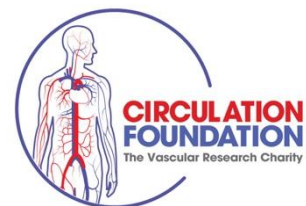




OF GREAT BRITAIN AND IRELAND

Yearbook 2024

1992-2024



Registered Charity Number 1102769

CONTENTS

Vascular Society

Your Elected Council and our Admin team (EBS)	3
President's Report	4
Honorary Secretary's Report	5
Honorary Treasurer's Report	10
<i>Charity detailed income and expenditure report</i>	11
<i>Annual General Meeting Agenda</i>	12

In Memoriam	13
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Committee reports

Education and Training Committee	19
<i>Joe Norton Surgical Sabermetrics Fellowship</i>	21
SAS/LED Representatives	22
Research Committee	23
Audit and Quality Improvement Committee	26
Workforce Committee	30
Annual Scientific Meeting Committee	31
Professional Standards Committee	35
RCS Eng. Speciality Lead in Vascular Surgery	36

Circulation Foundation	37
-------------------------------	----

Journal of the Vascular Societies of Great Britain and Ireland (JVSGBI)	45
--	----

Affiliated Societies

BACPAR	46
BSIR	47
Rouleaux Club	49
Vascular SAC	51
Society of Vascular Nurses	53
College and Society for Clinical Vascular Science	54
RSM Venous Forum	56
Society Meetings and Officers (2000-26)	57

Elected Council 2023/24



Left to Right: Front Row - , Prof. Srinivasa R Vallabhaneni , Patrick Coughlin, Anselm Egun, Prof. Ian Chetter, Keith Jones, Bridget Egan, Prof. Arun Pherwani, Prof. Ciaran McDonnell

Left to Right Back Row - Prof. Sadasivam Selvakumar, Marco Baroni, Alistair McCleary, Marcus Brooks, James McCaslin, Ian Hunter, Douglas Orr, Patrick Lintott, Prof. Colin Bicknell

Absent: Neeraj Bhasin, Kaji Sritharan and Prof. Matt Bown.

Admin team (Executive Business Support)

VS administrator	Louise Collins	admin@vascularsociety.org.uk
ASM administrator	Laura Doyle	ASM@vascularsociety.org.uk
CF administrators	Georgia Brown	info@circulationfoundation.org.uk
Accounts administrator	Shona Hunt	accounts@vascularsociety.org.uk

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<http://www.vascularsociety.org.uk>

020 7205 7150

X @VSGBI

President's Report Andrew Garnham



It has been an immense privilege to lead the Society over the last year and the role is only possible because of the diversity of talented individuals that you have elected to serve on Council. This year has seen significant work from your council across all our committees and brings a new iteration of POVS. The work of [POVS 2024](#) is to build on the work in 2021 which laid the foundations stones of what we expect of a vascular service. This year we look to the challenges we face in the future to both develop and keep our specialty at the forefront of development. This document represents the work of your whole council and others, but we must recognise that without Marcus Brooks bring it all together as your secretary it would not have been possible.

I hope you will read all the reports that outline the work that each of the committees have been doing on your behalf and that you also enjoy the new website that we have also launched this year, which I hope you will find more interactive. We have had challenging discussions this year around how we recruit and maintain our workforce knowing that we need to recruit more young doctors to our specialty and increase the numbers we train. The work force committee has worked hard to engage with all vascular surgeons around their career plans so we could build our workforce model. This has enabled discussion and delivery of expended training numbers.

The education committee this year has delivered on a [book](#) for medical students and foundation doctors to encourage them to come and train with us as a specialty. I am also delighted that the [ASPIRE](#) program has expanded to include an offering to support our consultants in their early years of practice. I have great pride in our specialty when I attend meetings with the other specialty associations and colleges where this program is held up as an exemplar of medical education.

We have seen challenging discussion this year around how we develop our multiprofessional workforce and we have worked with our trainees and allied societies to look at how we can best develop all member of our multi professional teams.

Again, this year we have seen an excellent report from our colleagues working with the NVR (<https://www.vsqip.org.uk>) and we need to meet the challenges of integrating all our data with NCIP and devices to focus our services around getting the best outcomes for our patients. I am sure we were all sad to see Dennis Harkin have to demit before he could start, and he has served us very well with our workforce development. We all I'm sure wish him well and I need to thank Arun Pherwani for taking on an additional year in the role at a turbulent time.

The research committee has worked to develop a program across areas of practice to support our research priorities (<https://www.vascular-research.co.uk>). We now as a vascular community need to support them by coming together to support this program of work and recruit patients to answer these important questions. If we work with them, we can establish what is the very best care for our patients.

Finally, I look forward to meeting you at the ASM in Brighton where we will be considering not just the latest science but how we can deliver a sustainable service and build the best teams to treat vascular patients.



X @GarnhamAndy

Honorary Secretary's Report

Marcus Brooks



Council deliberations this year has been dominated by the roles for Physician Associates (PAs) within vascular surgery. There are strongly held views on the appropriateness of the PA role and the impact the NHS Long term plan has had in recommending the rapid expansion of PA numbers with no frameworks in place for regulation or post-graduate training. The burden of supervision and training of PAs sitting with supervising consultants. This creates a model open to abuse, with concern that PAs could end up performing roles, including unselected on call on medical rotas, for which that have not received the necessary training. It must also be stated that most council members had not worked with PAs, and several that had reported a positive view of their contribution to their multidisciplinary teams.

To inform a position statement the Council surveyed members for their views. The response was a majority of members do not see a role for PAs within vascular MDTs. Vascular residents (Affiliate members of the VS) expressed even stronger concerns, focussed specifically on the impact of PAs on their training. With procedure numbers available to trainees having already fallen since the Covid-19 pandemic they are understandably concerned that PAs would reduce this further. Both the VS and FSSA have been clear that the training of PAs, which does not include operative experience, is on the ward or in outpatient clinics. The results of this survey will be presented by Louise Hitchman in a special session of the ASM (Wednesday afternoon), and be published in the JVSGBI with an accompanying editorial.

The Society is keen to avoid the hurt and anger that followed the presentation of the venous interventions survey last year. We must acknowledge that on some issues there will be different and strongly held views and beliefs. These are formed in response to personal experience and what we have heard or read. We also know that each healthcare professional group brings a different skill mix. That is why we deliver best care for people with vascular disease as a multi-professional team. At a Council level, there are excellent working relationships between all the Allied Vascular Societies Presidents, Chairs and Committee members. We have worked together to address both external issues but also issues like this that cross 'traditional' professional barriers. We should welcome the debate on difficult issues but be equally sensitive to the impact that it has on colleagues. Special thanks must go to Paddy Coughlin how has led the discussions around venous interventions sensitively leading on from last year. Paddy has involved all stakeholders and has built a broad consensus. The Vascular Society's view on this will be published around the time of the ASM.

Staying on the topic of sensitive issues, the Society continues to work to address unprofessional workplace behaviours and protect people from bullying, undermining or harassment. Many Council members have attended RCS Ed. Conflict Resolution Training with another training day preceding the ASM. We will have a session on sexual harassment on the Friday of the ASM. The Society has a zero tolerance stand on negative behaviour and will launch a new Code of Conduct for Vascular Society run events via the conference App and website.

The Vascular Society continues to work closely with the British Journal of Surgery (BJS), the European Society of Vascular Surgery (ESVS) and the Rouleaux Club. The BJS Academy published keynote lectures from the 2023 ASM in Dublin and will be publishing content from the 2024 ASM. Please do look at this content on the newly redesigned website ([BJS Academy](#)). Affiliate-Speciality member - vascular surgery residents – will receive free [EVST membership](#) as part of their VS membership. The President and Vice-President of the Rouleaux Club now sit on Open Council, replacing the previous arrangement of a Rouleaux VS representative. This has strengthened the ability of our trainees to have their voice heard at Council.

Ibrahim Enemosah and Andrew Irwin Khallaf have been highly effective representatives of trainees in SAS and LED posts. Ibrahim steps down from this role at the close of the ASM. I would like to thank him his work and to wish him success with his CESR application. Ibrahim and Andrew can be proud of the difference they have made in ensuring that our non-NTN trainees can access educational and leadership opportunities to help them develop their careers.

The Vascular Society's working relationship with the British Society of Interventional Radiology (BSIR) is excellent. Credit for this working relationship goes to everyone who has worked to ensure that we put people with vascular disease before professional interests. The improved relationship is proving highly effective; it has helped resolved concerns in at least one region around training in endovascular skills. We have just appointed out first joint VS/BSIR/RCR Quality Improvement Fellow, Francis Sheeran, to look at the angioplasty dataset within the National Vascular Registry (NVR).

Arun Pherwani and Rob Williams are to be thanked, along will all the National Vascular Registry team, for having worked so hard to make the NVR a truly shared resource and significantly improve angioplasty procedure ascertainment. Andy Garnham and Rob Morgan have similarly worked hard to strengthen the relationship between the two societies.



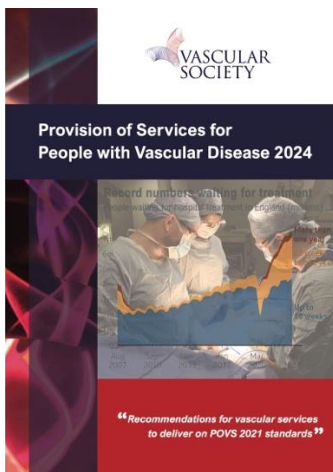


I suspect 2024 is a year the NVR team might rather forget, from Denis Harkin stepping down as Chair due to ill health, to having to meet the new requirements of HQIP for how they report, manage the transfer of medical device data to the Medical Devices Outcomes Registry Programme (MDORP) and work with Northgate on a new NVR website platform. Thanks, come from me also, to Arun Pherwani for stepping back into the role of Audit and Quality Improvement Committee Chair for the year, and for Colin Bicknell the new Chair who has had a rapid induction from Arun and will take over the role at the close of this year's ASM.

The NVR now has quarterly reporting, aligned with other HQIP clinical registries, and provided data is entered into the NVR contemporaneously this has the potential to drive real change, showing us where initiatives for quality improvement are working and areas where further improvement is needed.

The new VSQIP website is a great improvement on the old site and can now be used to see live data (<https://www.vsqip.org.uk>). Please visit the site to view the [2024 NVR State of the Nation report](#).

Provision of Vascular Services 2024



Elected Council members, the Allied Vascular Societies, the Rouleaux Club, and two people with vascular disease (Rob Sneyd and Eric Fisher) have contributed to the writing of the Provision of Vascular Services 2024 (POVS 2024). Thanks are due to each one of them for their contributions. As editor, bringing this publication together has inevitably taken quite a lot of my time this year. POVS 2024 will be published both in hard copy and electronic versions (downloadable PDF) at the ASM. There is a dedicated session the Friday morning focussed on productivity, unwarranted variation, patient experience and innovation. You will be pleased to learn that this is a shorter document than POVS 2021! POVS 2024 supplements rather than replaces POVS 2021 standards. It is designed to provide the context and framework around which the Society builds its strategy and programmes to improve patient outcomes and experience.

Looking forward to 2024-5

Prof Ian Chetter will lead the Society with structural and clinical challenges for our speciality. I wrote above about ongoing reporting of unprofessional behaviour within our speciality. We have variation in our workforce, with Northern Ireland and Southeast England highlighted by Patrick Lintott as regions with the fewest vascular consultants by population size. Times to treatment for threshold abdominal aortic aneurysm (AAA) and symptomatic internal carotid artery stenosis (CEA) are at record high. The 2024 NVR SoN report also highlights the increase this year in number of major lower limb amputations performed.

We know there is unwarranted variation in types of aortic aneurysm repair (Open *versus* Endovascular *versus* Complex endovascular), access to supervised exercise programmes for intermittent claudication and funding restrictions on superficial venous surgery for varicose veins.

Next year will also be a year of change for the Society as a number of Committee chair posts will rotate in the next 12 months. We are delighted to have appointed the following people to new posts:

2024	Colin Bicknell	Audit and Quality Improvement Committee Chair
	Selva Selvakumar	ASM Committee Chair
2025	Marco Baroni	Honorary Secretary
	James McCaslin	Honorary Treasurer
	Kaji Sritharan	Education and Training Committee Chair
	Rao Vallabhaneni	Research Committee Chair
	Rachel Forsythe	Circulation Foundation Chair

In view of the number of committee chair roles changing in 2025 the Elected council has chosen to appoint four additional council members this year. They will be joining a highly effective council which, as you can read for yourself in the reports that follow, has achieved so much this year.

Membership engagement

Alongside the POVS 2024, the other two large pieces of work undertaken this year for the Society as Honorary Secretary have been the launch of the new Vascular society website and the members engagement survey.

[Vascular Society Website](#)

[Members engagement survey](#)

If you have not yet visited the website or completed the survey, then please do this now!

<https://www.surveymonkey.com/r/7DNDQGV>



Outside of the Honorary Secretary role I have work with NHS England Southwest on the implementation of the **acute aortic dissection toolkit**. This is now [live](#) on the NHS Southwest website. Following an invitation from NHS England the Society is working with Society for Cardiothoracic Surgery (SCTS) to deliver the 'elective' pathway. This work is being led by Colin Bicknell (imaging surveillance) and myself (referral criteria).



I also got to experience first-hand the highs and lows of being on the 'other side' of the doctor-patient relationship as my father in his late 80s received first chemotherapy and then radiotherapy for follicular lymphoma. From the time that a wrong CT report was used to plan his treatment (picked up as an error by my non-medical mother), to the on-call GP never arriving when they said they would do a home visit for suspected uro

sepsis to the complexity of picking up a change of prescription I have a better idea of what '*patient experience*' actually means. My father for his last few months was expertly looked after at home by the hospice team. Their care and kindness were remarkable and backed by a community nursing team demonstrated all that has been amazing about the NHS and the care it provides.

