



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Minutes / Action Points

**Professional Standards
Committee**

19th April 2024

10:30am at London Canal Museum

Attended	<u>Attendees:</u> Joanne Walker (JW); Maria Morgan (MM); Ved Ramnani (VR); Nicholas Sanoudos (NS); Veronica Sagayarajah (VS); Janine Fletcher (JF) <u>Teams attendance:</u> N/A
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1	<u>Apologies:</u> Alison Charig (AC)	
2	<u>Previous meeting:</u> IQUIPS rep – Jo Widdup wants more info about what is required as is concerned about commitment/workload. JW attending ACAG meeting in place of Alison. <u>ACTION: JW to contact Alison and Laura regarding this.</u> Pseudoaneurysm to include in arterial PPG: agreement over diagnosis however wrt compression this needs to be a local policy as there are factors to include e.g. ethics, governance, consent. <u>ACTION: NS to edit current PPG to include the above and circulate to group before next meeting in June</u> SoR indemnity insurance – still in hand. <u>ACTION: JW to take back to exec to clarify.</u>	NS JW
3	<u>Job Profiles & Descriptions</u> <ul style="list-style-type: none"> Next focus to be band 4 and 5 Time spent on editing job description for band 5 practitioner role. <u>ACTION JW to transfer across to JD format and circulate for approval/ratification by June in order for fairly quick publishing.</u> Also need to ascertain how best to track documents. All documents on onedrive? Then work in progress among PSC for sharepoint. Next: What other job profiles? Levels of responsibility. Providing a toolkit 	JW
4	<u>Website</u> Aware of quote and awaiting assurance from exec wrt new website rebuild.	
5	<u>Gloucester course</u> Discussion about end point assessments of practitioner apprentices. DVT-?Doppler assessment. Just B mode to be assessed but should have understanding. Carotid-consensus not to include in endpoint but theory will be taught Discussion about direct entry – appropriate? <u>ACTION JW to raise at upcoming meeting</u>	JW

6	<p><u>PSC & Exec</u></p> <p>POVS document: brief discussion. JW informed of what is included, satisfied. VR comment; should we know more about staffing levels. What is safe staffing? Proposes we come up with a framework to determine what is adequate for each individual centre. JW talked about having “mini POVS” as vascular scientist service does not only include work from the vascular consultants.</p> <p>Tariffs; make sure vascular scans are in line with other similar scans e.g. echo.</p>	
7	<p><u>PPG & doc updates</u></p> <p>Carotid: IMT measurement? JF and VS gave accounts of literature findings. Merit of measuring/reporting IMT. Certainly accepted as a risk factor for CVD. Possibly worth measuring in the absence of plaque. Short paragraph to include on PPG. VR proposes also adding section for carotid web and TPIC.</p> <p>ACTION: Need to include paragraph on carotid web, toolkit for classifying zero disease</p> <p>DVT: VR discussed edits on nomenclature. Raised topic of ‘free floating thrombus’. No need to distinguish as does not affect management. However do need to highlight extension of superficial thrombophlebitis into deep vein or EHIT. Reports need to reflect local policy. At least identifying superficial thrombophlebitis, measuring distance from deep vein and length. What should be flagged to surgical team? Iliac thrombus. Reflux: RFA guidance? Lack of evidence however VR says there is European guidance that might help. We should report diameters leaving the consultant to decide on specific treatment.</p> <p>Question from membership: Can we clearly document benefit of having a tilting bed? Currently lies in service specifications so reference this in PPG.</p> <p>Iliac vein stent surveillance: ACTION MM to add paragraph with guidance on using B mode etc, consider other machine features eg. B flow.</p> <p>Toe pressure measurement:- consensus that absolute values are significantly more useful than indices. ACTION MM to include guidance with supporting evidence. 60mm Hg agreed.</p> <p>ABPI: resting times?? Remove from PPG? Not completely!</p> <p>EVAR: VR reviewed. Added criteria for stenosis in FEVAR or other branched devices.</p> <p>ACTION: To ask Steve Rogers about a short piece of guidance on contrast scanning.</p> <p>Uncertainty of measurement: completed</p> <p>Mesenteric: Previous guidance referenced papers that did not specify whether patients were fasted. VR therefore deems this data poor quality and not usable. Has created new PPG specifying reports should indicate if patients have sufficiently fasted or how long post-prandial. Discussed what conditions fall into “mesenteric” e.g. nutcracker more renal. JW suggested “abdominal/visceral scanning” ACTION VR to draft before next meeting.</p> <p>Code of conduct/complaints/social media: ACTION VS to review current policies and check with KM about complaints document whereabouts</p> <p>Service specifications: ACTION VR to expand on need for tilting couches</p> <p>GCA: Due for review in October. JW says BMUS has a very good one. ACTION VS to look at editing with addition of good pictures. Can we advise on distinguishing between wall thickness and atheroma? → images. JW - atheroma more eccentric, wall thickness more concentric. Note that ultrasound is only one part of the whole diagnostic toolkit. Also important to know your resolution figures to be able to quote diameter measurements with confidence.</p>	<p>VR VS JF MM</p>
8	<p>ACAG meeting: JW talked about “uncertainty of measurement” doc, to review.</p>	

	Readiness tool available.	
9	<u>QA and physics QA</u> VR has revised Nick Dudley's work. QA document essentially complete (aimed to help with IQIPS), ACTION VR to check with Nick then will circulate for ratification prior to publishing.	VR
10	All reminded to complete C of I forms	
11	<u>Probe orientation</u> Do we need a guidance document for this? In terms of standardisation of images this could cause discrepancies/non-confirmities. ACTION: All to go away to their own departments to see what consensus is. Potential for reflective piece that will encourage membership to think about.	
12	<u>Newsletter</u> Discussed whether to have an article outlining the PSC work. ACTION JF to complete. VR has some short info to send over to include.	JF
13	AOB	
	Next meetings 21st June, 27th September	