

# VASCULAR SOCIETY

OF GREAT BRITAIN AND IRELAND

# YEARBOOK

# 2018

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### The Vascular Society Yearbook 2018

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## **Presidents Annual Report - Mr Kevin Varty**

This last year as President of The Vascular Society of Great Britain and Ireland has certainly kept me busy navigating the organisation towards our various goals. I have relied heavily on the support of an excellent Council for which I am truly grateful. Members can be assured that the administration works hard in the interests of both patients and the membership. We are always looking for member feedback and dialogue to ensure we remain representative of the majority opinion.

The 2018 NVR report is now available. As in previous years the headline outcomes are excellent. Mortality for elective AAA repair with EVAR is just 0.7% and 3.2% for open repair. Death or stroke after elective carotid endarterectomy just 2.1%. Vascular teams can be proud of achieving such outstanding outcomes. We have slightly reduced the time delays with these procedures. GIRFT is challenging us to achieve further efficiencies. I would encourage you all to engage with the GIRFT process and use it to assist you with positive changes in your local service. The thought of change often feels threatening but there are opportunities in it as well.

Another area of challenge this year has been the limitations and capacity of the NHS. Last winter bed capacity was exceeded, and surgical schedules decimated. The NHS understandably is looking to make efficiencies and has started a process to limit “interventions of low clinical value” including varicose veins. Finally, NICE wants to limit EVAR, largely on a cost basis. These are going to be testing times for our specialty. We have made strong representations on all these issues to ensure that the clinical view is heard and noted. Whilst we do need to have a cost-effective focus we also need to ensure that our patients are not denied access to procedures that improve and prolong their quality of life. I know that there will be much debate and discussion of these issues in Glasgow at the ASM.

You will by now have had the opportunity to review The Provision of Vascular Services 2018 document (POVS). Many thanks to all the members who have contributed to this document and to Sophie Renton our Honorary Secretary who has led the editing process. We have tried to make POVS 2018 a clearer outline of what vascular services should be and deliver, with the patient pathway given a higher focus. We hope it will be a useful and contemporary resource for members, managers and commissioners making improvements to their services and networks.

There are many positives to report in education, training, and research which you will see in the relevant reports. The final FRCS exam was a great success. Thanks to Prof. Julian Scott and the exam board for that. The trainees are vital to our future. Their welfare and development should be a central concern in all our units. Bullying and Undermining were reported last year. I urge you all to provide the necessary leadership and trainee support to eradicate this from our specialty.

It has been a privilege to serve as your President for 2017/18. I hope to meet many of you in Glasgow and enjoy the academic and social programme! I leave the society in the very capable hands of Ian Loftus who will take us forward into 2019.

## **Honorary Secretary's Report - Sophie Renton**

My main task for this year has been to revise the Provision of Vascular Services. The new document will be available to download from our website and some copies will be available at the ASM. I am grateful for the help and support I have received from members of Council, friends and colleagues in producing the 2018 document. We have updated the specification to take in to account the recommendations of the GIRFT report, in particular how we respond to the challenge to define our Vascular Service as an urgent service. We have included a section on pathways for care and recommended timelines for the management of patients. We have updated the job planning guidance and described our vascular training programme. We have included in the appendices "Top tips for reconfiguration" – an excellent step by step guide for units undergoing reconfiguration, useful even for those centres where reconfiguration has stalled. "Top Tips" has been produced in collaboration with the BSIR, SVT, SVN and the Vascular Clinical Reference Group. The 2018 Service Specification would be incomplete without reference to the NICE AAA guidelines. At the time of going to press the final recommendation is embargoed and we will not know the final outcome till after the ASM, but POVS 2018 does address the challenge the NICE recommendations will create if there is a trend towards more open surgery for AAA.

As Secretary, I am responsible for organising the election of the committee chairs and council members. This year, there will be a number of changes. Ian Chetter will be taking over from Chris Imray as Chair of the Research Committee. If he brings as much enthusiasm and energy to this role as he has done for the Education Committee, research is in good hands. Keith Jones has bravely stepped forward to take over as chair of the education committee. One of the biggest challenges he will face is securing funding of the excellent ASPIRE programme. Louis Fligelstone will be taking over as chair of the ASM committee. It is important the Vascular Society fully represents you and I am conscious that I am currently the only female member on Council. We have had a drive to persuade more members to step forward for election, and we have encouraged you to consider candidates on the basis of their ability to represent not only on merit, but also to represent the diverse nature of our community. I hope this will bear fruit. The results of the election will be announced at the ASM, as will the new president elect.

