

Dr. Mark Stoneham (Chairman)
Dr. Tracey Wall (Honorary Secretary)
Dr. Jeremy Langton (Treasurer)

MS/JH/002

13 January 2011

Dr Peter Nightingale
President
Royal College of Anaesthetists
Churchill House
35 Red Lion Square
London WC1R 4SG

Dear Dr Nightingale

The committee of the Vascular Anaesthetic Society of Great Britain and Ireland (VASGBI) has serious concerns about the potential forthcoming centralization of vascular services in the United Kingdom that we believe will have significant implications for anaesthetists undertaking vascular anaesthesia.

The VascuNet data of 2008 showing poor outcome after elective aortic surgery in the UK compared to other European centres, led to considerable work being done by the Vascular Society, with assistance from the VASGBI, to investigate the reasons behind these poor outcomes. Some hospitals performing relatively small numbers of abdominal aortic aneurysm cases per year were found to have unacceptably high 30-day mortality rates, which in part has led to the drive to centralize vascular services nationally.

In addition to this surgical outcome data, a paper published earlier this year from Norfolk & Norwich (Walsh SR et al. Anaesthetic specialization leads to improved early- and medium-term survival following major vascular surgery. *Eur J Vasc Endovasc Surg.* 2010;**39**:719-25) showed better outcomes for both elective and emergency vascular work when a 'vascular' anaesthetist was giving the anaesthetic compared with a 'general' anaesthetist.

VASGBI has been involved in the Quality Improvement Programme for AAA surgery and has now also been asked by the Vascular Society to help draw up guidelines for running a centralized 'Vascular centre'. This might involve, for example, the appointment of specialist vascular anaesthetic consultants, departmental organization to allow cross-cover of elective vascular lists to take into account annual leave and even the creation of dedicated on-call vascular anaesthetic rotas.

The committee of the VASGBI are concerned about, on the one hand, the potential increase in the requirement for specialist vascular anaesthetists to staff centralized vascular units in Great Britain and yet on the other, the decreasing emphasis of vascular anaesthesia in the CCT curriculum. Vascular anaesthesia is completely ignored in the curriculum before ST5, at which point it then becomes an "optional" unit: yet cardiac, obstetrics, neuroanaesthesia, critical care and paediatrics are 'essential'. It is our fear that new CCT holders will not be in a position to apply for a consultant post in such a centre without having had an Out Of Programme Experience in vascular anaesthesia (an increasingly difficult option) or without a post-CCT fellowship. This will change the face of vascular anaesthesia (and therefore our Society) towards that of a more defined subspecialty such as cardiac, neuro- or paediatric anaesthesia but this will require increased specialist training.

However, centralisation is unlikely to happen uniformly across the whole country due to geographical, political and other influences, leaving the Vascular Anaesthetic Society in a position whereby we need to set guidelines and define a 'vascular anaesthetist' and yet also support the occasional vascular anaesthetist who would be practicing in conditions contrary to those guidelines.

We look forward to your comments with interest, but hope that you will consider increasing the 'exposure' of vascular anaesthesia as a training sub-specialty.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Mark Stoneham', with a long, sweeping underline.

Dr Mark Stoneham
Chair, VASGBI on behalf of the VASGBI committee

Please address correspondence to:

Dr MD Stoneham
Consultant, Nuffield Department of Anaesthetics
John Radcliffe Hospital, Oxford OX3 9DU

Dr. Mark Stoneham (Chairman)
Dr. Tracey Wall (Honorary Secretary)
Dr. Jeremy Langton (Treasurer)

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13 January 2011

Dr Iain Wilson
President
Association of Anaesthetists of Great Britain and Ireland
21 Portland Place
London
W1B 1PY

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