



# VASCULAR SOCIETY

OF GREAT BRITAIN AND IRELAND

# YEARBOOK

# 2016

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### The Vascular Society Yearbook 2016

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## **Presidents Report 2016**

It has been a great privilege to serve as the 50th President of the Vascular Society of Great Britain and Ireland this past year. Since Professor Sol Cohen founded the Vascular Surgical Society in 1966, the practice of vascular surgery has rapidly developed under the careful nurture of all of its elected Presidents, many of who will be attending this 2016 Golden Anniversary meeting in Manchester.

As our specialty grows, we are able to encompass much of the work that has been historically within the realm of Interventional Radiology. We have a separate vascular training program, and by a process of national selection have appointed vascular trainees to specialized training posts throughout the UK. The new vascular curriculum mandates that these trainees should develop both open and endovascular competencies in order to pass the new vascular FRCS and to gain their Certificate of Completion of Training (CCT), which will allow them to deliver these skill sets within both the NHS and elsewhere in future years.

We are actively working with the Royal College of Radiologists and the British Society of Interventional Radiology to deliver both vascular and endovascular services to all patients with vascular disease. We believe that teams of vascular surgeons and radiologists working together to offer all available interventions are essential to deliver best practice and to achieve best outcomes. There are many excellent examples of good practice throughout the country, but in those trusts where collaborative practice does not exist, the Vascular Specialty Advisory Committee and the Deaneries will continue to withdraw trainees and reallocate them to hospitals where best practice joint training can be delivered.

The Vascular Society works closely with all four of the Royal Surgical Colleges and our President is a member of the Federation of Surgical Specialty Associations (FSSA). We meet together with the Presidents of the other nine GMC defined Surgical Specialties to advise both the profession and NHS England on matters of surgical progress on behalf of our members. I strongly believe that the voice of the Society is essential to the delivery of safe and effective vascular surgical services to all patients with vascular disease wherever they reside in the UK and Ireland.

Both the recent Chairs and the Vice Chair of the Vascular Clinical Reference Group have been pivotal members of the Society's Executive, ensuring close working with NHS England in the development of our specialty. We also work closely with the Specialist Commissioners to deliver achievable service

specifications to our trusts as service reorganization continues. We published an updated 'Provision of Vascular Surgery to Patients with Vascular Disease' document (POVS) in 2015, which focuses on the role of non-arterial spoke hospitals in the provision of both out patient clinics, simple angioplasty and the non-surgical management of our vascular patients.

Research is a high priority for the Society. In 2004, we assumed the charitable activity of the British Vascular Foundation and formed the Circulation Foundation (CF) as the fundraising arm of the Society. Under the careful guidance of its Chairs, the CF has raised many hundreds of thousands of pounds to support the pump priming of research throughout the UK and this has led directly to many major research grants for our members. We are delighted to announce that one of our most loyal supporters, George Davies, has agreed to become the Patron of the CF and will be introduced to members at the Annual Scientific Meeting at our meeting in Manchester on Wednesday 30 November 2016.

The Society continues with its quality assurance activities. With mandated surgeon specific outcome reporting, it is essential that all data for index operations are submitted to the National Vascular Registry, which is funded, by HQIP and run from the Clinical Effectiveness Unit at the Royal College of Surgeons of England. Their 2016 report has just been published and it is imperative that the Society utilizes this alongside the 'Getting it Right First Time' initiative and the 2017 targeted CQC visits and has input to the ongoing reviews of service which map to the POVS recommendations as we develop and quality assure the delivery of vascular care in the UK.

My immense thanks go to our Secretary, Kevin Varty who has carefully steered the Society through difficult waters as we have professionalized and moved out of our RCSE office. Fitwise have assisted immensely with this process and we are delighted with our new streamlined professional profile, which has reduced costs and increased profits. Kevin has recently been elected as a future President of the Society and I can assure you that the Society remains in excellent hands as it continues to develop and to serve its members.

I have been honoured to serve the Vascular Society on Council, as Honorary Secretary and, in this 50th Celebratory year, as President. I am confident that the Society will continue to grow under the watchful eyes of its immensely impressive Council and Executive and I am sure that your next President Rob Sayers will continue this work and leave an even more effective and vibrant Society at the end of his tenure in November 2017.

Mike Wyatt  
President Vascular Society of Great Britain and Ireland

## **Honorary Secretary's Report 2016**

Mr Kevin Varty

Dear Members

There have been several important changes to the running of the society in the last 12 months. The staff turnover in the VS office was high last year and it was increasingly difficult to maintain a consistent reliable service to members and to maintain the high standards of professional interactions with other societies and organisations that we aspire to.

