

OPTN/UNOS Policy Notice

Consider Primary Transplant Surgeon Requirement- Primary or First Assistant on Transplant Cases

Sponsoring Committee:	Membership and Professional Standards
Bylaws Affected:	OPTN Bylaws Appendices E.2.A (Formal 2-year Transplant Fellowship Pathway), E.2.B (Clinical Experience Pathway), E.6.D (Primary Open Living Donor Kidney Surgeon), E.6.E (Primary Laparoscopic Living Donor Kidney Surgeon), F.3.A (Formal 2-year Transplant Fellowship Pathway), F.3.B (Clinical Experience Pathway), F.8.A (Living Donor Surgeon Requirements), G.2.A (Formal 2-year Transplant Fellowship Pathway), G.2.B (Clinical Experience Pathway), H.2.A (Cardiothoracic Surgery Residency Pathway), H.2.B (Twelve-month Heart Transplant Fellowship Pathway), I.2.A (Cardiothoracic Surgery Residency Pathway), and I.2.B (Twelve-month Lung Transplant Fellowship Pathway)
Public Comment:	August 15 – October 15, 2016
Effective Date:	March 1, 2017

Problem Statement

The Bylaws require primary transplant surgeons to perform a set number of transplants and procurements as the “primary surgeon or first assistant.” Primary thoracic transplant surgeons must perform a certain number of these procedures as the primary surgeon, but the Bylaws do not specify the same requirement for abdominal surgeons. Consequently, abdominal surgeons could possibly qualify as a transplant program’s primary surgeon even though they may have never performed critical surgical transplant functions—functions that a primary transplant surgeon leading a designated program would be expected to have.

Summary of Changes

Abdominal surgeons applying to be the primary surgeon of a transplant program through the respective clinical experience pathways must have performed at least half of their transplant and donor procurement cases as the primary surgeon or as a co-surgeon.

Abdominal surgeons applying to be the primary surgeon of a transplant program through the respective fellowship pathways will be allowed to count cases that were accepted for their individual fellowship requirements towards the OPTN’s fellowship pathway requirements.

What Members Need to Do

No immediate action will be required of members when we implement these changes. From the implementation date forward, however, we will evaluate all abdominal program membership applications based on the new requirements. This means any proposed primary transplant surgeon for an abdominal program must have completed half of the required cases as primary surgeon or co-surgeon.

Affected Policy Language:

New language is underlined (example) and language that is removed is struck through (~~example~~).

1 **Appendix E:**

2 **Membership and Personnel Requirements for Kidney** 3 **Transplant Programs**

4 **E.2 Primary Kidney Transplant Surgeon Requirements**

5 **A. Formal 2-year Transplant Fellowship Pathway**

6 Surgeons can meet the training requirements for primary kidney transplant surgeon by
7 completing a 2-year transplant fellowship if the following conditions are met:

- 8
- 9
- 10 1. The surgeon performed at least 30 kidney transplants as the primary surgeon or first
11 assistant during the 2-year fellowship period. These transplants must be documented in the
12 surgeon's fellowship operative log, ~~a log that includes~~ the date of transplant, the role of the
13 surgeon in the procedure, and the medical record number or other unique identifier that can
14 be verified by the OPTN Contractor, and the fellowship director's signature must be provided
15 with this log. ~~This log must be signed by the director of the training program.~~
- 16 2. The surgeon performed at least 15 kidney procurements as primary surgeon or first assistant.
17 At least 10 of these procurements must be from deceased donors. These procurements must
18 have been performed anytime during the surgeon's fellowship and the two years immediately
19 following fellowship completion. These procedures must be documented in the surgeon's
20 fellowship operative log, ~~a log that includes~~ The date of procurement, location of the donor,
21 and Donor ID must be provided with this log.
- 22 3. The surgeon has maintained a current working knowledge of kidney transplantation, defined
23 as direct involvement in kidney transplant patient care in the last 2 years. This includes the
24 management of patients with end stage renal disease, the selection of appropriate recipients
25 for transplantation, donor selection, histocompatibility and tissue typing, performing the
26 transplant operation, immediate postoperative and continuing inpatient care, the use of
27 immunosuppressive therapy including side effects of the drugs and complications of
28 immunosuppression, differential diagnosis of renal dysfunction in the allograft recipient,
29 histological interpretation of allograft biopsies, interpretation of ancillary tests for renal
30 dysfunction, and long term outpatient care.
- 31 4. This training was completed at a hospital with a kidney transplant training program approved
32 by the Fellowship Training Committee of the American Society of Transplant Surgeons, the
33 Royal College of Physicians and Surgeons of Canada, or accepted by the OPTN Contractor
34 as described in the *Section E.4 Approved Kidney Transplant Surgeon and Physician*
35 *Fellowship Training Programs* that follows.
5. The following letters are submitted directly to the OPTN Contractor:

