

THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

The Society for Vascular Technology of Great Britain and Ireland (SVT)

The CPD Document

Maintaining Registration as an Accredited Vascular Scientist (AVS) **2017/2018**

Overview

Successful completion of the practical exam entitles the candidate to be registered and use the term Accredited Vascular Scientist (AVS). However AVS only remains valid with successful upkeep of 3 specific conditions; membership, clinical competency and continuing professional development (CPD).

Condition 1 - Membership

AVS registrants must hold current Ordinary Membership of the SVT. Fees are renewed annually on the anniversary of joining the society.

Condition 2 – Clinical Competency

AVS registrants must maintain clinical competency in each of the 3 core duplex modalities, and keep appropriate records.

- Core Modality 1 – Carotid duplex
- Core Modality 2 – Peripheral arterial duplex
- Core Modality 3 – Peripheral venous duplex

Clinical competency includes practical elements and individuals may maintain their skills by a combination of various activities, including regularly performing and/or supervising scans or carrying out alternative CPD activity.

Condition 3 – CPD

AVS registrants must complete CPD activities to demonstrate continued learning throughout their careers promoting safe, effective and up to date practice/skills. They must accrue a total of 30 SVT CPD points within a three membership year period (i.e. average 10 points per year). CPD must be submitted by 31st

August of each membership year. The CPD year coincides with the membership year i.e. 1st September to 31st August.

Registering CPD

CPD can only be claimed for activities undertaken post AVS accreditation date. Please see section below if you gain your AVS whilst undertaking CPD/qualifications.

Access to your personal CPD record is available on the SVT website for updating throughout the year. Data entry requires use of drop down menus with the relevant points for each activity given. The total years points should be entered before the end of August each year. If you wish to make a retrospective entry of CPD please free type the date instead of using the calendar function.

If your CPD activity is not listed in the drop down menu, please tick the box 'The activity I want to record is not listed'. This function will allow you to free type your CPD activity to be signed off by the CPD team once submitted.

You can upload multiple pieces on evidence for any one CPD entry by clicking on 'Add more Evidence' link during CPD entry. Unfortunately, members are unable to add evidence to already submitted entries. If you wish to add further evidence you will need to delete the previous entry and re-submit.

Please note that booking confirmations or receipts for courses cannot be used as evidence of CPD. If no official certificate of course completion is provided please contact the course/event organisers to ask for an email confirmation of attendance or completion. This email can be attached as evidence.

Any queries regarding qualifying activities should be addressed to the CPD co-ordinator (cpd.avs@svtgbi.org.uk)

Newly registered AVS

Shortly after passing their AVS practical exams, newly qualified AVS members will receive an email from the CPD team outlining their CPD requirements. Newly registered AVS must start collecting CPD points immediately **post accreditation** and submit CPD entries before the end of the membership year they gain their AVS status. Newly registered AVS will be awarded 10 'Pre-AVS' points for each of the last 3 membership years on a pro rata basis to ensure their 3 year 30 CPD points rolling average is not disadvantaged at the start. As newly qualified AVS members are allocated 'Pre-AVS' CPD, any further CPD activity entered must have been undertaken after a member's accreditation date. This is a new CPD condition and takes effect in membership year 2017-2018.

Any qualifications or courses that are being undertaken during AVS accreditation will be awarded the relevant CPD points on a pro-rata basis from the date of accreditation (for example, SVT members who pass their AVS exam whilst undertaking an MSc will be allocated 10 points/pro-rata for the remainder of the MSc qualification).

Exemptions

Exceptions and exemptions in the form of allocated points may apply due to sabbaticals/leave/maternity/illness for up to 1 year. Applications will be considered on an individual basis and may require corroborating

evidence. Other exemptions may be considered based on individual merit. Please contact the CPD coordinator for advice. (cpd.avs@svtgbi.org.uk)

CPD Audit

Each year the SVT Education Committee will randomly select 10% of AVS members for a detailed inspection of CPD and clinical activity. Members randomly selected for audit will be notified by 1st July. It is the personal responsibility of each registered AVS to keep records of their CPD activity (e.g. certificates, programmes, course notes) and their clinical activity (e.g. using PACS, departmental database or personal logbook).

Members will be required to upload evidence for all CPD points claimed. Failure to do so will result in non-evidenced points being removed from your on-line CPD record. Members will also be required to submit copies of the relevant Reflective CPD Activity Forms (see Appendix 4) to demonstrate how each CPD activity has benefitted your professional development and service delivery.

