



OF GREAT BRITAIN AND IRELAND

# Yearbook 2019

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## The Vascular Society Yearbook 2019

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## The Vascular Society of Great Britain and Ireland President's Report – Professor Ian Loftus



It was a great honour to be elected as President of The Vascular Society of Great Britain and Ireland. Receiving the chain last year from Kevin Varty was one of the proudest moments of my career. The year has flown by and proven to be challenging, rewarding and enjoyable in equal measures.

Over the last decade, we have seen dramatic changes in vascular practice in the UK. These include specialisation, a new curriculum and examination, centralisation of services, the National Vascular Registry, publication of surgeon level outcomes, and a big shift towards endovascular practice. Some of these have definitely improved outcomes for our patients. But each has presented significant challenges to you, the members of the Society, who provide an invaluable service to patients with vascular disease.

Challenges to our practice continue to emerge, most recently with the Getting it Right First Time programme, and the publication of the draft NICE guidelines on the management of patients with aortic aneurysms. Both of these processes raise questions about current practices. They have stimulated intensive discussions about who should be doing what in vascular surgery, and where. We seem bound to undergo further rounds of centralisation to high volume centres, especially in terms of aortic practice. These present geographical, logistical and personal difficulties to overcome.

The Society has been involved in multiple reviews of clinical services linked to these processes. It is clear to all of us involved, that this can be very stressful for those who are directly involved in the clinical service. Members are rightly proud of the quality of care provided, in a healthcare environment that is the most challenging I have seen in 25 years of working in the NHS.

The theme of this year's annual scientific meeting is 'the provision of a safe, sustainable vascular service in 2020 and beyond'. There is no doubt that going forward, especially in the light of the draft NICE guidelines, we are going to have to carefully analyse and rationalise some aspects of contemporary vascular practice. It is clear, from the intense debate this year that most of you feel that the endovascular boundaries have been pushed too far. We need to adopt a more cautious approach, with a clearer focus on patient selection, an individualised approach to intervention and surveillance, and a shift towards collection of meaningful data on long term outcomes. These will be the focus of developments in the National Vascular Registry, including the capture of device specific outcome and re-intervention data. Jon Boyle has secured industry funding for this, and has been working hard with the audit committee and the NVR team at the Royal College of Surgeons of England.

Despite the delays in the publication of the draft NICE guidelines, we have already seen a shift in clinical practice and attitudes. We have also been involved in regular and productive dialogue with NICE and other stakeholders, in particular the British Society of Interventional Radiology. We have agreed to focus

on closer working relationships with BSIR, and a collaborative approach to training, audit, research and service provision.

Another area of scrutiny is the management of patients with lower limb vascular disease. The audit and quality improvement committee has developed a quality improvement plan for patients with critical limb ischaemia. This was launched officially in October and represents a tremendous opportunity for a multi-disciplinary approach to improve pathways of care, and outcomes, for these patients.

Professor Chetter and the research committee have been working on a programme setting research priorities in vascular disease. The Society is now establishing special interest groups to work on the areas identified. This is an exciting development in the work of the Society, with the potential for running clinical trials under the Society umbrella and involving the broad vascular community in a range of important research topics.

Under the lead of Keith Jones, we now have a full range of ASPIRE training courses run through the education committee. And the finances behind all of what we do and have achieved are in a much better place than they were a few years ago, under the watchful gaze of our Treasurer, Andy Garnham.

The members of Council have all worked tirelessly on your behalf. I am very proud to be part of a group of individuals, whose energy and passion for the provision of quality vascular services is unquestionable. I am enormously grateful to them all, in particular our Honorary Secretary, Sophie Renton.

It will give me great pleasure, but also a heavy heart, to hand over the reins to Professor Chris Imray. It will be the end of my 10 year stint on Vascular Society Council. I have no doubt that Chris will be an outstanding leader of the Society. He is ready to tackle anything that is thrown at him, in the same way that he successfully tackles the highest mountains around the Globe.

I wish you all a very enjoyable meeting in Manchester. More than anything, I am sure we will provide a safe, sustainable vascular service in 2020 and beyond.

## Honorary Secretary's Report – Ms Sophie Renton



The Vascular Society is your professional body. We are here to promote the work of our members, and to support training and research. We have set the Standard for the Provision of Vascular Services for Vascular Patients and Council members are often called on to support and advise reconfiguration of services. As you will see from the Presidents report, the year has been busy with negotiations with numerous professional bodies including NICE and GIRFT. We have also had the opportunity to work with the All Party Parliamentary Group on vascular and venous disease.

The report on venous leg ulcers was launched by Derek Thomas MP in October. It has generated a lot of interest, particularly in the media. Derek Thomas will be unable to join us in Manchester as he will be on the election trail, but Tomas Morel will be presenting the report at the meeting. Working with external bodies helps to raise awareness of the activities of the society.

As Secretary of the Society, I am responsible for ensuring that the Society back office function runs smoothly and offers good value for money. Therefore, when our contract with Fitwise was up for renewal, we tendered the running of the society and the ASM to open competition. As a result we chose to leave Fitwise and transfer our service to EBS as EBS offered a more flexible, cost effective and transparent package that we could shape to our need. As with all transitions, we have had hiccoughs, but we very happy with EBS and our thanks go to Gail, Louise, Fran and Simon for their hard work in making the transition and supporting the society. As a result of the move, we have been able to keep our membership costs down and reduce the cost of the ASM for members and trainees. We have also negotiated an affiliated membership rate for the European Society for Vascular Surgery (ESVS) and an early bird discount for the Charing Cross meeting in 2020- for further details, please see the website.

