Vascular Surgery curriculum review August 2026

The continuing evolution of vascular surgical practice amongst UK surgeons has been considered during this review and has influenced this iteration of the curriculum. All of the changes proposed have been discussed amongst several Education and Training committees including the Vascular Surgical Advisory Committee (SAC) and the Rouleaux Club (trainee forum) in collaboration with the Chair of the JCST (Ms Esther McLarty), Chair of the General Surgery SAC (Mr Bala Piramanayagam) and the Lead Dean for Surgery (Dr Paul Sadler). In making these updates, trainee logbooks have been interrogated to ensure that this improved curriculum is necessary for the enhancement of vascular surgical practice but that it is also not to the detriment to other specialty curricula, whilst also being deliverable throughout the UK. The changes made are simply a refinement of the existing curriculum to allow on-going realignment with delivered vascular surgical practice and therefore are not drastic.

Details of the changes are given in the proforma mapping document. A summary of the changes in the specific sections of the curriculum is given below:

Purpose: 2.3 Progression through training

Phase 2 stipulates vascular surgical trainees to complete a year of 'general surgery' to gain skills in 'safe navigation of abdominal contents and peri-operative management in elective and emergency settings'. At present many general surgical posts are heavily weighted towards laparoscopic (minimally invasive) or robotic surgery and vascular trainees' exposure to open abdominal surgery that is often required for vascular procedures has dwindled. To address this and to allow an improvement in quality of training we feel that this year of general surgery should include the opportunity for placements in transplant and trauma surgery. Both of these sub-specialist areas sit under the umbrella of General Surgery and due to their shared skill set with vascular surgical practice, may be more useful for early years training in vascular surgery. This has been discussed with the Chair of the General Surgery SAC and agreed in principle. The delivery of this will need to be negotiated locally due to availability of services and posts. The aim is to enable vascular surgical trainees to achieve more open surgical experience while allowing General Surgery trainees to focus on laparoscopic and robotic surgery.

Appendix 2: Vascular Surgery Syllabus

The bulk of the changes in the curriculum are made with a view to maximise vascular surgical training in the knowledge that whilst training time remains unchanged, there has been a move towards greater use of endovascular and COWER (Combined Open With Endovascular Revascularisation) techniques, whilst also having to maintain open surgical knowledge and skills. Vascular Surgery is now also evolving and essential to other specialties in complex operations such as oncological resections. The aforementioned skills need specialist training and dedicated time and to achieve this, certain parts of the curriculum, that are no longer delivered by vascular surgeons have been removed or require lower levels of competency. For the most part, knowledge of these topics has been kept but the practice of such aspects has been removed. The following is a summary of the changes:

- **Removal of laparoscopic sections from the curriculum other than those that involve management of laparoscopic vascular injuries.** Laparoscopic operating is not a feature of vascular surgical practice and is a remnant from the general surgical syllabus.

- **Removal of portions of general surgery from the curriculum.** The focus of the general surgical aspects of the vascular surgical curriculum has been shifted from a practical to knowledge base. Modern vascular surgical practice does not involve independent performance of elective or emergency general surgical operations. Knowledge of these operations is still important, hence the reason for the retention within the syllabus.

- **Refinement of the Trauma section.** These changes acknowledge that major trauma operations will be performed as part of a team being led by a trauma general surgeon. Whilst vascular input will be required, modern day vascular practice does not involve gastrointestinal

operations and therefore these will be performed in conjunction with a GI surgeon. For those vascular surgeons who aspire to lead Trauma Operating teams, the extra skills set should be obtained outside the vascular surgical curriculum, for example, as part of Training Interface Group (TIG) or other Fellowships. In this section, the wording around competencies has been changed to retain the knowledge aspects but remove the independent practice of such procedures.

- **Refinement of the Transplantation section**. The competencies in this section reflect a historical precedent whereby some surgeons had practices that combined vascular and transplant surgery. This is no longer commonplace in the UK making achievement of competencies such as performing nephrectomies difficult to achieve. Whilst these operations are no longer practiced by modern vascular surgeons there are common themes between vascular and transplant surgical practice which would benefit the training of a modern vascular surgeon. For example, the day one vascular surgical consultant would not be expected to perform a renal transplant but components of this operation are relevant generic skills that are essential. This section has been modified to reflect this.

