



June 2012

**JOINT STATEMENT FROM THE BRITISH SOCIETY OF INTERVENTIONAL RADIOLOGY,
THE VASCULAR SOCIETY OF GREAT BRITAIN AND IRELAND
AND THE ROYAL COLLEGE OF RADIOLOGISTS**

Interventional radiology and vascular surgery have made very significant changes to status and training over the last two years. Interventional radiology gained subspecialty status in 2010 and a new training curriculum has been introduced. On 16 March 2012, vascular surgery became a specialty, independent of general surgery through an Act of Parliament. The Royal College of Radiologists (RCR), British Society of Interventional Radiology (BSIR) and the Vascular Society of Great Britain and Ireland (VS) worked together to ensure that each organisation supported and endorsed the respective applications.

The new vascular surgery specialty requires a specific curriculum and the version submitted to the GMC was developed with the assistance of the BSIR/RCR. Some inconsistencies have been subsequently identified and further work is being undertaken to ensure a consistent approach is taken throughout the final version of the curriculum. It is envisaged that 20 trainees per year, recruited by national selection, will enter the new training programme commencing summer 2013 to train in the new curriculum. The allocation of training posts will be determined by the new Vascular SAC, which will be chaired by Cliff Shearman. A vascular exit examination (FRCSVasc) is under development, led by Julian Scott

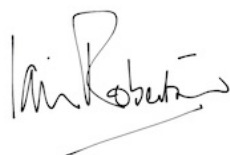
Successful training programmes will be required to offer training to a set of minimum competencies in both open and endovascular surgery. These were defined by the Vascular Society, BSIR and the RCR and will be detailed in the final version of the new curriculum. Further development will require close co-operation between vascular surgeons and interventional radiologists. Both the curriculum and the defined competencies will, however, be subject to revision as the new specialty develops.

The actual mechanics for delivering the new training programme are in evolution, but it is anticipated that units will be invited to submit applications to be considered for training units to deliver the new curriculum. Local applications for training units will be made jointly between vascular surgery and interventional radiology. The

provision to offer interventional/endovascular training according to the new curriculum does not apply to vascular trainees on the current training programme, although it is recognised that units around the country already offer some interventional training, this should not change.

In order to assist with this transition, the RCR/VS/BSIR Liaison group has been re-established with a remit to scrutinise and update the vascular surgery curriculum and its competencies and consider mechanisms and structures for further training in imaging and interventional techniques. Any surgeon or radiologist who wishes to comment on this process is encouraged to email Kim Cyrus (RCR, kim_cyrus@rcr.ac.uk) or Jeanette Oliver (VS, jeanette@vascularsociety.org) directly. The liaison group will act as the forum for discussion of all issues related to the new curriculum/competencies with reference to the respective societies. It is felt that some changes to the curriculum are required and the first revision will be submitted to the GMC in September 2012, alongside proposals for a new exit examination in vascular surgery.


The British Society of Interventional Radiology and The Vascular Society of Great Britain and Ireland are committed to working together to provide high-quality care and equality of access to all patients with vascular disease in the UK. The re-establishment of the RCR/BSIR/VS liaison group will underpin this co-operation and help in the development of both vascular surgery and interventional radiology for the benefit of our future patients.



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