

Vascular SAC Newsletter, January 2020

Newsletter

Dear Colleagues

One of the main work streams for the Vascular Surgery SAC during 2019, has been the re-writing of the Vascular Surgery Curriculum and getting it submitted to the GMC for approval. This has involved stakeholder engagement, to inform them of the specific changes to the curriculum. The main changes to all newly written curricula is that they should move to being outcome based rather than time based, in tune with 'Generic Professional Capabilities Framework', as published by the GMC in 2017. In addition, surgical trainees will be assessed against Capabilities in Practice i.e. how they perform in out-patients, managing in-patients, managing an operating theatre list etc. This will largely be done via the 'Multiple Consultant Report'. I would advise that **all trainees and trainers** visit www.iscp.ac.uk and click on the Surgical Curriculum 2020 box for further details. The new Vascular Surgery Curriculum is due to be implemented in August 2020.

In 2019, we recruited 22 Vascular Surgery ST3 trainees and 8 ST1 trainees, as part of the IST surgery training pilot. There will be a further increase in the ST1 recruitment numbers in 2020. We are also continuing to work with HEE 'Workforce Planning and Intelligence' to match the need for Vascular Surgeons with the correct number of Vascular Surgical trainees.

Mark McCarthy

Chair of Vascular SAC



@VascSACChair

[@JCST_Surgery](https://www.jcst.org.uk)



SLANEY MEDAL WINNER, 2019



The Vascular SAC would like to congratulate Olivia McBride for winning The Slaney Medal for her outstanding performance in the FRCS Vascular Surgery

Previous Winners;

Amy Stimpson – 2018 Winner

Nicholas Greaves – Inaugural Winner



VASCULAR FRCS EXAM

Douglas Orr, Chair of the Intercollegiate Exam in Vascular Surgery, provides an update on the FRCSVasc.

The Intercollegiate Specialty Exam in Vascular Surgery has now been running for 2 years and in 2019 there were 2 sittings of the Section 1 exam (multiple choice papers) and 2 sittings of the Section 2 (clinical exam). Approximately 35 candidates presented for both Section 1 and Section 2 exams over the course of the year. The section 2 exams were held in Cambridge in May and Liverpool in November and, similar to the year before, the pass rate for trainees who hold a National Training Number was high. This suggests that numbered trainees are well prepared, appropriately trained and are sitting the exam at the correct stage in their training. Extensive statistical analysis of each diet is carried out by JCIE and our exams have consistently shown good reliability, indicating that whilst it is a small exam compared to other surgical specialties, it is fit for purpose.

The Slaney Medal is awarded annually to the candidate with the

best performance out of the Section 2 exams and this year it went to Olivia McBride for her outstanding performance in the Cambridge diet and she is to be warmly congratulated for this. 2020 will see a revised Vascular Curriculum from August, and the exam will need to reflect this. The changes are most likely to be around the General Surgical aspects of the curriculum and this will affect mainly the content of the Section 1 exam. In addition, JCIE is implementing changes to the Section 1 exam across all specialties where, rather than 1 SBA (single best answer) and 1 EMI (extended matching items) paper there will be 2 SBA papers. Work is well under way within the Vascular question writing group to address these changes and it is anticipated that these will not take effect until the January 2021 sitting.

The Vascular Specialty Exam continues to evolve as required with changes coming from both our own Vascular Board and JCIE. The

section 2 exams in 2020 will be in Dublin in May and Dudley in November and we look forward to maintaining the high standard set so far.

Douglas Orr

Chair, Intercollegiate Board in Vascular Surgery

FRCSVasc. Exam Dates

Part One

1st July (deadline for applic. is 9th April)

Part two

11-12th May, Dublin

9-10th November, Dudley



VASCULAR SURGERY CURRICULUM

Mr. Keith Jones is Deputy SAC Chair and Lead Member for Curriculum Development. In this article he updates us on the important work of updating the Vascular Surgery Curriculum

Dear All,

The 2020 update to the Vascular Surgery Curriculum has been submitted to the GMC and we await feedback early in 2020. As with the other surgical specialty's the drive for Curriculum change has come from the GMC's wish to recognise Generic Professional Capabilities. These have been incorporated into the new assessments with the 9 recognised (GPC) domains being; Professional knowledge / Professional skills/ Professional values and behaviours, Health promotion and illness prevention, Leadership and team working, Patient safety and quality improvement, Safeguarding of vulnerable groups, Education and training and finally Research and scholarship.

This curriculum is outcomes based and the assessments relate to the competencies in practice (CIPS) of which the 5 general topics are:

- a) Manages an out-patient clinic
- b) Manages the unselected emergency take
- c) Manages ward rounds and the on-going care of inpatients
- d) Manages an operating list
- e) Manages a multi-disciplinary meeting

In Surgery these are assessed by the new multi-consultant report (MCR) with new supervision level of I-V, where IV is required to show independent practice and the addition of level V recognises excellence.

