VASCULAR SOCIETY
The Vascular Society for Great Britain and Ireland

British Society of Interventional Radiology

2021: Joint statement on collaboration between the Vascular Society (VS) of Great Britain & Ireland and The British Society of Interventional Radiology (BSIR).

2021 has seen a number of significant changes to training and service provision in the UK. The Covid pandemic has proven to have a significant impact on training of both VS & BSIR trainees, at a time when both groups have had their new curricula passed by the GMC. Covid significantly impacted on the surgical and endovascular availability, as demonstrated by the NVR data and BSIR survey. A large number of patients did not seek medical help during this period, for a variety of reasons, and the current waiting list is probably larger than at any other time in the NHS history. These changes come with challenges and inevitably new demands from the Trusts and government, with the known workforce crisis. To deliver high quality, effective, efficient, safe care requires collaboration and team working and placing the patient at the centre of all that we do.

We, the VS & BSIR, following regular meetings of the Presidents and Vice presidents, feel that a joint statement to help closer working relationships and to promote true partnership working bringing the different skillsets together for the benefit of the patients important. Furthermore, both curricula require closer partnership working to deliver training.

1. Collaboration and partnership approach is essential to provide full high quality vascular services.
2. Patient care and outcomes should be central when organising and providing vascular services. A team approach with mutual respect offering additional skill mix is essential for best care. Joint cases are encouraged for complex interventions where partnerships and friendships can flourish.
3. The VS and BSIR aim to highlight centres of best practice as exemplar sites for collaborative team working providing excellent outcomes.
4. **ALL** Vascular arterial centres should be located at a hospital site where Interventional Radiology vascular on call service is available 24/7. They should not be at separate sites. This is recommended in both the vascular and radiology GIRFT, reconfiguration of vascular services document, provision of vascular services (POVS) and provision of interventional radiology services (POIRS) documents.
5. Vascular surgeons (VS) and Interventional radiologists (IR) should ensure patient safety and only perform interventions (surgical and /or endovascular) within their sphere of competence. MDT and clinical audit are essential to ensure compliance and patient safety with all conversion cases recorded and discussed at vascular MDT.

6. It is envisaged that from time to time a VS will need assistance from an IR and, that from time to time an IR will need the assistance of a VS. This interaction is in the interests of safe patient care and is strongly supported.
7. VS trainees need an understanding in basic angioplasty and stenting (iliac & SFA) for the provision of emergency vascular services as a day one vascular surgery consultant. The endovascular requirements as a day one consultant are likely to be matched against the local service requirements to deliver the best vascular care.
8. IR trainees need an understanding of the clinical aspects of vascular disease (clinics) and in simple basic surgical techniques.
9. Training of VS and IR trainees is essential for the future provision of vascular services that need a fully function open surgical and endovascular service. Both have a responsibility for the provision of training which with the new curricula could function in a quid pro quo manner.

Dr Ian McCafferty
President
British Society of Interventional Radiology

Mr Michael Jenkins
President
Vascular Society of GB & Ireland