BHRS Certification / Logbook Frequently Asked Questions (FAQs)

Prior to contacting BHRS please ensure you have looked at the following information on the BHRS website which will answer the majority of frequently asked questions.

- http://www.bhrs.com/bhrs-exam
- http://www.bhrs.com/logbooks

Please also read the instructions contained within the individual logbooks before contacting BHRS.

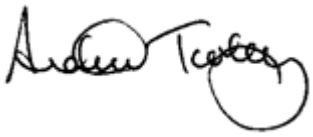
The following information is by no means exhaustive but is a collection of responses provided by BHRS to the various technical enquiries that we have received in relation to the certification process. This list is reviewed on an on-going basis. Names of individuals and Trusts have been anonymised where deemed appropriate, but the wording of the individual questions and answers has, for the most part, been left unedited for authenticity.

If you are unable to find the answer to your query, please contact us via the following email address exam-logbook@bhrs.com and we will respond as soon as possible.

From 2014, in order to undertake the certification process (examination and logbook), candidates **must be members of the British Heart Rhythm Society**. You must also remain a member of the Society in order to maintain certification.

Requests for logbook extensions must always be submitted via email (and not by telephone) to exam-logbook@bhrs.com giving full reasons why an extension is being sought. Requests will then be considered on a case by case basis by the certification committee. **Please note that extension requests require clear mitigating circumstances (e.g. ill-health, pregnancy). Extensions will not be given for candidates who have failed to achieve the requisite number or type of cases.**

I hope that you will find this a useful source of information.



Dr Andrew Turley | Chair, British Heart Rhythm Society Certification Committee
British Heart Rhythm Society (BHRS)
November 2017
exam-logook@bhrs.com

General Exam Queries

Q: Is the registration date for the BHRS exam the starting week of January 2018?

A: Yes registration is now standardised and opens the 1st Monday after new year and will remain open for approximately 6 weeks. For 2018 registration will open on Monday 8th January 2018.

Q: When can I start collecting cases for my logbook?

A: Only once registration for the exam has opened can you collect logbook cases. You do not need to have passed the written exam before you start your logbook. You have 2 years from registration to complete and submit your logbook.
The deadline for logbook submission is always 31st December.

After registration, you have 2 years to successful pass the written exam and complete and submit the relevant logbook. For example, if you register in January 2018 you have until 31st December 2019 to submit your logbook. You can and should start collecting evidence for your logbook as soon as you are registered and NOT after you have passed the written exam. You may sit the exam in the 1st or 2nd year. If you sit the exam in the 2nd year and fail you will not have enough time to re-sit and will need to re-register again. It is therefore strongly recommended that all candidates sit the exam at the 1st available sitting after they have registered.

Q: Is there a resit examination each year

A: No, the examination only takes place once per year. The examination date for 2018 is Friday 16th March 2018.

Q: Is there a separate fee for the written exam?

A: There is only 1 fee for the entire certification process. This includes both the written examination and the logbook. The fee is non-refundable and the cost is currently £180. If you fail part of the written paper there is a charge to re-sit the paper you failed (currently £90 per paper).

Q: Where is the exam currently held?

A: The exam is currently held in Northern Ireland (Belfast), Leeds and London. Information will be provided as to the exact location/address at the time of registration. You are unable to sit the exam remotely

Q: I have previously taken the device exam in 2010. I know previously people have been allowed to expand their qualification to devices and EP by only sitting the EP section in the following years exam. Are we still able to do this and if so will I be able to only sit the EP section in this year's exam or will it be deemed too long and I will need to sit the core section too?

A: You can only do the exams (device and EP) back to back in successive years. For example, year 1 sit (and pass) the core and device paper and in year 2 sit the EP paper. After that time point you would need to sit the entire exam again (core plus specialist paper).

If you were to sit the EP paper in year 2 you would only pay £90 as you would only be sitting 1 paper.

Q: How long does it take for my logbook to be marked and when can I expect to receive the results?

A: Examiners are given 3 months to mark and return logbooks.

