

**The Vascular Society of Great Britain & Ireland
Minutes of the Annual General Meeting
22nd November 2017, MCCC, Manchester**

1. APOLOGIES FOR ABSENCE

Mike Wyatt, Gareth Griffiths, John Quarmby, Charles McCollum, Stan Silverman, Thomas Schmitz-Rixen.

2. MINUTES OF PREVIOUS MEETING

Minutes from the 2016 AGM were signed off as a true record of the meeting.

3. MATTERS ARISING FROM THE MINUTES

All dealt with.

4. PRESIDENT'S REPORT – PROFESSOR ROB SAYERS

Next 3 presidents are Kevin Varty (2018) ASM in Glasgow, Ian Loftus (2019) Manchester and Chris Imray (2020) TBC by ASM committee.

Sophie Renton is the new secretary and Andy Garnham is the treasurer. Chairs of the Circulation Foundation, Education and the Audit committee are Mike Jenkins, Ian Chetter (also SSL) and Jon Boyle respectively.

2 new working groups have been set up to deal with Bullying and Communications Challenges going forward-need to think about our relationship with the BSIR. May decide to survey the membership if further input is required.

NVR will continue as funding has been secured but the challenge going forward is how this will be funded in future.

Relationship with the FSSA should improve. RCSEng is now being rebuilt so space on the agenda for more pressing problems.

Denis Harkin has launched his Workforce survey so would encourage all to participate in this.

Issues around commissioning are the NVR report, GIRFT, 7 day service and the derogation map of where units are in England. Kevin Varty (on behalf of the VS) and Rob (on behalf of the CRG) have meetings in December. **KV will report back.**

Q: What is the current level of distance with the BSIR? Need a plan of how we see things working in the course of 5-10 years.

A: Impass came from the VS reluctance to sign up to a joint statement. Lots of good areas of joint working. Future will probably be a hybrid model-lots of area of good practice. Up to the Society to say what level of relationship to continue with. Urge to keep talking. Driven by GMC curriculum who will take a dim view if the relationship fails as will the RCS.

Q: Wider diversity on Council, how to address this?

A: Perfectly reasonable to lobby. Looked at representation from devolved nations but voted out at Council. Can slant adverts for particular groups. New administration will take this on board.

Q: Set up a working group for dialogue with the Interventional Radiologists?

A: Already have an unofficial group. Met with them with no agenda. Plans to meet again for further dialogue.

Q: Further centralisation-what is the Council view how much further this needs to go to be sustainable?

A: No Council view at present as this is in its infancy. NHS England view is that the deficit is £4 billion and apart from GIRFT no plan on how to deal with this. Concerned about some of the issues raised in the NVR report, complete lack of 7 day service, implications for Vascular GIRFT report and derogation map. Plan called 'Action on Vascular' and wish to get both the CRG and Society's view as to what to do about the 3 reports and whether that leads to further change. Meetings taking place soon.

Q: Like to support view of continuing interaction with the BSIR.

A: KJ went to BSIR Council meeting and it was not hostile. They suffer from the fact that they have no structure to support their trainees. They are keen to engage with NVR.

5. HONORARY SECRETARY'S REPORT –Ms SOPHIE RENTON

Clear succession for president. Recent election to Council had 12 candidates and 54% of members voted. Successful candidates are *Ciaran McDonnell, S.Waquar Yusuf and Marcus Brooks*.

Congratulations to David Wilkinson in Bradford who was awarded an MBE.

Sad responsibility to report on the death of 2 former VS presidents: David Tibbs, a founder member, who was president in 1979 and John Shoemsmith who was an early proponent of vascular surgery and was president in 1983.

A minutes silence was held.

6. HONORARY TREASURERS REPORT – MR ANDREW GRANHAM

Robust accounts of which details are available in the yearbook. Professional management system in place-standardising our annual subscription has brought in an extra £30k. £17k of this was from subscriptions that we were struggling to collect.

No longer have any pension debits and have increased our reserves. We would like an operating reserve of £500k so we could survive 2 years and are nearly at this level.

Subscriptions will not be increased this year.

Have set up the collection of Gift Aid. This has brought in approx. £1000 from a small number of donors to CF. This year we will enact our opt-out contribution of £50 donation to the CF which was agreed at last year's AGM. If anyone wants to contribute more than £50 p.a. please advise Carron by emailing admin@vascularsociety.org.uk. To opt-out you can do this again by emailing Carron. This will appear in with your March renewal subscription. However if everyone contributed the Gift Aid alone on this would raise a potential £7600 p.a.

The Circulation Foundation is in a much healthier place-not entirely existing on the contributions from a single donor. Looking at balance of expenditure the CF have brought in £46k.

Q: there are people who already donate more than £50 p.a. Do they tick opt-out box.

A: Carron has a list of current donors so they will be opted out automatically.

7. AUDIT & QUALITY IMPROVEMENT COMMITTEE REPORT – PROFESSOR IAN LOFTUS

NVR funding has been secured for the next 3 years. The website has been completely re-designed including patient involvement. Unit info beefed up considerably. No more demands for further surgeon level information or greater detail.

