

**OPTN Membership and Professional Standards Committee  
Membership Requirements Revision Subcommittee  
Meeting Summary  
October 20, 2020  
Conference Call**

**Clifford Miles, M.D., Chair**

## **Introduction**

The Membership Requirements Revision Subcommittee (the Subcommittee) of the Membership and Professionals Standards Committee (MPSC) met via Citrix GoToTraining teleconference on October 20, 2020, to discuss the following agenda items:

1. Overview of Project Progress
2. Overview of Topics for October MPSC Meeting
3. Transplant Program Key Personnel Format
4. Next Steps

The following is a summary of the Subcommittee's discussions.

### **1. Overview of Project Progress**

Staff provided an overview of current progress of the Membership Requirements Revision Subcommittee project.

### **2. Overview of Topics for October MPSC Meeting**

The Subcommittee reviewed anticipated topics for the MPSC meeting scheduled for October 27, 2020. The topics to be discussed include a review of current drafts of Appendix B and Appendix D, the definition of "On-site" and its use in the bylaws, Inactivation, withdrawal and termination provisions, and transplant program key personnel format.

### **3. Transplant Program Key Personnel Format**

The Subcommittee reviewed key personnel topics that were previously reviewed by the MPSC. The primary objective of the meeting was to focus on providing recommendations on topics for which the MPSC did not previously reach a consensus. Additionally, the Subcommittee discussed finalizing the documentation and structure for topics on which they reached a consensus. The Subcommittee discussed the following topics:

- Letters of reference, recommendation, and qualification:

Currently, the bylaws require all three of these letters be provided for the proposed primary transplant surgeon and transplant physician. The letter of reference is a required letter from an individual who has been directly involved in documenting the applicant's experience and competence, and can also verify the applicant has met requirements in the bylaws. The letter of recommendation is requires a person who previously supervised the individual to outline the applicant's overall qualifications and provide feedback on the applicant's characteristics

(integrity, honesty, etc.). The letter of qualification is a letter from the applicant describing the details of their training and experience gained in transplantation.

The poll results from July 2020 MPSC conference call showed that the MPSC supported removing letters of reference, recommendations, and qualifications from the requirements. Previous discussions by the MPSC showed that members felt that the letters did not add any value to the application.

Staff shared with the Subcommittee that the letter requirements are amongst one of the greatest challenges when reviewing and approving applications. Additionally, the letter typically restates what is in the bylaw without adding anything extra and when the logs are submitted, they must be signed by someone who was supervising the individual when the transplants and procurements were performed.

The Subcommittee reviewed the letter requirements, previously completed polls, and provided feedback on letter requirements.

Comments made regarding the retention of letters included:

- It should not be difficult for applicants to obtain these letters. The letters could be of value to the programs to ensure the program's leadership is aware of the applicant's qualifications.
- Providing a letter gives the applicant the opportunity to explain any outstanding requirements.
- Another subcommittee member stated, "If the point of the letter is to prove that they meet the qualifications then that makes a good point, but this could also be done by simply signing off on a case log".

Additional comments included a discussion of the intended purpose and value of the letters to the decision making about an individual's qualifications to serve in the primary role. A member asked if an electronic form with check boxes could be completed by the same individual, in lieu of a letter. There was general support for this concept, which would streamline the process.

- Subcommittee member supported the electronic form concept and noted that it could also be expanded to include questions about the applicant's character and ethical implications (integrity, honesty, etc.).
- Staff advised the Subcommittee that implementing an electronic form could be done, but could take some time and would have to go through an approval process with the Office of Management and Budget (OMB). There are currently online membership applications and an electronic qualifications form could be an additional component.

Following the discussion, polls were administered to gather input from all of the Subcommittee members about the letters of reference and letters of qualifications. Seventy-five percent of the Subcommittee members supported retaining the concept of a reference document, but changing it from a letter to an electronic form. The Subcommittee also voted with 88% in favor of retaining the letter of qualification.

**Figure 1: Subcommittee vote on options for letter of reference**

Options for letter of reference	
Retain the letter of reference	13%
Form completed by program director/fellowship director	75%
Remove the letter of reference	13%

**Figure 2: Subcommittee vote on options for letter of qualifications**

Options for letter of qualification	
Yes	88%
No	13%

- Physician observation of transplants and procurements:  
The Subcommittee reviewed the history of the observation requirements for primary physicians. Prior to September 2017, the requirements stated a physician “should,” observe transplants and procurements. That language was revised from “should” to “must” in September 2017. The November 2019 MPSC survey indicated that 38% of MPSC members supported transplant observations and 24% supported procurement observations. There was not strong support from the MPSC for retaining these requirements in the bylaws.

