



OF GREAT BRITAIN AND IRELAND

Yearbook 2020

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The Vascular Society Yearbook 2020

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The Vascular Society of Great Britain and Ireland President's Report - Professor Chris Imray



It was a great honour to be elected as President of the Vascular Society of Great Britain and Ireland. If I am honest, it was also somewhat of a surprise, in that I had never canvassed or sought the position, and always felt that other individuals were better qualified than myself to take on the role.

Although receiving the chain of office from Ian Loftus was one of the highlights of my career, I confess I was also concerned about some of the outstanding challenges that I was faced.

The imminent, if much delayed publication of the NICE abdominal aortic aneurysm guidelines, was a particular worry. My predecessor, Ian Loftus had successfully steered a masterly course. By November 2019 the process had reached the stage that the final stakeholders responses had been submitted and a decision was about to made.

I was concerned that my term of office as President would be most marked for the loss of endovascular aneurysm repair to our patients. The final solution, I believe, was a pragmatic one. The National Vascular Registry has already shown a shift towards more open surgery but maintaining an endovascular option has been absolutely key during the pandemic.

December was marred by a personal tragedy, and about the same time we began to hear about a virus that had jumped species from bat to human. The CV19 virus was beginning to spread from China around the globe towards Europe, and by late February and early March the situation in Italy and Spain was beginning to look very serious indeed.

The impact of the CV19 virus on the delivery of healthcare and in particular how to prioritise and maintain emergency and urgent vascular surgery has consumed an enormous amount of time during this year in office. The last face to face council meeting was held in Cardiff in early February, and since then all meetings have been on Zoom. I have been so fortunate to work with a supremely motivated and talented Council. Almost immediately, we set up weekly virtual executive meetings which have run for a number of months, and we have hours deliberating the difficult and challenging approach to shut down and then restoration of vascular services.

I have attempted to keep in touch with the membership through regular presidential updates, but sadly have had no face to face meetings. If there has been one regret to my year in office, it has been the inability to mix and enjoy the banter of face to face meetings and socialising afterwards with the vascular community.

We are likely to look back 20-19-20 many years as being an exceptional year in the challenges we and our patients have faced as individuals, families, vascular teams, the NHS and the country. The theme of this year's ASM is looking after the vascular workforce. Collaboration, resilience, wellbeing and work life balance are all key components. I feel this is an entirely appropriate focus when one considers the pressure that we have all faced over the last year.

A notable observation, is how in spite of these challenges, my colleagues and friends on the various Vascular Society committees have managed to deliver exceptional results across a number of fronts.

The proactive way Jon Boyle and the Audit Committee have used NVR dataset to inform the Society and the Vascular Clinical Reference Group. With the rapid introduction of additional CV19 data fields, it has been possible inform decisions with regards to the impact of CV 19 on the outcomes vascular interventions. Contemporaneous data has been key to this.

Prof Ian Chetter, leading the Research Committee, the VS SSL, has helped to change the culture of the way in which we collaborate nationally to generate ideas and income and submit grants. The Delphi process followed by working with the James Lind alliance, means that we are well placed across a wide range of topics to propose research questions that are relevant to our patients and more are likely to be funded. As a sign of the Society's commitment to developing the research program, we have recently appointed three Surgical Specialty Leads. I am very proud of the trainee led Vascular and Endovascular Research Network setting up, running and publishing the COVER study which looks at the worldwide impact of CV19 on vascular surgery.

The Education Committee, led by Keith Jones, have adapted to the CV19 pandemic by moving the highly successful ASPIRE Program into a virtual format. This has helped to facilitate the delivery of education in these difficult times. Working very closely with Mark McCarthy and the BSIR, the new vascular curriculum has been developed, agreed, submitted to and recently approved by the GMC. This is a huge step and I congratulate all those involved in resolving some of the challenging issues around this.

As the first lockdown was being lifted, the Circulation Foundation launched the Body Walk, a national campaign to encourage individuals to walk, run, cycle or swim the 60,000 miles of the arterial tree. The aim being to raise awareness of vascular disease and funding for research. The CF have been very generous supporting key research trials and educational opportunities.

Finally, we have set up a new committee- workforce. The aim is to look at how we develop, protect and sustain a more robust vascular workforce. In these rapidly changing and difficult times I feel we need to be more proactive about how we plan for the future. I am especially keen that we see more representation from women and BAME groups and would encourage you all to consider standing for election for various positions and also supporting those who do so.

Finally, with regards to CV19, one of the great challenges has been trying to plan a way through this crisis and I have found it particularly satisfying the collaborative approach the Vascular Society has taken working with GIRFT, the CRG, the BSIR, NHS England, the FSSA and the Royal College of Surgeons. The Rouleaux Club, the SVN, the SVT and BACPAR have all contributed to the decision making process. By working together, we have achieved consensus that gives us the best opportunity to protect our patient's interests.