- 36 a. A letter from the director of the training program and chairman of the department or
37 hospital credentialing committee verifying that the surgeon has met the above
38 requirements and is qualified to direct a kidney transplant program.
- 39 b. A letter of recommendation from the fellowship training program's primary surgeon and
40 transplant program director outlining the surgeon's overall qualifications to act as a
41 primary transplant surgeon, as well as the surgeon's personal integrity, honesty, and
42 familiarity with and experience in adhering to OPTN obligations, and any other matters
43 judged appropriate. The MPSC may request additional recommendation letters from the
44 primary physician, primary surgeon, director, or others affiliated with any transplant
45 program previously served by the surgeon, at its discretion.
- 46 c. A letter from the surgeon that details the training and experience the surgeon has gained
47 in kidney transplantation.

48 **B. Clinical Experience Pathway**

49
50 Surgeons can meet the requirements for primary kidney transplant surgeon through clinical
51 experience gained post-fellowship if the following conditions are met:

- 52
- 53 1. The surgeon has performed 45 or more kidney transplants over a 2 to 5-year period as
54 primary surgeon, co-surgeon, or first assistant at a designated kidney transplant program. Of
55 these 45 kidney transplants, 23 or more must have been performed as primary surgeon or
56 co-surgeon. The transplants must be documented in a log that includes the date of
57 transplant, the role of the surgeon in the procedure, and medical record number or other
58 unique identifier that can be verified by the OPTN Contractor. The log should be signed by
59 the program director, division chief, or department chair from the program where the
60 experience was gained. Each year of the surgeon's experience must be substantive and
61 relevant and include pre-operative assessment of kidney transplant candidates, performance
62 of transplants as primary surgeon or first assistant, and post-operative care of kidney
63 recipients.
 - 64 2. The surgeon has performed at least 15 kidney procurements as primary surgeon, co-
65 surgeon, or first assistant. Of these 15 kidney procurements, at least 8 must have been
66 performed as primary surgeon or co-surgeon. At least 10 of these procurements must be
67 from deceased donors. These cases must be documented in a log that includes the date of
68 procurement, location of the donor, and Donor ID.
 - 69 3. The surgeon has maintained a current working knowledge of kidney transplantation, defined
70 as direct involvement in kidney transplant patient care in the last 2 years. This includes the
71 management of patients with end stage renal disease, the selection of appropriate recipients
72 for transplantation, donor selection, histocompatibility and tissue typing, performing the
73 transplant operation, immediate postoperative and continuing inpatient care, the use of
74 immunosuppressive therapy including side effects of the drugs and complications of
75 immunosuppression, differential diagnosis of renal dysfunction in the allograft recipient,
76 histological interpretation of allograft biopsies, interpretation of ancillary tests for renal
77 dysfunction, and long term outpatient care.
 - 78 4. The following letters are submitted directly to the OPTN Contractor:
 - 79 a. A letter from the director of the transplant program and Chairman of the department or
80 hospital credentialing committee verifying that the surgeon has met the above
81 qualifications and is qualified to direct a kidney transplant program.
 - 82 b. A letter of recommendation from the primary surgeon and transplant program director at
83 the transplant program last served by the surgeon outlining the surgeon's overall

84 qualifications to act as a primary transplant surgeon, as well as the surgeon's personal
85 integrity, honesty, and familiarity with and experience in adhering to OPTN obligations
86 and compliance protocols, and any other matters judged appropriate. The MPSC may
87 request additional recommendation letters from the primary physician, primary surgeon,
88 director, or others affiliated with any transplant program previously served by the
89 surgeon, at its discretion.