AVS members can only be selected for audit once in any three membership year period. Therefore, you are exempt from audit if you have already been audited for the current CPD period. Please keep a copy of any previous audit pass certificates should you be incorrectly invited for audit.

Maternity leave

All AVS members must submit their CPD with supporting evidence by 31st August.

AVS members that are on maternity leave when selected for audit will have the option to either delay submission of their Reflective CPD Activity Forms and Clinical Activity Summary Sheet by three months (due 31st October) or defer the submission of the two documents entirely for 1 year. Deferring submission of both reflective CPD activity forms and clinical activity summary sheet will automatically place AVS members onto the following years CPD audit.

Lapsed AVS

Failure to satisfy the criteria of the annual CPD audit, or failure to maintain online CPD records will result in lapse of a member's AVS status. Reinstatement will be dependent on an individual remedial CPD programme which will be designed to ensure that conditions 1 to 3 have been satisfied. Payment of lapsed AVS fees will also apply.

- If conditions 1 to 3 are not met by the 30th September then AVS status will be "lapsed".
- If conditions 1 to 3 are met between the 1st October-31st December AVS status will be reinstated following payment of a £100 reinstatement fee (this fee will be donated to The Circulation Foundation).
- If conditions 1 to 3 are still not by the 1st January then AVS status will remain lapsed until Conditions 1 to 3 are met and an individually designed CPD remedial programme is successfully completed. This tailored programme will require evidence of professional development and clinical skills and will be at the discretion of the Education and Executive Committees. Reinstatement at this late stage will incur a fee of £250 which will be donated to The Circulation Foundation.

If a member's AVS status lapses due to <30 CPD points on 31st August (condition 3), CPD points earned during the reinstatement period will be allocated to the previous membership year in order to make up any

deficits in the 30 CPD rolling total. For example, if a member falls short of 3 CPD points by 31st August 2018 (membership year 2017-2018), and their next opportunity to earn CPD is by attending the SVT AGM in November 2018 (worth 5 CPD points) then 3 CPD points will be allocated to the previous membership year 2017-2018 and 2 CPD points will remain in the current membership year 2018-2019 allocation. Membership years run from 1st September-31st August.

If AVS status remains lapsed for 5 years or more, both the theory and practical exams will have to be retaken and all conditions met before AVS can be reinstated. Advice should be sought from the Education Committee via the CPD team cpd.avs@svtgbi.org.uk.

Lapse of AVS will result in removal from the publically available register of AVS. Reinstatement on the register will follow once the conditions for re-instatement are met.

Frequently asked questions

What doesn't count as CPD?

The AVS membership includes a range of demographics and as such a varied range of activities can attract CPD points. However, CPD points can only be awarded for activities which are additional to everyday working. Therefore, MDT meetings, workplace mandatory training (i.e. CPR, manual handling), assessing competencies for those in teaching roles, day-to-day training of trainees etc. are not allocated CPD points. Ensure that your CPD covers a mixture of learning activities, contributes to the quality of the service that you provide and benefits the service user.

What is the reflective practice form?

You are asked to submit a reflective practice form for your CPD activities. It is designed to allow you to get the most out of your CPD. Reflective practice is an important part of your continuous learning and development in order to ultimately benefit both yourself and our service users. It allows you to consciously reflect on your individual practice and critically analyse and evaluate your existing knowledge and generate new ideas. Please see appendix 4.

What if I am unable to undertake CPD for any reason?

Please contact the CPD coordinator for advice (cpd.avs@svtgbi.org.uk) as you may qualify for certain exemptions.

I forgot to upload some CPD can I add it for previous dates?

If you wish to make a retrospective entry of CPD please use the free type the date instead of using the calendar function.

How will I know if I am included in the audit process?

All those who are selected to be included in the audit process will be contacted via email by the 1st of July. Please ensure your contact details are kept up to date on your online SVT account. All submissions of evidence are then required to be submitted by a specified date in August of that year.

My certificate states the course is eligible for more CPD points than on the website – which is correct?

Although we aim to allocate CPD points in line with most national CPD schemes available, the allocation of CPD points is based upon information regarding the value and relevance of the activity to our particular job role and the time commitment involved and therefore may differ from those stated. Any queries regarding CPD allocation should be directed to the CPD coordinator cpd.avs@svtgbi.org.uk

Appendix 1 – What is included in CPD?

Appendix 2 - Clinical Activity Form

Appendix 3 – Reflective CPD activity form

Appendix 4- Example Reflective CPD activity form

Appendix 1 - What is included in CPD?

