



THE AUSTRALASIAN
COLLEGE OF
PHLEBOLOGY

TRAINING HANDBOOK



Endorsed by

**Union Internationale
de Phlébologie (UIP)**



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September 7th 2010

Auspices of the UIP for the phlebological training programme of the Australasian College of Phlebology

The Australasian College of Phlebology (ACP), a member society of the International Union of Phlebology, is performing a training program for those who want to specialise in Phlebology. This training program is based on the UIP-Curriculum of Phlebology.

The ACP-training program is one of the most sophisticated training programs in Phlebology worldwide. It is well recognized by the UIP and takes place under the auspices of the Union Internationale de Phlébologie.

Prof. Dr. med. Eberhard Rabe

LE PRESIDENT

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IMPORTANT NOTE: PLEASE READ

This training handbook, its content, fees quoted, and other information contained herein are intended as a guide.

The Training Handbook is reviewed annually to ensure information regarding Policies, Procedures, Regulations and all aspects of the training program are current. Any changes to the current version of the Training Handbook may occur from time to time. While Trainees will be notified of changes, it is their responsibility to ensure they remain up-to-date with any such changes. Please refer to the online Training Handbook for the latest version that can be downloaded from the College website.

Every effort has been made to be explicit about training matters. However, omissions can occur and the Board of Training reserve the right to clarify any matter not explicitly stipulated.

Any changes to any aspect of the training for any future training years are at the discretion of the Board of Censors and ultimately the Executive Board of the ACP.

It is the responsibility of all trainees to read this document and be familiar with the syllabus, the training requirements, the examination requirements and examination structure outlined in this handbook.

Applications to sit the written and clinical examinations is 3 months prior to the date of the examination. Application forms and payment must be received by the College office 3 months prior to the examinations or by the date as specified by the Board of Censors. If an application form or payment is received after the specified deadline, it is at the discretion of the Chief Censor to accept or reject any such application and where accepted a 20% late fee will apply to such applications.

It is also the trainees' responsibility to have all assessment of competence forms and logbooks signed off by their supervisor(s) and **received by the College office by the 31 December** of the final year of training in order to have met all the training requirements to be eligible to receive their respective qualification.

Any issues regarding the Training Program or Examinations need to be directed to the College office and not to individual members of the College executive board.

Trainees who have successfully completed their training will be conferred their formal certificate during the Conferring Ceremony which is usually held annually during the Annual Scientific Meeting. All trainees will receive a letter of acknowledgement of completing the training program. Trainees are to be present at the conferring ceremony to receive their formal certificate. Certificates will not be mailed or received until after the Conferring Ceremony.

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Introduction to the Australasian College of Phlebology

Phlebology has evolved as a distinct medical specialty in the past two decades. Most European countries have a strong tradition of excellence in the management of venous disease and phlebology is a well-established medical specialty in continental Europe. The Australasian College of Phlebology (ACP) was formed in 1999 having evolved from the Sclerotherapy Society of Australia (SSA) which was established in 1993. The College was established to further reinforce and expand phlebology education in Australia and New Zealand with plans to achieve recognised accreditation for practitioners in phlebology. The College has been inclusive of all practitioners with recognised skills in this field. Fellowship criteria have been solid and transparent.

The ACP is now a multidisciplinary independent body with members sub-specialising in medical, surgical or interventional aspects of phlebology. The College is committed to providing the Australasian public with the highest quality care in phlebology. The College is also committed to continuing education in phlebology and quality assurance programs. The College is dedicated to improve and increase awareness of phlebology as a distinct specialty in Australia and New Zealand and plays an active role in both the local and international scene. In recognition of its efforts, the College was formally admitted as a member of International Union of Phlebology in 2005.

The ACP has been developing one of the most comprehensive training programs in phlebology worldwide. The College can train and certify practitioners in performing a range of procedures such as endovenous ablation, ultrasound guided sclerotherapy and direct vision sclerotherapy. The College has been very active in the field of training. The Preceptorship program was established in mid-1994 and has proven to be very popular, with four different programs to choose from. Formal training and certification in sclerotherapy was first established in 2002. Yearly examinations have been held since then. The College is re-defining the boundaries of phlebology as a medical specialty and aims to serve the community by improving the standards of care for patients with venous disease.

Please note the ACP is not a higher education provider and courses offered are intended to only provide medical education and training in the related field.

Overview of Phlebology Training

Phlebology training in Australia and New Zealand has undergone a gradual evolution. The ACP is committed to maintaining the highest standards of education and training in phlebology. Fellowship of the ACP is achieved following a period of supervised training and the successful completion of several examinations, both written and clinical, in all aspects of the principles and practice of Phlebology. Fundamental to this is the constant review of selection, curriculum and assessment strategies of the training program. The following table summarises the training program.

OVERVIEW OF PHLEBOLOGY TRAINING PROGRAM

	Basic	Advanced	Fellowship
Prerequisite	Current registration as a medical practitioner in Australia or New Zealand	Basic Training in Phlebology Course	Advanced Training in Phlebology Course
Training period	1 year	2 years	1 year
Leads to	Certificate of Basic Training in Phlebology	Certificate of Advanced Training in Phlebology	ACP Fellowship
Application Fee	\$220.00	\$220.00	\$220.00
Annual Training Fee	\$7,700.00	\$7,700.00	\$7,700.00
Trainee Membership	\$945.00	\$905.00	\$905.00
Exams Application Fee	\$110.00	\$110.00	\$110.00
Written Exam Fee	\$770.00	\$770.00	\$770.00
Clinical Exam Fee	\$1,100.00	\$1,100.00	\$1,100.00

All fees are non-refundable and inclusive of GST.

Structure of the Training Program

Trainees pass through defined stages that culminate in the ACP Fellowship. These stages are structured to facilitate the progressive and cumulative acquisition of knowledge and skills. Each stage must be completed satisfactorily before the trainee can move on to the next. Consistent with public hospital trainee allocations, the Training Year starts on the first Monday of February each year. Applicants are invited to an interview and upon meeting all the minimum criteria (see relevant sections on Basic, Advanced and Fellowship Training) and payment of all fees, are offered placements for their period of training.

BASIC TRAINING (1 YEAR)

The Basic Training Program will prepare the practitioner to perform direct vision sclerotherapy and will provide a basic understanding of phlebology. To be admitted to the Basic Training Program, the candidate must be a resident of Australia or New Zealand, possess a medical degree and current registration as a medical practitioner in Australia or New Zealand, have at least two years acceptable training in a teaching hospital (post-graduate years 1 and 2) or equivalent as recognised by the ACP, and at least 3 years post-graduate experience in clinical medicine.

ADVANCED TRAINING (2 YEARS)

Through the advanced training program trainees acquire skills and a broad knowledge of the theory and practice of phlebology and the basic sciences underpinning them to perform more advanced procedures such as ultrasound guided sclerotherapy and endovenous ablation. Successful completion of the basic training program is a pre-requisite. Through the advanced training program, trainees acquire skills to perform more advanced procedures such as ultrasound guided sclerotherapy and endovenous ablation.

FELLOWSHIP TRAINING (1 YEAR)

The purpose of Fellowship Training is to build on existing skills so that trainees acquire a broad knowledge of the theory and practice of phlebology and the basic sciences underpinning them. During Fellowship Training, trainees acquire skills in the treatment of more complex phlebological conditions such as venous thromboembolism and vascular malformations. Those who pass both the written and clinical Fellowship Examinations and satisfy all other requirements of the training program will be awarded Fellowship of the Australasian College of Phlebology and are entitled to use the title 'Phlebologist'.

MODULE COMPLETION CERTIFICATE

For practitioners who wish to complete **ONLY** the theory component of the online Basic Training modules to supplement their clinical experience, the Module Completion Certificate offers an opportunity to gain valuable knowledge. There are no requirements for clinical supervision or end of year examinations.

This training does not imply in any way that the college endorses or accredits the clinical skills or practice of the candidate. Please note the ACP is not a higher education provider and courses offered are intended to only provide medical education and training in the related field.

	Basic Training	Advanced Training	Fellowship
Training Period	1 year	2 years	1 year
Prerequisites	Possess medical registration in Australia or New Zealand. At least 3 years post-graduate experience in clinical medicine.	Certificate of Basic Training in Phlebology Medicare Provider Number (AUS)	Certificate of Advanced Training in Phlebology Medicare Provider Number (AUS)
Supervised Training	Attend at least 10 days of clinical attachment at an accredited training centre	Attend 40 days of supervised clinical training over the 2 years.	Attend at least 44 weeks of supervised training per year. 16 Hours per week supervised phlebology including <ul style="list-style-type: none"> • 2 hours diagnostic ultrasound • 2 hours interventional phlebology 16 hours per week unsupervised phlebology
Doppler and Duplex Ultrasound	40 Duplex Ultrasound Scans 30 Venous incompetence scans 10 bilateral ABI measurements	100 Duplex Ultrasound Examinations including 30 DVT scans	
		ACP Certificate of Ultrasound in Phlebology (CUP) 1-year online course	ACP Advanced Certificate of Ultrasound in Phlebology (ACUP) 1-year online course
Procedural Logbooks	50 Direct vision sclerotherapy procedures 20 under direct supervision	100 Ultrasound guided sclerotherapy procedures 20 under direct supervision	20 Vascular laser therapy procedures 10 under direct supervision
		20 Endovenous Ablation Procedures (laser or radiofrequency) 10 under direct supervision.	20 Chronic Venous Disease cases Under direct supervision
			5 Venous Surgery procedures Observation or assistance
Publications and Presentations		1 Presentation at ACP ASM	1 of the following: <ul style="list-style-type: none"> • Publish an original article. • Do a second presentation or poster presentation, specifically being a literature review • Complete a postgraduate subject in Clinical Epidemiology, Biostatistics, Research Methods, or Evidence based medicine. • Complete a novel research project or post-graduate university course.
Courses and Workshops	Attend 1 Annual Scientific Meeting or Workshop	Pass in Advanced Cardiac Life Support (ACLS)	Attend 1 Annual Scientific Meeting or Workshop
		Laser Safety Course	
		Attend 1 Annual Scientific Meeting or Workshop	
Assessments and Examinations	1 SITA assessment per year	1 SITA assessment per year	1 SITA assessment per year
		ProPA assessments once per year	ProPA assessments once per year
	Written Examinations (Online) 1. Sclerotherapy MCQ 2. OSCE	Written Examinations (Online) 1. Procedural Phlebology MCQ 2. Pharmacology and Therapeutics MCQ 3. OSCE	Written Examinations (Online) 1. General Phlebology MCQ 2. Phlebological Medicine Short Essays 3. OSCE
	Clinical Examinations 1. Short Cases	Clinical Examinations 1. Duplex Ultrasound Cases 2. Short Cases	Clinical Examinations 4. Duplex Ultrasound Cases 5. Long Cases

Training Program Pre-requisites

Pre-requisites - A number of pre-requisites must be satisfied in order to be eligible to apply for a training program with the Australasian College of Phlebology.

Applicants must:

- have resident status in Australia or New Zealand
- have current registration as a medical practitioner in Australia or New Zealand
- have a recognised medical post graduate qualification (eg FRACGP) or more than 3 years post graduate experience in clinical medicine
- Medicare Provider Number (for advanced and fellowship trainees)

A person who has satisfied the above prerequisites is eligible to apply for admission to the College Training Program.

Legal Liability:

Onus is on the clinic and is not on the College to take action regarding trainees' employment conditions in clinics. Employment conditions and obtaining medicare provider numbers are a matter of the individual trainee and the clinic to negotiate/arbitrate.

Part-time Training

The ACP allows trainees to participate in part-time training provided the following criteria, as approved by the BOT and BOC, are met.