- **Refinement of the vascular access section to reflect common vascular surgical practice.** The vascular access section covers all aspects of vascular access from basic fistulas to complex salvage procedures. Data from ISCP logbooks (via a DAARG request) show that vascular surgeons continue to provide direct care in this area including the siting of central venous catheters (CVC) and placement of Peritoneal Dialysis (PD) catheters (Appendix A). To reflect this, the majority of the vascular access section has been left unchanged. However, the complex aspects of access will largely be performed by Transplant Surgeons and/or Radiologists making this unachievable and not required in vascular surgical practice. Therefore the focus on this has been changed to reflect more emphasis on knowledge base and achievement of competencies using simulation.

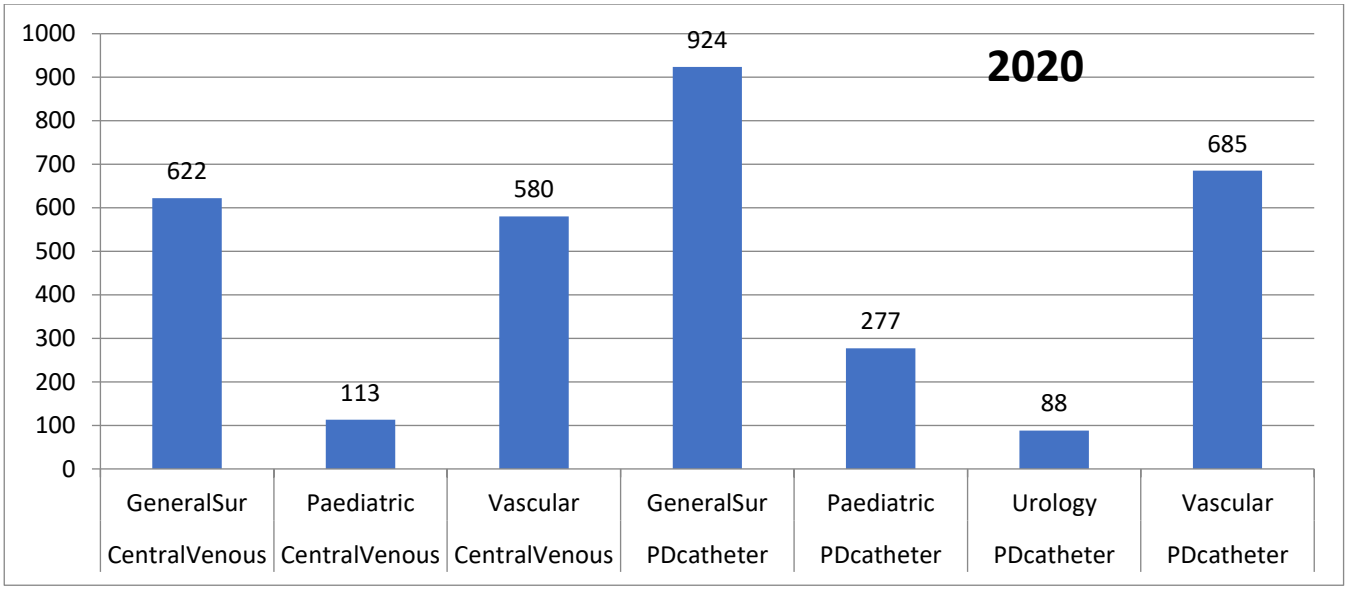
Appendix 3: Critical Conditions and Key Topics

