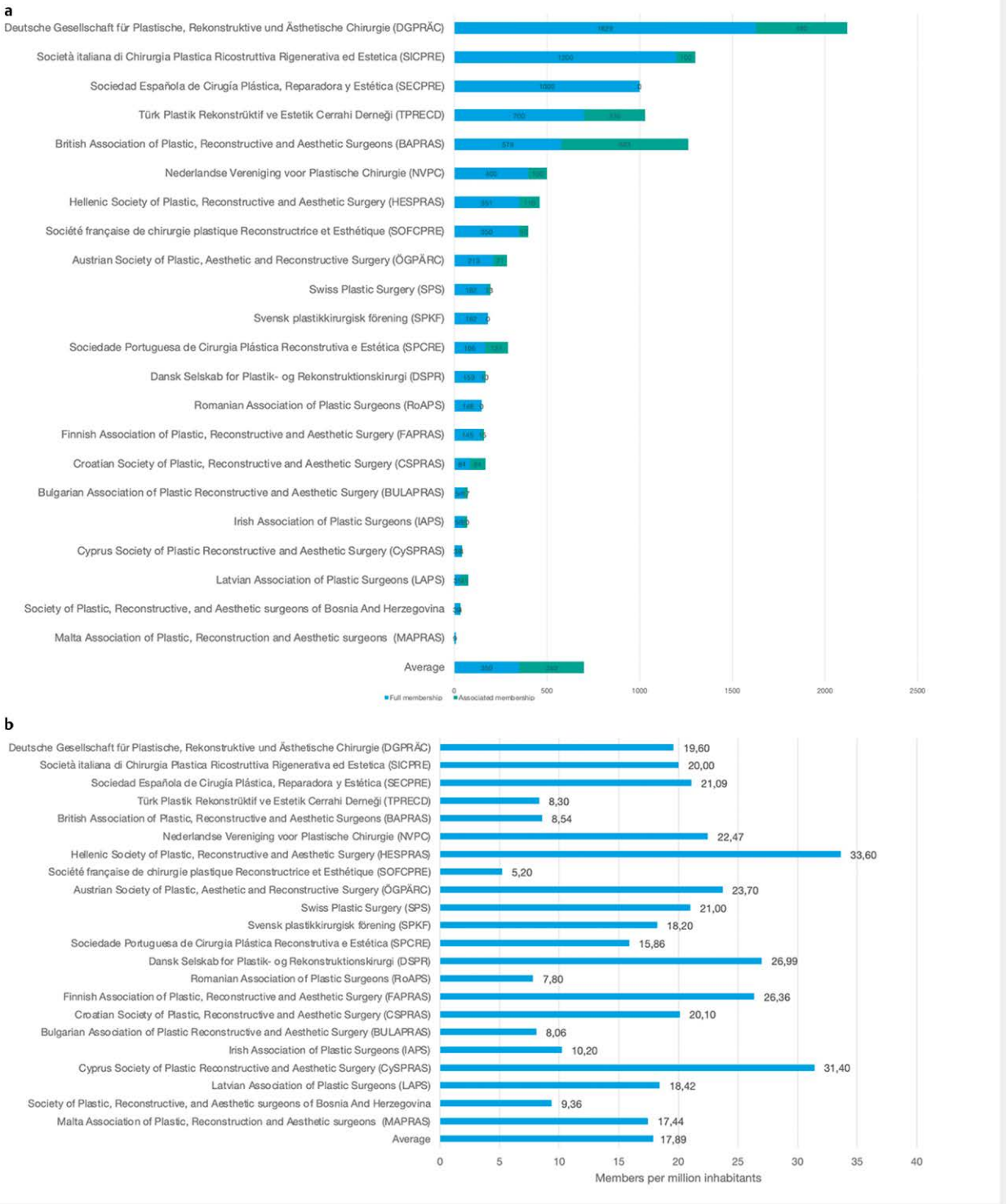
The survey findings illustrate the diversity of European Plastic Surgery societies. Notably, several societies, including ESPRAS and the European Chapter of ICOPLAST, EPSRC, EURAPS, and EBOPRAS, cover the spectrum of Plastic, Reconstructive, and Aesthetic Surgery at the European level. However, alongside these inclusive societies, there exist specialized counterparts as EASAPS, FESSH, FEMS, and EBA, each focusing on specific domains within the field, comprising Aesthetic surgery, Hand surgery, Microsurgery, and Burn injury, respectively. Furthermore, certain societies, like the EPSRC and EURAPS, focus on scientific research, whereas EBOPRAS takes on the vital role of maintaining high standards of training and education through the administration of the European board exam—which marks a significant step in harmonizing education across the European continent [3]. These specialized societies cater to distinct aspects of Plastic Surgery, enriching the field with their dedicated expertise.