Continuing professional development (CPD) is an important part of continuing registration as an AVS and is required to ensure that all registered Vascular Scientists continue to develop their knowledge and skills.

The Society of Vascular Technology CPD scheme is being extended during 2014 to include the recording of reflective learning and to bring it in line with that of the Health and Care Professionals (HCPC) scheme <http://www.hpc-uk.org/registrants/cpd/>. The HCPC scheme defines continuing professional development (CPD) as 'a range of learning activities through which health and care professionals maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice'. CPD is the way professionals continue to learn and develop throughout their careers so they keep their skills and knowledge up to date and are able to work safely, legally and effectively.

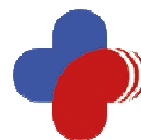
AVS are therefore required to:

- Maintain a continuous, up-to-date and accurate record of their CPD activities, producing an annual reflective CPD activity form;
- Demonstrate that CPD activities are a mixture of learning activities relevant to current or future practice;
- Seek to ensure that their CPD has contributed to the quality of their practice and service delivery;
- Seek to ensure that their CPD benefits the service user; and
- Upon request, present a written profile (which must be their own work and supported by evidence) explaining how they have met the standards for CPD.

Therefore:

- You must keep a record of your CPD, in whatever format is most convenient for you.
- You must make sure your CPD is a mixture of different kinds of activities– not just one kind of learning – and that it's relevant to your work. It could be relevant to your current role or to a planned future role.
- You should aim for your CPD to improve the quality of your work. It may not actually improve your work, due to factors beyond your control, but when you choose your CPD activities you should intend for them to improve your work.
- You should aim for your CPD to benefit service users. As above, you may not be able to make sure that this happens, but you should have the intention of benefiting service users. Depending on where and how you work, service users might include patients, clients, your team, or students.
- You can make your own decisions about the kinds of CPD activities that are relevant to your role and your work. For example, CPD activities could include going on secondment, in-service training, mentoring, or reading or reviewing journal articles.
- You could structure your own CPD activities around your personal development plan from your place of work. You have the flexibility to plan your own CPD in a way that suits your work, your learning needs, your preferences, and the time and resources available to you.

Appendix 2- CLINICAL ACTIVITY SUMMARY SHEET



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CPD Audit: Clinical Activity Summary Sheet

Surname First Name SVT Number

Clinical Activity: 1st Sept 2015 – 31st Aug 2016

Name of Department where main clinical work was undertaken for this period:	Number of scans in area	<50	51-99	100-149	150-200	>200
_____	Carotid Duplex					
Line Manager for this period	Arterial Duplex					
_____	Venous Duplex					

Clinical Activity: 1st Sept 2016 – 31st Aug 2017

Name of Department where main clinical work was undertaken for this period:	Number of scans in area	<50	51-99	100-149	150-200	>200
_____	Carotid Duplex					
Line Manager for this period	Arterial Duplex					

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

Name of Department where main clinical work was undertaken for this period:	Number of scans in area	<50	51-99	100-149	150-200	>200
_____	Carotid Duplex					
Line Manager for this period	Arterial Duplex					
_____	Venous Duplex					

AVS registrant – please complete

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

Signed:

Date:

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:

Position:

AVS: Yes / No

Signed:

Date:

SVT Number:

AVS Member's Vascular Consultant Surgeon – please complete

I agree that this member is clinically competent in vascular ultrasound

Name:

Position:

Hospital:

Signed:

Date:

Contact email:

Appendix 3– REFLECTIVE CPD ACTIVITY FORM

REFLECTIVE CPD ACTIVITY FORM

Name:



Job Role:

Description: <i>(i.e. SVT AGM 2017, presented at local meeting)</i>	
Date(s):	__ / __ / __ (to __ / __ / __) Total Days/Hours _____
Type of activity:	<input type="checkbox"/> Educational <input type="checkbox"/> Professional <input type="checkbox"/> Work-based <input type="checkbox"/> Self Directed <input type="checkbox"/> Other _____
Benefits to your practice:	
Benefits to service user:	
Supporting evidence: <i>(can include program certificate, notes, presentation, signed training sheet)</i>	
Additional notes:	

Please complete reflection form for each activity submitted

REFLECTIVE CPD ACTIVITY FORM



Name: Member A & Member B

Job Role: Vascular Scientist.