We have taken a pragmatic approach and I am proud of the way in which The Vascular Society has played a key role in this. In particular points of note are standing up for the appropriate personal protective equipment and for prioritisation of the vascular patients. It is only working as a collaborative group with these individuals and organisations that we have been able to deliver this.

This has been a historic year and I don't use the term lightly. I am sure we will look back in years to come, remembering what CV19 did to our personal lives and to our surgical practice. I am proud of the strength and resilience shown by the vascular community, and by working together we have resolved many issues and considered even more.

I think has been exceptional and I have been privileged to take this challenging position for the year. I wish Mike Jenkins the very best in the year to come and feel that the Vascular Society and the future of vascular surgery is in safe hands.

Honorary Secretary's Report – Ms Sophie Renton



My, what a year it has been! The meeting in Manchester seems a lifetime away. As Secretary for the Society, it is my job to organise the council meetings, plan the venue, agree the timetable and set the agenda. Council meets 4 times a year in venues around the country and the February meeting is usually held in one of the 4 devolved nations. In February we met as planned in Cardiff. It was business as usual and topics discussed included the anticipated publication of the NICE AAA guidelines, recruitment and retention, social media and twitter, ACCEA awards and nominations to the RCS Council.

Little did we know that in such a short time so much would change as COVID rolled in. The NICE AAA guidelines were published with little fanfare, the ACCEA awards were cancelled, all face to face meetings were cancelled. The RCS election did go ahead and many congratulations to our colleagues Ian Loftus, Frank Smith and Lasantha Wijesinghe who were elected to Council.

As COVID filled our wards and ITU beds, the VS executive committee felt it was important to respond to the challenges faced by our colleagues around the country and convened a meeting on 23rd March over zoom to discuss guidance for the delivery of Vascular Surgery during lock down. This was the first of what became a fortnightly event and after a few hiccups, the team became more efficient, as we all have, in this new virtual world. We conducted our May and September Council meetings over Zoom and now our ASM is to be live too.

As well as the extraordinary activities, we have managed to conduct business as usual. We have elected chairs to the Audit and Quality Improvement and my successor- Arun Pherwani will be taking over the chairmanship of Audit and Quality while Marcus Brook will be the new Honorary Secretary. Marcus will be shadowing me over the coming year. One of our main tasks for next year will be writing POVS 2021 and Marcus will be leading on this.

Over the year, we have asked for your opinion and conducted a number of surveys. Your responses to the survey exploring the re-establishment of Vascular Services after lock-down was really helpful as it helped inform our discussion with GIRFT and NHS England. I am afraid that we are asking for helping completing another survey, this time on workforce. We are acutely aware that we are not recruiting enough young surgeons to Vascular and need to make the case to NHSE, hence the workforce survey will explore gaps in the workforce.

The Vascular Society is committed to equality, diversity and inclusion. We believe all forms discrimination are unacceptable and should not be tolerated. Inclusion and Diversity are key. We recognised the important role our BAME colleagues play in delivering excellent vascular services across the country. The new workforce survey that will look at aspects of equality and diversity that affect the lives of our consultants. This will help us identify what we can do to improve our support for our consultant colleagues. The survey will be launched prior to the ASM and can be accessed through the website or through the link below. Do please spend a few minutes completing it. Thank-you.
<https://www.surveymonkey.co.uk/r/P28YD88>

Treasurer's Report - Mr Andrew Garnham



This is my fourth year as the treasurer and I thought that we had all well on a sound financial footing. I had not however conceived of being in the middle of a global pandemic with all that entails with our investments and the changes we have made to turn around our annual scientific meeting this year to a virtual format. Our management company Executive Business Support (EBS) have been excellent with our business continuity rapidly developing home working for their staff who underpin our office function and for the most part this has gone unnoticed which is a testament to what they have put in place. Once again I would like to pass my thanks to Simon Rushton who manages our financial matters at the office and is likely to be under the radar for most members.

We are a membership society and in that respect I would like to encourage members to ask those who join their units to join us and of course those who are affiliates to become full ordinary members. I would also ask members to continue to support the circulation foundation with their voluntary donations, which I would also encourage you to gift aid to get the chancellor to do his bit **for** the society.

Your continued support for the circulation foundation has allowed the funding of the James Lind Alliance and the ability to set aside the seed funding for our special interest research groups. We are currently funding a quality improvement fellow jointly with the RCS Eng and have committed to a second fellowship to keep this work on lower limb quality improvement moving forward. We have also been able to commit to a two year fellowship project with the RCS Edinburgh on digital education and human factors.

We are currently in discussion around the concept of having a Journal for the Society and for our allied societies and this may require start-up funding with a view to it becoming self-funding over three years. I am sure you will be updated in the newsletters as this progresses.