As Secretary, I am responsible for organising the election of the committee chairs and council members. At the last council meeting we elected a new Chair of the Circulation Foundation Committee. I am pleased to say that Rachel Bell has agreed to take up the Chair and Meryl Davies will be Deputy Chair. Raising money for research is a keystone of the society and I am sure that Rachel and Meryl will bring enthusiasm and commitment to these roles. We would like to thank Mike Jenkins for his excellent chairmanship of the Circulation Foundation to date. He will be standing down from the Circulation Foundation as he takes on the role of Vice President. Andy Garnham is completing his term as Treasurer. As I write this, the role is out to advert and will be appointed at the November Council meeting. At the ASM I will be able to announce this appointment as well as the president elect and the new council members.

The Society needs to adapt and respond to the needs of members. We welcome suggestions from our members. Please feel free to contact me [secretary@vascularsociety.org.uk](mailto:secretary@vascularsociety.org.uk). We are also there to support you if the need arises. We are also happy to field a Vascular Society representative if you unit is undergoing review and reconfiguration, and you need help. We encourage you to promote this service to your Senior Managers. We will continue to communicate through regular newsletters, the next letter will be issued after the February Council meeting. I hope you enjoy the ASM.

## Treasurer's Report - Mr Andrew Garnham



This is now my third year in post and I am delighted to report that the Society continues on a sound financial footing. We remain financially stable following the outsourcing of our office administration and have recovered the majority of losses around our pension contributions. I would like to offer our thanks and welcome to our new management company, Executive Business Support based in Lichfield, who have taken over the management of our office functions and Annual Scientific Meeting (ASM). This year has provided the new team and myself with some challenges and the opportunity to make some improvements. I would like to offer my particular thanks to Simon Rushton who works as our bookkeeper behind the scenes to ensure our finances run smoothly.

This year due to the continued robust financial controls we have in place we will not need to have any increase in membership subscriptions in any category. Most of you will now be paying these by direct debit at a single point in the year and it is measures such as this that have enabled us to keep the subscriptions low. I would therefore urge any members who still pay in other ways to help the Society in this way. For those contributing to the Circulation Foundation can I offer our thanks and some encouragement to sign the Chancellor up to pay his bit by Gift Aid if you do not do so already? Your Council also continue to play their part in this by exercising financial restraint.

This year the Circulation Foundation has received a boost by your personal donations and we now have a high proportion of the membership making an annual donation. Last year we were able to commit the additional contributions from the Circulation Foundation to the James Lind Alliance. This year we have been in the process of setting up the research special interest groups and I have assigned this year's contributions to the seed funding of these groups with the aim of each of the themed groups becoming self-funding from research grants. Last year I reported that research funding from George Davis has been matched by the Royal College of Surgeons of England to allow us to support two grants of £70,000 pounds and are hopeful that other Royal Colleges may follow suit. This year we have been able to offer two further grants for quality improvement fellows again with matched funding from the Royal College of Surgeons England, to work with the NVR supported by the Audit and Quality Information Committee. The incumbent has already started looking at our lower limb quality improvement project which I am sure will be of interest to all of us. The second fellow is planned to start next year.

### **The Vascular Society and Circulation Foundation Finances**

The charity's group accounts show a net surplus of £56,755 in the financial year 1<sup>st</sup> July 2018 to 30<sup>th</sup> June 2019. This includes a surplus of £64,465 from our trading company VSGBI Ltd which is used to run the Annual Scientific Meeting. The other main income source for the Society is subscriptions from our members. I have allocated your contributions for the Circulation Foundation of £20,000 to funding the setting up of the research special interest groups in order to take patient priorities into the action we need to gain traction in major research funding.

This year we are awaiting the funding from HEE to secure the future of the ASPIRE programme.

Details of our expenditure are set out in the attached accounts. Our legal, accountancy and professional fees show a further reduction in Committee and administration costs, partly as a result of the transfer to our new management company.

## Reserves

The reserves at 30 June 2019 for the Vascular Society/Circulation Foundation have shown significant improvement and will allow us to take forward our investment plan with two further matched funded fellows for quality improvement with the Royal College of Surgeons England. We would hope to implement some further grants in the next year. However the Glasgow ASM did not realise the profit that it has in previous years and the future investment plan will depend on an improved performance with this year's ASM. With this in mind and to promote attendance I have reduced registration fees this year for Society Members.

## Summary

The Society is now on a more robust footing with our outsourced office and Xero accounting system allows us to track our income and expenditure closely. Standardising the collection of membership fees has allowed us to collect and check these in a more systematic fashion. Although the Society has been through a turbulent time over the last few years changes we have made progress in our financial management have stabilised the position. The Society's finances are now on a much stronger footing and we have a more accurate and up to date system that allows us to monitor our position accurately on a day to day basis. I would like to add my personal thanks our new team at EBS and particularly Simon Rushton and Louise Collins who have worked hard on your behalf to manage the changes this year. I am confident that with continued prudent spending and a successful ASM in 2019 the Society will be able to provide additional support for our research programme in the coming year whilst maintaining reserves in line with our reserves policy.