- 90 c. A letter from the surgeon that details the training and experience the surgeon has gained
91 in kidney transplantation.
92

93 **E.6 Kidney Transplant Programs that Perform Living Donor Recovery**

94 **D. Primary Open Living Donor Kidney Surgeon**

95 A kidney donor surgeon who performs open living donor nephrectomies must be on site and
96 must meet *one* of the following criteria:
97

- 98 ■ Completion of an accredited American Society of Transplant Surgeons (ASTS) fellowship
99 with kidney certification.
- 100 ■ Completion of at least 10 open nephrectomies, including deceased donor nephrectomies or
101 the removal of diseased kidneys, as primary surgeon, co-surgeon, or first Assistant. At
102 least 5 of these open nephrectomies must have been performed as the primary surgeon or
103 co-surgeon. The open nephrectomies must be documented in a log that includes the date of
104 recovery, the role of the surgeon in the procedure, the type of procedure (open or
105 laparoscopic), and the medical record number or Donor ID.
106

107 **E. Primary Laparoscopic Living Donor Kidney Surgeon**

108 A surgeon who performs laparoscopic living donor kidney recoveries must be on site and must
109 have completed at least 15 laparoscopic nephrectomies in the last 5 years as primary surgeon,
110 co-surgeon, or first assistant. Seven of these nephrectomies must have been performed as ~~the~~
111 primary surgeon or co-surgeon, and this role should be documented by a letter from the
112 fellowship program director, program director, division chief, or department chair from the
113 program where the surgeon gained this experience. The laparoscopic nephrectomies must be
114 documented in a log that includes the date of the surgery, the role of the surgeon in the
115 procedure, the type of procedure (open or laparoscopic), and the medical record number or
116 Donor ID.
117

118 **Appendix F:**

119 **Membership and Personnel Requirements for Liver** 120 **Transplant Programs and Intestine Transplant Programs**

121 **F.3 Primary Liver Transplant Surgeon Requirements**

122 **A. Formal 2-year Transplant Fellowship Pathway**

123 Surgeons can meet the training requirements for primary liver transplant surgeon by completing a
124 2-year transplant fellowship if the following conditions are met:
125

- 126 1. The surgeon performed at least 45 liver transplants as primary surgeon or first assistant
127 during the 2-year fellowship period. These transplants must be documented in the surgeon's

128 fellowship operative log, a log that includes The date of transplant, the role of the surgeon in
129 the procedure, ~~and~~ the medical record number or other unique identifier that can be verified
130 by the OPTN Contractor, and the fellowship director's signature must be provided with this
131 log. This log must be signed by the director of the training program.

132 2. The surgeon performed at least 20 liver procurements as primary surgeon or first assistant.
133 These procurements must have been performed anytime during the surgeon's fellowship and
134 the two years immediately following fellowship completion. These procedures must be
135 documented in the surgeon's fellowship operative log, a log that includes The date of
136 procurement, location of the donor, and Donor ID must be provided with this log. This log
137 must be signed by the director of the training program.

138 3. The surgeon has maintained a current working knowledge of liver transplantation, defined as
139 direct involvement in liver transplant patient care within the last 2 years. This includes the
140 management of patients end stage liver disease, the selection of appropriate recipients for
141 transplantation, donor selection, histocompatibility and tissue typing, performing the
142 transplant operation, immediate postoperative and continuing inpatient care, the use of
143 immunosuppressive therapy including side effects of the drugs and complications of
144 immunosuppression, differential diagnosis of liver allograft dysfunction, histologic
145 interpretation of allograft biopsies, interpretation of ancillary tests for liver dysfunction, and
146 long term outpatient care.

147 4. The training was completed at a hospital with a transplant training program approved by the
148 Fellowship Training Committee of the American Society of Transplant Surgeons, the Royal
149 College of Physicians and Surgeons of Canada, or accepted by the OPTN Contractor as
150 described in *Section F.6. Approved Liver Surgeon Transplant Fellowship Programs* that
151 follows.