Next year will be my last year as Honorary Secretary. I look forward to working with Marco as my shadow for the post. I have asked Marco to look specifically at the society's communications with members.

I know that I will be supported brilliantly, as I have been every year, by Louise, Gail, Phil and all the Executive Business Support team.

It had been a pleasure to work closely with Andy Garnham over the last 12 months. Andy has given so much to the Society though his educational roles, links he has built with the RCS Ed., and his extended term as Honorary Treasurer. I know he is going to miss attending VS Committee and Council meetings, and he will be equally missed as the reference source for so many queries. I hope stepping down will provide him more time to enjoy his boat on the Norfolk Broads.

The VS will have a stand at the ASM in Brighton, so please come and talk to Council members and pick up a copy of POVS 2024. There will also be a new area for first time attendees to the ASM to meet both each other and Council members.

Douglas Orr, Arun Pherwani, Ciaran McDonnell and Ian Hunter demit from Council at the close of this year's ASM. Kaji will stay on Council in her new role as Shadow Chair for the Education and Training Committee. All four demitting Council members have done so much of the society. Douglas and Ciaran hand over their committees with strong member engagement and a clear plan for activity in 2024-5. Both will be greatly missed, both as representatives of their respective counties' issues in discussions and for their insight and enthusiasm for all things VS. They leave a strong legacy with memories of the Dublin meeting last year! Ian has been a core member of the Audit and QI committee and contributor to POVS. His legacy may well be defined by his stand up routine at the CF comedy night which all ASM attendees are encouraged to come to after the welcome drinks!

See you in Brighton!

Honorary Treasurer's Report

Alistair McCleary



Despite inflation and the general state of the world economy, the finances of the Society remain in good health.

The Vascular Society of Great Britain and Ireland (VS) with the Circulation Foundation currently run as a single registered charity ('The Vascular Society'). The Annual Scientific Meeting is run as a separate, limited company known as **VSGBI Ltd** with all profits passing to the VS.

The accounting year for both VSGBI Ltd and the Vascular Society run from 1st July to 30th June each year.

In 2023/24 the total turnover for The Vascular Society was **£700 000*** without generating an operating profit. These figures include a further large grant (**£95 000**) to the ASPIRE programme from the Health Education England Covid Recovery Fund. This grant is discretionary, and we do not expect to receive it next year.

The Society's income is largely derived from membership subscriptions, profit from the ASM, members donations to the Circulation Foundation, and fund-raising activities by the Circulation Foundation.

Expenditure has mainly been on administrative costs and supporting research (Fellowships) and education. Running the ASPIRE teaching programme and the Circulation Foundation Research Grants are expensive. However, I am pleased to report that the **Journal of the Vascular Societies of Great Britain and Ireland** will break even this year and should generate income in the future. We are currently supporting two research fellows. One in partnership with the Royal College of Surgeons of Edinburgh and one with the Royal College of Physicians and Surgeons of Glasgow. We did not review the partnership with the RCS England this year, but we will be supporting a fellow in partnership with the Royal College of Radiologists and the Society of Vascular Interventional Radiologists. An additional large cost this year was to build new websites for both the Vascular Society and Circulation Foundations at a cost of approximately **£60 000**. It is important that the charity presents a modern face to the world, so Council believes that this expenditure was essential.

The **ASM** which took place in Dublin November 2023 was a great success both academically, socially and financially. The Society is very grateful to all those who attended and industry sponsors. Turnover was **£450 000*** and generated a profit of **£50 000*** which will be distributed to the Vascular Society, SVN, CSVS and BACPAR in the next accounting year.

The policy of the Vascular Society is to hold **reserve funds** that ensure administrative costs and obligations to research grants and other commitments can be met for a 2-year period. These are invested through Rathbones and have increased in value over the last year by approximately 10% to £525 000. Council will endeavour to control expenditure and maximise income. In practice this means ensuring that we fund research fellows through money raised by the Circulation Foundation, increasing profit from the ASM to historical levels and establishing regular industry sponsorship for the ASPIRE.

Council do not plan to increase the membership fees this year.

The aims of the Vascular Society are to support its members, to educate and to encourage research into vascular disease. The aims are not to make a profit and build up large reserves, but clearly it is important to have financial stability. At the moment I believe that has been achieved.

Charity detailed income and expenditure report

Will be available within the next few days

The Vascular Society

ANNUAL GENERAL MEETING

Wednesday 27th November 2024, 18:00-18:15.
Double Trees Hilton Metropole, Brighton

Chair: Andrew Garnham

- | | |
|--|--------------------------|
| <p>1. Honorary Secretary
1.1. Sign off minutes of 2023 AGM (22nd Nov 2023)
1.2. In memoriam
1.3. New elected council members</p> | <p>Marcus Brooks</p> |
| <p>2. Honorary Treasurer
2.1. Financial report
2.2. Sign off accounts for 2023/4</p> | <p>Alistair McCleary</p> |
| <p>3. Vice-President
3.1 Election of Society President for 2026-7</p> | <p>Ian Chetter</p> |
| <p>4. AOB</p> | <p>Marcus Brooks</p> |

Date and venue of next AGM
Wednesday 26th November 2025
Connexin Live, HULL

Membership Fees 2024-25

Full	£ 300
Affiliate (Specialty)	£ 115
Affiliate (Non-Specialty)	£0
Associate	£ 140
Senior	£ 45
Honorary	-
Overseas	£ 115

A regular donation of £50 to the Circulation Foundation, the UKs only dedicated vascular charity, will be automatically added to your membership for Full members unless you opt out.

giftaid it

In Memoriam

Mr James Richard Issard Brown

4th July 1973 - 18th January 2024



James joined the vascular unit at Southend General Hospital circa 2011. He was very excited about his appointment, if just a little nervous at first. We therefore teamed up together to establish what was to become the first time that vascular surgeons operated together with shared lists. Not only very enjoyable, especially if you liked Pink Floyd, which he loved to play in theatre all the time!, but also very instructive in sharing experience and developing new techniques and skills. The theatre staff loved him and held him in high respect - even the anaesthetists!

James was a great team player and together with our fabulous Clinical nurse specialists formed a team which established a fantastic ward based wound management unit (Balmoral unit), primarily for the complications of the diabetic foot but which thereafter expanded its remit to deal with all the complicated wounds in the hospital and he brought his plastic surgery skills to the unit as routine.

In conjunction with the stroke physicians James helped establish a rapid response service for patients post TIA offering carotid surgery within 24 hrs where possible. His skills did not just lie within surgery he was an IT wizard and enabled the vascular service to run the first paperless outpatient clinics which were then to become the norm for the whole hospital - Clinical Electronic Database (CED) was born !

James was well liked by all who worked with him and specifically he broke down the hierarchical structure to allow efficient team building with no "ME" - his patients loved him -one writing this after hearing the sad news of James's death: *"I have to say he was an integral part of the very soul of where his ethos was shared by all the wonderful staff. I always felt relieved when I went there as I knew whatever the outcome for me, it would be the best possible outcome. I would always be treated as a person and not just a number."*

"On another occasion I was very ill with Sepsis; that bad that my wife was told I was not expected to survive. I hadn't been told this myself, but could not help but notice that Mr Brown would pop in and see me very frequently indeed , often under the pretext of just saying hello. Clearly I soon found out that he was making time in his busy and stressful day to check on me. Quite wonderful . He was very fond on saying the patient is "part of the team" and was very humble; not wanting to take praise for himself but rather pointing out that his colleagues were great."

James was also a great teacher of students and junior staff – one SHO and now consultant vascular surgeon wrote: *"I always look back fondly on my time as the SHO on the Southend vascular firm and James was one of the principle reasons for this. I always tell people there was no time in my career like it, it was the best time. James was engaging, enthusiastic, fun and although he was one of my bosses, he came across more as a friend. I remember him as a technically excellent surgeon and a keen teacher. He was more than happy to trust me to act up as registrar on several occasions for on-calls when the registrar was away on leave."*

Life for James was not just all about surgery -he loved sailing with a passion ,he loved rugby, he was a proud father to Jessica about whom he spoke about at every opportunity he had. He was a lovely man, a skilled surgeon, an enthusiast for life - he will be missed by all those who knew him.

One last sail into the sunset! Dear friend and colleague - Au Revoir. **Mike Salter.**



Thomas Martin Feeley

13 August 1950 - 21 December 2023



Martin passed away on Dec 21st 2023. A highly respected and technically gifted vascular surgeon he was known for his pursuit of excellence in fem distal bypass surgery and pioneered endovascular intervention in Ireland carrying out the first EVAR in the Adelaide Hospital in 1997.

Born in 1950, Martin Feeley grew up in Lecarrow. After graduating from University College Dublin (UCD) in 1974 with a degree in medicine, he was conferred with the diploma of Fellowship of the Royal College of Surgeons in Ireland in 1979. He went on to take a master's degree in surgery at the National University of Ireland (in 1985). A man of the highest integrity and honesty he was loved by all his patients and those who worked with him.

He was part of the Irish Olympic rowing team in Montreal in 1976, but it was his win in Ladies plate at Henley Royal Regatta in 1974 with the UCDBC that he felt was his greatest achievement (shown above, with Martin stroking the crew).

He recognised the importance of close collaboration with his colleagues in Northern Ireland and set up an All - Ireland Annual Scientific meeting together with his close friend, and past Vascular Society President, Paul Blair. He became the first Clinical Lead for Vascular Surgery in Ireland and published the Vascular Surgery Model of Care Document a few weeks before he passed away.

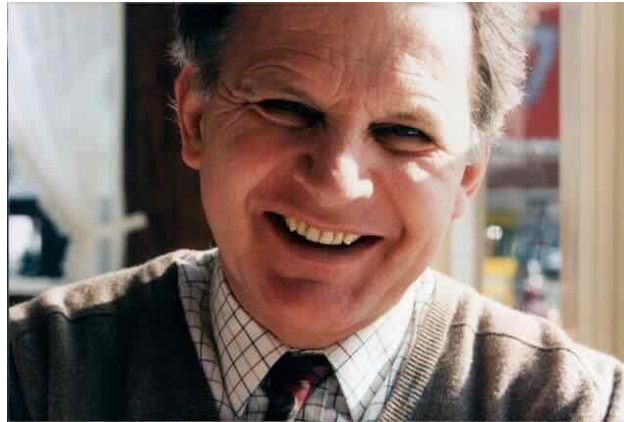
Martin will be sadly missed by all who knew him.

He was pre deceased by his great friend and colleague of over 20 years Professor Sean Tierney in July 23.
Bridget Egan.



Roger Neale Baird

24th December 1941 - 11th May 2024



Roger Baird, past President of the Vascular Society, passed away peacefully at home in Bristol on 11th May 2024; he was 82. Roger trained in Edinburgh, where he met his future wife, Affra, at Medical School. His teachers in Edinburgh were Archie Macpherson, Sir John Bruce, Sir James Fraser and Sir Michael Woodruff. In 1973, he moved as a senior trainee to Bristol and was then appointed to a Fulbright Scholarship at the Massachusetts General in Boston under the supervision of Bill Abbot, where he studied the elastic properties of vascular graft walls. He was subsequently appointed as a Consultant Senior Lecturer to the staff at the Bristol Royal Infirmary in Professor Joe Peacock's department, later moving over to become an NHS consultant.

One of Roger's earliest collaborations in this role was with Professor Peter Wells, CBE, a medical physicist with an interest in the clinical applications of ultrasound. Thus developed one of the first vascular labs in the UK, where multiple studies of ultrasound in the diagnosis and monitoring of vascular disease helped to transform clinical practice around the world.

In 1984, Roger had been impressed by a computerized clinical audit system developed by Frank Veith in New York, so he brought a copy back to Bristol in the hope of establishing it there. Unfortunately, the hospital's IT systems were not up to the task, so Roger persuaded a visiting Australian Fellow, Glen Benveniste, to develop Bristol's own computerized audit, known as BIPAS. Entries were entered prospectively and validated at a weekly meeting, and the database went on to generate many publications on the Bristol experience with both rare and mundane vascular conditions, from which all could learn.

Roger's dedication to his craft helped to build the BRI into one of the pre-eminent vascular surgical centers in the UK, well known and respected around the world. Indeed, Roger's academic record was extra-ordinary for an NHS surgeon, with 166 learned publications, multiple book chapters and no fewer than 7 of his 40 trainees/vascular Fellows going on to become Professors of Vascular Surgery.

Roger was an Honorary Fellow of the Society of Vascular Surgery in the USA and an Honorary member of the European Society of Vascular Surgery, which he helped to found. He was elected President of the Vascular Surgical Society of GB&I in 2001, chairing the Annual Scientific Meeting in Brighton.

Roger was great company, always interested in what others had to say and their welfare, but underneath his relaxed approach lay a steely determination to get things done, to do the best at one project and then move on to the next. Above all, he was a skillful and versatile surgeon who had that rare knack of not just knowing when to operate, but when not to. He did great service to vascular surgery in the UK and will be missed.

Roger was High Sheriff of Bristol in 2006 and a past committee member of the Circulation Foundation. Keen skier and member of AIVS. Beloved husband of Affra, and father of Susie and Richard. **Peter Lamont.**

Hans Henning Eckstein

1955-2024



Honorary member of the Vascular Society

Hans-Henning Eckstein, passed away after suffering from a long illness, He was a wonderful teacher, surgeon, and researcher, bringing together many students, trainees, surgeons, and academics from all corners of the vascular surgical world.

