

## Editor's foreword

The *JVSGBI* has had an incredibly successful first three years. The journal is free, open-access, published online quarterly and represents the whole vascular community. One hundred and seventeen articles have been published and time to on-line publication is ten weeks.

It is pleasing that the most accessed *JVSGBI* resource over the last 12 months has been the fantastic free online text book '*All you need to know about Vascular Surgery*', superbly produced and edited by Mr Patrick Coughlin and Mr Lasantha Wijesinghe, which was recently included as a *JVSGBI* supplement. This beautifully illustrated and easy to read book aims to increase understanding and knowledge of vascular surgery and specifically targets medical students, early career stage doctors and allied healthcare professionals. The most accessed article over the last 3 years is the excellent '*Wi-Fi scoring: a reliable tool for risk stratification in the diabetic foot clinic*' by Williams *et al* (2022).

Although predominantly aimed at UK based vascular clinicians, the *JVSGBI* certainly appears to have a global appeal, with user access from over 80 countries.

This months issue includes a survey and editorial addressing the important issue of radiation protection for the vascular work force. It would appear there are significant deficiencies which require urgent attention. It is ethically and legally paramount that we ensure the safety of our workforce. A second survey assesses burnout in trainees and offers potential solutions. The important topic of cardiovascular risk management in patients with abdominal aortic aneurysms is analysed in a paper by Kwan *et al*.

It is pleasing to see papers from vascular nurses and vascular scientists included in this issue. Cooper addresses the somewhat divisive issue of nurse delivered endovenous ablation. The standard and safety of patient care is paramount, and must be equivalent to consultant practice. With appropriate training, clear scope of practice and governance this may contribute to improving waiting times but there must be no effect on training opportunities for vascular surgical trainees. Trochowski *et al* highlight the improvement and remaining variability in ultrasound grading of carotid artery stenosis in the UK & Ireland.

We include POVS 2024 as a supplement to this issue. POVS 2024 is somewhat different to previous iterations. It builds on POVS 2021, which remains the blueprint for high-quality vascular service, highlighting potential solutions in the most challenging 8 areas of vascular services.

Finally, the editorial board submitted *JVSGBI* Medline application which we recently were informed was unsuccessful. Detailed feedback was provided and a response and resubmission will be actioned as soon as *JVSGBI* is confident that all areas have been addressed. Medline have also encouraged resubmission.

As always I am hugely grateful to the editorial board and admin staff for their support and to reviewers and authors for their commitment to the *JVSGBI*.



**Ian Chetter**  
*Editor in Chief JVSGBI*  
*Vice President Elect*