



OF GREAT BRITAIN AND IRELAND

# Yearbook 2021

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## The Vascular Society Yearbook 2021

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# The Vascular Society of Great Britain and Ireland President's Report

## Mr Michael Jenkins



It has been an honour and a privilege to be President this year. I consider myself very fortunate to have worked with an amazingly talented and hard-working Council, for which I am extremely grateful, throughout what has been a very busy twelve months.

Looking back to the virtual conference of 2020, I recall the anxiety about how things would work and how it would be received as we waited to “go live”, all at our separate desks linked only by a very busy WhatsApp group chat. Following the virtual handover of the chain, I remember feeling the weight of responsibility, if not the physical weight, of the chain itself. Having worked closely with Chris Imray over the year I felt confident that he had guided us safely through a difficult and extraordinary time and my job could only be

easier. Little did any of us realise then that we were heading into the second wave of the Covid-19 pandemic and major professional disruption was imminent. During this we endeavoured to share common sense advice in a rapidly changing and geographically variable situation.

Immediately following this, I was thrust in to discussions regarding the prioritisation of surgical waiting lists. This was politically sensitive as it revealed some of the problems which pre-dated the Covid-19 pandemic, but were now obvious to all – rising patient demand coupled with workforce and bed shortages. The common need to make sense of the sometimes, indecipherable NHS data forged a strong working relationship between the Vascular CRG, GIRFT, NAAASP, BSIR, the FSSA and RCS and I am indebted to the support from all these organisations. Regular Zoom meetings allowed us to get to grips with what was happening and it became very reassuring to realise that our own NVR data was some of the most accurate, relevant and ultimately sought after available. Arun Pherwani (Chair Audit and Quality Committee) never failed to provide me with the data I needed, at very short notice, on many occasions. The shared goals seem to have brought us closer to many other organisations and it was good to realise, in the many meetings I attended with other Presidents at the FSSA, that all specialties had similar challenges. Chief amongst them were concerns for our trainees and the impact of lost training opportunities, a work still in progress.

As Spring turned to Summer, the success of the vaccination programme in the UK became evident and we began more serious work on non-Covid Vascular Society business and held our first face-to-face meeting for over a year, in early May, in Birmingham. From a business perspective, it has been busy with the planned changeover of some key Council positions – Secretary, Treasurer and ASM Committee chair, all with very able shadows already in position making it a large Council. It has also been a year that involved a re-write of POVS (Provision of Vascular Services) document, the new vascular training syllabus going live and the launch of our own journal – the ‘Journal of the Vascular Societies of Great Britain and Ireland’. This is the brainchild of Ian Chetter who will be the first Editor-in-Chief with an inaugural edition, involving all our allied societies, planned to coincide with the ASM in December.

One of my personal highlights this year has been the completion of the Hebridean Way cycling challenge (from the island of Vatersay in the South to Ness lighthouse on Lewis in the North) for the Circulation

Foundation. This snowballed from a conversation Chris Imray and I had during the Winter with me suggesting a traverse of the Hebrides before I realised it was a recognised route and even before I owned a bike. Our final group of eight included representatives from the VS, SVT, SVN and a vascular anaesthetist and although the trip was delayed until October, we were blessed with great weather and we all completed it raising >£13,000 for the CF so far.

As already mentioned above, I have been blessed to work with an amazing team (both Council and EBS support) this year and I will let you read the Executive reports below which reveal the sheer amount of work and the success achieved. In early Summer we made the decision to go ahead with a normal face-to-face annual meeting in Manchester in December. It was always going to be a risk, but we felt that the novelty of virtual meetings had waned and there was a demand to meet in person and benefit from all that comes with such interactions. I believe we have put together a full and exciting programme that includes something for everyone and as I write this as we get closer to December, I now really believe it will actually happen. I very much look forward to seeing everyone in Manchester and wish Jon Boyle every success for his upcoming year as President. I believe, with Jon as President (and Rachel Bell to follow him) together with the new Executive positions, the Society is in excellent health, will continue to thrive and is well positioned to handle any future challenges.

## Honorary Secretary's Report – Ms Sophie Renton



As I come to the end of my term as Honorary Secretary to the society and my involvement in the VS council, I thought it would be an opportunity to look back at the challenges and achievement of the last few years. It has been an interesting time.

One of my first tasks as secretary of the Society was to lead the re-write of the Provision of Services for Vascular patients 2018. The 2018 document focused on reconfiguration with an emphasis on the arterial centres. The 2018 document introduced the concept of vascular surgery as a time critical service. This year Marcus Brooks, my successor has taken on the challenge of putting the 2021 document together and I think he has done a

fantastic job. We have tried to put the patient at the centre of the service and included prevention, screening and surveillance in the document. I do hope you will use it to help promote best practice, and to influence your commissioners, managers and colleagues. This has been a truly multi-disciplinary project with engagement from BSIR, VASGBI, SVN, SVT and BACPAR. We have attempted to deliver greater clarity on the composition and service delivery in the network hospitals with emphasis on the role of the multidisciplinary team and in particular the Vascular nurse specialists as the lynch pin in delivering services, especially in the non-arterial centres in a network. The document will be available on our website and will be published as an appendix to our new journal "The Journal of the Vascular Societies of Great Britain and Ireland" in its second edition.

Another challenge I have faced is trying to improve the gender balance on Council. Currently 17% of our consultants are female and 36% of our trainees are female. Yet when I started as secretary, I was the only female on council. I have endeavoured to address this imbalance and I am delighted that we have had several female council members elected and Rachel Bell will be our President in 2022. As a society, we also need to continue to strive to reflect the ethnic diversity and I pleased that this too is improving. Small but important steps forward.

