

## Honorary Secretary Newsletter April 2023

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### Society news

#### Transparency and Inclusivity

- Vote for the Society's President
- Valuing Associate members

#### NHS industrial action

- Industrial action survey results (*all members*)

#### Retirement and Retention

- Retirement intention survey (*ordinary members*)
- Pension taxation changes

#### GIRFT Vascular lead role advertisement

#### National Clinical Impact Awards (NCIAs)

#### 'Net Zero' Vascular Surgery

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### Society news

In the Southwest spring is here at last, with lighter evenings and daffodils in full bloom. This has extended to some long-awaited sunshine, mixed with showers, over the Easter weekend. This is much needed, after a winter with consistently high numbers of vascular inpatients and the impact of the nurses, ambulance, and then junior doctor industrial action (IA).



In addition to pay restoration, **industrial action** has focussed on NHS recruitment and retention and the impact of vacancies on patient safety. Workforce concerns are a focus for the VS Council. Prof Ciaran McDonnell and the Workforce Committee are aiming to improve working conditions by the eradication of **bullying, undermining and harassment** for UK and Ireland vascular surgical practice. Sexism in surgery was highlighted just this weekend in The Times ([Sexist surgeons face their MeToo moment \(thetimes.co.uk\)](https://www.thetimes.co.uk)). Fiona Myint is quoted in the times article as stating that, "more than 50 per cent" of female surgeons had experienced harassment or abuse.

Council will pilot a face-to-face BUH Training Day developed by the Workforce Committee jointly with the RCS Ed. in Newcastle on 4<sup>th</sup> May.

Paddy Coughlin and the Education Committee are producing an **undergraduate book on vascular disease**. This work is supported by the Rouleaux Club. It will be distributed for free and is aimed to raise the profile of vascular surgery, as well as educating on vascular disease.

We are delighted that the number of UK **National Training Numbers** (NTNs) for vascular surgery has increased for 2023. National Selection (ST3), again independent from general surgery, took place remotely on Monday 3<sup>rd</sup> April.

Mr Hunt's recent budget has gone some way to address Consultant **pension taxation** concerns. Pension taxation changes, alongside greater flexibility in pension arrangements for consultants approaching retirement who decide to continue to work, may impact on the concerning rate of planned retirement from UK vascular surgical practice. Concerns raised around consultants feeling undervalued by their Trusts, 'intense' on call commitments, and being stressed due to lack of facilities within their organisations are other issues influencing decisions to retire that remain to be addressed. An ASM session on the Friday morning will address these issues, with the opportunity to interact with and question the panel. Vascular Network **clinical leads** are specifically encouraged to attend this session.

Arun Pherwani, the Audit and Quality Improvement Committee Chair, and the NVR team at RCS Eng. have been kept busy with changes to the National Vascular Registry (NVR). The NVR has been recommissioned by HQIP for the next three years, but with one significant change, the move of medical device data collection into a wider NHS programme, the NHS England **National Medical Device Outcome Registry**. Vascular surgery is an exemplar service for the collection of aortic medical device data. Arun Pherwani and Jon Boyle are working closely with NHSE to ensure successful implementation of these changes. You will see changes to the NVR website interface as it moves to a new Northgate platform to enable this update.

Data on your elective procedures will soon be available for you to view on the **National Consultant Information Programme** (NCIP). Members of Council have been trialling the aortic, carotid and venous datasets. The NCIP interface is impressive, allowing data to be viewed easily and clearly in comparison to both your units and national figures. Reports can be downloaded for use in annual appraisal (this data is not published externally). The NCIP trial has exposed the weaknesses in routinely collected Hospital Episode Statistic (HES) data, specifically for intra-operative procedural coding and the attribution of a procedure to the correct Consultant.

HEE money from the Covid-19 recovery fund is being put to good use by Paddy Coughlin and the Education Committee to run **ASPIRE** courses. Council is hugely grateful to the ASPIRE Course leads, who now also sit as co-opted members on the Education Committee.

The Education Committee is also supporting Affiliate members of the Society who wish to enter a **CESR application** to recognise their training join the Specialist register.

