

Online Cardiac CT Imaging Program

Two modules. 250 unique educational cases.

6 APRIL - 5 OCTOBER 2027

WEEKLY TUESDAY TEACHING

26

LIVE SESSIONS

38.5

LIVE HOURS

60-90

MINUTES PER SESSION

MODULE 1

Core

6 Apr - 15 Jun 2027

100 cases | 10 sessions

MODULE 2

Advanced

22 Jun - 5 Oct 2027

150 cases | 16 sessions

Live scientific teaching, selected case discussions and independent workstation reporting. One planned recess: **18 May 2027**, during Eid al-Adha.

PROGRAM OVERVIEW

A structured pathway in cardiac CT

A six-month program with weekly Tuesday teaching, independent workstation interpretation and structured case reporting. Module 1 develops core skills through 100 unique cases. Module 2 adds 150 advanced cases covering complex coronary imaging, CT physiology and structural intervention planning.

Component	Module 1 Core	Module 2 Advanced
Dates	6 April-15 June 2027	22 June-5 October 2027
Live sessions	10 Tuesday sessions	16 Tuesday sessions
Live teaching time	14.5 hours	24 hours
Independent case portfolio	100 unique cases	150 additional unique cases
Assessment date	15 June 2027	5 October 2027

Weekly schedule

Sessions take place every Tuesday except 18 May 2027, when there is no live class because of Eid al-Adha. The previous seven-day buffers around holidays have been removed. The opening session lasts 60 minutes; all other sessions last 90 minutes. Total: 26 live sessions and 38.5 educational hours, excluding independent learning.

Session start time and time zone, named faculty and workstation platform: to be confirmed. Calendar dates and content in this agenda are the proposed teaching plan. No CME award or society endorsement is implied.

Learning outcomes

- Assess cardiac CT quality, recognise limitations and explain acquisition and patient-safety principles.
- Interpret coronary anatomy, calcium, plaque, stenoses, stents and grafts using structured reporting.
- Explain CT-derived physiology and use CT anatomy in coronary and structural intervention planning.
- Produce reports that communicate findings, measurements, uncertainty and issues requiring expert review.

Audience and learning format

For cardiologists, radiologists and physicians with relevant cardiovascular imaging experience. Module 2 assumes completion of Core or equivalent knowledge. Selected cases are discussed live; the full portfolio requires independent interpretation and reporting. Cases shown live remain part of the stated 250-case total and are not counted twice.

MODULE 1 / CORE

Foundations and coronary interpretation

6 April-15 June 2027 | 100 cases | 10 sessions | 14.5 live hours

Date	Unit	Scientific topic and scope	Cases	Min
06 Apr	C01	Cardiac CT foundations and anatomy Orientation; indications; CT image formation; coronary origins, course and dominance; initial workstation review.	10	60
13 Apr	C02	Patient preparation and acquisition Clinical questions; safety screening; ECG synchronisation, contrast timing and dose optimisation; protocol selection.	10	90
20 Apr	C03	Reconstruction and image quality Multiplanar and curved reformats; motion, blooming and other artefacts; non-diagnostic segments and reporting limitations.	10	90
27 Apr	C04	Coronary calcium scoring Non-contrast datasets; calcium identification and measurement; score interpretation and structured reporting.	10	90
04 May	C05	Coronary plaque assessment Plaque composition and burden; qualitative high-risk features; reproducibility and technical limitations.	10	90

Opening session format

C01: 00-10 orientation and baseline knowledge poll; 10-30 scientific foundations; 30-50 anatomy and workstation demonstration; 50-60 questions and knowledge check.

Standard 90 minute format

00-25 focused scientific teaching; 25-65 selected case interpretation or workstation review; 65-80 reporting discussion and feedback; 80-90 questions and knowledge check.