152 5. The following letters are submitted directly to the OPTN Contractor:
153 a. A letter from the director of the training program verifying that the surgeon has met the
154 above requirements, and is qualified to direct a liver transplant program.
155 b. A letter of recommendation from the fellowship training program's primary surgeon and
156 transplant program director outlining the surgeon's overall qualifications to act as primary
157 transplant surgeon, as well as the surgeon's personal integrity, honesty, familiarity with
158 and experience in adhering to OPTN obligations, and other matters judged appropriate.
159 The MPSC may request additional recommendation letters from the primary physician,
160 primary surgeon, director, or others affiliated with any transplant program previously
161 served by the surgeon, at its discretion.
162 c. A letter from the surgeon that details his or her training and experience in liver
163 transplantation.

164
165 **B. Clinical Experience Pathway**

166 Surgeons can meet the requirements for primary liver transplant surgeon through clinical
167 experience gained post-fellowship, if the following conditions are met:

168
169 1. The surgeon has performed 60 or more liver transplants over a 2 to 5-year period as primary
170 surgeon, co-surgeon, or first assistant at a designated liver transplant program. Of these 60
171 liver transplants, 30 or more must have been performed as primary surgeon or co-surgeon.
172 These transplants must be documented in a log that includes the date of transplant, the role
173 of the surgeon in the procedure, and medical record number or other unique identifier that
174 can be verified by the OPTN Contractor. This log should be signed by the program director,
175 division chief, or department chair from the program where the experience was gained. Each

- 176 year of the surgeon's experience must be substantive and relevant and include pre-operative
177 assessment of liver transplant candidates, transplants performed as primary surgeon or first
178 assistant, and post-operative management of liver recipients.
- 179 2. The surgeon has performed at least 30 liver procurements as primary surgeon, co-surgeon,
180 or first assistant. Of these 30 liver procurements, at least 15 must have been performed as
181 primary surgeon or co-surgeon. These procedures must be documented in a log that includes
182 the date of procurement, location of the donor, and Donor ID.
 - 183 3. The surgeon has maintained a current working knowledge of liver transplantation, defined as
184 direct involvement in liver transplant patient care within the last 2 years. This includes the
185 management of patients with end stage liver disease, the selection of appropriate recipients
186 for transplantation, donor selection, histocompatibility and tissue typing, performing the
187 transplant operation, immediate postoperative and continuing inpatient care, the use of
188 immunosuppressive therapy including side effects of the drugs and complications of
189 immunosuppression, differential diagnosis of liver dysfunction in the allograft recipient,
190 histologic interpretation of allograft biopsies, interpretation of ancillary tests for liver
191 dysfunction, and long term outpatient care.
 - 192 4. The following letters are sent directly to the OPTN Contractor:
 - 193 a. A letter from the director of the transplant program and chairman of the department or
194 hospital credentialing committee verifying that the surgeon has met the above
195 requirements, and is qualified to direct a liver transplant program.
 - 196 b. A letter of recommendation from the primary surgeon and transplant program director at
197 the transplant program last served by the surgeon outlining the surgeon's overall
198 qualifications to act as primary transplant surgeon, as well as the surgeon's personal
199 integrity, honesty, familiarity with and experience in adhering to OPTN obligations, and
200 other matters judged appropriate. The MPSC may request additional recommendation
201 letters from the primary physician, primary surgeon, director, or others affiliated with any
202 transplant program previously served by the surgeon, at its discretion.
 - 203 c. A letter from the surgeon that details the training and experience the surgeon gained in
204 liver transplantation.
205

206 **F.8 Liver Transplant Programs that Perform Living Donor Recovery**

207 **A. Living Donor Surgeon Requirements**

208 A liver recovery hospital must have on site *at least* 2 surgeons who:

- 209 1. Meet the primary liver transplant surgeon requirements as outlined in *Section F.3* above.
- 210 2. Have demonstrated experience as the primary surgeon, co-surgeon, or first assistant by
211 completion of at least 20 major liver resection surgeries, including living donor procedures,
212 splits, reductions, and resections, within the past 5 years. Of these 20 major liver resection
213 surgeries, ~~Seven of these procedures~~ 7 must have been live donor procedures, and at least
214 10 must have been performed as the primary surgeon or co-surgeon. These procedures must
215 be documented in a log that includes the date of the surgery, the role of the surgeon in the
216 procedure, and the medical record number or other unique identifier that can be verified by
217 the OPTN Contractor.
218