**THE VASCULAR SOCIETY  
COMPANY LIMITED BY GUARANTEE  
CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (INCLUDING INCOME  
AND EXPENDITURE ACCOUNT)  
YEAR ENDED 30 JUNE 2019**

	Note	Unrestricted Funds 2019 £	Restricted Funds 2019 £	Total 2019 £	Total 2018 £
<b>Income from:</b>					
Donations and legacies	2	46,634	33,830	80,464	105,668
Charitable activities	3	497,298	-	497,298	528,278
Raising funds	4	28,861	-	28,861	23,903
Investments	5	10,335	-	10,335	8,660
<b>Total income</b>		<b>583,128</b>	<b>33,830</b>	<b>616,958</b>	<b>666,509</b>
<b>Expenditure on:</b>					
Raising funds	7	6,065	-	6,065	3,298
Charitable expenditure	8	468,506	85,964	554,470	558,694
<b>Total expenditure</b>		<b>474,571</b>	<b>85,964</b>	<b>560,535</b>	<b>561,922</b>
Gains/(losses) on investments	13	332	-	332	9,809
<b>Net income/(expenditure) / Net movement in funds</b>		<b>108,889</b>	<b>(52,134)</b>	<b>56,755</b>	<b>114,326</b>
<b>Reconciliation of funds</b>					
Total funds brought forward		644,508	263,586	908,094	793,768
<b>Total funds carried forward</b>		<b>753,397</b>	<b>211,452</b>	<b>964,849</b>	<b>908,094</b>

## Audit and Quality Improvement Committee Report – Mr Jonathan Boyle



The Committee has had a busy year working on the completion of the PAD-QIF and it's initial implementation and changes to the NVR datasets to allow capture of devices within the aortic dataset. At the time of writing there is a risk that the Annual Report, that is complete and due to be published on the 14<sup>th</sup> of November, may be impacted by a period of purdah leading up to a general election.

### **PAD-QIF**

#### **Early Implementation Centres.**

Eleven vascular units expressed an interest in becoming early implementing centres for the PAD-QIF.

These centres came together at the RCS on 17<sup>th</sup> October 2019 and discussed current patient pathways and shared ideas and good practice with the aim to improve timelines to limb-salvage and patient outcomes. The day was well attended which was supported by the RCS England QI team. We agreed to focus initially on a primary aim to reduce the time to revascularisation for emergency admissions with critical limb ischaemia.

### **PAD QIF Fellow**

Following a competitive interview process in July we have appointed a RCS and Circulation Foundation Funded PAD-QIF Fellow. The successful trainee will start at RCS in February 2020 working closely with the team at the Clinical Effectiveness Unit and the eleven early adopting QIF centres to demonstrate improvement in pathways and outcomes for patients with CLI.

### **Collecting Device Specific Data within the NVR**

A considerable amount of work has been ongoing during recent months with the aim of capturing device data within the NVR. The initial plan is to run a pilot with the AAA data set, capturing device information at implant and hand in hand with this more information on longer term outcomes with a robust data set for re-intervention and revision. I am pleased to report that the ABHI have agreed to fund the dataset changes. We are working closely with the ABHI, Northgate, the IT provider, and HQIP to finalise these plans and commence the pilot in January 2020.

### **Consultant Outcomes**

Trust and surgeon level outcomes for elective infra-renal AAAs and carotid endarterectomy were refreshed on the VSQIP website on 23<sup>rd</sup> August 2019.

### **NVR Vascunet Validation**

We have agreement in principle for an external validation of the NVR by a team from Vascunet. Nine UK centres have volunteered to have their NVR data validated. A team from Vascunet, will spend a couple of days cross-checking NVR data with hospital systems. It is envisaged that this will take place in the Spring 2020.



## Circulation Foundation Committee Report - Mr Michael Jenkins



As my term of office as Chair comes to an end, I wanted to start by congratulating Rachel Bell who has been appointed as my successor together with Meryl Davies as Deputy Chair. Both are keen to develop the patient facing aspect of the Circulation Foundation, to continue the website improvements and bolster the charity and fund-raising aspects. I also want to thank all committee members and representatives from the SVN and SVT who have given their time and energy to the Circulation Foundation over the last three years, all on a voluntary basis.

With help from Vascular Society members (most of whom are now generous regular donors) the financial position of the Circulation Foundation is much improved. If any have yet to complete Gift Aid please consider this – forms will be available at the ASM in Manchester – as it provides a further important income stream. If any members know of likely candidates to take part in events for next year, please direct them to the website for entry details.

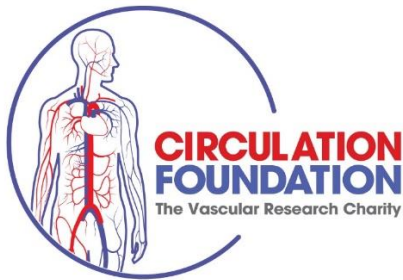
I would also be grateful if we can all continue to promote (and donate) to the Circulation Foundation by using the Savoo search engine, Amazon Smile (both organisational donations and free for users) and Just Giving (details below). These are excellent ways to allow grateful patients to help and to share with family, friends and colleagues allowing small (but completely free) regular donations to add up.