The Vascular Society and Circulation Foundation Finances

Following the transfer of the 2019 ASM management to EBS, VSGBI Ltd showed a significant increase in its operating profit of £115,968 (£64,465 in 2018). We have unspent HEE funding related to the ASPIRE programme that has not been possible to run in person. The education committee is planning to run face to face meetings as soon as practical and that will entail the use of these reserved funds. We have had two successive profit warnings of 10% losses on our investments this year related to our investments. Despite the market uncertainty our investments with Rathbones are estimated to have returned at 2.2% on our end of year returns June 2020. I think we all know there remains significant uncertainty and fluctuation in the financial markets giving some uncertainty on investments going forward. Annually 50% of our income comes from our ASM and this year there is significant uncertainty around our virtual meeting. It is also a new and uncertain world for our sponsors. I have set the registration fees at a nominal level and I hope you will support the society with this I am looking forward to a great meeting albeit in a different format.

Summary

I am delighted to let you know that once again I will not need to increase membership subscriptions this year. However I think a word of caution is required given that none of us can predict the exact financial world into which we will emerge following Covid-19 and we should. Although we have done well at the 2019 ASM this year is uncertain. Turning around the ASM and moving to our virtual meetings have inevitably taken additional investment in the hours of those in the office but this has at least in part been offset by reduced expenditure on physical council meetings. As I'm sure you will understand this has also been through a concerted investment of time from your council. In order to maintain our position I would encourage you to support the ASM and membership of colleagues who are yet to join. As always I and other council members would be keen to hear from members about what you want from your society

Andrew Garnham

Treasurer

Annual Scientific Meeting Committee – Professor Louis Fligelstone



2020 has been a busy year for everyone involved in the annual scientific committee.

We had our first successful meeting in November 2019 with the support of Executive Business Support (EBS), and thanks go to the team, especially Fran Turley, Gail Ryan and Louise Collins. They have proven to be proactive, forward looking and flexible.

Plans were well underway, with the calendar set out to deliver our November ASM, with the provisional programme agreed at our meeting in February 2020. The Covid pandemic somewhat pulled the rug from under us and our plans were initially put on hold. The uncertainty around how the pandemic would unfold meant that week's ran into a month or two of stasis.

Multiple options were considered and we ran right up to the wire, when a decision had to be made to run this year's meeting as a fully virtual meeting.

There was considerable pressure regarding the decision, and to delay any further would have had considerable impact on the society and industry, both financial and reputational. The clear aim of the ASM Committee was to ensure that the four societies delivered an opportunity to update its membership regarding the current situation and also ensure that CPD and CME was provided for the membership of The Vascular Society of GB & Ireland (VSGBI), the Society of Vascular Nurses (SVN), the Society for Vascular Technology (SVT) and for the first time this year the British Association of Chartered Physiotherapy in Amputee Rehabilitation (BACPAR).

I am pleased to report that the potential loss of the societies deposit for the Brighton venues, was averted by the strong back office team who negotiated a mutually beneficial outcome. This resulted in Brighton becoming our venue in 2022 and 2024, without financial penalty.

Preparation for the virtual meeting has involved considerable training for chairs speakers and moderators in use of the new system – a challenge that the team has met with positivity and energy. I am also most grateful for the support of Keith Jones, Chair of the Education committee, who has shared his extensive experience of using zoom to deliver the ASPIRE courses, and set up two Ultimate MDT Sessions so that we all could become familiar with the software. Additional thanks go to Fran Turley from Executive Business Support (EBS) who has delivered training sessions to speakers and chairs on multiple occasions.

New Royal College of Surgeons of Edinburgh Vascular Society Lecture

Despite the pressures of the Covid pandemic we are delighted to announce that the virtual meeting will host the inaugural Royal College of Surgeons of Edinburgh lecture this year. The lecture entitled 'Surgical synthetics making simulation more realistic' will be given by Professor Angus Watson. We are working closely with the Royal colleges in Ireland and Glasgow and hope that this will improve inclusivity and help their fellows increase engagement with our society.

The future:

2021 will be a busy year. Venues for future contracts will be reviewed, renegotiated, and undergo a tender process covering three meetings for alternate years. This policy has proven cost effective and gives some flexibility for the alternate years, with the aim of variety and regionality.

We will be appointing the next chair of the ASM Committee early in 2021, the timing will allow the appointee to gain experience of how the ASM committee works and take prior to taking on the full duties following the November 2021 meeting. Expressions of interest are invited from current and previous Vascular Society Council members.

I strongly hope that the commencement of a vaccination program will allow us to start a ‘new normal’, that closely resembles the previous ‘normal’ with a face-to-face meeting in 2021. Beyond the CME/CPD/general update for members, one of the key elements of our annual scientific meeting is the social aspect. I will miss this as much, if not more than the next person!

I encourage everyone to become familiar with the Vascular Society ASM ‘app’ and its breakout areas for personal chats, professional interaction and also visiting the industries virtual stands.

I am sure you will join me in giving a big thank you to all of the members of the ASM committee and the unstinting work carried out to deliver the best possible meeting under difficult circumstances encountered this year.

I hope that the meeting is successful for you and any feedback to help develop future meetings will be gratefully received.