When I first started on Council, the profession had only just separated from general surgery and become a specialty in its own right. I remember a conversation with Jonathan Beard when I first proposed a boot camp for the new trainees entering the speciality. After initial reluctance on the part of council, I am delighted that we were able to develop this initiative and although the task was handed over to Ian Chetter who has done a fabulous job developing the ASPIRE programme, I am proud of my involvement in this important training programme. The ASPIRE programme was designed for our NTN's to deliver the curriculum. However, we are conscious of the importance of our non consultant hospital grade surgeons to our teams. We are unlikely to be allocated enough trainee numbers to meet the demands of the speciality. This important group has the potential of plugging the gap and we are looking at ways of improving engagement, deliver training and help to navigate the complexities of CESR. We have recently appointed 2 dynamic NCG doctors Tatiana Martin and Ibrahim Enemosah to help drive this initiative. They will be working with our education committee and workforce committees to achieve this.

In 2018, we undertook a tendering exercise for our secretariat services and selected EBS to deliver this service. This has been a great success and I would like to thank Gail Ryan and her team for all their hard work. They have been incredibly flexible particularly during the pandemic. They have helped us to weather the storm. We could have faced severe financial penalties for cancelling the meeting in Brighton

last year, but thanks to some clever negotiation, and an agreement to commit to future meetings in Brighton, we did not suffer a loss. I would also particularly like to thank Louise Collins, our administrator at EBS for all her hard work supporting council and in particular for the support she has given me in the role of Honorary Secretary.

I am now handing over to Marcus Brooks. I am sure he will be an excellent Secretary to the Society and I wish him all the best.

## Treasurer's Report - Mr Andrew Garnham



It is now 5 years since I took over as treasurer and I would like to thank Council for their support during my term. We have gone through challenging times moving out of our offices at the college of surgeons and going through two rounds of procurement of our office services. We have done well to commission the services of EBS and this has helped us develop and grow. Can I thank all those at EBS who have made this possible, in particular Simon Rushton and latterly Julia Pemberton.

I am pleased to report that despite the global pandemic and profit warnings our investments have performed well. Your council has worked

hard to control costs and much of the extensive meeting schedule required during Covid has been on line. It has to a great extent offset the inevitable reduction in income from a virtual ASM in 2020. I am pleased that this combination has allowed us to avoid increasing membership fees, as well as keeping the reduced fees for registration at the ASM.

To that end with our charity function in mind can I remind members regular donation to the circulation foundation helps us in our attempts to engage other donors. In particular can I urge donors to sign up to gift aid and get the chancellor to play his part. The charity continues to grow and as I leave trustees and members will have to consider if we look to a long term strategy of either year on year grant spending or the development of a fund to underwrite our long term grant giving. This has been greatly aided by several substantial legacies and our thanks go to those donors and their families. I believe our current grant giving strategy of development of cofounded grants has served us well. We have grown our grant portfolio from joint fellows with RCS Eng now including our QIP fellows working with the NVR to a joint fellow with RCS Ed looking at digital education and human factors. We have also opened discussions with the colleges and Glasgow and Ireland to look at similar ventures.

We have set aside a budget over the next 3 years for the Journal of the Vascular Societies where we will look to work with our allied societies. We have every expectation that this will become self-funding but also a great benefit to members. I hope you enjoy the launch and help us support its continued success.

Your investment in the special interest groups and the Lind Alliance has provided a great piece of work to look at our priorities and that of our patients.

Following the 2020 virtual ASM I have to report the VSBI Ltd will only transfer a profit of £53,521 to the VS in June 21. We have also carried forward unspent ASPIRE funding. We have however spent some funds to set up our digital platform and to archive our ASPIRE digital material. As our investments are now performing well in discussion with council I have moved a further £100,000 pounds into our long term investments after the financial year end. This will be sufficient to meet our reserves policy.

Finally I would like to thank Paddy McCleary for taking on the mantle and I am sure your financial future is in sound hands and I wish him well. I would like to thank all members of council that I have worked with over the last five years to develop our strategy that has put us in a strong position going forward.

Andrew Garnham,  
Treasurer VSGBI

**THE VASCULAR SOCIETY**  
**COMPANY LIMITED BY GUARANTEE**  
**CHARITY DETAILED INCOME AND EXPENDITURE ACCOUNT**  
**YEAR ENDED 30 JUNE 2021**

	2021		2020	
	£	£	£	£
<b>INCOME</b>				
<b>Voluntary income</b>				
Membership CF donations	16,200		17,500	
Donations	23,030		55,712	
Legacies	34,727		-	
Aspire income	5,000		107,565	
Gift aid payment from VSGBI Limited	114,669		64,465	
		193,626		245,242
<b>Charitable activities</b>				
Subscriptions		109,855		107,998
<b>Fundraising income</b>				
Marathon	6,891		8,495	
Other	7,022		18,078	
		13,913		26,573
<b>Investment income</b>				
Interest - Bank interest	65		810	
Interest - Fixed interest securities	567		154	
Dividends	6,751		5,031	
		7,383		5,995
<b>TOTAL INCOME</b>		<u>324,777</u>		<u>385,808</u>
<b>EXPENDITURE</b>				
<b>Fundraising expenditure</b>				
Marathon	2,220		2,440	
Other	1,026		-	
		3,246		2,440
<b>Cost of charitable activities</b>				
Grants payable	103,293		79,754	
Aspire expenditure	1,362		50,511	
Review costs	-		1,900	
Prizes	1,641		669	
CF project and communication support	15,987		-	
Committee, secretariat and admin costs	107,491		95,485	
Travel & subsistence	5,069		13,050	
Stationery, printing, postage	174		721	
IT support costs	9,410		7,639	
Depreciation of fixed assets	7,006		6,065	
Advertising and marketing	837		583	
General expenses	3,545		1,622	
		255,815		257,999
<b>Governance costs</b>				
Fees payable to independent examiner	5,984		4,223	
Legal and professional fees	1,190		264	
		7,174		4,487
<b>TOTAL EXPENDITURE</b>		<u>266,235</u>		<u>264,926</u>
Gain/(loss) on investments		55,973		(2,954)
<b>Surplus for the year</b>		<u>114,515</u>		<u>117,928</u>
Brought forward funds		1,018,312		900,384
<b>Carried forward funds</b>		<u>1,132,827</u>		<u>1,018,312</u>



## Annual Scientific Meeting Committee – Professor Louis Fligelstone



2021 is our 'Welcome back to the new normal'. The ASM committee has worked exceptionally hard to deliver what promises to be our busiest, brightest most relevant programme to bring everyone together for the first major face to face meeting since the Covid pandemic hit.

