The Royal College of Radiologists

JCST Joint Committee on Surgical Training

Joint statement on collaborative training in vascular surgery and interventional radiology

Following publication of the GMC's Excellence by design standards for postgraduate curricula in 2017, curricula for both vascular surgery (VS) and interventional radiology (IR) subspecialty training were updated. As part of the evaluation and ongoing quality assurance of both curricula, the Joint Committee on Surgical Training (JCST) and Royal College of Radiologists (RCR) wanted to assess how training in vascular procedures common to both curricula is being delivered and identify good practice to share. To facilitate this a short survey was sent to all VS and IR residents in October 2023, with questions divided into sections on training in endovascular aortic repair (EVAR) and peripheral endovascular procedures. The survey closed in January 2024. A total of 137 residents responded to the survey, 65 of which were interventional radiology residents (47%) and 72 of which were vascular surgery residents (53%).

Main Survey conclusions

EVAR: The survey results show that at present IR residents are most commonly being trained in EVAR by IR consultants and VS residents are most commonly trained in EVAR by VS consultants, although a small proportion of respondents agreed that the majority of their EVAR training was being delivered by a consultant in the opposite specialty. The survey does however highlight concern from a significant proportion of respondents in both specialties who feel their region does not have the ability to provide training that allows them to meet the EVAR requirements of their curriculum (25% of IR residents, 32% of VS residents), or lack confidence that they will meet curriculum requirements for EVAR by their planned CCT date (27% of IR residents, 35% of VS residents). Similar percentages (20% IR, 26% VS) expressed difficulty in accessing EVAR planning sessions, but significantly more IR residents expressed difficulty in attending aortic aneurysm outpatient clinics (49% IR, 12% VS).

Peripheral Endovascular Procedures: the survey results show that at present IR residents are most commonly being trained in peripheral endovascular procedures by IR consultants and VS residents are most commonly trained in peripheral endovascular procedures by VS consultants. A significantly smaller percentage of IR respondents thought that their region cannot provide training to meet the requirements of their curriculum that relate to peripheral endovascular procedures (5% IR, 48% VS) or that they would not achieve the required competencies in peripheral endovascular procedures by their planned CCT date (7% IR, 41% VS). A higher proportion of IR residents expressed difficulty accessing pre- and post- operative PVD clinics (25% IR, 8% VS).

Next steps

Following these survey results the JCST and RCR feel it is important to acknowledge resident's concerns and work collaboratively to provide improved training for both groups of residents within the formality of GMC training requirements. There were also comments from a small but significant number of residents

around a culture of bullying which must be recognised and addressed. The JCST and RCR have been supporting at a local level where this has been identified.

To improve training, we need to address the needs specific to IR, those specific to VS and show collaboration in areas of common ground to improve training for all. Work continues to improve gender equality within both specialties, with active ongoing projects to promote women in IR (currently only 12% of the IR consultant workforce). Examples are needed of training schemes demonstrating good practice and collaborative working which can be used as examples to inform regions where collaborative training is less embedded.

In our efforts to implement an equitable, collaborative and fairer training culture for Vascular Surgery residents and Interventional Radiology residents, we have also considered possible impacts on residents from protected groups within those two specialties. After careful consideration, we are not able to identify any inadvertent discrimination on residents from any protected group, as a result of the recommendations in the joint statement.

Actions for the RCR/JCST:

- To support collaborative working between colleges, we have introduced reciprocal representation on the Clinical Radiology Specialty Training Board and the Vascular Surgery Specialty Advisory Committee. The JCST will work with the RCR to consider a new 6th endovascular CiP for vascular surgery modelled on existing IR CiP - "Manages an endovascular list" - and build into this the need for collaboration, human factors and professional behaviours.
- We will gather and share examples of best practice for collaboration between VS and IR training programmes
- We will develop guidance on incorporating clinic and ward time into IR resident timetables and endovascular lists into VS resident timetables, while not compromising established VS and IR training.

Actions for VS TPDs/trainers:

VS TPDs and trainers should ensure that IR residents have access to the following:

- Opportunities to participate and contribute to vascular multidisciplinary meetings (MDMs), including EVAR sizing and planning
- Opportunities to attend vascular surgery clinics
- Opportunities to attend vascular lab duplex ultrasound lists (working with vascular sonographers/technicians)
- Opportunities to participate in vascular ward rounds
- Opportunities to attend EVAR sessions (if in a region where EVAR is predominantly vascular led and the converse will be true for VS residents).
- Training in and engagement with the National Vascular Registry (NVR).

Actions for IR TPDs/trainers:

- IR TPDs and trainers should ensure that VS residents have access to the following: increased collaborative working with IR residents in EVAR and peripheral endovascular cases including in MDMs, case planning, clinics and ward rounds
- Opportunities to attend General IR lists in Stage 2 of training where capacity allows
- Opportunities for regular attendance at Peripheral endovascular lists where capacity allows

It is the expectation of the RCR and JCST that IR and VS training programmes will implement the actions above. The RCR and JCST will continue to monitor the training experience of IR and VS residents as part of their regular curriculum quality assurance activity. Both colleges are committed to continuing to work together for the benefit of IR and VS residents, and to support the provision of excellent patient care.

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Mr Harjeet Rayt – Curriculum Lead, Vascular Surgery

Mrs Lauren Shelmerdine, Resident Representative, Vascular Surgery

Professor Geeta Menon, Lead Dean Clinical Radiology

Dr Priya Suresh, Former Medical Director, Education and Training Clinical Radiology

Dr David Little, Medical Director, Education and Training Clinical Radiology

Professor Malcom Johnston, Chair, Interventional Radiology Committee

Dr Jai Patel, Former Chair, Interventional Radiology Committee

Dr Jim Zhong, Resident Representative, Interventional Radiology