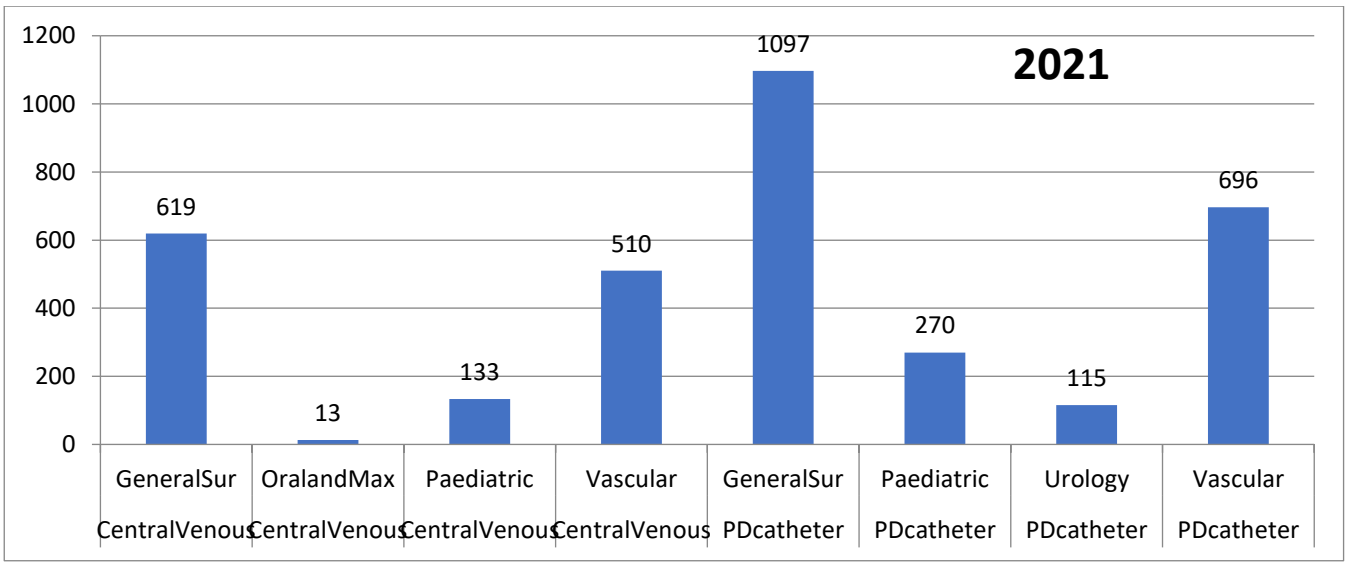
More recently there has been a sustained rise in the incidence of false aneurysms of the common femoral artery (CFA) for a variety of factors. Currently there is no specific assessment for this and trainees have to use those assessments aligned to operations on the CFA, mainly for atherosclerotic disease. None of these assess the complexity surrounding emergency operations on false aneurysms in the CFA. We have therefore added a critical condition called ‘femoral false aneurysm’ to reflect a common vascular surgical procedure needed as a day 1 consultant. In conjunction with the Rouleaux club, a Procedure Based Assessment (PBA) has been constructed to reflect this.