Description:	Development of fistula imaging service.
Date(s):	June 2015 to April 2017
Type of activity:	<input checked="" type="checkbox"/> Educational <input checked="" type="checkbox"/> Professional <input checked="" type="checkbox"/> Work-based <input type="checkbox"/> Self Directed <input type="checkbox"/> Other _____
<u>June 2015:</u>	<u>Vascular Audit Meeting (Vascular Scientists and Renal Surgeon)</u> Discussed the benefits of implementing a post fistula surgery ultrasound service (no current routine imaging offered; fistulogram requested when imaging is required) Discussed how to scan post-fistulas e.g. o how to accurately record volume flow measurements o branches, steal, stenosis, false aneurysms in a fistula Discussed reporting formats (diagram, written report, or both) Discussed the need to design a referral form specifically for fistula patients
<u>1st September 2016:</u>	<u>Post fistula meeting (Vascular Scientists and Renal Surgeon)</u> regarding the potential to start scanning fistulas. Agreed to start scanning post-fistula patients and discussed which information to record and report. Agreed to scan ~2 patients a week, prior to patient having a fistulogram (scanning only patients with fistula problems).
<u>October 2016:</u>	<u>Contacted Radiology and observed fistulograms</u> , liaised with Radiologists to determine which information would be useful to obtain via ultrasound in order to assist in future fistulogram/fistuloplasty. Radiologists find the diameter of the anastomosis useful to know as they often access the peri-anastomosis.
<u>November 2016:</u>	<u>Contacted London hospitals</u> to arrange visits to observe fistula scans. Created a list of questions to ask at other hospitals (e.g. which vessels they take measurements from, if they take an average of 3 vol flow measurements or just one measurement, diameters, depths recorded etc). Liaised with Renal department to plan logistics of scanning patients prior to fistulogram
<u>18th Nov 2016</u>	<u>Member A visited Imperial College Healthcare NHS</u>
<u>28th November 2016:</u>	<u>Member B visited to King's College Hospital</u>
<u>14th December 2016:</u>	<u>Members A & B visited to St Georges Hospital</u> Visits to other hospitals involved: observing post fistula scans, observing patient's position for scan, liaising with Scientists, discussed how their fistula clinic runs, discussed disease grading criteria, protocols and reporting formats.

<u>Dec 2016</u>	<u>Drafted protocol</u> Created own diagram report templates for left and right arm fistulas. Meeting with Renal Nurses, organised to scan patients before their fistulogram starting Jan 2017 Started attending weekly Renal MDTs on Thursday morning where fistulograms are discussed.
<u>Jan-April 2017</u>	<u>Scanned patients before they had fistulogram</u> Amended scan time slots when had poor attendance – Members A & B changed scanning time availability to accommodate patients suitability e.g. scanned early in the morning or across lunch
<u>March 2017</u>	<u>Amended protocol for post-fistula scans</u> Created spreadsheet and inputted data to compare ultrasound findings with fistulogram reports e.g. location and severity of tenosis Arranged meeting with Renal Surgeon, Vascular Access Nurse Specialists and Interventional Radiologist to discuss the findings of the two imaging types
<u>April 2017</u>	<u>Audit meeting of post fistula scans</u> Total 22 patients scanned using ultrasound and findings were compared to fistulogram report (ultrasound and fistulogram performed on the same day as each other). 13 patients (59%) had full agreement / very good correlation between ultrasound and fistulogram. See summary document April 2017
Benefits to personal practice:	Greater experience and confidence in researching, critiquing and developing duplex protocols. Building strong working relationship with other Multi-disciplinary teams. Proven, effective and confident scanning technique. Experience in performing audits.
Benefits to service user:	Availability of less invasive imaging compared to fistulogram. Greater access to imaging (dialysis patients need to have flexibility around dialysis sessions). Increases radiology department's capacity for other services.
Supporting evidence:	Timeline of events (included here). Copy of protocol. Copy of meeting minutes signed by meeting chair. Copy of redesigned referral form and diagram report templates. Copy of audit outcomes signed by radiology colleague. Copy of completed example reports.
Additional notes:	

<i>Version Number</i>	<i>Comments</i>	<i>Author</i>	<i>Date</i>
1.0	Revised CPD document 2017/2018.	Heather Anderson & Hannah Lines.	January 2018
2.0	Removal of 'Mastering a new Vascular Ultrasound Scanning Domain' from CPD options. 'Service Development' in its place. Addition of poster presentations into CPD options. Inclusion of reflective practice example (appendix 5)	Heather Anderson & Hannah Lines.	April 2018.
3.0	Removal of Appendix 2 checklist due to being out of date	Hannah Lines and Amy Bolsworth	April 2019
Next review date:		January 2020	