Q: If the first attempt at the exam fails can the candidate still collect for their logbook or must they wait until they have resat the exam next year?

A: You can still collect evidence for the logbook and this is strongly recommended (see above)

Q: Can I just ask your opinion regarding the BHRS exam. I know you haven't got the exact date yet but from the past years exams: does it normally fall on the 3rd week of March? Or even earlier?

A: The exam is usually held in March each year although this is currently under review and may change for 2019. We try to avoid St Patricks day and Easter so the date is slightly variable. The examination date for 2018 is Friday 16th March 2018.

Q: Do BHRS run a revision course for the exam?

A: There is no specific "revision" course. As part of Heart Rhythm Congress on the Sunday afternoon each year there is a session entitled "British Heart Rhythm Society Certification – Core". All other sessions at HRC are relevant in terms of exam preparation. Further details can be found at http://www.heartrhythmcongress.org/programme

Q: I am interested in taking the BHRS Exam next year and have downloaded the logbook and have begun completing it, is that ok?

A: The logbooks are only valid once a candidate has registered for the exam and not before.

Q: I am a heart failure and devices trainee and I would like to start my devices logbook please. Would the date you approve this be my start date or the date of the written exam? Further to this if it is the written exam date would that mean that I can't include any cases in the logbook prior to that date?

A: The official logbook start date is the 1st Monday after new year of the year you register. For 2018 that will be 8th January 2018. You then have 2 years to complete the exam and the logbook. For candidates registering for the 2018 exam the deadline for logbook submission is 31st December 2019. You do not need to have passed the written exam to start the logbook.

Q: Does it matter at what point I sit the exam during the 2-year logbook period?

A: Yes. You may sit the exam in the 1st or 2nd year however if you sit the exam in the 2nd year and fail you will not have enough time to re-sit and will need to re-register for the whole certification process again. It is therefore strongly recommended that all candidates sit the exam at the 1st available sitting after they have registered with BHRS. You should start collecting evidence for your logbook as soon as you've completed registration and NOT after you have passed the written exam.

Logbook Extensions

Q: Is it possible to receive an extension for my logbook and who should I contact?

A: Requests for logbook extensions must always be submitted via email (and not by telephone) to exam-logbook@bhrs.com giving full reasons why an extension is being sought. Requests will then be considered on a case by case basis by the certification committee. Please note that extension requests require clear mitigating circumstances (e.g. ill-health, pregnancy). Extensions will not be given for candidates who have failed to achieve the requisite number or type of cases.
No extension will be awarded retrospectively.
Also, please note that any request for an extension needs to be received before the 31st December of the year the logbook should be submitted.

Industry Specific Questions

Q: I have now left the NHS and wondered what I need to do to gain certification. I passed the exam for Core and EP in 2016.

A: There is a separate industry certification certificate which acknowledges theoretical knowledge as demonstrated by passing the examination.

Q: I work within the device industry can I get BHRS Certification?

A: Yes, we run industry certification. You can get an EP or Devices (industry) certification by passing the written exam. You not need to complete the logbook component.

Q: My EP logbook is due on the Xth of February 2018. However, I am starting an industry role on the Xth of January 2018, therefore my logbook will not be finished in time. I am under the impression that when working for industry the logbook is not compulsory to obtain certification.

A: Correct. You do not need to submit a logbook as you are entitled to a separate industry certification certificate which specifically states that you have achieved “industry certification”.

Who Can Sign Off My Logbook?

Your supervisor must be experienced in device management and ideally ***(but not essential)*** hold BHRS certification (previously Heart Rhythm UK certificate of accreditation) or the IBHRE qualification (pacing and devices) or the EHRA CP/AP qualifications.

Q: I am in the process of completing my devices logbook and I’m enquiring about what requirements are needed by my colleagues to assess me in device clinic and device implants.

A: As clearly stated in the logbook instructions for use you must obtain verification of the information and completion of the assessment sections from your supervisor, who must be experienced in device management and ideally hold BHRS certification (previously Heart Rhythm UK certificate of accreditation) or the IBHRE qualification (pacing and devices) or the EHRA CP/AP qualifications. Medical device company representatives will not be accepted as a supervisor.