219
220 In the case of pediatric living donor transplantation, it may be necessary that the live organ
221 recovery occurs at a hospital that is distinct from the approved liver transplant program.
222

223 **Appendix G:**
224 **Membership and Personnel Requirements for**
225 **Pancreas and Pancreatic Islet Transplant Programs**

226 **G.2 Primary Pancreas Transplant Surgeon Requirements**

227 **A. Formal 2-year Transplant Fellowship Pathway**

228 Surgeons can meet the training requirements for primary pancreas transplant surgeon by
229 completing a 2-year transplant fellowship if the following conditions are met:
230

- 231 1. The surgeon performed at least 15 pancreas transplants as primary surgeon or first assistant.
232 These transplants must be documented in the surgeon's fellowship operative log, a log that
233 includes ~~†~~ The date of transplant, the role of the surgeon in the procedure, and the medical
234 record number or other unique identifier that can be verified by the OPTN Contractor, and the
235 fellowship director's signature must be provided with this log. This log must be signed by the
236 director of the training program.
- 237 2. The surgeon performed at least 10 pancreas procurements as primary surgeon or first
238 assistant. These procurements must have been performed anytime during the surgeon's
239 fellowship and the two years immediately following fellowship completion. These cases must
240 be documented in the surgeon's fellowship operative log, a log that includes the The date of
241 procurement, location of the donor, and Donor ID, and the fellowship director's signature
242 must be provided with this log. This log must be signed by the director of the training
243 program.
- 244 3. The surgeon has maintained a current working knowledge of pancreas transplantation,
245 defined as direct involvement in patient care within the last 2 years. This includes the
246 management of patients with diabetes mellitus, the selection of appropriate recipients for
247 transplantation, donor selection, histocompatibility and tissue typing, performing the
248 transplant operation, immediate postoperative and continuing inpatient care, the use of
249 immunosuppressive therapy including side effects of the drugs and complications of
250 immunosuppression, differential diagnosis of pancreas dysfunction in the allograft recipient,
251 histological interpretation of allograft biopsies, interpretation of ancillary tests for pancreatic
252 dysfunction, and long term outpatient care.
- 253 4. The training was completed at a hospital with a pancreas transplant training program
254 approved by the Fellowship Training Committee of the American Society of Transplant
255 Surgeons, the Royal College of Physicians and Surgeons of Canada, or accepted by the
256 OPTN Contractor as described in *Section G.7. Approved Pancreas Transplant Surgeon*
257 *Fellowship Training Programs* that follows.
- 258 5. The following letters are submitted directly to the OPTN Contractor:
- 259 a. A letter from the director of the training program and chairman of the department or
260 hospital credentialing committee verifying that the fellow has met the above requirements
261 and is qualified to direct a pancreas transplant program.
- 262 b. A letter of recommendation from the fellowship training program's primary surgeon and
263 transplant program director outlining the surgeon's overall qualifications to act as primary
264 transplant surgeon as well as the surgeon's personal integrity, honesty, familiarity with
265 and experience in adhering to OPTN obligations, and any other matters judged
266 appropriate. The MPSC may request similar letters of recommendation from the primary

267 physician, primary surgeon, director, or others affiliated with any transplant program
268 previously served by the surgeon, at its discretion.
269 c. A letter from the surgeon that details the training and experience the surgeon has gained
270 in pancreas transplantation.
271

272 **B. Clinical Experience Pathway**

273 Surgeons can meet the requirements for primary pancreas transplant surgeon through clinical
274 experience gained post-fellowship if the following conditions are met:
275

