



Australasian Association of
Nuclear Medicine Specialists

Application Form for Nuclear Medicine Specialists as Legacy Providers in Theranostics

WORKING TO PROMOTE AND ADVANCE THE PRACTICE OF NUCLEAR MEDICINE FOR BOTH DIAGNOSIS AND THERAPY

Australasian Association of Nuclear Medicine Specialists
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Introduction

Theranostics is the use of a radiopharmaceutical for both diagnosis and subsequent therapy with the same agent. The rapid development of theranostics has arisen due to the increase in number and prospective trials of radiotherapeutic options within nuclear medicine, showing improvement in patient outcomes for malignant disease, particularly in neuroendocrine tumours (NETs) and prostate cancer.

Performance of theranostic procedures requires essential competency in several areas, including:

- (i) detailed understanding of scans of both the molecular imaging diagnostic and therapeutic agents
- (ii) detailed understanding of normal biodistribution of both agents and image interpretation
- (iii) translating the diagnostic scan appearance into an assessment of the likely efficacy of radionuclide therapy; and
- (iv) practical experience in assessing patients, managing therapy delivery and short- and long-term side effects for optimal service delivery.

The rapid expansion of theranostics has led to an urgent requirement for the determination and recognition of appropriate training and experience in already-qualified individuals ("legacy providers") and the development and implementation of theranostics training as part of the Nuclear Medicine Advanced Training Program managed by the Committee for Joint College Training in Nuclear Medicine of the Royal Australasian College of Physicians (RACP) and the Royal Australian and New Zealand College of Radiologists (RANZCR) ("CJCT in Nuclear Medicine").

This process to formally assess and certify training and experience of already-qualified individuals is being undertaken by the Australasian Association of Nuclear Medicine Specialists (AANMS) and the CJCT in Nuclear Medicine.

Certification undertaken based on prior training and experience can be up to three years predating the Legacy Provider Certification Application submission date. Currently, it is proposed that this pathway will be discontinued in 2030. Prior to this, there will be regular opportunities for Nuclear Medicine Specialists to apply, timed to the CJCT meetings, which formally occur twice a year.

PLEASE NOTE:

- (i) Details of additional training to satisfy requirements for this certification process may be submitted up to eight weeks prior to the last CJCT meeting in the second half of 2030.
- (ii) The CJCT plans to commence approval of prospective training in theranostics from 2025.
- (iii) This programme is not intended to alter access to items which are currently listed on the MBS as of 1 July 2023.

Eligibility

As theranostics is a component of the specialty of nuclear medicine, only those specialists who are medical practitioners registered with AHPRA or NZMC as specialist nuclear medicine physicians or specialists in nuclear medicine (hereinafter collectively referred to as “nuclear medicine specialists”) are eligible for certification for theranostics under the legacy provider certification process.

The AANMS will check the status of each applicant.

The AANMS Theranostics Committee and/or the CJCT in Nuclear Medicine may contact the supervising specialist(s) listed on this application solely for further information and/or clarification relating to this application.

Application and Documentation

For a specialist in nuclear medicine to apply for certification in theranostics the attached application form must be completed, signed, and sent with evidence of payment of the application fee to: theranostics.certification@aanms.org.au

Application Fee

The application fee is **\$330.00** (including GST). See application form for more details.

Creation and Maintenance of Register

Specialists whose applications have been considered by the AANMS and the CJCT in Nuclear Medicine to be eligible for certification and who have paid the application fee will be advised by letter.

Applicants’ details will be kept on a secure database by the AANMS. Applicants must advise the AANMS of any changes to their contact details.

Privacy

The information provided on this form is collected only for the purpose of assessing and processing applications for certification for theranostics, and for contacting applicants in relation to their applications. Completed certification application forms are available only to the AANMS Theranostics Committee and the CJCT in Nuclear Medicine for the purposes of assessing applications.

Applicants may have access to their certification information at any time by contacting the AANMS at theranostics.certification@aanms.org.au or phone 02 9818 4824.

PLEASE NOTE:

Please complete the form overleaf.

All questions must be answered for the application to be considered.