Nonetheless, the coexistence of multiple independent European societies, each representing the spectrum of Plastic Surgery, raises concerns about duplication of effort in a specialty with relatively few active members. This risks redundancy of effort and dilution of our communal ability to represent European Plastic Surgeons on the international stage. Additionally, the varied membership prerequisites across European Plastic Surgery societies, which may extend to national societies or individual Plastic Surgeons, present an intricate landscape. ESPRAS unites European National societies within the Council of Europe. In contrast, other European societies that include national societies necessitate these national bodies to apply for membership (EASAPS, EFSM, ICOPLAST – European Chapter, FESSH). Although EFSM is dedicated to national societies for microsurgery and FESSH to national societies for hand surgery, ESPRAS, EASAPS, and the European Chapter of ICOPLAST primarily target the same national Plastic Surgery societies. Many national Plastic Surgery societies thus find themselves as members of multiple European Plastic Surgery societies with payment of multiple fees for similar initiatives and representation. This overlapping membership structure prompts questions about the efficiency and resource utilization within the field. Therefore, benefits and services in being a paying national member society have to be clearly identified to national societies to minimize the risk of duplication and these aims are in the focus of ESPRAS.




▶ **Fig. 2** Overview of the national societies united in Europe in ESPRAS.

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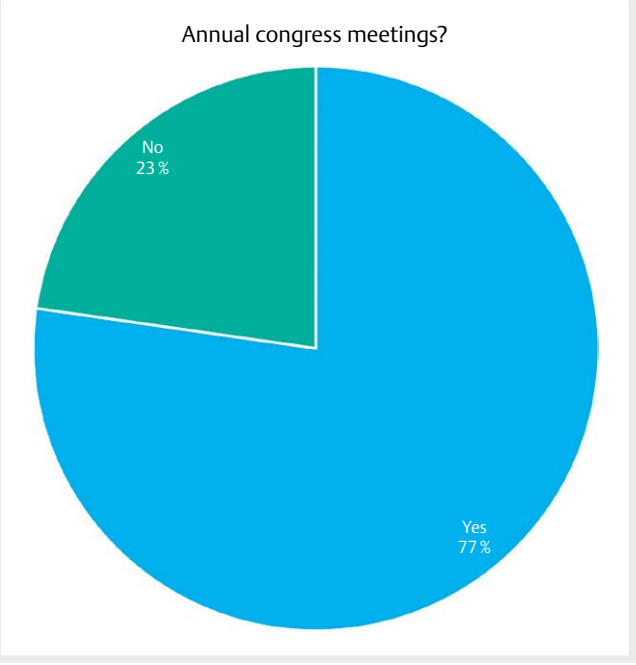

▶ **Fig. 3** Overview of the absolute member count including full and associated membership of national Plastic Surgery societies united in ESPRAS (**a**). Memberships per million inhabitants of the respective country (source: Statista.com) (**b**) (n = 22).

In addition to the large European societies, there are a number of European Plastic Surgery societies offering paid membership to individual European plastic surgeons. These societies typically have membership prerequisites and fees, resulting in relatively small membership counts comprising only a few hundred members. They often focus on specialized and high-standard mostly scientific content within the field, competing with each other for new members . Whilst serving as valuable resource for those interested in specif-

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ic aspects of Plastic Surgery, these societies may not necessarily qualify as official European representatives in the broader sense.

