Firstly, I would like to emphasise my gratitude to BSET for funding my six month endovascular fellowship, from February to August 2025. Their generous support has allowed me to learn and develop my endovascular skills and increase my confidence and competence in the IR suite.

I undertook the fellowship in my final months of my vascular surgical training, signed off by my Deanery as Out Of Programme Training. I have spent much of my training in the East of England, which as a Deanery has had consistent feedback from trainees throughout my time there that there are not enough endovascular training opportunities. Few vascular surgical consultants in the units I have worked in carry out endovascular procedures independently. During my training I have made a particular effort to rectify this paucity of endovascular training, most notably by spending a year at Flinders Medical Centre in Adelaide, South Australia, over my ST5 and ST6 years. This set me on the way to endovascular independence, and by the end of that year I was carrying out peripheral angioplasty, fistuloplasty and EVAR with minimal supervision. Returning to the UK, however, with a two year period of research before starting back as a full-time trainee, meant my new skills were not used and I had lost my confidence. As a future consultant, it is important to me to be able to provide the whole spectrum of management to my patients, and to be sure that I have the appropriate skills to be able to do so safely. The BSET fellowship has allowed me to really focus on this and helped me approach readiness for a consultant post.

I decided to undertake the BSET fellowship at Addenbrooke's Hospital, Cambridge, where I was set to rotate for my ST8 year. I enjoyed the opportunity to be relieved of my on call responsibilities, and to have the freedom to learn from the whole team of interventional radiologists. Initially, it took some time to settle into the IR department. They had six trainees throughout my fellowship, and were keen that I did not take any training opportunities from them. I therefore ended up spending much of my time at the spoke sites, including Peterborough City Hospital and West Suffolk Hospital.

At the spoke sites, I learnt huge amounts not just related to lower limb arterial work, but also about list management, ability to think on one's feet and team leadership. The lists were mixed IR, so my ultrasound skills improved markedly whilst performing nephrostomies, drains and biopsies. Throughout the six months, my endovascular skills came on leaps and bounds and by the end I was performing complex tibial angioplasties independently. In addition, I was able to pick up occasional lists at Addenbrooke's to which IR trainees weren't rostered, and I spent valuable time in theatre performing hybrid procedures. I had a regular fortnightly list of open operating which helped me consolidate and keep my open skills fresh. I also attended the complex aortic and general vascular MDTs which taught me a lot about clinical decision making. I have developed not just as an endovascular operator, but as an all round clinician.

My operative numbers at the end of the placement were as follows:

Procedure	Number

Liver / fibroid / acute bleeding embolization	5
Gonadal vein embolization	10
Iliac procedure	18
IVC filter / venogram	2
SFA / pop procedure	22
Tibial / pedal procedure	21
EVAR	1
Fistula procedure	3
US guided biopsy (liver / renal / lymph node / omental)	35
US guided drain	14
Nephrostomy	7
Nephrostomy / ureteric stent / feeding tube exchange	26

I have regained competence with peripheral angioplasty and a range of stents, and have learnt in addition to use Shockwave during the fellowship. I have developed my own treatment algorithms and am far beyond where I was on my return from Australia with regards to skills and decision making. I was also able to attend a course on physician-modified endografts in Lausanne, PAIRS in Dubai and participate in the Emerge programme for Women in IR, led by Boston Scientific. All these helped ensure I was abreast of current and emerging developments in IR.

The lack of aortic work in my numbers reflects the time I spent at the spoke sites, as well as the high demand to be involved in these procedures from both vascular and IR trainees. There has also been a significant change in practice since the last BSET fellow at Cambridge, and there has been a swing back towards open operating for AAA following the Nellix device failure and the NICE guideline publication.

I would not have been able to make nearly as much progress towards my goals without the input of IR consultants who were so generous with their time and expertise. I am so grateful to Dr Richard O'Neill, Dr Amir Helmy, Dr Akash Prashar and Dr Phil Murray, who have taught me so much. Thank you very much to BSET for enabling this fantastic opportunity.

Ellie Atkins