Application for Certification for Theranostics: Legacy Provider

1. APPLICANT CONTACT AND MEDICARE PROVIDER DETAILS

Title		Full Name			
Address					
			State		Postcode
Phone					
Mobile					
Email					
Provider Number Australian applicants please list ONE nuclear medicine provider number and the address to which it relates. New Zealand applicants please list NZMC Registration Number and principal practice address <i>A provider number is required for use as a unique identifier for each applicant.</i>	Nuclear Medicine Provider Number or NZMC Registration Number				
	Address				

2. LEVEL OF CERTIFICATION APPLIED FOR

Please tick relevant box

General Certification <i>> 50 therapy live cases / administrations</i> <i>> 50 MDT cases</i> <i>CPD activity</i>	
Advanced Certification <i>> 120 therapy live cases / administrations</i> <i>> 100 MDT cases</i> <i>CPD activity</i>	
Paediatric Theranostics (Please provide information in Q3 & 4 below) <i>CPD activity</i> <i>Relevant experience</i>	

PLEASE COMPLETE THE FORM OVERLEAF



3. THERANOSTICS TRAINING

Training Institution(s) Please indicate the name and address of the institution(s) where you gained your clinical theranostics experience.	Institution Name(s)	
	Institution Address(es)	

Time spent at Institution(s)	Institution Name	Duration

Additional Training	Institution Name	Duration
<i>If you intend to obtain the required clinical theranostics experience, please indicate the institution and dates when training will be acquired.</i>		

PLEASE COMPLETE THE FORM OVERLEAF



Supervising specialist(s) where applicable <i>Please indicate the name(s) and email contact of the specialists in charge of clinical theranostics in the training institution(s) that you attended or plan to attend.</i>	Supervisor Name(s) with email contact <i>Note: supervising specialists may be contacted in relation to this application.</i>	

3.B THERANOSTICS TRAINING – GENERAL CERTIFICATION (ONLY)

Please tick

Training in Theranostics – General Certification <i>Complete this section ONLY if applying for General Certification</i>	I have undertaken > 50 therapies comprising initial consultations/administration of at least TWO (2) distinct therapeutic radiopharmaceuticals in the last three years. Participation in > 50 relevant MDT case discussions. <i>Please note recommendations of use in prostate cancer and NET tumours.</i>	
Please estimate the number of initial consultations/administrations	Therapies	Agent
Participation in > 50 relevant MDTs: <i>Please specify institution(s):</i>		

3.C THERANOSTICS TRAINING – ADVANCED CERTIFICATION (ONLY)

Please tick

Training in Theranostics – Advanced Certification <i>Complete this section if applying for Advanced Certification (Section 3B for General Certification does not need to be completed)</i>	I have undertaken > 120 therapies comprising initial consultations/administration of at least TWO (2) distinct therapeutic radiopharmaceuticals in the last three years. <i>Please note recommendations of use in prostate cancer and NET tumours.</i> Participation in >100 relevant MDT case discussions.	
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PLEASE COMPLETE THE FORM OVERLEAF



Please estimate the number of initial consultations or administrations	Therapies	Agent
Participation in > 100 relevant MDTs: <i>Please specify institutions:</i>		

4. RESEARCH – ADVANCED CERTIFICATION APPLICANTS ONLY

Research If applying for Advanced certification, please specify (where possible) the <i>title</i> and/or <i>Clinical Trials Registry Number</i> and/or <i>HREC name</i> and <i>reference</i> of relevant trial(s)	
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5. LICENSING and RESPONSIBILITIES OF THE APPLICANT (All applicants to complete)

		Please tick
Responsibilities of the Specialist	I am responsible or shall be responsible for the quality and safety of all clinical procedures performed under my direction, by nuclear medicine staff at the theranostics facility or facilities.	
Specialist Registration	I am registered with AHPRA or NZMC as a specialist nuclear medicine physician or specialist in nuclear medicine.	
CME	I am enrolled in a continuing medical education program that is compliant with AHPRA or NZMC requirements	
Quality Assurance	I confirm that appropriate practice quality assurance and control procedures are carried out in the theranostics facility where the procedure is performed	

PLEASE COMPLETE THE FORM OVERLEAF



6. DECLARATION

By signing this application, the applicant:

- Declares that this information is provided in good faith and is correct.
- Gives permission for members of the AANMS Theranostics Committee to clarify details of prior experience where necessary. This may include confidentially contacting supervising specialists named in the application.
- Confirms that they have advised the supervising consultants that the AANMS Theranostics Committee and/or the CJCT in Nuclear Medicine may contact them for further information about this application.
- Confirms that the supervising consultants have given permission for the AANMS and/or the CJCT in Nuclear Medicine to contact them in relation to this application.

Name			
Signature		Date	

7. FEE

Payment of \$330 can be made by EFT or credit card as below.

For EFT payments:

BSB Number: 062-000

Account Number: 2012 6715

Account Name: Australasian Association of Nuclear Medicine Specialists

For credit card payment, please tick this box:

To pay by credit card, please send in this application form together, with copy to the AANMS accountants, Actuate Accounting at: accounts@actuateaccounting.com.au and they will issue an invoice with the credit card payment link.

8. SUBMIT APPLICATION

Please submit the application form to: theranostics.certification@aanms.org.au, by C.O.B. on **16 October 2023**.

You will receive an acknowledgement after payment is confirmed.