Independent case preparation

Each Core unit contains ten unique cases with a clinical question and reporting task. Review the relevant pre-session material and prepare case interpretations for the scheduled topic. Following the session, compare reports with the faculty reference and record corrections. Ten cases per unit are portfolio assignments, not ten full case reviews promised within the live session.

MODULE 1 / CORE

Reporting and Core assessment

Date	Unit	Scientific topic and scope	Cases	Min
11 May	C06	Coronary stenosis assessment Segment-by-segment analysis; luminal narrowing; difficult lesions; uncertainty and overestimation pitfalls.	10	90
25 May	C07	CAD RADS and structured reporting CAD-RADS 2.0 categories and relevant modifiers; coherent conclusions and communication of significant findings.	10	90
01 Jun	C08	Multivessel coronary disease Integrating lesion-level findings; left main and multivessel patterns; discordant findings and report prioritisation.	10	90
08 Jun	C09	Introduction to stents and bypass grafts Graft anatomy and patency; introductory stent assessment; artefacts and recognition of non-diagnostic studies.	10	90
15 Jun	C10	Integrated Core reporting and assessment Coronary variants; relevant extracardiac findings; complete report review; knowledge test and portfolio feedback.	10	90

18 May 2027: Eid al-Adha recess. No live session or compulsory submission deadline. Teaching resumes on 25 May.

Core learning tasks

For every case, document image quality, coronary anatomy, relevant findings and measurements, diagnostic limitations and a structured conclusion. C04 contains ten dedicated non-contrast calcium-scoring cases; the remaining units focus on cardiac CT interpretation in their assigned clinical contexts.

Core assessment on 15 June

C10 uses 00-15 for reporting synthesis, 15-55 for case-based assessment, 55-75 for the knowledge test and portfolio discrepancies, and 75-90 for feedback. Its ten assigned portfolio cases are included in the Core total of 100. Any additional test-only cases are excluded from the advertised portfolio count.

Proposed portfolio deadline: 15 June. Assessment covers study quality, anatomical accuracy, relevant measurements, classification where appropriate and report clarity. The scientific lead must set the pass standard and remediation process before enrolment.

MODULE 2 / ADVANCED

Complex coronary and functional CT

22 June-5 October 2027 | 150 additional cases | 16 sessions | 24 live hours

Date	Unit	Scientific topic and scope	Cases	Min
22 Jun	A01	Complex plaque and heavy calcification Difficult coronary lesions; advanced plaque assessment; blooming and image-quality limitations.	10	90
29 Jun	A02	Coronary stents Stent geometry and assessability; suspected restenosis; reconstruction strategies and reporting uncertainty.	10	90
06 Jul	A03	Bypass grafts and complex coronary disease Graft course and anastomoses; native coronary assessment; complex multivessel reports.	10	90
13 Jul	A04	CT derived fractional flow reserve Principles of CT-FFR; suitable datasets; anatomical and functional discordance; quality limits and clinical context.	10	90
20 Jul	A05	CT perfusion and functional integration Perfusion principles; acquisition concepts and artefacts; integration with coronary anatomy and CT-FFR.	10	90
27 Jul	A06	CTO anatomy and planning Occlusion length, caps, vessel course, calcification and distal target; information relevant to CTO PCI.	10	90
03 Aug	A07	Complex PCI planning Bifurcation anatomy, difficult coronary trajectories and calcium distribution; communication with the intervention team.	10	90
10 Aug	A08	TAVI annulus and aortic root Annular and root measurements; coronary ostial heights; bicuspid anatomy and measurement reproducibility.	10	90

Advanced session format

00-25 focused scientific teaching; 25-65 selected interpretation or planning cases; 65-80 report discussion and faculty feedback; 80-90 questions and knowledge check. The same format applies to A01-A15.

CT-FFR, CT perfusion and virtual intervention-planning exercises require suitable datasets and software access. The final practical scope should be confirmed with faculty and the workstation provider before enrolment.

