THE SOCIETY FOR VASCULAR TECHNOLOGY OF GREAT BRITAIN AND IRELAND

CPD Audit: Clinical Activity Summary Sheet

Surname HICKMAN **First Name** PHILIP **SVT Number** 856

Clinical Activity: 1st Sept 2017 – 31st Aug 2018

Name of Department where main clinical work was undertaken for this period:

NORTH BRISTOL NHS TRUST / KING'S COLLEGE HOSPITAL

Line Manager for this period

MARIA MORGAN / BEN FREEDMAN

Number of scans in area	<50	51-99	100-149	150-200	>200
Carotid Duplex					✓
Arterial Duplex					✓
Venous Duplex					✓

Clinical Activity: 1st Sept 2018 – 31st Aug 2019

Name of Department where main clinical work was undertaken for this period:

KING'S COLLEGE HOSPITAL VASC LAB.

Line Manager for this period

BEN FREEDMAN

Number of scans in area	<50	51-99	100-149	150-200	>200
Carotid Duplex					✓
Arterial Duplex					✓
Venous Duplex					✓

Clinical Activity: 1st Sept 2019 – 31st Aug 2020

Name of Department where main clinical work was undertaken for this period:

KING'S COLLEGE HOSPITAL / CAPITAL & COAST DISTRICT HEALTH BOARD, WELLINGTON NEW ZEALAND

Line Manager for this period

BEN FREEDMAN / DEBBIE KELLY

Number of scans in area	<50	51-99	100-149	150-200	>200
Carotid Duplex					✓
Arterial Duplex					✓
Venous Duplex					✓

AVS registrant – please complete

This is a true statement of my participation in Clinical activity for the periods shown.

Signed: P. HICKMAN Date: 22.07.2020

AVS Member's line manager – please complete

I agree that this is a true declaration of this registrant's participation in Clinical activity for the periods shown

Name: Deborah Kelly Position: Vascular Sonographer AVS: Yes / (No)

Signed: Date: 24/7/20 SVT Number: N/A

AVS Member's Vascular Consultant Surgeon – please complete

I agree that this member is clinically competent in vascular ultrasound

Name: LUPE TAUMOEPEAU Position: VASCULAR SURGEON Hospital: WELLINGTON HOSPITAL

Signed: Date: 29/07/2020 Contact email: lupe.taumoepeau@ccdhb.org.nz