The Research Committee's engagement activity has been extended this year with the launch of the **Vascular Research UK** website ([www.vascular-research.co.uk](http://www.vascular-research.co.uk)).

Joe Norton has been appointed as a new CF Fellow in Scotland (Joint VS/RCSP Glasgow) to replace Fiona Kerry. Two CF Fellows will soon be appointed in England (Joint VS/RCS Eng.). The Society is delighted that Prof Matt Bown, Chair of the Research Committee, has been appointed **BHF Professor of Vascular Surgery** at the University of Leicester.

The **JVSGBI** continues to publish high quality articles and linked editorials. JVSGBI has published the abstract book from the VS ASM, <https://jvsgbi.com/wp-content/uploads/2023/02/VSASM-Abstract-Book-2022.pdf>. JVSGBI will be applying for **PubMed status** in 2023 after a full year of publishing.

Plans are coming together for the 2023 ASM which will be held from 22<sup>nd</sup> to 24<sup>th</sup> November at the Conference Centre in Dublin. I hope to see many of you at the ASM in Dublin!



This week is likely to be an onerous one for those of us working in hospitals without their junior doctors. I know how much junior doctors look to consultants for support, and equally how much Consultants will miss their trainees. This is a challenging time for the NHS in England; the sooner meaningful negotiations start with the Government, the better for patients. Please contact me or a local VS Council member with any concerns or learning that you wish to share during the industrial action.

The VS is a strong and well-respected advocate for vascular specialists. The Society has representation with the UK Surgical Royal Colleges (via the FSSA and RCS Eng. and RCS Ed. Councils), on the NHSE Vascular Clinical Reference Group (CRG), and soon again through GIRFT. If you have not recently renewed your Society membership, please do so now, so that we can effectively represent your needs, and those of people with vascular disease.

Handwritten signature of Marcus Brooks.

Marcus Brooks  
Honorary Secretary

## 1. Transparency and Inclusivity

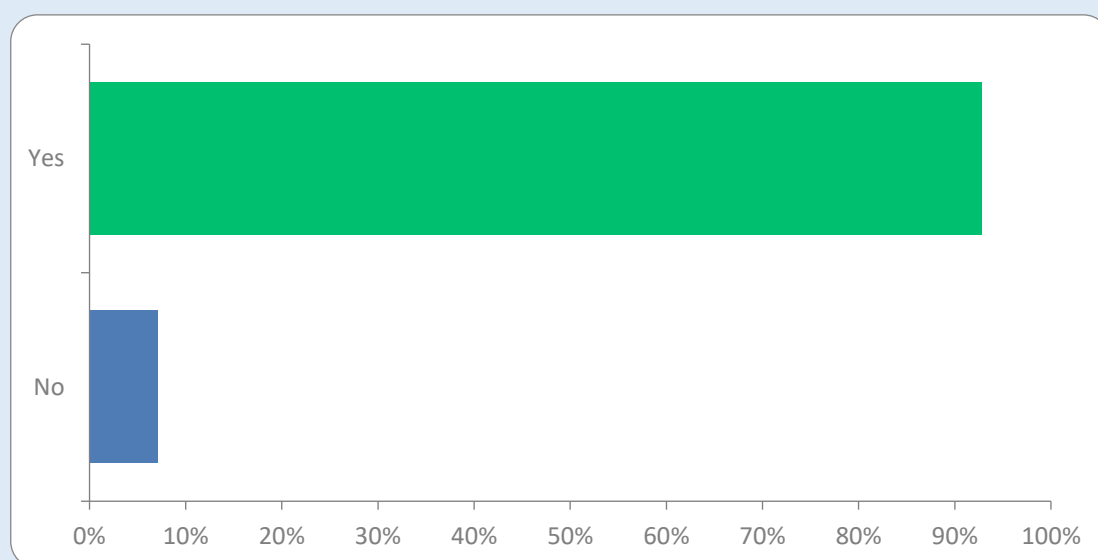
Council is committed to a Society that is representative of the needs and aspirations of all vascular specialists. We recognise that this means listening, both to current members but also to consultants and trainees who have chosen not to become members or have let their membership lapse. Only if we represent all vascular specialists will we be able to lead the speciality effectively.