Official representation of European Plastic Surgeons is considered an overarching aim of the European societies in Plastic Surgery. This objective assumes heightened importance when viewed through the lens of the unique geographical and demographic context of Europe. Europe stands out with its high population density, where people inhabit relatively compact geographical areas, and multiple nations coexist in close proximity. This distinctive backdrop contributes to the comparatively modest size of many national Plastic Surgery societies in Europe, with most comprising fewer than 500 individual members (Median 182 (IQR 130–543) members). In sharp contrast, the American Society of Plastic Surgeons (ASPS) includes approximately 7000 registered members. Given this significant disparity between the continents, the imperative to forge a united European Plastic Surgery community becomes more evident. Such unity is indispensable to exert a substantial and influential voice on the international stage on both scientific and professional issues. Several societies operating on the European level risks weakening the European voice and community initiatives could become overlooked and consequently have less impact.

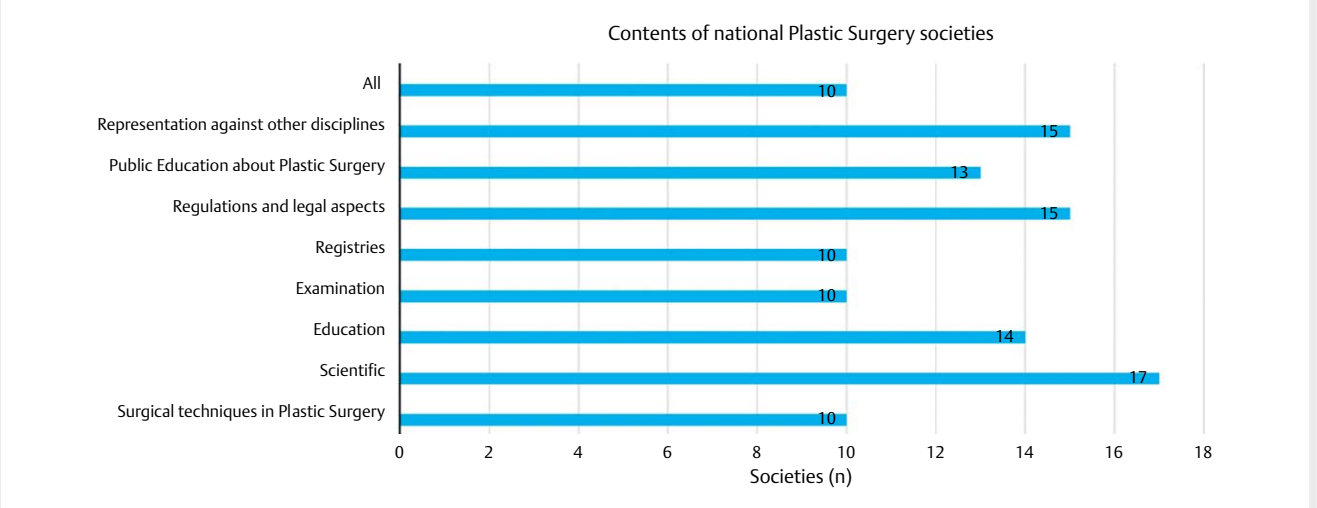



▶ **Fig. 4** Pie chart depicting the response (in %) of national Plastic Surgery societies to the question if an annual congress is held (n = 22).

Furthermore, looking at the packed European congress calendar in the field of Plastic Surgery future conjoint congresses offers the potential to streamline organizational responsibilities and alleviate the financial burden on European societies making them even more attractive. Collaborative congresses offer many synergies and the opportunity for broader engagement with a larger audience of European Plastic Surgeons, which would further encourage networking and international exchange.

Collaboration further promotes knowledge sharing through the development of joint European guidelines and fosters cooperation among Plastic Surgeons across sub-specialties, ultimately standardizing patient care, surgical practices, and scientific innovation, advancing the profession with streamlined membership processes and consolidated expertise.

Overall, the benefits of a more united European Plastic Surgery community underscore the potential of further consolidating efforts in the field. Strategies to achieve this may include enhancing strong collaboration among various European Plastic Surgery societies. These measures aim to improve coordination, minimize redundancy, optimize resource allocation, and foster a cohesive approach to common goals. In addition, a unified front of European Plastic Surgeons would significantly enhance the profession's visibility and impact regionally and globally, enabling effective advocacy and addressing critical field issues. The survey findings also emphasize the alignment in the fundamental objectives and focus




▶ **Fig. 5** Contents of the national societies (n = 22).

