

The Vascular Society of Great Britain and Ireland

MINUTES OF THE 42nd ANNUAL GENERAL BUSINESS MEETING HELD ON THURSDAY 29th NOVEMBER 2007 AT THE MANCHESTER CENTRAL CONVENTION COMPLEX, MANCHESTER

1. DEATHS

Members stood in silence as a mark of respect for Professor Aires Barros D'Sa, Mr E J Williams, Professor S E Bergentz, and Mr Abdel-Razik, who had all sadly passed away during the year.

2 APOLOGIES

Apologies for absence were received from Professor W B Campbell, Mr J Clarke, Mr C R R Corbett, Mr R Holdsworth, Professor M Horrocks, Mr G Morris and Mr S Silverman.

3. MINUTES

The minutes of the Annual General Business Meeting on 23rd November 2006 were approved as a correct record.

4. ANY OTHER BUSINESS

Members had previously been asked to submit matters of any other business for discussion at the start of the meeting; there were no items to report.

5. PRESIDENT

The President referred Members to his report in the Society's Yearbook, highlighting the activities of Council during the past year. He recorded his thanks to the Honorary Secretary, Society Officers, and Chief Executive for their support during the year.

6. HONORARY SECRETARY'S REPORT

The Honorary Secretary reported on the various activities of Council during his first year in office. He thanked the President for his excellent leadership of the Society.

7. HONORARY TREASURER'S REPORT

The Honorary Treasurer reported that the financial status of the Society continued to improve, and he referred Members to the summary of the Society's accounts in the Yearbook. However, he stated that, in order to meet expenditure, it was again necessary to raise membership subscriptions, and he proposed to increase the rate for Affiliate, Associate and Overseas Members from £95 to £100, and the rate for Ordinary Members from £167 to £175. The rate for Senior Members would remain at £35. This was approved.

8. AUDIT AND RESEARCH COMMITTEE

Mr Lees reported on the current developments with the National Vascular Database, which was now to be run by Dr Foster. Members were advised that the NVD was now web-based, and data would be collected on-line via a dedicated website (www.nvdonline.org.uk). Dr Foster would be undertaking analysis of the data initially and discussions were ongoing regarding plans for future enhancements to the NVD. Members would be sent a log-in password in order to access the NVD, and Mr Lees and Mrs Sara Baker would be demonstrating the new system during the AGM.

Mr Lees stated that it was still possible to use the Dendrite system for data collection, as the data could then be uploaded onto the Dr Foster system. However, it was preferable for the data to be submitted directly to the NVD via the website.

Mr Lees stated that the carotid endarterectomy audit would continue via web-based entry. There were currently 4,420 patients recorded on the audit, from 230 surgeons and 130 hospitals. It was noted that data could continue to be inputted after December 2007. It was proposed to submit a proposal for a grant from the Healthcare Commission to meet the cost of an import facility for the audit, and consideration was also being given to including carotid stenting data. Discussions were ongoing with the British Society of Interventional Radiology regarding future collaboration in combining relevant datasets.

9. TRAINING AND EDUCATION

Professor Shearman reported that a meeting had been held with Professor Peter Rubin at PMETB where the issue of sub-specialty status had been discussed. The VS/RCR/RCS Working Group had submitted a proposal for a sub-specialty with elements of core clinical radiology curriculum and two arms - one of these would primarily reflect the skills required to deal with vascular emergencies and the control of haemorrhage, and the second would deal with conditions in an interventional oncology service. The first pathway would represent a joint specialty curriculum with the surgical specialties, and the latter would more likely be a joint subspecialty with the Faculty of Clinical Oncology. Professor Shearman stated that the proposals would offer valuable educational experience and allow for an assessment curriculum and a national registry of posts. Pilot training schemes would be available offering current trainees in interventional radiology and vascular surgery to gain educationally valuable experience in areas in which they would be involved as future vascular specialists. The posts were intended to be new opportunities and should run alongside any existing training posts so as not to displace current trainees. The posts should also be of a realistic time frame of ideally 3-6 months. Members were encouraged to apply to host the specialist training schemes, and further details would be available on the Society's website.

Although it was noted that PMETB had supported the concept of separate sub-specialty status, Professor Shearman stated that it was likely to take approximately five years to achieve this, and would result in The Vascular Society assuming regulatory responsibility for training which would have major financial implications as it would require a separate SAC. Consequently, it was felt that the Society should retain its sub-specialty status within general surgery for the time being. Mr Lamont, Chairman of the General Surgical SAC, felt it was important that the Society did not lose the impetus in these negotiations and encouraged Professor Shearman to continue discussions to pursue sub-specialty status, in line with vascular societies in Europe.

10. PROFESSIONAL STANDARDS COMMITTEE

Mr Lamont reported that the Professional Standards Committee had instigated the governance mechanism for a surgeon whose operations of elective aneurysm repair had been above the agreed threshold. The surgeon had been advised of this, along with the hospital's clinical directors. The governance process had been welcomed by these individuals who had since reviewed their procedures.

The Professional Standards Committee had also been involved in reviewing an issue where data from outside the Society on the NHS HES database had identified poor performance in a number of Trusts as part of a research project being submitted for publication in a peer-reviewed journal. The hospital Trusts had been advised of this, and had reconfigured or modified their services to address the problem. Mr Lamont stated that it was difficult for the Society to take on a governance role in instances involving HES data sent by Trusts where this was inaccurate, and he urged vascular surgeons to ensure that HES data submitted from Trusts was accurate.

