



## Application for BSCI/BSCCT Accreditation in Cardiac CT

### Level 1

PLEASE TYPE OR PRINT (IN INK) ALL INFORMATION

I hereby make an application to the BSCI for accreditation of Level 1 practice in Cardiovascular CT. I agree to the withdrawal of BSCI accreditation if any of the statements I make in this regard are found to be false or if any of the rules governing this process are violated.

**Eligibility.** Applicants for Level 1 accreditation must be one of the following

- Consultants or Specialty Trainees (or Specialty Doctors at an equivalent level) in Radiology, Cardiology or allied specialities such as Cardiothoracic Surgery

Are you a BSCI Member? Yes  No

Membership number:

<b>APPLICANT INFORMATION</b>		
Name:		
Date of birth:	Phone:	Fax:
Current address:		
Email:		GMC:
<b>FIELD OF SPECIALISATION</b>		
Radiology / Cardiology / Other		Year of training or date of consultant appointment.
FRCR / MRCP or other higher qualification (give detail)		Date:
<b>CARDIAC CT PROGRAMME EXPERIENCE</b>		
Institution:		City:
Role:	Start date:	End date:
Institution:		City:
Role:	Start date:	End date:
Institution:		City:
Role:	Start date:	End date:
<b>CURRENT INSTITUTION</b>		
Institution:		City:
Role:	Start date:	End date:

Applicants must either have had training at a hospital that provides exposure to the required number of cases **or** attended a dedicated Level 1 course delivered by trainers accredited to at least BSCI/SCCT Level 2 standard. In both circumstances, applicants must demonstrate 8 hours of CPD in cardiac CT.

#### **Route 1 – Hospital-based experience**

1. The applicant, during normal clinical practice, has performed **50 cardiac CT studies**. **No more than 5** of these may be solely non-contrast studies. The applicant should have been involved in choice of scan protocol, patient preparation, study acquisition, analysis and report production.
2. At least 25 of these cases must be recorded in detail in a logbook that is submitted with this application. A logbook template is available on the BSCI/BSCCT website ([here](#)).

#### **Route 2 – Course-based experience**

1. The applicant has attended a classroom-based Level 1 course (supervised by trainers accredited to at least BSCI/SCCT Level 2 standard), during which they will have examined **50 cardiac CT studies**. **No more than 5** of these may be solely non-contrast studies.
2. At least 25 of these cases must be recorded in detail in a logbook that is submitted with this application. A logbook template is available on the BSCI/BSCCT website ([here](#)).

## Continuing Professional Development

Complete the section below or provide explicit details as part of the documentation from your Level 1 course.

### CPD CONFIRMATION

The applicant must have accumulated the equivalent to **8 hours** of cardiovascular CT related CPD to include, but not be limited to:

1. Technical principles of cardiac 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

**If a Level 1 course certificate is submitted as evidence of relevant cardiovascular CPD, the certificate should confirm the details above.**

**If this CPD activity is accumulated from meetings attended, in-house training or online training, it must be supported by CPD certificates.**

**Please note:** If the submitted CPD certificates relate to general or multi-stream meetings, the certificates must detail the lectures and modules attended **relevant to this application**. When the certificate does not provide this detail, the applicant must provide the details of the relevant meeting content (e.g. conference programme) and the applicant will be credited an appropriate proportion of the CPD value of the meeting certificate.

## Hands-on Training – evidence.

**Hospital based.** The applicant must have, under supervision, performed and interpreted **at least 50 contrast cardiac CT examinations**, of which **at least 25** must be recorded in a logbook. The minimum information required in the log is scan indication, method of acquisition, findings and total dose-length product.

**Course based.** A log of cases undertaken in the classroom is required, and the course certificate should confirm interpretation of **50 cases**. Detailed indications and findings for **at least 25 cases** should be provided, ideally along with method of acquisition and total dose-length product. Although course providers should provide this logbook, submission of these details for the purposes of Level 1 Accreditation remains the **responsibility of the applicant**.

VERIFICATION OF HANDS ON PRACTICE*	
I verify that the applicant has, under supervision, performed and interpreted at least <b>50 contrast-enhanced cardiac CT studies</b> . They have been mentored by a Cardiac CT practitioner trained to at least BSCI/SCCT Level 2 Accreditation standard.	
I verify the applicant is a Consultant, Specialty Registrar or Specialty Doctor in good standing in this department.	
I verify the applicant is providing a sample of at least 25 anonymized cases, in accordance with the terms outlined above.	
Signature of head of training:	Title:
Name in full:	Date:
Email:	Tel:
Institution and Cardiac CT accreditation	
Address:	

\*This may be replaced by a detailed course attendance certificate/Letter, signed by the course director. In this circumstance, a separate letter verifying Consultant, Specialty Registrar or Specialty Doctor status is required from the applicant's Head of Department, Human Resources, Medical Director or other authorised person.

**Agreement to Terms**

I understand and agree that, in consideration of my application, my practice may be reviewed and assessed by the Society and that the Society may make enquiries in to such practice, to whomsoever they deem appropriate. If the information gathered is at odds with the details contained within the application, I will be given the opportunity to address such conflicts, but will not be advised as to the identity of the individuals who have furnished adverse information. I understand that in addition, that all statements and other information furnished to the Society in connection of this application should be confidential and not subject to examination by me or anyone acting on my behalf.

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

### **Instruction to Applicant:**

Applications and payment for BSCI Accreditation MUST be submitted in electronic format.

1. Complete the application form and collate supporting 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. **For course based applicants only**, obtain a letter verifying your status as a Consultant or Specialist Registrar from your Head of Department, Human Resources, Medical Director, etc.

3. Scan the completed application form and all supporting documentation.

4. Email a copy of the completed application form and supporting documentation to:

[bsci@biomedex.co.uk](mailto:bsci@biomedex.co.uk)

6. The appropriate fee should be paid by BACS with your name as the reference

Level 1 fees

£100 (Sterling) for BSCI members

BACS payment details are

Account Name: "BSCI / BSCCT"

Account Number: 81374346

Sort Code: 40 16 57;

BIC: HBUKGB4124C

IBAN: GB23 HBUK 4016 5781 3743 46

Postal address:

BSCI Secretariat c/o BioMedEx, Centrum House, 38 Queen Street, Glasgow, G1 3DX, UK

T: +44(0)141 378 0958

**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 made by BACS.

4. Letter verifying status as a Consultant, Specialist Registrar or Specialty Doctor from the Head of Department, Human Resources, Medical director, etc.

5. Include:

Completed Application Form, Verification of Attendance at a Dedicated Level 1 Course (including 50 studies) and 25-case logbook.

**OR**

Completed Application Form, certificate(s) demonstrating the required 8 hours of CPD and 25-case logbook.