Louis Fligelstone

Chair of the Annual Scientific Meeting Committee

Audit and Quality Improvement Committee Report – Mr Jonathan Boyle



The Audit and QI Committee and the NVR team have had a busy and challenging year due to Covid-19, but can be rightly proud of a number of achievements over the past twelve months. In recognition of these accomplishments the team was recently shortlisted for HQIP's Team of the Year Award.

COVID-19

The NVR team were fleet of foot at the onset of the pandemic and worked quickly with Northgate, the IT provider, to add additional Covid-19 fields to the datasets, which went live in April 2020. A short report highlighting the impact of Covid-19 on vascular services and outcomes was published on 12th November.

This data has been vital in helping the VS and commissioners understand the impact of Covid-19 on vascular patients and help advise on the restoration of services. I would like to thank Northgate who provided the new data fields free of charge.

NVR

The NVR annual report was published alongside surgeon level outcome reports on the VSQIP website on 12th November. The report highlights the impact of the draft NICE guidance on aortic aneurysm practice within the UK.

The new aortic data set that captures details of devices at the time of implant and also long-term outcomes including revision and re-intervention went live in July 2020. This is a huge step forward for patient safety and puts vascular surgery in a strong position to respond to the Cumberlege Report and feed into the Medicines and Medical Devices Bill currently going through parliament. Initial feedback has been positive, but we recognise the dataset is not perfect and will incorporate improvements after the initial six-month pilot. I would like thank the entire NVR team and in particular Sam Waton for their work over the last two years to get to the point of a live data set. I am also very grateful for the advice and support we have received from HQIP, the National Director of Clinical Improvement for the NHS, the National Joint Registry, ABHI, BSIR, the MHRA and GIRFT to deliver this project. It is important now that VS and BSIR members engage with the new dataset and capture all EVAR and conventional devices at implant. Ultimately in time device capture will improve patient safety and lead to the early identification of problems.

I am pleased to report that agreements have been reached with Northern Ireland and Scotland that allow members to continue to submit data to the NVR and that provide funding to support this.

NHS Digital and the Trusted Research Environment (TRE)

NHS Digital, to support COVID-19 requests for linkage and analysis, served a data provision notice on the NVR, under emergency powers. The request for NVR data was similar to those received by NICOR (Cardiovascular) and SSNAP (stroke) audits and we have been working with NHS Digital to comply. The

NHS Digital demand highlights the high regard in which the NVR is held for its data quality and QI work within the NHS and will enable future researchers to access linked data.

<https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/data-provision-notices-dpns/national-vascular-registry>

PAD-QIF

After publishing the PAD-QIF Document in 2019 we have been working hard to deliver the QIF targets. Eleven early adopting centres volunteered to support the implementation and have met face to face and for two subsequent webinars to learn from each other and share good practice. The project was successful in obtaining funding for two fellows from the Circulation Foundation and the RCS England, the first fellow starting in 2020. There is no doubt the Covid-19 crisis has impacted on the services we deliver for CTI patients. We would like to encourage all vascular units to adopt the QIF targets and utilise the QI resources available on the VSQIP website.

<https://www.vsqip.org.uk/resources/quality-improvement/quality-improvement-resources/>

PAD-QIF CQUIN

We have been working with the Clinical Reference Group on a CQUIN to support the QIF. The work on this was led by Arun Pherwani and Penny Birmpili, the first QIF fellow, and was submitted last month to NHS England.

New Chair

This is my last report for the yearbook, and I would like to welcome Arun Pherwani, the new Chair of the Audit and QI Committee. The future promises to be equally busy, but I have no doubt that Arun will continue to drive the committee and the NVR forward in the coming years. I have thoroughly enjoyed my time on the committee during the last 8 years and feel very fortunate to have worked with such a fantastic team.

Circulation Foundation Committee Report – Miss Rachel Bell



Thank you for all your support for the Circulation Foundation during 2020. COVID-19 has definitely made 2020 a challenging year for all of us including our charity. Despite the difficult times the charity's vision for the future is provide better resources and support for our patients and to encourage them to tell us their stories so that we can tailor our research and information to help them. To help promote the CF nationally we now have 25 volunteers to act as ambassadors for the charity. We will be using their skills and ideas to provide support to our patients and get involved with fundraising events. You can still sign up to become a CF ambassador, please follow this link

https://www.circulationfoundation.org.uk/getting-involved/ambassador_scheme

Unfortunately, due to COVID many of the popular fundraising events such as the London Marathon, Ride London and the Serpentine swim were postponed. However, we have been offered places for the London Marathon for 2021-2023 for all you fitness fanatics out there who like to plan your training schedules- information is available from the info@circulationfoundation.org.uk.

The good news is that despite the global pandemic we did manage some appropriately socially distanced activities. Thanks to Andrew Picton from IVS for organising the Circulation Foundation Golf Trophy challenge. This went ahead in the rain and the wind on the 3rd July 2020 and raised an impressive £996, despite not being able to hold the normal BBQ and auction.

