

Vascular Speciality Advisory Committee Report for Vascular Society

AGM 2014

Background

The Vascular (SAC) was formed in June 2012. There was strong competition to sit on the SAC with applications from 27 experienced vascular trainers and 12 were selected. Our Lead Dean is Dr Simon Plint, Head of School lead Professor Mike Gough and Trainee Representative Mr Paul Bevis. There are invited representatives from the Vascular Society, British Society of Interventional Radiology and Royal College of Surgeons of Ireland. The SAC is managed by Megan Wilson (mawilson@JCST.org).

The main role of the SAC is to work closely with the GMC and Post Graduate Deans to help ensure that high quality vascular surgical training is delivered based on the curriculum. The SAC is also responsible for the content of the curriculum and identifying the need for any changes that then have to be approved by the GMC. The SAC works closely with the Vascular Society to ensure appropriate and high quality education material is developed to support trainees. The SAC reports to the Joint Committee of Surgical Training (JCST).

Training Programmes

The total number of training numbers initially agreed for Vascular Surgery was 20 for the whole UK. The SAC called for competitive bids for training programmes (able to deliver the entire vascular curriculum) and 14 were supported and approved by the GMC. Allocation of NTN's to these programmes, supported by the Deans, was based on the quality of the programmes and the population size of the Deaneries. It is proposed to ask programmes to re-bid for the NTN's each year based on the quality of their programme and trainee feedback. This will allow trainees to be allocated to where the best training opportunities are. The process is currently underway for 2015. Training Programme Directors have now been appointed and annual (moving to biennial) meetings held.

Selection

A national selection process for entry into vascular training at ST3 was established lead by Mark McCarthy. Currently the large majority of applicants apply for both vascular and general surgery so this is run in conjunction with general surgery. The process has run successfully for the second year and the number of applications has been high (278 and 198 for 2013 and 2014 respectively). All 20 posts have been filled each year and the standard of successful applicants has been excellent. What was really impressive, and for which the SAC is very grateful, is that on each occasion approximately a third of the consultant interviewers have been vascular surgeons.

The Vascular Society
35-43 Lincoln's Inn Fields
London WC2A 3PE

T: 0207 869 6936
E: office@vascularsociety.org.uk
www.vascularsociety.org.uk

OF GREAT BRITAIN AND IRELAND

Quality Assurance

With 42 trainees (includes 2 military personnel) now in training each programme has been allocated a liaison member from the SAC. The individuals should be invited to attend the ARCPs and provide help and support to the programme director. Quality indicators have been developed for the early years of the programme and the Guidelines for the award of CCT have been approved. These are available on the JCST website (<http://www.jcst.org/quality-assurance/documents/cct-guidelines/vascular-surgery-cct-guidelines>).

Each year a 3 day residential induction programme has been run for the all the newly appointed trainees and programme directors. This was established by Sophie Renton and Jon Boyle and is now run by the Education Committee of the Vascular Society. This has been extremely successful and is hosted and organised in Hull by Professor Ian Chetter.

Current Trainees

The biggest and currently the most important role of the SAC is supporting the trainees in General Surgery with a vascular sub-speciality interest. As entry into the vascular training programme is limited to ST3 and there is a limited training capacity these trainees will continue on their current training programme. To ensure they continue to get high quality and appropriate training the Vascular Surgery SAC together with the General Surgery SAC have set up a Transition Group chaired by Professor Mike Gough to work across the two SACs.

In 2013 a new General Surgery Curriculum (containing minimal vascular surgery) was approved by the GMC. Under normal circumstances the GMC expect trainees in a speciality to transfer to a new curriculum as soon as possible. This immediately put the current trainees at risk. However the GMC was made aware of this problem and were supportive of allowing current trainees with a vascular interest to stay on the old general surgery curriculum until 31/12/2018. This will allow the majority of trainees to complete their training as planned.

There are some trainees whose CCT is already beyond 2018 and these trainees will be eligible to apply transfer to the new vascular programme. Many of these are academic trainees (see below). We have negotiated with the Royal College of Radiology and BSIR to allow this these trainees to transfer if there is local training capacity. Some trainees may find their current CCT date needs to be put back (eg statutory leave) and these may also be eligible for transfer. Details of how to do this are on the JCST website.

The Vascular Society
35-43 Lincoln's Inn Fields
London WC2A 3PE

T: 0207 869 6936
E: office@vascularsociety.org.uk
www.vascularsociety.org.uk

OF GREAT BRITAIN AND IRELAND

Academic Training

Disappointingly this remains our biggest unresolved issue and is creating some major issues for Vascular Surgery. At present there is no national view of the numbers of National Institute of Health Research (NIHR) funded academic clinical fellows (ACFs) that are needed by the speciality. In Vascular Surgery there could potentially be as many as 11-12 ACFs over the next two years in England alone.

ACFs appointed at CT1/2 level are expected to have run through training and do not have to go through national selection for vascular surgery. They are appointed locally and there is no standardised appointment process but these trainees will enter speciality training without any further assessment. We are concerned that the process of appointment is not fair and transparent and many able trainees and training units do not get the opportunity to apply for or run these programmes.

The Vascular Society
35-43 Lincoln's Inn Fields
London WC2A 3PE

T: 0207 869 6936
E: office@vascularsociety.org.uk
www.vascularsociety.org.uk

OF GREAT BRITAIN AND IRELAND