As Secretary, I am aware of the importance of communicating with our members. The website is regularly updated with news items and we distribute a newsletter 2-3 times a year. I do encourage you to check the website regularly. We do not like to bombard you with e-mails but I feel there is a lot going on and I would like to keep you better informed. So I am pleased that, in the New Year, we will be working with a new company to improve our social media, so watch this space. If you wish to be involved in this project or have suggestions, do please contact me. [sec@vascularsociety.org.uk](mailto:sec@vascularsociety.org.uk)

## **Treasurers Report – Mr Andrew Garnham**

This is now my second year in post and I am delighted to report that the Society continues on a sound financial footing. We are now well on the journey to financial stability 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 to our management company, Fitwise Ltd, who have helped restructure the office; in particular Carron Burgess who has been the public face of the Society over the last 3 years and Sandra Rees who has worked hard behind the scenes as our bookkeeper to ensure our finances run smoothly. As many of you will already be aware we have come to the end of the current contract and following a tendering process we will be changing our outsourced suppliers to Executive Business Services Limited, based in Litchfield. I, together with the rest of Council, will be working this year to ensure that the changes will be as smooth as possible.

This year, due to the robust financial controls we have in place, I am pleased to announce that we will not need to increase 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 like to thank you as members in this effort and I would urge any members who still pay by other methods to help the Society in this way. Our Xero accounting system continues to allow close monitoring of our finances and minimises our accountancy fees. Your Council also continues to play its 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. Many of you have boosted your personal contribution by allowing us to collect gift aid and I would urge those of you yet to do so to make the Treasury contribute. Members' donations came to an additional £20,000 this year and I have allocated your contributions to funding the James Lind Alliance in order to get the patient priorities we need to gain traction in major research funding and allow our patients to work with us on the research priorities that are important to them as well as us.

Going forward, Council and the Research Committee would like to set up special interest groups to look at our areas of research priority and we will look to strengthen income from the Circulation Foundation to support this. This year we have provided funding totalling £70,000 from the George Davis Award Fund to support two research projects. This has been matched by the Royal College of Surgeons of England and we are hopeful that other Royal Colleges may follow suit.

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

The charity's accounts show a net surplus for the financial year 1<sup>st</sup> July 2017 to 30<sup>th</sup> June 2018 of £114,326. This included gift aid of £117,103 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.

This year we have also been able to secure £47,000 charitable grant funding from NHS England to support the ASPIRE programme from return to work monies.

Details of our expenditure are set out in the attached accounts. Our legal, accountancy and professional fees continue to remain low due to the use of our electronic accountancy package.

### **Investments and reserves**

The charity's investments at 30 June 2018 have shown significant recovery following a stall in progress earlier in the year. Rathbones who manage our investment accounts have reassured us this was a general problem in the markets partly related to Brexit. They have assured us that our investments are spread outside the UK to try and compensate for these uncertainties. Our investments at 30 June 18 were valued at £323,106 with a further £447,230 held as cash deposits.

The trustees have established a reserves policy whereby unrestricted funds are sufficient to meet one year's activity of the Society (£575,000). The financial statements show that we had unrestricted funds of £644,508 at the year end. This will allow the charity to provide additional support for the Aspire programme in the coming year whilst still maintaining reserves at a level that is in line with our policy.

### **Summary**

The Society is now on a more robust footing with our outsourced office and new Xero accounting system that allows us to monitor our position accurately on a daily basis. Standardising the collection of membership fees has allowed us to collect and check these in a more systematic fashion. Xero accounting has also allowed us to run our accounts as a single entity and has allowed us to reduce not only our administrative costs but also our accountancy fees. Although the society has been through a turbulent time over the last few years, changes we have made to our financial management have stabilised the position. I would like to add my personal thanks to both Carron Burgess and Sandra Rees at Fitwise who have worked hard on your behalf to ensure our finances are making progress. I am confident that with further caution in our spending the Society will be able to maintain its reserves whilst contributing increased amounts to our research and education programmes.

**THE VASCULAR SOCIETY  
COMPANY LIMITED BY GUARANTEE**

**CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (INCLUDING INCOME  
AND EXPENDITURE ACCOUNT)**

**YEAR ENDED 30 JUNE 2018**

		<b>Unrestricted Funds</b>	<b>Restricted Funds</b>	<b>Total</b>	<b>Total</b>
	<b>Note</b>	<b>2018 £</b>	<b>2018 £</b>	<b>2018 £</b>	<b>2017 £</b>
<b>Income from:</b>					
Donations and legacies	2	35,528	70,140	105,668	154,924
Charitable activities	3	528,278	-	528,278	534,397
Raising funds	4	23,903	-	23,903	26,862
Investments	5	8,660	-	8,660	10,594
<b>Total income</b>		<b>596,369</b>	<b>70,140</b>	<b>666,509</b>	<b>726,777</b>
<b>Expenditure on:</b>					
Raising funds	7	3,298	-	3,298	4,309
Charitable expenditure	8	452,867	105,827	558,694	533,087
<b>Total expenditure</b>		<b>456,165</b>	<b>105,827</b>	<b>561,992</b>	<b>537,396</b>
Gains/(losses) on investments	13	9,809	-	9,809	36,353
<b>Net income/(expenditure) / Net movement in funds</b>		<b>150,013</b>	<b>(35,687)</b>	<b>114,326</b>	<b>225,734</b>
<b>Reconciliation of funds</b>					
Total funds brought forward		494,495	299,273	793,768	568,034
<b>Total funds carried forward</b>		<b>644,508</b>	<b>263,586</b>	<b>908,094</b>	<b>793,768</b>