The RCSE 2020 project also meant that we were facing an office move out of the college. This combined with our staffing problems led Council to take the decision to further develop the Society by involving a professional company to run our administrative affairs. Other societies including the ESVS had made this administrative change and the feedback was positive. We had previously outsourced the organization of the Annual Scientific Meeting to Fitwise Management Ltd. and this has been a great success. A tendering process was therefore instigated, following which Fitwise Management Ltd. were selected to also provide our administration services from February 2016.

Inevitably there has been a period of transition, but I hope you now find that the new administration works well for you, and communication is easier. There have been many gains for us. No further office rental or staff costs. No ongoing staff support or recruitment responsibilities. Improved bookkeeping and budgeting, improved responsiveness for enquiries into both the VS and Circulation Foundation. With the cessation of the Vascular Society as an employer, we were liable for pension protection for all of our previous employees. Although the quoted figure was high, Council and our lawyers agreed that this was necessary in order to avoid any future pension liability. With the new management structure, we estimate that this money will be returned to the Society within 3 years.

We have launched a new version of the website. I hope that you find this useful. We will continue to develop this with the aim of making it as useful a resource as possible for members. If you have any suggestions for improvement please let me know.

There are some changes to the executive and council to report. Professor John Brennan has completed his tenure as Chairman of the Education Committee. I would like to thank John for all his hard work with the committee improving our training, curriculum and introducing new courses. Professor Ian Chetter is the new incoming Education Chair. Ian has also taken up the position as our Surgical Specialty Lead with the college of surgeons of England. He will be busy! The aim

of these posts is to develop clinical networks for multi centre studies. I hope you will all give Ian your support in this valuable role.

We welcome Andy Garnham in as our new treasurer replacing Tim Lees. This will be difficult since Tim has been a fantastic treasurer and source of sound experience and advice to the council. A big thankyou to Tim and best wishes for the future.

Professor Chris Imray took over as Chair of the Research committee after last years AGM, and has made many changes to help the committee move forward. Details are in his report.

Lastly, Mike Jenkins has recently been appointed as the new Circulation Foundation Chairman replacing Gill Green who stood down in August. We welcome Mike to his new role. As members we all need to try and support our fundraising arm as much as possible. The Circulation Foundation also have a new website which is full of information about events, and how you can help.

As you know we celebrate 50 years of the Vascular Society in Manchester. It will be a special meeting. Looking forward, we move into next year with Professor Rob Sayers as our new President taking over the reigns from Mike Wyatt. I would like to thank Mike for all his work and guidance with the Vascular Society over many years as Honorary Secretary and now President.

## TREASURERS REPORT 2016

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In the last 12 months the Society has ceased to be an employer and is now administered by an external company, Fitwise Ltd. The Society had been through a period of instability for 2 to 3 years in relation to the management of its employees and how the Society was run and the move to an external company has seen a considerable improvement in financial management. At the same time the Society enlisted the services of a new accounting firm, Edmund Carr, and their advice has been invaluable in the changes that have taken place over the last few years. We have also subscribed to new accounting software, Xero and we now have robust financial accounts that can be accessed at any time by our executive team and council members. Now that we have a stable financial management system we need to develop more robust budgeting for future income and expenditure.

In the early stages of my time as Treasurer the Society was spending more than its income and it has been necessary to reduce expenditure. This has been done across the board and the council members, Secretaries, and Presidents have played their part in reducing the expenses.

The Vascular Society and the Circulation Foundation accounts are prepared each year by our accountants (now a much easier task with the use of Xero accounting software). For accounting purposes the Circulation Foundation and Vascular Society are one Charity and we submit combined accounts. Internally however we have always financially managed the two charities separately. It has been recently agreed that going forward we will manage the finances of the two charities as a combined charity; this will make the finances simpler and will allow more money to be allocated to charitable causes. For this report the two will still be considered separately.