As well as funding various Research Fellows outright, we have recently joined forces with the Royal College of Surgeons of England to collaborate in joint funding of posts which I believe is the right direction for us, both in terms of governance and helping our precious funding streams to go further. We have also supported the new Lower Limb Ischaemia QIF (see Jon Boyle's audit report) as we felt this was important to members and a new Fellow starts early next year to take this forward. Over the last few years we have brought the Vascular Society and Circulation Foundation closer together, both from an organisational perspective (sharing the same office staff – now EBS) and financial perspective which leaves the charity in a much stronger position going forward. In recognition of these stronger links and indeed the alliance between the Vascular Society, SVT and SVN, I am delighted to announce a series of small regular grants which will be available for finite projects and accessible to members from all three societies. Please see the website for details.

Patient needs and expectations are not always easy to gauge and feedback from patient groups through lay members is vital to shape the direction of the information provided via the Circulation Foundation website. I am very pleased that our new lay member, Sara Pittack is incredibly keen, resourceful and energetic in her approach to the patient perspective. You will see that there are new "risk checkers" and patient blogs on the website, the feedback from which has been excellent. We have raised the profile of our social media presence and this is paying dividends in raising the profile of the website via search engines.

Finally, I want to give thanks for the support and generous donations from our patrons and major benefactors. George Davies continues to remain involved and interested in all aspects of both the Foundation and vascular things in general and gives valuable time from his busy schedule to meet, advise and hear about our latest projects, many of which he has funded. I am very pleased that Professor Roger Greenhalgh has agreed to be a Patron and continue his interest in the Circulation Foundation.

He was a Patron of the original British Vascular Foundation prior to the re-launch of the new charity – the Circulation Foundation in 2006 and it is fitting that we now renew this relationship.



**Text CIRC10 £5 to 70070 to donate to the Circulation Foundation and make a difference today**

[www.savoo.co.uk](http://www.savoo.co.uk) – sign up and nominate the CF to ensure that 1p goes to the CF for every internet search you perform. Repeat on your mobile, tablet and home computer and tell family and friends.

[www.smile.amazon.co.uk](http://www.smile.amazon.co.uk) – sign up and nominate the CF. 0.5% of the purchase price of anything you buy (excluding VAT and shipping) is then donated to the charity of your choice. Tell friends and colleagues!

## Education Committee Report - Mr Keith G Jones



The ASPIRE series of courses has now completed their first cycle with the addition of ASPIRE 8 that ran in February 2019 but will expand still further with a ST1/2 course for the IST trainees who started in August 2019.

The New Courses;

- a) ASPIRE 8; this was hosted at the offices of Terumo in Bagshot on 5-6 February 2019 and convened by the Frimley Health Vascular unit as a preparation for Consultant practice and the appointment process. The course covered the non-clinical aspects of Consultant practice, as well as medico legal and consent advice.

Each candidate had a Consultant Interview. The course achieved excellent feedback from the 12 candidates. Many of whom have provided further grateful feedback after substantive appointment interviews within the cohort to have arrived at CCT.

- b) The new ST1/2 will be part of a mentoring process linked to senior vascular trainees, hopefully being integrated at the ASM into the vascular community. The ASPIRE 1 / 2 will run allied to the BSET national trainee course in the Summer of 2020 as a collaboration and to optimise the faculty availability as there are only 9 ISTs.

This year the courses have had retrospective HEE funding due to the previously successful application for funding, based on the support that the ASPIRE series provides for return to training.

The Education committee have had agreement from HEE that the ASPIRE series would be financially supported and we hope to be working towards prospective funding that allows optimisation of the resources in advance. The committee is very grateful to the Units in Wolverhampton, Cambridge, Hull and Frimley Park that have hosted the ASPIRE series. We are hugely indebted to the faculty that have given their time often to several courses and very pleased that many have offered to host the courses in their own units. Therefore there will be some, we hope positive, rebranding with new locations over the coming year.

### Course Dates Convener Location

ASPIRE 1: 2 June 2020 Education Committee/ Rouleaux/ BSET – location to be advised

ASPIRE 3: September 2020 Mr T Beckitt Bristol

ASPIRE 4: June 2020 Mr P Coughlin Cambridge

ASPIRE 5: 1-3 April 2020 Miss A Murray Birmingham

ASPIRE 6: June 2020 Mr P Coughlin Cambridge

ASPIRE 7: 3-4 April 2020 Professor Ian Chetter Hull

ASPIRE 8: 4-5 February 2020 Mr Keith Jones Frimley Park

If anyone would like to take part as faculty or would like to host a course in the future please do make contact with the Education committee.

### **Other Vascular Society supported educational courses;**

Vascular Access (cadaveric) convened by Mr Karim El Sakka will run on 3-4 March 2020.

This first ran with excellent feedback in 2018 and we hope to find it a regular place within the timetable.

The Amputation (cadaveric) convened by Professor Chris Imray and Mr Andrew Garnham continues to run in March and achieves excellent feedback. We hope to develop the diabetic foot surgical management within this course also along with increase collaboration with our Foot and Ankle Surgical colleagues.