The statement of financial activities includes all gains and losses recognised in the year.  
All incoming resources and resources expended, derive from continuing activities.

The notes on pages 13 to 23 form part of these financial statements.



## **Audit and QI Report - Mr Jonathan R Boyle**

The Audit and Quality Improvement Committee has had a busy year, with current work including the development of a quality improvement framework for lower limb ischaemia, an NCEPOD project application on acute limb ischaemia and work on new NVR datasets.

In response to the GIRFT report the Audit and QI Committee has been tasked by the Vascular Society with developing a Quality Improvement Framework for lower limb ischaemia (LLIQIF). In order to inform this process an organisational survey was developed and circulated over the summer to identify current practice across the UK. A draft LLIQIF will be circulated to stakeholders in the Autumn of 2018 with the aim of completing the framework in early 2019.

Significant work has been undertaken to improve and update the NVR datasets in response to suggestions by members. The new datasets will go live in January 2019.

The committee has agreed that we must look at ways of recording information about implantable devices within the NVR in response to the increasing concerns about the durability of EVAR. It is no longer acceptable to implant devices without evaluating their longer-term performance. We have been exploring the options to include unique device identifiers (UDIs) within the NVR with the aim of initially adding these fields to the aortic dataset in combination with longer-term outcome dataset after AAA repair. It is hoped that these dataset changes will be implemented for 2020.

In the longer-term recording information on all implantable prosthetic devices in vascular surgery is the goal. We have already spent time with the orthopaedic surgeons and gained knowledge from the well-established National Joint Registry which is able to identify poorly performing prostheses by using revision as the main endpoint. It is probably time to move away from mortality as the primary end-point after EVAR as the rate has fallen to 0.4% in this year's annual report.

The NVR team has engaged with a vascular patient group based in Bristol who have engaged enthusiastically with development of infographics that are more patient friendly for the VSQIP website.

Surgeon level outcomes for AAA repair and carotid endarterectomy went live on the VSQIP website in July, this passed uneventfully. The NVR Annual report will be published in November during the ASM and will report trust level data.



## **Michael Jenkins – Circulation Foundation Report 2018**

The Circulation Foundation continues to flourish and is now on a stable financial footing. Over the last year we have made efforts to raise its profile. The website is amongst the top three globally in searches for “Vascular disease” and the patient information leaflets continue to be very popular. We are currently actively improving the CF presence on social media with an increasing Twitter following and our newsletter has now become electronic allowing a much wider circulation. In September, James McCaslin took part in a very successful series of radio interviews promoting awareness of vascular disease, vascular awareness month and the CF in general. The theme for this year’s Vascular Awareness month was *Healthy Living/Healthy Circulation* to promote the importance of diet, exercise and weight loss. Thank you to all those organising events for this. We are also grateful to the James Tudor and Garfield Weston Trusts for their funding to support the ‘Circulate and Exercise’ programme which has allowed patients with claudication better access to exercise classes at five pilot sites in Hull, Coventry, Oxford, Wolverhampton and London.

Over the last year, runners and riders in many events up and down the country have raised over £15,000 in sponsorship for the CF and we are indebted to their enthusiasm and efforts. This year, there was an opportunity to compete in a triple event – the London Marathon, Ride 100 and Serpentine swim with a special medal for those completing all three events. There will be charity places advertised on the website for events for 2019 including a new event – the Vitality Big Half (a half marathon organised by the London Marathon team) which will take place in London next March. I encourage you to advertise this amongst friends, family and colleagues. Lastly, we plan to have a raffle to coincide with this year’s ASM in Glasgow and again your support with selling (and buying) tickets would be much appreciated. Tickets (with prizes donated by Terumo Aortic, Rostra UK and others) will be available to buy from the CF stand during the conference.

During the last year we have collaborated with both the Royal College of Surgeons of England and the Royal College of Surgeons of Edinburgh to offer Research Fellowships with matched funding from both organisations. Earlier this year, Martyn Coomer, Chris Imray and I interviewed at the English College and appointed two excellent candidates. We hope to appoint with the Edinburgh College early next year. These Fellowships provide crucial funding for a year as pump priming money to allow trainees to commence a period in research and then apply for a grant to continue. The collaboration with both colleges has doubled the funding and therefore the number of Fellowships on offer and added academic credibility much valued by trainees.

