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**CERTIFICATION**

**(Physician-Devices)**

**PRACTICAL LOGBOOK 2024**

**Candidate Name:**

**Examination Registration No.:INTRODUCTION TO LOGBOOK AND INSTRUCTIONS FOR USE**

The logbook forms part of the requirements for British Heart Rhythm Society certification for those candidates who have sat the Physician exam and wish to gain physician-device accreditation.

All sections of the logbook must be submitted within 2 years after your exam date. Data collection may commence prior to sitting the exam. Logbooks submitted after this date will not be marked unless prior written authorisation for an extension has been granted. Logbook submission is electronic, please review the guidance on the BHRS website.

You must obtain verification of the information and completion of the assessment sections from your supervisor, who must be experienced in devices.

**How to apply for a log-book extension**

## Only one extension will be awarded for exceptional circumstances. No extension will be awarded retrospectively.

## A request for a logbook extension must be put in writing and sent to British Heart Rhythm Society, email admin@bhrs.com

**SPECIFIC POINTS**

The logbook should comprise the following number of cases:

SECTION 1: 50 new pacemaker implants

SECTION 2: 30 LV lead implants

SECTION 3: 25 new ICD implants

SECTION 4: 50 PPM follow ups

SECTION 5: 50 ICD follow ups

SECTION 6: 50 CRT follow ups

For each case you will be asked to provide the Date of procedure, Manufacturer and Type of Procedure/Pacemaker. It is expected that you were an active participant in the case which includes being scrubbed (first or second operator) for implants and operating the programmer for device follow up. Cases may appear twice in the logbook e.g. A CRT-D may be logged as an ICD and an LV lead procedure.

Please complete the whole document before submission.

**BHRS CERTIFICATION: CARDIAC DEVICES PHYSICIAN LOGBOOK**

**Candidate Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Contact detailsTelephone and/oremail** |  |

**Hospitals In Which Work Undertaken**

|  |  |
| --- | --- |
| **Time Period** | **Address** |
|  |  |
|  |  |
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|  |  |

**Supervisor Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Professional title/position** |  |
| **Address** |  |
| **Contact detailsTelephone and/oremail** |  |

SECTION 1: PACEMAKER IMPLANTS

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date of Procedure | Manufacturer | Procedure  |
| 1 | Date | Select One | Select One |
| 2 | Date | Select One | Select One |
| 3 | Date | Select One | Select One |
| 4 | Date | Select One | Select One |
| 5 | Date | Select One | Select One |
| 6 | Date | Select One | Select One |
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| 12 | Date | Select One | Select One |
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| 18 | Date | Select One | Select One |
| 19 | Date | Select One | Select One |
| 20 | Date | Select One | Select One |
| 21 | Date | Select One | Select One |
| 22 | Date | Select One | Select One |
| 23 | Date | Select One | Select One |
| 24 | Date | Select One | Select One |
| 25 | Date | Select One | Select One |
| 26 | Date | Select One | Select One |
| 27 | Date | Select One | Select One |
| 28 | Date | Select One | Select One |
| 29 | Date | Select One | Select One |
| 30 | Date | Select One | Select One |
| 31 | Date | Select One | Select One |
| 32 | Date | Select One | Select One |
| 33 | Date | Select One | Select One |
| 34 | Date | Select One | Select One |
| 35 | Date | Select One | Select One |
| 36 | Date | Select One | Select One |
| 37 | Date | Select One | Select One |
| 38 | Date | Select One | Select One |
| 39 | Date | Select One | Select One |
| 40 | Date | Select One | Select One |
| 41 | Date | Select One | Select One |
| 42 | Date | Select One | Select One |
| 43 | Date | Select One | Select One |
| 44 | Date | Select One | Select One |
| 45 | Date | Select One | Select One |
| 46 | Date | Select One | Select One |
| 47 | Date | Select One | Select One |
| 48 | Date | Select One | Select One |
| 49 | Date | Select One | Select One |
| 50 | Date | Select One | Select One |

