

	President: Dr Ed Nicol President-Elect: Dr Giles Roditi Secretary: Dr Russell Bull Treasurer: Dr Ben Holloway www.bsci.org.uk
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Application for BSCCT Accreditation

Level 2

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 2

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 2 Accreditation must be either

Consultants in Radiology and Cardiology

or

Higher Trainees (within 2 years of CCT) who wish to undertake advanced training in cardiac imaging

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 2 course (minimum 5 days) delivered by SCCT/BSCCT certified Level 3 trainer supplemented by on site training OR had training at a hospital where one has had exposure to the required number of cases and a total of 16 hours of CPD in cardiac CT.

Continuing experience: 100 cardiac CT angiograms performed and interpreted per year. (required if application >1 year following a Level 2 CT course)

Continuing education: 20 hours of Category 1 CPD every 60 months

APPLICANTS MUST COMPLETE EITHER SECTION 6 OR SECTION 7.

6. Completion of Dedicated Level 2 Course

Name of Dedicated Level 2 Course Attended: _____

Date of Course: _____

Location: _____

I verify that (name of applicant) _____ has successfully completed the above course for Level 2 Accreditation.

Signature: _____ Title: _____

Print name in Full: _____ Date: _____

E-mail address: _____ Tel: _____

Facility Name: _____

Address: _____

City: _____ Postcode: _____

Please turn page 7 and sign under **Agreement to Terms**

7. Training in a Hospital

A. Completion of Lectures

In addition to the applicant attending lectures equivalent to 8 hours of CPD for Level 1 accreditation
The applicant must have attended additional advanced lectures equivalent to a further 8 hours of CPD to include:

1. Image optimization, radiation dose reduction, and advanced post-processing.
2. Functional assessment with cardiac CT and correlation with other modalities. Identification of wall motion and perfusion abnormalities.
3. Bypass graft anatomy and assessment.
4. Coronary artery stent assessment.
5. Role of stress imaging techniques and when to use them.
6. Assessment of valvular heart disease and role of CT.
7. Role of CT in patients with heart failure.
8. Role of CT in pericardial diseases and cardiac masses.
9. The role of CT in evaluation of congenital heart disease.
10. Identifying non-cardiac pathologies on a cardiac CT scan, particularly lung pathology.

I verify that the applicant has attended the required number of lectures appropriate to Level 2 CPD covering the topics listed above.

Signature: _____ Title: _____

Print name in Full: _____ Date: _____

E-mail address: _____ Tel: _____

Facility Name: _____

Address: _____

B. Hands-On Training

The applicant must have independently reported on at least 150 contrast cardiac CT examinations over a wide range of conditions encountered in clinical practice in which correlation to other investigations or clinical outcomes are known.

The case mix must include:

- No more than 50 non-enhanced examinations
- At least 50 cases of coronary analysis (of which greater than 75% have coronary pathology, ideally correlated to catheter angiography or follow-up)
- At least 25 cases of other cardiac pathology, ideally correlated with other investigations or follow-up
- At least 25 cases of patients who have undergone coronary artery bypass grafting, ideally with correlation or follow-up
- At least 10 cases of patients with coronary artery stents, ideally with correlation or follow-up

The applicant must have been involved in the decision making process for at least 50 cases (which can include the above). It is recognised that such experience can in part be obtained by the use of pre-recorded “live” cases using video/dvd clips. This can be a very effective learning tool, as long as real cases are used and the specific scanning parameters are discussed. **However, the applicant should be in the scanner control room and involved in the decision making process (including post-processing and interpretation of images) for at least 25 cases occurring in real time (if live cases are performed within a course environment, evidence that no more than 2 delegates are involved in decision making process for each case will be required)** This should ideally occur at a BSCI recognised exemplar site **i.e. under the tutelage of a level 3 trainer.**

Institution: _____

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

Cases independently reported on by the applicant:

Total number of cases of non-enhanced examinations: _____

Total number of cases of coronary analysis (of which greater than 75% have coronary pathology, ideally correlated to catheter angiography or follow-up): _____

Total number of cases of other cardiac pathology, ideally correlated with other investigations or follow-up: _____

Total number 25 cases of patients who have undergone coronary artery bypass grafting, ideally with correlation or follow-up: _____

Total number of cases of patients with coronary artery stents, ideally with correlation or follow-up: _____

I verify that the applicant has independently reported on the above number and types of cases.

Signature: _____ Title: _____

Print name in Full: _____ Date: _____

E-mail address: _____ Tel: _____

Facility Name: _____

Address: _____

Institution: _____

Total number of cases where the applicant was involved in the decision making process: _____

Please provide copies of anonymised reports for all cases (co-signed by consultant if appropriate)

I verify that the applicant has been involved in the decision making process for the above 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 2 Accreditation Application Check List.
3. Scan all documentation and send to 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 2 £150 for BSCI/BSCCT members or £250 (Sterling) for non-members. 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 2 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. _____