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Accreditation of Nuclear Medicine Training Centers

Questionnaire for Nuclear Medicine Training Centres Applying for UEMS / EBNM Accreditation

Items marked with an asterisk (*) must be filled in

Details of the training centre: _____

Accreditation Type* _____

New-Accreditation ReAccreditation

Hospital:* _____

Department: _____

Address:* _____

Zipcode - City:* _____

Country:* _____

Head of department / Senior and/or Responsible for training:

Are you asking for Training Center in the whole field of Nuclear Medicine including PET and therapy or for a limited field, if so which areas?*

yes no

1. _____

2. _____

3. _____

4. _____

Head of department / Senior consultant

Name: * _____

Specialty: _____

E-mail address: _____

Telephone: * _____

Responsible for training

Name: _____

Specialty: _____

E-mail address: _____

Telephone: _____

Is the training centre accredited by a national professional authority for full training in Nuclear Medicine or in a limited area?*

yes no

If YES:

- Which authority: (*) _____

- Year of accreditation: (*) _____

Please attach a confirmation of approval: (*)

Was the centre visited by this authority?*

yes no

If YES:

- Year of visitation: (*) _____

List up to 10 (ten) other specialties that are recognized as training centres in your hospital

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Which medical specialists are involved in the Nuclear Medicine training?

Name	Specialty

Which of the followings are currently employed in the centre?

** Full Time Equivalent "some of fractions"*

Number FTE*

	Number	FTE*
Medical staff – fully approved specialists including chief		
Radiochemist		
Physicist		
Radiation protection officer		
Quality assurance officer		
Software engineer		

Which of the following paramedical workers are currently employed in the centre? Number FTE*

	Number	FTE*
Nuclear medicine technologists		
Laboratory technicians		
Nurses		
Medical receptionists		
Other		

Trainees

Number FTE*

	Number	FTE*
How many positions for trainees are currently at your centre?		
How many trainees do you have?		
Trainees in full time position		

What training is required for specialisation in nuclear medicine?

	mandatory	optional	Duration (months)
Nuclear Medicine*	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clinical bedside training*	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diagnostic Radiology*	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clinical Physiology*	<input type="checkbox"/>	<input type="checkbox"/>	_____
Others (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Others (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Others (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____
In vitro procedures*	<input type="checkbox"/>	<input type="checkbox"/>	_____
	yes	no	
Quality control*	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation protection and dosimetry*	<input type="checkbox"/>	<input type="checkbox"/>	
Administration and financing*	<input type="checkbox"/>	<input type="checkbox"/>	
Health care legislation*	<input type="checkbox"/>	<input type="checkbox"/>	

	yes	no
Does the centre offer theoretical education?*	<input type="checkbox"/>	<input type="checkbox"/>
- If yes, number of hours/month(*)	_____	
- If no, where do the trainees follow theoretical education (name of institution)(*)?	_____	

	yes	no
Is the knowledge and skill of the trainees evaluated regularly?*	<input type="checkbox"/>	<input type="checkbox"/>
Frequency (months):(*)	_____	

Do trainees participate in any of the following?

	yes	mandatory	no
Clinical presentations*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuclear medicine seminars/congresses*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research activities*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number

Dose Calibrator	_____
Single-head gamma camera (SPECT n =):	_____
Dual-head gamma camera (SPECT n =):	_____
Dual-head gamma camera (SPECT-CT n =):	_____
Triple-head gamma camera:	_____
Gating for myocardial SPET studies:	_____
PET camera:	_____
PET-CT:	_____
Cyclotron:	_____
Operating theatre Probe:	_____
DEXA:	_____
ECG:	_____
Treadmill:	_____
Bicycle ergometer:	_____
Others (please specify):	_____

Beds

How many beds does the hospital possess?*	_____
How many of these beds are available for nuclear medicine therapy?*	_____

Do the trainees have access to the following?	yes	no
Medical library:*	<input type="checkbox"/>	<input type="checkbox"/>
Scientific journals:*	<input type="checkbox"/>	<input type="checkbox"/>
Reference books:*	<input type="checkbox"/>	<input type="checkbox"/>
Internet:*	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory facilities:*	<input type="checkbox"/>	<input type="checkbox"/>
Separate working place:*	<input type="checkbox"/>	<input type="checkbox"/>

Is the quality control performed according to the current national guidelines?*

yes no

How many of the following procedures were performed during the past 12 months:

	Number
Central nervous system:*	_____
- of which PET:	_____
- or SPECT:	_____
- or SPECT-CT:	_____
Skeletal system:*	_____
- of which DEXA:	_____
Cardiovascular system:*	_____
- of which PET:	_____
- or SPECT:	_____
- or SPECT-CT:	_____
- or Gated SPECT:	_____
Pulmonary system:*	_____
- of which combined V / Q:	_____
- of which SPECT?	_____
Gastrointestinal system:*	_____
Urogenital system:*	_____
Endocrine system:*	_____
Haematopoietic and lymphatic systems:*	_____
- of which how many SLN:	_____
Tumours and inflammation:*	_____
- of which PET:	_____
- or SPECT:	_____
- or SPECT-CT:	_____
Radioimmunoassays:*	_____
Non radioactive laboratory tests:*	_____

Other studies:* _____
Intravascular therapy:* _____
Thyroid therapy, benign disease:* _____
Thyroid therapy, malignant disease:* _____
Other radionuclide therapy:* _____

Is the trainee able to fulfil the Syllabus (on this website in the section: Committees->Education & Syllabus) within the national training time?*

yes no

Or has he/she performed part of it in a cooperating center?*¹

¹ please send a copy of the agreement to the UEMS/EBNM office

yes no

Which one? _____