This is especially important at a time of industrial action, workforce concerns, and training issues (specifically access to open aortic surgery training and impact of IA and Covid-19 on training). In England, we also have the significant change to commissioning of vascular services from NHSE Specialised Services to regional NHS Integrated Care Boards (ICBs).

### 1.1 Voting for the Society's President

Thank you to all members who voted on the Council's proposal for a change to the ballot for the Society's President. This online vote received a response from 224 Ordinary members out of a total of 394 Ordinary members eligible to vote, a 56% response rate.

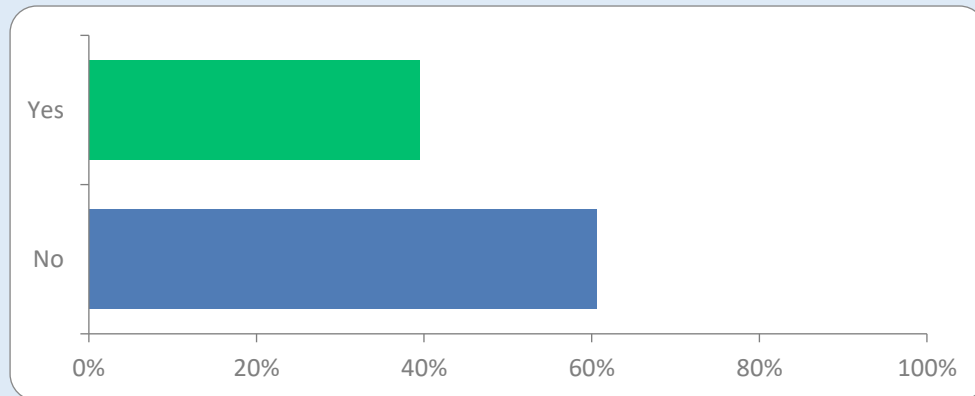
**Q1: {RESOLUTION 2 – AGM 2022} Do you support the election of eligible, nominated, and seconded Presidential candidates by a ballot of Ordinary members from 2023?**



**(No change to the eligibility or nomination process. Ballot of Ordinary members replaces ballot of elected Council members. A vote 'Yes' is in support of the Council's 2022 AGM resolution to change this process.)**

**Q2: The Society's President should be voted for by the entire active Society membership which includes Associate (SAS Doctors and Non-Vascular Consultants), Affiliate members (trainees) and Overseas members in addition to Ordinary members.**

**\*\* this change would require amendments to the Society's Articles of Association and would require ratification at the 2023 AGM.**



This result is 208/16 (93% of Ordinary members) in favour of passing this motion. The Society will therefore hold votes, run alongside the election of new Council members, for the Society's future Presidents.

Council considered carefully the concerns raised at the AGM 2022 regarding this change and these were shared with members. Council is delighted that there is a clear mandate for change, this will provide greater transparency over the Presidential vote and aligns our election processes with other UK Professional Surgical Societies.

There is also strong minority support (88/135, 39% of full members) to open voting for the President wider than just Ordinary members. Such a change would require amendment of the Society's Articles of Association as currently only Ordinary members are eligible for election to Council, Committee Chair roles and Executive positions. No change in this respect is proposed by Council at the current time.

### ***1.2 Valuing Associate Members***

The appointment of Ibrahim Enemosah and Tatiana Martin as representatives for Speciality and specialist (SAS) doctors and Trust employed doctors on Council has highlighted how little the Society has engaged with these professional groups in the past. Their tireless work has resulted in a better understanding within the Council of the needs of these doctors when developing VS policy and delivering education and training. This has resulted in access to ASPIRE courses and help with the CESR process for some. If you are in this group or have SAS/Trust specialists working with you, then please encourage them to contact Ibrahim or Tatiana if they have not done so already.