Q: I am enquiring about the person signing off my cases in my logbook. For all my pacemaker cases this is not a problem as we have someone with IBHRE here at [X hospital]. However, for my ICD and CRT cases I am going to other hospitals. At [X] they have no-one with either BHRS or IBHRE. I have now completed my ICD/CRT follow ups at [X], and currently [X colleague] has initialled them for me. They have a great deal of device experience. Is this satisfactory, or do you want their consultant to countersign it, they were also present during the checks? (The ICD/CRT implants and all skills assessments are OK because I will do these at [X] where they have someone with BHRS.)

A: The countersigning person should be experienced and competent enough to form an accurate and fair assessment on you. If they have BHRS, IBHRE or EHRA certification even better, but we appreciate that not everyone will have this.

Q: Is it ok if I have 2 supervisors who have signed off my logbook? The problem I have is that my logbook has been signed in part by a supervisor who has recently left the job and so now I have a few sections that need signing and I am unable to get hold of him to sign me off.

A: That is fine. As clearly stated in the logbook instructions for use you must obtain verification of the information and completion of the assessment sections from your supervisor, who must be experienced in device management and ideally hold BHRS certification (previously Heart Rhythm UK certificate of accreditation) or the IBHRE qualification (pacing and devices) or the EHRA CP/AP qualifications. Medical device company representatives will not be accepted as a supervisor. I would also advise mentioning in a short covering letter that you've had to use 2 supervisors.

Q: Is it admissible for a consultant cardiologist who takes the lead in devices to sign the log books - I ask because we have no one in the department with IBHRE or BHRS certification. I would anticipate that the ICD/CRT follow-ups and implant data would be signed off by someone with certification since they will be done at a more specialist centre.

A: Yes, it is fine for the consultant cardiologist to sign the logbook. As clearly stated in the logbook instructions for use you must obtain verification of the information and completion of the assessment sections from your supervisor, who must be experienced in device management and ideally hold BHRS certification (previously Heart Rhythm UK certificate of accreditation) or the IBHRE qualification (pacing and devices) or the EHRA CP/AP qualifications. Medical device company representatives will not be accepted as a supervisor.

Q: I have a couple of questions about the log book. Can it be signed off by more than one supervisor depending on who was assessing me at the time because I am doing some of the implant work at [X] as I work at [X hospital] and we do not do ICD and CRT implants yet. Also, does it matter what date order the work is done in. For example, do I have to complete the initial implant logs before doing the case studies or does it not matter?

A: It is fine to have more than one supervisor (see above). No, it does not matter what date order the work is done in.

Q: Since I am the first person in my department to take the BHRS exam and there is no one with BHRS certification to sign my log book, could a rep who has IBHRE sign my log book?

A: Medical device company representatives will not be accepted as a supervisor. As clearly stated in the logbook instructions for use you must obtain verification of the information and completion of the assessment sections from your supervisor, who must be experienced in device management and ideally hold BHRS certification (previously Heart Rhythm UK certificate of accreditation) or the IBHRE qualification (pacing and devices) or the EHRA CP/AP qualifications.

Logbook Specific Questions

Q: Is it alright to leave on the names of doctors and/or hospitals for case studies in the logbook?
A: Yes as stated in the logbook instructions any patient identifiable information present within the logbook will result in an automatic fail.

Q: For some implants I did not record the slew rate. Can I still use these cases?
A: Yes that is acceptable.

Q: Most of our follow ups for CRT and ICD are with manufacturer X. Does it matter that there isn't a great deal of variety in the manufacturer?
A: A variety of different companies is advantageous but not essential.

Q: When should the first implant date entry be on the log book?
A: The 1st implant date is the date the device was 1st implanted.
For section 1 of the device logbook and the case studies (section 3) that will be 2017/2018, for the device follow ups (section 2) it could be many years ago.