Professor Eckstein was born and grew up in Goslar/Harz (Germany). After passing the Abitur and conducting civilian service, he started his professional career as a hospital nurse. He later studied history, the German language, and then medicine at the University of Heidelberg. Following his qualification in 1986, he defended his doctoral thesis on the topic of “Clinic and prognosis of cardiac brain embolisation” in the same year. After a one-year internship in internal medicine, he worked in the surgical and urological departments of Hospital Salem in Heidelberg, then moved to the surgical department of the University of Heidelberg, where he worked from 1992 – 1995. His career rapidly progressed: graduating as a surgeon in

1993, becoming certified as a vascular surgeon in 1996, and then obtaining his Fellowship of the European Board of Vascular Surgery one year later.

His clinical success was reflected in his academic career progression, for which he was guided by his academic teachers, Jens Allenberg and Christian Herfarth. In 1998, he defended his German PhD thesis and one year later became chief at the Clinic for Vascular Surgery, Ludwigsburg. From 2004, he served as full professor for Vascular and Endovascular Surgery at the Technical University of Munich (TUM), Munich, where he was head of the Department of Vascular and Endovascular Surgery and the speaker of the Interdisciplinary Centre for Vascular Diseases at Klinikum rechts der Isar at the TUM.

Henning Eckstein was president of the German Society for Vascular Surgery and Vascular Medicine (DGG) 2009 – 2010 and European Union of Medical Specialists (UEMS) Section and Board of Vascular Surgery 2012 – 2015. He was also awarded honorary membership of the Vascular Society of Great Britain and Ireland (VSGBI), the Society for Clinical Vascular Surgery (SCVS), the Austrian Society for Vascular Surgery (ÖGG), and the Swiss Society of Vascular Surgery (SGG); he was also honoured by the universities of Larissa and Athens with the doctorate *honoris causa*. Between 2013 – 2015, he was Editor in Chief of *Gefäßchirurgie*, the official German speaking journal of DGG, ÖGG, and SGG.

He was one of the primary investigators of the SPACE trials^{1,2} and also belonged to the Carotid Stenosis Trialists Collaboration.³ He created the Munich Vascular Conference (MAC).

Hans was married to Dr Jutta Eckstein and they had three wonderful children, to whom we offer our sincere condolences. **Sebastian Debus, Arnando Mansilha and Allison Halliday**

Published in EJVEVS (Debus, Sebastian et al., EJVEVS, Volume 67, Issue 6, 1015 - 1016)

Committee Reports

Education and Training Committee Report

Patrick Coughlin, Chair Education and Training Committee



The last year has been extremely busy from the point of view of the Education and Training Committee.

It started with the launch of our book entitled “ALL YOU NEED TO KNOW ABOUT VASCULAR SURGERY: A GUIDE FOR MEDICAL STUDENTS, EARLY YEAR DOCTORS AND ALLIED HEALTHCARE PROFESSIONALS” a free book for everyone interested in Vascular Surgery – it can be downloaded at <https://jvsgbi.com/all-you-need-to-know-about-vascular-surgery/> and we would encourage all members to highlight this within your own departments.

Over the last year, we have continued to deliver a significant portfolio of education and training.

We continue to deliver our core ASPIRE courses to all vascular surgery trainees across the UK and I am indebted to all the course convenors for the work that they have put in making these courses a huge success.

- ASPIRE 8:** Manchester: Miss Kaji Sritharan. Pre-consultant course. March 2024.
- ASPIRE 7:** Cardiff: Mr. Hugh Davies and Mr Lewis Meechan. Pre FRCS-Course. March 2024
- ASPIRE 6:** Newcastle: Miss Claire Dawkins. Advanced open surgical skills (cadaveric course). May 2024
- ASPIRE 5:** Birmingham. Miss Anna Murray. Advanced vascular surgery course. May 2024.
- ASPIRE 4:** Cambridge. Miss Diane Hildebrand. Lower limb surgical skills course (Cadaveric). September 2024. 2 courses were run due to high numbers of trainees.
- ASPIRE 3:** Leeds. Mr. Patrick Coughlin. Introduction to vascular surgery. September 2024.

A specific thanks to both Kaji Sritharan and Anna Murray who have finished their 3 years of running their respective courses. A more detailed review of the ASPIRE courses can be found in our end of year

The 2024 ASPIRE report which can be found on VS website. These courses are immensely enjoyable to be part of and we would encourage all members to come forward to act as faculty.

We continue to expand our portfolio of courses. For the second year running we have run the **ASPIRE SAS / LED course** which ran online in June of this year. This forms part of a key part of our aim of integrating this group of trainees into our educational portfolio. This course was again well received with excellent feedback. Some of our SAS / LED doctors also attended ASPIRE 7 and ASPIRE 8 and we continue to provide core aspects of the VS ASM dedicated to our SAS and LED doctors.

Additionally, we collaborated with the SVN in running an online one-day course which covered a myriad of topics relevant to **SVN members**. This was a real success this year, with over 150 people attending this online course on the day. The feedback was excellent. Many thanks to Vicky Bristow from the SVN who worked alongside Kaji Sritharan in designing and delivering the day. This will be repeated in 2025.

We continue to support the **renal access course** that is run out of Coventry which will take place in October. This is a key course to level up the differences in access to renal access training across the UK.

As a committee, we recognise that we provide a lot of courses for trainees. As such a key focus for us this year was to start to provide courses for our consultant members. This has led to the development and delivery of the **ASPIRE Early Years Consultants (EYC)**, which ran for the first time at the RCS Ed. in Birmingham in June of this year. The course was specifically developed following feedback to focus on aspects of consultant life that have not been covered in the ST8 course yet were felt to be required to allow a more seamless progress into consultant life. Aspects of the course focused on job planning, managing complaints, formulating a business plan, developing resilience, and maintaining a work life balance. The faculty was of high quality and the feedback excellent. This course will run again in 2025, and we are also looking at ways to expand and support education for consultants.

A new course will run at the VS ASM meeting this year. **ASPIRE trauma** will be run in conjunction with several vascular surgeons within the UK with a specific interest in trauma.

Joint VS and RCS Ed. Education Fellow

Joel Norton our RCS Ed. Education Fellow is 1 year into a 3-year PhD run in collaboration with the VSGBI / RCS Ed. / University of Edinburgh. His thesis is entitled "*Cognitive load in surgical training*". His work will use a number of methods including wearable sensors to track cognitive load in trainees while undertaking a number of surgical simulations. He will use ASPIRE courses to run some of these training sessions.

VORTEX: National online training programme

We have started to deliver our national online training programme. The training programme utilises the PGVLE learning and training platform based out the West Midlands deanery with the aim of "replacing" the regular local training (not regional) that should be delivered for our NTN trainees. We have started to deliver fortnightly live webinars. These are also available to watch after the live event and can be found on the PGVLE website. We are also using the PGVLE site to act as a repository for a whole host of educational content which is linked to the curriculum. Alongside this, we are using the PGVLE platform to augment our ASPIRE programme putting relevant teaching material allied to the programme on the platform. We have 2 fellows who are driving this work forward - Thomas Evans from Oxford and George Ninkovic Hall from the Northwest. If anyone wishes to get involved with this then please get in contact with myself or either of the fellows.

Averil Mansfield Trainer of the Year Award

Finally, we have supported the Rouleaux Club to award a Trainer of the year award this year – to be awarded at the VS ASM in Brighton. This will be called the Avril Mansfield trainer of the year award. There were a large number of trainers put forward for the award from their trainees and we were able to interview 4 excellent trainers. The award will be presented at the dinner at the VS ASM.





Mr Joe Norton, Research Fellow
Surgical Sabermetrics

In August 2024 I started the second year of my fellowship working towards a PhD in Human Factors in Vascular Surgery, with a focus on Surgical Sabermetrics. I have been generously supported by Vascular Society, Circulation Foundation and Royal College of Surgeons of Edinburgh.

Surgical Sabermetrics is a novel field in Human Factors research, which aims to enhance insight, support professional development, and optimise patient outcomes. Sabermetrics is inspired by professional sport data science and combines data from both audiovisual recordings of surgical procedures and non-invasive digital sensors measuring surgeon physiological metrics. Advanced data analytics are applied to provide detailed assessment of technical performance, non-technical skills and cognitive load. Cognitive load is the extent to which a task places demands on cognitive resources, when these finite resources are overloaded, stress levels can increase. Increased surgeon cognitive load influences fine motor skills, coordination and decision-making abilities, with potential detrimental impacts on patient outcomes. Non-invasive wearable sensors that monitor surgeon physiological output, such as heart rate or brain activity reliably measure surgeon cognitive load and are an essential part of Sabermetrics.

Utilising a Sabermetrics framework, we have developed a number of simulation studies to assess how different intraoperative environments affect surgical trainee cognitive load and performance in high fidelity vascular and general surgery environments. We hope the results of these simulation studies will enhance our understanding of how surgical trainees respond to negative interpersonal behaviour and the management of surgical crises. One study was conducted at ASPIRE 4 with great success thanks to the enthusiasm of both the supervising staff and the trainee participants.

Additionally, we have conducted two systematic reviews. The first collates the evidence on preoperative educational briefing, which provides an opportunity for trainer and trainee to discuss learning goals and strategy before an operation starts. We sought to assess how educational briefings are being performed, critically appraise the associated benefits, and formulate a standardized, evidence-based educational briefing and debriefing framework which can be used across surgical disciplines and healthcare systems. The second review is being conducted with our partners at the University of Michigan and focuses on the role of surgical team non-technical skills on patient outcomes. This is a large volume review and will encompass around 150 papers, giving us excellent insight into the impact of surgeon non-technical skills on patient morbidity and mortality.

We have also started planning our intraoperative studies, in which we will utilise a Sabermetrics framework to track pairs of operating surgeons and trainees in open Vascular Surgery over a number of months, to gain insight into training dynamics and fluctuations in trainee and trainer cognitive load throughout procedures. This will give invaluable, objective insight into how we can improve surgical training and feedback for trainers and trainees, and subsequently, improve performance and patient outcomes.

Finally, we were successful with two educational grant applications from the Faculty of Surgical Trainers (FST) and the Association for the Study of Medical Education (ASME).

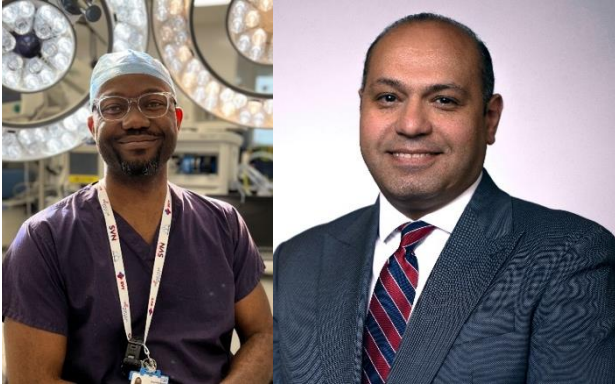
I'd like to thank my advisory group, including Paddy Coughlin, Jon Lund and Rosie Darwood, and my supervisors Steve Yule and Andrew Tambyraja.

X @joe_norton54



SAS/LED Representative Report

Ibrahim Enemosah and Andrew Irwin Khallaf



It has been an excellent year for the SAS/LED surgeons, and we are honoured to be back in Brighton where we held our first SAS/LED session two years ago. Andrew Irwin Khallaf, Locum Consultant at Countess of Chester Hospital was appointed joint SAS/LED representative in November 2023. His involvement in Council has continued to enhance opportunities for SAS/LED vascular surgeons around the UK and Ireland.

We are proud to be collaborating with RCS Eng. and experienced trainers at our VS ASM session. The opportunities availed to SAS/LED surgeons as trainers and examiners will be the sessions' focus this year. We look forward to seeing you at the event which will be followed by a Q&A/networking breakout session.

The **ASPIRE SAS/LED Educational Day** ran successfully for the second time in June. Hosting this required coalition between various teams and sacrifice of personal time by faculty. We would like to thank all the participants and the brilliantly engaging faculty for making the day a resounding success. The feedback was extremely positive. The day was recorded and is available to access on the Vascular Online Resource for Training and Experience ([VORTEX](#)).

ASPIRE 7 was attended by SAS/LED surgeons for the first time this year. This is a great stride in our commitment to mitigate differential attainment in the FRCS Vascular examination. **ASPIRE 8** and **ASPIRE Early Years Consultant (EYC)** - the pre consultant interview and early years consultant courses are open to SAS/LED surgeons. The new ASPIRE EYC was developed to support consultants with possible challenges faced within the first 5 years of their career. These 2 courses are an essential part of easing the transition to a fulfilling consultant practice.

Intercollegiate Surgical Education Committee for SAS/LED/non-consultant grade doctors

We would like to highlight the newly formed committee, ISECSN, a committee we sit on as vascular surgery representatives. ISECSN Educational committee has put together resources on its official website (www.ISECSN.org), helping those in SAS grade posts to enhance their skills and progress in their career.

Associate Specialist/FRCS/Portfolio Pathway certification

We would like to congratulate everyone who has started an associate specialist role, Locum consultant post, has passed the FRCS and those who were successful in their Portfolio Pathway route application this year. We look forward to collaborating with you in supporting the 80 brilliant SAS/LED surgeons around the four nations. Do not hesitate to get in touch with us.

Ibrahim will be completing his three-year term on council at the close of the VS ASM in Brighton. His contributions to the workforce and educational committees and his leadership over the past 3 years have built the foundation of SAS/LED Vascular society representation. His passion and resilience have been instrumental in our achievements. We thank him for his work and wish him all the best for his future.

Vascular Research Committee Report

Prof. Matthew Bown



It has been a busy year for vascular research and the Research Committee.

The SIGs and SSLs have been working hard to pursue new funding and deliver existing research. [Vascular Research UK](#) remains the central resource for all information and details of ongoing UK vascular research projects, alongside the [Vascular Endovascular Research Network](#).