## 2. NHS Industrial Action (England)

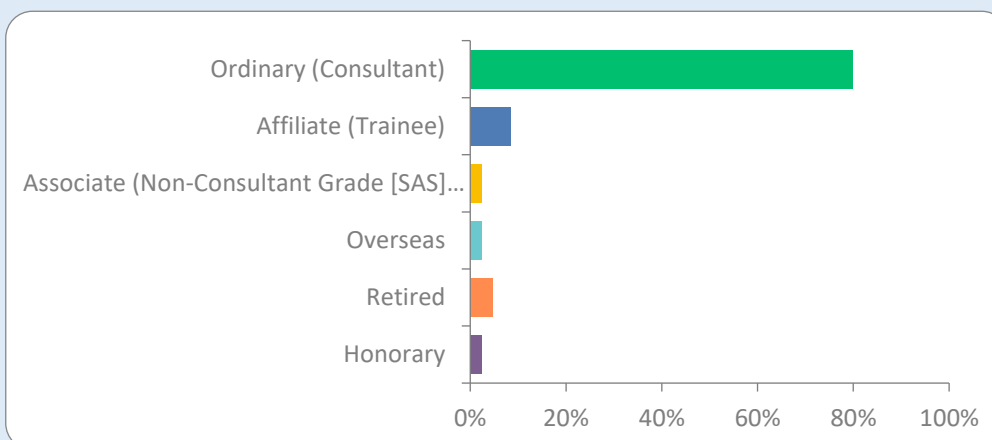
This week we have four days of industrial action (IA) by the Junior Doctors in England. This effectively means that the NHS in England will be delivering an 'urgent' and 'emergency' service for a ten-day period with most 'elective' activity cancelled. We know that as in the last IA, Consultants have stepped up to ensure patient safety, and to maintain patient flow. This has highlighted the day-to-day work of trainees, including how frustrating it can be to do even simple tasks, not helped by the design of NHS IT systems in current use.

This is a situation which needs resolving, in the words of the Chief Executive of NHS Providers, Sir Julian Hartley, "**It's clear from our extensive dialogue with Trust leaders that we are in uncharted territory. We need a solution to prevent further strikes and we need it now.**"

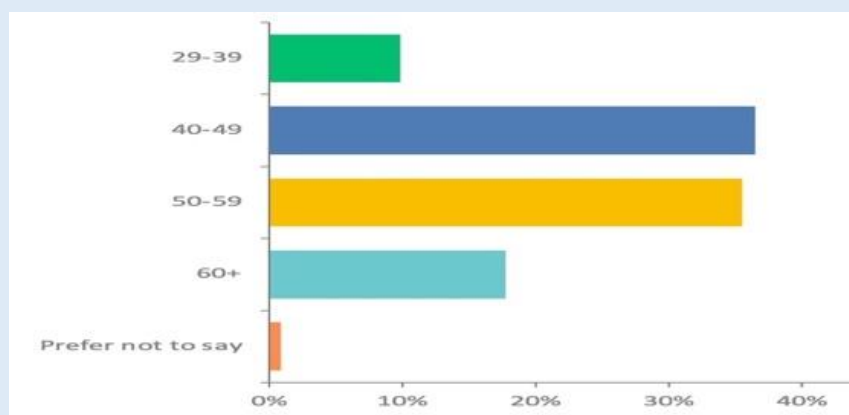
In February, Council asked members their views on NHS Industrial Action:

### Vascular Society Industrial Action Survey 2023

214 responses were received (80% Ordinary, 8% Affiliate and 2% Associate members).



