



Guidelines for the Conversion from Level A CTCA Specialist Recognition to Level B CTCA Specialist Recognition

Background

The Conjoint Committee for the Recognition of Training in CT Coronary Angiography recognises two levels of CTCA Specialist training:

- Level A - Independent supervision and reporting of CTCA examinations; and
- Level B - Independent supervision and reporting of CTCA examinations, and provision of CTCA training

As expertise in this area of cardiac imaging grows, it is expected that some Level A CTCA Specialists will seek to convert their Conjoint Committee recognition to Level B. This document sets out the arrangements for this process.

Conditions for Conversion of Level A Recognition to Level B Recognition

The Conjoint Committee has determined that the following principles will apply for Level A CTCA Specialists seeking to convert their registration to Level B:

1. The Level A applicant must demonstrate that he/she is meeting the requirements for existing Level A CTCA Specialist recertification; and
2. The Level A applicant must demonstrate evidence of an additional 150 logbook cases, of which:
 - 50 cases must be live cases from a clinical setting; and
 - 30 cases must be correlated.

The number of cases required to demonstrate maintenance of recertification for Level A recognition will depend on the month in which the application to convert Level A registration to Level B recognition is received. A table setting out the recertification cases required for each month in a 36 month recertification period is provided in Appendix A.

The general principle applied is that no single logbook case can be double counted as a recertification case AND a Level B case by an applicant seeking to convert their Level A registration to Level B.

Example:

Dr A was registered for Level A CTCA Specialist recognition on XXX October 2009 and seeks to convert this to Level B recognition in January 2011. Dr A needs to demonstrate:

275 Cases in Total

1. 125 Recertification Cases, of which:
 - 39 must be live cases from a clinical setting
 - 12 must be correlated (but can be live cases from a clinical setting or library cases)
2. 150 additional CTCA cases, of which :
 - 50 must be live cases from a clinical setting
 - 30 must be correlated
 - A maximum of 25 of these live cases can be derived from a clinical setting as part of a course