Whilst we have been very successful in securing funding for new research over the last few years, particularly large clinical trials, our delivery of these trials has been poor. This issue is highlighted in POVS 2024. Currently most vascular trial delivery is coming from a handful of vascular units with many units not contributing to national research delivery. The reasons behind this are unclear but it is essential that we turn this around for the benefit of our patients. It is a GMC requirement that we offer our patients the opportunity to participate in research and many of us are not meeting this important duty that is a requirement under Good Medical Practice. Work continues to support trial delivery via curriculum change for trainees, the RCS Eng, post approval process and engagement with the NHS.

'Vascular Voice'

Personally, I had the privilege to represent the Society and the Circulation Foundation at the first '*Vascular Voice*' meeting in August 2024. *Vascular Voice* aims to bring together patients, carers and clinicians with an interest in rare vascular diseases to improve information sharing and promote research. As this effort progresses over 2025, we hope to develop a web resource for these conditions and coalesce clinical expertise and patient interest.

Joint Audit, Quality Improvement and Research Meeting

The first joint meeting between the VSGBIs Audit and Research committees was held in July 2024 and future joint meetings are in place. With the aim to identify shared opportunities and support new research within and using the NVR data platform we are looking forward to a productive and enjoyable future collaboration. This is very timely given the new government's drive towards a data-enabled health service and the recently published [Sudlow review](#).

SIGs and SSLs

The Special Interest Groups (SIGs) and RCS Eng. Surgical Speciality Leads, Dan Carradice and George Smith, (SSLs) continue to work to deliver the VS/James Lind Alliance research priorities and develop new research. Please visit their stand at the ASM to find out how you can get involved.

The **Wounds SIG** contributed to the successful NIHR HTA ROSSINI accelerator and platform grant (£10m) applications, which target surgical site infection in vascular surgery (groin and amputation). This work will start in 2025. Recently, the NIHR HTA SWHSI-2 trial concluded, the results will soon be available and provide robust evidence on the clinical and cost-effectiveness of negative pressure wound therapy in the management of surgical wounds.

The DRESSING RCT has also progressed significantly, receiving a Healthcare Infection Society grant for multicentre expansion with 12 sites currently open and achieving portfolio status. Additionally, the Wounds SIG successfully supported a NIHR Doctoral Research Fellowship (DRF) to develop a Core Outcome Set and validate the WoundQoL questionnaire (SWHSI-3).

The **PAD SIG** has opened and successfully completed the internal pilot of the EVOCC trial, which is now open in 24 sites. The SIG has supported 11 exercise and/or lifestyle-related projects, of which 2 now have NIHR RfPB funding. Several non-vascular researchers have been supported with fellowship applications, including PhD students. LEADER-PAD and CLARITY are about to open for recruitment in 2025, alongside the KID trial, all supported by the VSGBI PAD SIG.

The PAD SIG exercise physiology subgroup will be publishing a consensus document on how to provide safe and effective exercise therapy for claudication/PAD (consensus document), supported by the VSGBI. Five NIHR HTA and PGfAR applications, including one commissioned NIHR HTA application, are in preparation and will be submitted in the next 12 months including some at Stage 2.

The **Aortic SIG** has focused on the development of new research in perioperative pain management after open AAA repair and the setup of the EARNEST, WARRIORS and MAT trials.

It has also been a busy year for the **Venous SIG**. It started with the award of the renewed Venous research pump priming grant at the ASM in Dublin. This award was funded jointly by the VSGBI and the Royal Society of Medicine Venous Forum. The purpose of the award is to kick start research studies designed to address the [research priorities](#) identified by the previous collaboration with the James Lind Alliance. It is open to Vascular surgical trainees and Allied Health Professionals and application is by video abstract. In a very competitive field, the 2023 award was won by **Miss Lily Benton**, a Clinical Nurse Specialist at Guys and St Thomas's Hospital, for a project to study the impact of sub-ulcer foam sclerotherapy on the healing of leg ulcers. The award is open again in 2024 and you can see the finalists' videos [online](#) on YouTube.

An important landmark for the **Venous SIG** was the launch of the [THRIVE trial](#) in 2024, with nearly 800 patients randomised to date. Huge congratulations to the top recruiting sites so far (Hull, Imperial and Leicester). If your centre doesn't have the study open yet then please do everything possible to get it going, the THRIVE team is looking to become the first RCT to open in every centre in the country. The trial team, and more importantly our patients, need maximum engagement with this trial on one of the most common questions in vascular surgery. The SIG also supported a number of key funding applications including the venous ulcer platform (https://www.youtube.com/watch?v=lgkaLayyz_o) and three NIHR HTA submissions, with a further four NIHR submissions in progress.

The **Carotid SIG** has been working hard to complete the final 10-year ACST-2 follow-up data on 3625 patients from 33 countries. This will be ready for publication in 2025. We are proud that the UK randomised the 2nd highest number of patients (470) in this trial, which is the largest carotid trial ever performed. We have exciting projects in the pipeline on the impact of antiplatelet resistance in management of carotid disease, the impact of near occlusion on stroke risk in asymptomatic carotid disease, and the use of AI in assessing carotid plaque morphology and enabling calculation of future stroke risk.

The **Amputation SIG** has supported various projects and trials. PLACEMENT, an NIHR funded RCT of perineural catheter usage in amputation surgery, has completed its internal pilot and is into the main phase of recruitment, with 13 UK sites currently open. HAMLET, another NIHR funded RCT comparing above knee to through knee amputations, is in the development phase with a view to open its vanguard sites from March 2025.

SIMBA is an international observational study looking at surgical site infections after major amputation. 46 centres have reported data on over 1100 patients, with results to be presented at the Vascular Society ASM.

Finally, if you are interested in working with any of the SIGs or getting involved in research visit the SSL/SIG and trial stands at the ASM or contact me directly. And log on to <https://www.vascular-research.co.uk/> to see what's of interest to you and your unit.

 @Matt_J_Bown



The Vascular and Endovascular Research Network (VERN) is a multidisciplinary collaborative for those involved or interested in the care of individuals with vascular conditions. VERN welcomes vascular surgical trainees, interventional radiologists, vascular scientists, vascular nurses, students and researchers interested in any form of cardiovascular studies.

We are currently in the process of expanding our reach in Australia, New Zealand and the United States.

President: **Louise Hitchman**, NIHR Doctoral Research Fellow and ST based in Hull.



ARMIES
ARMY ischaemia Study

BLAST
Bleeding in Lower Limb Amputation Study

SIMBA
Surgical Site Infections after Major Lower Limb Amputation

GREEN SURGERY
GREENER VASCULAR SURGERY
A Survey of Current Green Practices

DEFINITE
diabetic foot debridement in theatre

VISTA
Vascular Infection in the Theatre

<https://vascular-research.net>

Audit and Quality Improvement Committee Report Professor Arun Pherwani



Audit and Quality Improvement Committee Report – Arun Pherwani

I wrote in last year's Yearbook I had come to the end of my term as Chair of the Audit and Quality Improvement Committee and Clinical Lead for the NVR. However, as it transpired, I could not say no to the request from Denis my colleague, Andy our President and VS Executive to continue for another year. I would like to begin this report by offering all our good wishes to Denis.

The 2024 National Vascular Registry Annual State of the Nation (SON) [Report](#) will be my fourth and final report to be published on 14th November 2025 and we are proud to bring this to you. What is unique and exciting is the very new [dashboard](#) view of this Annual Report which at a glance combines the headline figures of the SON report with the detailed information of the Supplementary Materials at provider unit level that consultant colleagues will be familiar with for benchmarking and audit. We have also produced summaries for all four nations, a first, and in the future allows us to showcase regional data. Individual consultant data continue to be provided to colleagues from Vascular Surgery and Vascular Interventional Radiology by way of a personal email from the NVR team following this publication and a summary anaesthetic report for our Vascular Anaesthetic colleagues.

In 2024, we fulfilled on our promise to build on the theme of reporting on timelines for CLTI for the CQUIN, to add urgent carotid (14 days) and AAA intervention (8 weeks); we are pleased to have brought you the [NVR Quarterly reports](#) on our new website this year, and we hope you have found them helpful. We are grateful for the positive feedback from many of you and the suggestions for improvement. The focus from the quarterly reports has been on the timelines to intervention with the annual report concentrating on the outcomes and case ascertainment. The dashboards show the performance for the country as a whole, each of our four nations, and for each vascular unit in the drop-down menus that you will find useful. We request you to continue providing feedback on the reporting dashboards so that we can improve.

Unfortunately, in the year 2023 we have seen timelines to intervention slip further - under a third of our elective AAA patients get their operations within 8 weeks, less than half of our urgent carotid procedures are undertaken in 14 days, and the timelines to revascularisation for non-elective patients with CLTI have stayed static around 50%, despite all your efforts and the CQUIN (two years April 2022 to March 2024). We have been at pains to inform our commissioners that these are not due to the lack of commitment from clinical colleagues and we recognise both the effort you put in and the challenges we face in treating our increasingly sicker patients in a timely fashion.

Despite these challenges, our short-term outcomes remain good. However, outcomes in the longer term are not encouraging for patients. Qiuju's stellar publication in [Circulation](#) (one of our extended outputs this year) demonstrated higher than expected mortality after revascularisation for CLTI at 5 years approaching 60%, with high amputation rates and younger patients faring the worst.

We are grateful to all of you who diligently enter your data - surgeons, radiologists, anaesthetists, trainees, specialist nurses and data support teams - and our case ascertainment rates continue to rise. We have brought to your attention the new HQIP [outlier policy](#) on case ascertainment and we would encourage you to use this within your organisations as a plea to enhance your data support. We have returned to the very popular traffic light system to report ascertainment for procedures and a rate of under 50% will generate a letter to your organisations. Although these policies are mandated in England and Wales, they do apply from the NVR equally to Northern Ireland who along with Welsh colleagues have excellent case ascertainment rates, and to Scotland where our colleagues do need more support with data entry to demonstrate the excellent work performed by our Scottish vascular surgical, vascular radiological and vascular anaesthetic colleagues.

The CLTI work allows us once again to showcase the great work that our fellows, Penny and Ellie, put in. We are delighted that Penny re-joined the NVR team and has been instrumental in producing the stunning [dashboards on rshiny](#) which I am sure you will love. Ellie will be presenting the two-year results of the PAD QIF and the impact of the CQUIN at the ASM this year & at the Veith Meeting in New York, and educating us on the value of Qualitative Research in Vascular Surgery. What we do in the UK is viewed with keen interest worldwide. We also welcome Frances Sheehan, our newest joint Vascular Society / Circulation Foundation, BSIR, Royal College of Radiologists (RCR) Kodak NVR Fellow. Frances started with us this October & we look forward to her presenting at meetings next year.

We have had several other projects seen to fruition this year. I am very grateful to the multidisciplinary team of colleagues, in particular Lewis Meecham, Rao Vallabhaneni, Marcus Brooks Dean Godfrey, Anthony Jaipersad, Akhtar Nasim, Rajiv Malhotra, Ian Chetter and others who contributed to the valuable Feasibility Study on patients turned down for elective AAA repair.

We set up our own NVR PPI group this year and I cannot overemphasize the value and the grounding our PPI colleagues Eric Fisher, Gareth Owens, Emma Kidd, Steven Kidd, Douglas Findlay, Kevin Keller, Erasmus Paul, Paul Sathill and Shirley Jia representing the Circulation Foundation have brought to the NVR. They have challenged us in ways we are unaccustomed to and we have found their opinions and honesty refreshing. We hope this reflects in our reporting of the SON report 2024 and in the infographics. Thank you, as we do what we do for you!

Ian Hunter has been working with Ross Davenport and others from the Trauma Networks to align data on Vascular Trauma on the NVR and TARN.

We held our first joint Audit and Research Committees meeting co-chaired by Matt Bown and made valuable progress in aligning the work of our respective committees, and have made a commitment that the NVR will support trials such as HAMLET and ERNEST. Matt and Colin will take this forward next year with the support of both committees.

The NVR team led the analysis of AAA data over 6 years (2014-2019) from the VASCUNET Collaboration of 10 international registries, published in the [EJVES](#) this year. The paper highlights the variation in practice between countries and a reduction in mortality in patients with rAAA treated with EVAR.

We have worked with Jonathan Earnshaw and colleagues from the NHS AAA Screening Programme to produce a report (due for publication shortly) for the UK National Screening Committee demonstrating the effectiveness of AAA Screening in the UK. Key analysis undertaken by Amundeeep Johal (NVR senior statistician) on the procedures and outcomes of AAA repair in men in whom AAA were detected from screening over the same time period, and the unique collaboration between NAAASP and the NVR from 2013-2023 has contributed to the effectiveness of this report.

The [NCEPOD ALI study](#) is due to commence shortly and I am grateful to colleagues up and down the country who have responded to the adverts for Case Reviewers and Study contacts and have sent case notes in. We are expecting the presentation of the findings at the VSGBI ASM 2025 in Hull.

In my last year's report, I let everyone know that we were still in the process of negotiating contracts with NHS England and the MDOR (Medical Devices / Outcomes Registries Platform) to continue our work on capturing and analysing Aortic device data. In January of 2024, we had to for very valid IG reasons and the absence of a contract as a data processor, take the very difficult step of deleting Aortic Device data we had collected with your help, from the RCS England's servers. To reassure you these data were not lost, they have been stored on the servers of NEC solutions, our IT partner under separate contractual arrangement with NHS England, whilst we tirelessly continued our negotiations. David, Sam, Robin, Andy and I are very grateful for the timely intervention of Stella Vig, National Clinical Director for Elective Care & National Medical Director for Secondary Care and Quality and I am delighted to report to you that this October the NVR team at the Clinical Effectiveness Unit at the RCS England have received a contract directly from NHS England to continue the collection and the analysis of Aortic Device Data till the end of 2025, with the future aim to align both the HQIP contract on our core function of reporting on Procedures and Outcomes and the NHS England contract on Devices. We can finally look to analyse aortic device data and reintervention information that you, our members have put in to the NVR and expand on device capture with efficacy of the treatments and safety of our patient's paramount in our endeavours. We are committed to working in partnership with the MDOR programme. I would like to acknowledge the efforts of our Vascular GIRFT Leads Rachel Bell and particularly Jon Boyle along with the NVR Board chaired by Ian Loftus and the Rob Sayers chair of the Vascular CRG, along with many others to bring this to a delayed but satisfactory conclusion. The knock-on effect of these negotiations has been the continued delays in moving the NVR to the new IT platform with our providers NEC Software Solutions which has stymied some of the dataset changes we wish to make but I am hopeful we will get there in the new year.