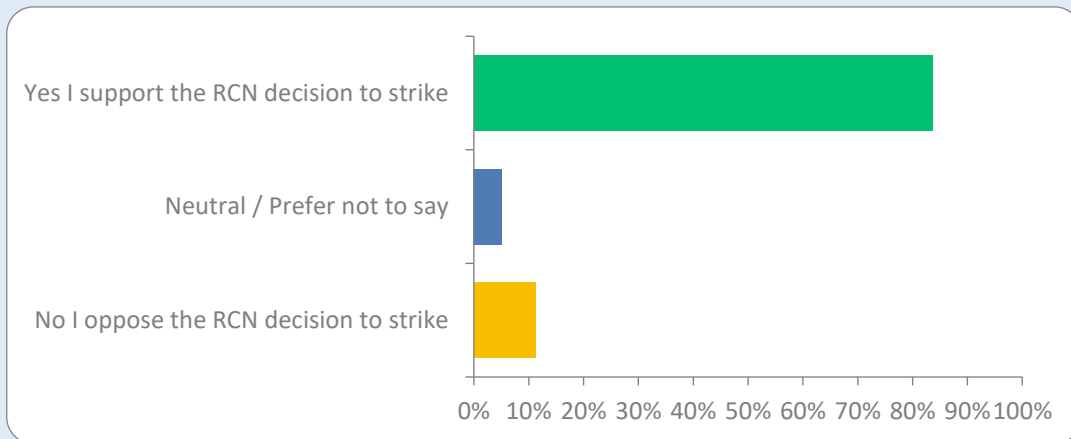
Eighty eight percent of responders work in England (NI 1.4%, Ireland 2.3%, Scotland 4.2%, Wales 0.4% and Overseas 3.7%). The age profile of responders is shown below:



#### Q4: Royal College of Nursing (RCN) Strike Action

Up to 100,000 nursing staff are taking part in strikes in England, Northern Ireland and Wales, in objection to years of real terms pay cuts and concerns over patient safety.

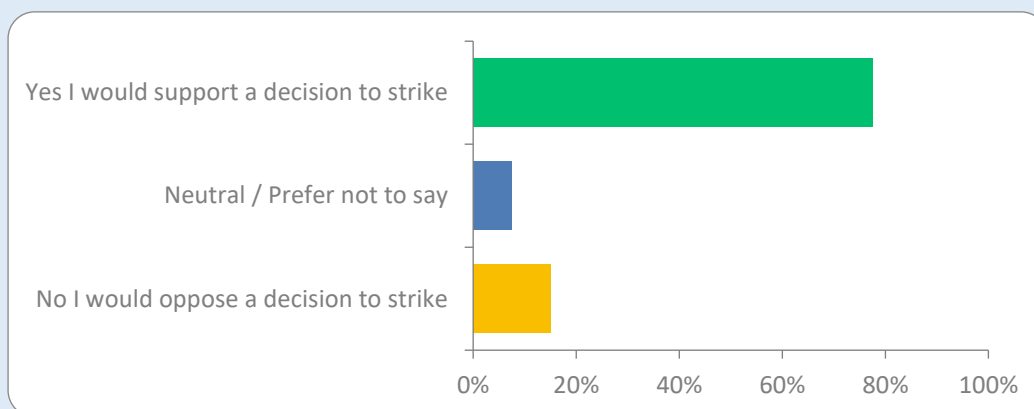
Do you back nurses strike action by the RCN with the aims for fair pay and to raise concerns over patient safety?



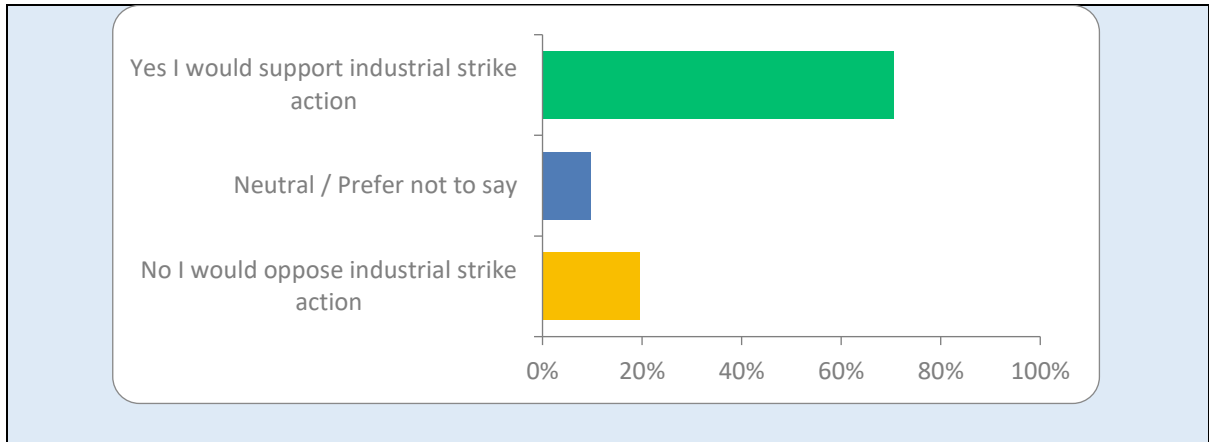
#### Q5: British Medical Association (BMA) Junior Doctors Strike Action.