We also launched The Body Walk for September's vascular awareness month. This was inspired by an idea from a vascular patient, Gill Holman and her family, to help promote vascular disease. We challenged you all to walk, run, cycle or swim the 60,000 miles that makes up the body's circulation and in doing so help us raise some much needed funds for the CF. Many of you contributed but some that deserve a mention are Chris Imray, Seam Pymer, Florin Simion and Sara Pittack for sharing their walks, climbs and cycle rides on Twitter. However, by far the best contribution was from Martin Fox, vascular Podiatrist from Manchester who cycled from Manchester to Blackpool and raised over £700 for Circulation Foundation. Thank you Martin and a big round of applause from all our members for your commitment it was much appreciated. In total we raised £3,435 received including further committed donations of £3,750 and 'walked' miles. Now obviously we have many more miles to cover and we will be continuing this challenge until we reach our 60,000 mile challenge and I know there are some more organised events to come and that some have been a bit hampered by the various lockdowns – I was delighted to hear that the South East Network team have arranged to a series of team walks to walk the whole of the South East London and North West Kent network, so we will be looking forward to adding those miles to our miles calculator. If you have yet to sign up and would like to get involved follow this link <https://www.circulationfoundation.org.uk/thebodywalk> the more the merrier.

I would like to extend a personal thank you to the CF committee members who have worked hard behind the scenes to help with the recruitment of the national ambassadors, helped us reach 1000 followers on Twitter, refresh the website and do wonders with the marketing and development of The Body Walk. I look forward to help guide the CF through the next year of further development with a particular focus on supporting our patients.

Education Committee Report - Mr Keith G Jones



We started this year have completed the cycle of the ASPIRE series of courses and with plans to be able to expand this further with a ST1/2 course for the IST trainees, the first of whom had started in August 2019. At our February meeting we had also highlighted that we felt as a society we should be supporting the education and training of those trainees without an NTN and following the CESR route, since they are important to our future workforce development.

Due to the COVID pandemic the educational delivery in the last two thirds of the year has been very different to that we had expected but we hope we have adapted to the circumstance.

The ASPIRE 7 and 8 courses did both run in February 2020 with excellent feedback and for both there was an increased number of candidates. The committee is very grateful for the time and effort of the faculty in their delivery and both courses have evolved in response to trainee feedback.

We were very aware that numbers and finance, we are using up the last of the previous HEE funding, meant that for ASPIRE 7 we were unable to accommodate the non NTNs. We therefore had decided to run a separate course to support this group initially through the exam and then through the CESR process. Unfortunately, just at the time when we had an appropriate faculty of non JCIE examiners, the COVID Pandemic arrived.

As the first lock down arrived we cancelled/ postponed initially ASPIRE 5, planned in Birmingham at the start of APRIL and it then became apparent that we would be unable to deliver the whole programme and rapidly we had to postpone ASPIRE 1 / 2, 4 and 6 and then the September ASPIRE 3. Whilst doing this several small groups had been investigating how we might deliver supportive educational material online to supplement the existing “paused” ASPIRE programme and I am very grateful to Patrick Coughlin and Andrew Garnham for their hard work and support that prompted the initiation of ASPIRE Digital. This delivery has been an excellent collaboration with great feedback that is far in excess of that which I envisaged when Mike Robinson and I first discussed the concept on March 24th. I do hope that you can attend the education session of the ASM to follow this delivery in more detail and help, with your feedback, shape how we develop the ASPIRE DIGITAL on going.

We were rapidly able to run a trial event on Zoom with Rouleaux participants and determine the format, style and timings and then were greatly enhanced by the collaboration with the BSET education committee (Chaired by Patrick Chong) in obtaining speakers to deliver a wide range of topics, all of which are supportive towards curriculum attainment.

We will, by the time of the ASM, have delivered 26 Monday evening ASPIRE Digital Webinars and these have been recorded and are available on the VS website. We have had excellent feedback thus far but we would like to hear suggestions from the membership, both trainees and consultants, on how we might take this forward into 2021.

Alongside the Monday evening Zoom meetings having realised that we would not be able to delivery the ASPIRE programme in its previous format we have undertaken;

1. ASPIRE 1 / 2 induction meeting,
2. ASPRE 3 induction series (run by Mr T Beckitt Bristol) – incorporating expect the new BIR e-learning modules also.
3. FRCS exam preparation for non NTNs (run by Rachel Barnes-Cornwall)
4. Created a CESR group online.

Our challenge moving forward is how to cover the content of the whole ASPIRE series online and we are very grateful for the support we have had from EBS in working through this, but it definitely would not be possible without the support, in acting as faculty, that the membership has provided. As we take this forward, we are very aware that we should be repatriating education to daytime activity in order to embed it back into timetables and job plans.

The other change in ASPIRE focus is the agreement of the new curriculum which becomes live in AUGUST 2021. We will be highlighting this through the ASM and the committee and the SAC will be providing introduction to this in the first part of 2021 so that you are all aware of the new Generic Professional Capabilities, the CiPs (Capabilities in Practice) and the assessment of progression against the objectives within the syllabus using the MCR (Multiple Consultant Report). Please do take time to come to watch the education session within the ASM where this will be highlighted or take the opportunity to watch the recording of the session.

