

THE SOCIETY FOR  
VASCULAR TECHNOLOGY OF  
GREAT BRITAIN AND IRELAND

## Reference Request to Previous Line manager

**Applicant's name: William Owen**

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 **previous line manager** you can help confirm their eligibility. We would be grateful if you could fill in the details below.

Applicants previous job title	Trainee Clinical Vascular Scientist
Applicants previous Employer/Hospital	Royal United Hospitals NHS Foundation Trust
Start date of applicants previous job	September 2015
End date of applicants previous job	July 2018
Applicants previous weekly hours working in vascular ultrasound diagnostic scanning	37.5
How long have you known the applicant?	Since September 2015

**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 previous employment?**

Bilateral duplex of carotid and vertebral arteries	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	<b>301-600 X</b>	>600 <input type="checkbox"/>
Single leg duplex of arteries (aorta-TPT, inc iliacs)	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	<b>101-300 X</b>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of arteries (aorta-ankle)	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	<b>101-300 X</b>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg graft duplex	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	<b>101-300 X</b>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of primary varicose veins	0 <input type="checkbox"/>	<b>1 – 100X</b>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of recurrent varicose veins	0 <input type="checkbox"/>	<b>1 – 100X</b>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Ankle Brachial Pressure Indices-bilat	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	<b>101-300 X</b>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
ABPI pre+post exercise-bilat	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	<b>101-300 X</b>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>

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

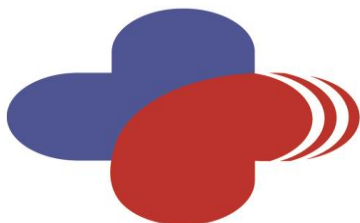
**Email Address**.....vdavis1@nhs.net.....

**Signed**.....v Davis..... **Print Name**.....Vicky Davis.....

**Designation**.....Vicky Davis MSc, AVS, Previous Vascular Unit Manager RUH Bath.....

**Date**...19/09/2023.....

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.



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## Reference Request to Current Line manager

**Applicant's name: William Owen**

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	Clinical Vascular Scientist
Applicants current Employer/Hospital	North Bristol NHS Trust
Start date of applicants current job	May 2018
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	37.5
How long have you known the applicant?	5 years
Applicants start date of UK or Ireland employment	STP training Sept 2015 NBT employment May 2018

### 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	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of arteries (aorta-TPT, inc iliacs)	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of arteries (aorta-ankle)	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg graft duplex	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of primary varicose veins	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	<b>301-600 <input type="checkbox"/></b>	>600 <input type="checkbox"/>
Single leg duplex of recurrent varicose veins	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	<b>101-300 <input type="checkbox"/></b>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Ankle Brachial Pressure Indices-bilat	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
ABPI pre+post exercise-bilat	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>

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

Will has excellent vascular ultrasound and clinical pathway knowledge and skills.

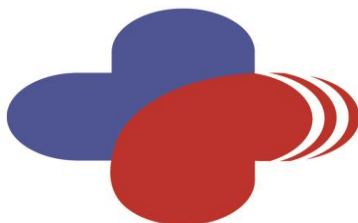
Email Address maria.morgan@nbt.nhs.uk

Signed.......... Print Name.....Maria Morgan

Designation : Head of Vascular Testing

Date 18 September 2023

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.



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## Reference Request to Internal Assessor

**Applicant's name:** William Owen

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	North Bristol NHS Trust
Start date of applicants current job	May 2018
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	37.5
How long have you known the applicant?	5 years

**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 <input checked="" 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:**

**Will is able to write clear and concise reports and is aware of the escalation process in the department. I have full confidence in his scanning ability and clinical judgement which includes the whole patient pathway.**

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

**Email Address**....maria.morgan@nbt.nhs.uk.

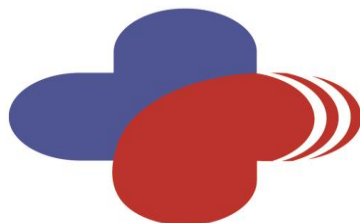
**Signed**.......... **Print Name**...Maria Morgan

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

**Designation**...Head of Vascular testing

**Date** 18 September 2023

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## Reference Request to Vascular Consultant

**Applicant's name:** William Owen

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	North Bristol NHS Trust
Start date of applicants current job	July 2018
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	38
How long have you known the applicant?	>5 years

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"/>	<u>Excellent</u> X
Duplex of lower limb arteries	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	<u>Excellent</u> X
Duplex of varicose veins	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	<u>Excellent</u> X
Ankle Brachial Pressure Indices	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	<u>Excellent</u> X

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

Excellent. Always clear, concise and escalates concerns promptly and appropriately.

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

Fantastic colleague and team member. Well liked by patients, fellow scientists, nursing staff and consultants. Very effective communicator and skilled vascular scientist.

Email Address.....andy.weale@nbt.nhs.uk.....

Signed..........Print Name.....Andy Weale.....

Designation.....Consultant Vascular Surgeon.....

Date.....16/09/23.....

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