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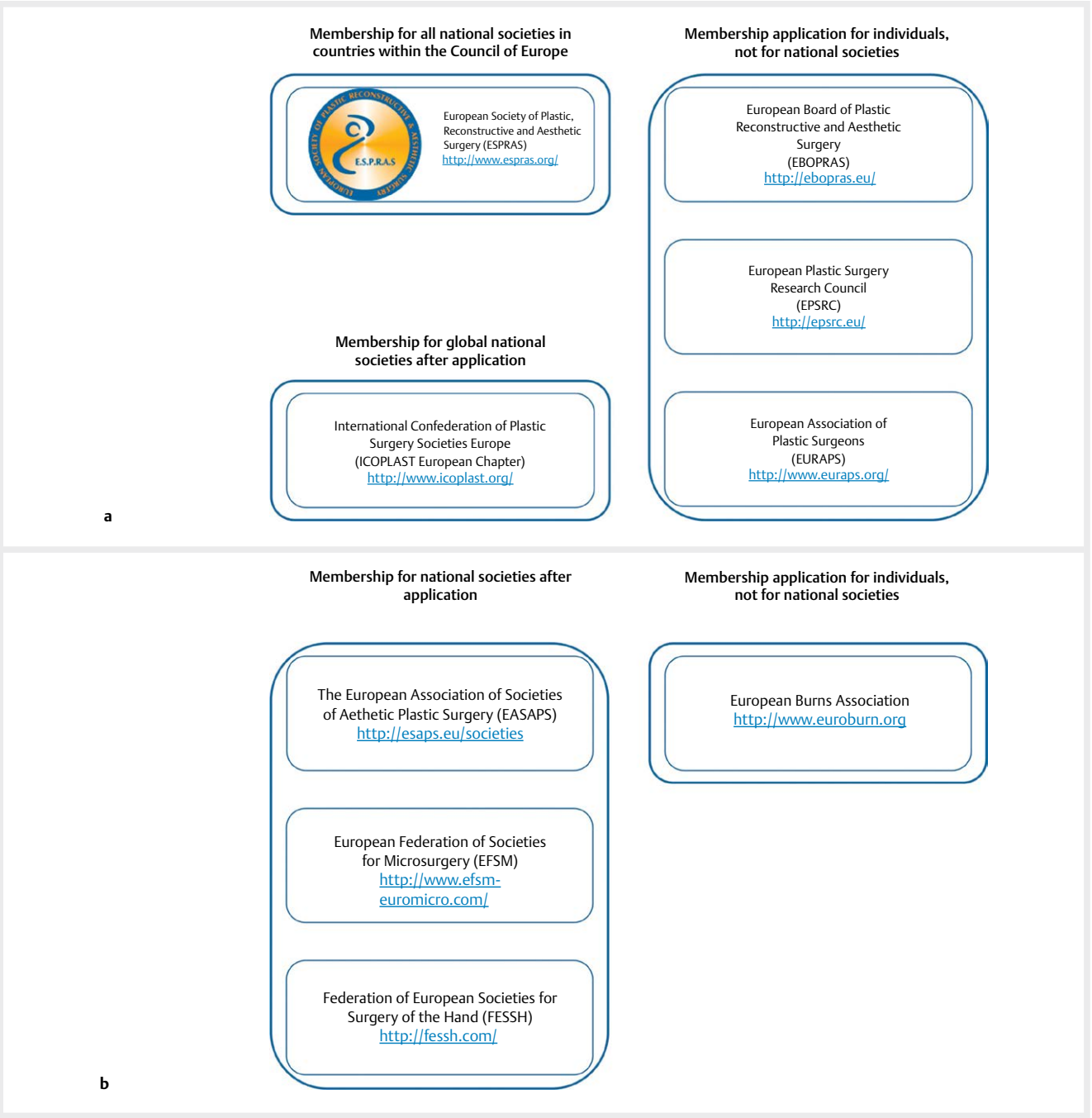
▶ **Table 1** Overview of the European Plastic Surgery and subspecialty societies, including their membership prerequisites, membership count, official journal, and congress frequency. NDA = No data available.

