



Guidelines for Courses Delivering Training in CT Coronary Angiography

Specialists seeking training in the CT Coronary Angiography (CTCA) may achieve such training through a variety of means. Options include completion of mini-Fellowships at institutions, attendance at courses and mentoring.

Courses are expected to contribute to rather than deliver the full training requirements. Candidates may attend a range of courses but will be expected to align themselves with a recognised unit / mentor to complete the live case component.

Recommendations for Course Delivery

Course Presenters:

- The course director and presenters should be Level B or SCCT Level 3 accredited.
- An applications specialist should be available to support the clinical expert during workstation sessions

Course Ratios:

- The ratio of course participants to one clinical trainer and applications specialist is expected to be 15:1.
- It is recommended that the ratio of course participants to workstations be 1:1.

Certification of Course Candidates

Course providers should provide certification of candidates' attendance at a course which documents:

- The number of hours of didactic learning that has been achieved by a candidate; and
- The number of cases worked up and reported by the candidate. The information on cases must:
 1. Differentiate between live and library cases
 2. Specify the type of correlation that was provided
 3. Specify the number of cases with non coronary cardiac and non cardiac findings.
- Use of the CTCA Conjoint Committee Case Logbook is recommended

Competencies:

The course should deliver some or all of the following competencies through a structured program:

- CT cardiac anatomy
- CT Physics and Reconstruction techniques
- Radiation protection
- Dose optimisation
- Cardiac Workstation Processing
- Coronary and cardiac pathology, and non-cardiac and chest pathology
- Recognition of artefacts
- Patient selection and preparation including heart rate management
- Understanding of the clinical relevance of CTCA

Case Workup:

- Cases should be worked up from raw data with direct expert supervision / demonstration
- It is recommended that cases with non coronary cardiac and non cardiac findings are included
- Library cases should be correlated*, and should include documentation of patient prior history
- Expert reports +/- invasive angiographic correlation should be available by way of reference
- A minimum of 15 minutes should be allowed for workup of each case
- A live case component is recommended (see definition in Guidelines for Recognition of training in CTCA)

*Correlated cases are those where Correlation is provided through audit by coronary angiography/stress echo/nuclear MPS and/or through clinical follow-up with referring medical practitioner/multidisciplinary team.