All requests for such training will be carefully considered but cannot always be accommodated. When a request for a part time position is considered the following is taken into consideration:

- A part-time trainee is not eligible to sit for the written or clinical examinations until the final year of their training.
- A part-time Trainee has to perform at least 50% of the full-time workload.
- A part-time Trainee is expected to attend at least 50% of tutorials, clinical meetings and other educational meetings held at their training centre or organized by their State Faculty.
- A part-time Trainee is expected to work continuously during their part time position (with the usual provisions for leave).
- A suitable timetable for the part-time position is to be developed by the Supervisor of Training. This should occur as soon as practicable after selection and position allocation is completed.
- The overall duration of training must not exceed:
 - 2 years for basic training
 - 4 years for advanced training
 - 2 years for fellowship training
- It is appreciated that unforeseen circumstances may arise that lead to a request by a Trainee to undertake part-time training outside the time frame referred to above. All requests should be submitted in writing to the DOT. All requests will be carefully considered but approval of the request cannot be guaranteed.
- Applications must be made in writing to the DOT. Such applications must be made by **1 July** in the year prior to the proposed shared/part-time training.
- If a part-time trainee decides that they would be able to meet all requirements of full-time training in one year and would like to switch to full-time training, they would need to apply in writing to the college by 1 July of the first training year. This would only be considered if the trainees' current supervisor is able to accommodate the position of a full-time trainee.

How to Use This Book

Training Handbook

Section 1

Chapter A Basic Training, the examination process and certification and requirements, as well as the Module Completion Basic

Chapter B Advanced Training, the examination process, certification and requirements.

Chapter C Fellowship Training, the examination process, certification and Fellowship requirements.

Chapter D Phlebology Syllabus

Section 2 Training documentation and assessment of competence forms

Part A Basic Training Logbooks

Part B Advanced Training Logbooks

Part C Fellowship Training Logbooks

Section 3 Code of Conduct

Section 4 Sample examination questions

The Trainee Declaration and Code of Conduct forms are to be signed and returned to the college office prior to commencing training.

Examination Application forms for the Basic, Advanced and Fellowship examinations will become available each July and will be sent to all trainees.



SECTION 1: CHAPTER A

BASIC TRAINING

BASIC TRAINING PROGRAM

A. GENERAL INFORMATION

The Basic Training Program will prepare the practitioner to perform direct vision sclerotherapy and will provide a basic understanding of phlebology.

To be admitted to the Basic Training Program, the candidate must be a resident of Australia or New Zealand, possess a medical degree and current registration as a medical practitioner in Australia or New Zealand, have at least two years acceptable training in a teaching hospital (post-graduate years 1 and 2) or equivalent as recognised by the ACP, and at least 3 years post-graduate experience in clinical medicine.

Please note that the Basic training does not provide certification in ultrasound guided sclerotherapy or endovenous ablative techniques.

These procedures are covered under the Advanced curriculum. Although the Basic Training Program does not provide training in advanced procedures, it will provide a strong foundation for those who wish to further their education in phlebology. Candidates who successfully complete the Basic Training Program can continue their studies in phlebology through the Advanced or Fellowship training courses.

Fellows of the College sub-specialise in Medical, Surgical or Interventional aspects of phlebology. Advanced training graduates specialise in ultrasound guided procedures such as ultrasound guided sclerotherapy, endovenous laser therapy and radiofrequency ablation.

The title 'Phlebologist' is reserved only for the Fellows of the College and should not be used until Fellowship is achieved.

For further information about Advanced and Fellowship Training, please refer to Chapter C of this manual.

B. SELECTION PROCESS OF TRAINEES

The selection process involves an application and an interview. Prospective trainees are required to complete the ACP training application form and must agree to the program fees. The selection process is transparent and involves the following steps:

Step 1- Send in the Application Form and CV

Applicants are required to complete the ACP training application form and must send all requested documents to support their application.

Step 3- Interviews

Upon approval of meeting the prerequisites, the applicants are invited to an interview to be conducted by the Selection Committee. The interview dates may be found on the website.

Step 4- Result Notification

Acceptance or rejection letters will be sent to all applicants.

Step 5- Payment of Fees and Code of Conduct

On appointment to the Training Program and payment of the trainee levy and other fees, the successful candidate becomes an Advanced trainee of ACP and a Code of Conduct then applies (Appendix 1). The selection process is transparent to meet the standards set by the relevant Medical Councils of Australia and New Zealand.

C. OVERVIEW OF THE BASIC TRAINING

The duration of the Basic Training Program is one year. Consistent with public hospital trainee allocations, the Training Year starts on the first Monday in February of each year.

The majority of theoretical knowledge will be acquired by completion of the online sclerotherapy modules accessed through the ACP website. The modules provide a broad coverage of important areas of knowledge for the beginning sclerotherapist. However, **they are not totally comprehensive, and should be supplemented by individual study following the curriculum and in areas of particular interest or difficulty for candidates.** There is a brief assessment at the conclusion of each online module and the grades from these assessments will contribute to the final assessment grade.

The written examination component is made up as follows: 40% online module assessments, 60% end of year written examination, including an online objective structured clinical examination (OSCE). A Pass in the written examination component is a prerequisite for the clinical examination. The clinical examination can be sat in the same year or in the subsequent years. A pass in the written component is valid for 3 years. During the training year, adequate experience needs to be accumulated to prepare the candidate for the clinical examination. Logbook requirements are to be met. Trainees are required to attend an ACP workshop or the College's Annual Scientific Meeting.

Trainees are required to complete 10 days of clinical attachment during their training year. The attachment must be provided by a College Fellow. The College office will assist in arranging this attachment to an Accredited Training Centre.

All sclerotherapy requirements are to be met before the Certificate of Basic Training can be awarded. Log-books, assessment of competence forms and educational activity forms should be presented to the ACP before the end of the training year. Candidates will not receive their final assessment result until all requirements are met. Candidates who do not meet all training requirements by the end of the Training Year will not graduate in the following year's ceremony. Those requiring extension to meet all training requirements need to contact the College office by 1st December of the Training Year. Extension will be granted at the discretion of the Board of Censors.

In summary, the requirements for successful completion of the Sclerotherapy Training are:

1. One ACP workshop or Annual Scientific Meeting attendance
2. 10 days of clinical attachment
3. Online training modules successfully completed
4. Logbook requirements completed
5. Pass in the written examination
6. Pass in the clinical examination.

BASIC TRAINING REQUIREMENTS

The following are the minimum requirements of the Basic Training Program and Certificates will not be awarded without evidence of successful completion of all the following requirements.

A. WORKSHOP OR ANNUAL SCIENTIFIC MEETING

The workshop or Annual Scientific Meeting covers a wide range of topics including patient assessment, epidemiology of varicose veins, anatomy, chronic venous insufficiency pathophysiology, telangiectatic conditions, thrombophilia, sclerosing agents, techniques and complications of sclerotherapy, vascular laser therapy, treatment overview, and medicolegal issues.

At least one attendance at the workshop or annual scientific meeting is required.

B. 10 DAYS OF CLINICAL ATTACHMENT

Each trainee must complete 10 days of supervised clinical training under the supervision of an ACP Fellow/s. This training is done at an ATC and the College office will facilitate this process. Trainees are encouraged to visit more than one practise during the training period. It is important to note that due to limited positions available it is not always possible to arrange the dates to suit the trainee and the suitable training dates are determined by the relevant ATCs. The 10 days of supervised training may be completed in a block or spread over a number of weeks depending on what is feasible for the relevant ATC

At the completion of the 10 days of clinical attachment, if the trainee has not, in the opinion of the supervisor, achieved reasonable competence in performing direct vision sclerotherapy, then additional attachment days should be added to the training. This process should be continued until the trainee is deemed to be competent in performing this procedure.

The duties of the trainee will be to assist the supervisor in managing patients, taking history, doing a physical examination, performing a basic screening Duplex Ultrasound examination, assisting with and performing direct vision sclerotherapy and other duties allocated by the supervisor.

For this attachment, it is the responsibility of the trainee to make sure the following documentation is available to be presented to the ATC and a copy to be provided to the College office:

1. Australian or New Zealand Medical Registration in the relevant country where the ATC is located.
2. Provider number for the relevant ATC for billing purposes.
3. Medical indemnity to work at the ATC.
4. Provide a copy of Workers compensation Basic of currency to work at the ATC

The trainee is responsible for all the fees required to obtain these documents.

C. A PASS IN THE ONLINE MODULE TRAINING

Successful completion and a pass in the modular assessments is required. If an online module has been unsuccessfully completed the module must be redone until the module has been successfully completed.

D. LOGBOOK REQUIREMENTS

1. 40 cases of ultrasound examination
 - a) Logbooks to be completed.
 - b) 30 screening venous incompetence scans using Duplex Ultrasound
 - c) 10 ABI measurements using CW Doppler.
 - d) Supervisor's signature required.

2. 50 direct vision sclerotherapy procedures
 - a) Logbooks to be completed.
 - b) At least 20 cases to be done under direct supervision
 - c) At least 30 cases unsupervised.
 - d) Supervisor's signature required.

E. A PASS IN THE WRITTEN EXAMINATION

A pass in the Written Examination is required to sit for the Clinical Examination. A pass is valid for 3 years after which the candidate will have to re-sit and pass the Written Examination.

F. A PASS IN THE CLINICAL EXAMINATION

A pass in the clinical examination is required in order to complete training. If failed the candidate can resit the clinical exam the following year without having to complete the written exam.

DOCUMENTATION OF TRAINING

The following should be submitted by the end of the training year

1. Record of Educational Activities

- a) Workshop or Conference attendance Basic
- b) Number of days of supervised clinical training

2. Summative In-training Assessment (SITA) Form

To be completed by supervisor once per year.

3. Procedural Phlebology Assessment (ProPA) Form

To be completed by supervisor once per year.

4. Assessment of Competence Form

All sections must be signed. Attendance Records and Assessment of Competence Forms found in Section D of this handbook.

5. Logbooks

Candidates are required to keep log books documenting requirements. Logbooks found in Section E of this handbook.

NOTE

The Board of Censors accepts that there are significant practical difficulties involved in having supervisors observe trainees performing 20 sclerotherapy cases. This is especially the case when the trainee is required to travel either interstate or long distances within their state to undergo their clinical attachment, therefore making it very difficult to supply their own patients. The Chief Censor is satisfied that for the 20 mandatory logbook cases of "observed sclerotherapy" in the sclerotherapy certificate course, that those cases be made up of either the supervisor observing the trainee perform direct vision sclerotherapy or the trainee observing the supervisor perform direct vision sclerotherapy, or a combination of the two. The supervisor will still be required at the end of the training period to be satisfied that the trainee is reasonably competent to perform direct vision sclerotherapy.

SUMMATIVE-IN-TRAINING ASSESSMENT (SITA)

SITA Form

1. The SITA form is to be completed once per year in July by the clinical supervisor(s) (CS) who have direct supervision of the trainee.
2. The CS will be notified that they need to complete the SITA for the trainee.
3. The CS is to complete the SITA form, print a copy, sign and forward to the College office.

Satisfactory:

When deemed satisfactory the completed SITA form is signed by the SOT and forwarded to the College office to be filed in the trainee's file

Unsatisfactory:

When the trainee has received "Below expected standard" or "Unsatisfactory" from the supervisor(s), the trainee and SOT both complete a Performance Improvement Form (PIF).

The SOT and Trainee are both responsible for ensuring that the Director of Training (DOT) is informed of the unsatisfactory result and the signed SITA form is forwarded to the College office.

Performance Improvement Form (PIF)

The SOT and trainee have a meeting within 2 weeks of the SITA meeting to review strategies that the trainee can use to improve his or her performance. The trainee will be on probation until they receive a SATISFACTORY SITA review. Then both the SOT and the Trainee sign another completed SITA Form and forward to the Education Officer.