George Davies continues as our Patron and remains active in his generous support for both the CF and awareness of vascular disease in general.

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

## **Education Committee Report - Prof Ian Chetter**

### **The ASPIRE programme goes from strength to strength, supported by HEE funding**

In 2018 the education committee introduced 2 further courses into the ASPIRE programme.

a) ASPIRE 4 (essential vascular surgical skills - cadaveric) ran in Cambridge from 15<sup>th</sup> – 17<sup>th</sup> May 2018, convened by Mr Patrick Coughlin, and included a day of endovenous simulation and 2 days of cadaveric dissection. Feedback from the 21 trainees who attended was superb.

b) ASPIRE 7 (preparation for the FRCS Vasc) ran in Hull from 9<sup>th</sup>-10<sup>th</sup> Feb 2018 convened by Prof Ian Chetter and included practice vivas and clinicals, lectures and review of academic papers. 14 trainees attended, with 9 of the 10 trainees subsequently taking the exam passing.

This year the Education Committee submitted a successful application to HEE to support the ASPIRE programme specifically regarding return to training.

Established ASPIRE courses including ASPIRE 3 (introduction to vascular surgery), ASPIRE 5 (intermediate vascular skills) and ASPIRE 6 (advanced vascular surgical skills – cadaveric) ran in Wolverhampton, Hull and Cambridge respectively and trainee feedback for all 3 courses was excellent.

Next year, the Education Committee will introduce 2 new ASPIRE courses. ASPIRE8 (preparation for consultant practice) will be convened by my successor as Education Committee Chair, Mr Keith Jones, in February 2019.

ASPIRE 1/2 course will be provided at the ASM in November 2019 for IST trainees appointed at ST1 thus completing the ASPIRE programme.

<b>Course</b>	<b>Dates</b>	<b>Convener</b>	<b>Location</b>
ASPIRE 1 / 2	VSGBI ASM November 2019	Education Committee/ Rouleaux	Manchester
ASPIRE 3	27-29/09/19	Mr A Garnham	Wolverhampton
ASPIRE 4	June 2019	Mr P Coughlin	Cambridge
ASPIRE 5	25-27/04/19	Prof Ian Chetter	Hull
ASPIRE 6	June 2019	Mr P Coughlin	Cambridge
ASPIRE 7	11-12/02/19	Prof Ian Chetter	Hull
ASPIRE 8	5-6/02/18	Mr Keith Jones	London

### **Other VS education courses receive excellent feedback**

Vascular Access (cadaveric) convened by Mr Karim El Sakka ran for the first time in 2018 and received tremendous feedback from participants.

Established courses including Amputation (cadaveric) convened by Prof Imray & Mr Garnham, and “So you want to be a Vascular Surgeon” convened by Ms Sophie Renton also ran in 2018, receiving excellent feedback.

The Rouleaux Club ran an “Introduction to Vascular Surgery Course” at the 2017 ASM aimed at attracting medical students, foundation and core trainees into vascular surgery. This was extremely popular with all places filled and will be repeated at the 2018 ASM

In collaboration with SVT, we hope to establish “An introduction to vascular ultrasound” which we hope will run in June 2019.

### **Peri CCT Fellowships**

The VS education committee, supported by the JCST, has engaged in preliminary discussions to develop a small number of quality assured, peri CCT fellowships, appointed annually by national selection and lasting 6-12 months.

### **Finally...**

As I come to the end of my term as Chair of the VS education committee, I would like to thank all course conveners and faculty for their contribution to the VS courses, without whom my role as chair would have been impossible. I would also like to wish Mr Keith Jones, my successor all the very best for the future. I hope you will continue to support him as you have me.

## **Research Committee Report - Prof Chris Imray**

In the past, the VS Research Committee has directed (primarily philanthropic) 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 successful approach is however resource intense, and tends to focus on individuals and single units as well as putting significant funding pressure on the Circulation Foundation. Over the last three years the Research Committee has focused firstly on fulfilling existing commitments and secondly on developing a new, more sustainable research strategy.

The strategic aims being firstly to explore additional diverse funding streams (such as NIHR) and secondly to broaden vascular research involvement. We hope to increase the number of trials, the numbers of patients recruited to trials, increase involvement of patients and trainee collaboratives and finally broaden support for research by vascular nurses and vascular technologists and allied health professionals. An additional aim being to further leverage the funding we have.

