

Vascular Surgery SAC Newsletter

INAUGURAL VASCULAR SAC NEWSLETTER

The Vascular Surgery SAC has elected to publish a biannual newsletter to serve as a means of updating the vascular surgical community regarding matters relating to training. In the current newsletter we look at the Vascular FRCS examination, the ASPIRE workshops, a trainee's perspective of flexible training, and celebrate the first vascular trainee to complete the new vascular surgical training programme and be successfully appointed to the role of consultant vascular surgeon.

I would also like to take this opportunity to thank all members of the Vascular Surgery SAC –

both past and present- for all their hardwork in ensuring the successful implementation of the new vascular surgical curriculum.

Mark McCarthy

Chair of Vascular SAC



FIRST TRAINEE ACROSS THE LINE....

The Vascular Surgery SAC would like to congratulate Murtaza Salem as the first trainee to be appointed to the position of consultant vascular surgeon having trained through the new vascular surgical training programme.



Murtaza shares some of his perspectives on the new vascular surgical training programme.

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VASCULAR FRCS EXAM

Douglas Orr, Chair of the Intercollegiate Exam in Vascular Surgery, provides an insight into the development and performance of the new FRCSVasc.

It has now been in place for over a year with 3 diets of the Section 1 (multiple choice written paper) and 2 diets of the Section 2 (clinical) exams. It has assessed the first cohort of our trainees who have trained in the new specialty of Vascular Surgery and have followed our new curriculum. Whilst it has examined those trainees individually, it has, indirectly, also assessed the various training programmes through which those trainees have come.

The Vascular exam has been 6 years in preparation, and, while it keeps the format of the other Intercollegiate Specialty exams, the Section 2 exam contains some unique features: a strong emphasis has been placed on direct patient assessment, with 2 long cases and 4 short cases, more than any of the other exams; we have created a new section with case based discussions, where, over 15 minutes, a candidate can be examined in significantly greater detail over a developing scenario, reflecting the complex cases that are seen in vascular practice; the academic section has been modified and is based around a clinical problem with the discussion focusing on the

evidence, and the quality of that evidence, behind aspects of our practice.

Trainees with a NTN in Vascular Surgery have performed well in the exam, achieving a high pass rate. This demonstrates that we have a motivated and capable group of trainees who are coming to the end of their training and are about to embark on independent practice, and also that the regional training programmes are producing the calibre of trainee that we would expect.

'it appears to be a sound and appropriate assessment of our future consultant colleagues'

The FRCS (Vasc) will continue to evolve, especially with curriculum re-writes, but, at present, it appears to be a sound and appropriate

assessment of our future consultant colleagues. It is reliant on enthusiastic and committed examiners and if any existing consultant would like to get involved, they should start by applying to join the panel of question writers for the section 1 exam. This can be done via the JCIE website (jcie.org.uk).

Douglas Orr

Chair, Intercollegiate Board in Vascular Surgery

USEFUL DATES

FRCSVasc Part 1:

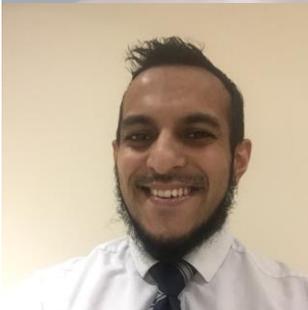
2/7/2019, deadline 18/4/2019

14/1/2020, deadline 3/10/2019

FRCSVasc Part 2

13/5/2019 Cambridge

11/11/2019 Liverpool



VASCULAR SURGERY TRAINING PROGRAMME

Mr. Murtaza Salem is a trainee on the East Midlands vascular surgical rotation. He was recently successful in his application for the position of consultant vascular surgeon at Nottingham University Hospitals NHS Trust.

I started training on the new vascular training programme in August 2013 as part of the first cohort of dedicated vascular trainees.

I attended the very first ST3 ASPIRE course in Hull in September 2013. This was a fantastic course, which introduced all 20 national trainees to each other and their relevant Training Programme Directors. The course was well themed with a mix of lectures and clinical skills and on completion each candidate was IRMER certified.

In the Midlands, a fantastic monthly deanery teaching programme was set up, which combined the East and West Midlands trainees. Each month a trust was allocated a topic to teach on and over a 24-month period the whole curriculum was covered.

Individual trusts and trainers would organise enjoyable informative and very interactive teaching days. Training days were delivered by a mix of local experts combining presentations, debates and practical skills involving all trainees.