PROCEDURAL PHLEBOLOGY ASSESSMENT (ProPA)

The procedural Phlebotomy Assessment forms are to be completed by the clinical supervisor(s) once a year to deem if the trainee is competent in performing in the following area:

1. Direct Vision Sclerotherapy

Forms will be sent to supervisors and trainees in June by the National Director of Training (NDOT) to be completed by the Clinical Supervisor(s) and returned to the NDOT for review and feedback.

BASIC EXAMINATIONS

A. GENERAL INFORMATION

Basic examination consists of Modular Online Training, a Written, and a Clinical examination. A pass in the Written Component (Online Modular plus Written Exam) is required before a candidate is invited to sit the Clinical Examination.

B. BASIC EXAMINATIONS

ONLINE MODULAR ASSESSMENTS

If an online module has been unsuccessfully completed the module must be redone until the you have obtained a pass in the module assessment. All module assessments prescribed for your course of training must be successfully completed as a requirement of training.

WRITTEN EXAMINATION

The Written Examination tests the theoretical knowledge of the candidate in phlebology with an emphasis on sclerotherapy. The Written Examination is an MCQ paper. This paper consists of 100 multiple choice questions (5 parts to each question - total of 500 questions) over a 2-hour period in true/false format. There are no negative markings in the MCQ paper. This examination will cover a range of topics including venous anatomy, physiology and pathology, Doppler principles, CW-Doppler, duplex examination, telangiectatic conditions, principles of sclerotherapy, sclerosing agents and their mechanism of action, complications of sclerotherapy, basic thrombophilia screening, physical principles of compression and compression therapy.

ONLINE FORMAT OBJECTIVE STRUCTURED CLINICAL EXAMINATIONS (OSCES)

This includes examinations in diagnostic procedures and sclerotherapy techniques. These examinations replace the previous face to face OSCE, and will consist of a series of clinical photographs, clinical presentations, test results, or clinical scenarios. Each subject will be accompanied by a series of questions.

CLINICAL EXAMINATION-SHORT CASES

Only candidates who have successfully passed the Written Component (Module assessments and written exam including online OSCE) are invited to sit for the Clinical Examination.

The clinical examinations are designed to test your ability to safely and effectively assess, investigate and manage cases of venous disease.

You will be expected to:

- take an appropriate history
- examine legs for signs of venous disease
- conduct a brief basic duplex venous examination, identifying major superficial veins and testing for reflux using colour doppler
- suggest appropriate management options
- answer questions about venous disease and its management using the knowledge that you have gained over the year

C. SPECIAL CONSIDERATIONS

In exceptional circumstances, the Board of Censors may modify the form of the examination or the provisions of eligibility. Candidates requesting modifications must lodge an application with the Chief Censor at least **six months** before the time fixed for the examination.

D. PASSING THE EXAMINATIONS

It should be noted that to achieve an overall pass in this examination, the candidate should satisfactorily complete the Modular, Written and the Clinical Examinations. A pass in the Written Component is required for the candidates to be invited to sit for the Clinical Examination. The pass mark for the Written Examination is 75%. A pass in the Written Component is valid for three years, during which time the candidate can sit for the Clinical Examination without having to repeat the Written Examination.

FEES, DATES AND CERTIFICATION

A. FEES

BASIC EXAM FEES	
Training Application Fee	\$220.00
Training Fee	\$7700.00
Exam Application Fee	\$110.00
Written Examination Fee	\$770.00
Clinical Examination Fee	\$1100.00
TOTAL	\$9900.00

All fees include GST.

All fees are governed by Regulations of the College Board. Notice of intention to hold the examinations will be advertised, as the Board deems appropriate. A pass in the Written Exam is valid for 3 years and the full exam fee applies if any part of this examination needs to be repeated.

The Training and Examination fees will be refunded only upon application and consideration of the Board of Censors if training is cancelled within two months of commencing. A \$220.00 cancellation fee will apply to any cancellation of training.

B. EXAMINATION DATES

A pass in the online training modules and assessments is valid for three years, during which time the candidate can sit for the Clinical Examination without having to repeat the modular assessments. The date of the Clinical examination is announced by the Board of Censors and is available on the College website.

Application forms and payment must be received by the College office 3 months prior to the examinations or by the date as specified by the Board of Censors. If an application form or payment is received after the specified deadline, it is at the discretion of the Chief Censor to accept or reject any such application and where accepted a 20% late fee will apply to such applications.

C. CERTIFICATION

Successful candidates who have met the minimum training requirements will be awarded Certificate of Basic Training in Phlebology and will become an Ordinary Member of the Australasian College of Phlebology. Trainees are expected to attend the Conferring Ceremony to receive their Certificate.

Completing this training course does not qualify the candidate to perform ultrasound guided sclerotherapy or other advanced venous procedures.



SECTION 1: CHAPTER B

ADVANCED TRAINING

ADVANCED TRAINING PROGRAM

A GENERAL INFORMATION

The Advanced Training involves satisfactory completion of at least 2 years of approved vocational training in phlebology which includes formal ultrasound training. This program is comprised of supervised attachments at ACP Accredited Training Centres (ATC) where supervision is provided by ACP fellows. In keeping with the guidelines set by the Australian Medical Council, the trainees are required to receive supervised training in procedural aspects of phlebology. The number of training posts is limited. Practical learning at these ATCs may be complimented by structured educational activities such as Vein Schools, Journal Clubs, Clinical Meetings and e-learning organised by relevant State Faculties as well as the Advanced Training Course held in conjunction with the College's ASM. Trainees usually apply to ATCs in their relevant States however in case of remote locations or trainees from cities where there are no ATCs, the trainees can apply to ATCs in other States (see Remote Training below).

An ACP Mentor, who is an approved fellow of the ACP, must also be nominated by the trainee and maintained for the duration of the program. An orientation program is provided for all successful candidates early in the year.

Advanced graduates specialise in ultrasound guided procedures such as ultrasound guided sclerotherapy and endovenous laser ablation therapy.

Those successful candidates who wish to continue their studies in phlebology and gain Fellowship of the ACP need to continue training and meet the Fellowship Training requirements.

The Advanced Training in Phlebology does not qualify the practitioner to perform venous or vascular surgery.

B PREREQUISITES

Before being considered for the Advanced training program, trainees must have satisfied all of the prescribed requirements of the College's Basic training program and passed all the College's assessments as outlined in the Training Program Handbook.

Applicants for the Advanced training are required to have completed the ACP Basic Training course.

C SELECTION PROCESS OF ADVANCED TRAINEES

The trainee selection process has been adopted from successful models used by peer medical colleges and provides the ACP and its trainees with a degree of choice within the resource constraints of the ACP. The selection process involves an application and an interview. Prospective trainees are required to complete the ACP application form and must agree to the program fees. Curriculum Vitae including details of previous experience, research, publications, presentations and referees will carry the greatest weight during the selection process. A structured interview completes the process. The interview dates may be found on the website. The selection process is transparent and involves the following steps:

Step 1- Send in the Application Form and CV

Applicants are required to complete the ACP training application form and must send all requested documents to support their application.

Step 3- Interviews

Upon approval of meeting the prerequisites, the applicants are invited to an interview to be conducted by the Selection Committee. The interview dates may be found on the website.

Step 4- Result Notification

Acceptance or rejection letters will be sent to all applicants.

Step 5- Payment of Fees and Code of Conduct

On appointment to the Training Program and payment of the trainee levy and other fees, the successful candidate becomes an Advanced trainee of ACP and a Code of Conduct then applies (Appendix 1). The selection process is transparent to meet the standards set by the relevant Medical Councils of Australia and New Zealand.

D. ACCREDITATION OF AN ADVANCED TRAINING PROGRAM

An individual Training Program is established for each trainee by their relevant ATC and is submitted to the Board of Censors for approval. Training Programs that do not meet the minimum training requirements are declined accreditation. The definitions of 'supervision', supervised training hours and number of clinics attended by the trainee is outlined below and their interpretation is at the discretion of the Board of Censors. When adequate hours of supervised training is not provided by the ATC, that Program may be approved only as *Part-Time* training provided other training requirements have been met. All training must be prospectively approved by the Board of Censors on an annual basis. The Board of Censors can withdraw the accreditation of a training program at any stage if the minimum training requirements are not met. The ATCs can lose this accreditation if they do not comply with the requirements set by the Board of Censors.

Full fees apply for any extra year of training and for part-time training.

ADVANCED TRAINING REQUIREMENTS

A. CERTIFICATE OF ULTRASOUND IN PHLEBOLOGY (C.U.P)

Ultrasound training is a compulsory part of the Advanced Training requirements. Formal ultrasound training is achieved by successful completion of the web-based ACP ultrasound course, Practical ultrasound skills and techniques are formally examined as part of the clinical examination process at the completion of the second year of Advanced studies.

LECTURER

Martin Necas, Mmed Sonography, AMS, MRT (Ultrasound Imaging), RDMS, RVT

COURSE DELIVERY

1. On-line **one-year** course
2. Participants are issued access codes and passwords to webpage containing educational materials
3. Participants are given materials to discuss, debate, images to critique and otherwise engage with each other and the course lecturer in an on-line discussion forum.
4. Participants sit an exam at the end of the course. This can be organized in their place of work under nominated supervisor.

B. CLINICAL TRAINING REQUIREMENTS

Advanced training is 2 years in duration or can be conducted part-time up to four years. Each Training Year is 12 months and starts on the first Monday of February each year. Advanced Training involves 20 days supervised training per year in an Accredited Training Centre (ATC), online training and modular assessments, plus written and clinical examinations. Unsupervised work must also be dedicated to phlebology and the Chief Supervisor will have to verify this by providing a roster.

Phlebologists who are College Fellows provide teaching, supervision and ongoing guidance and feedback on the clinical and professional performance of each trainee. Specialists in related fields may provide teaching on various topics such as interventional procedures, diagnostic ultrasound, ulcer management, wound care, thrombosis and haemostasis.

Supervised Clinical Training

Each trainee must complete the minimum requirements of supervised clinical training detailed below under the supervision of a Clinical Supervisor who must be an ACP Fellow. The supervised training days and the trainee's working roster are determined by the ATC. The duties of the trainee will be to assist the supervisor in all aspects of patient management including taking history, doing a physical examination, performing duplex examinations, assisting with and performing direct vision sclerotherapy, ultrasound guided sclerotherapy, endovenous procedures, and other duties allocated by the supervisor. The supervisor must be physically present at the supervised clinic and see the same group of patients. A "day" is defined as a session of a minimum of 5 hours and maximum 8 hours where the trainee and the supervisor work together to manage the same group of patients.

Leave

Any leave taken during the training period will need to be made up at the completion of training in an accredited program. If a period of leave in excess of three months is taken before the deadline for application to sit the Advanced Examination, then the Advanced Examination cannot be sat in the final year of training.

Remote Training

Trainees from States where there is no accredited training program can apply to other States. Successful candidates will be under the supervision of a Clinical Supervisor with a primary attachment at an ATC. Each individual Training Program must comply with the general requirements and be approved by the Board of Censors. Unsupervised work must be in the field of phlebology and the Chief Supervisor will have to verify this by providing a roster

Medical Registration, Indemnity and Billing

It is the responsibility of the trainee to make sure the following documentation is available to be presented to the ATC and a copy to be provided to the College office:

1. Registration at the relevant State where the ATC is located.
2. Provider number for the relevant ATC for billing purposes.
3. Medical indemnity to work at the ATC.
4. Basic of Currency – Workers compensation

The trainee is responsible to obtain and for all the fees required to obtain this documentation.