With that, I welcome Professor Colin Bicknell who has been appointed as your next Chair of the Audit and Quality Improvement committee and the Clinical Lead for the NVR. You know him well as a clinician and researcher with an enviable reputation and I request all our friends and colleagues from surgery, radiology and anaesthesia to support him as you have supported me. I also welcome James Harding our Vascular Interventional Radiology colleague and previous chair of the BSIR audit committee who has a keen eye for detail and an interest in audit as Shadow IR lead who will take over from Robin. I thank colleagues on the Audit Committee, all the members of the VS council, Gail Ryan and Louise Collins from EBS, for their faith in me, and all their help during this extended year.

And I finish with sincere & heartfelt thanks to the NVR team, I am indebted to you; David, Amundee, Qiuju, Penny, Robin, Colin and Sam. For me, this has been a gift and a highlight of my career. I have given the NVR my all, I am sure you will achieve bigger and better things in the future and I wish you the very best.

X @adpherwani

National Vascular Registry

State of the Nation Report 2024

Results for people who had vascular procedures during 2023 in NHS hospitals in England, Wales, Scotland and Northern Ireland



November 2024

Commissioned by:




Acute Limb Ischaemia study

This hospital is taking part in a piece of work to help to see where future care can be improved for patients with acute limb ischaemia (ALI).

The organisation collecting the data is called **NCEPOD**.

NCEPOD is a national organisation that uses data to help improve the quality of care for future patients in the UK. We do this by collecting data on patients from hospitals and other places where they may be cared for.

For over 35 years NCEPOD has run studies across the UK and these have led to lots of changes in how healthcare is provided.

We will be collecting data from clinicians who treated patients with ALI and collecting copies of the case notes of patients with ALI.

How can I find out more?



If you want to, we would also like you to share your views on the care you have received through the completion of a short survey/interview. For more information about this, or about the study in general, please see our website www.ncepod.org.uk or contact us: ali@ncepod.org.uk

If you are aged over 18 years old, and have had treatment for ALI, your healthcare data might be included in our work. We will keep your data very safe until the end of the work, when it will all be safely deleted.

If you do not want your data used please tell: Maria Mason, Chief Executive, by post, phone or email mmason@ncepod.org.uk

How your data might be used, and how you can say NO!

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Looking for Provider outcomes?

The new NVR interactive dashboard is now live. Showing the latest quarterly report with data and statistics for each procedure type at individual unit and national level.

[Browse Provider Outcomes](#)



Workforce Committee Report

Prof. Ciaran McDonnell



This is my final report as Workforce Committee Chair. I want to sincerely thank all the members of the committee for their input and hard work over my three-year term as chair. Their enthusiasm and collegiality have been greatly appreciated, as has the support we have received from the Society Officers, successive Presidents and Vice-Presidents, the Treasurer and Secretary.

The work of the committee and my role as chair would be significantly more difficult were it not for the outstanding support we receive from EBS and I wish to extend my personal thanks to them for all their help. I will miss you all! It really has been the highlight of my professional career to

have been involved with the Council and the Executive for the last seven years. I hand over to Ansy Egun who I know will bring fresh ideas and plenty of energy to the role.

Medical School Representatives/Liaison

We are endeavouring to compile a list of Vascular Surgeons from each unit who will act as a liaison with their local affiliated medical school. The purpose of this is essentially to amplify the profile of vascular surgery within the medical students' sphere and hopefully increase interest and recruitment to the specialty.

Provision of Vascular Services 2024

As you will see this years' iteration of POVS has a very different tone to its predecessors, mainly thanks to the insight and drive of Marcus Brooks. The "People, Teams & Culture" section sets out the challenges facing the Workforce Committee and the specialty at large over the coming years.

Bullying, Undermining & Harassment

In conjunction with the Royal College of Surgeons of Edinburgh we developed a one-day module on Conflict Resolution. This will run on the Tuesday of the ASM in Brighton and it is envisaged that it can then be rolled out to each Deanery. Having done it I would encourage all members to participate in it when you have the opportunity. The Edinburgh College also offers an online module "[Let's Remove It](#)" which I would encourage all VS members to access.

Mentorship Programme

We have begun the process of developing a mentorship programme which we hope to make available to members. While there are commercial entities that deliver such programmes to the corporate sector, they are not specific to vascular surgeons, are costly, and ultimately remain the intellectual property of the firm that provides them. We are investigating the possibility of establishing our own programme as this would give us more control and ownership overall. As well as the process of delivering what would likely be a one-day long workshop on mentorship, there is also the process of establishing a matching programme of mentor to mentee. I regret that I have not been able to deliver this in my tenure as Workforce Chair but have no doubt that my successor will tackle it with the enthusiasm that he is well known for!

Doctors in Distress

Recent statistics regarding the rate of suicide amongst doctors in the UK have been highly alarming and have been highlighted to the VS Council by our RCS England liaison member Prof. Rob Sayers. The charity “Doctors in Distress” (www.doctors-in-distress-org.uk) offer services in this regard and the society will engage with them as they have resources which will be helpful. This is being included in the ASPIRE Early Years Consultant programme, but the charity itself is readily contactable by anyone who feels they need support.

The RCS England also offers a confidential advice and support service which is available 24/7. Contact details are on the college website under the “Careers in Surgery” “Wellbeing Support and Resources” [Tab](#).

Pensions Seminar

A very successful Webinar on Financial Planning was organised earlier this year by Ansy Egun. This could be repeated if members find such events helpful.

X [@comcdonnell](#)

Annual Scientific Meeting Committee Report

Douglas Orr



We return to Brighton for this year's ASM with the theme of Multi-disciplinary Team working. This is reflected in the joint symposium at the start of the meeting entitled "Diabetic Foot and the Multi-Disciplinary Team" and all the Societies will participate in this. In addition, we are delighted to welcome representatives from the Royal College of Podiatrists for the first time to contribute to this important session. The theme continues with our President's Symposium, "the Multi-Professional Team" which follows on immediately after this.

The Provision of Vascular Services (POVS) 2024 document "Current Challenges in Service Delivery" will be published to coincide with the start of the meeting and there is a session devoted to some of the important material contained in this. Wellbeing of the workforce is also addressed with a combined symposium by the Circulation Foundation on "the second victim", and another session on the unacceptable behaviour of Sexual Misconduct in Surgery.

We welcome three international speakers, Julie Freischlag from the USA, Rob Fitridge from Australia and Fabian Lareyre from France who will all be participating in various sessions and delivering some of our invited lectures. In addition, there are sessions on trauma, training and Best Practice as seen by GIRFT. There are also breakout sessions on leadership and the green agenda where less formal talks and round table discussion are encouraged. Additionally, there is a focus on research with 2 significant studies presenting their results for the first time (SWHSI-2 and DM PAD) as well as a research update session.

<p>Julie Freischlag MD, FACS, FRCSEd(Hon), DFSVS North Carolina, USA.</p>	<p>Prof Robert Fitridge MBBS, MS, FRACS, PSM Adelaide, Australia</p>	<p>Fabien Lareyre MD PhD Antibes, France</p>

We have tried to ensure that there is sufficient time in all the sessions to ask questions of the different speakers and encourage debate and discussion, and the session chairs will do their best to keep everyone to time. As ever there will be strategically placed microphones in the auditorium to allow delegates to come up and ask questions but the use of Slido at the Dublin ASM proved to be a success and so it will also be available in Brighton. Using this, delegates can ask questions electronically, either anonymously or giving their name and, in this way, it is hoped that all can engage with the speakers. Instructions for use are in the conference app and on the VS website in the ASM section.

The format of the Annual General Meeting has changed, with the formal part being reduced in time to allow for a new session, "Engaging with your Council". This is designed to be an open session where the membership can question members of Council and discuss relevant issues. It will also allow presentation and discussion of the results of some important surveys which have been conducted recently, like that on the role of PAs in the workplace and on radiation protection. In the interests of time, the results from the radiation protection survey will be on the conference app and on the ASM section of the new VS website, but discussion of the results will be encouraged.

There was an excellent response for the submission of abstracts this year and selection for oral presentation was highly competitive. Nearly 100 abstracts will be presented on the Wednesday morning and, as ever, the best will be selected for the prize sessions on the Thursday. As well as the oral presentations, there will be approximately 70 posters on display at the conference. Poster presenters will be given the opportunity to discuss their posters and answer questions on the Thursday lunchtime. Previously we had opted for electronic posters as it was felt that they may be more environmentally friendly. However, there is now evidence to suggest that the most sustainable way of presenting posters is to have them printed locally and have physical posters on display at the conference and so this is what we have done. One of the posters addresses these findings.

There will be a new delegates area on the mezzanine floor in the exhibition hall where first time attenders from all the Societies can meet one another and members of Council to allow them to network, get their bearings, and also have an opportunity to ask any questions of more senior colleagues. This will be signposted in the conference app.



Medtronic

SHOCKWAVE
MEDICAL

Penumbra 

The exhibition hall will be full as there has been an excellent response from industry who want to be part of our meeting. W.L. Gore and Medtronic are platinum sponsors and Shockwave and Penumbra are gold sponsors. They all have relevant symposia at the conference on the Thursday. Please take time to engage with all our exhibitors at lunch and during the coffee breaks as this is an important aspect of our meeting.

The social programme is also an important part of the ASM and this year, as well as the Gala Dinner on the Thursday night, we have a Vascular Comedy Club on the Wednesday evening. This will follow the welcome drinks reception in the exhibition hall hosted by the Presidents of all the Societies and involve the talents of some well-known faces, but also others, and should prove to be an entertaining start to Wednesday evening. It will finish in time to allow everyone to move onto other activities of their own choosing that evening and delegates from all Societies are encouraged to attend. The Gala Dinner always sells out and so delegates are advised to buy their tickets in advance.

Relevant information on all that is going on during the conference will be contained in the conference app and on the ASM section of the VS website. This will include the programmes for all the Societies, abstracts and posters and speaker profiles.

Finally, my sincere thanks go to all at Executive Business Support, and especially Laura Doyle, who have worked tirelessly behind the scenes to ensure that this ASM is a success. In addition, my thanks go to all the members of Council and the various sub-committees and the organising committees of BACPAR, CSVS and SVN for their hard work to ensure the success of this meeting. This is my last meeting as Chair of the ASM Committee. It has been a true pleasure, and I wish my successor, Professor Sadasivam Selvakumar, every success for the next ASM in Hull in 2025.



Professional Standards Committee Report

Prof. Chris Imray



I took over as Chair of the Professional Standards Committee from Professor Ian Loftus just over a year ago. Ian started the process of making the workings of the Committee more transparent, I have, with the help and support of the Committee members, have continued this direction of travel.

Terms of Reference

The Society Council recently endorsed new Terms of Reference for the Professional Standards Committee. The Committee has undergone few changes, and now comprises the Chair, the Honorary Secretary, the President or Vice President, the Chair of the Workforce Committee and at least one other member of VS Council. They meet at least twice a year, with the defined remit

to support service reviews, provide professional support, develop policy around issues of Professional Standards, and advise Society Council accordingly.

Invited Review Mechanism

The Professional Standards Committee has been involved in a number of both formal reviews. The formal 'Invited Review Mechanism' or IRM, has traditionally been run through the auspices of the Royal Colleges of Surgeons of England, with input from the Vascular Society. More recently the Vascular Society has collaborated with the Royal College of Surgeons of Edinburgh in one review and has run a Vascular Society Review in another specific setting. The aim being to offer the most appropriate and timely review in each bespoke situation. Over the last year, reviews have been carried out by the Vascular Society in all four of the home nations.

It is important that we provide an easily accessible, fair and independent support structure for any members of the Society who need help, advice or guidance, for whatever the reasons may be. That approach should be anonymous should the member prefer. This is especially important for those who find themselves the target of abuse, discrimination, bullying or intimidation in the workplace.

Widening involvement of the membership

The Professional Standards Committee has a number of surgeons trained to assist with either RCS or VS reviews, but we would like to expand this pool so if there are individuals who are interested in helping, I would be keen to hear from them.

ASPIRE Course 2025

I would like to thank Kaji Sritharan, a member of the Professional Standard Committee, for inviting me to talk at the ASPIRE EYC course in June 2025. I think this is an important opportunity to explain how the PSC works to individuals at an early stage in their careers.

X @chrisimray



RCS Eng. Speciality Lead in Vascular Surgery Report Prof. Robert D Sayers

I have attended all RCS Council meetings and represented the views of the Vascular Society. I have fed back the RCS Council decisions and discussions at VS Open Council meetings and during ad hoc discussions with the President, Secretary and relevant Officers and Committee Chairs.



I have several roles on RCS Council including-

I am editor in chief of The Bulletin and liaison council member for the Annals and dental journal.

