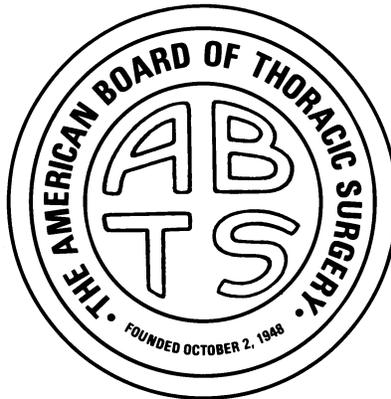


**MAINTENANCE OF CERTIFICATION**  
**IN**  
**CONGENITAL CARDIAC SURGERY**

**BOOKLET OF INFORMATION**  
**2017**



Office of the Board  
633 North St. Clair Street, Suite 2320  
Chicago, IL 60611  
(312) 202-5900  
info@abts.org

## **STATEMENT OF PURPOSE**

The American Board of Thoracic Surgery (ABTS) publishes this Booklet of Information for Diplomates and others who are interested in knowing the procedures and requirements for Maintenance of Certification® (MOC) in congenital cardiac surgery (CHS MOC). The CHS MOC Booklet of Information is revised yearly.

## **BACKGROUND**

The Board of Thoracic Surgery was established in 1948 as an affiliate board of the American Board of Surgery. In 1971, the Board of Thoracic Surgery was recognized by the American Board of Medical Specialties (ABMS) as a primary board and the name changed to the American Board of Thoracic Surgery. In 1973, the ABMS recommended to its member boards that they develop programs and procedures for recertification. The ABTS issued its first time-limited certificates in 1976. Since that time, all Diplomates have been required to “recertify” every 10 years. In the past, the process of “recertification” has consisted of documentation of license and hospital privileges, submission of a “case list” or case summary, confirmation of CME activities, and completion of the SESATS (Self-Examination, Self-Assessment in Thoracic Surgery) program. In response to public demands for greater accountability from specialty boards and more transparency in the credentialing process, the 24 member boards of the ABMS embarked on Maintenance of Certification. The goal of MOC for the ABTS is to facilitate lifelong learning and practice improvement among our Diplomates and to give the public assurance that certified congenital cardiac surgeons are maintaining high standards of clinical care. MOC replaced the ABTS recertification process in January, 2008 for primary certification; therefore, all Diplomates are now required to participate in MOC instead of the former recertification process in order to maintain and renew their certificate. More information about the ABTS MOC process can be found on the Board’s web site at [www.abts.org](http://www.abts.org).

Subspecialty certification in Congenital Cardiac Surgery was approved in 2007. The first certificates were issued in 2009. All congenital cardiac surgery subspecialty certificates are time-limited, and Diplomates are required to participate in the CHS MOC process.

## **CORRESPONDENCE WITH THE BOARD**

Inquiries addressed to the ABTS may be referred to one or more committees of the Board. Replies to such letters of inquiry may, therefore, be delayed for several weeks. Please address all communications to the Board’s Executive Director:

David A. Fullerton, M.D.  
Executive Director  
American Board of Thoracic Surgery  
633 North Saint Clair Street, Suite 2320  
Chicago, IL 60611

## MOC OVERVIEW

In order to maintain a valid subspecialty certificate in congenital cardiac surgery, **all** Diplomates whose status is Active or Inactive, are required to participate in MOC. The full ABTS MOC cycle is 10 years, with “benchmarks” or “milestones” at the 5<sup>th</sup> and 10<sup>th</sup> years that must be fulfilled. A brief description of the 4 components of MOC that make up the 5-year and 10-year milestones follows:

### Part I - Professional Standing

Diplomates must hold a valid, unrestricted medical license in at least one state or jurisdiction in the United States, its territories or Canada.

### Part II - Lifelong Learning and Self-Assessment

Diplomates must participate in educational and self-assessment programs that meet specialty-specific standards that are set by the ABTS.

### Part III - Cognitive Expertise

Diplomates must demonstrate, through formalized examination, that they have the fundamental, practice-related and practice environment-related knowledge to provide quality care in thoracic surgery.