C. MINIMUM LOGBOOK REQUIREMENTS

The following are the minimum logbook requirements that need to be met during this period. Assessment of Competence Form in all these areas is to be signed by the appropriate supervisor (see section D). **Application for admission to the Advanced of the Australasian College of Phlebology will not be accepted without evidence of compliance with ALL of the following requirements.** The minimum requirements for normal training programs in Australia and New Zealand are in summary:

- 1. 100 cases of duplex ultrasound examination**
 - Including 30 DVT Scans
 - Both superficial and deep venous systems.
 - Include both upper and lower limbs.
 - Include both incompetence and thrombotic studies.
 - Supervisor's signature required (can be a vascular sonographer, or a phlebologist, Fellow Australasian College of Phlebology)
- 2. 100 ultrasound guided sclerotherapy procedures**
 - Liquid and/or foam sclerosant (either assisted or non-assisted).
 - 20 cases to be done under direct supervision.
 - Supervisor's signature required (must be a phlebologist, Fellow Australasian College of Phlebology).
- 3. 20 endovenous ablation procedures (laser or radiofrequency)**
 - 10 cases to be done under direct supervision
 - Supervisor's signature required (must be a phlebologist, Fellow Australasian College of Phlebology).
- 4. At least one presentation at the Annual Scientific Meeting of ACP**
 - The subject of this presentation can overlap with that of the publication requirement.
 - A poster presentation is acceptable.
 - Must be done during the period of Training.

5. **Laser Safety Course**
 - At least one attendance required.
 - Must be done during the period of Training.
6. **Pass in Advanced Cardiac Life Support (ACLS) Course**
 - Copy of Certification to be submitted.
 - Must be done during the period of Training.
7. **Annual Scientific Meetings and Workshops**
 - Attend one ACP Annual Scientific Meeting or workshop during the period of training.
 - Trainees are expected to attend all scientific sessions of the meeting or workshop.

E. DOCUMENTATION OF TRAINING

The following should be submitted with the application to sit the Advanced examination. Relevant forms are found in Section 2 of this handbook. Logbooks are found in Section 2 of this handbook. **Application for admission to the Advanced examination will not be accepted without presentation of the following documents.**

1. Summative In-training Assessment Form (SITA)

To be completed once per year.

2. Procedural Phlebology Assessment Forms (ProPA)

To be completed once per year.

3. Assessment of Competence Form

All sections to be signed by appropriate supervisors

4. Log Books

Candidates are required to keep log books documenting procedures in:

1. 40 cases of Ultrasound examination including 30 cases of Venous Ultrasound using Duplex and 10 cases of ABI measurement using CW Doppler.
2. 100 cases of Duplex Ultrasound Venous Examination
3. 100 cases of Ultrasound Guided Sclerotherapy
4. 20 cases of Endovenous Laser Ablation

And to also provide:

1. Record of presentations
2. Copy of certification in Phlebology Emergency Crisis Medicine or Advanced Cardiac Life Support
3. Copy of attendance at a recognised Laser Safety Course during the period of training is to be attached.

SUMMATIVE-IN-TRAINING ASSESSMENT (SITA)

SITA Form

1. The SITA form is to be completed once per year in July by the clinical supervisor(s) (CS) who have direct supervision of the trainee.
2. The CS will be notified that they need to complete the SITA for the trainee.
3. The CS is to complete the SITA form, print a copy, sign and forward to the College office.

Satisfactory:

When deemed satisfactory the completed SITA form is signed by the SOT and forwarded to the College office to be filed in the trainee's file

Unsatisfactory:

When the trainee has received "Below expected standard" or "Unsatisfactory" from the supervisor(s), the trainee and SOT both complete a Performance Improvement Form (PIF).

The SOT and Trainee are both responsible for ensuring that the Director of Training (DOT) is informed of the unsatisfactory result and the signed SITA form is forwarded to the College office.

Performance Improvement Form (PIF)

The SOT and trainee have a meeting within 2 weeks of the SITA meeting to review strategies that the trainee can use to improve his or her performance. The trainee will be on probation until they receive a SATISFACTORY SITA review. Then both the SOT and the Trainee sign another completed SITA Form and forward to the Education Officer.

PROCEDURAL PHLEBOLOGY ASSESSMENT (ProPA)

The procedural Phlebology Assessment forms are to be completed by the clinical supervisor(s) once a year to deem if the trainee is competent in performing in the following areas:

1. Endovenous Laser Ablation (EVLA)
2. Radiofrequency Ablation (RFA)
3. Ultrasound Guided Sclerotherapy (UGS)
4. Ultrasound - CVI
5. Ultrasound - DVT

Forms will be sent to supervisors and trainees in June by the National Director of Training (NDOT) to be completed by the Clinical Supervisor(s) and returned to the NDOT for review and feedback.

ADVANCED TRAINING EXAMINATIONS

A. GENERAL INFORMATION

Candidates are expected to be competent in the diagnosis and management of the full range of venous conditions which may present in a clinical setting.

The diagnosis and management of venous insufficiency, including venous incompetence is an integral part of the practice of phlebology. The candidates should be competent in accurate assessment and management of venous incompetence. The candidate should become competent in performing CW-Doppler, and duplex ultrasound examinations. The candidate should be able to perform a venous incompetence study, draw an incompetence map based on duplex findings, and be proficient in reporting venous studies to meet the minimum training requirements. Additionally, the candidate should be able to competently examine the lower limb deep venous system using ultrasound and be able to recognise and report on deep venous anomalies, particularly Deep Vein Thrombosis and its sequelae. The candidate should have adequate knowledge in the diagnosis of VTE and be familiar with broad management principles.

The written and clinical examinations cover the practice of diagnostic ultrasound, ultrasound physics, and ultrasound technology. It also covers Doppler (continuous wave and pulsed), B-Mode and duplex ultrasound of peripheral circulation and new areas such as pelvic venous studies. Substantial knowledge of vascular anatomy, physiology and pathology is required. Diagnostic ultrasound recognition of vascular structures, soft tissue structures and their echogenic properties is required. Candidates must demonstrate an ability to select the appropriate diagnostic test based on clinical presentation and knowledge of the options for treatment of venous disease.

Candidates should have a broad theoretical and practical knowledge in all aspects of interventional phlebology. Candidates should have extensive experience in performing ultrasound guided sclerotherapy to meet the minimum training requirements.

Candidates must satisfy ALL minimum training requirements in order to sit for the Advanced Examination. Candidates who are successful in completing the Advanced training may apply for a Fellowship training position with the Australasian College of Phlebology.

B. ONLINE MODULAR ASSESSMENTS

If an online module has been unsuccessfully completed the module must be redone until the you have obtained a pass in the module assessment. All module assessments prescribed for your course of training must be successfully completed as a requirement of training.

The Advanced examinations will be based upon the curriculum as stated in the training handbook. This curriculum is wider ranging than the online modules and contains material which is not available in the online modules, which only cover a core of main topics.

Registrars need to cover the remaining curriculum through self-directed learning using journal and/or the texts outlined in the reading list. If only the modules are studied, candidates will encounter questions in the examinations which are not covered in the modules.

C. WRITTEN EXAMINATIONS

1 Procedural Phlebology (MCQ True/False)

This paper consists of 100 multiple choice questions each consisting of 5 parts, over a 2-hour period in true/ false format. There are no negative markings in this multiple-choice question paper. This exam covers basic laser physics, laser safety and regulations, ultrasound guided sclerotherapy, endovenous laser therapy, vascular laser therapy and other interventional procedures covered by the curriculum.

2 Pharmacology and Therapeutics (MCQ True/False)

This paper consists of 100 multiple choice questions each consisting of 5 parts, over a 2-hour period in true/false format. There are no negative markings in this multiple-choice question paper.

3 Online Format Objective Structured Clinical Examinations (OSCES)

These examinations replace the previous face to face OSCE, and will consist of a series of clinical photographs, clinical presentations, test results, or clinical scenarios. Each subject will be accompanied by a series of questions.

D. CLINICAL EXAMINATIONS

The clinical examinations are conducted 4-8 weeks following the Written Examinations. Only candidates who have successfully passed the Written Examinations are invited to sit for the Clinical Examinations.

1 Duplex Ultrasound Examinations

There will be 3 stations of 30 minutes duration each. Cases may include DVT studies, venous incompetence studies and upper limb studies. The candidate must demonstrate competence in performing these duplex examinations. The examinations are observed by an examining college fellow and a sonographer, who is able to make adjustments to the ultrasound unit settings as required by the candidate. However, the candidate must complete the ultrasound examination them self, and demonstrate familiarity, expertise, and a cohesive approach in these examinations.

2. Clinical Cases

This examination encompasses a number of clinical cases which will be run along modified OSCE lines with individual stations manned by an examining college fellow. Candidates are expected to take a clinical history, perform an appropriate physical examination, interpret any duplex findings, interpret any other investigatory findings, and, be able to formulate the patient's problem, suggest further investigations and a plan of management.

E. SPECIAL CONSIDERATIONS

In exceptional circumstances, the College Board following consultation with the Board of Censors, may modify the form of the examination or the provisions of eligibility. Candidates requesting modifications must lodge an application with the Honorary Secretary at least **six months** before the time fixed for the examination.

FEES, DATES AND CERTIFICATION

A. ADVANCED TRAINING FEES

ADVANCED BASIC FEES	
Training Application Fee	\$220.00
Training Fee Per Year	\$7700.00
Exam Application Fee	\$110.00
Written Examination Fee	\$770.00
Clinical Examination Fee	\$1100.00
TOTAL	\$17,600.00

All fees for training and examinations include a \$220 non-refundable application fee.

Notice of intention to hold the examinations will be advertised, as the Board deems appropriate, at least two calendar months prior to the date fixed for receipt of applications. A pass in the Written Exam is valid for 3 years and full fee applies if any part of this examination needs to be repeated.

The Training and Examination fees will be refunded only upon application and consideration of the Board of Censors if training is cancelled within two months of commencing. A \$220.00 cancellation administration fee will apply to any cancellation of training.

B. EXAMINATION DATES

A pass in the written examination is valid for three years, during which time the candidate can sit for the Clinical Examination without having to repeat the written examination. The dates of the examinations are announced by the Board of Censors and will be available on the College website.

Applications to sit the written and clinical examinations must be submitted at least 3 months prior to the date of the examination. Application forms and payment must be received by the College office at least 3 months prior to the examinations or by the date as specified by the Board of Censors. If an application form or payment is received after the specified deadline, it is at the discretion of the Chief Censor to accept or reject any such application and where accepted a 20% late fee will apply to such applications.

C. CERTIFICATION

After having satisfied all requirements of the Advanced Training as described above and a pass in the Advanced examinations, the candidate will have achieved the Certificate of Advanced Training in Phlebology of the Australasian College of Phlebology.

To graduate all requirements of the Advanced training are to be met by the 31st of December of the final training year. The Certificate of Advanced Training is awarded in the Conferring Ceremony which is held during the Annual Scientific Meeting (ASM) of the College. Trainees are expected to attend the Conferring Ceremony to receive their certificate.



SECTION 1: CHAPTER C

PHLEBOLOGY FELLOWSHIP

PHLEBOLOGY FELLOWSHIP PROGRAM

A. GENERAL OVERVIEW

Fellowship Phlebology Training involves satisfactory completion of at least 1 year of approved vocational training in phlebology which includes formal ultrasound training. This program is comprised of supervised attachments at ACP Accredited Training Centres (ATC) where supervision is provided by ACP fellows. In keeping with the guidelines set by the Australian Medical Council, the trainees are required to receive supervised training in all aspects of phlebology. The number of training posts is limited and competition for these positions is considerable. Practical learning at these ATCs is complimented by structured educational activities such as Vein Schools, Journal Clubs, Clinical Meetings and e-learning organised by relevant State Faculties as well as training courses and workshops held by the College. If the candidate's primary ATC is unable to provide the trainee with the range of training requirements in terms of disease variety or exposure to procedures, then the Chief supervisor will arrange rotations to other centres. For instance, not all centres may be running leg ulcer clinics or perform advanced interventional procedures. Under these circumstances, a rotation needs to be arranged to centres where these training requirements can be met. This ensures adequate exposure to all aspects of phlebology and minimises the risk of missing out on clinical variety. Additional services such as ultrasound medicine, interventional phlebology and lymphology supplement the core training and are encouraged.

