

# Application for Accreditation for Transcatheter Aortic Valve Implantation (TAVI)

## TAVI PRACTITIONER

Applications for the credentialing of individual operators to perform TAVI are assessed by the TAVI Accreditation Committee, a committee of Cardiac Accreditation Services Ltd. The Committee comprises interventional cardiologists and cardiothoracic surgeons.

There are three categories of accreditation:

Category 1: Established TAVI operator (Interventional Cardiologist or Cardiothoracic Surgeon)

Category 2a: New TAVI operator (Interventional Cardiologist)

Category 2b: New TAVI operator (Cardiothoracic Surgeon)

Applicants need to be accredited for each site procedure is performed. Applicants need to ensure that each site meets required institutional criteria as outlined.

Please refer to the Regulations for the Accreditation of TAVI Practitioners for further details available at [www.tavi.org.au](http://www.tavi.org.au)

### **The application fee for accreditation for TAVI: \$850 (inc GST)**

Applicants are advised to submit applications only after careful consideration of the requirements. Applications that fail to satisfy the requirements will not be refunded and will be subject to a resubmission fee of \$200 (inc GST).

Please note that applications will not be processed until payment is received.

### **Application Checklist**

Please ensure that your application is accompanied by the following documentation:

- CV
- Site verification form (see page 3)
- Declaration by hospital CEO that site is “clinically acceptable” as per documented criteria
- Log book
- Evidence of Fellowship of the RACP/RACS
- TAVI Fellowship (if applicable)
- Certificate of completion of proctoring (new TAVI operators only)
- Application payment

Please send your completed application by email to [tavi@tavi.org.au](mailto:tavi@tavi.org.au)

or by post to:

TAVI Accreditation Committee  
Suite 1302, Level 13  
234 George Street  
SYDNEY NSW 2000

# APPLICATION FORM

## Accreditation for Transcatheter Aortic Valve Implantation (TAVI)

### TAVI PRACTITIONER

APPLICANT INFORMATION		
Surname:	Given Name(s):	Title:
Address for correspondence:		
Suburb:	State:	Postcode :
Mobile:	Email:	
Site(s) where TAVI Accreditation is required:		
<i>A declaration from the hospital CEO that the site is "clinically acceptable" and attached Site Verification form must be included with your application, for each site required.</i>		
IMPORTANT NOTE: accredited TAVI Practitioners will only be able to claim the TAVI item number at the site(s) indicated on this application form. Any changes to the site(s) where you perform TAVI must be advised in writing to the TAVI Accreditation Committee. Failure to notify the Committee will result in services being ineligible for payment on the MBS.		
Provider No.:	Date of Birth:     /     /	
QUALIFICATIONS		
<input type="checkbox"/> FRACP Cardiology	Year of award .....	
<input type="checkbox"/> FRACS Cardiothoracic Surgery	Year of award .....	
<input type="checkbox"/> TAVI Fellowship	Awarding institution..... Year .....	
APPLICATION FOR ACCREDITATION		
Application for accreditation being applied for:		
<input type="checkbox"/> Category 1	- Established TAVI operator (Interventional Cardiologist or Cardiothoracic Surgeon)	
<input type="checkbox"/> Category 2A	- New TAVI operator (Interventional Cardiologist)	
<input type="checkbox"/> Category 2B	- New TAVI operator (Cardiothoracic Surgeon)	

## REQUIREMENTS FOR ACCREDITATION OF TAVI PRACTITIONER

	Number you have performed	Requirements for Category 1	Requirements for Category 2A	Requirements for Category 2B
<b>TAVI procedures</b> as primary or secondary operator		>60 TAVIs* performed in Australia and/or New Zealand in the past 2 years	>30 TAVIs in a recognised TAVI training program	>30 TAVIs in a recognised TAVI training program
<b>Balloon aortic valvuloplasties</b> as primary operator in a recognised TAVI training program		---	>10	---
<b>Proctored TAVI cases</b> in Australia or New Zealand		---	10 minimum#	10 minimum#
<b>Percutaneous Coronary Interventions</b>		≥400 (career)+	>250 (career)*	---
<b>Surgical Aortic Valve Replacements</b>		≥40 (career)+	---	>20 (career)*

\* as evidenced by a completed log book

(with UR numbers, procedure dates, access site, major complications, hospital outcome and if primary or secondary operator)

# appropriate certification of proctored cases to be provided

+ requirement for Category 1 is either PCIs OR surgical aortic valve replacements as stated

## DECLARATION

I ..... make the following declaration:

1. I have read and understand the instructions on page 1 of this application and the Regulations for the Accreditation of TAVI Practitioners document.
2. I have completed the requirements for accreditation of TAVI Practitioners as detailed in this application, including the site verification form.
3. The information contained in this application is accurate and complete including the supporting material provided.
4. I understand and accept that the TAVI Accreditation Committee may contact a facility declared in my logbook in order to confirm my declared TAVI, PCI or surgical aortic valve replacement activity.
5. I agree that should I be if accredited as a TAVI Practitioner I will assess a patient's suitability through a TAVI-specific case conference.
6. I agree that should my application be successful, the TAVI Accreditation Committee will publish my TAVI accreditation status on the TAVI Accreditation website (tavi.org.au) and provide advice of my TAVI accreditation status to Medicare Australia.
7. I agree that I will submit data on the TAVI procedures I perform to the TAVI National Registry.
8. I agree that upon being recognised by the TAVI Accreditation Committee, I will be required to be reaccredited within three years and that reaccreditation will be based on meeting minimum annual TAVI volumes, outcomes and the submission of data to the TAVI National Registry.

Signed: .....

Dated: / /

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**SITE VERIFICATION FORM**

**SITE INFORMATION**

Hospital: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_

CEO: \_\_\_\_\_

**SITE VOLUME REQUIREMENTS**

Activity	Minimum/year	Site Annual Procedures prior 12 months
Diagnostic Coronary Angiograms	1000	
PCI	300	
SAVR (excluding TAVIs)	30	
Major Cardiac Surgery procedures	150	
Arterial Endovascular procedures	30	
On-site Cardiac Surgeons	2	
On-site Vascular surgical staff		

**SITE VERIFICATION DECLARATION**

**1. TAVI Practitioner**

I, \_\_\_\_\_, have read and confirm that this institution has the  
(name of TAVI Practitioner)  
 infrastructure and facility requirements as documented in the Rules for the Accreditation of TAVI Practitioners document.

Signature: \_\_\_\_\_ Date:        /        /

**2. Hospital CEO**

I, \_\_\_\_\_, declare that the site annual procedures as stated  
(name of Hospital CEO)  
 above are accurate and that the institution has the infrastructure and facility requirements as documented in the Rules for the Accreditation of TAVI Practitioners document.

Signature: \_\_\_\_\_ Date:        /        /

## PAYMENT OF APPLICATION FEE

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

APPLICATION FEE: AUD\$850 (inc GST)

### CREDIT CARD PAYMENTS

Please debit  Visa  Mastercard

for payment in the amount of AUD\$ \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry date \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

### CHEQUE PAYMENTS

I enclose my cheque for payment in the amount of AUD\$ \_\_\_\_\_

*Cheques should be made payable to "Cardiac Accreditation Services Limited"*