



Letters to the Editor

Clarifying Transcatheter Aortic Valve Implantation Training Requirement Recommendations for Physicians Currently in Practice

To the Editor:

Transcatheter aortic valve implantation (TAVI) is the standard of care for the treatment of aortic stenosis in many patient populations, with multiple established training programs offered as fellowships across the country. Recently, questions have arisen as to the necessary training requirements for physicians who are currently in practice and have not completed formal TAVI fellowships but wish to become TAVI operators.

Table 2 of the 2019 CCS TAVI Position Statement addressed training requirements.¹ Specifically, the recommendations state that a new operator to TAVI should have performed case observation, didactic, and simulator training and have performed initial cases with proctor support. In addition, new physicians should have a minimum of 12 months fellowship training in TAVI, with a minimum of 100 observed TAVI cases and with 50 cases as primary operator. Some questions have been raised as to whether the term *new physicians* applies only to those who have recently completed training and what the requirements should be for those currently in practice as either interventional cardiologists or cardiac surgeons.

As members of the 2019 TAVI Position Statement Committee, we are writing to provide clarification on these points. First, TAVI is now a mature procedure with the aforementioned established training requirements. The term *new physician* applies to any new operator to the TAVI procedure, regardless of the number of years in practice, for whom the preferred training route is that of a formal 12-month TAVI fellowship in a recognized training program. Although the proctorship-only approach to training was used in the early days of TAVI, this is no longer appropriate or sufficient in the modern era, given the currently available training opportunities. We appreciate that undertaking a fellowship in another centre may not be practical for practicing physicians, and—accordingly—we recommend that new TAVI operators

joining established TAVI programs and teams, performing a minimum of 50 cases per year, may be trained at their local institutions for at least 12 months, provided they meet the requirements of a minimum of 100 observed TAVI cases and 50 cases as primary operators in addition to the other listed requirements.

Transcatheter aortic valve implantation is standard of care, and, as such, training must be carried out in a uniform fashion with clear competencies, regardless of the career level of those undertaking the training.

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Reference

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