

	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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Renewal for BSCCT Accreditation

Level 3

I. Maintenance of Competence

Level 3*

- 300 live cases cumulative over 3 years.
- 40 hours of Category I CPD every 36 months of cardiovascular CT

1) All 300 cases must be cases where performance is personally witnessed (including patient preparation, scan planning, scan acquisition and scan reconstruction) and whose data are personally manipulated on a dedicated CCTA workstation.

2) Accompanying data must include an anonymous patient list of 300 cases (*you will probably have undertaken more than this but detail is only required for a sample of 300*) giving the indication and diagnosis for each case. DLP values should be included.

This list must be signed off by your Head of Departmental (or Clinical Director or Medical Director if you are Head of Department). You may find it helpful to utilise the proforma provided on the BSCI/BSCCT website.

3) This application must be accompanied with payment in full under the following fee schedule:

- a. BSCI members: £175.00
- b. Non-members: £250.00

4) A letter of verification of experience from the BSCI will be processed within 8 weeks. Rush accreditation (2 weeks) can be achieved for an additional administrative fee of £100.00.

PLEASE TYPE OR PRINT (IN INK) ALL INFORMATION

I hereby make application to the BSCCT for

RENEWAL

Verification of appropriate recommended training in ECG Gated Cardiac CT – Level 3

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 3 Accreditation must be either

Consultants in Radiology or Cardiology

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. Current Institution:

Name

City

Start Date

5. Completion of 40 hours of lectures and/or CPD credits related to Cardiovascular CT in particular within the last 36 months:

Applicant must have earned **40** hours of Category 1 CPD credits during the *prior 36-month period*.

Attach copies of CPD certificates of attended and/or delivered CPD relevant to application.

6. Documentation of Cardiovascular CT exams (300 Contrast CCT exams):

Verified list of 300 contrast CCT cases where the candidate must be **responsible for and/or primary or co-reader of the cardiovascular CT angiography scan, and be involved in the acquisition and interpretation of all cases.**

Institution: _____

Cases independently reported on by the applicant:

Total number of contrast CT cases **personally involved in the acquisition and interpretation (min 300):** _____

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: _____

Please provide copies of anonymised reports for all cases

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 some or all of the cases undertaken and lectures presented or attended by me.

Signature of Applicant: _____ Date: _____

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

7. Agreement to Terms

I, 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 3 Re-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: GB23HBUK40165781374346
5. If you are unable to make an electronic payment cheques will be accepted **but incur an addition £10 administration fee.** Level 3 £175 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

 Letter or certificate verifying the lectures (appropriate CPD level) attended covering the topics relevant to CT and Cardiac CT _____

 Letter or certificate verifying that appropriate number and duration of 'hands on' training has been obtained including the live cases and anonymised reports where required. _____