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 developed an important and systematic approach to developing the Vascular Society research portfolio. There have now been two rounds of the Delphi process. 1100 questions that we thought to be of scientific merit by the Societies' members were initially considered and these have now been reduced to a smaller number of questions that are thought to be most pressing/important. The next step, was to start setting up special interest groups. A James Lind Alliance approach to priority setting, involving stakeholders has started using funding raised by the membership through their subscriptions. The aim being to bid for NIHR or other charity bids to generate external funding. Studies funded in such a way are then eligible for NIHR CRN additional funding.

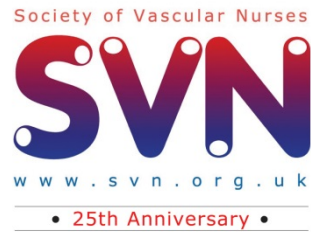
In addition, we are delighted to announce that the Royal College of Surgeons of England agreed to match fund Circulation Foundation monies for scholarships specifically aimed at trainees with academic interests to develop successful funding bids. Interviews took place in June 2018 and Omar Ashour (A study of the collateral circulation in the critically ischaemic limb) and Adam Gwozdz (Investigating a role for platelets in venous in-stent thrombosis) were awarded joint Circulation Foundation/Royal College of Surgeons of England Research Fellowships.

The Circulation Foundation has match funded the Garfield Weston and the James Tudor charities to fund a pilot multi-centre study looking at barriers to participation in claudication classes. It has been possible to get this study on the NIHR CRN Portfolio with the result that further monies are then leveraged to support the vascular research nurses involved in the study. The hope being the data obtained will again help with achieving NIHR funding.

Research Collaboratives run by vascular surgical trainees are an important approach to increasing involvement in research. The MARI Study (renal injury after AAA surgery) is one of the first NIHR Portfolio Study to be run by the Collaborative and has currently has 11 sites in England and Wales and has recruited over 280 patients.

The success of the Vascular and Endovascular Research Network continues and in particular the ASM Dragons Den, which was set up at three years ago continues. This year there is record funding from sources including both NIHR (NIHR MedTech Coperative) and industry.

The longer-term aims being to focus on developing a sustainable research strategy that is likely to be successful in developing NIHR funding streams for vascular surgical research, to leverage existing charitable funds and to broaden both the number of units and the number of individuals involved in research, and I am delighted that Prof Chetter is able to take over as Chair of the Research Committee in the New Year.



## **Nikki Fenwick - President - Society of Vascular Nurses**

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 highlight best practice in vascular care, and to promote and encourage nurses to gain the knowledge and skills required to fulfil the complex needs of an ever developing speciality. The society was established in 1993 and currently has more than 150 members including several from overseas and allied healthcare professionals. The committee meet quarterly and are elected from the membership.

This year the SVN celebrates 25 years since its formation. To commemorate, we have invited back to the conference, the past presidents and have dedicated a symposium to consider the achievements over the years, the present and what the future holds for the SVN. To further commemorate this event, a one off educational travel scholarship of £3000 has been set up for eligible for members to apply for. The applications have been shortlisted and the scholarship will be awarded at the end of the conference.

The SVN continues to have well-established and strong links with the Vascular Society and Society of Vascular Technologists. Our conference delegates continue to benefit from the flexibility of the Vascular Societies ASM now being a single registration event so nurses can attend all three streams. This also applies to medical delegates who have found the SVN stream to be highly informative, and our seating capacity is full throughout the day. Our annual evening symposium gives the opportunity for networking on Wednesday evening prior to the SVN conference and this includes a key note speaker. The event is popular and well attended with a charitable donation being given from the proceeds.

The website is regularly updated and is a signpost for nurses looking for continued professional development including vascular courses. Our competency portfolio for both staff nurses and nurse specialists was well received by our members and work is well underway to combine these into a single document that will take a vascular nurse from novice to expert. It has been our pleasure award six educational bursaries this year. These allow applicants to apply for up to £500 to support professional development, research or audit in order to improve the care of vascular patients. We will continue to promote this as a membership benefit of the SVN. We aim to keep our members fully informed of SVN activities through the quarterly journal 'Vascular Matters'.

The SVN provides representation for vascular nursing through designated committee members in several national work streams. This year, these have included NHS England Clinical Reference Group, Guidelines for the Provision Anaesthesia for Vascular Procedures, VSGBI Provision of Vascular Services document and the All Party Parliamentary Group on Vascular and Venous Disease. This is testament to the professionalism and regard in which vascular nurses are held and how fundamental they are to the delivery of services within vascular networks.

This year saw the launch of Legs Matter which has been a collaboration initiative between the SVN and other societies including the Tissue Viability Society and Leg Ulcer Forum. The key concept of this is to raise the awareness of lower leg problems amongst the general public as well as health care professionals to try and signpost patients into the correct services. The launch was widely viewed on social media and links to the website can be found at [www.legsmatter.org](http://www.legsmatter.org)

With the reconfiguration of vascular services throughout the UK, one of our projects is 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. We continue to offer both individual as well as ward membership, and a new student nurse category is being introduced pending agreement at the AGM. Regular communication is put out onto Facebook and Twitter to try and reach a wider audience so please encourage your teams to follow us.