Q: Would it be possible to gain certification for bradycardia devices alone? I.e. could there be two types of logbooks so that physiologists like myself who only work with bradycardia patients can acquire certification. I would like to enquire of you if it is worth me sending my logbook through with the bradycardia pacing part completed?
A: You have to complete the entire logbook as stipulated in the logbook introduction. There is only one logbook covering devices. All sections of the logbook must be completed prospectively with cases from within a 24-month period from your agreed logbook start date.

Q: For the case study section of the BHRS logbook can you use a box change for a pacemaker case study?
A: No. You cannot use any box change/generator replacements for case studies.

Q: If there are no previous tests before a new device/pacemaker implant (as long as you have a before and after ECG) can you use this for a case study?
A: Yes, for some patients no other investigations will have been performed.

Q: I've recently started to complete my devices logbook but I've got a query. Under the pacing follow-up section the column for battery information asks for voltage & impedance values however, some devices don't provide this information, just a magnet rate & years to ERI. In these instances, can you just quote that instead?

A: Yes that is perfectly acceptable.

Q: I wonder do we need to enclose echo reports x-ray results in the case studies?

A: Yes please include any information relating to the case and decision-making process. Either a copy of the report or a statement summarising the key findings of the investigations would be acceptable.

Q: I would be grateful if you could offer me some advice regarding the devices log book, would I be correct in thinking that I am able to use ICD/CRT implants to count towards Pacemaker implants?

A: Yes. As clearly stated in the logbook instructions for use CRT-D devices can count towards ICDs numbers and CRT/ICD devices can count towards pacemakers but not vice versa.

Q: In the devices logbook, must the case studies be completely separate patients from patients included in implant numbers?

A: Yes. As clearly stated in the logbook instructions “Please note that no case from section 1 can be used as a case study in section 3”.

Q: I had a quick question re devices logbook, where it says implant aetiology code, is there a standardised list as I can't see one at my hospital?

A: There is a standard list that is on the pacemaker ID card / national (NiCOR) device database.

Q: I’m struggling with the ICD evidence collection with my logbook at the moment. I have collected a considerable amount of CRT/D devices and not very many ICDs. I am still outstanding on my case studies. Would it be possible to use CRT-D for ICD case studies at all?

A: It is acceptable to use CRT-D in place of ICDs. As clearly stated in the logbook instructions for use CRT-D devices can count towards ICDs numbers and CRT/ICD devices can count towards pacemakers but not vice versa.

Q: I work at a tertiary centre and we implant a lot of CRT/ICD devices. Can an ICD box change be used anywhere in the logbook or is it just pacemaker box changes that are needed?

A: As clearly stated in the logbook instructions for use CRT-D devices can count towards ICDs numbers and CRT/ICD devices can count towards pacemakers but not vice versa. There is a general rule that more complex devices trump simpler devices. Therefore, you can use CRT-D as any ICD, you can use CRT-D box changes for ICD box changes, and CRT/ICD for pacemakers.

Q: The print outs which need attaching to the individual case studies. Can these be photocopies or do I have to use the original patient printouts?

A: The printouts can be photocopies but please ensure that the copy quality is clear enough to read, otherwise, please use the originals. Also, perhaps self-explanatory, if patients’ names and addresses are visible this is a breach of confidentiality.

Q: With regard to the devices logbook and the section on pacemaker follow-up (section 2) can you clarify what evidence is required in this section. Do you require countersigned evidence other than a signature on the log book page that the follow-ups are done by the log book holder and if so in what format? Does all evidence, for this and other sections need to be the original printouts?

A: For section 2 of the device logbook you only require a countersignature from your supervisor – no other information is required.

Q: Do the pacemaker follow up checks (Section 2) have to come from the implant cases (section 3) or can they come from any patient seen in a follow up clinics?

A: They can (and will) be different patients and do not have to come from the implant cases used for section 3.

Q: Please can you verify whether the Case Studies and Implants have to be different patients or whether they can be the same?

A: The patients need to be different. As clearly stated in the logbook instructions for use "Please note that no case from section 1 can be used as a case study in section 3".

Q: Can the pacemaker implant case studies also be counted in the implant log (section 1)?

A: No as clearly stated in the logbook instructions for use "Please note that no case from section 1 can be used as a case study in section 3".