### **Pensions Deficit**

The employment of staff over many years by the Society has meant that the Society has been responsible for the pensions of its employees (VS and CF). This was administered initially through the Association of Surgeons of GB and Ireland and subsequently directly by the VSGBI and we have used the Superannuation Arrangements of the University of London (also used by the ASGBI and the College). The administrators of the scheme have identified a pensions deficit of £1,717,650,000 and as participants of the scheme we are liable to contribute to this deficit. The VSGBI contribution to this deficit has been calculated as £318,000. This deficit can be paid by increasing employer contributions over a period of many years but as the Society has ceased to be an employer our liability has become payable now. In addition the Society is liable for the administrative costs of SAUL and its actuary in calculating the deficit (enshrined in law). The Executive have therefore been faced with a difficult decision of either paying this sum to SAUL now or continuing to employ staff with an increased employer pension contribution. The latter would have an uncertain outcome as the pensions deficit may increase as time goes on, and would also involve all the problems of being an employer which the VS is trying to avoid. Legal advice and actuary advice was therefore taken

and following this the decision was taken to pay the pensions deficit and this has now been done (2/3 VS and 1/3 CF). This concludes the Society's Pensions responsibility.

### **The Vascular Society**

The profit and loss for the year is shown in the attached accounts. The VS returned a profit of £31,807 for the financial year 1<sup>st</sup> July 2015 to 30<sup>th</sup> June 2016. This included a gift aid of £100,000 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. The expenses are detailed in the attached accounts. A significant expenditure this year has been the new website and the council felt that it was important to provide a modern website that will be of benefit to our members. A few years ago the Society was spending £270,000 per annum and we have managed to reduce this expenditure to £114,000 in this financial year.

### **The Circulation Foundation**

The CF had an income/expenditure deficit of £117,207 for the financial year, but this included £94,194 of charity grant donations and a further £12,229 funding for a research post. In addition there were costs of £16,667 on residual salaries and £8,747 on consultancy fees that will not be recurrent in future years. Overall therefore the CF is achieving financial balance, but further income will be required if the grant giving programme is to continue in future years.

### **Reserves**

The reserves at October 2016 for the VS/CF following payment of the pensions deficit, are £363,423 in Rathbones investment accounts and £163,899 in current and gold accounts.

### **Summary**

The Society has been through a turbulent time over the last few years and without changes to its financial management it was heading for a significant deficit. 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 daily basis. We have been hit by a pensions deficit that was not expected but we had sufficient reserves to pay this and I am confident that with further caution in our spending the Society will prosper in the years to come.

**Tim Lees**

**Treasurer**



# Profit & Loss

## The Vascular Society All Trackings 1 July 2015 to 30 June 2016

	Circulation Foundation	Vascular Society	Total
<b>Income</b>			
Annual scientific meeting	-	16,125	16,125
Fundraising Activities - Golf Day	818	-	818
Fundraising income no description	115	-	115
In Memoriam Donations to Circulation Foundation	110	-	110
Interest Income	245	769	1,014
Justgiving	23,434	-	23,434
Justgiving - VS - ASM 15	-	100,000	100,000
Membership fees received	-	84,254	84,254
One-off Donations to Circulation Foundation	625	-	625
Refunds	-	(775)	(775)
Regular Donations to Circulation Foundation	31,774	-	31,774
Travel sock -donation income	953	-	953
Virgin Giving	12,968	-	12,968
<b>Total Income</b>	<b>71,041</b>	<b>200,373</b>	<b>271,414</b>
<b>Less Cost of Sales</b>			
Fitwise Monthly Secretariat Charges	-	52,851	52,851
Fitwise stationery and postage costs	327	1,657	1,984
Teleconference charges	-	65	65
<b>Total Cost of Sales</b>	<b>327</b>	<b>54,573</b>	<b>54,901</b>
<b>Gross Profit</b>	<b>70,714</b>	<b>145,800</b>	<b>216,514</b>
<b>Less Operating Expenses</b>			
Advertising - Online Publications	860	-	860
Audit & Accountancy fees	8,609	21,008	29,617
Bank Fees	438	1,596	2,033
Companies House	-	13	13
Consulting	8,250	-	8,250
Council Dinner	-	652	652
Employers National Insurance	1,228	(313)	915
Events	-	1,980	1,980
Fellowship Circulation foundation	12,229	-	12,229
Fitwise travel and subsistence costs	365	1,725	2,091
Funding - Ian Chetter instalments	73	8,765	8,838
Fundraising Activities - Balloons	1,646	-	1,646
Fundraising Activities - Moneybox Pots	2,376	-	2,376
Fundraising Activities - Ribbons	2,520	-	2,520
Fundraising Activities - T-Shirts	6,744	-	6,744
Grants	94,194	-	94,194
HR Insight	814	567	1,380
Insurance	275	275	551

