

RANZCR. The principles underpinning the development of the training requirements were that the training requirements must:

- support the delivery of safe, quality CTCA services to the people of Australia and New Zealand; and
- be consistent for Cardiologists, Nuclear medicine Specialists and Radiologists and recognise that each specialty would bring different pre-existing competencies and experience.

In order to assemble the available evidence to direct recommendations on training requirements, the Committee undertook a review of existing international publications setting out training requirements for CTCA and reporting on diagnostic accuracy according to varying levels of reader experience^{i, ii, iii, iv, v}. However, in the absence of studies providing high level evidence to support an appropriate level of training in CTCA across the three Specialties, the Committee agreed to adopt a consensus basis in setting training and credentialing criteria appropriate to Australia and New Zealand.

It concluded that in order to provide an appropriate framework for specialists in Australia and New Zealand, there should be two levels of specialist recognition:

- Level A: recognition of training that enables the CTCA Specialist to provide CTCA services independently and without supervision
- Level B: recognition of training that enables the CTCA Specialist to both provide CTCA services independently and without supervision, and to supervise Specialists and other CTCA Specialists in their CTCA training or CTCA Recertification activity.

The Committee also considered a range of currency of practice measures in the literature^{i, ii, iii, iv, v} which, despite some variation in approach, recommend regular performance and interpretation of CTCA as well as ongoing continuing education specifically related to CTCA. The Committee determined that any effort to measure currency of practice in CTCA through regular performance and interpretation of CTCA would require an individual to perform and interpret an average minimum of 2 cases per week for provision of service, and 4 cases per week for provision of service and training and supervision of others. It also considered that in the early stages of a certification program for the three specialties across Australia and New Zealand that a uniform continuing education measure would be difficult to establish.

The Committee developed a comprehensive set of recommendations for minimum training in CTCA, including a time-limited grandfathering period (which concluded on 30 November 2010), which were reviewed and endorsed by the respective Councils of the AANMS, CSANZ and RANZCR in 2009.

These criteria were subject to review in 2013. In undertaking this review, the Committee gave careful consideration to international approaches^{iii, iv, vi, vii} and the differing CTCA practice models across Australia and New Zealand, and identified the need for an additional pathway for demonstrating currency of practice which allows CTCA Specialists to use a measure of continuing professional development to supplement a lower CTCA case volume. Accordingly, while training requirements for initial Registration remain the same, this revised policy document now makes provision for two pathways for CTCA Specialists to demonstrate their currency of practice in CTCA. The revised criteria were subject to a public consultation and were endorsed by the respective Councils of the AANMS, CSANZ and RANZCR in (subject to final approval date). These criteria are set out in Sections 3 and 4 in this document.

3. PREREQUISITE CREDENTIALS FOR TRAINING IN CTCA

Each specialist seeking recognition as a CTCA Specialist must be able to demonstrate evidence of one of the following pre-requisites:

3.1 Cardiologists:

1. Evidence of Fellowship of the Royal Australasian College of Physicians (RACP); AND
2. Evidence of Ordinary Membership / Fellowship of CSANZ, OR proof of completion of Cardiology Training from RACP / CSANZ.