### Part IV - Practice Performance Assessment / Performance Improvement

Diplomates are evaluated in their clinical practice according to standards for patient care in thoracic surgery. Diplomates must demonstrate that they have assessed the quality of care they provide compared to peers and national milestones and then apply the best evidence or consensus recommendations to improve that care using follow-up assessments.

## CERTIFICATION STATUS

Congenital cardiac surgery subspecialty certificate-holders **MUST** maintain primary certification, including participation in MOC, by the American Board of Thoracic Surgery in addition to subspecialty certification in congenital cardiac surgery. The Board has the following 4 certification statuses for Diplomates:

**Certified-Active** – includes Diplomates who have successfully passed Part I (written) and, for Diplomates trained since 2008, Part II (oral) congenital cardiac surgery examinations and who are actively practicing congenital cardiac surgery. Diplomates in this category are required to participate in all parts of MOC (i.e., Parts I-IV). Diplomates who are Certified-Active are expected to pay the annual dues.

**Certified-Inactive** – includes Diplomates who have applied and been accepted for *inactive status*. This category includes Diplomates who have temporarily interrupted their clinical practice due to illness/injury, Diplomates who are participating in administrative positions, graduate studies, elected/appointed political office, etc. The Certified-Inactive status includes those Diplomates who

are involved in direct or supervised congenital cardiac surgery patient care, but whose practice does not include operative congenital cardiac surgery (e.g., critical care, clinic or office practice, clinical research involving direct patient contact) as well as Diplomates who have direct or supervise patient care in a field other than congenital cardiac surgery. Diplomates in this category are required to participate in all parts of MOC except Part IV (i.e., evaluation of performance in practice). For additional information please refer to the Board's Inactive Status Policy. Diplomates who are Certified-Inactive are expected to pay the annual dues. Diplomates who are Certified-Inactive in Congenital Cardiac Surgery may be Certified-Active with the ABTS primary Board certification. Contact the ABTS office for information regarding return to active status.

**Retired and/or Disabled** – includes Diplomates who are certified, but who have notified the Board of their retirement and/or disability and for whom return to active or inactive practice is unlikely. Retired and/or Disabled Diplomates are not required to participate in MOC. However, Diplomates in this category who anticipate return to medical practice should consider changing their status to Certified-Inactive and participate in MOC **before the certificate expires**. Diplomates who are Retired and/or Disabled do not pay annual dues. Diplomates choosing to return to “active” status after more than 12 months as “Retired and/or Disabled” must petition the ABTS credentials committee, and may be required to undergo additional training. Diplomates who are “Retired/Disabled” from the practice of congenital cardiac surgery may be “Certified Active” or “Certified Inactive” with primary ABTS certification.

**Not Certified** – includes Diplomates who have allowed their certificates to lapse and/or those whose certificates have been suspended or revoked. Diplomates with lapsed, suspended or revoked certificates are referred to as “not certified” without further clarification. Diplomates who are no longer certified are not allowed to participate in MOC. A valid primary certificate in thoracic surgery is required to maintain valid certification in the congenital cardiac surgery subspecialty. Diplomates who are “Not Certified” in congenital cardiac surgery may be “Certified Active” or “Certified Inactive” with primary ABTS certification.

Diplomates whose congenital cardiac surgery subspecialty certificate has lapsed can renew their subspecialty certificate only by retaking and passing the Qualifying (Part I) and Certifying (Part II) congenital cardiac surgery examinations. Diplomates whose primary ABTS certificate has lapsed can only renew their certificate by retaking and passing the Qualifying (Part I) and Certifying (Part II) examinations, followed by retaking and passing the Qualifying (Part I) and Certifying (Part II) congenital cardiac surgery examinations.

The “Not Certified” category also includes all individuals who have not taken and/or not passed both Part I and II of the ABTS primary certification examinations and/or the congenital cardiac surgery qualifying and/or certification exams. See the Booklets of Information for Board eligibility information.