Sophie Renton has convened the "So you want to be a Vascular Surgeon" again in 2019 at the Charing Cross meeting with excellent feedback, whilst the Rouleaux Club will again run the very well received "Introduction to Vascular Surgery Course" at the ASM. These are aimed at attracting medical students, foundation and core trainees into vascular surgery.

The Education Committee also is working to enhance our recruitment with active involvement in the RCSEng Future Surgeons Forum.

In development we hope that to be supporting the SVT in the running of "An introduction to vascular ultrasound". We hope that will be developed to be as beneficial as we expect the new BIR e learning modules to be. These new BIR e-learning modules are being promoted at the ASM.

### **Our Challenges**

As we move forward the Education Committee will be looking to be supportive in the instruction of the new Curriculum and to develop the incorporation of the Multi Consultant Report into trainee assessment.

We continue to explore the opportunities for development of post CCT fellowships. Though at present our newly CCT'd trainees are going into substantive posts with is a great validation of the SAC and the training schemes, along with the role of ASPIRE.

We would like to provide more educational and training support for Vascular Consultants and would be grateful for any ideas that we might explore in order to develop this.

## Research Committee Report – Professor Ian Chetter



### Introduction

Over recent years the Vascular Society Research Committee has focused on developing a broader based, inclusive, more sustainable national strategy. Identifying key research questions which are important to both vascular patients and clinicians and supporting committed groups of researchers to answer these questions will increase the likelihood of successful funding applications for multicentre research projects. The long term aim is to impact on the quality of care we deliver to vascular patients.

Round 1 inviting clinicians suggestions for research priorities resulted in 1231 proposals from 481 respondents.

Following rationalisation and collation by a steering group, 83 questions were recirculated for ranking in round 2.

The highest scoring priorities addressed topics related to critical lower limb ischaemia, diabetic foot disease, amputation, wound healing, carotid plaque morphology, and service organisation / delivery. The output will be submitted to the British Journal of Surgery.

*Priority Setting Partnership (PSP) with the James Lind Alliance (JLA) - assessing research priorities of vascular patient;* in collaboration with the JLA we are currently undertaking a similar assessment of the research priorities of vascular patients. This study should be complete by Summer 2020.

It is anticipated that these research priority setting exercises will set the national vascular research agenda for the study of vascular disease in the UK over the next 5-10 years.

### Vascular Research Special Interest Groups (SIGs)

Guided by the results of the priority setting project we aim to establish the Vascular Society Research Special Interest Groups (SIGs) in sub-specialty domains. The key responsibilities of each SIG will be to: support the JLA PSP; develop a portfolio of sub speciality funding applications and research studies; support academic educational and trainee events; engage with funders.

On 3<sup>rd</sup> October 2019, interviews were held and the following were appointed:

Specialist Area	Chair or Co-Chair	Deputy Chair
Amputation	Rob Hinchliffe	Dave Bosanquet
Aorta	Matt Bown / Colin Bicknell	
Diabetic Foot	David Russell	
Peripheral Arterial Disease (PAD)	Patrick Coughlin	Athanasios (Thanos) Saratzis
Vascular Access	George Smith	Jonathan De Siqueira
Venous	Dan Carradice	

The first responsibility of the Chairs / Deputy Chairs will be to ensure appropriate representation amongst the SIG membership. I would encourage you to approach the Chairs directly if you would like to be considered. SIG chairs will also function as co-opted members of the Vascular Society Research Committee

### **Research Day**

Unfortunately the research day at the RCSEng planned for 4 October had to be postponed, but will be rescheduled for April / May 2020.

### **Research Fellowships**

We successfully appointed 2 Circulation Foundation / RCS England research fellows to undertake higher degrees with a focus on CLI to support the PAD QIF.

### **Website**

We aim to maximise the value of the research section of the Vascular Society website, thus if you have research study you wish to advertise please let us have the details / links in order that we can promote them on the website.

### **Surveys**

Surveys are a really valuable way of assessing current opinion amongst vascular surgeons and often provide critical intelligence for research funding applications. The Vascular Society receives numerous requests to circulate surveys, and decline the majority. However, in recognition of their importance, after ensuring the validity, acceptability and usability of such surveys, we will lower the threshold for circulation. If the membership gets survey fatigue please let us know!

## Annual Scientific Meeting Committee – Professor Louis Fligelstone



The Annual Scientific Meeting Committee is responsible for organising all aspects the main event of the Vascular Society calendar.

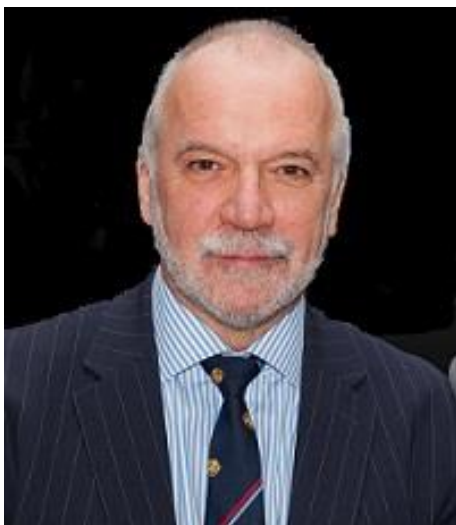
The committee comprises the Executive Committee members, including President, Vice President, Secretary, Treasurer and Chairs of Education and Research, senior council members of SARS and Venous Forum, President of the Society of Vascular Nurses, President of the Society of Vascular Technologists, working together to deliver a comprehensive program that is relevant to members of all three societies.