SECTION 2: LV LEAD IMPLANTS

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date of Procedure | Manufacturer | Procedure  |
| 1 | Date | Select One | Select One |
| 2 | Date | Select One | Select One |
| 3 | Date | Select One | Select One |
| 4 | Date | Select One | Select One |
| 5 | Date | Select One | Select One |
| 6 | Date | Select One | Select One |
| 7 | Date | Select One | Select One |
| 8 | Date | Select One | Select One |
| 9 | Date | Select One | Select One |
| 10 | Date | Select One | Select One |
| 11 | Date | Select One | Select One |
| 12 | Date | Select One | Select One |
| 13 | Date | Select One | Select One |
| 14 | Date | Select One | Select One |
| 15 | Date | Select One | Select One |
| 16 | Date | Select One | Select One |
| 17 | Date | Select One | Select One |
| 18 | Date | Select One | Select One |
| 19 | Date | Select One | Select One |
| 20 | Date | Select One | Select One |
| 21 | Date | Select One | Select One |
| 22 | Date | Select One | Select One |
| 23 | Date | Select One | Select One |
| 24 | Date | Select One | Select One |
| 25 | Date | Select One | Select One |
| 26 | Date | Select One | Select One |
| 27 | Date | Select One | Select One |
| 28 | Date | Select One | Select One |
| 29 | Date | Select One | Select One |
| 30 | Date | Select One | Select One |

SECTION 3: NEW ICD IMPLANTS

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date of Procedure | Manufacturer | Procedure  |
| 1 | Date | Select One | Select One |
| 2 | Date | Select One | Select One |
| 3 | Date | Select One | Select One |
| 4 | Date | Select One | Select One |
| 5 | Date | Select One | Select One |
| 6 | Date | Select One | Select One |
| 7 | Date | Select One | Select One |
| 8 | Date | Select One | Select One |
| 9 | Date | Select One | Select One |
| 10 | Date | Select One | Select One |
| 11 | Date | Select One | Select One |
| 12 | Date | Select One | Select One |
| 13 | Date | Select One | Select One |
| 14 | Date | Select One | Select One |
| 15 | Date | Select One | Select One |
| 16 | Date | Select One | Select One |
| 17 | Date | Select One | Select One |
| 18 | Date | Select One | Select One |
| 19 | Date | Select One | Select One |
| 20 | Date | Select One | Select One |
| 21 | Date | Select One | Select One |
| 22 | Date | Select One | Select One |
| 23 | Date | Select One | Select One |
| 24 | Date | Select One | Select One |
| 25 | Date | Select One | Select One |

SECTION 4: PPM FOLLOW UPS

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date of Procedure | Manufacturer | Type of PM  |
| 1 | Date | Select One | Select One |
| 2 | Date | Select One | Select One |
| 3 | Date | Select One | Select One |
| 4 | Date | Select One | Select One |
| 5 | Date | Select One | Select One |
| 6 | Date | Select One | Select One |
| 7 | Date | Select One | Select One |
| 8 | Date | Select One | Select One |
| 9 | Date | Select One | Select One |
| 10 | Date | Select One | Select One |
| 11 | Date | Select One | Select One |
| 12 | Date | Select One | Select One |
| 13 | Date | Select One | Select One |
| 14 | Date | Select One | Select One |
| 15 | Date | Select One | Select One |
| 16 | Date | Select One | Select One |
| 17 | Date | Select One | Select One |
| 18 | Date | Select One | Select One |
| 19 | Date | Select One | Select One |
| 20 | Date | Select One | Select One |
| 21 | Date | Select One | Select One |
| 22 | Date | Select One | Select One |
| 23 | Date | Select One | Select One |
| 24 | Date | Select One | Select One |
| 25 | Date | Select One | Select One |
| 26 | Date | Select One | Select One |
| 27 | Date | Select One | Select One |
| 28 | Date | Select One | Select One |
| 29 | Date | Select One | Select One |
| 30 | Date | Select One | Select One |
| 31 | Date | Select One | Select One |
| 32 | Date | Select One | Select One |
| 33 | Date | Select One | Select One |
| 34 | Date | Select One | Select One |
| 35 | Date | Select One | Select One |
| 36 | Date | Select One | Select One |
| 37 | Date | Select One | Select One |
| 38 | Date | Select One | Select One |
| 39 | Date | Select One | Select One |
| 40 | Date | Select One | Select One |
| 41 | Date | Select One | Select One |
| 42 | Date | Select One | Select One |
| 43 | Date | Select One | Select One |
| 44 | Date | Select One | Select One |
| 45 | Date | Select One | Select One |
| 46 | Date | Select One | Select One |
| 47 | Date | Select One | Select One |
| 48 | Date | Select One | Select One |
| 49 | Date | Select One | Select One |
| 50 | Date | Select One | Select One |