Trainees usually apply to ATCs in their relevant States however in case of remote locations or trainees from cities where there are no ATCs, the trainees can apply to ATCs in other States (see Remote Training below).

An ACP Mentor, who is an approved fellow of the ACP, must also be nominated by the trainee and maintained for the duration of the program. An orientation program is provided for all successful candidates early in the year.

Unsupervised work during the Fellowship Training period must be within the field of phlebology and the trainee and supervisor will be required to verify this by providing a roster of days worked.

Before being considered for Fellowship of the ACP, trainees must have satisfied all of the prescribed requirements of the College's training program and passed all the College's assessments as outlined in the Training Program Handbook. Fellowship of the College certifies professional competence in phlebology according to the College's prescribed standards.

The title 'Phlebologist' is reserved only for the Fellows of the College and should not be used by the trainees or holders of the Basic or Advanced training certificates until Fellowship is achieved. Those successful candidates who wish to continue their studies in phlebology and gain Fellowship of the ACP need to meet the Phlebology Fellowship Training requirements. Fellows of the College sub-specialise in Medical, Surgical or Interventional aspects of phlebology. Interventional Phlebologists specialise in ultrasound guided procedures such as ultrasound guided sclerotherapy and endovenous laser ablation therapy.

Venous surgery in Australia and New Zealand is performed primarily by surgeons, Fellows of the Royal Australasian College of Surgeons (FRACS) or equivalent as recognised by the Australian Medical Council. Fellowship Training in Phlebology does not qualify the practitioner to perform venous or vascular surgery other than ambulatory phlebectomy.

B. SELECTION PROCESS OF FELLOWSHIP TRAINEES

The selection process involves an application and an interview. Prospective trainees are required to complete the ACP training application form and must agree to the program fees. The selection process is transparent and involves the following steps:

Step 1- Send in the Application Form and CV

Applicants are required to complete the ACP training application form and must send all requested documents to support their application.

Step 3- Interviews

Upon approval of meeting the prerequisites, the applicants are invited to an interview to be conducted by the Selection Committee. The interview dates may be found on the website.

Step 4- Result Notification

Acceptance or rejection letters will be sent to all applicants.

Step 5- Payment of Fees and Code of Conduct

On appointment to the Training Program and payment of the trainee levy and other fees, the successful candidate becomes a Fellowship trainee of ACP and a Code of Conduct then applies (Appendix 1). The selection process is transparent to meet the standards set by the relevant Medical Councils of Australia and New Zealand.

C. ACCREDITATION OF A FELLOWSHIP TRAINING PROGRAM

An individual Training Program is established for each individual trainee by the relevant ATCs and is submitted to the Board of Censors for approval. Training Programs that do not meet the minimum training requirements are declined accreditation. The definitions of 'supervision', supervised training hours and total number of hours attended by the trainee is outlined below and their interpretation is at the discretion of the Board of Censors. When adequate hours of supervised training is not provided by the ATC, that Program may be approved only as *Part Time* training provided other training requirements have been met. All training must be prospectively approved by the Board of Censors on an annual basis. The Board of Censors can withdraw the accreditation of a training program at any stage if the minimum training requirements are not met. The ATCs can lose this accreditation if they do not comply with the requirements set by the Board of Censors.

Full fees apply for any extra year of training and for part time training.

PHLEBOLOGY FELLOWSHIP TRAINING REQUIREMENTS

A. ADVANCED CERTIFICATE OF ULTRASOUND IN PHELEBOLOGY (A.C.U.P.)

Ultrasound training is a compulsory part of Fellowship Training. Formal ultrasound training is achieved by successful completion of the web based ACP ultrasound course. Practical ultrasound skills and techniques are formally examined as part of the clinical examination process at the completion of the third year of fellowship studies.

LECTURER

Martin Necas, Mmed Sonography, AMS, MRT(Ultrasound Imaging), RDMS, RVT

COURSE DELIVERY

1. On-line **one-year** course
2. Participants register on yearly basis and are issued access codes and passwords to webpage containing educational materials
3. Participants are given materials to discuss, debate, images to critique and otherwise engage with each other and the course lecturer in an on-line discussion forum
4. Participants meet up once per semester for a day of lectures and practical exercises using ultrasound.
5. Participants sit an exam at the end of the course. This can be organized in their place of work under nominated supervisor.

B. ANNUAL SCIENTIFIC MEETING OR WORKSHOP

At least one attendance at an ACP Annual Scientific Meeting or workshop during the training year.

C. CLINICAL TRAINING REQUIREMENTS

The Training Year starts in the first week of February each year. Fellowship Training involves full-time training in an Accredited Training Centre (ATC). Unsupervised work must also be in the field of phlebology and the trainee and chief supervisor will be required to verify this by providing a roster.

Phlebologists who are College Fellows provide teaching, supervision and ongoing guidance and feedback on the clinical and professional performance of each trainee. Specialists in related fields may provide teaching on various topics such as interventional procedures, diagnostic ultrasound, ulcer management, wound care, thrombosis and haemostasis.

Supervised Clinical Training

Each trainee must complete the minimum requirements of supervised clinical training detailed below under the supervision of a Clinical Supervisor who must be an ACP Fellow.

The supervised training days and the trainee's working roster are determined by the ATC. The trainee will be paid wages based on the relevant Country/State's Registrar Awards rates or higher as offered by the relevant ATC. The duties of the trainee will be to assist the supervisor in all aspects of patient management including taking history, doing a physical examination, performing a Doppler examination, performing duplex examinations, assisting with and performing direct vision sclerotherapy, ultrasound guided sclerotherapy, endovenous procedures, and other duties allocated by the supervisor.

Leave

Any leave taken during the training period will need to be made up at the completion of training in an accredited program. If a period of leave in excess of three months is taken before the deadline for application to sit the Fellowship Examination, then the Fellowship Examination cannot be sat in the final year of training. Full training fees apply for any extra year of training.

Fellowship Training Minimum Clinical Requirements

Trainees must complete the following minimum requirements of supervised clinical training under the supervision of a Chief Supervisor who must be an ACP Fellow.

A minimum of 16 hours of supervised phlebology clinics per week.

- 1) Clinics to be supervised by a College fellow.
- 2) The candidate is directly responsible for patient care.
- 3) Supervisors are required to be present and available for consultation but are not required to review every patient.

Supervised phlebology clinics per week must include;

- 1) A minimum of 2 hours of diagnostic imaging
 - a) The trainee to personally perform the scanning and is responsible for the generation of the worksheets and reports.
- 2) A minimum of 2 hours of interventional phlebology
 - a) The trainee to personally perform ultrasound guided sclerotherapy, endovenous laser therapy and other interventional procedures.

A further 16 hours of supervised or unsupervised phlebology clinics per week.

The total number of supervised clinic hours required for the duration of Fellowship Training must be achieved otherwise the trainee will need to complete more years of training to make up the total number required. Full Training Fees apply for any extra year of training

Remote Training

Trainees from States where there is no accredited training program can apply to other States. Successful candidates will be under the supervision of a Clinical Supervisor with a primary attachment at an ATC. The total number of supervised clinics attended by these trainees will have to be as prescribed above. Each individual Training Program must comply with the general requirements and be approved by the Board of Censors.

Unsupervised Training

Unsupervised work must be in the field of phlebology and the trainee and supervisor will be required to verify this by providing a roster. Work in other areas of medicine is not acceptable as unsupervised training in phlebology. The weekly roster of all Fellowship trainees is to be submitted to the Board of Censors on an annual basis.

Medical Registration, Indemnity and Billing

It is the responsibility of the trainee to make sure the following documentations are available to be presented to the ATC and a copy to be provided to the College office:

1. Registration at the relevant State where the ATC is located.
2. Provider number for the relevant ATC for billing purposes.
3. Medical indemnity to work at the ATC.

The trainee is responsible for all the fees required to obtain this documentation.

D. MINIMUM LOGBOOK REQUIREMENTS

The following are the minimum logbook requirements that need to be met during this period. Assessment of Competence Form in all these areas is to be signed by the appropriate supervisor (see Section 2: PART C). Application for admission to the Fellowship of the Australasian College of Phlebology will not be accepted without evidence of compliance with ALL the following requirements. The minimum requirements for normal training programs in Australia and New Zealand are in summary:

1. **20 management cases of chronic venous disease**
 - a) Management of patients with CEAP stages C4-C6 is accepted.
 - b) Supervisor's signature required (The supervisor can be a phlebologist, or another specialist in a relevant specialty with an active interest in management of leg ulcers).
2. **20 vascular laser therapy procedures**
 - a) 10 cases to be done under direct supervision.
 - b) Supervisor's signature required (can be a phlebologist, dermatologist, or another specialist with formal training in vascular laser therapy).
3. **Observation or assistance in 5 cases of venous surgery**
 - a) Superficial veins or deep veins.
 - b) Ambulatory phlebectomy is accepted.
 - c) Supervisor's signature required (can be a surgical phlebologist, venous or vascular surgeon).
4. **One of the following;**
 - a) Publish an original article in the field of phlebology in a peer-reviewed journal
 - b) Do a second presentation or poster presentation, specifically being a literature review in the field of phlebology at the ASM

- c) Complete a postgraduate subject at an Australian or New Zealand University on one of the following topics; Clinical Epidemiology, Biostatistics, Research Methods, Evidence based medicine.
- d) Complete a novel research project or post-graduate university course, which would need to be accepted by the Board of Censors prior to commencement. Evidence would be required as to the appropriateness of this to the field of phlebology.

5. Annual Scientific Meetings

- a) Trainees are required to attend at least two Annual Scientific Meetings or equivalent in their first three years of training and another in their Fellowship year of training.
- b) Trainees are expected to attend all scientific sessions of the Annual Scientific Meeting of the College each year whenever possible.

E. DOCUMENTATION OF TRAINING

The following should be submitted with the application to sit the Fellowship examination. Relevant forms are found in Section D of this handbook. Logbooks are found in Section E of this handbook.

Application for admission to the Fellowship examination will not be accepted without presentation of the following documents.

1. Record of Supervised Clinics and Educational Activities

The trainee must provide a record of Supervised Clinics attended. Record of publications and presentations is to be entered in the appropriate form (See section D). Copy of certification in Advanced Cardiac Life Support (level 5 or higher) is to be attached. Copy of attendance at a recognised Laser Safety Course during the period of training is to be attached.

2. Summative In-training Assessment Forms (SITA)

To be completed once per year.

3. Procedural Phlebology Assessment Forms (ProPA)

To be completed once per year.

4. Assessment of Competence Form

All sections to be signed by appropriate supervisor(s).

5. Log Books

Candidates are required to keep log books documenting procedures as outlined in section D above.

SUMMATIVE-IN-TRAINING ASSESSMENT (SITA)

SITA Form

4. The SITA form is to be completed once per year in July by the clinical supervisor(s) (CS) who have direct supervision of the trainee.
5. The CS will be notified that they need to complete the SITA for the trainee.
6. The CS is to complete the SITA form, print a copy, sign and forward to the College office.