MODULE 2 / ADVANCED

Structural planning and final assessment

Date	Unit	Scientific topic and scope	Cases	Min
17 Aug	A09	TAVI access and challenging anatomy Iliofemoral access; vessel dimensions and tortuosity; calcification; integrating access and root findings.	10	90
24 Aug	A10	Valve in valve and prosthetic valves Prosthesis assessment; valve-in-valve planning concepts; coronary obstruction risk anatomy and CT limitations.	10	90
31 Aug	A11	Mitral intervention planning Mitral annular geometry and calcification; virtual valve concepts and neo-LVOT assessment; procedure-specific reporting.	10	90
07 Sep	A12	Tricuspid intervention planning Tricuspid annular geometry; right-heart anatomy and access relationships; planning measurements and limitations.	10	90
14 Sep	A13	LAA closure and EP planning LAA morphology and thrombus pitfalls; pulmonary vein anatomy; measurement principles for closure and EP planning.	10	90
21 Sep	A14	Congenital coronary and cardiac anomalies Coronary origins and course; selected congenital cardiac anatomy; structured descriptions for multidisciplinary review.	10	90
28 Sep	A15	Aortic disease and integrated reporting Aortic dimensions and pathology; integrated coronary and structural reports; portfolio discrepancy review.	10	90
05 Oct	A16	Final case assessment and feedback Case-based interpretation assessment; portfolio review; feedback on reporting quality and individual learning plans.	-	90

Advanced assessment on 5 October

A16: 00-10 instructions and portfolio status; 10-55 assessed interpretation of selected cases; 55-75 reporting feedback and discrepancy review; 75-90 questions and individual learning plans. No new portfolio cases are assigned in A16.

Proposed Advanced portfolio deadline: 28 September, allowing faculty review before the final session. The 150 cases are distributed across A01-A15 in sets of ten. Test-only cases and repeat discussion of prior cases do not increase the portfolio total.

DELIVERY FRAMEWORK

Portfolio and assessment

Case portfolio and feedback

Each submission should contain an anonymous case ID, the clinical question, image-quality assessment, key findings and measurements, a structured conclusion, learner uncertainty and corrections after reference review. Linked acquisitions from one patient episode count as one unique case. Module 2 cases must be distinct from Module 1.

Each teaching case should have a faculty reference interpretation. Live teaching addresses selected cases and recurring errors. Individual sign-off of every report, feedback turnaround and additional mentorship hours must be agreed before these services are advertised.

Completion and educational hours

Proposed completion requirements are participation in the relevant live module, completion of its case portfolio and successful assessment under the faculty-approved rubric. Attendance thresholds, permitted absences and remediation arrangements remain to be defined. No routine session-recording promise is made.

The course has 38.5 live educational hours: 14.5 hours in Core and 24 hours in Advanced. Independent-learning time is additional and must be estimated from the completed materials. These figures are not awarded CME credits. The 250-case portfolio does not automatically confer SCCT or EACVI certification eligibility or clinical privileges.

Calendar decision

The program starts on Tuesday 6 April and ends on Tuesday 5 October 2027. It contains 27 Tuesdays: 26 teaching dates and one recess on 18 May, during Eid al-Adha. Holiday-adjacent teaching continues; the earlier seven-day exclusion periods and additional international holiday recesses no longer apply. No weekend classes are scheduled.

Items to confirm before publication

Named scientific lead and faculty; session clock time and time zone; anonymised datasets; workstation access and licenses; preparation-material availability; feedback arrangements; and assessment criteria. Announce CME approval or society endorsement only after formal confirmation.

Reference framework

The curriculum is an educational draft informed by the sources below. Referencing a society document does not imply course approval. Check for superseding guidance before delivery in 2027.

[CAD-RADS 2.0 consensus document - Read source](#)

[EACVI cardiac computed tomography certification - Read source](#)

[Diyaneet 2027 religious calendar - Read source](#)

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