The August 2020 poll showed no clear consensus of the MPSC regarding observation requirements for all proposed primary physicians. However, the poll showed that the MPSC members support a requirement for observations by a proposed primary physician that has not previously served as primary for that organ. The Subcommittee members provided the following feedback:

- There was general support for keeping the observation requirement. One Subcommittee member suggested that the requirement of three observations is a low bar, but the primary should have an experience that helps them develop empathy for the donor family.
- It can be challenging for primaries to obtain the documentation for these requirements considering the documentation on procurements is a newer requirement to track and historical records may not be available.
- If the goal is for people to understand the procurement process, then there are better ways to do it. For example, retaining the requirement as a part of the fellowship training is not a bad concept but it is difficult and it does not add a great deal.
- The observation requirement should only be required for a physician who has never served as a primary before.
- The number of observations should be changed.
- Supports the requirement for only new primaries to submit documentation for observing transplants and procurements.
- Other factors not required in the bylaws that are more useful in understanding the clinical expertise and knowledge of applicants. Applicants can gain skills needed in other ways than just observing transplants.

- A subcommittee member explained the broader scope of the primary physician and their role as leaders in the community and in the hospital system. “This is where the benefit comes from, and not just in their clinical patient practice”.
- If the subcommittee chooses to take the requirement in a new direction (first time vs. returning applicant) then they would have to specify that they were a primary for that specific organ. The language in the bylaws needs to be clear.
- If the goal is for the primary physicians to appreciate what happens in the operating room (OR), then we should consider lowering the number of required observations.
- It is more difficult to complete requirements because of COVID-19 so we should think about offering an alternative.

There was general agreement that the observations should be retained but only for physicians who had not previously served as a primary physician. The Subcommittee was polled at the conclusion of the discussion to see what it would suggest for the number of cases. The majority of the Subcommittee (60%) supported requiring one case. Others supported from two to more than three cases as shows in the table below.

Figure 3: Subcommittee vote on the number of observations that should be required for the primary physician

How many observations should be required?	
1	60%
2	7%
3	27%
More than 3	7%

- Primary Surgeon – Required number of transplants and current working knowledge/direct involvement in patient care requirements:

The Subcommittee reviewed background information on the current working knowledge/direct involvement in patient care requirements in the bylaws. The current OPTN bylaws have two separate requirements for primary surgeons to document including: 1) A defined number of transplants documented in a log, and 2) current working knowledge of transplantation and direct involvement in transplant care in the last 2 years. Previously the MPSC has supported insertion of currency requirements for a certain number of transplants. The MPSC and Subcommittee have also supported consolidation of the current pathway into one pathway that allows for accepting experience gained during either fellowship or post-fellowship clinical experience. The Subcommittee reviewed options for the language and staff provided examples of each option.

The Subcommittee provided the following feedback on the proposed options:

- Consistency and congruency is important and the language should be the same across the board.
- The requirements should be kept as simple as possible.
- Concise language will help the programs have consistency.

- It is burdensome to ask for specific logs for each working knowledge/direct involvement requirement.
- It is important to ensure the surgeon is involved in the preoperative evaluation and the transplant for each organ, as applicable to the application.
- There is no need to mandate logs for both the physician and the surgeon.

Staff provided the following options so that the subcommittee could vote on their preference:

*Option 1: Combining language and requiring participation in preoperative assessment and post-operative care. This option would remove the various aspects of care.*

*Option 2: Completing the log of a specific number of transplants and requiring a checklist of the various aspects of care attesting that the primary has been directly involved in that care.*

The Subcommittee members participated in a poll. There was no concrete consensus from the Subcommittee regarding its recommendation for proposed language. Option 1 was selected by 58% of the respondents and the Option 2 was selected by the other 42%.

The Subcommittee's feedback will be provided to the MPSC for further discussion.

#### **4. Next Steps**

Staff advised the Subcommittee that the options for foreign equivalency would be discussed during the next MPSC meeting.

#### **Upcoming Meetings**

- October 27-29, 2020 - MPSC meeting (virtual)
- November 24, 2020, Membership Requirements Revision Subcommittee Meeting by Conference Call, 2:00-3:00pm, ET

## Attendance

- **Subcommittee Members**
  - Clifford D. Miles
  - Christina D. Bishop
  - Theresa M. Daly
  - Jonathan A. Fridell
  - PJ Geraghty
  - Edward F. Hollinger
  - Ian R. Jamieson
  - Heung Bae Kim
  - Jon A. Kobashigawa
  - Anne M. Krueger
  - Saeed Mohammad
  - Nicole A. Pilch
  - Scott C. Silvestry
  - Lisa M. Stocks
  - Parsia A. Vagefi
  - Gebhard Wagener
- **HRSA Representatives**
  - Marilyn E. Levi
  - Arjun U. Naik
  - Raelene Skerda
- **UNOS Staff**
  - Sally Aungier
  - Tameka Bland
  - Demi Emmanouil
  - Katie Favaro
  - Krissy Laurie
  - Sandy Miller
  - Amy Minkler
  - Liz Robbins Callahan
  - Sharon Shepherd
  - Olivia Taylor
  - Roger Vacovsky
  - Marta Waris
- **Other Attendees**
  - None