

The Society for Vascular Technology of Great Britain and Ireland



Practical Exam Application Form

2011

Applicants for the practical exam

- Must be an ordinary member of the SVT
- Be **currently employed in the UK or Ireland** to perform vascular diagnostic investigations.
- Have been employed in the UK or Ireland to perform vascular diagnostic investigations **for at least 6 months** prior to applying to sit the practical exam.
- Have a Science degree.
- Have passed both theory exams in the last 5 years.
- Have performed **at least 600 scans in each of the 3 core duplex modalities** (including a minimum number of compulsory elements) and **200 ABPIs**. *See appendix 1 of Accreditation Document for full details of qualifying scans.*
- Have at least **3 years full-time diagnostic vascular scanning experience** (or part-time equivalent) in each of the core modalities. *See Appendix 2 of Accreditation Document for full details.*
- Have carried out at least 25 scans from each of core modalities 1-3 in the preceding 3 months prior to applying to sit the practical exam.
- Must provide a reference from their line manager and a vascular surgeon.
- Not have failed the practical exam in the last 6 months

Please ensure you have read **The Accreditation Document** before filling in this form.

Send to: Kate Crawford
SVT Education Committee
c/o The Vascular Laboratory
Clinical Physics
4th Floor Dominion House
St Bartholomew's Hospital
London EC1A 7BE

Applicant Details

Applicants for the practical exam must be an ordinary member of the SVT

SVT Membership number:..... Date of Birth:.....
 Surname..... First name.....
 Miss Ms Mrs Mr Dr Other

Daytime contact telephone number

Email address.....

Applicants for the practical exam must be currently employed in the UK or Ireland to perform vascular diagnostic investigations

Current job title:

Current Employer/Hospital:.....

Applicants for the practical exam must have been employed in the UK or Ireland to perform vascular diagnostic investigations for at least 6 months prior to applying to sit the practical exam.

Start date of UK or Ireland employment:

| |
|--|
| Work address where examination is to take place |
| |
| |
| |
| |
| Postcode |

| |
|--|
| Applicants preferred mailing address (if different from work address) |
| |
| |
| |
| |
| Post code |

Applicants must have carried out at least 25 scans from each of core modalities 1-3 in the 3 months prior to applying to sit the practical exam.

| | Fill in the number of scans in the last 3 months* |
|--|---|
| Core Modality 1 – Carotid duplex | |
| Core Modality 2 - Peripheral arterial duplex | |
| Core Modality 3 - Peripheral Venous duplex | |

*See Appendix 1 of The Accreditation Document for eligible scans

NB: Copies of the reports of the above scans and local protocols must be available to the examiners on the day of the practical assessment. The reports must demonstrate that the majority of the scans found pathology and were not “normal”.

Academic Details

- Applicants will be expected to hold a relevant **science degree** prior to Accreditation training.
- The Society will consider equivalent professional qualifications or experience (e.g. radiography).
- Qualifications below degree level may be considered on individual merit in the case of those entering the profession before 2001.

Undergraduate Education

Name of university.....

Title of degree.....

Class of degree

Year degree awarded.....

NB: A copy of your degree certificate must be forwarded with this application.

Postgraduate Education (if applicable)

Name of university.....

Title of degree

Year degree awarded.....

Theory Exams

- Applicants for the practical exam must have passed both theory exams in the last 5 years.
- Please insert your exam marks in the table below

| | 2011 | 2010 | 2009 | 2008 | 2007 | 2006* |
|--|------|------|------|------|------|-------|
| Physics, Haemodynamics and Instrumentation | | | | | | |
| Vascular Technology | | | | | | |

NB: A copy of your exam results letter must be forwarded with this application.

*2006 exam results are only valid for candidates applying between Jan and May 2011.

The Core Modalities and Required Numbers.

Applicants must have performed **at least 600 scans in each of the 3 core duplex modalities** (including a minimum number of compulsory elements) and **200 ABPIs**.

Column A – Fill in the **Actual** number of scans you have performed in the grey boxes.

Column E – Calculate the **Eligible** number of scans you have performed in the grey boxes using the restrictions in the “required numbers” column

| | | Core Modality 1 | | | | Core Modality 2 | | | | Core Modality 3 | | | | Core Modality 4 | | | |
|---------------------|--|-----------------|------------------|---|---|---|------------------|---|---|---|-------------------------------------|---|---|---|----------------------------|---|---|
| | | Carotid Duplex | Required numbers | A | E | Peripheral arterial duplex | Required numbers | A | E | Peripheral venous duplex | Required numbers | A | E | ABPIs | Required numbers | A | E |
| Compulsory Elements | Month & Year training began | | | | | | | | | | | | | | | | |
| | Bilateral Carotid Duplex (ex. f/up scan) | Min 500 | | | | Single leg arterial (aorta-TPT) | Min 250 | | | Single leg VV scan <i>(Must include: Primary vv, Recurrent vv)</i> | Min 400 <i>(Min 50, Min 100)</i> | | | ABPIs - bilat <i>(Must include: ABPI pre+post, Exercise - bilat)</i> | Min 150 <i>(Min 50)</i> | | |
| Optional Elements | Intraoperative carotid duplex | Max 50 | | | | Single leg segment duplex (iliac only/ femoral only/ calf only) | Max 300 | | | Vein map | Max 50 | | | Toe pressures - single | Max 50 | | |
| | Follow-up carotid | Max 50 | | | | Graft scans | Max 150 | | | DVT arm | Max 50 | | | | | | |
| | TCD imaging | Max 50 | | | | Upper limb arterial | Max 100 | | | DVT Above knee | Max 50 | | | | | | |
| | | | | | | Thoracic outlet duplex | Max 50 | | | DVT calf | Max 50 | | | | | | |
| | | | | | | EVAR surveillance | Max 50 | | | Pre-op vv mark | Max 50 | | | | | | |
| | | | | | | Renal artery | Max 50 | | | Intra-op vv scan e.g. VNUS | Max 50 | | | | | | |
| | | | | | | True aneurysm scan | Max 50 | | | | | | | | | | |
| | | | | | | False aneurysm scan | Max 50 | | | | | | | | | | |
| | | | | | | Fistula surveillance | Max 50 | | | | | | | | | | |
| | Total | Minimum | 600 | | | Minimum | 600 | | | Minimum | 600 | | | Minimum | 200 | | |