Satisfactory:

When deemed satisfactory the completed SITA form is signed by the SOT and forwarded to the College office to be filed in the trainee's file

Unsatisfactory:

When the trainee has received "Below expected standard" or "Unsatisfactory" from the supervisor(s), the trainee and SOT both complete a Performance Improvement Form (PIF).

The SOT and Trainee are both responsible for ensuring that the Director of Training (DOT) is informed of the unsatisfactory result and the signed SITA form is forwarded to the College office.

Performance Improvement Form (PIF)

The SOT and trainee have a meeting within 2 weeks of the SITA meeting to review strategies that the trainee can use to improve his or her performance. The trainee will be on probation until they receive a SATISFACTORY SITA review. Then both the SOT and the Trainee sign another completed SITA Form and forward to the Education Officer.

PROCEDURAL PHLEBOLOGY ASSESSMENT (ProPA)

The procedural Phlebology Assessment forms are to be completed by the clinical supervisor(s) once a year to deem if the trainee is competent in performing in the following areas:

2. Ambulatory Phlebectomy

Forms will be sent to supervisors and trainees in June by the National Director of Training (NDOT) to be completed by the Clinical Supervisor(s) and returned to the NDOT for review and feedback.

PHLEBOLOGY FELLOWSHIP EXAMINATIONS

A. GENERAL INFORMATION

Candidates are expected to be competent in the diagnosis and management of the full range of venous conditions which may present to a phlebologist both in outpatient and inpatient settings, including venous disease arising as a complication of other medical conditions or treatments.

The diagnosis and management of venous insufficiency, including venous incompetence is an integral part of the practice of phlebology. The candidates should be competent in accurate assessment and management of venous incompetence. The candidate should become competent in the performing CW-Doppler, and duplex ultrasound examinations. The candidate should have a working knowledge of various methods of plethysmography, be able to competently interpret venograms and be familiar with lymphoscintigraphy and lymphangiography.

The candidate should be able to perform a (ultrasound) venous incompetence study, draw an incompetence map based on duplex findings, and be proficient in reporting venous studies to meet the minimum training requirements. Investigation and management of venous thrombosis is an integral part of phlebology. The candidate should be able to identify thrombosis (deep vein thrombosis and superficial thrombophlebitis) clinically and confirm the clinical diagnosis by duplex studies. The candidate should be able to perform and report a venous thrombosis duplex study to meet the minimum training requirements.

The candidate should have adequate knowledge in management of VTE and be familiar with various management protocols. The candidate should be able to accurately and appropriately interpret pathology results including relevant blood and genetic tests related to hypercoagulable states, anticoagulant therapy, and thrombophilia.

The written and clinical examinations cover the practice of diagnostic ultrasound, ultrasound physics, and ultrasound technology. It also covers Doppler (continuous wave and pulsed), B-Mode and duplex ultrasound of peripheral circulation and new areas such as pelvic venous studies. Substantial knowledge of vascular anatomy, physiology and pathology is required. Diagnostic ultrasound recognition of vascular structures, soft tissue structures and their echogenic properties is required. Understanding of other forms of non-invasive vascular investigation is expected, including the various types of plethysmography and peripheral applications of CW and pulsed Doppler. Candidates must demonstrate an ability to select the appropriate diagnostic test based on clinical presentation and knowledge of the options for treatment of venous disease.

Candidates should have a broad theoretical and practical knowledge in all aspects of interventional phlebology. Candidates should have extensive experience in performing ultrasound guided sclerotherapy to meet the minimum training requirements.

Detailed knowledge of advanced procedures, that the candidates may not perform personally, is still essential. Advanced procedures should be performed or observed in the setting of supervised clinics. These include interventional techniques including insertion of caval filters, coil embolisation and alcohol sclerotherapy.

As lymphatic disease has a close relationship with venous disease, an understanding of lymphatic anatomy, physiology, pathology and some practical experience of the methods used for imaging of lymphatic system is required. The candidate should have adequate experience in managing lymphoedema.

Candidates must satisfy ALL minimum training requirements in order to sit for the Fellowship Examination. Candidates who are successful in the Fellowship Examination may apply for Fellowship of the Australasian College of Phlebology.

B. ONLINE MODULAR ASSESSMENTS

If an online module has been unsuccessfully completed the module must be redone until the you have obtained a pass in the module assessment. All module assessments prescribed for your course of training must be successfully completed as a requirement of training.

The Fellowship examinations will be based upon the curriculum as stated in the training handbook. This curriculum is more wide ranging than the online modules and contains material which is not available in the online modules, which only cover a core of main topics.

Registrars need to cover the remaining curriculum through self-directed learning using journal access through RSM, and/or the texts outlined in the reading list. If only the modules are studied, candidates will encounter questions in the examinations which are not covered in the modules.

C. WRITTEN EXAMINATIONS

General Phlebology (MCQ True/False)

This paper consists of 100 multiple choice questions each consisting of 5 parts, over a 2-hour period in true/ false format. There are no negative markings in this multiple choice question paper. This exam covers general phlebology.

Phlebological Medicine (Short Essays)

This paper encompasses 6 questions on general phlebology and general medicine pertaining to phlebology. Questions provide clinical scenarios which may require a plan of management. The allocated time is 2 hours.

D. CLINICAL EXAMINATIONS

The clinical examinations are conducted 4-8 weeks following the Written Examinations. Only candidates who have successfully passed the Written Examinations are invited to sit for the Clinical Examinations.

Clinical Long Cases

This examination encompasses 2 clinical cases of 55-minute duration each. Candidates are expected to take a clinical history, perform an appropriate physical examination, interpret any duplex findings, interpret any other investigatory findings, and, be able to formulate the patient's problem, suggest further investigations and a plan of management. Each case is examined by 2 examining college fellows.

E. PASSING THE EXAMINATION

It should be noted that to achieve an overall pass in this examination, the candidate should satisfactorily complete both the written and the clinical examinations. A pass in the written examination is required for the candidates to be invited to sit for the clinical examination. A pass in the written examination is valid for three years, during which time the candidate can sit for the clinical examination without having to repeat the written examination. Candidates who are sitting the clinical examination alone will be required to pay the full examination fee.

F. SPECIAL CONSIDERATIONS

In exceptional circumstances, the College Board following consultation with the Board of Censors, may modify the form of the examination or the provisions of eligibility. Candidates requesting modifications must lodge an application with the Honorary Secretary at least **six months** before the time fixed for the examination.

FEES, DATES AND CERTIFICATION

A. FELLOWSHIP TRAINING FEES

All fees are governed by Regulations of the College Board and are not refundable. Notice of intention to hold the examinations will be advertised, as the Board deems appropriate, at least two calendar months prior to the date fixed for receipt of applications.

A pass in the Written Exam is valid for 3 years and full fee applies if any part of this examination needs to be repeated.

Please note: The Training and Examination fees will be refunded only upon application and consideration of the Board of Censors if training is cancelled within two months of commencing, a \$220.00 cancellation administration fee will apply to any cancellation of training.

FELLOWSHIP FEES	
Training Application Fee	\$220.00
Training Fee	\$7700.00
Exam Application Fee	\$220.00
Written Examination Fee	\$770.00
Clinical Examination Fee	\$1100.00
TOTAL	\$10,010.00

All fees for training and examinations include a \$220 non-refundable application fee.

B. EXAMINATION DATES

A pass in the online training modules and assessments is valid for three years, during which time the candidate can sit for the Clinical Examination without having to repeat the written examination. The date of the examination is announced by the Board of Censors and is available on the College website.

Applications to sit the written and clinical examinations must be submitted at least 3 months prior to the date of the examination. Application forms and payment must be received by the College office at least 3 months prior to the examinations or by the date as specified by the Board of Censors. If an application form or payment is received after the specified deadline, it is at the discretion of the Chief Censor to accept or reject any such application and where accepted a 20% late fee will apply to such applications.

E. CERTIFICATION

Having satisfied ALL the requirements of Fellowship as described above, a pass in the fellowship examination will lead to the candidate being awarded Fellowship of the Australasian College of Phlebology. Fellowship of the ACP will not be awarded unless all requirements of training are fulfilled. To graduate in the following year, all requirements of Fellowship are to be met by the 31st of December of the final training year. The Fellowship is awarded in the Conferring Ceremony which is held yearly during the Annual Scientific Meeting (ASM) of the College. Trainees are expected to attend the Conferring Ceremony to receive their Fellowship. Fellows of the College are awarded the title *Phlebologist*.



SECTION 2

DOCUMENTATION OF TRAINING



SECTION 2: CHAPTER A

BASIC TRAINING LOGBOOKS

ASSESSMENT OF COMPETENCE FORMS

Details of cases performed, should be documented in the logbook provided. Each procedure/ investigation modality listed needs to be performed by the candidate under the direct observation of an appropriate supervisor. Assessment of competence may involve direct observation of a candidate performing a particular procedure/ investigation modality on several occasions before certification of competence is documented. Assessment should not be undertaken until adequate numbers of cases, as determined by the College, have been carried out by the candidate. Assessment of competence is performed only once during a candidate's period of training hence the assessor must be absolutely certain of the competence of the candidate in the particular procedure/investigation modality. If the candidate has an unsatisfactory assessment in a particular procedure/investigation modality then reassessment should be carried out after an appropriate period of time. Once the particular procedure/investigation modality section is signed then the candidate is regarded as competent to perform this procedure unsupervised. By signing this form, the supervisor indicates that the candidate has demonstrated full competence to perform the procedure/investigation modality unsupervised.

THE COMPLETED ASSESSMENT OF COMPETENCE FORM AND ALL LOGBOOKS INCORPORATED IN THE TRAINING PROGRAM RECORD BOOK NEED TO BE COMPLETED AND FORWARDED TO THE COLLEGE BY THE END OF THE TRAINING YEAR.

BASIC TRAINING: ASSESSMENT OF COMPETENCE FORM

Trainee Name:

All candidates are expected to have performed and be competent in the procedures listed in this section. Confirmation of competence should be documented by signature of the appropriate supervisor.

	Name of Supervisor	Signature of Supervisor
CW Doppler and ABI Measurements		
Basic Duplex Ultrasound Examination		
Direct Vision Sclerotherapy		

Clinical Attachment

Candidates must, during the course of their Sclerotherapy Basic Training, have completed **10 days of clinical attachment**.

Location(s):	Total Number of Clinics:	Supervisor's Signature

BASIC TRAINING: RECORD OF EDUCATIONAL ACTIVITIES

Trainee Name:

ASM or Workshop Attendance

Trainees are required to attend one Annual Scientific Meetings or equivalent during their training.

ACP Conference Location:

Online Training Modules

Trainees are required to complete all online training modules for their level of training.

Modules Completed:	YES	NO
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Declaration

I hereby declare that the attached logbooks and documentation are correct and provide evidence that I have completed all training requirements as detailed in the training handbook.

Date:

Trainee Name:

Trainee Signature:

Note for the following forms:

Copy the required number of sheets for the following logbooks or if preferred save data in an excel spreadsheet. Make sure you use the same headings if using excel.

