



Cardiac Accreditation Services Ltd

Application for Accreditation for Transcatheter Mitral Valve Repair (TMVr)

TMVr PRACTITIONER

Application for the credentialling of individual operators to perform TMVr and access MBS rebates for TMVr when the MitraClip™ implant is utilised:

- Item 38461 - degenerative (primary) moderate-severe mitral valve regurgitation deemed to be at high risk for surgical mitral valve replacement; or
- Item 38463 - functional (secondary) moderate-severe mitral valve regurgitation deemed to be at high risk for surgical mitral valve replacement.

Applications for accreditation are assessed by the Transcatheter Mitral Valve Therapies (TMVT) Accreditation Committee, a committee of Cardiac Accreditation Services Ltd. The Committee comprises cardiologists and cardiothoracic surgeons as representatives of the Cardiac Society of Australia and New Zealand (CSANZ) and the Australian and New Zealand Society of Cardiac and Thoracic Surgeons (ANZSCTS).

Applicants need to be accredited for each site at which the TMVr procedure is performed. Applicants need to ensure that each site meets required institutional criteria.

The application fee for accreditation for TMVr: \$850 (inc GST)

Please note that applications will not be processed until payment is received. If your application is approved, you will receive an invoice from CASL. Please pay by credit card (1.7% processing charge applies).

Application Checklist

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

- CV
- Site verification form (see page 3), if not already an accredited Site
- Log book/s
- Evidence of Fellowship of the RACP/RACS
- Certificate of completion of proctoring (new TMVr operators only)

Please send your completed application by email to tmvr@cardiacaccreditation.org.au or by post to:

Cardiac Accreditation Services Ltd
Suite 1302
234 George Street
Sydney NSW 2000

APPLICATION FORM

Accreditation for Transcatheter Mitral Valve Repair (TMVr)

TMVr PRACTITIONER

APPLICANT INFORMATION		
Surname:	Given Name(s):	Title:
Address for correspondence:		
Suburb:	State:	Postcode :
Mobile:	Email:	
Site(s) where TMVr 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 TMVr Practitioners will only be able to claim the TMVr item number at the site(s) indicated on this application form. Any changes to the site(s) where you perform TMVr must be advised in writing to the TMVT Accreditation Committee. Failure to notify the Committee will result in services being ineligible for payment on the MBS.		
Provider No/s:	Date of Birth: / /	
QUALIFICATIONS		
<input type="checkbox"/> FRACP Cardiology	Year of award	
<input type="checkbox"/> FRACS Cardiothoracic Surgery	Year of award	

APPLICATION FOR ACCREDITATION
Application for accreditation being applied for:
<input type="checkbox"/> Category 1a - Established TMVr operator (Interventional Cardiologist)
<input type="checkbox"/> Category 1b - Established TMVr operator (Cardiothoracic Surgeon)
<input type="checkbox"/> Category 2 - New TMVr operator (Interventional Cardiologist or Cardiothoracic Surgeon)

REQUIREMENTS FOR ACCREDITATION OF TMVr PRACTITIONER

****THIS TABLE MUST BE COMPLETED AND ACCOMPANIED BY LOG BOOKS****

	Number performed*	REQUIRED VOLUMES			
		Interventional Cardiologist		CT Surgeon	
		Established	New	Established	New
		≥ 40 in past 5 years	≥ 20 in past 2 years	≥ 40 in past 5 years	≥ 20 in past 2 years
TMV procedures		≥ 40 in past 5 years	≥ 20 in past 2 years	≥ 40 in past 5 years	≥ 20 in past 2 years
TMVr procedures using MitraClip™		≥ 20	≥ 10	≥ 20	≥ 10
Proctored MitraClip™ procedures		N/A	≥ 10 [#]	N/A	≥ 10 [#]
Mitral Valve Surgeries (50% repairs)		--	--	≥ 20/year	≥ 20/year
Structural Heart Interventions		≥ 100 (50% TAVI)	≥ 50	≥ 50	≥ 50
Trans-septal procedures		≥ 20	--	N/A	N/A
PCIs		≥ 300 (career)	≥ 300 (career)	N/A	N/A
Anticipated annual TMV volume		≥ 20	≥ 20	≥ 20	≥ 20

* as evidenced by a completed log book (with UR numbers, procedure dates, access site, major complications, hospital outcome)

appropriate certification of proctoring from physician-proctor and industry to be provided

DECLARATION

I make the following declaration:

1. I have read and understand the instructions on page 1 of this application
2. I have completed the requirements for accreditation of TMVr 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 Transcatheter Mitral Valve Therapies Accreditation Committee (TMVT) may contact a facility declared in my logbook in order to confirm my declared procedure volumes.
5. I agree that should my application be successful, the TMVT Accreditation Committee will publish my TMVr accreditation status on the TMVr website and provide advice of my accreditation status to Medicare Australia.
6. I agree that I will submit data on the TMVr procedures I perform to the TMVr National Registry.
7. I agree that upon being recognised by the TMVT Accreditation Committee, I will be required to be reaccredited within three years and that reaccreditation will be based on meeting minimum annual volumes, outcomes and the submission of data to the TMVr National Registry.

Signed:

Dated: / /

TMVr SITE VERIFICATION

SITE INFORMATION

Hospital:

Suburb:

State:

CEO:

SITE VOLUME AND INFRASTRUCTURE REQUIREMENTS

Activity	Minimum/year	Site Annual Procedures prior 12 months
Catheters	≥ 1000	
PCI	≥ 300	
Open heart surgical procedures	≥ 150	
Mitral valve operations	≥ 30	
Endovascular procedures	≥ 30	
On-site Cardiac Surgeons	2	

- Anticipated annual TMVr volume ≥ 20 cases
- Cath lab/hybrid lab with appropriate resources for TMVr
- Expertise in TMVr imaging include TTE, TOE and cardiac CT imaging
- Cardiac anaesthesia support
- Post-operative ICU/HDU/CCU support
- Electrophysiology/pacing support

SITE VERIFICATION DECLARATION

1. TMVr Practitioner

I, _____, have read and confirm that this institution meets the
(name of TMVr Practitioner)
minimum annual site volume procedures and has the infrastructure and facility requirements as stated above.

Signature: _____

Date: / /

2. Hospital CEO

I, _____, declare that the site annual procedures stated above
(name of Hospital CEO)
are accurate and that the institution has the required infrastructure and facility requirements for a TMVr hospital.

Signature: _____

Date: / /