# Profit & Loss

	<b>Circulation Foundation</b>	<b>Vascular Society</b>	<b>Total</b>
IT - Computer Maintenance	2,276	2,412	4,688
IT - Internet	547	547	1,094
IT - Managed Serviced	420	420	840
IT - Telephone	50	50	101
IT - Website Development	6,100	27,840	33,940
IT - Website Maintenance	8,747	1,782	10,529
Legal & Professional fees	-	6,743	6,743
Meetings - Accommodation	350	-	350
Meetings - AV	114	120	234
Meetings - Catering	269	1,595	1,864
Office Stationery (Miscellaneous)	4	5	9
Payroll & PAYE Services	84	84	168
Pensions Costs	1,625	4,422	6,047
Postage, freight & courier - Royal mail	-	631	631
Postage, freight & courier - TNT	92	4	96
Prizes	1,000	500	1,500
Rent	4,248	4,248	8,496
Room hire for meetings	-	2,326	2,326
Salaries - Full Time	16,667	10,702	27,369
Salaries - Temporary	-	683	683
Service charge	3,481	3,481	6,962
Staff Expenses - Council - Accommodation	-	3,566	3,566
Staff Expenses - Council - Flights	212	1,561	1,773
Staff Expenses - Council - Meals	-	648	648
Staff Expenses - Council - Misc/General	-	369	369
Staff Expenses - Council - Parking	-	62	62
Staff Expenses - Council - Taxi	-	149	149
Staff Expenses - Council - Trains/Tube	452	4,098	4,550
Stationery - Labels/Files/Pockets	-	11	11
Stationery - Printing & Postage	562	578	1,140
Subscription fees	-	(3,984)	(3,984)
Subscription fees - FSSA	-	2,000	2,000
Subscription fees - RCS	-	70	70
<b>Total Operating Expenses</b>	<b>187,921</b>	<b>113,993</b>	<b>301,914</b>
<b>Net Profit</b>	<b>(117,207)</b>	<b>31,807</b>	<b>(85,400)</b>

## **AUDIT & QUALITY IMPROVEMENT COMMITTEE REPORT 2016**

In my third year as Chair of the Audit Committee, and 3 years since the launch of the National Vascular Registry (NVR), it's perhaps time to reflect on what we have achieved. While doing so, it's important for us all to remember that the NVR is not run by the Vascular Society. It is currently run by the Clinical Effectiveness Unit at the Royal College of Surgeons of England and is commissioned by the Healthcare Quality Improvement Partnership (HQIP). I, and other member of the Society, work very closely with the NVR team, maintaining a strong relationship between the Society and the Registry. I believe this is vital moving forward, as the Registry is re-commissioned by HQIP next year.

The aims from HQIP are very specific- to measure the quality and outcomes of care for patients who undergo major vascular surgery in NHS hospitals in England and Wales, and to provide comparative information on the performance of NHS vascular units to support quality improvement and inform patients about major vascular interventions delivered within the NHS.

In the 3<sup>rd</sup> annual report of the NVR, published this week to coincide with the ASM, we have provided more unit level information than before on the activity and outcomes for elective and emergency vascular surgery, including ruptured aortic aneurysms, complex aneurysms and amputation.

In general, the data on elective surgery for all major arterial procedures demonstrate excellent pathways of care and clinical outcomes, with no units recognised as outliers in terms of excess mortality rates. Over the last few years we have seen improvements in outcomes, especially for AAA repair, and time from symptom to surgery for carotid endarterectomy (CEA).

There remain, however, area where improvements could be made, in particular with regard to the variations in time from diagnosis to surgery for CEA and AAA repair. The latter is the subject of an on-going national 'snapshot' audit which will report in 2017.

The data on amputation and angioplasty must be interpreted with caution because data ascertainment rates, calculated by comparison to HES data, remain disappointingly low. This is especially the case for lower limb angioplasty. Better data ascertainment would allow for more useful analysis of unit activity, pathways and outcomes, which are essential for any quality improvement measures. This is especially relevant for amputation following the publication of our Society Best Practice Care Pathway for Amputation last year, in response to the NCEPOD report, which highlighted many areas for improvements in our pathways and outcomes.

I enter my final year as Chair of the Audit Committee delighted to welcome Jon Boyle as the incumbent elected Chair. There is still much work to do- on the NVR itself, on how the data should be presented and interpreted, and with the development of risk adjustment models adaptable to changing practices and disease patterns. It's essential we continue to drive better care without promoting risk aversion and gaming.

I am extremely grateful to the NVR team, especially Sam Waton, whose understanding and enthusiasm for the Registry, and support for you all as contributors, has been exceptional. I am also very grateful to you, the members of the Society, for continuing to support the NVR and the work of the Audit Committee.