The meeting started development in February, and we took the brave decision to have a face to face meeting, and at each major step reviewed the UK Covid status and had our fingers crossed for the impact of the vaccination programmes. Whilst keeping a weather eye on the situation we ploughed ahead.

We are pleased to share the conference with our long-standing allied societies of Society of Vascular Nursing, Society of Vascular Technologists and are very pleased that the British Association of Chartered Physiotherapy in Amputation Rehabilitation (BACPAR) are joining us for a second year. Our ongoing collaboration with the Rouleaux club continues to provide insight into current challenging topics affecting our future vascular surgical colleagues in training and has highlighted major issues facing all of us, including equality & diversity, bullying and the impact of poor manpower planning on the future. Working with the allied societies and Rouleaux club has given a broader perspective and increases our understanding and ability to work better together in the 'real world'.

The feedback from last year's meeting has helped us shape the programme for all aspects of the conference. We have extended invited lectures on behalf of the Vascular Society, Royal College of Surgeons of England and Royal College of Surgeons of Edinburgh. We are working with the other Royal Colleges to explore additional lectures, to reflect that this is the Vascular Society of Great Britain and Ireland.

The full programme is available on the website and in the app. We encourage you to download the app early and to become familiar with using it. The app can be used for voting in the debates, the ultimate MDT will be carried out via the app.

### **Industry support:**

The level of support from our industry partners has been very impressive and there is a real appetite to take every opportunity to engage with members of all societies. There are four industry sponsored sessions providing interesting insights to current innovations. Please ensure you review the programmes so that you do not miss out.

### **The future:**

I am pleased to report that we are on track for a meeting in Brighton in 2022, and a revisit to Brighton in 2024, as part of the financial agreement that has protected our societies charitable funds. There is ongoing work for a venue in 2023 – we hope to agree this during early 2022 and are working on longer term contracts for 2025 onwards.

I am pleased to inform you that, after an open competitive appointment process Douglas Orr has been appointed as the future ASM chair, to take up the post at the end of this year's ASM.

We thank our support team at Executive Business Services, who have had to negotiate the jungle of Covid rules and also the furlough scheme. It has not been easy for them.

There can be no doubt that the meeting would not happen without the considerable input from all members of council, sub-committees, and allied societies, and I remain indebted to them all for their unwavering support in delivering, what I hope to be an interesting, informative and enjoyable meeting for everyone.

Louis Fligelstone

Chair of the ASM Committee

## Audit and Quality Improvement Committee Report – Mr Arun Pherwani



One of my first jobs as I took over as Chair was to report the NVR team's success as the HQIP Audit Hero's Audit Team of the Year 2020, a testament to my predecessor Jonathan Boyle's tenure as Chair. That set the scene for the year to come and we have had several successes this year including the COVID update in May, the first Aortic Devices report in June and now it gives me great pleasure to present your NVR annual report 2021, my first!

The 2021 NVR annual report has a very different theme to it. We have published an executive summary along with the main body of the report and we have taken on the challenge of reporting outcomes in vascular patients during the COVID-19 pandemic, including the 2nd and 3rd waves into April 2021. We have considered the recommendations carefully highlighting the impact of COVID-19 on NHS services, particularly waiting lists. We have made direct comparisons of activity in 2020

compared to 2019 rather than standard reporting of 3-year data. On our VSQIP web site we have published unit level data whilst reporting consultant data by email to individual consultants as promised.

One of the positives to report during what has been a difficult year has been the reduction in times to treatment in patients with CLTI which represents the successful adopting of the PAD QIF by our members. I am very grateful to all our surgical, radiological and anaesthetic colleagues up and down the country who have helped achieve this. I am pleased to report that Penny's (our PAD QIF fellow) work with the early adopting centres has borne dividends and a summary of early lessons have been shared with our members. Penny has been successful in extending time in research to another year leading to the award of a PhD. I am also pleased to introduce Ellie Atkins our second PAD QIF fellow who has now started with us upon return from Antipodean adventures.

Our work with the ICVR (International Consortium of Vascular Registries) and VASCUNET has brought home to me the fact that our registry the NVR is by far one of the leading vascular registries worldwide. The success of this is undoubtedly due to the efforts you put in towards data entry and our superb NVR team. Reporting of the ICVR's aneurysm repair outcomes from 2010-2016 led by Jon was published in the EJVES this year and we have now been asked to lead the analysis and reporting of 10-year aneurysm outcomes from 2010-2020 including the COVID year. Our UK COVID-19 updates have been welcomed at ICVR meetings.

We await the outcomes of two important applications – the PAD QIF CQUIN application to NHS England for a top up on tariff to provider units which also includes data support to assist with data entry (both surgical and IR) on the NVR; and the Acute Limb Ischaemia Study application to NCEPOD, a joint effort with the VSGBI Audit & Research Committees supported by our past President Chris Imray.

The next year 2022, is an important year for us, our contract with HQIP as part of The NCAPOP programme of audits is due for renewal, we have updates to the NVR annual report to be made with delayed HES data to provide a case ascertainment statistic several papers are due for submission and we have to ensure the continuity of device data capture with our partners the ABHI, MHRA and Northgate. It has been a very busy but fruitful year for me as Chair and I am indebted to our NVR team at the Clinical Effectiveness Unit at the Royal College of Surgeons of England ably led by Prof David Cromwell, our superb statisticians Amundeeep Johal and Qiuju Li, Penny & Ellie and the ever-dependable NVR Manager Sam Waton.

