

Upon application for a BSET endovascular fellowship I was an NIHR Academic Clinical Lecturer at ST7 level in the Yorkshire and Humber Deanery. I had very good experience in open arterial surgery, but very limited clinical experience in endovascular surgery. I had tried to compensate for this by attending a number of endovascular courses and simulation training events. These were of significant benefit going into clinical endovascular training, but no substitute for the high quality training and mentorship offered by a BSET fellowship.

A BSET fellowship is an excellent intensive training opportunity, but it is important to recognise that it is only for 6 months and therefore planning is crucial to ensure that it is targeted appropriately. My objectives were to focus upon endovascular aortic intervention in terms of: case selection; planning and device selection; equipment familiarity; deployment; periprocedural management; and complex endovascular solutions.

All of the BSET training centres offer world-class training opportunities, but each is different in its focus and style. I decided to base my fellowship at St George's due to its renowned endovascular aortic practice. My educational supervisors were Profs Matt Thompson and Ian Loftus. My working week had a measure of flexibility but involved outpatient clinics, specialist MDTs and prioritised endovascular lists. I planned every case performed within the unit independently and there was a case discussion prior to every case and another following, if needed. I was on call for Vascular Surgery approx. 1 in 5 and acute registrar of the week on a 1 in 7 basis.

These were well-publicised turbulent times in both endovascular training and medicine as a whole. There were national strikes of junior doctors. Health Education England removed all vascular surgery and radiology trainees from the department and there were inspections from the Royal College of Surgeons, VSGBI and BSIR. Throughout this time, the Vascular Team at St George's held together admirably, continuing to deliver the world-class service for which they were known. The situation offered invaluable opportunities for growth, leadership and team-work and it is a testament to the dedication of the whole team that my training continued to be prioritised during such challenging events.

I managed to achieve all of my objectives and more. Having arrived with minimal endovascular experience, I had been primary surgeon for 45 aortic cases, 15 iliac occlusive cases and 10 SFA cases. I had been involved in many more complex aortic cases. Numbers are only a small part of the story and this invaluable experience has changed the trajectory of my career. Upon my return I was able to change practice within my institution as a trainee. Since my appointment as a Vascular and Endovascular Surgeon I have been working with vascular surgery and radiology to develop the endovascular service and endovascular training within the region.

I am indebted to the whole vascular team at St George's for their training, mentorship, support, companionship and kindness; and to BSET and its sponsors for offering such a huge and welcome opportunity.