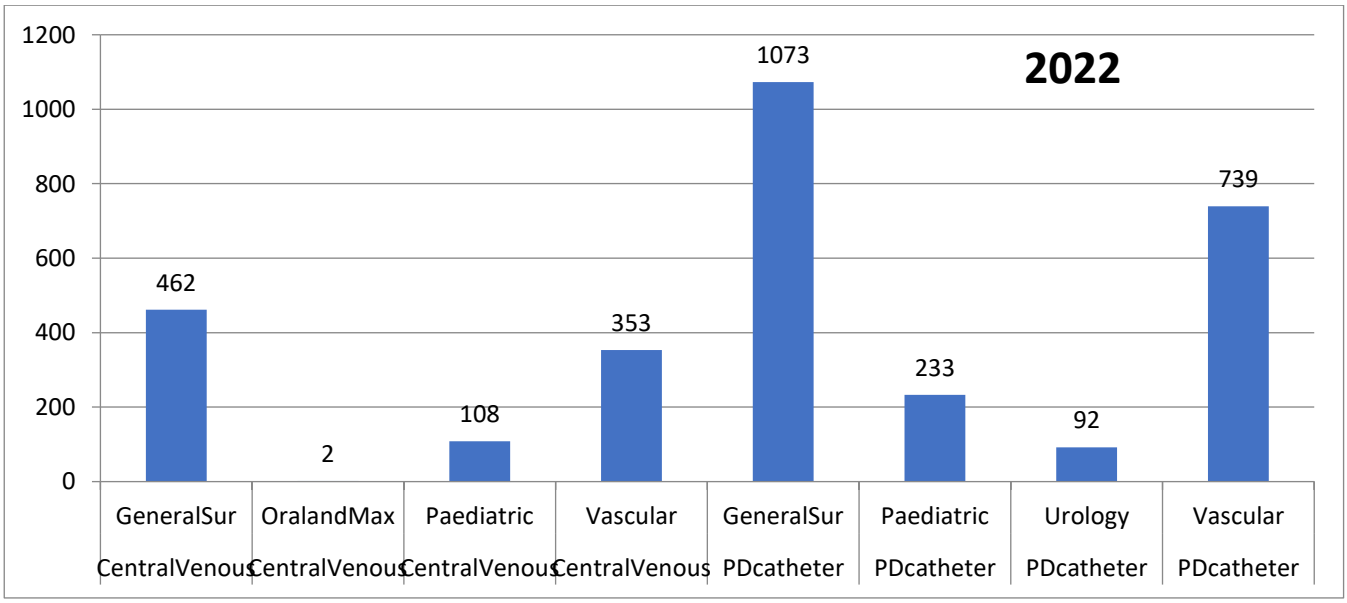
Transition of curriculum

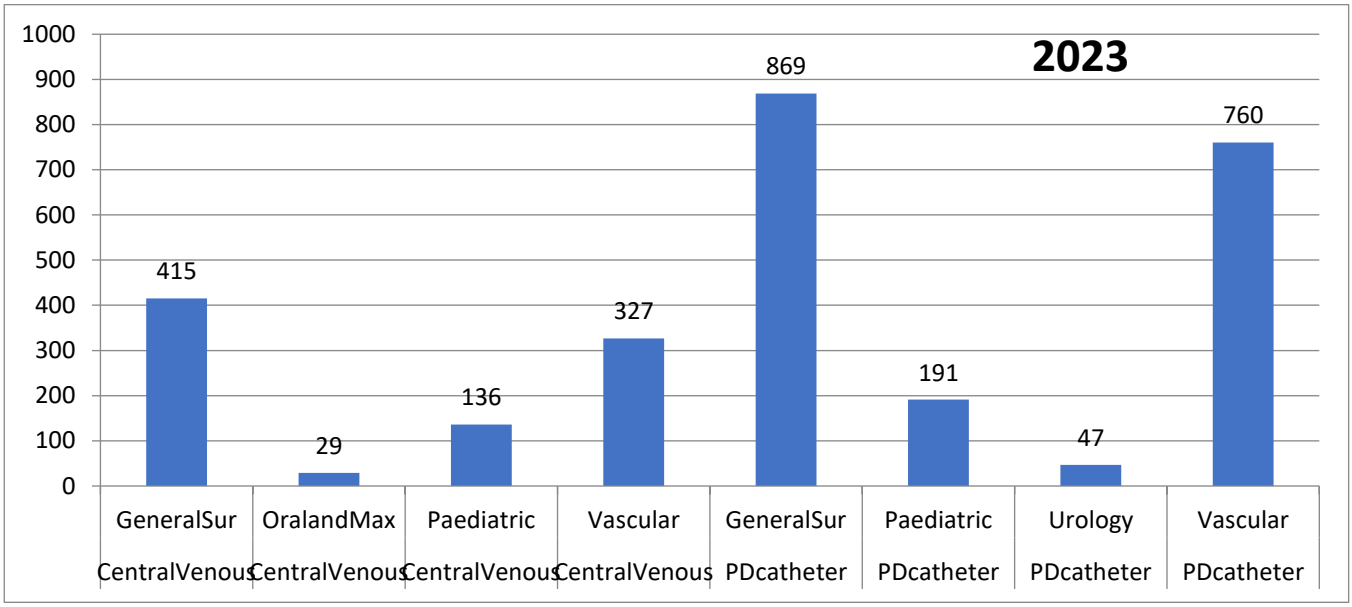
The expected transition timetable has been outlined in the ‘Transition Plan’ document.

