

	President: Dr Ed Nicol President-Elect: Dr Giles Roditi Secretary: Dr Russell Bull Treasurer: Dr Ben Holloway  <a href="http://www.bsci.org.uk">www.bsci.org.uk</a>
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## Application for BSCCT Accreditation

### Level 1

PLEASE TYPE OR PRINT (IN INK) ALL INFORMATION

I hereby make application to the BSCCT for

Verification of appropriate recommended training in ECG Gated Cardiac CT – Level 1

I agree to disqualification from issuance of Verification if any of the statements hereinafter made by me are false or if any of the rules governing this process are violated.

#### **Eligibility**

Applicants for Level 1 Accreditation must be either

Consultants in Radiology, Cardiology or allied specialities such as cardiac surgery

or

Specialist Trainees in Radiology (ST2+), Cardiology (ST3+) or allied specialities such as cardiac surgery.

BSCI Member: Yes  No  If yes, please supply your membership number: \_\_\_\_\_

1. Full Name \_\_\_\_\_

2. Contact Details:

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Post Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

GMC No: \_\_\_\_\_

3. Field of specialisation:

Radiology / Cardiology / Nuclear Medicine \_\_\_\_\_ (i.e. FRCR/MRCP)

Other (specify) \_\_\_\_\_ Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Other speciality areas: College \_\_\_\_\_ Date: \_\_\_\_\_

College \_\_\_\_\_ Date: \_\_\_\_\_

4. Cardiac CT Training Program:

Institution/City

Type

a. \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

b. \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

c. \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

5. Current Institution:

Name

City

Start Date

\_\_\_\_\_

Use extra paper for additional data if necessary.

Applicants must either have attended a Dedicated Level 1 course (minimum 3 days) delivered by SCCT/BSCCT certified Level 3 trainer OR had training at a hospital that provides exposure to the required number of cases in addition to 8 hours of CPD in cardiac CT.

**APPLICANTS MUST COMPLETE EITHER SECTION 6 OR SECTION 7.**

**6. Completion of Dedicated Level 1 Course**

Name of Dedicated Level 1 Course Attended: \_\_\_\_\_

Date of Course: \_\_\_\_\_

Location: \_\_\_\_\_

I verify that (name of applicant) \_\_\_\_\_ has successfully completed the above course for Level 1 Accreditation.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print name in Full: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Tel: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Please turn page 6 and sign under **Agreement to Terms**

## 7. Training in a Hospital

### A. Completion of Lectures

The applicant must have attended lectures equivalent to 8 hours of CPD covering the following topics.

1. Technical principles of multi-slice CT and its application to imaging the heart
2. Different gating techniques, their advantages and limitations
3. Radiation dose inherent in cardiac CT as well as dose reduction strategies.
4. Contrast kinetics, administration, contraindications and complications
5. Cardiac anatomy and physiology as applicable to CT
6. Techniques of image reconstruction and post-processing
7. Techniques to minimize and reduce image artefacts
8. Cardiovascular risk assessment
9. Current indications and applications of cardiac CT
10. Basics of cardiac CT interpretation
11. Normal anatomy of the heart & thorax

I verify that the applicant has attended the required number of lectures appropriate to Level 1 CPD covering the topics relevant to Cardiac CT.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print name in Full: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Tel: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

### B. Hands-On Training

The applicant must have exposure to at least 50 CT coronary angiograms with the opportunity to perform supervised/mentored interpretation. The cases analysed should have no more than 5 non-contrast examinations and correlation with catheter angiography should be available in at least half the cases. Ideally this training should be obtained on dedicated workstations, but teaching cases on CD/DVD or on-line training through a Level 3 trainer may also be acceptable.

Institution: \_\_\_\_\_

Please provide copies of anonymised reports for all cases (co-signed by consultant if appropriate). **You may use the proforma provided on the BSCI/BSCCT website or equivalent details.**

Cases of CT coronary angiograms with the opportunity to perform supervised/mentored interpretation by the applicant:

Total number of CT Coronary Angiograms: \_\_\_\_\_

Number of CT Coronary Angiograms with non-contrast examinations: \_\_\_\_\_

Number of CT Coronary angiograms with correlation with catheter angiograms: \_\_\_\_\_

I verify that the applicant has had exposure to the above number and types of cases.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print name in Full: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Tel: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

I, the undersigned applicant, attest that the foregoing represents the volume of cases exposed to and lectures attended by me.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please turn page and sign under **Agreement to Terms**

## 8. Agreement to Terms

I, the undersigned applicant, recognise the British Society of Cardiovascular CT as the sole and only judge of my qualifications to receive and to retain Accreditation of appropriate recommended Training in ECG Gated Cardiac CT – Level 1, and further agree to hold harmless individually and collectively the British Society of Cardiovascular CT for any decision or action in pursuance of their duties in connection with this application, or for the failure of the said Society to issue me a letter of Accreditation of ECG Gated Cardiac CT Training.

I understand and agree that in consideration of my application my moral, ethical and professional standing will be reviewed and assessed by the Society; that the Society may make inquiry of the persons named in my application and of such other persons as the Society deems appropriate with respect to my moral, ethical and professional standing; that if information is received which could adversely affect my application, I will be so advised and given an opportunity to rebut such allegations, but I will not be advised as to the identity of the individuals who have furnished adverse information concerning me; and that all statements and other information furnished to the Society in connection with such inquiry shall be confidential, and not subject to examination by me or by anyone acting on my behalf. I also pledge myself to the highest ethical standards in the practice of Cardiac Imaging.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### **Instruction to Applicant:**

1. Complete the application and enclose documentation as appropriate. Use extra paper for additional data if necessary. All required signatures must be present for the application to be considered complete. Incomplete applications will be returned to the applicant.
2. Complete the Level 1 Accreditation Application Check List.
3. Scan all documentation and send to [bsci@biomedex.co.uk](mailto:bsci@biomedex.co.uk) (**paper copies will be returned unprocessed**)
4. Make payment to: BSCI **using your membership number as a reference** (or surname and initials if not a member) to:  
Account Name: "British Society of Cardiovascular Imaging";  
Account Number: 81374346; Sort Code: 40 16 57;  
BIC: HBUKGB4124C IBAN: GB23 HBUK 4016 5781 3743 46
5. If you are unable to make an electronic payment cheques will be accepted **but incur an addition £10 administration fee.** Level 1 £100 (Sterling). Please make cheques payable to "British Society of Cardiovascular Imaging" (cheques to be drawn on a UK bank).

Please send cheques to:           BSCI Secretariat  
  c/o BioMedEx,  
  22 Allan Road,  
  Killearn,  
  Glasgow G63 9QE (UK)

**Check list for application**

- 1. Provide a valid phone number, fax and e-mail address on your application in order to avoid delays \_\_\_\_\_
- 2. Include your BSCI Membership number (if appropriate) \_\_\_\_\_
- 3. Payment electronically (or by Cheque- add £10 admin fee) \_\_\_\_\_
- 4. Letter verifying the status as a Consultant or Specialist Registrar from the Head of Department, Human Resources, Medical director, etc. \_\_\_\_\_
- 5. Include  
Verification of Attendance at a Dedicated Level 1 Course. \_\_\_\_\_

**OR**

- Letter or certificate verifying the lectures (appropriate CPD level) attended covering the topics relevant to Cardiac CT \_\_\_\_\_
- Letter or certificate verifying that appropriate number and duration of 'hands on' training has been obtained including the live cases where required. \_\_\_\_\_