Visit the Board's web site ([www.abts.org](http://www.abts.org)) for a full description of these categories. If you are not sure of your current status with the ABTS, feel free to contact the Board office.

## **MAINTENANCE OF CERTIFICATION: 5-YEAR MILESTONE**

The ABTS requires holders of subspecialty certification in congenital cardiac surgery to meet the requirements of the 5-year congenital cardiac surgery MOC milestone. All holders of the subspecialty certification are required to also meet 5-year milestones for primary certification by the American Board of Thoracic Surgery. See the ABTS MOC Booklet of Information at [www.abts.org](http://www.abts.org) for a full description of the ABTS primary certificate MOC activities.

Requirements that must be met at the 5-year milestone of the specifically congenital cardiac surgery certification are:

### **Part I – Professional Standing**

Diplomates must provide documentation of their currently valid, full and unrestricted license(s) to practice medicine in the one or more of the United States, US jurisdiction or territories, or Canada. Diplomates must also provide documentation of privileges at a hospital(s) accredited by the JCAHO, JCAHO-I or other institutions judged acceptable by the Board in order to be considered Certified-Active.

Diplomates must hold valid primary and subspecialty certificates issued by the ABTS at the time of their application for the MOC 5-year milestone.

### **Part II - Lifelong Learning and Self-Assessment**

Diplomates must earn an average of 30 AMA Category 1 CME credits per year since January 2012. For the 2017 5-year milestone, Diplomates must have earned 150 Category I CME credits since January 1, 2012 through the date of their signed application. At least half of the CME credits (i.e., 75 hours) must be specifically identified in clinical congenital cardiac surgery, and up to half of the CME credits may be in the broad category of cardiothoracic surgery. Copies of the CME certificates issued by the sponsoring organization(s) must be provided, and the specific congenital credit hours provided by the sponsor. See Appendix I for examples. Applicants in 2018 will be required to have earned 150 Category I CME credits since January 1, 2013 through the date of their application.

The Board will accept CME credits for attending the annual meetings of the American Association for Thoracic Surgery, the Society of Thoracic Surgeons, the Southern Thoracic Surgical Association, the Western Thoracic Surgical Association, the Clinical Congress of the American College of Surgeons, and other national, regional or local meetings. Documentation (copies of the certificates) of the CME from the earned from these meetings must be submitted

with the application. In order to meet the congenital CME requirement, the documentation must be the “official” CME report that specifically identifies the congenital portion. Contact the organization, if necessary, for the official report.

The Board will also accept certain online courses (such as SESATS) provided they have been designated as Category I by an ACCME-accredited body and that there is appropriate documentation of the Diplomate’s participation. The online courses must be in clinical medicine (not, for example, the ‘business of medicine’ or malpractice insurance courses). In addition, the Board will accept up to, but no more than, 10 hours annually credits for journal articles. The Annals of Thoracic Surgery and the Journal of Thoracic and Cardiovascular Surgery have at least one article per month online designated for CME credit.

The Board will accept up to, but no more than, 10 hours annually for conferences at one primary institution, including Morbidity & Mortality, echo conference, grand rounds, etc. from one institution, and only if the awarding institution has ACCME-accreditation and has designated this activity as Category 1.

CME activities that are reported for the CHS-MOC process will always count toward satisfying the ABTS primary certificate MOC CME requirements.

#### **Part IV – Practice Performance Assessment**

Diplomates must submit a log of all major cases performed during the one calendar year immediately preceding the 5-year milestone application (for example, May 2016-April 2017), which must meet the following case requirements:

##### **Case Requirements – 5-Year Milestone**

To maintain active certification status, Diplomates are required to provide evidence of having performed or directly supervised at least 75 congenital cardiac surgeries in patients 18 years of age or younger, or re-operation of prior congenital cardiac surgery on patients of any age during the 12 month period immediately preceding the application.