Appendix A. Trainee logbook data from 2020-2024 showing central venous catheters and peritoneal dialysis catheters performed as vascular access procedures in actual numbers of cases (y axis) against specialty performing the procedures (x axis). (Data from Data Analysis Audit & Research Group (DAARG))





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700
600
500
400
300
200
100
0
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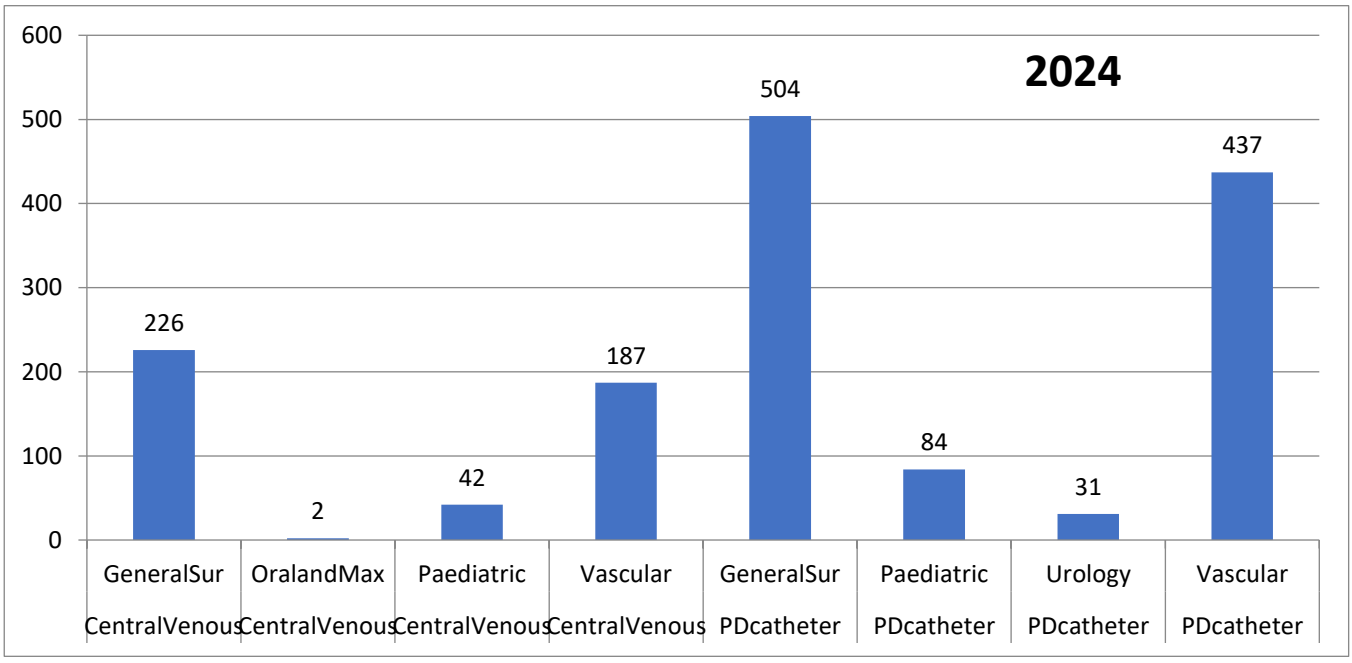
29
136
327
869
191
47
760
GeneralSur CentralVenous
OralandMax CentralVenous
Paediatric CentralVenous
Vascular CentralVenous
GeneralSur PDcatheter
Paediatric PDcatheter
Urology PDcatheter
Vascular PDcatheter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84
31
437
GeneralSur CentralVenous
OralandMax CentralVenous
Paediatric CentralVenous
Vascular CentralVenous
GeneralSur PDcatheter
Paediatric PDcatheter
Urology PDcatheter
Vascular PDcatheter