We were able to run the second Vascular Access (cadaveric) course, convened by Mr Karim El Sakka, with excellent feedback and we do want this to hold a regular place within our timetable.

Unfortunately the Amputation (cadaveric) course convened by the Coventry team for May was an early postponement, so we will have to plan how to deliver this in the short / medium term.

We are delighted that “So you want to be a Vascular Surgeon” is running again during the ASM online, and we are very grateful to Sophie Renton and Rouleaux colleagues in developing how we undertake skills and practical training within this format.

We had hoped to be supporting the SVT in the running of “An introduction to vascular ultrasound” course but we need more work at present to work out the logistics of this.

Finally, I would hope that at the ASM I can confirm the appointment of a joint research fellow supported by the VS Education Committee/ The Circulation Foundation and the Royal College of Surgeon's of Edinburgh, which we hope will be an exciting and fruitful development looking at how to show the evidence on which to base the development of ASPIRE.

Our Challenges

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

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

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

Finally, we as an education committee are looking to develop an educational fund, especially since HEE removed almost all mandatory courses from the curriculum and already some of the ASPIRE digital events have been sponsored by industry based education grants.

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



Introduction

What an extraordinary year! The pandemic all but wiping out non COVID19 research. Our ever-responsive trainees recognized the need to evaluate the impact of the pandemic on vascular patients and services and with almost unbelievable rapidity launched the hugely important COVER studies¹.

Research priority setting projects.

The Delphi survey to identify vascular clinicians research priorities has been accepted for publication in BJS open². Our work with the James Lind Alliance to identify patients research concerns has now progressed to the prioritization stage with 133 questions across 9 subspecialty areas.

This survey went live on 5th November 2020 and will be open for 8 weeks - please promote this to your vascular patients³. This will result in a ranked list of patient research priorities across the whole spectrum of vascular surgery. The Special Interest Groups (SIGs) will then undertake subspecialty focus group work to distil the clinician and patient priorities into a single subspecialty list.

RCS Surgical Specialty Leads for Vascular Surgery

I am delighted to announce we have appointed 3 new vascular SSLs. Prof Mat Bown, Mr Dan Carradice and Mr George Smith have agreed to take on the SSL roles and will also have specific responsibility for biomedical research, device / technology registries and trainee education and development respectively. All 3 have been central to the priority setting agenda and are SIG chairs so I am confident they will succeed in their new roles.

Special Interest Groups (SIGs)

The 9 SIGs have met (virtually) frequently over the past 12 months and have been fundamental to the JLA research priority setting process, doing a fantastic job promoting this project to their subspecialty patient group. The SIGs are currently involved with research portfolios worth £17m, and additional applications worth £8m. They continue to go from strength to strength.

UK Vascular Journal

In 2020, the VSGBI undertook a survey of the UK societies involved with the care of vascular patients to gauge the interest and enthusiasm in a UK vascular journal. We received 359 responses with 67% supportive of a UK vascular specific journal. The results of this survey were presented to the VS council it was agreed the research committee would develop this project over the next 12 months.

1. Vascular and Endovascular Research Network (VERN) executive committee.

The COvid-19 Vascular sERvice (COVER) Study: An International Vascular and Endovascular Research Network (VERN) Collaborative Study Assessing the Provision, Practice, and Outcomes of Vascular Surgery During the COVID-19 Pandemic

Eur J Vasc Endovasc Surg 2020; 60(1): 156-157 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7221382/#>

2. The Vascular Research Collaborative

Identifying health care professional's research priorities in UK vascular surgery – a modified Delphi approach
BJS Open (in press).

3. https://york.qualtrics.com/jfe/form/SV_cGwmNoLad24MPe5

Workforce Committee Report – Professor Chris Imray



This is a new VS Committee which was set up this year with the expressed aim of bringing together the many diverse factors that impact upon our workforce. Over the years individual aspects have been addressed, but the plan was to integrate and co-ordinate the various strands so improving the outcome.

The Committee will look at how we develop, protect and sustain a more robust vascular workforce. In these rapidly changing and difficult times I feel we need to be more proactive about how we plan for the future.

I am especially keen that we see more representation from women and BAME groups and would encourage you all to consider standing for election for various positions and also supporting those who do so.

The current workstreams include (but not necessarily be restricted to):

1. Workforce recruitment (medical students, trainees through to consultants),
2. Retention (equal opportunities, less than full time, job sharing, sabbaticals, early retirement, retirement),
3. Recognition of work based stress, signposting early possible interventions and prevention of burnout, mental health in the workplace,
4. Professional standards,
5. Manpower planning,
6. Unit and network working,
7. Multidisciplinary working.

Membership of the Committee is open to Elected members of VS Council, but other individuals have been seconded when particular skills or knowledge was required.