##### **Case Requirements - Distribution**

In order to ensure an appropriately diverse distribution of cases, the applicant’s case log cannot exceed a maximum of the specified number for the following cases for credit toward the requirement of 50 major congenital cases:

- 5 Secundum atrial septal defect and/or patent foramen ovale closure procedures
- 5 Patent ductus arteriosus ligation and/or division
- 5 Pulmonary artery banding
- 5 Right ventricle-to-pulmonary artery insertion / replacement and/or pulmonary valve replacement

- 5 Other valve repair / replacement (age 18 and under, only)

**Practice Quality Improvement** – To maintain certification and to fulfill Part IV requirements, ABTS Diplomates must complete at least 1 Practice Quality Improvement (PQI) project within the 2 years prior to the 5- and 10-Year CHS-MOC Milestones. Various pathways will allow Diplomates to meet these requirements: Individual, group, or institutional PQI projects. Refer to this web site for additional information:

[https://www.abts.org/root/home/maintenance-of-certification/practice-quality-improvement-\(pqi\)-plan.aspx](https://www.abts.org/root/home/maintenance-of-certification/practice-quality-improvement-(pqi)-plan.aspx)

There are specific requirements you must fulfill in order to receive MOC IV credit so please read the web site information carefully. An acceptable PQI project for primary certification will satisfy the requirements for both primary and congenital subspecialty Maintenance of Certification.

### **Application Process for the 5-Year Milestone**

Diplomates who are eligible to participate in the MOC 5-year milestone will be automatically notified by email, which will include the appropriate application. The application can be printed from the Board's web site at [www.abts.org](http://www.abts.org). The 2017 application period is May 1, 2017-August 5, 2017. **The deadline for submitting the finalized 5-year milestone application is August 5, 2017.** Diplomates must be in good standing with the ABTS and are expected to be current with the ABTS annual dues in order to participate in the CHS-MOC process.

A \$350 late fee is assessed for any congenital cardiac surgery 5-year milestone application received after August 5, 2017. No application for the 2017 CHS-MOC 5-year Milestone will be accepted after September 2, 2017. The \$350 late fee is applied to each year that the applicant does not complete the process, and is cumulative and separate from any fees associated with ABTS annual dues and/or the primary certificate MOC process. Diplomates who have not completed the 5-year milestone of MOC for congenital cardiac surgery by year 9 of their subspecialty certification will not be allowed to participate in the Year 10 "recertification" process. The 5- and 10-Year Milestones can not be completed in the same year.

Applicants will complete application for the MOC 5-year milestone on-line, including uploading all of the related support documents and information. Applications will be reviewed by the ABTS, Congenital Cardiac Surgery MOC committee and by the Executive Director. The Board will mail a letter to approved applicants stating that the Diplomate is "meeting the requirements of CHS-MOC." and this information will be transmitted to the American Board of Medical Specialties. The Board does not issue a new certificate upon completion of the 5-year milestone.

## **10-YEAR MILESTONE**

The following requirements must be fulfilled by those Diplomates seeking renewal of their congenital cardiac surgery subspecialty certificate. Activities of the 10-year Milestone for primary certification by the American Board of Thoracic Surgery do not satisfy this requirement for congenital cardiac surgery.

### **Part I – Professional Standing**

Diplomates must provide documentation of their currently valid, full and unrestricted license(s) to practice medicine in the one or more of the United States, US jurisdiction or territories, or Canada. Diplomates must also provide documentation of privileges at a hospital(s) accredited by the JCAHO, JCAHO-I or other institutions judged acceptable by the Board in order to be considered Certified-Active.

Diplomates must hold valid primary and subspecialty certificates issued by the ABTS at the time of their application for the MOC 5-year milestone.

### **Part II - Lifelong Learning and Self-Assessment**

Diplomates must earn an average of 30 AMA Category 1 CME credits per year since January 2012. For the 2017 5-year milestone, Diplomates must have earned 150 Category I CME credits since January 1, 2012 through the date of their signed application. At least half of the CME credits (i.e., 75 hours) must be specifically identified in clinical congenital cardiac surgery, and up to half of the CME credits may be in the broad category of cardiothoracic surgery. Copies of the CME certificates issued by the sponsoring organization(s) must be provided, and the specific congenital credit hours provided by the sponsor. See Appendix I for examples. Applicants in 2018 will be required to have earned 150 Category I CME credits since January 1, 2013 through the date of their application.

