Despite the current trend to promote the benefit, either financial or clinical, of one coronary artery or myocardial ischaemic test over another there is a growing movement to challenge this ‘one size fits all’ approach.

According to a recently published statement, endorsed by the American College of Cardiology Imaging Council, American Society of Echocardiography, American Society of Nuclear Cardiology, Society of Cardiovascular Computed Tomography, Society of Cardiovascular Magnetic Resonance and others there are 5 consensus principles important for a ‘patient centric and personalised approach to chest pain imaging’:

• Optimal patient care should be the priority for physicians and insurance providers.

• Given equivalent diagnostic accuracy and appropriate use criteria, there is no clear justification for routinely and indiscriminately recommending one diagnostic strategy over another.

• Test substitution driven by short-term costs savings should not be endorsed.

• In alignment with the principles of patient-centered medicine, a personalised approach to testing based on clinical information is better than one test for all patients.

• Physicians are willing to accept guideline-directed management, relieving insurance providers of liability and reducing administrative burdens and cost.
BNCS Trainee Committee
Are you a Radiology, Nuclear Medicine or Cardiology trainee interested in joining the BNCS Committee to promote the importance of nuclear medicine, education and training and standards?

Please contact us via the BNCS website.

Nuclear Cardiology Research
Are you actively involved in research or are you keen to link with other nuclear cardiology practitioners to develop research interests?

Please contact the BNCS via the website.

National Clinical Standards for Non-invasive Cardiac Imaging
Recommendations from the Imaging Council of the British Cardiovascular Society. This document aims to collate contemporary standards developed by the modality specific professional organisations, which make up the British Cardiovascular Society (BCS) Imaging Council, including the BNCS. The development process has been inclusive and iterative. Imaging societies (representing both cardiology and radiology) reviewed and agreed the structure. It will be published soon.

GIRFT
The Getting It Right First Time report for Cardiology is published. It calls for Nuclear Cardiology services, including PET-CT, to be available at a regional level. NHSE and cardiac networks should create new models for cardiac imaging, and pathways for access to PET, ensuring timely investigations using the most appropriate modalities for patients.

You Tube Channel
https://www.youtube.com/channel/UCUSITgUNVTTBT-AY8biFGQQ/videos

The channel will act as a repository for future webinars. If you have any material, or requests, please get in touch!

Useful Resources
Submitting a licence application to ARSAC
https://www.gov.uk/guidance/how-to-submit-practitioner-licence-applications-to-arsac

ARSAC notes for guidance: good clinical practice in nuclear medicine
https://www.gov.uk/government/publications/arsac-notes-for-guidance