



President: Dr Roger Bury
Secretary: Dr Mark Hamilton
Treasurer: Dr Giles Roditi

www.bsci.org.uk

Application for BSCI Accreditation

Level 3

PLEASE TYPE OR PRINT (IN INK) ALL INFORMATION

I hereby make application to the BSCI for

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 Consultants in Radiology and 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. 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 total of 32 of CPD to include all basic and advanced lectures as in Level 1 and Level 2 equivalent to 16 hours of CPD related to CT and cardiac CT and additional lectures/courses on other aspects of cardiac imaging and clinical cardiology equivalent to 16 hours of CPD.

Applicant must be able to demonstrate that they have performed at least 300 contrast enhanced CT coronary angiograms and 50 non-contrast enhanced exams in the last 3 years and been physically present for at least 100 of these.

Applicants must also be able to demonstrate that they have an active and on-going participation in basic or clinical research and teaching in cardiac CT/Imaging.

Continuing experience: 100 cardiac CT angiograms performed and interpreted per year.

Continuing education: 40 hours of Category 1 CPD every 60 months

APPLICANTS MUST COMPLETE SECTIONS 6, 7 and 8.

6. Lectures

The applicant must have attended a total of 32 of CPD to include:

- a. All basic and advanced lectures as in Level 1 and Level 2 equivalent to 16 hours of CPD related to CT and cardiac CT.
- b. Additional lectures/courses on other aspects of cardiac imaging and clinical cardiology equivalent to 16 hours of CPD.

I verify that the applicant has attended the required number of lectures appropriate to Level 3 CPD.

Signature: _____ Title: _____

Print name in Full: _____ Date: _____

E-mail address: _____ Tel: _____

Facility Name: _____

Address: _____

7. Hands-on Training

The applicant must have independently reported on at least 300 contrast enhanced cardiac CT examinations (and been physically present for at least 100 of these) and 50 non-contrast enhanced exams in the last 3 years

These studies should cover 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 100 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. This should ideally occur at a BSCI recognised exemplar site.

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 website or equivalent details.

I verify that the applicant has performed the above number and types of cases.

Signature: _____ Title: _____

Print name in Full: _____ Date: _____

E-mail address: _____ Tel: _____

Facility Name: _____

Address: _____

Institution: _____

8. Research and Teaching

Demonstration of active and on-going participation in basic or clinical research and teaching in cardiac CT/Imaging by at least one of the following:

A) Lecturer for at least two CME accredited courses on topic of cardiac CT:

Title of Lecture Presented: _____

Date of Course: _____

Location: _____

Title of Lecture Presented: _____

Date of Course: _____

Location: _____

I verify that (name of applicant) _____ has presented the above lectures.

Signature: _____ Title: _____

Print name in Full: _____ Date: _____

E-mail address: _____ Tel: _____

Facility Name: _____

Address: _____

City: _____ Postcode: _____

OR

B) Three or more peer-reviewed publications in cardiac CT in past three years:

Details of Publication (1):

Title: _____

Date: _____

Publication: _____

Details of Publication (2):

Title: _____

Date: _____

Publication: _____

Details of Publication (3):

Title: _____

Date: _____

Publication: _____

I verify that (name of applicant) _____ has published the above articles.

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**

8. Agreement to Terms

I, the undersigned applicant, recognise the British Society of Cardiovascular Imaging 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 3, and further agree to hold harmless individually and collectively the British Society of Cardiovascular Imaging 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. Enclose the appropriate fee – Level 3: £200 (Sterling) for BSCI members, £350 for non-members. Please make cheques payable to “British Society of Cardiovascular Imaging” (cheques to be drawn on a UK bank).
3. Complete the Level 3 Accreditation Application Check List.
4. Return completed application, additional documentation, application checklist and payment 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 enclosed by cheque. _____
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 supporting anonymised reports. _____

 Programme verifying where lectures have been delivered. _____