The Board will accept CME credits for attending the annual meetings of the American Association for Thoracic Surgery, the Society of Thoracic Surgeons, the Southern Thoracic Surgical Association, the Western Thoracic Surgical Association, the Clinical Congress of the American College of Surgeons, and other national, regional or local meetings. Documentation (copies of the certificates) of the CME from the earned from these meetings must be submitted with the application. In order to meet the congenital CME requirement, the documentation must be the “official” CME report that specifically identifies the congenital portion. Contact the organization, if necessary, for the official report.

The Board will also accept certain online courses (such as SESATS) provided they have been designated as Category I by an ACCME-accredited body and that there is appropriate documentation of the Diplomate’s participation. The online courses must be in clinical medicine (not, for example, the ‘business of

medicine' or malpractice insurance courses). In addition, the Board will accept up to, but no more than, 10 hours annually credits for journal articles. The Annals of Thoracic Surgery and the Journal of Thoracic and Cardiovascular Surgery have at least one article per month online designated for CME credit.

The Board will accept up to, but no more than, 10 hours annually for conferences at one primary institution, including Morbidity & Mortality, echo conference, grand rounds, etc. from one institution, and only if the awarding institution has ACCME-accreditation and has designated this activity as Category 1.

CME activities that are reported for the CHS-MOC process will always count toward satisfying the ABTS primary certificate MOC CME requirements.

#### **Part IV – Practice Performance Assessment**

Diplomates must submit a log of all major cases performed **during any twelve consecutive months of the two year period immediately preceding the CHS MOC application** (for example, in 2017 the case log could include cases from December 1, 2015-November 30, 2016), and must meet the following case requirements:

##### **Case Requirements – Surgical Volume**

To maintain active certification status, Diplomates are required to provide evidence of having performed or directly supervised at least **50** congenital cardiac surgeries in patients 18 years of age or younger, or re-operation of prior congenital cardiac surgery on patients of any age during the reporting period. **Up to a maximum of 25 specified STAT category 4 or 5 cases in which the applicant has participated in the critical portion of the case with another congenital cardiac surgeon may be counted toward the requirement.** See Appendix A for approved STAT category 4 and 5 cases.

##### **Case Requirements - Distribution**

In order to ensure an appropriately diverse distribution of cases, the applicant's case log cannot exceed a maximum of the specified number for the following cases for credit toward the requirement of 50 major congenital cases:

- 5 Secundum atrial septal defect and/or patent foramen ovale closure procedures
- 5 Patent ductus arteriosus ligation and/or division
- 5 Pulmonary artery banding
- 5 Right ventricle-to-pulmonary artery insertion / replacement and/or pulmonary valve replacement
- 5 Other valve repair / replacement (age 18 and under, only)

**Practice Quality Improvement** – To maintain certification and to fulfill Part IV requirements, ABTS Diplomates must complete at least 1 Practice Quality Improvement (PQI) project within the 2 years prior to the 5- and 10-Year CHS-MOC Milestones. Various pathways will allow Diplomates to meet these requirements: Individual, group, or institutional PQI projects. Refer to this web site for additional information:

[https://www.abts.org/root/home/maintenance-of-certification/practice-quality-improvement-\(pqi\)-plan.aspx](https://www.abts.org/root/home/maintenance-of-certification/practice-quality-improvement-(pqi)-plan.aspx)

There are specific requirements you must fulfill in order to receive MOC IV credit so please read the web site information carefully. An acceptable PQI project for primary certification will satisfy the requirements for both primary and congenital subspecialty Maintenance of Certification.

**Evaluation Letters** – Two evaluation letters of recommendation are required. One must be from a designated institutional official (Medical Director, Department Chair, Dean) and one from a colleague. The Board reserves the right to and will randomly audit and request additional letters of references from referring physicians, colleagues, staff and patients.