### Circulation Foundation Annual Report

Gill Green has recently stepped down as chair and I would like to propose a vote of thanks for all her work over the past few years. I was appointed in October and am currently assessing the financial position, current projects and the future direction of travel.

Last year's London marathon was the stand out fund raising success for the CF with 16 runners raising £24,000. This was only one of 15 separate events however ranging from an adventurous coast to coast crossing of Scotland to a charity poker evening. The charity is currently run by a committee of volunteers with administrative support from Fitwise and typically makes an annual profit of approximately £40,000. However, some relatively simple measures could improve regular income and I aim to try to persuade the vast majority of the Vascular Society membership (who don't currently donate) to donate in addition to their society subscription. I also want to expand the use of the Savoo search engine which donates 1p per search to the CF. Although this has only raised £107 thus far, this is from only 22 users and there is obviously more potential here.

One of the current initiatives is to set up a network of exercise classes. Much work has been done and four areas have been identified, but the project remains short of funds although an application to the James Tudor Foundation has got to an advanced stage. I am also keen to expand the projects supported by the charity to include a larger number of smaller research grants and also include some Fellowships for trainees.

Finally, I am delighted to announce that George Davies, a generous supporter of this charity, has agreed to be the Patron of the Circulation Foundation and I look forward to working with him over the next few years.

Michael Jenkins

## **EDUCATION COMMITTEE REPORT 2016**

The Education Committee has been busy over the last 12 months continuing to develop a portfolio of VS courses specifically designed to support the vascular curriculum. Our first venture in this area was the ST3 Induction Course, which ran for the first time in Hull in 2012 for the first cohort of trainees into the new specialty. This ran very successfully in Hull for 3 years under the stewardship of Ian Chetter and this year transferred to the West Midlands, convened by Andy Garnham. Earlier this year we were delighted to be informed that our application to the GMC for the course to be recognized as part of the curriculum was approved, which means that funding should now come from the Deaneries. This is tremendous news for the new specialty and is a reflection of the high quality of the course, due in no small part to the many members who have acted as Faculty. The move this year to the West Midlands demonstrates our desire to move the courses around the regions where possible, which we anticipate will help with recruitment of new faculty.

The long term plan is to develop a specific course for each of the 6 years of specialty training. As part of this strategy the first ST5 course was piloted in Hull in May, again primarily organized and run by Ian Chetter. This received excellent feedback from delegates and plans are underway to run it again in July 2017.

Plans are currently underway to develop the first ST4 and ST6 courses, which we intend to pilot in 2017. These will largely mirror the cadaveric courses which have been provided by the College in London but will build on the expertise of similar courses being provided in the regions. This is especially important given that there is major refurbishment about to commence at the College, which does not intend to provide cadaveric courses in the future. The ST4 course is planned to be held in Newcastle and will concentrate on core vascular skills and exposures, with the ST6 course in Cambridge focusing on advanced skills and more complex exposures. Preliminary work is underway for ST7 (Preparing for the FRCS Vasc) and ST8 (Preparing for Consultant Practice) courses which we hope to pilot in 2018.

In addition to the courses aimed at each year of the curriculum we intend to develop a small number of courses to cover certain elements of the curriculum in more depth. The first of these is the VS Amputation Course, which was piloted in March in Coventry by Chris Imray and Andy Garnham. This was a modified version of the existing College course, with more emphasis on procedures relevant to everyday use. Feedback from this pilot was again excellent and the course will run again in Coventry in 2017. Although primarily aimed at ST3/4 the course is of potential benefit to trainees at all levels.

Other courses for which there is a recognized need are Vascular Access and Varicose Vein Treatment. The intention for these is to develop curriculum-based VS courses which can be provided regionally. We hope to be running pilots for both of these in 2017.

Now that the new VS website is up and running we intend to develop a members only education area that will be populated with information regarding all of our courses as well as other courses and meetings of relevance to trainees and consultants. Suggestions for information you would like to see displayed are welcome.

And finally, my term as Chair of the Education Committee comes to an end at the meeting in November and I will be handing over to Ian Chetter, who has already made an enormous contribution to the work of the committee over the last 4 years. I have no doubt that Ian will see all of our current plans to fruition and will continue to reinforce the importance of the Vascular Society's role in meeting the educational needs of its members.

## RESEARCH COMMITTEE REPORT 2016

To date the VS Research Committee has directed funding towards support of individuals with awards such as the President's Early Career Awards, The Surgeon Scientist Award and the George Davis Visionary Award. This has resulted in very significant advancement of knowledge, individual career development and additional subsequent awards. This very successful approach is however resource intense, tends to focus on individuals and puts significant pressure on the Circulation Foundation. 2015-16 was a period of consolidation with a focus on fulfilling commitments to existing grants.