Of the vascular specific changes in the phases of training The Intermediate and Final Stages of training described in the previous curriculum have been replaced by two phases of training, phase 2 and phase 3. Phase 1 of surgical training is covered by the core surgery syllabus. Therefore the pathway for training has been defined more clearly.

Within the Abdominal and general surgery topics we reduced the technical skills requirement to allow the single year of General Surgery to be focused on the management of the acute surgical patient and the skills related to the abdominal surgery that will be advanced and utilised through the curriculum for open Vascular Surgery, such as the stipulation of bowel mobilisation as a technical skill to allow vascular exposure.

The Acute critical conditions are highlighted within the curriculum and all trainees will be expected to be competent in managing these

The development of combined open and endovascular operating is recognised by the addition of the Index procedure of Combined Open With Endovascular revascularisation (COWER) as a technical skill, as is the utilisation of intra operative Diagnostic angiography within the Hybrid theatre. This recognises the increased provision of endovascular procedures by Vascular Surgeons and the increased role of training for these by Vascular Surgeons.

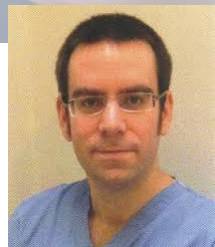
The submitted curriculum has been through a long process of stake holder integration inclusive of para specialties, trainees and patients. We have utilised the feedback and have integrated suggested changes. As such we are confident that this curriculum is representative of Vascular Surgery practice is 2020 and is also eminently achievable within the Vascular Rotations.

At the time of writing there is a further round of liaison with our interventional radiology colleagues but we remain confident of implementing the curriculum later in 2020.

Keith Jones

Deputy Chair Vascular SAC

SIMULATION BASED TRAINING



Stuart Suttie is the SAC Lead for SBT and provides an update on SBT provision within Vascular Training

Simulation based training is recognised as a valuable tool in the education of our trainee surgeons as well as for those wishing to keep up to date post certification. Simulation based training conjures up images of 'high fidelity' technical procedural simulation, with less focus on the low tech, low fidelity simulation which may in fact deliver more in terms of knowledge and skills acquisition. The National ASPIRE programme (ASPIRE 3-8), which has been running for several years now to excellent acclaim from the trainees and faculty alike, encompasses all facets of simulation ranging from basic practical skills (ASPIRE 3), cadaveric - basic and advanced operative skills (ASPIRE 4 & 6), advanced practical skills/clinical scenarios (ASPIRE 5), exam preparation (ASPIRE 7) and preparation for consultant practice (ASPIRE 8). With the commencement of Vascular IST last year, ASPIRE 1 & 2 are under development and due to run in 2020.

Out with the National ASPIRE Programme, the Rouleaux club have been instrumental in mapping what simulation based training our trainees are exposed to. There is a wide and varied simulation based training offered locally, regionally and nationally throughout the UK. One thing stands out - the vascular surgical trainers have embraced this mode of training. As a group we need to be conscious of introducing simulation based training into the curriculum, ensuring we are delivering simulation that has been shown (assessed) to improve the acquisition of the skills under review.

Stuart Suttie
SAC SBT lead

SAC MEMBERS 2019

Mr. Mark McCarthy	<i>Chair</i>
Mr. Keith Jones	<i>Vice Chair and SAC LM for Wales</i>
Dr. Paul Sadler	<i>Lead Dean</i>
Mr. Douglas Orr	<i>Chair of Vascular Exam board</i>
Miss Virginia Bowbrick	<i>SAC LM for West Midlands</i>
Mr. Mike Clarke	<i>SAC LM for East of England</i>
Mr. Paddy Coughlin	<i>SAC LM for KSS</i>
Mr. Rob Davies	<i>SAC LM for London</i>
Mr. Murray Flett	<i>SAC LM for Northern Ireland</i>
Mr. Jonathan Ghosh	<i>SAC LM for Scotland</i>
Mr. Ashok Handa	<i>SAC LM for South West</i>
Mr. Denis Harkin	<i>SAC LM for ROI</i>
Mr. David Lewis	<i>SAC LM for Yorkshire and Humber</i>
Miss Zenia Martin	<i>Republic of Ireland</i>
Mr. Tam Siddiqui	<i>SAC LM for Oxford/Wessex</i>
Mr. Stuart Suttie	<i>SAC LM for North East</i>
Mr. Andy Tambyraja	<i>SAC LM for North West</i>
Miss Hannah Travers	<i>Trainee Representative</i>