Q: Can some of the pacing implants and follow ups be single chamber devices? Can I include box changes and upgrades in the implants? Can the case studies be counted as one of the 30 implants or do they all need to be separate cases?

A: Yes single chamber devices can be used (they are pacemakers).
If you upgrade a pacemaker to CRT this can be included if needed. Out of the 30 pacemaker cases 5 should be for elective generator replacements (box changes)
The case studies need to be separate from implants as clearly stated in the logbook instructions for use "Please note that no case from section 1 can be used as a case study in section 3".

Q: There are several people completing logbooks where I work. I am a StR and perform pacemaker implants. If I implant a pacemaker and count this as an implant can someone else (e.g. clinical physiologist) involved in programming also use this as an implant? Similarly, if I am using this as a case study can someone else count it simply as an implant? Also with the follow-up patients - can they be used by more than 1 person if we are both involved in their pacemaker check and programming at follow-up?

A: No. The logbook is clear that implants refer to the role of the physiologist. As such if an StR is performing an implant this should be as a physiologist and they should be using the analyser/PSA to perform lead measurements. This is not possible if the operator is scrubbed.

Q: I have 1 question regarding the Pacemaker case studies (section 3) – Does each case study include data from the 1st follow up post discharge (for us 6 weeks) or is all data collected for pre-discharge period?

A: All the data you need to submit relates to the implant and up to the point of discharge which will be either same day or next day. We do not need 5-6 week follow up data,

Q: It mentions all case studies require a 12-lead ECG post procedure. As per our hospital protocol we do not routinely perform 12-lead ECGs post procedure, so this part of my case study will be incomplete. How can I satisfy the requirements of the logbook without this detail?

A: If this is a case study then the candidate should be seeing the patient pre-discharge (same day or the day after the procedure) to do the necessary checks and as such should be able to get a 12 lead ECG. If this is not possible a lab print out/rhythm strip confirming pacing post implant will be acceptable.

Q: The ECG for the case studies - do these need to be full 12 lead ECG's or is a simple rhythm strip sufficient?

A: A rhythm strip is acceptable.

Q: In the case studies (section 3), the post implant check should it be just after the implant or does it need to be at 6/52?

A: The post implant check would be the same or next day check prior to hospital discharge.

Q: I have passed the devices exam this year and am currently working on the log book. I was just wondering if you could answer a couple of questions regarding specifics of the log book. Do I need to include EGMs for the implant section for both Brady and tachy devices? And do I need to include a physician's report with each implant for both the Brady and tachy implants?

A: The only logbook section where you need to supply additional information is the case studies section. Print outs from the analysers are sufficient for case studies. You do not need physicians reports etc.

Q: Regarding the collection of the ICD and CRT implant case studies (section 3). I am finding it extremely hard to obtain the post implant information needed to complete the case studies. This is because we do not implant any ICD or CRT devices in my trust I therefore have to attend implant sessions at other trusts for these devices. Once implanted it is not until the next day that they are checked. This would mean me having to leave my department and visit the other trust over 2 days. At this point in time I am unable to do this as there are very few physiologists able to pace in my department and we have to be available for our own device clinics and implants plus staff other areas of the department. I have been able to gather implant data just not the post implant follow ups. There are 3 other Physiologists in my department in the same position.

A: I would suggest that you use the parameters set after the procedure and that you do post implant checks the same day. Many centres perform day case procedures so that would be acceptable.

Q: Can device upgrades be used in the logbook (for example a DDD pacemaker already in situ being upgraded to a CRT D/P device?

A: It is preferable to have de novo implants but yes upgrades can be used so long as for CRT it is upgrade from PPM to CRT and not just an addition of RA/RV lead.

Q: I will make the deadline but have only been present for 1 box change CRT device and two upgrades to CRTs within the last year so I'm just wondering will this be enough for that part of my logbook?

A: If you are referring to the section on ICD/CRT implant then you cannot use a box change as an ICD/CRT implant. All details of CRT implants / follow ups can be CRT-P or D devices. CRT-D devices can count towards ICDs numbers and CRT/ICD devices can count towards pacemakers but not vice versa.

