



The Cardiac Society of Australia and New Zealand

## Position Statement

### Competency in Adult Diagnostic Cardiac Catheterisation and Coronary Angiography

This document was originally developed by the Interventional Working Group and co-ordinated by Dr Andrew Thomson and Dr Leo Mahar. The Statement was reviewed and revised by Dr Jim Stewart and members of the CSANZ Interventional Council. The Statement was reviewed by the Continuing Education and Recertification Committee and ratified at the CSANZ Board meeting held on Friday, 28th November 2014.

#### TRAINING CENTRE:

Competency in cardiac catheterisation and coronary angiography can be achieved through adequate experience gained in a training centre. The desirable characteristics of a training centre are:

- At least two experienced coronary angiographers as trainers who are willing to select trainees, to supervise training and certify competency in cardiac catheterisation and coronary angiography. The training supervisor should be the director of the catheterisation laboratory at a tertiary referral hospital or have equivalent experience.
- The centre should perform sufficient diagnostic coronary angiograms to enable each trainee/cardiologist to participate in 400 cases per year.
- Participate in regular case and coronary angiogram image review.
- Auditing of quality of coronary angiography and complications.

#### TRAINEE EXPERIENCE:

To train in diagnostic cardiac catheterisation and coronary angiography, a physician may:

- 1) do so as a part of their FRACP core training in cardiology, or
- 2) have completed core training in cardiology as recognised by the RACP or its equivalent, and be undertaking recognised re/training in diagnostic cardiac catheterisation and angiography.

Cardiology training by itself does not ensure competence in cardiac catheterisation and coronary angiography. To gain competence in coronary angiography a trainee must:

- Participate in 400 coronary angiograms including pre-angiogram workup, the procedure, formal reporting and the patient management decisions.
- Of those 400 procedures, at least 150 cases must be as a supervised operator, and 150 cases as the primary operator.
- Additionally, be involved in at least 20 right heart catheterisation studies.
- The trainee must have a log book, certified by the director of the training unit, of cases including details of complications.

**MAINTENANCE OF COMPETENCE:**

To maintain competence, an experienced coronary angiographer should:

- Perform at least 100 cases per year.
- Participate in regular case and coronary angiogram image review.
- Participate in auditing of angiogram quality and complications.

Re-training is recommended if a cardiologist has completed the training requirements outlined above, but has not performed procedures for a significant period. If the time away from the cardiac catheterization laboratory has been 1-3 years, the operator should remain under mentorship and the direct observation of the laboratory director (who has over five years of experience as an independent operator after guideline fulfilled training) until certification of competence of that individual can be recommended. This work should involve at least 25 cases. In longer absences from the cardiac catheterisation laboratory, certification should not be granted until the clinician has undertaken at least three months of formal laboratory training at an institution with a fellowship training program and is certified by the laboratory director.