NB: Evidence of an applicants work experience must be available to the examiners on the day of the practical assessment. The evidence may take the form of files, logbooks, portfolios, databases, spreadsheets, diaries etc

Number of year's experience

Applicants must have at least **3 years full-time diagnostic vascular scanning experience** (or part-time equivalent) **in each of the core modalities**. See Appendix 2 of Accreditation Document for full details of eligible work experience.

Calculate the minimum number of year's clinical experience you need to be eligible for the practical exam.

Average number of hours worked in diagnostic vascular ultrasound **per week** (max 37.5hrs) during training period:

A =

Average number of hours worked in non-vascular ultrasound **per week** during training period:

B =

$$\text{Years} = \frac{37.5}{A + 0.75B} \times 3$$

Yrs=

Nominated Internal Examiner

Please nominate an internal examiner (this may be your line manager or another senior colleague). They must be an ordinary member of the SVT, have been registered as an AVS for at least 1 year and be maintaining CPD and clinical competency as required in the Accreditation Document.

SVT Membership number:.....

Title: Miss Ms Mrs Mr Dr Prof

Surname..... First name.....

If you are unable to nominate a suitable internal examiner please explain why

.....

References

Applicants must provide the names of their line managers from throughout their training period and a vascular surgeon to act as referees. If you have held several posts during your training please provide details of previous managers on a separate sheet.

| Line manager |
|--------------|
| Name |
| Address |
| |
| |
| |
| |
| Postcode |
| Email |
| Telephone |

| Vascular Consultant |
|---------------------|
| Name |
| Address |
| |
| |
| |
| |
| Postcode |
| Email |
| Telephone |

Declaration by applicant

| | Please Tick | SVT office use only |
|---|--------------------------|---------------------|
| I am an ordinary member of the SVT | <input type="checkbox"/> | |
| I am currently employed in the UK or Ireland to perform vascular diagnostic investigations | <input type="checkbox"/> | |
| I have been employed in the UK or Ireland to perform vascular diagnostic investigations for at least 6 months. | <input type="checkbox"/> | |
| I have carried out at least 25 scans from each of core modalities 1-3 in the 3 months prior to applying to sit the practical exam and will ensure local protocols and all of these reports are available to the examiners on the day. | <input type="checkbox"/> | |
| A copy of my degree certificate is included. | <input type="checkbox"/> | |
| I have passed both theory exams in the last 5 years. | <input type="checkbox"/> | |
| Copies of my exam results letters are included. | <input type="checkbox"/> | |
| I have performed at least 600 scans in each of the 3 core duplex modalities (including a minimum number of compulsory elements) and 200 ABPIs and will ensure supporting evidence is available to the examiners. | <input type="checkbox"/> | |
| I have at least 3 years full-time diagnostic vascular scanning experience (or part-time equivalent) in each of the core modalities | <input type="checkbox"/> | |
| I have nominated a suitable AVS internal assessor | <input type="checkbox"/> | |
| I have provided the names of at least two referees | <input type="checkbox"/> | |
| I have enclosed the exam fee of £150/€180 Cheques to be made payable to the Society for Vascular Technology of Great Britain and Ireland. | <input type="checkbox"/> | |
| I understand if I fail the exam I will not be able to apply to retake it for at least 6months. | <input type="checkbox"/> | |

I understand that the SVT reserves the right to refuse entry to examination if do not fulfil the entry requirements. Eligibility for accreditation is at the discretion of the SVT and is not subject to negotiation.

I understand that the SVT reserves the right to refuse assessment for candidates not in possession of the relevant identification. If I do anything which is not authorised or which is prohibited by the SVT in connection with the SVT practical exam, I understand that my exam result may be voided and such activity may be subject to disciplinary action. I will receive no refund of the exam fee nor credit for future examination.

I authorise the SVT to request information concerning matters relevant to this application, certification, or re-certification which are, or become, untrue or misleading. I authorise the SVT to communicate information concerning my accreditation status to health authorities, employers, and others.

I understand that review of the adequacy of exam and its administration will be limited to panel review and/or exam retaking as provided by the SVT. I waive all future claims of examination review and any other claim against the SVT and its officers, agents and committee members.

I understand that the decision as to whether my examination results qualify me for accreditation rests solely and exclusively with the SVT and that the decision is final.

By signing, I acknowledge that I have read and understood this information and agree to abide by these terms.

Signed Date.....

Print full name.....