## Circulation Foundation Committee Report – Miss Rachel Bell MS FRCS



The Circulation Foundation has had an exciting year and I would like to take this opportunity to thank you all for your committed and enthusiastic support of our charity. Despite the hangover of the pandemic there are many highlights to report:

### **The Body Walk**

Collectively we walked, cycled and ran 25,042 miles to raise >£13,000 for vascular awareness month in September 2021. The response to the Body Walk this year was fantastic and the team competition was particularly fiercely contested. Congratulations go to the Leicester Vascular Unit who contributed a massive 2498 Miles to the overall total and won the team competition. Commiseration go to South

Mersey and Bristol Bath and Weston units for their 2<sup>nd</sup> and 3<sup>rd</sup> positions respectively, better luck next year.

### **The Outer Hebrides Challenge**

Congratulations to the intrepid group of Chris Imray, Mike Jenkins, Arun Pherwani, Jon Boyle, Rick Gibbs, Louise Allen, Emma Waldegrave and Fang Lam that successfully completed the 185 mile cycle challenge through the Outer Hebrides Islands to raise, a very impressive, £10,292, far exceeding their original goal of £8000. Despite all their aching muscle and some intermittently inclement weather I gather there is enthusiasm to run a similar event next year.

### **The Loupes competition**

We ran an essay competition for two vascular trainees to win £800 towards a pair of surgical loupes. The subject of the essays were innovative fundraising ideas for the charity going forward. Congratulations to the winners Mimi Lee and Ali Navi. We are looking forward to developing our healthy Cardiovascular Cookbook over the next year.

### **The London Marathon**

Many thanks to our Circulation Foundation runners: Paddy Coughlin, Alexandra Melaugh and Sam Hoather. All completed the 26 mile course and raised lots of money. Please contact [info@circulationfoundation.org.uk](mailto:info@circulationfoundation.org.uk) if you are interested in participating in the London marathon, Great North Run or Ride London next year.

### **Legacy payments**

We received a very generous legacy gift from Alexander Jan Miejluk in May 2021 to the total of £100,000. We are currently considering the best way to use this money and we will make an announcement in due course.

### **Dragon's Den**

The Circulation Foundation has donated the £3000 prize money for the Dragon's Den competition to be held at the AGM. We look forward to seeing the results of our worthy investment.

### **Research**

The Circulation Foundation is proud to continue to support our research fellows: Adam Gwodz, Omar

Ashour, Penny Birimpilli, Fiona Kerray and Eleanor Atkins. We are looking forward to hearing some updates from Adam and Omar at the AGM.

Thank you very much to everybody who has participated in an event or raised money for the charity this year. It has been a genuine pleasure to watch the CF grow and develop over the last 12 months. None of this would have been possible without the support behind the scenes of the incredible Liz, Emily, Gail, Louise + all the members of the CF Council. We are looking forward to an exciting and busy 2022.

## Education Committee Report - Mr Keith G Jones



At the end of last year's report I suggested that our greatest challenge on for 20-21 would be the introduction of the new Curriculum and the introduction of the Multiple Consultant Report (MCR) but the ongoing effect of COVID as continued to add to the challenges of education and training.

To concentrate on the positives of the year,

1. Our Joint research fellow, Fiona Kerray, supported by the VS Education Committee/The Circulation Foundation and the Royal College of Surgeon's of Edinburgh has started in post. Please do come and listen to Fiona's presentation in the ASM Educational session.
2. The continued delivery of the Monday evening ASPIRE Digital series – under the Guidance of Paddy Coughlan and which we have been able to highlight MDT formats and highlight some of the background within recent guidelines. We plan to restart the series in early 2022 to cover a range of topics all of which have education benefit in the preparation for the JCIE exam.
3. We were able to utilise the West Midlands educational online resource (the Big Blue Button) to deliver both ASPIRE 7 and 8, all be it later than their usual schedule in the calendar) and are very grateful to their Head of Virtual learning Uzman Ahmed and Vascular trainee/IT fellow Alex Crichton, for facilitating this. We were able to deliver ASPIRE 7 in March, Chaired by Jack Fairhead, to give time before the May JCIE examination and are very grateful to the faculty for giving their time. ASPIRE 8 we ran on line in June again with strong feedback, especially for the Mock interview.
4. The Training and Education committee have been able to sponsor a place on the RCS Edinburgh's Future Leaders Programme, and Gemma Mckevitt was successful in this application.
5. The Vascular SAC have been successful in an application for COVID catch up funding and so in December 2021, Paddy Coughlin will run the ASPIRE 4 and 6 courses for those that had missed out in the previous year. The course will be repeated for the actual Years 4 and 6 in the Summer of 2021. So again, a huge thank you to Paddy Coughlin and the Vascular SAC for their efforts in obtaining the funding.
6. Having highlighted last year our commitment to supporting the education and training of those trainees without an NTN and following the CESR route we are very pleased that an SAS representative Tatiana Martin and a deputy Ibrahim Enemosah have been appointed to ensure representation on the education and training committee.
7. The Vascular Society in Collaboration with the RCS Edinburgh have run several well received Podcasts (<https://www.rcsed.ac.uk/news-public-affairs/rcsed-podcast>)
8. Perhaps the greatest achievement was courtesy of Tim Beckitt and his team in Bristol with the re-starting of the Face to Face ASPIRE programme with the running of ASPIRE 3 at the end of September. It was great to get the trainees together as a group, which is one of the real benefits of ASPIRE and also to deliver the Face to face training.