The British Medical Association (BMA) aims in balloting junior doctors for strike action are:- To achieve full pay restoration to reverse the decline in pay since 2008/9- To agree on a mechanism with the Government to prevent any future declines in pay- To reform the Doctors' and Dentists' Review Body process so pay increases can be recommended independently and fairly to safeguard recruitment and retention.

Do you back junior doctors strike action by the BMA with the aims to achieve pay restoration to equivalent of 2008/9 levels, agree a mechanism for future pay reviews and to safeguard recruitment and retention?



#### Q6: Do you back Consultant strike action by the BMA over cuts to consultants' pay and the failure to address the pension crisis?



The 'Word Clouds' below give an indication of the key themes informing member's responses to the nurses and junior doctors strikes:



**RCN Industrial action in England**



**BMA Junior Doctors Industrial Action**

Members also feedback the key themes that will inform their response to the BMA ballot of consultants on strike action (conducted prior to recent pension changes):





### 3. Recruitment and Retention

#### **Members survey (Ordinary members)**

The Vascular Society's Retirement Intentions survey was circulated to Ordinary members during December 2022. The survey received responses from 188 Ordinary members.

Most responses were from vascular surgeons based in England.

#### **Retirement and Retention Survey 2022**

50% of responders stated that they plan to retire during the **next few years**. 65% are intending to retire earlier than expected, may consider 'retire and return'. Some responders would consider changing their retirement plans if there was a revision to their pension.

The top reasons, other than pension taxation, for intending to retire early are:

- Feeling undervalued
- On call commitments
- Being stressed due to lack of facilities within their organisations.

Rachel Bell, commenting on the survey results, said, "**if the results of the survey are a true reflection of the workforce, then this will have a huge impact on the NHS**".

The results have been shared with the FSSA to add to those collected by other surgical professional societies to give a broader picture of retirement intentions across UK surgery.

#### **Pension taxation**

Pension taxation was reported as a significant factor in member's retirement plans. Since the survey, this situation has changed. First, steps have been taken by the Government to provide greater flexibility in how the NHS pension can be taken to give doctors an alternative to 'retire and return':

- If you are a member with 1995 Section benefits from **1 April 2023** you will be able to return to NHS employment after retirement if you wish and build up further pension benefits in the 2015 Scheme.
- From **1 October 2023**, members of the 1995 Section will also be able to take partial retirement, meaning you can take some or all your pension without having to leave your job.

<https://www.nhsbsa.nhs.uk/member-hub/your-options-flexible-retirement>

Second, in the Government's Spring budget changes were made to the **Annual Allowance** and the **Lifetime Allowance** charge was removed, before completely abolishing it in a future

Finance Bill. The Annual Allowance, the maximum amount of tax-free growth an individual's pension can grow by in one year, will rise from £40,000 to £60,000 from 1<sup>st</sup> April 2023, which the government calculates will remove this charge for over 80% of NHS doctors.

The Society plans to provide access to general pension advice to members via a Webinar and/or session at the ASM. This will be aimed both at senior doctors, most immediately affected by pension taxation changes, but also more junior consultants who should also be planning for the longer term to ensure that they are properly remunerated.