### **Application Process for the 10-Year Milestone**

Diplomates who are eligible to participate in the CHS-MOC 10-year milestone will be notified automatically by email that the application period is open. Candidates may apply up to 2 years in advance of the expiration of their certification, and must apply and successfully complete the process by the final year of their certification.

## **SYNCHRONIZATION OF CERTIFICATION DATES**

The American Board of Thoracic Surgery (ABTS) voted in 2016 to streamline the Maintenance of Certification® (MOC) process for holders of subspecialty certificates in congenital cardiac surgery by synchronizing the certification dates with your primary ABTS certificate. In the future, renewing your primary certification will also renew your congenital cardiac subspecialty certification.

The ABTS now requires a modular, educational, SESATS-type examination for fulfillment of the 10-year milestone of MOC for your primary ABTS certificate. On successful completion of ABTS MOC, you will receive a new ABTS certificate valid for 10 year increments from your initial primary

certification. For the synchronization process, congenital cardiac surgery certificate holders will receive a new congenital certificate at the same time and with the same valid through date as their primary certificate, based on successful completion of the congenital module for primary ABTS certification MOC.

The 5- and 10-year milestone requirements for primary certification by the ABTS for congenital certificate holders will continue to require the congenital continuing medical education, case log and case summary elements now a part of congenital MOC, detailed herein. The congenital CME requirements satisfy the requirements of both ABTS primary and congenital MOC.

The synchronization of certificates became effective in 2016. Congenital cardiac surgeons participating in the 2016 ABTS primary certificate 10-year milestone of MOC by taking the congenital module, whose case logs and CME satisfy congenital requirements, received both ABTS and ABTS congenital subspecialty certificates valid through the same date. Going forward, renewing the ABTS certificate by taking the congenital module will renew both certificates.

During the transition period,

- you may have two congenital certificates, valid through different dates. The longer period will be the date of record maintained by the ABTS and the American Board of Medical Specialties.
- some congenital certificates will expire before the Diplomate participates in the 10-year MOC milestone for primary ABTS certification. Those Diplomates will be required to participate in the congenital cardiac surgery MOC processes.
- congenital cardiac surgeons who do not meet congenital requirements for their primary certificate's MOC will have until the expiration date of their congenital certificate to do so, but thereafter must meet the congenital MOC requirements based on the primary certificate timing.

The requirements for congenital cardiac surgeons participating in the MOC process for their primary certification are now in effect. For a small number of Diplomates, this will mean that you will be required to meet the congenital MOC requirements (e.g., case log, case summary, CME) again in 2018 or 2019. We anticipate that any difficulty this may cause will be mitigated by the convenience of the combined process of renewing two certificates at one time hereafter.

If you have questions, you may contact Sarah Dunlap at the ABTS, [sarahdunlap@abts.org](mailto:sarahdunlap@abts.org), or 312-414-0512.

## ABTS POLICIES AND INFORMATION FOR ALL CONGENITAL CARDIAC SUBSPECIALTY CERTIFICATES

## **PUBLICATION OF MOC PARTICIPATION**

The ABTS will supply appropriate information to the ABMS for inclusion in the official Directory of Medical Specialists. The biographic entry will show 'participating in MOC in congenital cardiac surgery' along with documentation of original certification(s).

## **APPEALS**

Diplomates who receive an unfavorable ruling regarding their MOC application may appeal such determination by mailing a notice of appeal to the office of the ABTS within 45 days of the date such ruling was initially mailed to the Diplomate. A copy of the appeals procedure will be provided to the candidate.

Diplomates who are in the MOC 10-Year Milestone examination process may only request reconsideration for reasons of potential fraud, misconduct, or irregularities. There is no appeal regarding the content of the examination, the sufficiency or accuracy of the answers given, scoring of the examination, nor any other matter. Any Diplomate who wishes to seek reconsideration on the basis of fraud, misconduct or irregularities may do so immediately upon conclusion of the examination, and in any event no later than 7 days following the last MOC examination date, request that the Board allow him or her to retake the examination.

## **CHEMICAL DEPENDENCY**

Diplomates who have a history of chemical dependency that has been reported to the Board and who submit documentation suitable to the Board that their dependency has been under control for a period of at least 2 years will be admitted to the MOC process.