Moving forwards our plans for ASPIRE are;

- ASPIRE 1-2 will not run as the IST programme, itself will now be suspended, but we are keen to be able to identify and support any remaining IST trainees before they reach the ST3 stage.
- ASPIRE 3 would plan to run again in Bristol in Sept 2022 and utilise supportive on line resource
- ASPIRE 4 and 6; Catch up course to run in Dec 2021 and then return to usual format in Summer 2022. Alongside the Monday evening Zoom meetings having realised that we would not be able to deliver the ASPIRE programme in its previous format we have undertaken;



- ASPIRE 5; To restart in April 2022 in Birmingham- to be led by Anna Murray – (Would ask all TPDs to check that their trainees are listed for the appropriate ASPIRE course)
- ASPIRE 7; Hope to return to February 2022 timeslot and to deliver Face to face by Worcester group working with Jack Fairhead.
- ASPIRE 8; Hope to return to February time slot and deliver face to face, but having been delivered 3 times is being rotated location to Liverpool, where Kaji Sritharan will lead.
- ASPIRE Digital; To run a series on Curriculum focussed topics in the first part of 2022.
- The committee will again strive to deliver a course for the Non NTN / CESR group as had been the plan prior to COVID.

In relation to COVID it is important to highlight the JCST's "No Training today means No Surgeons tomorrow campaign" and the need to maximise all training opportunities within Vascular Surgery, ideally looking for the training opportunity within every case in order to get everyone back on track to achieve CCT. We are no different to other Surgical Specialties in that outcome 10's have been delivered and it seems inevitable that some will require an extension to their training time and so need our full support as trainers.

That brings me to the New 2021 Vascular Surgery Curriculum. Please do come to the Education Session at the ASM, where we hope to highlight how best to get the curriculum to work for you, be it either as a trainer or trainee.

We had utilised ASPIRE Digital to highlight the Curriculum and how best to undertake the self-assessment as a trainee and the MCR as a consultant. There is a large amount of resource available to explain the Generic aspects on the JCST youtube channel (<https://www.youtube.com/channel/UCNFco9XJHPYs-ucDWcr5FkA>)

And a lot of supportive and explanatory material within the ISCP itself, which you can navigate to without having to log in <https://www.iscp.ac.uk/>

Moving forward to 2022;

I am pleased to announce that Paddy Coughlin was elected to be the next Education and Training Committee chair and will shadow and support myself as Chair until handover in the autumn.

### **We plan to run again,**

The Vascular Access (cadaveric) course, convened by Mr Karim El Sakka. Previously this had excellent feedback and we do want to return it to a regular place within our timetable.

The Amputation (cadaveric) course convened by the Coventry team.

### **We are running,**

We are delighted that "So you want to be a Vascular Surgeon" is running again during the ASM and we are very grateful to Rouleaux Club colleagues in delivering this.

We are delighted that "An introduction to vascular ultrasound" course will have run at the ASM.

### **Our Challenges**

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

We will continue to explore the opportunities for development of post CCT fellowships, previously not seen as a big requirement in Vascular surgery, but now because of COVID catch up there may be a greater appetite for this.

As ever we would like to provide more educational and training support for Vascular Consultants and again ask for any ideas that we might explore in order to develop this, especially within the on line platforms.

Finally, whilst we would wish to develop a sustainable educational fund, we are very grateful to all National or local sponsors that have allowed us to deliver Vascular Education.

Please do feedback to me / provide your opinions on our educational plans.

Keith G Jones

Chair of Education and Training committee

Keith.jones4@nhs.net



## Research Committee Report – Professor Ian Chetter



I am pleased to report that the research committee has been hugely busy and has worked tirelessly over the last 12 months addressing 3 main areas:

### Research priority setting work;

After successfully identifying and ranking vascular clinicians research priorities, we subsequently undertook an identical process to identify the research priorities of vascular patients and carers. Each of the 9 Special Interest Groups (SIGs) then worked with the James Lind Alliance in individual workshops to generate individual, specific, sub-speciality “top 10” research priority lists which represented the opinions of both clinicians and patients. This work is fully detailed in the inaugural edition of our new journal and summarized below.



We envisage that this priority-setting project will guide the vascular research agenda for the foreseeable future and urge vascular clinicians and patients to advocate these research priorities, engaging in the

research to improve patients' quality of life and positively impact the services that surround their care. Additionally, we are confident that funding bodies and decision makers will direct investment towards these areas of utmost need.

*RCS Surgical Specialty Leads (SSLs) and Special Interest Groups (SIGs);*

Our 3 SSLs (Matt Bown, Dan Carradice and George Smith) have been working with each of the SIGs to develop a sub specialty specific portfolio of grant applications. Over 20 new research-funding (value £16m) applications are in development or have been recently submitted. Particularly notable successes include 2 trainees, Anna Pouncey and Louise Hitchman, who were awarded prestigious NIHR Doctoral Research Fellowships supported by the Aortic and Diabetic Foot / Wounds SIGs respectively,

*Journal of the Vascular Societies of Great Britain and Ireland (JVSGBI);*

Following the supportive results from the survey which confirmed there was an appetite for a Great Britain & Ireland based vascular journal, we established a working group to drive this forward. I am hugely grateful to this group (Andy Garnham, Jon Boyle, Keith Jones, Gail Ryan, and Helen McDonnell) for their incredible commitment and hard work to deliver this inaugural edition in such a short time period. The JVSGBI is an online, open access journal published quarterly, which aims to deliver vascular research, education, and news to the vascular community. The inaugural edition includes a fantastic editorial from Sandip Nandhra summarizing the impact of COVID19 on our specialty, a report of the survey underpinning the journal development, and a detailed description of the process and outcomes of the amputation specific JLA research priority setting process. We hope you find our new journal interesting and informative and would encourage all vascular clinicians to consider submitting relevant articles

## Workforce Committee Report – Professor Chris Imray



### **Workforce Committee Setup**

The Workforce Committee was set up just over 18 months ago and is evolving to fill the very real need. Over this time the challenges faced by all the vascular workforce have been exceptional.