However, there has been a move towards exploring additional diverse funding streams (such as NIHR) and broadening vascular research involvement in a fashion that is complimentary to the existing strategy. The longer-term aim being to increase broaden the funding streams making us less dependent on single funding sources. We hope to increase the number of trials, the numbers of patients recruited to trials, increase involvement of patients and junior doctors collaboratives and finally broadening support for research by vascular nurses and vascular technologists and allied health professionals.

One of the first steps in this process was the support by Council and the Circulation Foundation for the appointment of a Royal College of Surgeons Surgical Specialty Lead in Vascular Surgery. Prof Chetter started work in this post in January 2016 and has begun an important and systematic approach to developing the VS research portfolio. A summer meeting was held at the RCS to scope areas of interest using a Delphi/ James Lind approach to priority setting.

The longer term aims being to focus on developing a three-year strategy that is likely to be successful in developing NIHR funding streams for vascular surgical research. Development of Research Collaboratives run by vascular surgical trainees will be an important component. An ongoing appraisal of the web site and office support for research is taking place.

Professor Chris Imray



## **Society of Vascular Nurses Report 2016**

The SVN is a society for nurses caring for patients with vascular disease in any health care setting. We aim to provide a national network to promote best practice in vascular care and encourage nurses to gain the knowledge and skills to fulfil these complex needs. The society was established in 1993 and we currently have more than 150 members which including several from overseas. The committee meet quarterly and are elected by our members.

The society continues to move forward and with the well-established and strong links between the Vascular Society and Society of Vascular Technologists SVN members can benefit from the flexibility of having a single registration to attend all three streams of the Vascular Societies AGM. We continue to run a successful evening symposium each year, which provides our members and colleagues with the opportunity for networking on the evening prior to the AGM. The symposium always includes a key note speaker and the event is extremely well attended.

Our website is regularly updated and is a signpost for nurses looking for continual professional development including vascular courses. Our competency portfolio for both staff nurses and nurse specialists has been well received by our members and work is in progress to combine these into a single portfolio that will take a vascular nurse from novice to expert. This document is due to be released early 2017. We also continue to fund four bursaries per year to cover costs up to £500 to support nurses in undertaking professional development, research or audit to improve the care of vascular patients.

The SVN provides representation for vascular nursing through designated committee members in several national work streams including NHS England Vascular Indicators, Clinical Reference Group for PAD and the All Party Parliamentary Group for PAD. Feedback to our membership is given through the quarterly journal 'Vascular Matters'.

With the reconfiguration of vascular services throughout the UK we aim to establish a detailed picture of vascular wards and key personnel so that communication is inclusive and can be sent to departments which do not have membership. If you wish to add your details please do contact us or become a member. Moving with the times, we endeavour to reach a wider audience and give regular updates through our Twitter and Facebook pages so please do "follow us". We will have a live Twitter feed throughout the conference.

Finally, I would like to take this opportunity to thank the committee of the SVN whose continued hard work hard during challenging times is appreciated, and to the Vascular Society with whom our affiliation is acknowledged and valued.

Nikki Fenwick

President

SVN Committee

Nikki Fenwick [nikki.fenwick@sth.nhs.uk](mailto:nikki.fenwick@sth.nhs.uk)

SVN President

Louise Allen [louise.allen@imperial.nhs.uk](mailto:louise.allen@imperial.nhs.uk)

Vice President

Jayne Burns [jayneian@icloud.com](mailto:jayneian@icloud.com)

Treasurer

Claire Thomson [Claire.Thomson@rbch.nhs.uk](mailto:Claire.Thomson@rbch.nhs.uk)

Secretary

Leanne Atkin [leanne.atkin@midyorks.nhs.uk](mailto:leanne.atkin@midyorks.nhs.uk)

Sue Ward [susan.ward@bsuh.nhs.uk](mailto:susan.ward@bsuh.nhs.uk)

Emma Bond [elvbond@me.com](mailto:elvbond@me.com)

Gail Curran [gail.75@hotmail.co.uk](mailto:gail.75@hotmail.co.uk)

Kate Rowlands [kate.rowlands@wales.nhs.uk](mailto:kate.rowlands@wales.nhs.uk)

Aisling Roberts [aisling.roberts@gwh.nhs.uk](mailto:aisling.roberts@gwh.nhs.uk)

SVN Secondments

Stephanie Houston [stephaniehouston14@gmail.com](mailto:stephaniehouston14@gmail.com)

Rachel Lear [rachael.lear@imperial.nhs.uk](mailto:rachael.lear@imperial.nhs.uk)

## **SVT President's Report November 2016.**

The Society for Vascular Technology of Great Britain and Ireland is now in its 25<sup>th</sup> Year and has a membership approaching 500. The work that the Society does would not be possible without the volunteers from the membership who donate their time to form the committees and represent the Society in so many ways.