BASIC TRAINING LOGBOOK

Duplex Ultrasound Examination: Venous Incompetence

Minimum 30 cases

Trainee Name:

No	De-identified patient Details	Date	Examination Site	Diagnosis	Supervisor

BASIC TRAINING LOGBOOK

CW-Doppler Examination: ABI Measurements

Minimum 10 cases

Trainee Name: _____

No	De-identified patient Details	Date	ABI Measurement	Diagnosis	Supervisor

BASIC TRAINING LOGBOOK

Direct Vision Sclerotherapy

Minimum 50 cases

Trainee Name:

No	De-identified Patient Details	Date	Vein Treated	Sclerosant	Volume	Adverse Reactions	Follow-up	Supervisor



SECTION 2: CHAPTER B

ADVANCED TRAINING LOGBOOKS

ASSESSMENT OF COMPETENCE FORMS

Details of cases performed, should be documented in the logbook provided. Each procedure/ investigation modality listed needs to be performed by the candidate under the direct observation of an appropriate supervisor. Assessment of competence may involve direct observation of a candidate performing a particular procedure/ investigation modality on several occasions before certification of competence is documented. Assessment should not be undertaken until adequate numbers of cases, as determined by the College, have been carried out by the candidate. Assessment of competence is performed only once during a candidate's period of training hence the assessor must be absolutely certain of the competence of the candidate in the particular procedure/investigation modality. If the candidate has an unsatisfactory assessment in a particular procedure/investigation modality then reassessment should be carried out after an appropriate period of time. Once the particular procedure/investigation modality section is signed then the candidate is regarded as competent to perform this procedure unsupervised. By signing this form, the supervisor indicates that the candidate has demonstrated full competence to perform the procedure/investigation modality unsupervised.

THE COMPLETED ASSESSMENT OF COMPETENCE FORM AND ALL LOGBOOKS INCORPORATED IN THE TRAINING PROGRAM RECORD BOOK NEED TO BE COMPLETED AND FORWARDED TO THE COLLEGE BY THE ANNOUNCED DATE IF THE CANDIDATE WISHES TO SIT THE EXAMINATION IN THAT YEAR.

ADVANCED TRAINING: ASSESSMENT OF COMPETENCE FORM

Trainee Name:

All candidates are expected to have performed and be competent in the procedures listed in this section. Confirmation of competence should be documented by signature of the appropriate supervisor.

	Date	Supervisor Name	Supervisor Signature
Duplex Ultrasound Incompetence Studies			
Ultrasound Guided Sclerotherapy			
Endovenous Ablation			

Supervised Training

Candidates must, during the course of their Advanced Training, have completed **20 days of supervised training per year to a total minimum of 40 days over two years.**

Location(s):	Total Number of Clinics:	Supervisor's Signature

ADVANCED TRAINING: RECORD OF EDUCATIONAL ACTIVITIES

Trainee Name:

Presentation
Trainees are required to present at an ACP Annual Scientific Meeting during their training.
Title:
ACP Conference Location:
Date of Presentation:

ASM or Workshop Attendance	
Trainees are required to attend one ACP Annual Scientific Meeting or equivalent during their training.	
ACP Conference Location:	Year

Laser Safety Course
Candidates must, during the course of their <u>Advanced Training</u> , have attended a recognised Laser Safety Course. Basic of Attendance should be attached.
Institute:
Date attended:

Advanced Cardiac Life Support
Candidates must, during the course of their <u>Advanced Training</u> , have attended and be certified in ACLS. Copy of Certification should be attached.
Institute:
Date obtained:

Online Training Modules		
Trainees are required to complete all online training modules for their level of training.		
Modules Completed:	YES	NO

Certificate of Ultrasound in Phlebology Online Course

Advanced candidates are required to have completed the online ACP Certificate of Ultrasound in Phlebology course.

Date completed:

Confirmation received:

Declaration

I hereby declare that the attached logbooks and documentation are correct and provide evidence that I have completed all training requirements as detailed in the training handbook.

Date:

Trainee Name:

Trainee Signature:

Note for the following forms:

Copy the required number of sheets for the following logbooks or if preferred save data in an excel spreadsheet. Make sure you use the same headings if using excel.

ADVANCED TRAINING LOGBOOK

Duplex Ultrasound Examination

Minimum 100 cases (30 to be DVT studies)

Trainee Name:

No	De-identified patient Details	Date	Examination Type (Incompetence, DVT, etc)	Limb and Side	Diagnosis	Supervisor

ADVANCED TRAINING LOGBOOK

Ultrasound Guided Sclerotherapy

Minimum 100 cases

Trainee Name: _____

No	De-identified Patient Details	Date	Vein Treated	Sclerosant	Volume	Adverse Reactions	Follow-up	Supervisor

ADVANCED TRAINING LOGBOOK

Endovenous Ablation									
Minimum 20 cases									
Name:									
No	De-identified Patient Details	Date	Vein Treated	Wavelength (nm)	Power (W)	Energy (J)	Exposure Time (sec)	Tumescent Volume (ml)	Supervisor



SECTION 2: CHAPTER C

FELLOWSHIP LOGBOOKS

ASSESSMENT OF COMPETENCE FORMS

Details of cases performed, should be documented in the logbook provided. Each procedure/ investigation modality listed needs to be performed by the candidate under the direct observation of an appropriate supervisor. Assessment of competence may involve direct observation of a candidate performing a particular procedure/ investigation modality on several occasions before certification of competence is documented. Assessment should not be undertaken until adequate numbers of cases, as determined by the College, have been carried out by the candidate. Assessment of competence is performed only once during a candidate's period of training hence the assessor must be absolutely certain of the competence of the candidate in the particular procedure/investigation modality. If the candidate has an unsatisfactory assessment in a particular procedure/investigation modality then reassessment should be carried out after an appropriate period of time. Once the particular procedure/investigation modality section is signed then the candidate is regarded as competent to perform this procedure unsupervised. By signing this form, the supervisor indicates that the candidate has demonstrated full competence to perform the procedure/investigation modality unsupervised.

For duplex ultrasound studies, the assessor could be a phlebologist, vascular surgeon, or other specialists with formal training in vascular ultrasound. The supervisor for ultrasound guided sclerotherapy must be a fellow of Australasian College of Phlebology accredited in performing this procedure. For leg ulcer management, the supervisor does not have to be a Fellow of the Australasian College of Phlebology and could be a recognised specialist in a relevant specialty in a teaching or local hospital. For venous surgery, observation of at least 5 cases is compulsory. Signature of supervisor indicates that a basic understanding of what is involved in the surgical procedure is achieved. Detailed knowledge of the operative procedure and its many variations is not required. The supervisor could be a vascular or venous surgeon.

In case of advanced procedures, all candidates are expected, where possible, to have observed the procedures listed in that section. Attendance should be documented by signature of the appropriate supervisor/surgeon. Candidates performing advanced procedures as listed should document these in the Advanced Surgical Procedures Logbook. However practical training and assessment in these procedures is not a specific requirement of the curriculum.

THE COMPLETED ASSESSMENT OF COMPETENCE FORM AND ALL LOGBOOKS INCORPORATED IN THE TRAINING PROGRAM RECORD BOOK NEED TO BE COMPLETED AND FORWARDED TO THE COLLEGE BY THE ANNOUNCED DATE IF THE CANDIDATE WISHES TO SIT THE EXAMINATION IN THAT YEAR.

IF THE ASSESSMENT OF COMPETENCE FORM IS NOT FULLY COMPLETED AND/OR IF THE LOGBOOKS ARE NOT ADEQUATE AND SATISFACTORY THEN THE CANDIDATE WILL NOT BE PERMITTED TO SIT FOR THE FELLOWSHIP EXAMINATION UNTIL ALL THE REQUIREMENTS OF THE CURRICULUM ARE FULLY MET.

FELLOWSHIP TRAINING: ASSESSMENT OF COMPETENCE FORM

Trainee Name:

All candidates are expected to have performed and be competent in the procedures listed in this section. Confirmation of competence should be documented by signature of the appropriate supervisor.

	Date	Supervisor Name	Supervisor Signature
Vascular Laser Therapy			
Venous Surgery			
Management of Chronic Venous Disease			

Supervised Phlebology Clinics

16 hours supervised phlebology clinics per week- Minimum 704 hours per year, includes supervised diagnostic and interventional hours.

Location(s):	Total Hours:	Supervisor's Signature

Diagnostic Ultrasound

Minimum 2 hours supervised diagnostic ultrasound sessions per week- minimum 88 hours per year

Location(s):	Total Hours:	Supervisor's Signature

Interventional Phlebology

Minimum 2 hours supervised interventional phlebology session per week- minimum 88 hours per year

Location(s):	Total Hours:	Supervisor's Signature

FELLOWSHIP TRAINING: RECORD OF EDUCATIONAL ACTIVITIES

Trainee Name:

Presentation

Trainees are required to present at an ACP Annual Scientific Meeting during their Fellowship training.

Title:

ACP Conference Location:

Date of Presentation:

ASM or Workshop Attendance

Trainees are required to attend one ACP Annual Scientific Meeting or equivalent during their Fellowship training.

ACP Conference Location:

Year

Advanced Certificate of Ultrasound in Phlebology Online Course

Advanced candidates are required to have completed the online ACP Certificate of Ultrasound in Phlebology course.

Date completed:

Confirmation received:

Online Training Modules

Trainees are required to complete all online training modules for their level of training.

Modules Completed:

YES

NO

Declaration

I hereby declare that the attached logbooks and documentation are correct and provide evidence that I have completed all training requirements as detailed in the training handbook.

Date:

Trainee Name:

Trainee Signature:

Note for the following forms:

Copy the required number of sheets for the following logbooks or if preferred save data in an excel spreadsheet. Make sure you use the same headings if using excel.

FELLOWSHIP TRAINING LOGBOOK

Management of Chronic Venous Disease

Minimum 20 cases

Trainee Name:

No	De-identified Patient Details	Date	Diagnosis	Site	Treatment	Follow-up	Supervisor
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

FELLOWSHIP TRAINING LOGBOOK

Vascular Laser Therapy Minimum 20 cases Name:								
No	De-identified Patient Details	Date	Vascular Lesion Treated	Laser Type Eg. KTP	Wavelength nm	Energy	Pulse width	Supervisor
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

FELLOWSHIP TRAINING LOGBOOK

Venous Surgery

Minimum 5 cases

Name:

No	De-identified Patient Details	Date	Diagnosis	Primary Surgeon	Assistance/ observation	Procedure	Complications	Follow-up
1								
2								
3								
4								
5								

Non-Compulsory Advanced Venous Procedures

Includes: Alcohol sclerotherapy, coil embolisation of ovarian veins, catheter guided thrombolysis, IVC filters

No	De-identified Patient Details	Date	Diagnosis	Primary Surgeon	Assistance/ observation	Procedure	Complications	Follow-up



SECTION 3

CODE OF CONDUCT

CODE OF CONDUCT

Trainees, Members and Fellows of ACP

1 This Code of Conduct applies to all individuals participating in training programs of the Australasian College of Phlebology (College, ACP), and all categories of membership of the ACP.

2 Trainees, Members and Fellows of ACP are required to comply with the following requirements:

(a) Not to practise or accept a titled position in the capacity of a phlebologist, vein specialist, vascular specialist, varicose vein specialist, venous surgeon, vein surgeon, or any other such classification unless recognised by College as ACP Fellows.

(b) Not to practise or accept a titled position in the capacity of a Certified Sclerotherapist, unless having successfully completed the Basic Phlebology Training program of ACP and having received Certification in Sclerotherapy from ACP.

(c) Not to bring the specialty of phlebology or the Australasian College of Phlebology into disrepute via personal misconduct, unethical behaviour or medical negligence as determined by the ACP Board of Directors with evidence provided by relevant State Medical Boards, courts or other relevant authorities.

(d) Not to bring the specialty of phlebology or the Australasian College of Phlebology into disrepute via derogatory verbal assertions, publications or other forms of communication delivered via public lectures, talks, magazine articles, journal articles, website publications or any other public or scientific forum.

(e) Not to engage in anti-competitive, unethical or false advertising.

(f) Trainees to seek permission from College before participation in the teaching of phlebology either by way of lectures or talks to the public groups of general practitioners or the writing of articles for publication in public magazines, newspapers, educational journals and brochures aimed at general public, other medical practitioners or media.

(g) Trainees not to engage in any activity deemed to cause a conflict of interest with their ATC or Chief supervisor(s).

(h) Trainees to take up whatever training positions they are directed to by the Director of Training of their State Faculty.

