



## **Application for BSCI Clinical Practitioner Accreditation in Cardiac CT**

### **Level 2 Clinical Practitioner – Re-accreditation only**

### **Level 3 Clinical Practitioner – All applications**

#### **Background**

This application is for those looking either to **(i)** re-accredit as either a Level 2 or Level 3 Practitioner in Cardiac CT or **(ii)** having met the requirements, upgrade an existing Level 2 accreditation to Level 3 Practitioner in Cardiac CT.

#### **Eligibility**

In general, this form is for applicants with existing Level 2 or Level 3 BSCI/SCCT accreditation. It is likely that you were last accredited 3 years ago and you will have been routinely practicing in cardiac CT.

**The reaccreditation process has changed** so that, on reaccreditation, you must decide whether you wish to **(i)** re-accredit as a Level 2 Clinical Practitioner showing ongoing commitment to clinical cardiac CT delivery; **(ii)** take the opportunity to apply for the more advanced Level 3 Clinical Practitioner accreditation; or **(iii)** renew at Level 3.

Occasionally, experienced practitioners may not have applied for accreditation previously but wish to apply for the more advanced Level 3 accreditation directly. This will be considered only in exceptional circumstances and requires robust supporting evidence. Such applicants are advised to contact the BSCI Accreditation Committee in advance of submitting an application in order to confirm eligibility in principle. Applicants should note that this confirmation does not constitute a guarantee that the application will be successful upon review.

<b>APPLICANT INFORMATION</b>		
Name:		
BSCI membership	Yes/No	Membership number
Date of birth:	Phone:	Fax:
Current address:		
Current accreditation level:		
I am applying for – Level 2 Clinical Practitioner [ ] Level 3 Clinical Practitioner [ ]		
Email:		GMC:
<b>FIELD OF SPECIALISATION</b>		
Radiology [ ] Cardiology [ ]		Year of training or date of consultant appointment.
FRCR / MRCP /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:
<b>CURRENT INSTITUTION</b>		
Institution:		City:
Role:	Start date:	End date:

## Level 2 and 3 Clinical Activity Levels

For both Clinical Practitioner categories, the **minimum** acceptable level of clinical activity that you will be able to demonstrate is **300 cases over the past three years (most will have undertaken considerably more than this)**. You will also have been undertaking relevant CPD and will be able to demonstrate **at least 20 hours** of Category 1 CPD over this period.

Applications to these Clinical Practitioner levels are not encouraged before 3 years have elapsed since initial accreditation. However, such applications may be considered where individuals have accumulated the minimum requirements of 300 clinical cases and 20 Category 1 CPD credits and wish to expedite the process. There will be no reduction in application fee for applications made less than 3 years since Level 2 Basic accreditation.

### 1. Clinical Cases.

- 300 contrast-enhanced cardiac CT acquisitions are required, all of which the applicant must personally supervise (including patient preparation, scan planning, scan acquisition and scan reconstruction), post-process and report.
- An accompanying letter, indicating the range of activity and the total number of cases undertaken and reported over the past three years, signed by the head of department may be submitted in lieu of an exhaustive log book (please use the form for Verification of Hands on Practice on page 5 or a departmental letter with the same form of words).
- You must still provide a detailed logbook of 25 cases, as detailed below.

### 2. CPD; 20 hours of Category I CPD every 36 months of Cardiovascular CT

- CPD activity accumulated from meetings attended, in-house training or online training, must be supported by CPD certificates.
- 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 details of the meeting content and the applicant will be credited an appropriate proportion of the CPD value of the meeting certificate, assuming there is appropriate content in the meeting program.

### Level 3 Clinical Practitioner Application

The BSCI/BSCCT appreciates that individuals may be undertaking a more extended role in Cardiac CT, with regular, ongoing teaching and research activity. **Level 3 Clinical Practitioner** is designed as a badge to reflect this where such additional contributions to the Cardiac CT community are substantial. If this applies to you then this may be recognized through application for **Level 3 Clinical Practitioner** accreditation. Evidence provided must relate to activity undertaken **since the time of your last accreditation**.

You **must** fulfill one or both of the categories below:

#### 1. Research activity: (you must satisfy either one of the following two criteria)

- You have co-authored 3 original articles specifically related to cardiovascular CT (original research, reviews or editorial pieces; must be searchable in PubMed).
- You have completed a higher degree related to cardiovascular CT in the past three years.

#### 2. Teaching and training: (you must satisfy at least two of the following three criteria)

- You are practicing at a training centre and are routinely delivering in-house training in cardiac CT.
- You are teaching on Level 2 Cardiac CT classroom courses, and have done so at least annually since the time of your last accreditation.
- You are teaching at least annually on Cardiac CT at regional, national or international meetings (**NB**. local departmental talks do **not** qualify).

#### Give full details of research, teaching and training activities in a simple document.

- Provide a short statement supporting your application for the category of your choice.
- For teaching and training you must also provide documentary evidence in the form of meeting programs, invitation letters, delegate feedback, trainee feedback, etc.
- Where the activity is undertaken in-house, you must provide details of the number and variety of trainees, frequency and duration of attachments and evidence of outcome, (for example, by providing evidence of individuals becoming accredited in cardiac CT).
- In the case of an application for recognition of academic distinction, please provide a list of all relevant publications, in standard format, with a short statement summarizing the relevance of each publication. In general, case reports are **not** sufficient to meet the requirements for Level 3 accreditation.
- All applications are independently reviewed by two committee members. The chair of the accreditation committee will arbitrate when necessary and the decision of the BSCI/BSCCT accreditation committee is final.

### VERIFICATION OF HANDS ON PRACTICE

Statement of Head of Department, Clinical Director or Medical Director of the individual making this application;

I verify that the applicant, .....has performed at least 300 contrast-enhanced cardiac gated CT studies in the past 3 years and has been responsible for or involved in the decision-making and report generation.

I also verify the applicant is a specialist registrar, clinical specialist or consultant in this department, in good standing.

I verify this applicant is providing a sample of at least 25 anonymized cases, including date, indication, report, technique and DLP (*we suggest you utilize the proforma on the BSCI website, available [here](#)*).

**I verify the details above.**

Signature:	Title:
Name in full:	Date:
Email:	Tel:
Institution and position;	
Address:	

**Agreement to Terms**

As the **applicant**, 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 into 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 this information. I understand that in addition all statements and other information furnished to the Society in connection with this application should be confidential and not subject to examination by me or anyone acting on my behalf.

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

**Application fee (LEVEL 2 AND LEVEL 3).**

This application must be accompanied with payment in full as below:

BSCI members in good standing: £175.00

Non-members: £250.00

We endeavor to process applications within 8 weeks. More rapid accreditation (2 weeks) can be requested for an **additional** administrative fee of £100.00.

**Instruction to Applicant:**

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

1. Complete the application form and state clearly which level you are applying for.
2. Collate supporting documentation including Verification of Hands-On Practice. All required signatures must be present for the application to be considered complete. Incomplete applications will be returned to the applicant.
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

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. Relevant Verification of Clinical Practice by head of department or medical director.
  
5. Include:
  - Verification of CPD,
  - Log of 25 exemplar cases with anonymized reports etc.
  - Supporting information for Level 3 application, if appropriate to application.