I represent the RCS on a number of committees and advisory groups including- Membership and engagement; Workforce and training; Library, museums and archives; Research and innovation; NCEPOD; NHSE

new hospital programme; Peri-operative surgical sodium abnormalities; and Surgical bleeding and tranexamic acid

Topics discussed at RCS Council and relevant to the VS this year have been-

1. There has been widespread debate about the abhorrent issues around **sexual misconduct in surgery**. We have had talks on this topic and attended training sessions. The RCS has published a new Code of Conduct outlining the expected values and behaviour of fellows and members and Professor Vivian Lees (RCS VP and Council lead for this topic) will attend the ASM in Brighton to give a lecture.
2. The **Kennedy reforms** have been widely adopted but debate is ongoing about the election of the President and Vice Presidents – the final decision may require changes to the Ordinances of the College that require Privy Council approval.
3. The **Darzi reforms** are very topical, and the College has made major contributions to advising on solutions for the NHS backlog including more use of surgical hubs.
4. I represent the College on **NCEPOD** and advised on the acute limb ischaemia review.
5. There have been ongoing discussion on **surgical workforce and the challenges** – the ASIT report on the cost of surgical training has also been debated. We have had several debates on the role of PAs in surgery and their scope of practice. The VS views on PAs are also discussed at the FSSA.
6. Various issues about **patient safety** have been raised and the effects of the NHS backlog and the junior doctors (residents) strike have been debated.
7. The role of **tranexamic acid** in reducing surgical bleeding has been debated. The College hosted an update day on blood transfusion shortly after the recommendations of the Infected Blood Inquiry. The College hosted a round table discussion involving key stakeholders (where I supported the President) – changes to the WHO checklist to include TxA were discussed, and our views were sent to NHSE.

X @robsayers17

Circulation Foundation



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Circulation Foundation Report

Neeraj Bhasin

Firstly, I would like to thank you all for continuing to actively support the Circulation Foundation. It has been another fantastic year for our charity. We continue work to support our 3 main aims:

- **To support vital research into vascular disease.**
- **To support individuals living with vascular disease.**
- **To raise the awareness of the impact vascular disease has on our patients, their carers, and the wider NHS.**

The main advancement for the charity this year has been a wholesale refresh of our website. It is now modern, engaging, and 'fit for the future'. I believe we have achieved the aim of this being something we can all be proud to signpost patients, relatives, MDT colleagues, partner organisations, and corporate organisations to.

It was clear it was not just the site that needed updating, and we are exceptionally grateful to the Specialist Interest Groups, Venous Forum, BSET, and other colleagues for refreshing the patient information leaflets and creating new ones. I would also like to thank our carer representative from the CF Committee, Laura, who read all the patient information leaflets to obtain a patient/carer view. We are building to 26 patient information leaflets, and I hope that all units will use this free resource moving forward to help a shared, informed, decision making. This will probably be the section that directly benefits the patients and their carers the most.

Also added to the website are three infographics/fact sheets for PAD, AAA and Venous disease – which are attached at the end of the report. These are for colleagues to use to raise awareness of vascular disease with patients, stakeholders within their organisation, and other external organisations. We were pleased to see the exceptionally positive reaction to them when trialled at the Vascular and Venous All Party Parliamentary Group Drop-In session. They formed an excellent basis around which to have a wider discussion. Finally, with respect to the website, I must give immense thanks to Gail who took hold of the project, gave it momentum, and got it over the line. It would have undoubtedly stalled without her energy.

In terms of raising awareness we have made some valuable connections, mainly with the Vascular and Venous All-Party Parliamentary Group with whom we have created a very positive working relationship. In March we attended the Houses of Parliament to support the VVAPPG drop-in session around Vascular and Venous disease. We have been meeting with the Association of British HealthTech Industries to contribute to their CVD Patient Awareness projects along with Abbott and Shockwave Medical after they also approached us.

We have attended the Collaborative West Yorkshire Vascular Service and Sheffield Vascular Institute 'Care of the Vascular Patient Learning Event', provided an article to Kron Media who produce the Northern Ireland Healthcare Review, Scottish Healthcare Review, and Welsh Pharmacy Review, quarterly publications aimed at broad audiences of healthcare professionals, and have been featured in the Mayfair Times 'Gift of Giving Guide' which is delivered every month to all the homes, 5-star hotel rooms, offices, private members' clubs, shops, restaurants and bars in Mayfair, St. James's and Marylebone.

As is now established, our busiest month for awareness raising was September – Vascular Health Awareness Month. We had the Body Walk, very significant social media output, spoke at a Barnet Health Champions session and launched our third podcast – CF Explorers. This podcast featured the truly inspirational but humble Chris Imray and Liam Musto discussing their epic journeys in which they also raised awareness and/or funds for the CF. I would recommend watching this to all colleagues, there are lessons for life and work that come out of their unique and rare achievements.

In terms of fundraising, I would not want to inadvertently miss anyone so will not name individuals, we are so deeply grateful to the runners in the Manchester and London Marathons, and Great North Run, who ran on behalf of the CF. Their dedication and overcoming the physical and psychological demands in preparation and on the day is incredible, but to additionally raise funds for the CF is amazing.

I am pleased to report that income through all routes since the last ASM, including donations as part of membership fees, amount to £66,000.

There have been some personnel changes, and we have seen Liz and Amy move to different roles. With their enthusiasm and creativity, they had such a positive impact on the CF. We are pleased to welcome Georgia, who in a short time has already shown real initiative and motivation. As always, Gail continues as the glue, experience and compassion within the team.

As I will be entering the last year of my tenure at the end of the ASM we undertook an interview process for the future CF Chair, to commence the shadow period and then take over in November 2025. We are delighted to have appointed Rachael Forsythe, Consultant Vascular Surgeon based in Edinburgh. Rachael has leadership experience as Past President of the Rouleaux Club, a wide international network of colleagues, clear experience in charitable pursuits and, I know, will bring a young and diverse view to council discussions.

I will finish with some requests for all colleagues, which are:

- Please continue to help raise our awareness and profile.
- Please do follow us on our social media platforms.
- CF hoodys, T-shirts and merchandise are available to purchase.
- If you, or someone you know, would be willing to fundraise on behalf of the CF please do approach us.
- Please engage with our new website, signpost people to it, and use the free resources on there.

Thank you to everyone who continues to support The Circulation Foundation.

To try and keep blood flowing to the legs there are approximately 6,800 surgical operations per year, and 14,500 minimally invasive X-ray based procedures across Great Britain and Ireland. There are also approximately 3,800 major limb amputations



Medication to treat and prevent the progression of PAD is prescribed less in these patients than those with stroke or heart attacks. It is key to get antiplatelet therapy and statin therapy prescribed and high blood pressure and diabetes are well managed



Exercise is the recommended first line treatment. Although for patients with heart attacks, the same disease process, cardiac rehabilitation programmes are easily and widely accessible, only approximately 38% of centres can offer a supervised exercise programme for PAD patients



CLTI occurs in approximately 1 in 5 patients with vascular disease and has been estimated to cost £200 million per year for the NHS

Peripheral Arterial Disease (PAD)

PAD is a condition caused by narrowing of the blood vessels that supply the legs. This causes severe pain on walking, decreased quality of life, brings a significant economic impact, and can lead to amputation. Although it is the same process that causes heart attacks and some strokes, it is much less known about. Chronic limb-threatening ischaemia (CLTI) is the end stage of PAD, where the lack of blood supply to the foot causes constant pain and / or ulcers or gangrene.



It is estimated that 3.2 million people had PAD in the UK in 2015, representing 6.9% of the population

Of patients with CLTI, 45% die in 2 years, and approximately 50% in 5 years, equivalent to, or worse than, some cancers



PAD produces a spectrum of disease from no symptoms, through intermittent claudication through to CLTI



Symptomatic PAD signifies a 6-fold increase in cardiovascular mortality



The Circulation Foundation is a vascular charity working towards the following aims:

- To support vital research into vascular disease
- To support individuals living with vascular disease
- To raise the awareness of the impact vascular disease has on our patients, their carers, and the wider NHS



With thanks to Ellie Atkins, Neeraj Bhasin, Patrick Coughlin and Amy Williams

All men are invited for a screening test when they turn 65. The test involves a simple scan and takes about 10 minutes. Despite the availability of elective screening methods, AAA remains underdiagnosed, particularly among vulnerable populations.



It is still not known exactly what causes AAAs to develop. We know you are more at risk if you are a man over the age of 65 years or woman over the age of 70 years. There are some things you can do to reduce your risk these include: not smoking, maintain a healthy weight and lowering your cholesterol.



Your genetic make-up plays a role in having an AAA, as you have a much higher chance of developing a AAA if one of your relatives (parent, brother or sister) has or had one. If this is the case, you should ask your GP about getting an ultrasound scan.



There is a 1 in 17 lifetime risk of developing an AAA for the general population

Abdominal Aortic Aneurysm (AAA)

An aneurysm is defined as a localised swelling of an artery which is larger than 50% of its normal diameter.

For the aorta this is when it is >3cm. The aorta is the largest artery in the body. It connects your heart to the rest of your body. Many people with AAA don't know they have one. AAA can cause no noticeable symptoms at all, that is until it ruptures.



Approximately 4,000 Operations are performed for AAA each year

Despite advancements in medical technology, rupture of an aortic aneurysm still carries a staggering mortality rate of about 80%. There are 3,000 deaths due to AAAs each year in the UK



The only treatment available for AAA at the moment is major surgery. AAA can be repaired by traditional surgery through the belly or by 'endovascular surgery' using a stent.



The total elective surgical cost to the NHS due to AAA is in excess of £50 million, not including the screening programme costs (>£15 million per annum), costs due to emergency admissions or psychological costs incurred by such a diagnosis



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With thanks to Matthew Bown, Liam Musto, Sarah Messeder, Neeraj Bhasin and Amy Williams

Up to 40% of people will suffer from venous disease, around 27% of those will have the more severe symptoms of swelling, skin staining, venous eczema, or ulceration



In 2023 20,735 patients in England received an intervention for their varicose veins via the NHS. 95% of these were minimally invasive techniques



NICE published guidance states treatments for varicose veins are proven to be safe, effective and more cost effective than conservative care. These treatments can accelerate healing and reduce recurrence of ulcers



Treatments for varicose veins are usually done under local anaesthetic, each procedure takes around an hour and patients return to normal activities in 1-2 days

Varicose Veins and Venous Leg Ulcers

Varicose veins are swollen, enlarged superficial veins. They happen when valves in the veins are damaged and don't work properly allowing blood to flow in the wrong direction. Blood collects and veins bulge and this can lead to pain, swelling, skin discoloration and inflammation, to ulcers

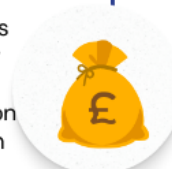


There are an estimated 739,000 patients with leg ulcers in England

Venous leg ulcer is the most common type of ulcer, accounting for more than 60% of cases



Managing one Venous Leg Ulcer costs over £7,760 per year, totalling over £3.1 billion for the UK population



Of the patients with venous disease, 15% had lost work days, 30% of these had lost more than a week and 12% had lost more than a month



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With thanks to Daniel Carradice, Emma Greetham, Neeraj Bhasin and Amy Williams



SCAN ME



Journal



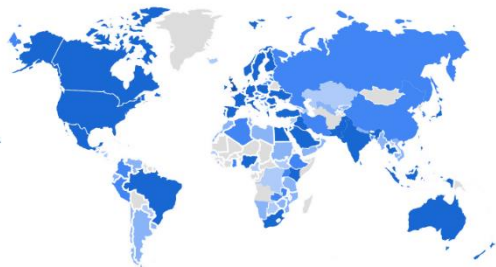
Journal of the Vascular Societies of Great Britain and Ireland (JVSGBI) Prof. Ian Chetter and Gail Ryan

The JVSGBI has had an incredibly successful first three years. The journal is free, open-access and is published online quarterly. It represents the whole vascular community. Time to on-line publication is approximately ten weeks. One hundred and thirty-four articles have been submitted to-date. Ten articles have been rejected, and two were sent back to the authors but not resubmitted.

Breakdown of published articles are as follows:

- Editorials x 22
- Original Research x 60
- Systematic Review x 5
- Protocol x 11
- Case Study x 16
- Short Report x 2
- Event Report x 1

At time of writing, the most popular article accessed over the last 12 months has been '**All you need to know about Vascular Surgery**' the fantastic free online textbook, superbly produced and edited by Patrick Coughlin and Lasantha Wijesinghe, which was recently included as a JVSGBI supplement. This beautifully illustrated and easy to read book aims to increase understanding and knowledge of vascular surgery and specifically targets medical students, early career stage doctors and allied healthcare professionals. The most accessed article over the last 3 years is '**Wi-Fi scoring: a reliable tool for risk stratification in the diabetic foot clinic.**' By Williams et al (2022).



Although predominantly aimed at UK based vascular activities, the JVSGBI certainly appears to have a global appeal, with user access from over 80 countries.

The top four countries are: UK, USA, Australia and India.

The number of affiliated organisations has now increased and include the British Association of Chartered Physiotherapists in limb Absence Rehabilitation (BACPAR); British Society of Endovascular Therapy (BSET); British Society of Interventional Radiology (BSIR); Rouleaux Club; Society of Vascular Nurses (SVN); College and Society for Clinical Vascular Science for Great Britain and Ireland (CSVS); UK National Interventional Radiology Trainee Research (UNITE) Collaborative; Vascular Anaesthesia Society of Great Britain & Ireland (VASGBI); and Vascular and Endovascular Research Network (VERN).

The editorial board submitted JVSGBI MEDLINE application in Summer 2023. Unfortunately, we found out in Summer 2024 that this was unsuccessful. Detailed feedback has been provided and a planned response and resubmission will be actioned as soon as JVSGBI is confident that all areas have been addressed. Medline have also encouraged resubmission.

Finally, I would like to thank authors, reviewers and the Editorial Board for their ongoing support and commitment. I am hugely grateful for the tremendous effort and enormous amount of work that goes on behind the scenes and immensely appreciative of the dedication and enthusiasm of everyone involved.

X @Chetterlan



Affiliated Societies



British Association of Chartered Physiotherapists in limb Absence Rehabilitation **Louise Tisdale, Chair**



BACPAR's representation to the Vascular Societies committees is through Julia Earle (to VS Open Council) BACPAR's Vice-Chair and PRO Dr Miranda Asher (VSGBI Journal) – BACPAR Research Officer and Kimberley Fairer (to ASM committee meetings).