In addition to the monthly training programmes, there have been a number of courses organised by various training organisations and industry support to supplement on the job clinical training. These would often involve simulation together with live animal models and live cases in theatre. One example of this has been VaLSA (Vascular Limb Salvage Academy). This was set up for senior trainees in 2017 to further enhance training in lower limb revascularisation with a number of key modules to be completed. This was focused on both open and endovascular skills and delivered by a faculty of national and international experts in vascular surgery and interventional radiology.

The ASPIRE courses have continued to run successfully each year. These would bring together all national trainees who would be able to share their own experiences and exchange ideas. Each year has a specific theme targeted to trainees at that level.

At ST6 – there is a cadaveric skills workshop, ST7 is focused on the FRCS viva and oral examinations

and ST8 is targeted towards obtaining a vascular consultant post.

Vascular surgery remains a complex specialty requiring advanced knowledge and technical skills. Vascular Surgery has relatively few trainees compared to other surgical specialties, so having such extensive teaching and training programmes fully funded has only been possible through the generous time and efforts of consultant trainers. Since the specialty separated from general surgery there has been a clear concerted effort from the SAC and The Vascular Society in making the programme a success and ensuring that all trainees coming through the system receive a well-balanced training programme and are well prepared for life as a consultant at the end of it.

Murtaza Salem

ST8 Vascular

East Midlands



INTERCOLLEGIATE
SURGICAL
CURRICULUM
PROGRAMME





ASPIRE COURSE UPDATE

The ASPIRE series of courses for the Vascular Surgery NTN has in 2019 completed its first cycle as the initial cohort of Vascular Surgery trainees approach their certification date.

The series began in 2013 in Hull under the leadership of Professor Chetter, as the Chair of the Vascular Society Training and Education Committee, with the initial ST3 course that has gone on annually to give a broad welcome and introduction into Vascular surgery both open and endovascular along with initiation into vascular imaging and a radiation protection course.

The faculty of VS committee members and training programme directors has gradually increased with interested educators and the training committee is very grateful for that involvement and will continue to welcome new members as we as look to rotate the courses



The faculty of VS committee members and training programme directors has gradually increased with interested educators and the training committee is very grateful for that involvement and will continue to welcome new members as we as look to rotate the courses around the country to interested units.

That first cohort of vascular trainees from 2013 have in February 2019 completed the series with the ASPIRE 8, preparation for Consultant Practice course. This received great feedback and in line with all of the series we will continue to develop and adapt to the needs of the trainees and in line with any curriculum change.

The present ASPIRE journey will see the trainees progress from the introduction, through cadaveric dissection (4 and 6) and simulation (5) courses of increasing complexity, onto the exam preparation (7) and then the consultant practice course.

The training committee is pleased to see trainees not only progress but feedback on how valuable they have found the series, and it is great to see these young surgeons become our Consultant colleagues and immediately be keen to integrate as educators into the ASPIRE process.

We have made the courses ASPIRE 3-8 mandatory and we hope also to have secured national educational funding to maintain the quality at no charge to the trainees.

Please do contact Keith Jones the Chair of the VS Education and Training committee if you would want to be involved as faculty.





LTFT & VASCULAR SURGERY

Miss Vaux Robertson is a less than full time trainee on the East Midlands vascular surgical rotation. She describes her experiences of juggling a busy training programme with being a mother to two young children

I began less than full time (LTFT) training following maternity leave with my now 3-year old son. The process was smooth and painless, and I was given ample support from my TPD and school of surgery. Logistically I found the experience of working LTFT very easy and my colleagues consistently flexible and accommodating. Anecdotally many LTFT trainees have experienced the opposite, perhaps ironically in the ostensibly more “family-friendly” specialties such as general practice. However, my own experience of LTFT in vascular surgery has been amazingly family-friendly and almost a perfect balance. I love that I can be doing a bypass one day then play-doh the next! I have since added a 10-month old daughter to the mix which has obviously increased the workload/fun. I also brought her to the recent VSASM which worked brilliantly, and I was overwhelmed by positive comments. I am definitely looking forward to returning to work – it is part of who I am and helps me be a good role model to my children. Working mothers can sometimes feel like neither role is performed adequately, but I think given the right circumstances and support then we can truly have the best of both worlds!

SAC MEMBERS

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 <u>Bowbrick</u>	<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 <u>Flett</u>	<i>SAC LM for Northern Ireland</i>
Mr. Jonathan Ghosh	<i>SAC LM for Scotland</i>
Mr <u>Ashok Handa</u>	<i>SAC LM for South West</i>
Mr. David Lewis	<i>SAC LM for Yorkshire and Humber</i>
Miss <u>Zenia Martin</u>	<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 <u>Tambyraja</u>	<i>SAC LM for North West</i>
Miss Hannah Travers	<i>Trainee Representative</i>