

Reference Request to Vascular Consultant

Applicant's name: REBECCA MYERS PATTON

The above named applicant has applied to sit the SVT practical examination. This is the final assessment on the route to becoming an Accredited Vascular Scientist. Applicants must fulfil certain eligibility criteria before they are entitled to sit the examination. The applicant has proposed that as their Vascular Consultant you can help confirm their eligibility. We would be grateful if you could fill in the details below.

Applicants current job title

CLINICAL VASCULAR SCIENTIST

Applicants current Employer/Hospital

Independent Vascular Services Ltd

Start date of applicants current job

SEPTEMBER 2019

Applicants current weekly hours working in vascular ultrasound diagnostic scanning

37.5 hrs/week (full time)

How long have you known the applicant?

38 months.

Where applicable please comment on your perception of the applicant's proficiency in the following areas:

Duplex of carotid and vertebral arteries	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input checked="" type="checkbox"/>	Excellent <input type="checkbox"/>
Duplex of lower limb arteries	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input checked="" type="checkbox"/>
Duplex of varicose veins	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input checked="" type="checkbox"/>
Ankle Brachial Pressure Indices	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input checked="" type="checkbox"/>

Please comment on the applicant's ability to write clear reports and relay urgent findings appropriately:

Rebecca Myers is very good at communicating her findings and is exceptional at recognising critical/urgent findings

Please include any other comments you may have (please continue on the reverse of the page if required).

I have worked with Rebecca over the past few years and have found her to be exceptionally capable of assessing difficult arterial & venous lesions. I have complete faith in her skills in sonography and her reports.

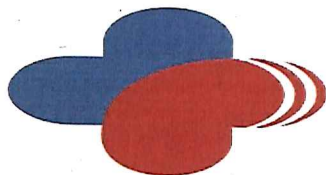
Email Address taha.khan@pat.nhs.uk

Signed Taha Khan Print Name TAHA KHAN

Designation CONSULTANT VASCULAR SURGEON

Date 13/07/2021

By signing this form you consent for your information to be uploaded to the SVTGBI website and for the SVTGBI to contact you in regards to this reference.



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Current Line manager

Applicant's name: MRS REBECCA PATTON

The above named applicant has applied to sit the SVT practical examination. This is the final assessment on the route to becoming an **Accredited Vascular Scientist**. Applicants must fulfil certain eligibility criteria before they are entitled to sit the examination. The applicant has proposed that as their **current line manager** you can help confirm their eligibility. We would be grateful if you could fill in the details below.

Applicants must be currently employed in the UK or Ireland to perform vascular ultrasound diagnostic investigations

Applicants current job title	<u>CLINICAL VASCULAR SCIENTIST</u>
Applicants current Employer/Hospital	<u>INDEPENDENT VASCULAR SERVICES LTD, ^{THE ROYAL} OLDHAM HOSPITAL</u>
Start date of applicants current job	<u>9-9-2019</u>
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	<u>37.5 hours per week</u>
How long have you known the applicant?	<u>1 year 9 months</u>
Applicants start date of UK or Ireland employment	<u>5/9/2016</u>

Applicants must have performed a minimum number of scans and ABPIs. Approximately how many scans in each of the core modalities listed below has the applicant performed during their current employment?

Bilateral duplex of carotid and vertebral arteries	<input type="checkbox"/>	1-100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input checked="" type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of arteries (aorta-TPT, inc iliacs)	<input type="checkbox"/>	1-100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input checked="" type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of arteries (aorta-ankle)	<input type="checkbox"/>	1-100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input checked="" type="checkbox"/>	>600 <input type="checkbox"/>
Single leg graft duplex	<input type="checkbox"/>	1-100 <input type="checkbox"/>	101-300 <input checked="" type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of primary varicose veins	<input type="checkbox"/>	1-100 <input type="checkbox"/>	101-300 <input checked="" type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of recurrent varicose veins	<input type="checkbox"/>	1-100 <input checked="" type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Ankle Brachial Pressure Indices-bilat	<input type="checkbox"/>	1-100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input checked="" type="checkbox"/>
ABPI pre+post exercise-bilat	<input type="checkbox"/>	1-100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input checked="" type="checkbox"/>

Please include any other comments you may have (please continue on the reverse of the page if required).

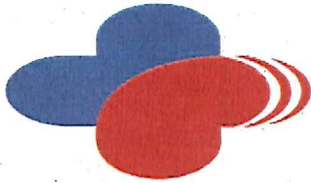
Email Address: VICTORIA.ANDERSON@IVS-ONLINE.CO-UK

Signed: V. Anderson Print Name: V. ANDERSON

Designation: VASCULAR ULTRASOUND MANAGER/SENIOR CLINICAL VASCULAR

Date: 7-7-21 SCIENTIST

By signing this form you consent for your information to be uploaded to the SVTGBI website and for the SVTGBI to contact you in regards to this reference.



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Internal Assessor

Applicant's name: Rebecca Patton

The above named applicant has applied to sit the SVT practical examination. This is the final assessment on the route to becoming an **Accredited Vascular Scientist**. Applicants must fulfil certain eligibility criteria before they are entitled to sit the examination. The Education committee has agreed that the nominated internal should confirm the applicant's eligibility. We would be grateful if you could fill in the details below.

Applicants current job title	Clinical Vascular Scientist
Applicants current Employer/Hospital	IVS Ltd
Start date of applicants current job	September 2019
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	37.5
How long have you known the applicant?	1 year 9 months

Where applicable please comment on your perception of the applicant's proficiency in the following areas:

Duplex of carotid and vertebral arteries	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent x
Duplex of lower limb arteries	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent x
Duplex of varicose veins	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent x
Ankle Brachial Pressure Indices	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent x

Please comment on the applicant's ability to write clear reports and relay urgent findings appropriately:

Rebecca is able to consistently identify and diagnose significant and relevant vascular disease. She produces timely, clear and accurate reports of diagnostic results and is able to identify and act on situations which need the appropriate urgent action. She works well within a team lab environment and also runs her own clinic sessions independently. She is proficient in all associated administration duties and has a caring and professional attitude towards patients.

Please include any other comments you may have (please continue on the reverse of the page if required).

Email Address. Alison.dumphy@ivs-online.co.uk

Signed.....ADSmith..... **Print Name**.....Alison DumphySmith.....

- ✓ AVS for at least 1 year
- ✓ Up to date CPD or clinical competency as required in the Accreditation Document

Designation.....Clinical Vascular Scientist.....

Date.....15/07/2021.....

By signing this form you consent for your information to be uploaded to the SVTGBI website and for the SVTGBI to contact you in regards to this reference.