For Diplomates who are already in the MOC process and develop a chemical dependency as reported to the Board, the process will be suspended until the Diplomate can provide documentation suitable to the Board that the condition has been under control for a period of 2 years. At that time, the Diplomate will be readmitted to the MOC process.

## **REVOCAION OF CERTIFICATION**

An ABTS Congenital Cardiac Surgery MOC 10-year milestone certificate will not be issued, and any previously issued certificate may be revoked by the Board if it shall determine that:

1. the candidate for MOC did not possess the required qualifications whether or not such deficiency was known to the Board or any Committee thereof prior to the issuance of the certificate,
2. the candidate for MOC made a material misstatement or withheld information in his/her application or any other misrepresentation to the Board or any Committee thereof, whether intentional or unintentional,
3. the candidate for MOC was convicted by a court of competent jurisdiction of any felony or misdemeanor involving moral turpitude and, in the opinion of the Board, having a material relationship to the practice of medicine.
4. the candidate for MOC had his/her license to practice medicine revoked or was disciplined or censured by any court or other body having proper jurisdiction and authority because of any act or omission arising from the practice of medicine, or
5. the candidate for MOC had a history of chemical dependency, or developed such during the MOC process, and failed to report the same to the Board.

## **APPENDIX A – STAT Category 4 and 5 Cases**

**in which two congenital cardiac surgeons who have participated in the critical portion of the case together may be counted by each operator toward the requirement:**

## STAT Category 4

Aortic arch repair

Aortic arch + VSD repair

Aortic dissection repair

Aortic root replacement – homograft

Aortic root translocation over left ventricle (including Nikaidoh procedure)

Arterial switch operation and VSD repair

Arterial switch operation + aortic arch repair

Arterial switch operation and VSD repair + aortic arch repair

Cardiac tumor resection

CC-TGA repair, VSD closure and LV-to-PA conduit

Double outlet left ventricle repair

Double outlet right ventricle intraventricular tunnel repair

Ebstein's anomaly repair

Fontan revision or conversion (re-do Fontan)

HLHS biventricular repair

Hybrid approach, Stage 1, application of RPA and LPA bands

Interrupted aortic arch repair

Pulmonary atresia-VSD-MAPCA (pseudotruncus) repair

Pulmonary venous stenosis repair

Ross-Konno procedure

Senning procedure

TAPVC repair

TGA, other procedures (Kawashima, LV-PA conduit, other)

TOF – AVC (AVSD) repair

TOF – absent pulmonary valve repair

Transplant, heart

Truncus arteriosus repair

Unifocalization of MAPCA's

Valve replacement, common atrioventricular valve

Valvuloplasty converted to valve replacement in the same operation, aortic, with Ross procedure

Valvuloplasty converted to valve replacement in the same operation, aortic, with Ross-Konno procedure

Valvuloplasty converted to valve replacement in the same operation, common atrioventricular valve

#### STAT Category 5

CC-TGA repair, arterial switch and ASO (double switch)

CC-TGA repair, atrial switch and Rastelli

Damus-Kaye-Stansel procedure (creation of AP anastomosis without arch reconstruction)

Hybrid approach, Stage 1, stent placement in arterial duct (PDA) + application of RPA, etc

Hybrid approach, Stage 2, aortopulmonary amalgamation + superior cavopulmonary anastomosis(es), PA debanding + aortic arch repair (Norwood Stage 1) + superior cavopulmonary anastomosis(es) + PA debanding

Norwood procedure

TAPVC repair + shunt, systemic-to-pulmonary artery

Transplant, heart and lung

Truncus + interrupted aortic arch repair



## **APPENDIX B - SHOWING EXAMPLES OF ACCEPTABLE CME REPORTS**

- #1 STS Meeting Report showing “general” CME
- #2 STS Report from the same meeting showing CHS and “general” CME
- #3 AATS Meeting Report showing CHS and “general” CME
- #4 “Home” institution report showing 10-hour annual maximum CME