### **Professional Standards**

The Professional Standards team led by Ian Loftus has completed a number of confidential reports. Ian reports into the Committee on themes and trends rather than individual cases.

### **Workforce questionnaire**

The 2021 Workforce and Wellbeing Survey, led by Denis Harken, was completed and gives crucial insights into many of the issues the now complete. A resultant paper has been submitted for publication with a clear take home message:

*‘Vascular surgeons in the UK have high levels of burnout and work long hours, although these do not appear related. Resilience was also found to be high, and may offer some protection. However, policy-makers should address factors contributing, excessive working-hours and establish measures to identify and support surgeon wellbeing for optimal surgeon and patient safety.’*

### **Rouleaux Club Bullying Survey**

This recent survey indicates there is a very concerning level of reported bullying with a worsening trend. This needs to be understood by all staff and we all have a responsibility to address the problem on multiple fronts: recognition, acknowledgment, and action. The change in working patterns during the CV19 crisis may have accentuated the stressors for all of us but the reported trend is not acceptable.

### **Non-Consultant Grade Representative**

We are delighted that from a strong shortlist we were able to make two appoint appointments. Tatiana Martin was appointed as the Non-Consultant Grade Representative to the Workforce Committee and Ibrahim Enemosah is the Deputy.

### **Provision of Vascular Services**

Workforce Committee Members contributed to the latest edition of POVS outlining key aspects of manpower planning.

### **Terms of Reference**

We have agreed TORs and developed over arching areas of interest and concern.

### **New Chair of the Workforce Committee**

Chris Imray demits as Chair of the Workforce Committee after the November meeting and his Deputy Ciaran McDonnell takes over as the new Chair. We wish Ciaran all the best in this important and evolving role.

Chris Imray

Chair of the Vascular Society Workforce Committee

## Professional Affairs Report - Professor Ian Loftus



From the Professional Standards perspective, we continue to support vascular services and Society members on a number of levels, formally and informally. The informal process is as important to me as the formal ones. Members should feel able to seek advice and support in a confidential manner, regarding any aspect of professional practice, either from myself or other members of Society Council. I am pleased to report that it has been a relatively quiet year from the perspective of requests for professional or performance issues relating to vascular surgery, in particular at an individual level

I also sit on the Royal College of Surgeons Council, and have links in to their Invited Review Mechanism (IRM). The sheer number of reviews across the country is daunting, and the work of the College in coordinating these is often unrecognised. The IRM process can be

very challenging for all concerned. The reconfiguration of clinical services has always created specific challenges which are not easy to resolve, and continue to be the theme within some of the reviews.

The additional challenges created by the pandemic have led to these being held remotely. This has positive and negative implications for the process. Sometimes it is the less formal discussions that can be most helpful and revealing, and this is difficult on a computer screen.

I have sat on both sides of the process and am very aware of the stress some surgeons feel, being asked to contribute. While it is important for the team performing the reviews to establish what the issues are, it is equally important to be sensitive to the pressures these create. I hope we get the balance right, but it is important that members give us feedback.

The pressures within the NHS over the last 12-18 months have been extreme and show no signs of easing. Burnout is common. A feeling of discontent and disillusion is also widespread. However, fundamentally I see such excellent clinical care, teamwork and professional attitudes around the country. I believe our vascular services are in a very good place



## **BACPAR Report, Julie Earle, BACPAR Chair**

### **BACPAR Report, Julia Earle, BACPAR Chair**

BACPAR has had another busy, but different year as we gradually emerge into our new normal. We have all learnt so much over this time and some new methods of working and supporting each other as an organisation have become embedded into our practice.

One of the very exciting developments this year is the launch of our new website. As well as a new look it offers BACPAR a much improved membership portal where new members can join online with automatic renewal processes for the established membership. We have public and member content which can easily be updated by the facilitators and we are hoping to continue to expand the content for both groups.

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

The other major piece of work to be completed this last year is the publication of the 3<sup>rd</sup> edition of the Evidence Based Clinical Guidelines for the Physiotherapy Management of Adults with Lower Limb Prostheses

<https://www.bacpar.org/resources/healthcare-professionals-resources/prosthetic-guidelines/>

These will continue to compliment the pre and post operative guidelines and others available on the website. Further work is underway to update the oedema guidelines and also in developing those for the PPAM aid. Members are also active in other groups working on upper limb guidelines and lower limb outcome measures.

Our research officers have done a sterling effort promoting this area, encouraging and supporting those considering research, keeping abreast of the new work going on around the UK as well as undertaking their own projects and setting up our Amputation Rehabilitation Research Network.

We continue to publish a biannual vibrant and fascinating journal which is an interesting mixture of research, case studies, reflections, regional and international reports, charitable and industry news and even poetry. There is always so much to inspire, challenge, educate and inform. We are looking forward to working with the Vascular Societies in their new journal venture in the coming months.

We have several posts due for election at our AGM in December and we look forward to some new faces joining our executive committee in journal, social media, and education, research and guideline officer posts. I will be stepping down as chair, and Louise Tisdale as vice chair, in March after an enjoyable and challenging 6 years in post.

I would like to thank the Vascular Societies for making us so welcome at the virtual ASM last year, with all its opportunities and challenges, BACPAR could never have been able to do anything nearly as professional on their own, and we very much look forward to our first face to face joint conference in December. We have all learnt a great deal from each other clinically as well as the possibilities that a virtual meeting has to offer, but that said, I am so looking forward to actually meeting in person again.

**Society of Vascular Nurses**  
**Louise Allen, President of SVN**



It is with a tinge of sadness that I am writing this Yearbook report, as it is my last as President of the Society of Vascular Nurses, and marks the end of my extended Presidency due to COVID-19. On the one hand it feels like yesterday that I was inaugurated as President in 2018 at the Society of Vascular Nurses 25<sup>th</sup> Anniversary, whilst we were in Glasgow, and I was full of excitement and anticipation for the next 2 years. Three years later, and my extended presidency is coming to an end, and my inauguration feels a life time ago, especially when you consider that it was before COVID-19. The most significant change I have noticed over the past three years, is the positive and increased engagement between all the Associated Societies and the multi-disciplinary professions. This is great for individual vascular nurses, and the profession of vascular nursing.