| Societies | Membership Prerequisites | Congress cycle | Official Journal | Members |
|---|---|---|---|---|
| The European Association of Societies of Aesthetic Plastic Surgery (EASAPS) | National Plastic Surgery Society with an interest in Aesthetic Plastic Surgery<br>Only officially registered Board certified Plastic Surgeons as members<br>Located in geographical Europe | Biennial | Aesthetic Plastic Surgery (APS) | 32 National Societies with a special interest in Aesthetic Plastic Surgery (ca. 2400 individuals) |
| European Federation of Societies for Microsurgery (EFSM) | Application for Membership as National Society | Biennial | Journal of Reconstructive Microsurgery (JRM) | 11 National Societies for Microsurgery |
| European Society of Plastic, Reconstructive and Aesthetic Surgery (ESPRAS) | Officially registered Board certified Plastic Surgeon<br>National Plastic Surgery Society membership in Europe | Quadrennial | European Journal of Plastic Surgery, Handchirurgie, Mikrochirurgie, Plastische Chirurgie (HAMIPLA) and Turkish Journal of Plastic Surgery | 40 National Societies for plastic surgery (>7000 individuals) |
| International Confederation of Plastic Surgery Societies Europe (ICOPLAST European Chapter) | Application for Membership as National Society | Annual | Plastic and Reconstructive Surgery Global Open (PRS GO) | 28 National Societies for plastic surgery (in Europe) |
| Federation of European Societies for Surgery of the Hand (FESSH) | Application for Membership as National Society by the WHO Europe definition and individual membership.<br>Representative society of hand surgery in their country | Annual | Journal of Hand Surgery (European Volume) | 29 National Societies for surgery of the hand |
| European Plastic Surgery Research Council (EPSRC) | Application for Membership as qualified Plastic Surgeons who have completed an approved residency in Plastic Surgery | Annual | Plastic and Reconstructive Surgery Global Open (PRS GO) | 211 individual members (2014) |
| European Board of Plastic Reconstructive and Aesthetic Surgery (EBOPRAS) | Specialist in Plastic Surgery registered by the relevant national authority in a UEMS (associate) member country<br>EBOPRAS exam<br>Application for Membership<br>Completed an approved residency in Plastic Surgery<br>Membership in the National Plastic Surgical Society | | - | 1640 fellows |
| European Association of Plastic Surgeons (EURAPS) | | Annual | Journal of Plastic, Reconstructive and Aesthetic Surgery (JPRAS) | 172 active members,<br>7 associated members,<br>71 senior members,<br>13 corresponding members,<br>5 honorary members |
| European Burns Association (EBA) | Application for membership is open to all persons who are professionally involved in the care of burn patients. Individual and group memberships are possible | Annual | European Burn Journal (EBJ) | NDA |

areas of national Plastic Surgery societies, providing a strong foundation for successful collaborations. However, careful consideration and open dialogue are crucial when approaching the harmonization of European Plastic Surgery societies to ensure appropriate consideration of their unique circumstances and goals.

Due to its position as a society including all European national societies, ESPRAS holds a unique responsibility for European interaction and will continue its efforts to engage with other European Plastic Surgery societies, promoting teamwork and symbiosis. The European Leadership Forum (ELF) composed of national delegates from every European country and delegates from other European Plastic Surgery societies will continue to serve as a valuable platform for fostering collaboration and coordination among the national and European Plastic Surgery societies. The physical gathering held in Munich in 2023 marked a significant step towards a more connected and cohesive European Plastic Surgery community. The continuation of ELF meetings, both virtual and in-person, provides an ongoing opportunity to address pressing issues, share best practices, and work collectively towards the advancement of the practice of Plastic Surgery. The next ELF meeting is scheduled for autumn 2024 in Paris and will focus on these relevant issues. Furthermore, ESPRAS surveys will continue to serve as a valuable resource for societies to understand the European landscape, make informed