(i) To accept these requirements by signing an agreement at the time of payment of the relevant fees.

(j) On acceptance of these requirements the individual will have his/her name placed on the register of trainees and/or members/fellows of the College. Failure to agree to these conditions or to comply will lead to removal of the individual's name from the register and the loss of entitlement to continue training and/or membership of the College.



SECTION 4

SAMPLE EXAMINATION QUESTIONS

SCLEROTHERAPY EXAMINATION

Sample Multiple Choice Questions

- 1. Regarding Polidocanol (product information sheet)**
 - a. 89% is eliminated from blood in 12 hours. (T)
 - b. Is buffered to pH 5.4 (F) 6.5-8.0
 - c. Ethanol is an excipient. (T)
 - d. Is an osmotic agent. F
 - e. Contains iodine. F

- 2. Polidocanol (Thibault ANZJP 5:18) - C**
 - a. is approximately equivalent to sodium tetradecyl sulphate in potency (F) (it is approx 1/3 to ¼ potency)
 - b. is free of systemic reactions (F) (can cause negative inotropic reactions)
 - c. causes pain on extravasation (T)
 - d. causes more pain than sodium tetradecyl sulphate at the time of injection (T)
 - e. is less potent than sodium tetradecyl sulphate (T)

- 3. Regarding CW Doppler (Weiss 68)**
 - a. When the object approaches the probe, the frequency will increase (T)
 - b. The Doppler principle applies to all types of wave phenomena in all types of media (T)
 - c. CW Doppler transducer uses different piezoelectric crystals to transmit and receive (T)
 - d. Maximum Doppler shift is achieved with the probe at right angles to the vessel (F)
 - e. A Doppler probe that emits frequencies of 8-10 MHz is best suited to examining vessels that are more than 2 cm deep. (F)

- 4. Failure to respond to sclerotherapy may indicate: (Weiss p162)**
 - a. inadequate duplex examination (T)
 - b. persistence of proximal reflux (T)
 - c. poor compliance with compression (T)
 - d. inadequate concentration of sclerosant (T)
 - e. inadequate volume of sclerosant (T)

ADVANCED/FELLOWSHIP EXAMINATION

Sample Multiple Choice Questions

1. **Spectral Doppler can be used for (Gent)**
 - a. locating veins and mapping their course and connections. (F)
 - b. identifying lymph nodes. (F)
 - c. identifying perforators. (F)
 - d. distinguishing vein from arteries. (T)
 - e. quantifying duration of reverse flow to categorize reflux. (T)

2. **The following tests are routinely used to screen for lupus anticoagulant**
 - a. dilute Russell's viper venom time.(F)
 - b. kaolin clotting time. (F)
 - c. prothrombin time.(F)
 - d. APTT. (T)
 - e. Euglobin clotting assay. (F)

3. **Regarding neonatal thrombosis. (Goodnight 328)**
 - a. The foetus and newborn with concurrent illness are more susceptible to thrombosis when compared with infants. (T) def of thrombin inhibition and def of fibrinolysis
 - b. Thrombosis often occurs after delivery. (F) (prior to or during delivery)
 - c. Renal vein thrombosis is the most common large vein thrombosis. (T)
 - d. Newborns show a relative resistance to heparin. (T)
 - e. Maternal lupus anticoagulant or anticardiolipin antibody can result in severe peri-natal thrombosis. (T)

4. **With regards to venous thrombosis (Weiss p244)**
 - a. Mondor's disease affects a vein draining from the breast to the axilla (T)
 - b. Plethysmography can detect most cases of deep vein thrombosis. (F) – inappropriate test
 - c. Phlegmasia cerulea dolens is the classical presentation of total proximal deep vein obstruction.(T)
 - d. Phlegmasia alba dolens is due to poor arterial inflow in the presence of severe proximal obstruction.(T)
 - e. Recanalisation of a vein uncommonly occurs following superficial thrombophlebitis. (F) usual

FELLOWSHIP EXAMINATION

Phlebological Medicine

Question 1

A 27 year old woman presents to your practice to have her varicose veins treated. She has had one episode of superficial thrombophlebitis. She is Factor V Leiden positive, homozygous. She has had two children, now aged 2 and 5. Her first pregnancy resulted in a miscarriage at 10 weeks gestation. Her father had a DVT following a long haul flight last year. Her mother suffers from lupus and gives a history of having “clots in her lungs” five years previously.

How would you manage this patient?

Question 2

A 22 year old medical receptionist is referred to you by her GP employer for investigation of a swollen, painful left leg. She has no previous history (nor family history) of clotting disorders, however she does take the oral contraceptive, Yasmin. She exercises four days a week at the gym and initially thought she had a muscular injury. She has no other significant medical history. Your duplex scan shows her to have an ilio-femoral thrombosis.

Discuss your management.

Question 3

A 49 year old lady presents with her husband. She was referred by her GP for the management of three ulcers (up to 20mm in diameter) above the left medial malleolus and present for 6 months. Her varicosities arose with pregnancy; she has had two children. She has type 2 diabetes and had a stroke 2 years ago with no specific cause identified. She is on oral hypoglycaemic tablets and her neurologist has her on warfarin 7mg daily. Her husband tells you the neurologist discussed putting her on aspirin and ceasing the warfarin when he sees her in another month. On examination she is C4,5sEpAsPr. A duplex scan reveals a 14mm average diameter GSV refluxing from the SFJ to the ankle.

How would you manage this patient?

Question 4

An 80 year old lady presents with gross ankle oedema and obvious varicosities affecting both legs. Your duplex scan reveals a pulsatile wave form in the varicosities. She had an anterior myocardial infarction two years ago and has been told she is unsuitable for surgical stripping of her veins.

- A. What would you expect to find on physical examination?
- B. How would you manage this patient?

Question 5

A 41 year old female cleaner presents with persistent heaviness, weakness and aching in her right arm when polishing above her head. She has a history of an ‘AVM’ affecting her right elbow which has been surgically excised on two occasions, and due to the complex anatomy no further surgery can be performed. She has had numbness and tingling in her right hand and recently underwent a carpal tunnel release.

- A. What is the most likely diagnosis?
- B. How would you further assess and manage this patient?

Question 6

A 32 year old female presents for treatment of varicose veins. Her past medical history includes epistaxis and joint aches and pains. The patient denies any previous bleeding, and has had childbirth, dental procedures and tonsillectomy without bleeding. There is a history of three miscarriages and an episode of calf vein thrombosis.

On examination she has a facial rash and scattered petechiae over the lower extremities. Laboratory tests reveal: haematocrit = 38% (0.38), WBC= 3.4x 10⁹/L, platelet count = 165x 10⁹/L. PT and APTT are normal but bleeding time is 30 minutes.

- A. What is this patient's likely diagnosis?
- B. What is the underlying disease?
- C. What is the cause of the bleeding tendency?
- D. What other investigations are required?

Question 7

A 66 year old male smoker presents with a non healing chronic left leg ulcer on the lower calf. He has varicose veins and a previous history of left DVT. The ulcer is on the medial gaiter area, shows granulation tissue and no signs of cellulitis or infection.

1. What are the possible causes of his ulcer?
2. What investigation would be useful?
3. If AB index was 1, venous Doppler showed GSV incompetence with competent deep system, what treatment would you undertake?
4. If AB index 0.6 and venous Doppler was normal, what treatment would you undertake?
5. If he has deep venous incompetence and AB index of 0.7, what treatment should be used with great care. What alternative could you suggest?

Question 8

A 27-year-old man has a history of recurrent venous thrombophlebitis and pulmonary emboli, with multiple episodes over the past 5 years. He is currently taking sodium warfarin and has had no further thromboembolic episodes. His physician refers him for evaluation for ultrasound guided sclerotherapy of varicose veins.

1. What historical questions will be helpful in defining this patient's disorder?
2. What are the possible causes of inherited thrombotic disease?
3. How could these disorders be evaluated if the patient is on anticoagulant therapy?

Question 9

A 47-year-old woman underwent cholecystectomy for gallstones and developed superficial phlebitis at an IV site. Treatment comprised heat and anti-inflammatory medications, but the clot extended to the shoulder. She was then treated with intravenous heparin and antibiotics. Her heparin dose was subtherapeutic, and her symptoms worsened. Her thrombosed cephalic vein was surgically removed. Test results for factor V Leiden, antithrombin III, protein C, and protein S were normal. Two days after surgery, the patient developed a palpable cord at another IV site. She received warfarin in therapeutic doses, but her clot extended. She suffered a pulmonary embolism from her upper extremity clot despite an INR of 3.0. She was hospitalized, given therapeutic heparin intravenously, and discharged on therapeutic low molecular weight heparin. With the exception of obesity and her laparoscopic surgery and vein surgery scars, results of the physical examination were unremarkable, as were results of routine laboratory tests (FBC, chemistry panel, urinalysis). You are asked for an opinion regarding further management.

1. What is the differential diagnoses?
2. What investigations should be done?

Question 10

A 34-year-old man is referred for evaluation of coagulopathy and thrombosis. His medical history is unremarkable, including childhood and adult surgeries without bleeding, and no significant illnesses. He is taking no medications. Two weeks previously, the patient experienced a deep vein thrombosis and was admitted for anticoagulation therapy.

Laboratory results before anticoagulation: Hematocrit = 47% (0.47), WBC = 6400/mL ($6.4 \times 10^9/L$), platelet count = $112 \times 10^3/mL$ ($112 \times 10^9/L$), PT = 13.7 sec, and APTT = 68 sec. Currently, the patient is taking sodium warfarin with a PT of 29 sec and an INR of 2.4. The APTT is 71 sec.

1. What is the most likely diagnosis?
2. What is the explanation for thrombocytopenia and prolonged APTT?
3. What other laboratory tests would be helpful?
4. What is the appropriate treatment?
5. What should be done if the patient experiences recurrent thrombosis on therapeutic anticoagulation?

Question 11

A 67-year-old man on long-term sodium warfarin therapy for recurrent thrombosis comes to the emergency department. His last DVT was over a year ago. He believes his typically therapeutic PT on his standard therapy is 16-18 sec and that his typical INR is 2.0-2.3. His PT is 25.7 seconds and INR is 2.2.

The patient is confused by these results.

1. What is the explanation for these results?
2. What are 3 major variables affecting stability of oral anticoagulation?
3. How would you treat this patient if he had bruising and an INR of 5.3?
4. What would you do if the INR were 11.2 and the patient had a nose bleed?
5. What would you do if the INR was 8.8 and the haematocrit was 31% (0.31)?

Question 12

A 38-year-old man is referred by a gastroenterologist for recurrent thrombosis. One year earlier, the patient had an episode of melena; upper gastrointestinal endoscopy revealed multiple oesophageal varices that were not able to be banded. As part of the evaluation for portal hypertension, an abdominal ultrasound was done and revealed portal and splenic vein thromboses, but no evidence for acute clot. The patient denied symptoms of abdominal pain. His family history was positive (father and sister) for venous thrombotic episodes. The relatives had been previously diagnosed with factor V Leiden, and the patient's referring physician diagnosed the same inherited disorder in the patient.

Results of physical examination included pallor and pale mucous membranes, mild tenderness to palpation over the liver, and a positive haemoccult test result. The referring physician obtained laboratory test results, which indicated no exposure to hepatitis viruses and normal results for antinuclear antibodies, a_1 – antitrypsin, and ceruloplasmin.

Bleeding oesophageal varices are diagnosed.

1. Should this patient be started on anticoagulant therapy given the history of 2 intra-abdominal thrombotic events?
2. How would you manage this patient?

Contact the Australasian College of Phlebology

For educational assistance please contact the Executive Manager Zivka Nicholls by phone only on Mondays or via email during the week.

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