The Associated Societies have now had a number of conferences in Manchester, that it almost feels like coming home, especially knowing the best hotels, the best bars and the best restaurants. It will also be great to see everyone face to face again this year, and I look forward to welcoming many of you to the conference in person. Though we have all become used to virtual meetings and conferences, and there are some benefits to these, I believe there are also benefits to meeting up face to face for networking and socialising. At this year's conference the Associated Societies are launching the 2021 version of the 'Provision of Vascular Services for People with Vascular Disease'. On behalf of the Society of Vascular Nurses I have been heavily involved in ensuring vascular nursing is well represented in this multi-disciplinary document. I am really excited by the finished product, which I am confident will help and support vascular units to develop vascular nursing nationally. The conference is also the venue for the launch of the inaugural issue of the Journal of Vascular Societies (Great Britain and Ireland) - JVSGBI. This is another venture that involves all the Associated Societies, and I hope the journal will encourage vascular nurses to share and publish their work and research.

This year's speaker at the Society of Vascular Nurses Evening Symposium on Wednesday 1<sup>st</sup> December at 19.00 to 20.00, is Caroline Coster, who has proved to be an inspirational fighter over the last eighteen months. She was admitted to hospital on the 24<sup>th</sup> April 2020 as a result of COVID-19, and following treatment in high dependency she has become a quadruple amputee. Caroline was a school teacher before becoming unwell and still remains a trustee for a charity raising money for 'Make a Difference Schools – Mombasa'. This year her work was recognised for dedication and services to education and charity, being awarded an MBE. The Evening Symposium remains a social event, so don't forget to enjoy a drink and nibbles before attending the symposium.

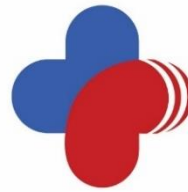
The committee for the Society of Vascular Nurses will undergo a number of changes following our Annual General Meeting. We are losing two of our most experienced, trusted and longest serving members, Nikki Fenwick and Sue Ward, both of whom have been President, and who have done the Society proud and will be sorely missed. We wish them both well, and hope they will continue to be active vascular nurses and members of the society for many more years. I also hope they continue to attend the annual conference, if for no other reason than to catch-up over a drink or two. The silver lining to losing our friends is that we have committee spaces into which to welcome new members. We have three committee spaces and we have had three applicants, Wendy Williams, Vascular Nurse Specialist at

University Hospitals Sussex, Kate Donovan, Vascular Nurse Specialist at Liverpool Vascular and Endovascular Service, and Annie Clothier, Vascular Nurse Specialist at Aneurin Bevan University Health Board. Also at the Annual General Meeting we are voting for the roles of secretary, membership and treasurer. Kate Rowlands is proposed to continue as secretary, Claire Thomson leading on membership and myself to take on the treasurer role, taking over from Jayne Burns. Jayne officially left the committee a few years ago, however has continued to work with the committee as a co-opted non-voting member to continue on as our treasurer. She has now decided to leave her role after a dedicated fifteen years. She will also be sorely missed. The Society of Vascular Nurses also has options for staff nurses to join our committee, with our staff nurse secondments, and if you wish to submit an application or explore this option please speak to any of the committee members.

To end my last report, I would like to formally wish Gail Curran, the incoming President for the Society, and Jane Todhunter, the incoming Vice President, all the best in their new roles, and I hope they enjoy the experience as much as I have. It has been a pleasure and I am proud to have been President of this exceptional Society, and to have worked closely with all the Associated Societies.



## The Society for Vascular Technology of Great Britain and Ireland



THE SOCIETY FOR  
VASCULAR TECHNOLOGY OF  
GREAT BRITAIN AND IRELAND

### President – Lee Smith



It was a great honour to be elected president of the SVT back in 2019 and I have toughly enjoyed representing the SVT on the various committees and meetings over the last two years. The SVT continues to grow and evolved to better assist its members and the public and I am proud to have been part of this great society and look forward to continuing as past president in 2021-22. I would like to take this opportunity to thank my executive committee and the subcommittees for all their hard work and dedication over the last two years. Without volunteers the SVT would not exist so my heartfelt thanks go out to you all.

#### **Vascular Society**

The SVT and VS have always had a close working relationship and I have enjoyed getting to know the Council members and working with them over the last two years. This year the main focus has been on the Production of the Provision of Vascular Services Document 2021 (POVS 2021). This document was a true collaboration between all the vascular societies and is a comprehensive and detailed report on what a vascular service looks like in 2021, and I encourage all to give the document a read. Many Thanks to Marcus Brooks, Sophie Renton and the rest of the writing group for all their help in the production of the POVS document.

#### **Research**

The SVT Research/Innovation award is to enable Vascular Scientists to conduct small-scale studies such as pilot or feasibility studies, with the hope that larger grants will be applied for at a later date. There is a total of £10,000 available per year, with a maximum of £4,000 per award. Many SVT members have already benefitted from these grants and we encourage all members to utilise this if they have any research/audits they wish to perform. Along with the grants the SVT research committee also has information and guidance available on the website for members wishing to write research proposals and grants, plus as a member of the SVT you gain free access to the European Journal for Vascular Surgery. This year's SVT ASM has for the first time a research workshop which is designed to give members looking to perform research the skills and know-how to begin. Many thanks to Richard Simpson, Steve Rogers and the rest of the research committee for their hard work in producing the workshop.

#### **BMUS**

The SVT continues to work closely with the UKs primary ultrasound society providing education and training at their national annual conference along with sharing protocols and guidance on vascular sonography for their members.