SECTION 5: ICD FOLLOW UPS

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date of Procedure | Manufacturer | Type of PM  |
| 1 | Date | Select One | Select One |
| 1 | Date | Select One | Select One |
| 1 | Date | Select One | Select One |
| 1 | Date | Select One | Select One |
| 1 | Date | Select One | Select One |
| 1 | Date | Select One | Select One |
| 1 | Date | Select One | Select One |
| 1 | Date | Select One | Select One |
| 1 | Date | Select One | Select One |
| 1 | Date | Select One | Select One |
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| 1 | Date | Select One | Select One |
| 1 | Date | Select One | Select One |
| 1 | Date | Select One | Select One |
| 1 | Date | Select One | Select One |
| 1 | Date | Select One | Select One |

SECTION 6: CRT FOLLOW UPS

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date of Procedure | Manufacturer | Type of PM  |
| 1 | Date | Select One | Select One |
| 2 | Date | Select One | Select One |
| 3 | Date | Select One | Select One |
| 4 | Date | Select One | Select One |
| 5 | Date | Select One | Select One |
| 6 | Date | Select One | Select One |
| 7 | Date | Select One | Select One |
| 8 | Date | Select One | Select One |
| 9 | Date | Select One | Select One |
| 10 | Date | Select One | Select One |
| 11 | Date | Select One | Select One |
| 12 | Date | Select One | Select One |
| 13 | Date | Select One | Select One |
| 14 | Date | Select One | Select One |
| 15 | Date | Select One | Select One |
| 16 | Date | Select One | Select One |
| 17 | Date | Select One | Select One |
| 18 | Date | Select One | Select One |
| 19 | Date | Select One | Select One |
| 20 | Date | Select One | Select One |
| 21 | Date | Select One | Select One |
| 22 | Date | Select One | Select One |
| 23 | Date | Select One | Select One |
| 24 | Date | Select One | Select One |
| 25 | Date | Select One | Select One |
| 26 | Date | Select One | Select One |
| 27 | Date | Select One | Select One |
| 28 | Date | Select One | Select One |
| 29 | Date | Select One | Select One |
| 30 | Date | Select One | Select One |
| 31 | Date | Select One | Select One |
| 32 | Date | Select One | Select One |
| 33 | Date | Select One | Select One |
| 34 | Date | Select One | Select One |
| 35 | Date | Select One | Select One |
| 36 | Date | Select One | Select One |
| 37 | Date | Select One | Select One |
| 38 | Date | Select One | Select One |
| 39 | Date | Select One | Select One |
| 40 | Date | Select One | Select One |
| 41 | Date | Select One | Select One |
| 42 | Date | Select One | Select One |
| 43 | Date | Select One | Select One |
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| 49 | Date | Select One | Select One |
| 50 | Date | Select One | Select One |

**Supervisor Signoff**

|  |  |
| --- | --- |
| Supervisor Comments |  |
| Print Name |  |
| Role |  |
| Qualifications |  |
| Signature |  |
| Date |  |

Note: Your supervisor 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 (but not essential).