*The Society must stress that any general advice given does not replace individual financial advice tailored to member's circumstances from a regulated financial advisor.*

The Workforce Committee and Executive Committee have focussed on recruitment and retention to ensure that the UK and Ireland's vascular workforce is sufficient for the ever-rising population need. We have seen expansion in the number of NTN's for vascular surgery in 2023. We are supporting trainees who wish to enter onto the Specialist Register via the CESR route. We are keen to support senior doctors to stay in work with advice around on call commitments and pension support; their experience is invaluable in supporting younger colleagues through mentorship, in the operating theatre, in multidisciplinary meetings (MDMs) and as they develop their careers.

#### **4. GIRFT Vascular Lead Advert**

The relationship between GIRFT and NHS England has changed since Prof. Mike Horrocks retired from the role of Vascular GIRFT Lead. For a time, it has looked as if this important vascular lead role would not be reappointed. GIRFT has now confirmed that a lead appointment will be made soon and that this will be advertised through the VS.

**If you are interested in taking on this role for vascular surgery, then look out for an advert from GIRFT circulated via the VS later this month.**

#### **5. National Clinical Impact Awards for England and Wales**

Selective ranking and citations by Professional Societies has been removed from the NCIA process for 2023. This means that the role of the VS for members is to provide general advice on NCIA applications. The window for applications closes at **5pm on 5 May 2023**.

[Applicants' guide: 2023 awards round - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

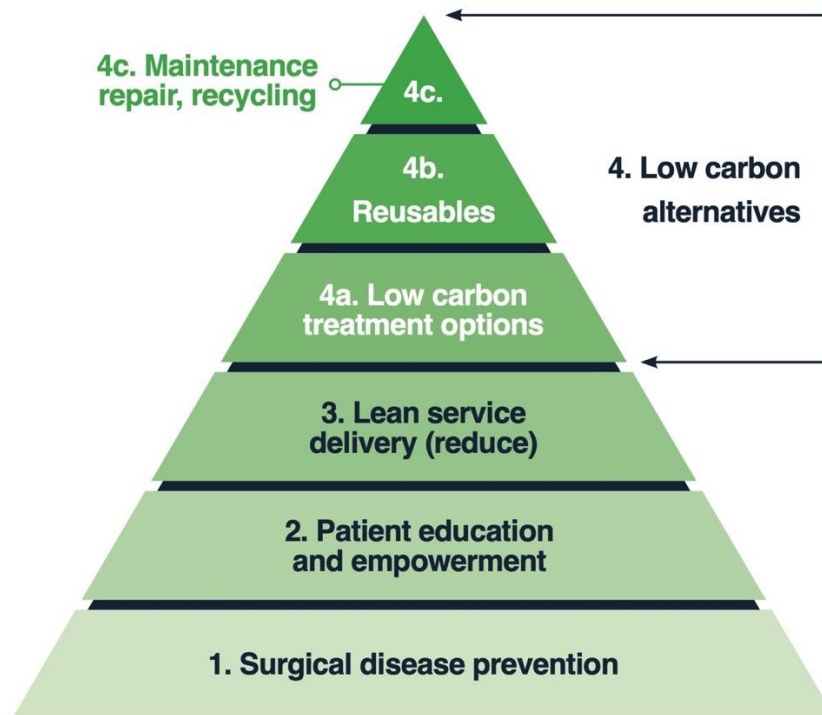
## 6. Net zero vascular surgery

### UK Health Alliance on Climate Change: Green Surgery Project

The NHS, alongside all healthcare organisations, must respond to the health emergency that climate change brings. More intense storms and floods, more frequent heatwaves, and the spread of infectious disease all threaten to undermine health gains. Action to tackle climate change also reduces the burden of disease from air pollution, obesity, and poor diet whilst directly addressing health inequalities.

Andrew Garnham, President Elect, is coordinating the Society's response to climate change and looking at ways in which we can move towards being a 'Net Zero' surgical speciality.

We are grateful to Becky Sandford, Consultant at Guy's and St Thomas' NHS Foundation Trust, for her work to date in this area.



Sustainability in Healthcare (from the [Intercollegiate Green Theatre Checklist](#))