The first year has been a challenging one, particularly with the CV19 crisis, but significant progress has been achieved on a number of fronts. Of particular note is the workforce survey that has just been set up. This survey is key to having up to date on our workforce and their future plans, so please participate!

A further survey on wellbeing will be launched shortly.

Professional Affairs Report - Professor Ian Loftus



I took over the role of Professional Standards Chair from Paul Blair after my year of Presidency of the Society in November 2019. Paul had left a clear desk for which I am very grateful. Professional standards now fall within the remit of the workforce committee, a very important and welcome development for the Society. We also maintain a close relationship with the Invited Review Mechanism and of the RCSEng.

I am pleased to report that it has been a quiet year from the perspective of requests for professional or performance issues relating to vascular surgery.

It has clearly been a very difficult year for vascular services and it may well be that issues around regional provision and reconfiguration of service have understandably, and perhaps appropriately, taken a back seat.

Also the Royal Colleges have stepped up their support for individual surgeons in difficulty. Contact details for support are easily found through the College websites. While in full support of these developments, I would remind members that we remain available for professional or informal support of any kind, to individuals and teams alike.

BACPAR Report, Julie Earle, BACPAR Chair



BACPAR is very excited for the first time to be join the Vascular Societies this year in their ASM and we look forward to being able to share this opportunity to learn from each other. It's not going to be quite the experience we had expected, when first discussed, but we are very grateful that as a relatively small organisation we can benefit from the wonderful IT support the VS's have to produce a virtual meeting such as this.

I hope many of you have heard of BACPAR but I feel I should introduce us as an organisation.

BACPAR is a Professional Network of the Chartered Society of Physiotherapy (CSP). It was founded in 1993 to provide a nationwide network for physiotherapists involved in the specialist field of amputee and prosthetic rehabilitation. Since then we have gone from strength to strength and now have a membership of about 270, the vast majority being physiotherapists but we also welcome those in therapy support roles, other health care professionals and academics as members. Our main areas of work are:

Guidelines:

BACPAR have produced several Evidence Based Clinical Guideline documents relating to the pre and post-operative phases of amputee rehab, the latest NICE accredited update of the lower limb prosthetic guidelines is due to be published in the new year.

Education:

We aim to encourage, promote and facilitate interchange of knowledge, skills and ideas between physiotherapists but also between all disciplines working in the field of amputation and limb deficiency rehabilitation. We have 12 regional networks supporting members locally in amputee related training needs as well as an annual national educational event. We also engage in collaboration with other organisations, nationally and internationally as well as the Vascular Societies, such as SPARG (Scottish Physiotherapy Amputee Research Group), the prosthetic manufacturing companies, ISPO (International Society of Prosthetics and Orthotics) and World Physiotherapy. We are also an initiating stakeholder in the masters level amputee rehabilitation course with University of Southampton and have a biannual journal.

Research:

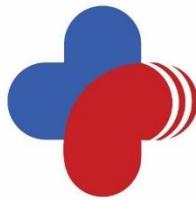
We have members undertaking several research projects and are involved with many more throughout the UK. We have particularly close links with several of the universities.

National policy:

BACPAR is involved at a national level in working with NHSE related to prosthetic commissioning and also with the CSP as part of the Community Rehabilitation Physiotherapy Expert Reference Group.

If our work is of interest to you we would love to welcome a wider variety of healthcare professionals so if you would like to join us, or find out more about anything mentioned above then please see our website.

<https://bacpar.csp.org.uk/>



President – Lee Smith



It was a great honour to take over as SVT President from Dominic Foy back in November 2019. This was the proudest moments of my career and I am very grateful to being given this opportunity.

It would be an understatement to say a lot has changed this year. With the impact of Covid-19 affecting many aspects of both professional and personal life it has been a difficult year for us all, but I am immensely proud of the response of all SVT members during this difficult time. From redeployment onto the front line to changes in service provision to ensure our patients and colleagues are kept safe, you have all done yourself and the profession proud. Well done.

I know this year's conference will be a lot different from usual but we hope it still provides you with all the usual insight, knowledge and networking that we usually benefit. A big thank you to our conference secretary Carole Tennison for her hard work in bringing this together

in what was probably the most difficult year to be a conference secretary.

Education and Training

Back in March we took the difficult decision to stop both practical and theoretical exams and although a tough choice, it was the correct decision to ensure the safety of examiners and patients. Following the removal of lockdown restrictions, we were able to complete all theory exams in October and were also able to recommence practical exams. Good luck to all trainees who sat their exams this year and congratulations to all newly qualified AVS.

In order to align the SVT accreditation process more closely with the AHCS equivalence pathway we have been planning on reviewing the accreditation syllabus to include more research. Due to Covid-19 we have not progressed this as far as expected but hope to have a firmer plan ready for 2021-22.

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.

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.

CASE (consortium for the accreditation of sonographic Education)

CASE is an organisation that exists to accredit sonographic courses delivered within the UK. The SVT works closely with CASE to enable this essential work to occur.