The ASM Chair works closely with the executive support team to ensure that the meeting remains financially viable.

This is becoming more challenging each year, with the changing rules for industry support.

We hope that this year's meeting is rewarding both academically and socially for all.

## Professional Standards Committee Chairman's Report – Paul Blair



The Professional Standards Committee dealt with a small number of formal requests for professional or performance issues relating to vascular surgeons during 2018/19. Some of these reviews were undertaken by senior members of the Society while others required additional support from the Invited Review Mechanism of the RCSEng. We remain grateful to the IRM team for their support when undertaking reviews and also the various commissioning groups for their engagement with the Society when trying to resolve service reconfiguration issues.

A number of members have contacted the Society directly using the contact details outlined on our website home page.

These enquiries are always treated confidentially and provide an opportunity for members to discuss particularly sensitive issues with a senior member of the Society.

A recurring theme observed by the Professional Standards Committee and other review team members when dealing with professional issues over the last few years is of local failure to recognise and a reluctance to report concerns at an earlier stage. A recent IRM report for all surgical specialties listed the following areas that can commonly cause problems; team working, environment in which concerns can be raised, multidisciplinary team working, leadership and management and individual behaviour.

While patient welfare is paramount the wellbeing of trainees and consultants in addition to the welfare of the surgeon in difficulty must all be considered. The importance of open and honest communication when professional issues are identified cannot be overstated and the Society is always happy to be contacted by any concerned members.

I have now completed four years as Chair and I would like to thank my co reviewers who have helped with reviews during that time.



## Society of Vascular Nurses: Louise Allen, President of SVN

Society of Vascular Nurses



w w w . s v n . o r g . u k

It is hard to believe that a year has now passed by, and a year since we all got together in Glasgow. A year is a long time and I ask myself what I have achieved on behalf of the Society in this time. To help reflect on the year, the Society and our achievements, which I know is a very nursely activity; I have re-read my President's Reports sent out throughout this last year.

In my first report in January, I was enthusiastic about my initial plans for the society. I was keen to review our committee roles and the website, and had ideas to develop the members section on the website. I realise that this has not come to fruition; however, we have discussed the need to upgrade our website at our regular committee meetings. As a virtual Society, our website is an important asset and we need to ensure it is up to date and comparable with other societies. The website also needs to function as the members need it to, making it easy to navigate and find the information they want, as well as making online applications, such as membership and bursaries, quick and simple. This will remain work in progress for the forthcoming year.

The integration for our Annual Meeting and Conference with our associated societies, the Vascular Society and Society for Vascular Technology, has developed over the last few years, and this year is no exception. Our now renowned Evening Symposium on the Wednesday evening, which involves nibbles and drinks, nurse-related company stands and sponsors, and finishing with an inspirational speaker, has been integrated. This enables you and your colleagues to enjoy the occasion together, as well as integrating our companies and sponsors into the main conference area. Everyone will now have access to the companies during the daytime, which we know has been a criticism of our conference from previous years. We have also extended our conference programme into the Wednesday afternoon to provide further opportunities for nursing education and learning, to those of you attending more than one day. We hope that you approve of and enjoy both of these additional changes to the conference.

During the year, there have been several changes to the committee and further permanent changes are to be decided at the conference. A staff nurse secondment position has been taken up by Jennifer Styring (Manchester Royal Infirmary), who will be with us until June 2020, and has been an essential asset, with our social media and carried out an online staff nurse survey. This has given us some insightful information. We have also had two temporary committee members, Vicky Bristow (Cambridge) and Ben Cooper (Aberdeen), who will be with us until the conference, temporarily filling the two vacant committee places. A vote to decide the holders of the permanent positions will take place.

Some of you may have known Emma Bond, a previous Past President and longtime member of the Society, to whom we presented our 'Services to Vascular Nursing' award at last year's conference, and due to her ill health was unable to be there to collect the award. She had however requested that her honorary membership associated with the award that entitled her to free entry to the yearly conference, be given instead to Band 5 staff nurses, to create an opportunity for them to experience the conference.

Very sadly, this year Emma lost her battle with cancer, and in commemoration, we have introduced 'Emma's Gift' as a bursary for Band 5 staff nurses to specifically attend our conference. There are four staff nurses who have benefitted from the first year of Emma's Gift, who will be with us at this year's conference.

Thank you for everyone's continued support of the society, and I look forward to seeing you all at conference, and having a few drinks in the early hours with some of you.

## Society for Technology of Great Britain and Ireland Report – SVT President Dominic Foy



It has been a privilege to serve as President of SVT. I was present at the inaugural meetings of the society around 1992 and I truly believe it has been a great success thanks to the hard work of lots of people since then. A passion for getting the right answer to that blood flow question (almost always non-invasively) and a close working relationship with Vascular Surgeons, Vascular Nurses and Radiologists is key. When things are not going so well it invariably turns out to be due to lack of rapport or poor communication with our colleagues in these related disciplines.