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▶ **Fig. 6** **a**: Overview on membership access in European societies (with abbreviations and home page links) in Plastic, Reconstructive and Aesthetic Surgery. ESPRAS includes all member Plastic Surgeons of recognized national societies for Plastic Surgery in countries within the council of Europe (n = 46). ICOPLAST accepts national societies and their members after application. UEMS, EPSRC and EURAPS are individual member societies, which accept individuals after an individual application process. **b**: Overview on membership access in European societies (with abbreviations and home page links) in subspecialties of Plastic, Reconstructive and Aesthetic surgery such as Aesthetic Plastic Surgery (EASAPS), Burn Medicine (EBA), Microsurgery (EFSM) and Hand Surgery (FESSH). National societies in the subspecialty are member of the European society (left). Individuals are members of the EBA. Some European Societies are interdisciplinary societies and open to other specialists than Plastic Surgeons (FESSH, EBA).

decisions about their policies, strategies, and priorities providing empirical insights that can guide effective planning.

Although this ESPRAS survey represents the biggest societies in Plastic Surgery with over 7500 Board certified Plastic Surgeons limitations include the incomplete sample size since 19 national - mostly smaller national societies - and 3 European Plastic Surgery societies did not participate in the survey. Furthermore, there is potential for bias due to self-reporting of each society. However the vast majority of non-responders were smaller countries where there is a very limited or no national society and a majority of isolated individual surgeons. All of the larger nations responded representing over 7500 European Plastic Surgeons and this has the potential to be a great force for the benefit of our specialty and especially our patients. Surgeons in isolated practice are more

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vulnerable to mishaps and negligence claims, regulatory issues and coercive behaviour by employing authorities and commercial interests. Being engaged and part of a community is a very effective way of staying up to date and contributing to the further development of Plastic Surgery when sharing challenges related to clinical cases and individual professional practice. There is also much greater strength in numbers when dealing with employing authorities and purchasers and in preserving the status of Plastic Surgery as an arbiter of best practice in all areas of Reconstructive and Aesthetic Surgery which are otherwise very vulnerable to being subverted by colleagues in other specialties where the focus tends to be anatomical rather than the holistic care of the patient which is a fundamental component of good Plastic Surgery practice. ESPRAS has the potential to add weight to the voice of national societies within their home country and if sufficiently inclusive can influence policy at European level as a voice for the European Plastic Surgery community.

Historically there has been a perception that because the organisation is being run by an elite (Presidents et al. from national and international societies ) that the 'normal' Plastic Surgeon who is frequently non assertive has nothing to contribute. ESPRAS is inclusive and intends to be recognised as a source of common sense and safe practice in European Plastic Surgery. Extended ExCo Committees open to all colleagues in 8 areas of development for ESPRAS are being established and it is hoped that this will assist the long term development of ESPRAS and our future leadership [4].

Good communication is paramount and is being developed through effective use of social media (#ESPRAS_Europe) and our website plus collaboration with national and international societies including contributions to national meetings and educational programmes. ESPRAS intends to be be the forum for the European Plastic Surgery Community recognising that there is great diversity and wide variation in culture across Europe which needs to be respected if it is to succeed in its long term aim of being a voice for all whilst acting as a signpost to individuals who are seeking to develop in particular areas. The use of social media and WhatsApp as part of the European Leadership Forum has already resulted in an international resource to achieve consensus views and to provide support to colleagues seeking to develop national practice by for example establishing a national breast implant registry.

## Conclusion

In conclusion, this ESPRAS survey provides valuable insights into the organizational structures, membership requirements, and challenges faced by national and European societies in the field of Plastic Surgery and its associated sub-specialties. It underscores the need for ongoing collaboration and coordination to ensure the growth and advancement of the profession, ultimately benefiting both practitioners and patients. The European Leadership Forum (ELF) and ESPRAS stand as crucial mechanisms for achieving these goals, and future efforts should focus on further strengthening these platforms to continue to improve the international cooperation between Plastic Surgeons on a European level.

## Conflict of Interest

The authors declare that they have no conflict of interest.

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**Notice**
This article was changed according to the erratum on April 25, 2024.

**Erratum**
Im oben genannten Artikel wurde ein Autorenname korrigiert. Korrekt ist: Pericles Foroglou

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