BACPAR was pleased to contribute to the 2024 update of the POVS document. Having conducted a national survey (2023/2024) of Physiotherapists involved in the delivery of any part of the rehabilitation of individuals having undergone limb amputation surgery, BACPAR has gained a good understanding the varied nature of Physiotherapy roles in terms of location, equipment available, experience and challenges of referral pathways. BACPAR is keen to support individuals who work outside of commissioned prosthetic services to raise their profile with commissioners. Work continues to update rehabilitation guidelines and disseminate them widely to support practitioners in their delivery of care.

BACPAR bursaries support members to attend training opportunities, conduct or disseminate their research and undertake post graduate training and we will be discussing the provision of an Overseas bursary with the membership at the 2024 AGM aiming to support individuals to participate in limb absence projects outside of the UK.

BACPAR membership numbers continue at a healthy state; Physiotherapists in both acute and post hospital discharge roles, non-Physios; including Prosthetists and Occupational Therapists, and Rehabilitation Case Managers adding to the depth of understanding of the limb absence rehabilitation pathway.

Again, BACPAR looks forward to holding its conference programme within the VS ASM this year. The program is representative of the membership and hosts international visitors, from Denmark, sharing best practice and updates from their services.

BACPAR has had representation to the Chartered Society of Physiotherapy (CSP) regarding the development Advanced Physiotherapy Practice. The CSP is keen to be able to support its members and workforce who are working in advanced practice. We continue to establish links with the CSP Diversity networks to understand how BACPAR can better support its membership. There has been a successful bid to the CSP for Professional Network funding to provide financial support to enable the update of the Outcome Measures Toolbox.

If our work is of interest to you, we would love to welcome a wider variety of healthcare professionals so if you would like to join us or find out more about anything mentioned above then please see our website.

<https://www.bacpar.org/>

British Society of Interventional Radiology Robert Morgan, President



I would like to congratulate President Andy Garnham and Vascular Society colleagues for a very successful year.

It has been my privilege as President of the British Society of Interventional Radiology to meet with and collaborate with Andy Garnham and Vascular Society colleagues in several events and meetings throughout the year. Your society goes from strength to strength.

I have enjoyed my first year (of two) as BSIR President. Working with my colleagues on the executive officer and administrative teams, we have enabled the BSIR to build on the successful innovations of the

past few years.

One illustrative innovation is that BSIR has changed its branding from the previous blue and red horizontal Easter egg to a more modern brand, which we anticipate will be met with a favourable response.

In terms of restructuring, we have set up two new Specialist Interest Committees (SIC):

The **Research Committee's** remit is to promote all areas of research in interventional radiology. The Research SIC has already instituted a survey of BSIR members to assess their involvement in IR research; the findings will be published soon.

The **Vascular committee's** remit is to promote all aspects of vascular IR for BSIR members. One of the first outputs of the Vascular SIC has been to set up a new BSIR focussed scientific meeting on vascular IR - called VITALS (Vascular Innovation and Technology Advanced Learning Symposium).

The inaugural meeting will be held in March 2025 and all vascular specialists, whatever their discipline as invited to attend.

The VITALS meeting will be a new addition to the BSIR portfolio of scientific meetings including the Annual Scientific Meeting (ASM), Paeds IR UK, IOUK, VASIG, and the Advanced Skills Course.

Similar to the Vascular Society, I am very pleased to write that there is an IR GIRFT currently ongoing, led by Dr Alex Barnacle. Visits to Trusts will commence in early 2025.

BSIR published the third iteration of the Provisional of Interventional Radiology Services document at the start of this year. We also published papers on Day Case IR provision and Access to Inpatient beds for IR patients.

The recently introduced run-through training pathway for IR trainees (CR(I)) is now in its third year. The numbers appointed for 2024/2025 are slightly down compared with the previous two years, and work is needed to increase uptake into this 6 year fully funded pathway for ST1 trainees.

As I am frequently telling people, training for interventional radiology is managed by the Royal College of Radiologists. Although there has been an increase in the overall number of funded ST1 trainees in Radiology, the number of IR trainees is relatively static. IR trainee numbers are subject to many limiting factors, not least the capacity and willingness of IR departments to train additional trainees.

BSIR is proud of our collaboration and involvement with the National Vascular Registry, and we will continue to endeavour to encourage our members to submit into the NVR.

By the time that this yearbook is published BSIR will have had its 2024 ASM, which also takes place in Brighton this year. I am very much looking forward to attending your ASM in the same city a few weeks later when I hope to see as many of you as possible there. Please do not hesitate to stop me and ask me anything about BSIR that comes to mind.

Finally, I am looking forward to another excellent year for our two societies in 2025.

Monday 24th and Tuesday 25th March 2025

EVENT DETAILS





Rouleaux Club **Andrew Nickinson, President**



The Rouleaux Club has had a busy 2024, working hard to represent the views of trainees across a wide variety of national committees, whilst also providing numerous educational events to help promote the specialty and inspire the next generation of vascular surgeons.

From an educational perspective, the association has run several 'Introduction to Vascular Surgery' courses throughout the year. These are primarily based at the major UK vascular conferences (VS, ASiT and CX) but we are also delighted to continue our partnership with the RCSEd to provide additional sessions in England and Scotland. Once again, these sessions are well attended and provide an excellent resource for medical students and

resident doctors in the early years of training.

Focussing on more senior trainees and the broader multidisciplinary team, the Rouleaux Club continues to enjoy its partnership with BSET to help deliver the 'National Vascular Training Day'. For a second year the association has also worked with CX/BIBA Medical to support their infomercial competition, this year entitled the 'Worrying Foot', which once again received many excellent submissions.

All these educational events are only possible due to the hard work and dedication of the faculty (who volunteer their time) and the continued support from major industrial partners. The association would like to reiterate its thanks to all those who have continued to support these valuable educational sessions.

Averil Mansfield Trainer of the Year Award 2024

One of the major developments for 2024 has been the creation of the annual 'Averil Mansfield Award' for trainer of the year. The Rouleaux Club has been delighted to work with the VS to develop this award. The award was created to honour those trainers who go above and beyond to ensure excellence in training and has been named in recognition of Professor Dame Mansfield's achievements in vascular surgery. Nominations were submitted by trainees themselves, with shortlisted candidates being selected for interview.

Over 25 individual surgeons were nominated this year with all submissions being of an excellent standard. The association are excited to announce the inaugural winner at the ASM's Gala Dinner.

It is fair to say the last few years have been challenging for the NHS, with industrial disputes coming hot on the heels of the pandemic. The recent resolution of resident doctors' industrial action is welcome news and hopefully will provide some stability going forward for trainees (although we note other members of the multidisciplinary team are still in dispute). More importantly than ever, the Rouleaux Club continues to provide representations across various groups, including the VS, vascular SAC, National Selection and FRCS committees to make sure the views of trainees are heard.

One area of interest for trainees has been around the scope of practice of Physician Associates not just within surgery but also across medicine in general. This has invoked some strong feelings and sometimes debate has been frankly unpleasant and unprofessional. The Rouleaux Club continues to work with the VS and ASiT to make sure the views of vascular trainees are represented, whilst also recognising the important contribution that different professionals make in caring for patients with vascular disease. This work is ongoing but hopefully more formal scopes of practices will be defined in the coming months.

At the upcoming ASM I hand over the responsibility of President to Lauren Shelmerdine. I wish her every success in her future role and am delighted the association is in such capable hands.

www.rouleauxclub.com

X @AndrewNickinson



Rouleaux Club Committee 2023-4

Vascular Surgery Surgical Advisory Committee (SAC)

Andrew Tambyraja, Chair

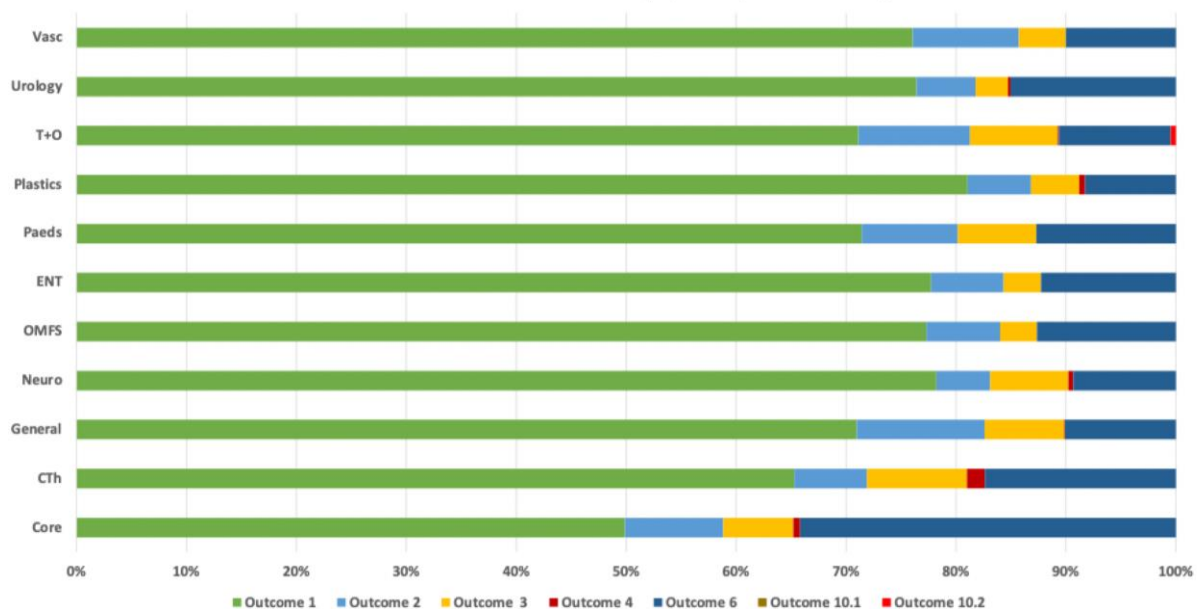


Health service pressures are having a negative impact on the training landscape. The future of our specialty relies on your engagement in education and training through your deaneries and medical schools as positive role models. Please advocate and support your trainees and all those who take part in training roles.

We currently have a full SAC membership and have welcomed new members this year. The next round of recruitment is forecast for Autumn 2025. The next SAC meeting is scheduled for 4th Feb 2025.

Logbooks and ARCPs Below is the latest ARCP outcome data received from JCST. Across surgical specialties, there is concern regarding the increasing number of outcomes 3s being recorded. However, our specialty has seen a slight reduction in this number since the year before, and no outcome 4s. This is encouraging but must be monitored closely.

ARCP Outcomes recorded on ISCP by specialty as of end August 24



National Selection The 2023/24 National Selection exercise had 173 applicants, of who 34 were appointed to posts. This is a similar number of applicants to the previous year, but six fewer available posts. The gender distribution of applicants and appointees is shown below. A new virtual skills station was brought in to replace the portfolio station and performed well. Alok Tiwari will lead the 2024/25 selection process where further refinements to short listing are proposed to ensure fair and equitable selection.

% of Gender Appointed				
2023 - 24	Applied	% Applied	Appointed	% Appointed
Male	129	74.57%	21	61.76%
Female	35	20.23%	12	35.29%
Not stated	9	5.20%	1	2.94%
Total	173	100.00%	34	100.00%

Workforce Patrick Lintott has conducted a detailed review of UK vascular workforce through direct phone or email contact with each of 64 vascular centres. Most regions do not achieve 1 surgeon per 100000 population. It is forecast that there will be a fall in the available vascular consultant workforce over the next three years before the benefits of previous expansion posts are seen.

Endovascular training and IR Collaboration Delivery of endovascular training remains a challenge in many regions. Collaborative working between radiology and vascular surgery is key to overcoming these. We now have strong representation on the vascular SAC from radiology stakeholders. It is essential that this collaborative relationship is nurtured nationally.

Curriculum Harj Rayt has led the work on curriculum update. Changes to the curriculum have been progressed and reflect current UK vascular practice. It is proposed that the 1-year placement in General Surgery become optional contingent on competencies being met by other placements. New PBAs for femoral artery pseudoaneurysm have been developed and rolled out.

Portfolio pathway The new portfolio pathway for entry to the GMC specialist register has commenced. The standard is based on the knowledge, skills and experience required for practicing as an eligible specialist in the UK. The first applications are under review, and we hope this will represent a more streamlined process for applicants and assessors.

National Training Paddy Coughlin has been appointed as the pilot Online Training Programme Director. A portfolio of digital learning resources are being developed and will complement the ASPIRE programme. Despite the success and perceived value of the ASPIRE programme, there is threat to the continued financial support from NHSE WTE. The Vascular Society and SAC are working to secure the recurring investment required to protect this resource.

The Society of Vascular Nurses (SVN)

Jane Todhunter, President



I am coming to the end of my first year as president of the SVN, it is a role that runs for two years and I must thank Gail our past president for handing over a strong healthy society, the committee for their support and inspiration and of course Siobhan our Vice President who provides a wise ear and advice. The SVN committee embodies the true ethos of “together we are stronger”. Individual strengths and talents unite to create the energy required to run a successful organisation. We have not had a full committee for the past few years but this year we will fill all the spaces and hope to run with 15 members from November. In addition, we will still offer two seconded places for any ward staff nurses to join for a year and get a flavour of what we are about.

It can feel rather daunting to sit at the Open Council for the first time, so I must thank the VS and the other key stakeholders who share that meeting, for their support and inclusiveness. We were aware of the need to future proof the SVN and with this in mind we have been working towards becoming a charity. This process has not been fully completed to date, but it should be settled early next year. We believe this will provide transparency, increase our appeal to industry and strengthen the society for years to come.