The work of the SVN is completed entirely by the committee members who give their time and commitment free of charge and without any administrative support. Their commitment does not go unnoticed and I would like to thank them for their hard work and support and wish Louise Allen, Imperial College London the very best for her next two years as President.



## **Sara Causley – SVT President**

Firstly I would just like to say a huge thank you to all those who have supported me through this year. I have been lucky enough to have an amazing group of people around me. But its not just those on the Executive committee that I am in regular contact with but also those on sub committees and those who represent us with other bodies who are working hard to allow the society to function efficiently and effectively ensuring that the SVT remain the 'go to' Society for other professional organisations nationally. I would also like to thank the SVT members for their support at meetings and for their ideas and suggestions over the last 12 months. The society would not be what it is without them.

This year has been busy and the ground work has been laid for many projects which should come to fruition over the next year.

Firstly, surgeons training.

This time last year we had a preliminary meeting with representatives of the VS council to set out their requirements. We were asked to provide an introductory course in vascular ultrasound with the knowledge that study days provided by the SVT would be of the highest quality with practical and written material to support this. The study days have now been compiled which not only meet the requirements of the trainee's curriculum but will also be useful for other health professionals that have an interest in vascular ultrasound. The course will cover physics of ultrasound and haemodynamics of blood flow as well as AAA scanning, lower limb venous and arterial duplex, carotid duplex and ABPI. The first course will be held in June 2019 in Coventry. Look out for the flyers at the ASM

Apprenticeships

Work has continued with the Healthcare Science Apprenticeships (vascular). In September the first students commenced the Level 4 apprenticeships at Macclesfield College. The specific practical skills acquired will include ABPI, Toe Pressure measurements and TCPO2. The cause is aimed at Health Care Assistant level staff working within vascular labs.

Following some very useful and productive meetings with a number of heads of service over the last 12 months a full business case was sent to the National School of Healthcare Science for the introduction of a Level 6 (undergraduate) apprenticeship in vascular healthcare science. This was very well received and we have been given their full support. However, before we can proceed we need to present to and gain approval from the Healthcare Science Implementation Working Group. This is due to take place on November 9<sup>th</sup> and I hope to have news from this meeting at the ASM. Should we be successful we will have been able to fill in the gaps in the career pathway for those working in vascular science enabling them to enter and exit at any level from HCA to Consultant level whilst being a useful and productive member of the team within vascular units. Once the Level 6 apprenticeship is approved work will commence on the curriculum in collaboration with the National School and HEI's. I would like to take this opportunity to thank Helena Edlin for all her work with the apprenticeship programme. Helena will now join the Education committee to help guide and support this process.

## Clinical Physiologist register

We now have 132 AVS members on the clinical physiologists register. The AHCS is approved by the Professional Standards Authority. This gives employers and the public the confidence in the professional qualifications and ongoing personal development of those caring for patients.

## GDPR

GDPR regulations came into force in May this year. In line with this the Societies privacy policy was updated. This gives members a detailed account of how we use member's personal data and who we will share this with. We also now require members to opt IN to the AVS voluntary register rather than opt out. This can be done from your locker in the members area of the website.

## AVS accreditation process changes.

Earlier this year the Research committee put a proposal forward to the Executive committee to introduce a research component to the AVS accreditation system. This received the full support of the committee. This will be phased in and a 3-year plan has been put forward for its introduction. This will only be for future trainees and will only be optional for those currently in training. To support this the research committee will hold a regular research workshops which will not only be open to trainees but also AVS members. Feedback from members has been that this is one of the elements of equivalence that they have difficulty meeting. We hope by providing this support to AVS members they will be able to attain equivalence more easily. The first workshop is scheduled for early 2019

## Equivalence

The SVT Executive committee is aware that many members have been put off undertaking the equivalence process enabling accredited vascular scientists to become HCPC registered due to the amount of evidence required. The SVT is currently working with the AHCS who are keen to look at professional body qualifications to see if these can provide automatic evidence for parts of the equivalence process. This would then allow members to only submit evidence for areas that accreditation does not cover such as research and audit. Unfortunately the NSHCS is working with former RCCP qualifications in the first instance and we do not have a timeline for when this will happen

## Patient Group Directives

The Clinical Science PGD group, part of NHS England has been looking at patient group directives for healthcare scientists. A number of case studies from different professions have been used to put forward the case and this is due to go out to consultation to stakeholders and professional bodies in the near future. Although not used as one of the case studies the chair of the group has been particularly interested in the possibility of using PGD for contrast in our EVAR surveillance. PGD however can only be prescribed and administered by those who are HCPC registered and therefore further supports the case for AVS members to go through the equivalence process.