RAD-AID

The SVT is 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. More information on the SVT/RAD-AID initiative will be available in the new year.

Membership Categories

The executive committee are in the process of changing membership categories to allow for a more streamlined and simpler categorisation that will also allow other professionals who share an interest in vascular science to join in some form and benefit from our guidance and protocols to help improve standards.

Professional Registration and Lab Accreditation

This year the SVT introduced a compulsory register of AVS on our website enabling employers to quickly and easily get verification of a members AVS status. Along with the SVT register there are also registries open for AVS within the SOR and AHCS.

Vascular Lab accreditation with the UKAS IQIPS scheme is still to see its full potential with only 3 vascular labs currently achieving accredited status. It is something the SVT exec committee is keen to improve and is going to be working with both UKAS and our members to help more labs gain accreditation.

At the end of a difficult year we look forward to a better 2020-21 and with hope of the meeting in person again at the November 2021 SVT conference.

Many Thanks

Lee Smith

SVT President

Louise Allen, President of SVN



We are fast approaching the end of the year, as well as the Annual Conference and Christmas. This is often a busy time for us all, and as the year ends it is also a time for reflection. Looking back over the year I think it is safe to say this has been a strange and life changing year for us all. COVID-19 has had a profound effect on both our personal and working lives, and we are still in a position that we don't yet know how or when it will end, especially with the current increase in cases. COVID-19 has also affected the Society. At this Annual Conference I should be finishing my two year term as the Society's President, however the committee have asked and voted for me to continue for a further year, and those who were expecting to leave the committee have also decided to remain part of the team for an additional year. At a time of uncertainty and change, we felt it was important for the Society to remain strong and constant for our members, and with the uncertainty of our own job roles, with many of us being redeployed, we also felt it was important to support ourselves. I will therefore be the Society of Vascular Nurses President for another year.

The virtual Annual Conference this year is something that is new to all of the Vascular Societies, and there has been a lot of hard work to turn around what was going to be a normal conference, into this virtual event. It has been a steep learning curve for us all, and I would like to thank Fran from EBS for her continued support. I do believe we have an excellent programme for you, and I look forward to you joining us for the event. The SVN Evening Symposium is on Thursday evening at 19.00 to 20.00, and this year's speaker is Prof. David Nott, who has set up the David Nott Foundation. This is an inspiring charity that was established to provide surgeons and medical professionals working in the most hostile environments with the skills and the confidence to save more lives. We would like to keep this as a social event, so don't forget to have your drink of choice and nibbles ready to enjoy the experience!

At the end of August, the Society took part in a Facebook LIVE event on 'Mixed Ulceration: what you need to know', in conjunction with Wound Care Today, which is still accessible via both the SVN website and Facebook. This was the first live event that the Society has been involved with, and it seems to have been a great success. Look out for more events like this, as we would like to reach out to healthcare professionals in the community, and most importantly to provide access to additional education and learning. This I think is one of the benefits of changing to a virtual world, as it has forced us to make education more accessible. The tools have always been there, but we have not always tapped into them.

Please continue to take care of yourselves at this time, and we hope you will join us for an exciting and extraordinary Annual Conference.



**Speciality Lead in Vascular Surgery Report -
Professor Cliff Shearman**



Since March 2020 the work of the College has dramatically changed gear. Initially thrice weekly virtual meetings with the senior members of Council and College team allowed rapid responses to the situation. The prioritisation list, produced in collaboration with the FFSA, has been widely used across the UK during the initial lockdown to identify patients who needed treatment. The recovery plan and the toolkits published to aid surgical teams recover elective surgical services received very positive feedback.

Meetings are now weekly and Council business has continued through virtual Council meetings including the election of two new vice presidents.

Communication with the membership has if anything been enhanced with weekly webinars on a wide range of subjects and membership surveys have been conducted to gain feedback on several issues such as PPE, testing and covid light facilities. These have been used to influence NHSE and Neil Mortensen meet weekly with the Medical Director of the NHS, Professor Steven Powis.

Much effort has been put in to developing learning materials and courses which are available remotely online, and this is expanding and likely to remain a feature for the future. During the last year the library has continued to provide wide access to journals and other materials and seen increasing number of downloads of articles.

Maintaining training is difficult is proving challenging and enabling exams to run to allow trainees to progress is very challenging. The Colleges, working together have developed exams that many run face to face, but are rapidly developing remote exams, which although will need validation may be used if needed.

Like many organisations, the College has responded to concerns raised about its inclusivity by commissioning a review by Baroness Helena Kennedy. This review will inform us how we may improve representation of surgeons from different backgrounds who feel underrepresented in the current College structures and will report early next year.

Despite all the issues that covid has brought the new building has progressed remarkably well. It is likely that the hand over date will be put back to March 2021 but ironically the working at home policy introduce will help return of the college team and other users in a staged way.

I will be standing down from my role on the College Council in July 2021 and I hope there will be interest in selecting a successor to maintain the relationship between the Royal College of Surgeons of England and the Vascular Society.