#### **RAD-AID**

The SVT was in discussion with the charity RAD-AID to create an award for an SVT member to provide free travel to help with their work in providing healthcare education and training in Africa, Asia and central America. Unfortunately, due to Covid and the associated travel restrictions this partnership has yet to begin but will hopefully restart in the coming years.

## **SVT theory Exams and Inteleos**

The SVT and Inteleos continue to work together to improve and evolve the SVT accreditation process to meet the changing needs of the membership. This year we introduced online proctoring for the theory exams which enables the members to sit their theory exams at home instead of going into a testing centre.

To conclude I would like to say a huge thank you to Domonic Foy and Sara Causley who are leaving the SVT executive committee this year. Both Domonic and Sara have been on the committee for a number of years and have given years of dedication and invaluable knowledge and support to the society for which I thank them. Again, I also wish to thank my committees for all their help over the last two years and wish Emma Waldergrave the best of luck as the new president of the SVT.

Many Thanks

Lee Smith

SVT President 2019-21

# **In Memoriam**



**Allen Edwards**  
**University Hospital Birmingham**

He was a proud Welshman and qualified from the Welsh National School of medicine in 1984.

His dedication to the health service would be echoed by all colleague but especially those he trained in whom you inspired to have confidence in their ability. That patience calm demeanour in the operating theatre developed many generations of trainees. A cryptic crossword capability, he will be forever remembered in the department in his favourite spot, doing the crossword, playing with his hair in concentration and offering a quip, sometimes in Welsh, or word of wisdom to anyone who passed through. He made all feel welcome and part of the team. He will be remembered too at team meetings, always at the back, keeping his counsel for when it was required.

He was a man of “scintillating satire and rapid repartee”.

Taken in service too early he will be greatly missed. He died in April 2020.



### **John Hood, Belfast**

John Hood trained and worked as a consultant in Belfast during some of the worst years of 'the troubles' and due to his unique blend of surgical and clinical skills he undoubtedly saved the lives and limbs of many patients. He trained for two years as a Fellow in liver transplantation in the 1970s in Denver Colorado with Tom Starzl but on arrival home he was asked to cover a consultant vacancy in the Royal Victoria Hospital and thus began an unplanned career in vascular surgery.

An unassuming and modest man who was probably not widely known outside of Ireland, his ability to operate quickly when managing vascular emergencies was legendary. For many years he had the lowest mortality in the province for RAAA cases and would often complete elective AAA cases in under an hour. He was a popular president of the Ulster Surgical Club and completed an MPhil in Medical Ethics and Law. He died suddenly and unexpectedly in February 2018 and is very much missed by his colleagues.



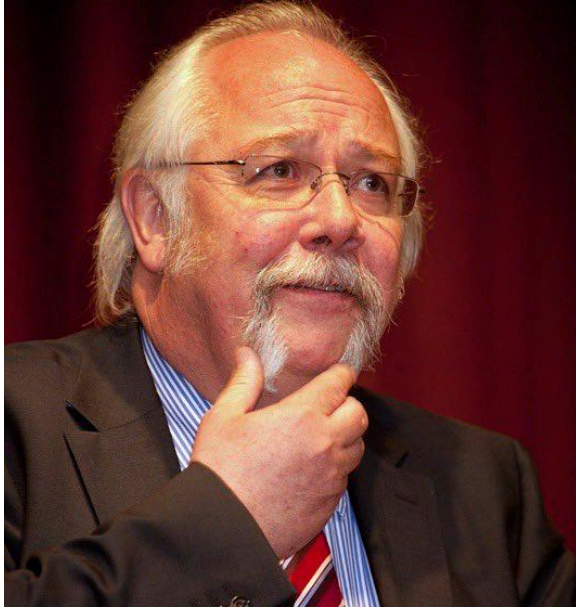
**Dr Krishnan Subramanian,  
Vascular Consultant Anaesthetist, Royal Derby Hospital**

Mr Kuhan and his colleagues at UHDB would like us to remember Dr Krishnan Subramanian, Vascular Consultant Anaesthetist at Royal Derby Hospital who sadly passed away due to COVID-19 on 12<sup>th</sup> November 2020.

Dr Krishnan Subramanian joined the Trust at the beginning of 2014 as a Consultant Anaesthetist. He had previously worked at University Hospitals of Leicester NHS Trust, and trained at hospitals across the East Midlands earlier in his career, including in Royal Derby Hospital.

Krishnan was a hugely valued member of the team who had worked tirelessly to support those who needed care. Krishnan was a quiet and dedicated colleague. Hugely committed to his work, he stood out for his tireless patience with trainee doctors, for his professionalism and for his characteristic grin. He was a calm and reliable presence in what is often a busy working environment and many colleagues valued the qualities he brought to the role.

Away from work he was a devoted family man and a man whose faith meant a lot to him.



**Nigel Standfield, 1951-2021**  
**Professor of Vascular Surgery Imperial College**  
**Head of the London Postgraduate School of Surgery 2007-2017**

Nigel Standfield was committed to surgical education and training particularly post graduate, as well as translational research. He also helped develop training programmes in West Africa.

Nigel was based at Hammersmith and Charing Cross Hospitals. He has a busy surgical practice covering all aspects of Vascular Surgery. He had a major clinical and research interest in surgery for congenital vascular malformations.



**Mr John F Thompson MBChB, MS, FRCS(Ed) FRCS(Eng)  
Consultant Vascular Surgeon,  
The Royal Devon and Exeter Hospital, Exeter, UK**

John was a consultant in vascular surgery with an international reputation in blood transfusion/cell salvage and, most particularly, in the management of thoracic outlet syndrome. Born on the 29<sup>th</sup> of December 1957 in Newcastle upon Tyne, his undergraduate training was undertaken at the Charing Cross Medical School, London, graduating MBChB in 1982. His vascular training was completed in Poole, Southampton, Swindon and Bristol.

He was cofounder and later President of the Rouleaux Club and a Vascular Society Council member.