## Journal Access

This year also saw the introduction of another member benefit with members being able to access the European Journal of Vascular Surgery via the members area of the website. We plan to subscribe again for the coming year.

The society has also continued our close links with other bodies including The Vascular Society, BMUS, The National School, AHCS, CASE, Circulation Foundation, VERN, Venous Forum, IQIPS, UKAS, and GIRFT. I would personally like to thank all those that have been instrumental in keeping these strong ties.

I will now hand over the reins to the very capable hands of Dominic Foy from Bournemouth. I would also like to take this opportunity to announce the 2020 President who will be our current website manager, Lee Smith from Manchester.



## **RCS Surgical Specialty Lead in Vascular Surgery-Prof Ian Chetter**

The Vascular Surgery Specialty Lead in Vascular Surgery, Prof Ian Chetter has been generously funded by the Vascular Society / Circulation foundation for the past 2 years. Prof Chetter has been driving the research agenda and developing a national research strategy in Vascular Surgery.

Key developments include;

### **1. Identify research priorities**

In order to ensure national vascular research addresses questions that are relevant to all stakeholders (surgeons, nurses, allied health professionals and probably most importantly patients and carers) it is critical to ensure that the most important questions are addressed. Additionally, this will influence and guide calls from research funders.

**1.1.** Using a modified Delphi process, we undertook a national survey of multidisciplinary vascular clinical specialists to obtain a consensus of research priorities to direct future research. Two rounds of online surveys were conducted involving the membership of the Vascular Society, the Society of Vascular Nurses, Society of Vascular Technicians and the Rouleaux Club (vascular surgical trainees). The first round invited any suggestions for vascular research topics. These questions were then rationalised by the steering group (coalescence of duplicates or similar questions) and recirculated to the same participants for ranking of priority. Over 1200 questions were returned from round 1 and these were rationalised by category and topics into 83 questions for ranking in round 2. Following the second round a priority list was created of the ten most important questions that needed to be addressed by vascular research in the UK. These top 10 questions included;

1. What can be done to improve outcomes in critical limb ischaemia (including how best to identify those who would benefit from revascularisation and those who would be best managed with primary amputation or palliation)?
2. What is the optimal revascularisation strategy in diabetic patients?
3. How can we reduce the rates of major lower limb amputations?
4. How can we improve outcomes in diabetic patients with foot sepsis?
5. How can we improve clinical outcomes for patients following major limb amputation?

6. What is the most effective way to manage mixed aetiology / hard to heal / complex leg ulcers?
7. Can we characterise carotid plaque to identify patients at high risk of events and target interventions?
8. How can we best organise regional vascular services to facilitate optimal management and outcomes for vascular patients?
9. How do we optimise delivery of vascular services to improve patient experience?
10. Can we optimise wound healing in vascular patients?

1.2. In order to amplify the opinion of patients and carers regarding research priorities in vascular surgery we, together with the James Lind Alliance are in the process of establishing a patient & carer orientated priority setting partnership (PSP). This PSP will

- bring patient, carer and clinical groups together on an equal footing
- identify uncertainties and questions which cannot be answered by existing research which are important to patients
- work with patients to prioritise identified uncertainties and questions
- produce a final list of research priorities agreed with patients, carers and clinical groups
- publicise these research priorities widely and ensure they are accessible to researchers and funders
- provide a rare opportunity for patients and clinicians to shape the health research agenda

## **2. Establish a research network**

The benefits of a collaborative research network include improved equity of access to research for patients; better assessment of research questions, study feasibility and deliverability; improved study set up times and processes; facilitation of collaboration; accelerated patient recruitment; and improved research profile.

2.1. The Vascular Research Collaborative (VRC) was established 2 years ago and includes representation from vascular surgeons throughout the UK, society of vascular nurses, society of vascular technicians, vascular trainees, surgical clinical trial units, research funders and patients. The VRC have met twice per year and has the principle aim to promote and sustain high quality research in vascular patients. Specific objectives to achieve this aim include

- develop and implement a national research strategy
- support existing studies and principal investigators (PI)
- foster the development of new PIs
- encourage multidisciplinary collaboration
- facilitate all aspects of research delivery with specific focus on trial design and management
- improve the quality of vascular research funding applications
- increase the success rate of vascular research funding applications
- improve outcomes for vascular patients
- raise the profile of UK vascular research
- promote vascular research to funders

The VRC provided the steering groups for the Delphi process and the JLA research PSP

2.2. Vascular and Endovascular Research Network (VERN) was founded in 2014 and is the official UK vascular trainee research collaborative, and works closely with the RCS SSL. Work to-date comprises UK-wide audits of current practice, but a prospective study and a randomised controlled trial are both currently under development.