The focus this year has very much been on education. We have run a **joint summer symposium** with the Vascular Society for several years now. The number of attendees increases each year and feedback is positive. There will be another event in July 2025. We continue to collaborate with the Venous Forum, participating in the annual summer meeting and promoting the event to our members. We have run webinars throughout the year hosted by the **Legs Matter platform**. These are less formal events in the style of a sofa chat. They are particularly well received and have reached many affiliated colleagues, such as podiatrists and community nurses as well as patients. Our colleagues have an appetite to learn about lower limb issues, both arterial and venous, and the SVN have seized this opportunity. There are plans afoot to take the SVN on the road and we are looking at developing regional study days next year.

We are delighted to get positive feedback from our members on the benefit of both the **provision of vascular nursing statement** and the **capability document**. They have been used to support change within NHS trusts and develop the roles of vascular nurses and advanced practitioners. The capability document is now in a useful digital format. The nurse delivered venous service document felt a little too hot to handle last year, however there is evidence that the role can be delivered safely and competently by advanced practice vascular nurses. The result of our members’ survey suggests only 2.5% currently perform endovenous intervention and around 10% are interested in developing into this role in the future.

The SVN was pleased to be involved in and support POVS 2024. There is greater emphasis on the patient at the centre of a sustainable vascular service. The document should drive quality improvement for our patients. Regarding sustainability, we aim to support the NHS target of carbon net zero by developing a sustainable committee and society, minimising waste, whilst supporting excellence in clinical practice, education, research and professional networking across vascular services. We have produced a **sustainability statement** which can be viewed on our website.

The SVN are mindful of burnout in nursing and this year at conference we are running the **“Wendy Hayes” Memorial session** on Thursday, with a focus on compassionate leadership, preventing burnout and promoting civility in the workplace. This session is guaranteed to be both thought provoking and inspirational. The programme across all society meetings looks great and we are looking forward to a great joint society conference in Brighton.



The College and Society for Clinical Vascular Science Kamran Modari, President



I would like to use this forum to thank our past president Emma Waldegrave for all her work throughout her tenure. One doesn't really appreciate the amount of work that goes on behind the scenes and Emma has set the bar so high that it is a hard act to follow. We thank you for your efforts and wish you well on your continuing career in vascular science.

I am honoured and pleased that I have managed to represent our society on various committees with the help and support of our energetic Executive Committee team. I can emphatically say that none of it would have been possible without the firm support of the board members.

Immense effort has gone into various projects in the background such as the new website, new online exam platform, updated PPGs, new financial payment platform, study days, research guidance, executive committee secretary, BMUS representative, membership secretary, newsletter and more. The full updates on all these projects are listed in the specific committee reports and recognition must be given to each committee chair and their respective teams for such an amazing amount of work, all completed in their own time. Please read the individual reports in this booklet so that you are aware of upcoming resources.

We have continued delivering face-to-face study days as it is in demand by our membership and mostly oversubscribed. I must say that I find these study days particularly useful to update and refresh my knowledge. We appreciate that it is difficult to get time off to attend these days and we have decided to continue with providing recordings of the talks for review as webinars through our website. A special thanks must go to Emma Robinson at BMUS for all her hard work and administrative support in the background.

Our Society has been involved in the updated Provision of Vascular Services 2024 document. The new document will be available for public access at the ASM and there will be stand on the main floor where you can have a look and possibly get a hard copy of this new document. I would like to thank all of the Executive Committee members for their input in the production of this document.

Our Society is once again represented at the BMUS ASM in Coventry this year on the Vascular Science stream with a series of topical lectures and invited speakers organised by our BMUS team lead (Tanyah Ewen). This is an excellent collaborative position that we intend to support in future years. We look forward to seeing you at this event.

We would also like to thank everyone who submitted information to the 2024 NHSE Stocktake. We appreciate the amount of work involved in the submission. This data is going to be used by the NHS to better understand the Physiological Sciences network that has long been overlooked. We shall keep you updated of the outcomes of this exercise.

Our Society has also had representation on many other panels and committees throughout the year such as AHCS (Academy of Healthcare Science), CASE (Consortium for the Accreditation of Sonographic Education),

GIRFT (Get it Right First Time), the Vascular CAG (Clinical Advisory Group), NHSE Physiological Sciences Stocktake panel, and the VS open Council meetings. Updates on relevant points will be available in our quarterly newsletter.

We are also pleased to inform the membership that Klaus Bond has been voted in as the Vice President Elect. Klaus has been serving on the Executive Committee for some time and is well placed to take over the reins in due course. We wish him the best of luck. Our new Research Committee chair is Isaac Colliver, and we wish him well in his new role.

Last but not least, a big thank you to the EBS team, the Vascular Society President and Council members for welcoming me to the fold. We appreciate your support and collaboration in delivering the ASM in Brighton.

On a personal note, I would like to thank our Executive Committee for their unwavering support throughout my first year as the president of our new Society. All credit should go to the committee chairs and their teams. I am humbled by the sheer enthusiasm and knowledge within the combined team, and it is a blessing to be involved with this Society.

We wish you all a safe and prosperous new year.



On behalf of the Executive Committee:

Dr Steven Rogers (Vice President), Emma Waldegrave (Past President), Klaus Bond (Vice President Elect and Conference Secretary), Jo Walker (Professional Standards Committee), Hannah Williamson (Education Committee), Ben Freedman (Treasurer), Lynne McCrae (membership Secretary), Rob James (Website), Tanyah Ewen (BMUS representative), Jeny Anton (Newsletter Editor), Isaac Colliver (Research Committee), Janine Fletcher (Executive Committee Secretary)

A maroon banner with large, bold, yellow-green text that reads 'RESEARCH WEBINARS'. Below this, in white text, is 'Register Here'. To the right, a white-bordered box contains the text 'FIRST WEDNESDAY OF EVERY MONTH 12:00 - 13:00' in yellow and white. Below the box, it says 'Starting 3rd May 2023' in white. In the bottom right corner of the banner, there are two small white circles, one filled and one empty.

<https://www.svtgbi.org.uk/mediacentre/events/svt-research-webinars-2023/>

Venous Forum

Professor Bruce Cambell, President

The Venous Forum of the Royal Society of Medicine provides opportunity for all those with an interest in venous disease to meet – to share knowledge, and ideas; to receive education; to address training issues; and to promote strategies for improved care of people with venous disease.

VSGBI Members will be familiar with the Venous Forum sessions at the Annual Scientific meeting each November, which comprise scientific presentations, including pump priming applications for trainees, and multidisciplinary issues in patient care. In addition, the training days now associated with the ASM have proved popular and successful. The day for trainees in Dublin in 2023 formed part of the ASPIRE programme - ASPIRE VENOUS - and we plan to repeat that in November 2025, with a wide range of practical stations and talks.

Each Venous Forum meeting has a big educational focus, with accompanying workshops and debate about training across the whole range of venous disease, from treating thread veins in the private sector, through managing varicose veins, to complex interventions for deep venous disease. Free places are offered to trainees at the two-day summer meeting.

The Venous Forum summer meetings cover a wide range of topics. In June 2024 a session on national strategy for delivering care provided a platform the All Party Parliamentary Committee on Vascular and Venous Disease (an unfortunate title, suggesting that venous is separate from vascular, but nevertheless most important); as well as Andrew Garnham, VSGBI President; Rachel Bell for GIRFT; and Jon Boyle for the NCIP (National Consultant Information Programme). There were also sessions dedicated to private practice, because so many vein treatments are provided in the private sector; on sclerotherapy; and on the burgeoning and important area of interventions for deep venous disease. A wide range of disciplines attended, but it was both noticeable and disappointing that few consultant vascular surgeons were present, with the extensive content that was so highly rated by those who did attend.

In 2025 the summer meeting will be at the RSM on 12 - 13 June 2025. We are also planning a series of webinars, together with other disciplines. The collaboration of the Venous Forum with other Societies is a vital asset. These include the VSGBI and the Rouleaux Club, the SVN (Society of Vascular nurses), the CSVS (College and Society for Clinical Vascular Sciences - formerly the SVT), and the BAS (British Association of Sclerotherapists).

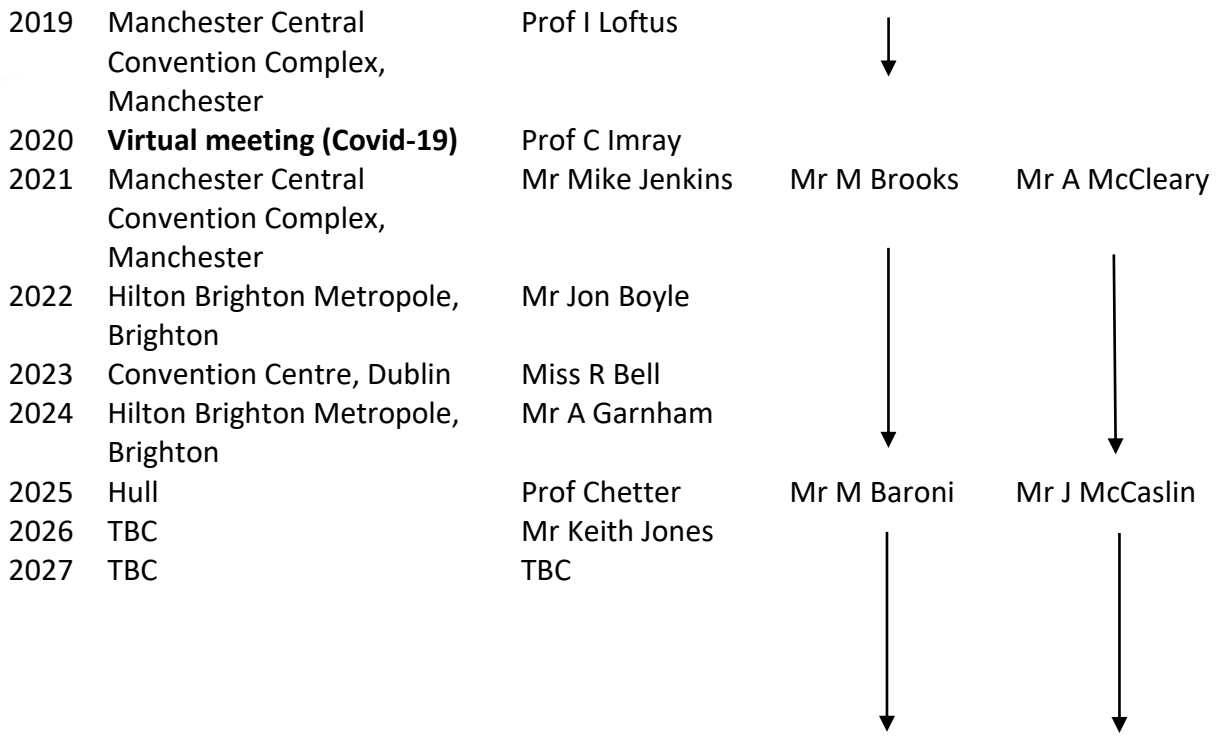
The Royal Society of Medicine was set up as a place for all medical disciplines to come together, with an enduring focus on education. It now has 55 Sections, of which the Venous Forum is one. Membership of the Venous Forum means being a member of the RSM, and that has probably discouraged many vascular surgeons from joining, because RSM membership is quite costly (although inexpensive for the “London Club” facilities that the RSM offers). There have been tensions within the Venous Forum

Council about this and some other policies of the RSM - not least the limitation to ten years for Council membership, which is seen as a disadvantage for a relatively small Section, and which has recently caused a number of prominent leaders of the venous community to leave the Council. Recent new appointments to the Venous Forum Council are Taha Khan, Sarah Onida, Baris Ozdemir, and Sarah Nduwayo for the Rouleaux Club, whom we welcome.

The Venous Forum looks forward to continuing close association with the VSGBI, and to increasing attendance by VSGBI members at our meetings.

Society Meetings and Officers (2000-26)

Year	Venue	President	Honorary Secretary	Honorary Treasurer
2000	London Arena, Docklands, London	Prof RM Greenhalgh		Mr RB Galland
2001	Hilton Brighton Metropole, Brighton	Mr RN Baird		
2002	Waterfront Hall, Belfast	Prof AA Barros D'Sa	Mr PM Lamont	
2003	Scottish Exhibition and Conference Centre, Glasgow	Prof KG Burnand		
2004	Harrogate International Centre, Harrogate	Mr PL Harris		Mr DC Berridge
2005	Bournemouth International Centre, Bournemouth	Prof M Horrocks		
2006	Edinburgh International Conference Centre, Edinburgh	Mr JHN Wolfe	Mr JJ Earnshaw	
2007	Manchester Central Convention Complex, Manchester	Prof G Hamilton		
2008	Bournemouth International Centre, Bournemouth	Mr MJ Gough		Mr SD Parvin
2009	BT Convention Centre, Liverpool	Mr PR Taylor		
2010	Hilton Brighton Metropole, Brighton	Prof C Shearman	Mr M Wyatt	
2011	Edinburgh	Mr PML Lamont		
2012	Manchester Central Convention Complex, Manchester	Prof AR Naylor		Mr T Lees
2013	Manchester Central Convention Complex, Manchester	Prof JA Scott		
2014	Glasgow	Prof J Beard	Mr K Varty	
2015	Bournemouth International Centre, Bournemouth	Mr P Blair		
2016	Manchester Central Convention Complex, Manchester	Mr M Wyatt		Mr A Garnham
2017	Manchester Central Convention Complex, Manchester	Prof R Sayers		
2018	Glasgow	Mr K Varty	Miss S Renton	





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The Vascular Societies of Great Britain and Ireland

British Association of Chartered Physiotherapists in limb Absence Rehabilitation
British Society of Interventional Radiology
The Society for Vascular Nurses
The College and Society for Clinical Vascular Science
Vascular Society of Great Britain and Ireland