### Training

- These days the majority of new trainees enter through the Scientist Training Programme run by the National School of Healthcare Science. Trainees complete their 3 years with a Master's degree and the ability to then register as a Clinical Scientist with HCPC. There is still more work for them to do but they are well on the way to full SVT accreditation.
- SVT Accreditation requires evidence of 600 scan in each of 3 vascular scanning modalities, examinations in physics and technology and a practical examination with review of 75 previous scans and reports produced.
- Other entry points to vascular science are being developed. The majority of Accredited Vascular Scientists are now very well qualified to masters level or above and deserve the name SCIENTIST. We all need to remember that.

**Surgeon's Training:** We expect to run a weekend course for Vascular Surgeons and other health professional on basics of vascular duplex ultrasound in February 2020. . This will be held in Edinburgh or Coventry. Details to follow soon.

**Consultation:** The SVT has been asked to endorse various documents recently including the leg ulcer guidelines from the RSM's venous forum and the PAD QIF. The SVT will commit to responding to requests for endorsement of documents or policies in a timely fashion. We wish to contribute to development of these rather than merely provide a "rubber stamp" after they have been written. I plan to have a fast response group who will deal with such requests within senior members of SVT.

**Membership and Professional Registration:** The SVT has an accreditation process that ensures the achievement and maintenance of high standards of diagnostic vascular investigations. Any accredited member who fails to keep up their continuing professional development is removed from the register. There are currently 263 accredited Vascular Scientists. We are looking at re-defining membership categories to make it obvious when someone possesses full accreditation.

In the absence of a single definitive register four searchable registers exist which SVT members can be part of. In particular:

- **SVT:** keeps a voluntary register for accredited Vascular Scientists which is searchable through the SVT website.

- **HCPC:** Clinical Scientists are a protected title. It is the aim that eventually all accredited vascular scientists will be registered Clinical Scientists.

**Vascular Scanning by non SVT members:** There are sonographers and others who are not involved with SVT who perform some vascular scans in the UK. I feel we need to be realistic that these people are practising and help them to engage with the high standards that SVT espouse. A planned new associate membership category will bring such people into the SVT fold in an associate capacity. This will give them access to the latest protocols produced by the SVT in a relationship which will benefit them, the Society and patients by helping to improve standards and consistency.

**BMUS:** We continue to work closely with the UK's primary Ultrasound society. We provide expert speakers for the vascular imaging sessions at their annual meeting, have an SVT executive member on the BMUS committee and are working to provide closer links with benefits for members of both societies.

**VASBI:** After discussions with Paul Gibbs (VASBI Past president) seeking closer links with SVT, Paul will be giving an invited talk at the SVT's 2019 Annual Scientific Meeting. Vascular access is a significant part of the workload of many vascular labs.

**CASE (Consortium for the Accreditation of Sonographic Education):** SVT members work in the CASE team to accredit courses in ultrasound across the UK. The President of SVT has a place on the CASE MO (member's organisations) committee agreeing support for this essential work.

**The Academy for Healthcare Science (AHCS):** We have a place on the committee of the Academy (the equivalent of the Medical Royal Colleges for Healthcare Scientists).

**Sub-Committees:** The SVT has these 3 sub committees with wide and important responsibilities:

- **Professional Standards:** chaired by Siobhan Meagher; one of this committee's vital tasks is production and maintenance of quality protocols for members to follow. Various guidance documents have been issued as well as service specifications to help commissioning and setting up vascular scanning services. The PSC are key members in helping to define National policy on vascular diagnostics and work with the Vascular Society and other societies to achieve this.
- **Education:** chaired by Heather Anderson; key tasks include administration of theory examinations in Ultrasound Physics, Haemodynamics and instrumentation and Vascular Technology. Also administration and maintenance of the practical examination. The committee sets standards for accreditation as a Vascular Scientist and therefore performs an essential task.
- **Research:** Chaired by Dr Richard Simpson; we encourage SVT members to take an active part in research, helping to facilitate it amongst its members. Grants are offered to members for research projects. The research committee has worked closely with Professor Ian Chetter from the Vascular Society on various projects through the year including the Vascular Priority Setting Partnership.

SVT members value their good relationship with surgeons, nurses and the community of related professions. I hope we can continue to work together and build on this.

## **Royal College of Surgeons of England (RCSEng) Speciality Lead in Vascular Surgery Report - Professor Cliff Shearman**



In 2015 the regulations for election to the Council of the RCS changed. Following a review, there had been concerns that some of the smaller specialities were not always represented and that closer links with the Speciality Association would be of benefit to both the College and the Associations. Members and Fellows can still stand for election on their own merit, but now each of the Specialty Associations elects a representative to sit on the College Council. I was elected by the Vascular Society to undertake this role. The elected speciality representative is a full member of the College Council and much of the work covers surgery in general. However, they also have an important role in ensuring that the interests of their speciality are represented and to liaise closely with the speciality to be aware of current issues.

