

President's update 22nd May 2020

We are now nearing the end of the second month of the CV19 lockdown. The initial peak that started in late March seems to have passed, and fortunately there is a sustained reduction in the number of new CV19 cases and related deaths. Bed occupancy rates in ITUs are returning towards more normal levels, and there is a growing momentum behind the need to open up a service that is not only emergency based.

However, super tankers don't change direction quickly, and in many units the infrastructure is still geared up to dealing primarily with CV19. Although cleaner pathways for patients are being developed, they are by no means robust. Vascular surgeons need to weigh up all the risks and the benefits before intervening.

The Vascular Society put out proposals on how services might be resumed on 1st May and many units are preparing for a gradual resumption of activity.

<https://www.vascularsociety.org.uk/userfiles/pages/files/Newsletters/2020/VS%20V6%20Resumption%20of%20elective%20vascular%20surgery.pdf>

We hope that key components the VS document will be integrated into a joint approach with GIRFT and the Vascular Disease CRG.

Vascular Society Council Meeting

On Thursday 14th of May and Friday 15th May, we held the usual Vascular Society Council meetings, but this time over Zoom. Over those 2 days, I attended a total of 13 hours of meetings and found focusing a virtual world is really quite demanding. What is clear is how challenging the CV19 outbreak has been, with far reaching impacts on all aspects of vascular care, the vascular workforce, training, research, audit and the ASM.

ASM Meeting

Detailed consideration was given of the best way forward for the November VS Annual Scientific Meeting. A number of options were considered, and whilst no final decisions have been made, we are looking very seriously at a virtual meeting. Further information with regards to the planning has been made in a separate statement and this is available at:

https://www.vascularsociety.org.uk/professionals/news/127/the_vascular_societies_annual_scientific_meeting

Education

Keith Jones updated us on the new vascular curriculum which is close to being submitted to the GMC for final consideration. There has been a lot of collaborative work with the BSIR in trying to get the curriculum into an appropriate format and with deliverable competency levels.

Running the Aspire training courses in these very restricted circumstances was discussed. Keith Jones and Paddy Coughlin have led a team to set up the virtual Aspire Digital courses and these weekly webinars are already attracting audiences of more than 150 and often include national experts.

Audit

John Boyle discussed the rapid introduction of new COVID related fields within the NVR. This has already produced invaluable data on how CV19 is impacting vascular outcomes. In the past the NVR the data has often been completed in batches. In the current, very dynamic situation, it is really important that members complete the NVR as soon as possible after completing the procedures so we have real time data, that really reflects what is really going on.

John Boyle, following his successful election to Vice President Elect will be shadowed by Arun Pherwani who was elected the new chair of the Audit and Quality Improvement Committee. I am absolutely delighted with Arun's appointment as he brings considerable energy, enthusiasm and experience to the job.

Circulation Foundation

Circulation Foundation Committee discussed a number of issues, and the Committee is particularly keen to update its database of doctors, nurses, vascular technologists and patients. They are exploring a number of interesting and innovative approaches to how we might improve disease awareness, increase a social media presence and raise money.

Research Committee

Ian Chetter reported the considerable activity led by the SIG's. Ian is looking for a chair of the SIG with an interest in carotid surgery to complete the portfolio. Discussions also took place about the progress that the COVER study has made and VERN are to be congratulated on the enormous energy, enthusiasm and progress they have made on this particular study.

Workforce

Workforce Committee didn't meet because of the huge number of meetings and we plan to hold this at a later date.

Other reports

Douglas Orr briefed Open Council on the changes in the JCIE exam dates and progress around the exam. Information on this is available at: <https://www.jcie.org.uk/content/content.aspx?ID=7>

Mark McCarthy briefed Council on the impact CV19 was having on the recruitment process, the resultant changes in ARCP assessment and gave an update on the new curriculum submission.

We had also reports back from the Cliff Shearman from the Council of the Royal College of Surgeons Eng, Helen Crane from BACPAR, Trevor Cleveland from BSIR, Shenil Patel from the Rouleaux Club, Louise Allen from SVN and Lee Smith from the SVT.

Future challenges

The return to 'normality', is turning out to be a considerably more challenging than shutting down all but the most urgent surgery. Whilst the general principals which we outlined in our document May 1st can be followed, individual units will have different challenges so local solutions will need to be found.

'Clean' surgery, starting with 14 days isolation and following demonstrably clean pathways, may be suitable for many of our non-emergency patients. If clean pathways can be secured, we will be in a position to return the surgical risk / benefit balance towards a more conventional ratio. And with that the delivery of a more normal service (including screening for AAAs and elective aortic surgery on 5.5cm AAAs) becomes a possibility.

These are challenging times and once again I am so impressed by the way the entire vascular community has risen to this challenging. I am proud of the energy, enthusiasm and good will and the collaborative approach which has been used. I am looking forward to the weekend and in particular the fact we are not holding an extraordinary meeting of the Executive Council for the first time in 10 weeks!

A handwritten signature in blue ink, appearing to read 'C. H. Ince', with a long horizontal stroke underneath.

President of the Vascular Society of Great Britain and Ireland