The SVT is comprised of an Executive committee which is supported by 3 sub-committees; Education, Professional standards and the newly formed Research committee. I would like to use this opportunity to say a huge thank you to all the dedicated committee members who have worked continuously throughout the year. I would also like to thank Mike Wyatt and the Vascular Society for their continued support.

Every year the SVT workload increases and this year is no exception. The SVT has representation on many other organisations including BMUS, IQIPS, NICE, PHE, NSHCS, AHCS and CASE to name a few. The Education committee held Fundamental study days in January, Exam Preparation days in March and a study day dedicated to contrast enhanced ultrasound assessment of EVAR in May. The theory exams, held in June this year, took place in London, Ireland and Manchester with a total of 43 registrants for the Physics and Instrumentation exam and 48 registrants for the Vascular Technology exam. In the September resit exams 9 registered for Physics and 5 for Technology.

The SVT is collaborating with the American company, Inteleos, which is the new 'umbrella' company encompassing ARDMS, APCA and other healthcare professions including midwives and physicians assistants. The SVT is working with Inteleos to develop electronic theory exams for the Accreditation process and are on target for a 2017 delivery. The SVT exams will be available at a number of electronic testing centres for a 30 day window, twice a year instead of the normal one day in three locations. Inteleos have a wealth of experience in 'testing' which will ensure the SVT theory exams are of high quality, defensible and valid with a consistent level of difficulty. We will also have statistical feedback from all the exams and this will be beneficial in designing new exam questions and papers.

At the time of writing 12 SVT members have successfully passed their practical exam this year and are now able to use the title 'Accredited Vascular Scientist'. There were 3 unsuccessful candidates.

Professional Standards are responsible for writing and reviewing all the guidance documents including code of conduct, scanning protocols and service specifications available to SVT members on the website. The PSC also work with NICE, IQIPS and VASBI as well as writing publication reviews and articles for the SVT newsletter.

The remit of the newly formed Research committee is to give representation to other research organisations such as VERN and RCS Vascular Research Group. They are also writing guidance documents on performing research for SVT members as well as reviewing and awarding applications for SVT research and education grants. Information on applying for research grants can be found on the Research pages of the website.

In July, the SVT launched a new website giving the Society a fresh new look and logo. The facilities of the new website aim to streamline the administration duties for committee officers and offer benefits to members in the form of storage of CPD evidence and access to online CPD activities. It has been a huge amount of work liaising with the website design company and populating the web pages and I would like to make special mention of Lee Smith, website officer, who has personally carried out the majority of this work and dealt with any issues.

The Society of Radiography continues to offer indemnity insurance to our members including NAAASP technicians and we are delighted that Warren Town will be with us on Thursday to provide an update on why indemnity insurance is so important.

As a member organisation of CASE, SVT representatives continue to ensure the provision of high quality education through accreditation of ultrasound courses and this would not be possible without the continued support of Valda Gazzard, Ros Lea, Anna Jerram, Teresa Fail and Ben Freedman.

The Modernising Scientific Careers program has extended its scope of training with the vision of providing an educational pathway within the healthcare sciences from healthcare assistant to consultant clinical scientist. This is not complete for all domains within the vascular pathway but a healthcare science assistant and associate program has been developed, the STP is now in its sixth year and the higher specialist scientist training programme (HSST) is also live.

The program for the SVT meeting this year looks excellent. There has been a record number of scientific submissions and we have tried to include as many as possible. We also have some really excellent speakers and I'm delighted that Professor Chris Imray from Warwickshire will be delivering the Jackie Walton lecture. Huge thanks to Dominic Foy for organising a fantastic program for a second year.

I have been honoured to be President of the SVTGBI and whilst there have been challenging times I have enjoyed helping the Society to continue to evolve and grow and have made some lovely friends. I have also been supported by a fantastic team including Past President, Tanyah Ewen, who is now leaving the Society after doing a marvellous job as Treasurer. The incoming President will be Mrs Helen Dixon from King's College Hospital, London and I'm sure she will do a fantastic job. The Executive Committee felt it would be appropriate to introduce some formality into the Presidential handover and I am delighted to be able to present Helen with a medal of office this year!

