



The Cardiac Society of Australia & New Zealand

APPLICATION FORM

Certification to Extract Chronically Implanted Transvenous Pacing and Defibrillator Leads

(Please Print)

APPLICANT INFORMATION				
Surname:		Given Name(s):		Title:
Address for correspondence:				
Suburb:		State:		Postcode:
Phone no.: ()		Fax No.: ()		Email:
Address type:		<input type="checkbox"/> Hospital	<input type="checkbox"/> Rooms	<input type="checkbox"/> Home <input type="checkbox"/> Other
Provider No.:			Date of Birth: / /	
<i>The HIC will not accept registrations which do not include a Provider Number. Please ensure that you complete the above section and INCLUDE YOUR PROVIDER NUMBER otherwise your application will be void.</i>				
TRAINING REQUIREMENTS				
<p>In determining certification criteria, the expert panel has consulted national and international best practice and published training criteria for comparable procedures.</p> <p>The Policy Statement of the Heart Rhythm Society (HRS, formerly the North American Society of Pacing and Electrophysiology, NASPE): Policy Statement of the Heart Rhythm Society: Transvenous Lead Extraction: Heart Rhythm Society Expert Consensus on Facilities, Training, Indications, and Patient Management and available at: http://www.hrsonline.org/Practice-Guidance/Clinical-Guidelines-Documents/2009-Expert-Consensus-Statement-on-Lead-Extraction-in-Patients-w-CIEDs#axzz33iUEWIs8 is adopted as the basis for the CSANZ certification criteria with the exception of the number of extractions (see below).</p> <p>The Advisory Committee defines a lead extraction as a lead implanted for more than six months or requiring extraction tools.</p>				
APPLICATION CRITERIA FOR CERTIFICATION				
<p>Suitably qualified practitioners who wish to apply for certification and listing on the Register should forward, together with this completed form, a letter of application, with supporting documentation, to the Lead Extraction Advisory Committee, via the CEO of the CSANZ. Supporting documentation should include:</p> <p>a) Curriculum vitae, including details of specialist training in cardiology or cardiothoracic surgery and subspecialist</p>				

training in pacing and electrophysiology;

- b) **Documentation of experience as the primary operator in performance of extraction of chronically implanted pacing and defibrillator leads, including summary of outcomes and any adverse events;**
 - c) Independent certification of experience in lead extraction by a qualified operator for such lead extraction, who will usually be the training supervisor;
- 1) For existing operators, demonstration of safe performance, as primary operator, of a minimum of 40 extractions of chronically implanted pacing or defibrillator leads;
 - 2) For new operators, safe performance, as primary operator, of a minimum of 40 extractions of chronically implanted leads, under supervision of a currently certified operator.

RECERTIFICATION CRITERIA

Details of recertification criteria are included for your information:

In order to meet recertification criteria, each certified operator must:

- 1) Maintain a log of all procedures performed, which shall include the date of the procedure, nature of the procedure and outcomes, including any adverse consequences. This log must be submitted to the Advisory Committee for annual review. Operators shall receive notice of requirement of log submission each year;
- 2) Operators who perform less than 3 extractions in one year or less than 10 in two years leads per year in a minimum of 5 patients OR 30 leads over three years shall be required to show cause for their continued certification and may be required to undergo refresher training. Certification may be withdrawn in the case of persistently low numbers;
- 3) Operators who have repeated major adverse events or complications shall be required to show cause for their continued certification and may be required to undergo refresher training;
- 4) Refresher training shall require safe performance of a minimum of 10 extractions of chronically implanted leads, under supervision of a currently certified operator.

APPLICATION

I hereby state that I:

- a) Have satisfactorily completed all training requirements for general training in Cardiology, as defined by the Specialty Advisory Committee in cardiology of the Royal Australasian College of Physicians for those who commenced specialist training before 1st January 2006, and as defined in the Specialist Training Curricula for Cardiology of the Royal Australasian College of Physicians and the Cardiac Society of Australia and New Zealand for those who commenced specialist training on or after 1st January 2006 OR have satisfactorily completed all training requirements for cardiothoracic surgery, as defined by the Royal Australasian College of Surgeons and Australasian Society of Cardiac and Thoracic Surgeons; **AND**
- b) Have satisfactorily completed all training requirements for subspecialty training in electrophysiology and pacing, as defined in the Subspecialty Training Curriculum of the Cardiac Society of Australia and New Zealand OR have satisfactorily completed surgical training in the implantation of permanent pacemakers and defibrillator devices; **AND**
- c) Have demonstrated safe performance, **as primary operator**, of a minimum of 40 extractions of chronically implanted pacing or defibrillator leads; OR for new operators, safe performance, as primary operator, of a minimum of 40 extractions of chronically implanted leads, under the supervision of a currently certified operator.

I also consent to an audit of my practice relating to lead extraction, if deemed necessary by the CSANZ.

Signed: Witnessed: Dated: / /

OFFICE USE ONLY

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