2.3. Vascular Research Special Interest Groups (SIGs); the Vascular Society have agreed to fund the establishment of 9 SIGs in the following areas of vascular surgery, guided by the Delphi process; peripheral arterial disease, diabetic foot, amputations, wound management, aortic disease; carotid disease; venous disease; vascular access and provision of vascular services. Each SIG will comprise a Chair and Deputy Chair appointed by national selection, and a membership of 5-10 individuals to include patients and trainees. The function of the SIGs will be to; generate and oversee a portfolio of funded research studies; advise funders; and to develop cross cutting and international collaborations.

### **3. Promote and support UK Vascular Research**

3.1. Established PIs; the VRC supported established PI's promoting ongoing trials including Prof Halliday (ACST2), Prof Bradbury (BASIL2 & 3) and Prof Davies (EVRA & NESIC)

3.2. New PIs; the VRC supported new PI's promoting new trials including Mr Russell (MIDFUT) and Prof Vallabhaneni (UK Compass), both of which will be presenting trial progress at the 2018 Vascular Society ASM.

3.3. Dragons den; for the past 2 years, Prof Chetter has supported VERN to provide the hugely popular Dragons Den session at the Vascular Society Annual Scientific meeting supported by the BHF. At the Dragons Den session 4 trainees pitched their ideas for new research studies to 4 "dragons" for support, with the best receiving seed corn funding.

3.3. Circulation foundation / RCS research fellowships; this year the SSL together with the Chair of the VS research committee established 2 research fellowships which were successfully appointed, funded by a collaboration between the Circulation Foundation and the RCS England

3.4. Associate SSL; Mr Phil Stather was appointed associate SSL approximately 18 months ago. Phil supported by the SSL, successfully established a pilot RCT of patient applied vs nurse applied compression bandaging for venous leg ulcers (the JuxtaCures trial). This study is commercially funded, following an application to NIHR RfPB, which despite progressing past the expression of interest stage was ultimately unsuccessful. More recently, following an NIHR HTA call for essentially an identical

trial, Mr Stather is a co-applicant in collaboration with researchers in Manchester, York, Leeds and Hull. Mr Stather will be stepping down from the associate SSL role to be replaced by 4 ACLs from North (Mr Nandhra), Midlands (Miss Benson), South (Mr Ambler) and London (Miss Onida).

3.5. Vascular Research Day; plans are underway to establish an annual research day in Summer 2019 which will include plenary lectures and interactive sessions including; developing a research idea (sand-pit session), selecting study design (small group workshop), running a successful trial (key note speakers), elevator updates (on going trials), pitches for new studies (vipers nest session).

## **Professional Standards Committee Report – Mr Paul Blair**

The Professional Standards committee has had a relatively quiet year with a small number of requests for both service reconfiguration reviews and professional or performance issues relating to vascular surgeons.

The committee relies on additional help from experienced members of the society to undertake reviews and endeavours to select reviewers with no conflict of interest. Trusts or individuals under review are informed of the reviewers selected by PSC and they also have the right to identify any potential conflicts of interest.

Reviews of individual practice or other professional issues often involve the Invited Review Mechanism (IRM) of the RCS while service reconfiguration reviews tend to be undertaken entirely by VSGBI personnel.

There appears to be an increased number of requests to the society to assist with the implementation of service reconfiguration several years after an initial review has taken place. In some cases the process of change has only partially taken place and additional facilitation is required to complete the process. In a small number of regions despite several reviews and recommendations there appears to have been little progress. Change is always difficult for those involved but earlier involvement of the society to facilitate the process of reconfiguration can help establish a balanced approach and avoid potential conflict.

Although some units enjoy good working relationships with Interventional Radiology there remain significant problems in other units regarding access to IR facilities for Vascular consultants and trainees which can lead to frustration and significant tensions between departments. Members experiencing such difficulties should consider contacting VSGBI for advice and assistance.

It is not appropriate to comment on reviews undertaken for professional issues however it is important to reassure members that we would welcome earlier approaches from surgeons experiencing difficulties in their practice for whatever reason. Members are also reminded of their duty of candour and should not hesitate to contact a member of the committee if they have legitimate concerns about a colleague's wellbeing or performance.

Communications will be dealt with confidentially and tactfully and may prevent escalation of an already difficult situation. While patient safety is paramount the VSGBI also has a duty of care to its members particularly those living under the stress of an investigation. We are always happy to offer advice and support to any member of the Society in this difficult situation

This is my final year as Chair of PSC and I would like to thank my colleagues for their time and efforts in undertaking reviews in a consistent, open and honest manner .