**VSGBI Twitter Update for the Business Meeting/Honorary Secretary Report**

**VSGBI ASM 2016 – Manchester – November 2016**

**Mr Neeraj Bhasin – Consultant Vascular Surgeon, Calderdale and Huddersfield NHS  
Foundation Trust**

The VSGBI Twitter site was created following a presentation to the VS Council meeting. The social media site launched in October 2013, on the back of Professor Scott's vision, and brought a new facet to the society. Social media is now engrained in peoples' daily lives and is an essential part of any institutions' public presence and communication strategy.

The site has now been active for 3 years and run on an entirely voluntary basis by Mr Neeraj Bhasin (Consultant Vascular Surgeon, Calderdale and Huddersfield NHS Foundation Trust). He has been supported intermittently by Mr Hashem Barakat (ST3 Vascular Surgery, South West Deanery). Mr Bhasin is now ending his tenure in leading this site and we are looking for people to replace him.

The site now has over 1000 truly global followers including a number of very prominent international institutions. Due to the frequent, high-quality, relevant, professional output it has become the most regular, wide-reaching, easily accessible representation of the society. The output has focused on CME, educational multi-media, jobs, courses and meetings, grants and awards, vascular guidance etc.

The site has received positive feedback from a number of sources and provided a live twitter feed from previous ASMs in Manchester and Glasgow.

The live feed enhanced presentations, tweeting papers and courses referred to in the presentations in real time. It also gave the meetings a global presence as results from a landmark RCT were instantly retweeted across North America within minutes of being presented in Glasgow. We also had active real time engagement with Abu Dhabi and New Zealand

The use of social media makes the meeting more accessible to a new, more junior, demographic who were asking questions from within the auditorium on social media whom may not have had the confidence to do from a traditional microphone. That is not to mention questions coming for other parts of the world.

We are now being approached by other groups to promote their courses and jobs, indicating how the profile of the site is considered by others.

Through the VSGBI Twitter site I suggest you harness the potential of social media by accessing the most contemporaneous research in a time efficient manner, assist your networking, and enhance your global reputation. You can have instant awareness of events or jobs and, as an institution, attract collaboration and advertise for free across the world. You can also improve the quality and reach of your meetings.

Inevitably the presence and output of this site has enhanced the profile and reputation of the vascular society internationally and it requires a dedicated, dynamic team to continue this project.

## Professional Standards Committee

### Report for 2015-16

The Professional Standards Committee advises Council on issues and developments relating to clinical governance, risk management, professional standards and fitness to practice on behalf of the membership. Details regarding membership and additional roles of the committee are provided on the Society's website.

The committee undertook twelve reviews in 2015/16. These reviews have been requested for a variety of reasons including: problems associated with local vascular service reconfiguration, advice on professional issues and a range of clinical governance issues.

Requests for reviews have come from the Invited Review Team RCS, Commissioners, Trust Medical Directors and individual clinicians.

When a review request is received the committee in discussion with the Executive agree which individuals (usually two) are best placed to undertake the review. If the review has not been requested by the IRM RCS, their involvement may be considered if the committee consider there are important professional issues to be addressed.

Reviews conducted solely by VSGBI tend to be related to service reconfiguration while those undertaken with IRM RCS cover a range of issues.

Irrespective of the review mechanism employed, service reviews involve completion of a standard questionnaire on service provision prior to usually a two day visit. A range of clinical and managerial staff are interviewed with immediate verbal feedback to the Medical Director(s) at the end of the visit. A detailed written report usually follows in 6-8 weeks however any immediate patient safety concerns will be highlighted during the visit.

Reviews involving IRM RCS are more formal with the visiting team including two VSGBI members, a lay panel member, a member of IRM staff and occasionally additional specialty representatives such as BSIR. Full details regarding the RCS IRM process are available on the college website. While the structure and formality of the IRM can be an advantage there can be problems regarding access to the full report. When a Trust commissions and pays for an IRM report it becomes their property and may not necessarily be shared with other individuals or professional bodies. This may lead to difficulties for members and the Society. IRMRCS are aware of the Society's concerns and have agreed to address them particularly with regard to data protection and freedom of information legislation.

It is likely that the Society may consider developing and providing some sort of mediation service which might help resolve local problems before they escalate and require more formal investigation.

I would like to thank those individual senior members of our society for their help over the last year and would reassure members that we have tried to be as honest and as fair as possible when undertaking reviews. Any member of the Society with concerns about any professional issue should not hesitate to contact myself or a member of the committee for confidential advice and help.