### **Project Transform - a new college building and a new way of working**

Any one walking through Lincoln's Inn Fields will be aware of the major building projects being undertaken on the south side. Apart from the listed frontage and library, the old college building has been demolished and a new building is now rapidly emerging. Despite earlier delays due to issues with working on a joint boundary with London School of Economics and delays due to archaeological surveys, the project is on course to finish on time. Building construction is progressing rapidly and the 5<sup>th</sup> Floor is currently being laid. Possession of the building will take place in November 2020 and the move back will then be staged over the next months. A stunning new design for the Hunterian Museum has been approved, which will not only include the life and work of John Hunter, but the story of surgery up until the current times, including interactive displays and topical exhibitions. A state of the art examinations centre has been designed. The vision is to create a bright, modern and functional building that will be the focus of British Surgery. As soon as the College has taken possession of the building it is planned to have open days to invite members and fellows in to view completed areas such as the top floor.

A major part of the transformation is to move more of the professional support work to other centres across the country with hubs are now running in Manchester and St Georges in South London and the number of surgical education centres is increasing. The vision is to ensure wider delivery of RCS products such as educational courses and other professional development material, closer to where Members and Fellows are based. The new college building will act as the centre for national events, a programme of educational development and examinations.

### **Research**

This year celebrated the 25<sup>th</sup> Anniversary of the RCS Research Fellowship scheme. This has supported over 750 fellows, including many vascular surgeons, and delivered over £40 million in research support. Building on the success of the Surgical Trials Initiative, 7 RCS Professorial Chairs in Surgical Trials have been appointed and 2 more are being recruited.

### **Library**

Even during the rebuilding project the library has remained very active supporting members and fellows. There has been a 13% increase in downloads of e journals and e books and 17 new surgical journals were

added to the subscription list this year. Recently a 3D anatomy resource has been acquired, Visible Body – Human anatomy Atlas and 66 Speciality updates have been produced.

### **Surgical Training and Assessment**

RCS delivered 8161 individual examinations last year alone. The Joint committee on Surgical Training is hosted by the RCS and, in partnership with its sister colleges and governmental health education departments, has worked with Health Education England to develop and run the Improving Surgical Training (IST) Project. Bill Allum, a Council member who has a longstanding interest in surgical education, represents the RCS Council on this work. Vascular Surgery recruited the first vascular trainees into the pilot scheme this year.

### **Quality and Standards**

The RCS sponsored and led the Chole-QuIC project to improve the surgical care for people with acute gall stone disease. This proved to be enormously successful and has led to a further phase of work to roll out this practice to more units. The RCS has supported the development of the Vascular Society Quality Improvement Programme for Peripheral Arterial disease, led by Jon Boyle, which was launched in the College in 2019.

The College Quality Assurance team accredited 271 professional development courses, 33 senior clinical fellowships, 9 surgical education centres and 10 surgical courses in the last year. Peter Lamont leads the production of Good Practice Guides. This year new guides (available on the RCS website) have been produced on; Caring for Patients nearing End of Life, Surgical Innovation and New Techniques and Technology, Ethical Principles of Working Overseas and most recently The Surgeon as an Expert Witness.

The invited review team were asked to review 36 services last year, including some vascular services. The feedback and follow up after the reviews is very positive.

### **Politics and Influence**

The RCS has a strong communications team and is regularly quoted in the press and media. The President has regular meetings with senior members of the NHS and Government and this has allowed the views of surgeons to be represented at this level. This is clearly apparent in the recent coverage of the pension issue. The survey of members and fellows carried out by the RCS has produced powerful data, which was widely published, and has allowed more objective arguments about the harm the current pension regulations are causing to health care. Likewise the RCS has led the concerns about the ever increasing number of people waiting for surgery and the harm that this may cause. Other issues that RCS has been involved with include ensuring standards in the private sector, with many NHS patients currently being treated through private facilities, the regulation and registration of surgical devices and implants, the regulation of cosmetic surgery and the impact of proposed NICE Guidelines for AAA treatment.

The publication of the Commission Future of Surgery has proved a tremendous success and has been well received by many professional groups, and health care organisations including the Secretary of State for Health and Social Care, Matt Hancock. The project was led by Richard Kerr and collected the views and visions of a number of leaders in the fields of surgery, health care and technology and innovation. It has been widely reported in the press and is a vision of surgery in the next 10-15 years, allowing better planning for workforce needs, facilities and service design.

### **Other Matters**

A Learning Committee has been established to identify the opportunities and need to develop new learning materials (courses, on line programmes, simulation training). This will lead to a new suite of

material, fit for present and future learning needs. One that is being concentrated on is new material for Consultants such as medico legal training and career coaching.

The Global Affairs Standing Committee, led by Sue Hill, coordinates and develops the RCS international activities. Currently projects are being run in Gaza, Sri Lanka and Vellore, India and there was a doubling of international course run last year. In order to be able to interact with surgeons around the world and identify how the RCS can best support surgery and surgeons Global Affairs Advisors are being appointed around the world who will provide direct links to the international surgical community.

This year a joint project with the Royal College of Anaesthetists has been launched to improve the perioperative care of patients undergoing surgery. This project is led by Sue Hill for the RCS and input from the Vascular Society will be sought.

I am very keen to hear the views of members of the Vascular Society on the RCS and what we might do to help you as vascular surgeons. I can be contacted via the Vascular Society or Royal College of Surgeons of England.