The Cardiac Society of Australia and New Zealand

Position Statement

Competency in Percutaneous Coronary Intervention (PCI)

This document was originally developed and co-ordinated by Dr Andrew Thomson and members of the Interventional Working Group. The Position Statement was reviewed by Dr Jim Stewart and members of the Interventional Council Executive.

The revised Statement was considered by the Continuing Education and Recertification Committee and ratified at the CSANZ Board meeting held on 1st August 2014.

TRAINING CENTRE:

The desirable characteristics of a training centre are:

- At least 2 experienced interventional cardiologists as trainers
    - The program supervisor should be the director of the catheterisation laboratory at a tertiary referral hospital or have equivalent experience
    - Trainers should perform 200+ PCIs per year.
- Centre performing at least 400 PCIs per year and participating in a primary PCI program.
- Ongoing internal audit of centre/operators procedural outcome and complications.
- Regular mortality / morbidity reviews by the cardiologists and others as appropriate.
- Centre and trainer requirements might be met by the collaboration of multiple sites, one of which should perform more than 400 PCIs per year.

It is recognized that early on in the development of a program, rural hospitals may not have the case loads to allow for these volumes. In this setting, continued functioning of the unit will be conditional on acceptable performance as determined by regular clinical audit and review of outcomes with the allied tertiary referral hospital.

TRAINEE EXPERIENCE:

The trainee experience specifically refers to training in percutaneous coronary interventions (PCI). PCI training is separate to and not part of core advanced FRACP training. A trainee in coronary angioplasty should have completed FRACP recognized training in Cardiology or its equivalent and only undertake interventional training following completion of training in coronary angiography, as outlined in CSANZ "Guidelines for Competency in Diagnostic Cardiac Catheterisation and Coronary Angiography."

Training in coronary interventional procedures should be carried out during a full time fellowship of at least 12 month duration dedicated predominantly to coronary interventional training.

It is recognised that practicing cardiologists may undertake training on a part time sessional basis. This training should comprise a minimum period of one year and be completed within 3 years, and during this period all the requirements of a full time training program should be fulfilled. Physicians completing their training in this manner should have their program endorsed by a training program supervisor (see above). Additional requirements for a training program in interventional cardiology are as follows:

- Interventional experience at a training centre in Australia, New Zealand or overseas. Individuals wishing to undertake their training overseas should ensure that these institutions meet the standards recommended by the CSANZ.
- At least 400 PCIs, including at least 100 complex cases (such as chronic occlusions, bifurcation lesions, multilesion / multivessel intervention, AMI intervention). Trainees are required to make a significant contribution to the pre-procedure assessment, the interventional procedure, and post-operative patient care.
- At least 200 PCIs should be performed as primary operator.
- Logbook of cases: detailing clinical indications including assessment of procedural risk, interventional procedure, outcome and complications. This log book must be certified by the director of the training unit.
- Participation in interventional cardiology research.
- Attendance at one or more national or international interventional cardiology course/meeting.
- Significant proportion of training experience should be spent at a unit with on-site surgery.

MAINTENANCE OF COMPETENCE:

- Individual – 75 PCIs per year is the recommended minimum including 11 cases per year involving primary PCI (PPCI) for ST elevation myocardial infarction if the operator participates in a routine PPCI service.
- Centre – at least 200 interventions per year with an ideal minimum of 400 interventions per year, including 36 PPCI cases per year if the centre offers a PPCI service.
- Ongoing audit of centre/operators procedural outcome and complications.
- Regular case and angiogram image review by the cardiologists and others as appropriate.
- Regular mortality / morbidity review by the cardiologists and others as appropriate.