NVR annual report has been published. Very detailed report with 3 years of complete NVR data (2014-2016) available on-line. Some problems with data ascertainment. We are writing to hospitals who are failing to provide data.

Plans for 2018- Jon Boyle is the new Chair-good time to relook at the NVR datasets, especially angioplasty. Continue unit level activity and outcomes data. Improve amputation and angioplasty case ascertainment.

Q: Register a mild protest at the way the data is presented particularly hiving off complex EVARS from the rest of the data as these are in fact infra renal aneurysms. Should be next to these instead of hived off. Not comparable procedures.

A: Completely agree but advise that clamp site is within the risk model of the open repair. Quite complicated in terms of the risk modelling. Outcomes now for open repair are so good that national mortality now is 2.4%. Results for the country are outstanding.

Valid point-JB will look very closely at longer term outcome data.

Q: Keep a record of deep venous stenting on NVR?

A: Totally agree-one of the things pushed for in the recommissioning process for NVR. It wasn't put in as a mandatory part of the contract but put in the new contract to explore the feasibility of collecting data on deep venous reconstruction. JB is taking this on.

Q: Stent companies to pay for their registry?

A: Has been discussed for a while. Good financial model for this-will be explored

8. EDUCATION COMMITTEE REPORT – PROFESSOR IAN CHETTER

2 portfolios of courses. The first is the strategy to provide trainees with an educational event for each year and this is the ASPIRE programme which runs every year prefixed by year of training. Established ASPIRE 3, 5 and 6. Excellent feedback. ASPIRE 7 (Preparation for Exam) will running Feb 2018, ASPIRE 4 (Essential Cadaveric Dissection with an Endovenous day attached) in May 2018 and ASPIRE 8 (Prep for Consultant Practice) in 2019. Free to trainees as these are currently funded by industry sponsorship.

ASPIRE 3 is now mandatory and may get funding from the deaneries. ASPIRE 4, 5 and 6 are supported by the Academy of Medical Colleges so could also be funded by the deaneries.

Non-ASPIRE: Amputation course: Vascular Access Course which will be running in 2018 led by Karim El Sakka.

In conversation with the SVT to develop an essential vascular ultrasound course in late 2018/early 2019.

Require faculty for ASPIRE 7 (not allowed to teach on an exam prep course if you are an FRCS Vasc examiner). Please email Ian Chetter or his PA if you this would be of interest to you.

Need participants for the amputation course and Vascular Access course so please encourage trainees to attend.

9. RESEARCH COMMITTEE REPORT – PROFESSOR CHRIS IMRAY

Research is going well. Previously depended on one donor but now diversifying. Leverage the money we have to get more money into the system. Trying to broaden the research base, develop the collaboratives and get the juniors more involved. Making sure any research is on the portfolio which brings in further money. Single most important initiative has been the appointment of the SSL (Ian Chetter). DELPHI process ongoing and the aim is to come up with approx. 6 special areas of interest each one with a couple of research projects for which we would hope to get NIHR funding. This will take a couple of years to come to fruition. In a position to advertise shortly for 2 x 1 year fellowships jointly funded by the RCSEng and the CF.

10. CIRCULATION FOUNDATION COMMITTEE – MR MICHAEL JENKINS

George Davis was unable to attend. £50 donation will come into effect at next renewal date. Gift Aid is crucial as it brings in money with no outlay. If everyone could complete the forms that were sent to them previously or if you require a new one please contact Carron at admin@vascularsociety.org.uk

SAVOO is another way to donate but although it doesn't seem much if lots of people used it as their search engine earning CF 1p a time it would mount up. Please encourage people to do this. We have set up a text donation via JustGiving. All you need to do is Text CIRC10 £5 to 70070 to donate to the Circulation Foundation.

11. PROFESSIONAL STANDARDS COMMITTEE – MR PAUL BLAIR

Quiet year for the PSC. 2 main areas of stress have been 'Reconfiguration of Services' and the tension with BSIR. Assure all that we always stick to the POVs document. The reviewers are carefully selected, they have to declare conflicts of interest and be acceptable to the service under review. Thanks to those who help with the reviews and also sympathy and thanks to those that are under review as this is never easy. Commend all involved in the process.

12. PRESIDENT ELECT'S REPORT – MR KEVIN VARTY

No business to report.

13. ANY OTHER BUSINESS

IST and run through training: Mr Mark McCarthy

Shape of Training was published in 2013 and stated that training of our core trainees was pretty poor. RCS were asked by HEE how the Shape of Training could be used within surgical training. RCS produced the Improved Surgical Training Project documents in 2015, aimed at general surgery. This is running through now and recruiting with start dates in Aug 2018. There will be 8 pilot regions in the country and approx. 30-40 posts p.a.

VS and the SAC looked at options, including going it alone but overwhelming feeling was that IST was the best option. Wrote to HEE who approved that we can be part of the IST project. We are now in the planning phase of that and will start the application process Nov 2018 with a view to starting run through training for Vascular trainees in August 2019. Important thing is that core trainees will get better training. Several working groups set up within the SAC looking at recruitment. Information coming out in the next few years with regard to this.

Date of Next Meeting
28th November 2018 Glasgow SECC