Q: Is it ok to use a CRT-D for an ICD implant case study? I presume it is and have gathered evidence for one of the studies.

A: Yes, CRT-D devices can count towards ICDs numbers and CRT/ICD devices can count towards pacemakers but not vice versa.

Q: I am trying to get my CRT and ICD follow ups done at a different site. My question is can I use CRT-D follow ups (seem to be getting plenty) as my ICD's or do I need plain ICDs? I would appreciate your advice on this.

A: Yes, CRT-D devices can count towards ICDs numbers and CRT/ICD devices can count towards pacemakers but not vice versa.

Q: With regards to the logbook ICD implants, must they all involve VF induction/DFT testing?

A: If the operator does not undertake DFT testing then the implant can still be used but you must document the reason why a DFT test was not done e.g. not departmental policy. Very few units still routinely perform DFT tests for left sided primary prevention ICD implants.

Q: Just a query regarding the BHRS devices logbook. There is a requirement for CRT case studies. Do they have to be CRTD or could they be CRT pacemaker cases?

A: All details of CRT implants / follow ups can be CRT-P or D devices.

Q: I'm in the process of completing the physiologist log book for devices and I just have a quick question about the CRT checks. Our St Jude Medical CRTs are programmed to RV bipolar sense only at implant: therefore, we do not measure the LV R wave when doing checks. Is this a problem where our log books are concerned?

A: No

Q: I have been in contact with the hospital I hope to travel to gather my evidence and complete the logbook and they have asked if it is necessary for the implants and follow-ups to be spread out? Or whether it matters if they are all carried out in one day? I hope you can clarify this for me? For example, that may mean me collecting all three ICD implants on the same day? And also, can the case studies for ICD patients be based on the patients I use for the ICD implants / follow-ups? Or do they all have to be from different patients?

A: It does not matter if the implants and follow ups are carried out in one day or spread out, providing you do the work and are appropriately overseen and signed off by your supervisor. The case studies need to be separate from implants as clearly stated in the logbook

instructions for use “Please note that no case from section 1 can be used as a case study in section 3”.

Skills Assessments?

Q: For the skills assessments do the candidates actually need to perform the tests or have help if they are not done at our hospital. I only ask as we are trying to work out how much time a candidate will need out of the department to complete the log book.

A: As they are "skills assessments" the candidates have to perform the test themselves and cannot have help.

Level of Participation in CRT/ICD Implantation?

Q: I’m a StR (currently out of programme) in the [X] deanery. I’m intending to go through the BHRS device certification process this year. I have a couple of queries about the device logbook: In the initial section labelled Pacemaker Implants, I presume this is implants in which you have acted in a physiologist / technician role rather than as a surgical operator. Can the pacemaker cases studies be the same patients as those included in either the Pacemaker Implant or the Pacemaker Primary Operator sections or do they have to be different patients?

A: For doctors / allied health professionals completing the log you need to take on the role as a cardiac physiologist for ALL sections of the logbook including implantation section. As such you should not be scrubbed assisting the implanting cardiologist. You should be using the analyser/PSA to check lead measurements and program device set up.

The case studies need to be separate from implants as clearly stated in the logbook instructions for use “Please note that no case from section 1 can be used as a case study in section 3”.

Q: I am in the process of completing my log book for the BHRS devices certification. I work in a district general hospital as a doctor in cardiology. I will have the opportunity to attain the required numbers of permanent pacemaker implants but ICD/CRT devices are not implanted in the hospital I work in. In order to attain the logbook requirements for ICD/CRT implant and follow up I would need to arrange a clinical attachment in a Tertiary centre. Could you confirm what level of participation in CRT/ICD implantation this would require (i.e. first or second operator or observation in theatre)?

A: For doctors / allied health professionals completing the log you need to take on the role as a cardiac physiologist for ALL sections of the logbook including implantation section. As such you should not be scrubbed assisting the implanting cardiologist. You should be using the analyser/PSA to check lead measurements and program device set up.