- 276 1. The surgeon has performed 20 or more pancreas transplants over a 2 to 5-year period as
277 primary surgeon, co-surgeon, or first assistant, at a designated pancreas transplant program.
278 Of these 20 pancreas transplants, 10 or more must have been performed as primary surgeon
279 or co-surgeon. These transplants must be documented in a log that includes the date of
280 transplant, the role of the surgeon in the procedure, and medical record number or other
281 unique identifier that can be verified by the OPTN Contractor. This log should be signed by
282 the program director, division chief, or department chair from the program where the
283 experience was gained. Each year of the surgeon's experience must be substantive and
284 relevant and include pre-operative assessment of pancreas transplant candidates,
285 transplants performed as primary surgeon or first assistant, and post-operative care of
286 pancreas recipients.
- 287 2. The surgeon has performed at least 10 pancreas procurements as primary surgeon, co-
288 surgeon, or first assistant. Of these 10 pancreas procurements, at least 5 must have been
289 performed as primary surgeon or co-surgeon. These procurements must be documented in a
290 log that includes the date of procurement, location of the donor, and Donor ID.
- 291 3. The surgeon has maintained a current working knowledge of pancreas transplantation,
292 defined as direct involvement in pancreas transplant patient care within the last 2 years. This
293 includes the management of patients with diabetes mellitus, the selection of appropriate
294 recipients for transplantation, donor selection, histocompatibility and tissue typing, performing
295 the transplant operation, immediate postoperative and continuing inpatient care, the use of
296 immunosuppressive therapy including side effects of the drugs and complications of
297 immunosuppression, differential diagnosis of pancreatic dysfunction in the allograft recipient,
298 histological interpretation of allograft biopsies, interpretation of ancillary tests for pancreatic
299 dysfunction, and long term outpatient care.
- 300 4. The following letters are submitted directly to the OPTN Contractor:
 - 301 a. A letter from the director of the transplant program and chairman of the department or
302 hospital credentialing committee verifying that the surgeon has met the above
303 requirements and is qualified to direct a pancreas transplant program.
 - 304 b. A letter of recommendation from the primary surgeon and director at the transplant
305 program last served by the surgeon outlining the surgeon's overall qualifications to act as
306 primary transplant surgeon as well as the surgeon's personal integrity, honesty, familiarity
307 with and experience in adhering to OPTN obligations, and any other matters judged
308 appropriate. The MPSC may request similar letters of recommendation from the primary
309 physician, primary surgeon, director, or others affiliated with any transplant program
310 previously served by the individual, at its discretion.
 - 311 c. A letter from the surgeon that details the training and experience the surgeon has gained
312 in pancreas transplantation.
313

314 **Appendix H:**
315 **Membership and Personnel Requirements for Heart**
316 **Transplant Programs**

317 **H.2 Primary Heart Transplant Surgeon Requirements**

318 **A. Cardiothoracic Surgery Residency Pathway**

319 Surgeons can meet the training requirements for primary heart transplant surgeon by completing
320 a cardiothoracic surgery residency if *all* the following conditions are met:

- 321
- 322 1. The surgeon performed at least 20 heart or heart/lung transplants as primary surgeon or first
323 assistant during the cardiothoracic surgery residency. These transplants must be
324 documented in the surgeon's cardiothoracic surgery residency operative log, in a log that
325 includes the date of transplant, role of the surgeon in the procedure, and medical record
326 number or other unique identifier that can be verified by the OPTN Contractor, and the
327 training program director's signature must be provided with this log. This log must be signed
328 by the director of the training program.
- 329 2. The surgeon performed at least 10 heart or heart/lung procurements as primary surgeon or
330 first assistant under the supervision of a qualified heart transplant surgeon. These
331 procurements must have been performed anytime during the surgeon's cardiothoracic
332 surgery residency and the two years immediately following cardiothoracic surgery residency
333 completion. These procedures must be documented in the surgeon's cardiothoracic surgery
334 residency operative log, a log that includes the date of procurement, location of the donor,
335 and Donor ID, and the training program director's signature must be provided with this log.
336 This log must be signed by the director of the training program.
- 337 3. The surgeon has maintained a current working knowledge of all aspects of heart
338 transplantation, defined as a direct involvement in heart transplant patient care within the last
339 2 years. This includes performing the transplant operation, donor selection, use of
340 mechanical assist devices, recipient selection, post-operative hemodynamic care,
341 postoperative immunosuppressive therapy, and outpatient follow-up.
- 342 4. This training was completed at a hospital with a cardiothoracic surgery training program
343 approved by the American Board of Thoracic Surgery or the Royal College of Physicians and
344 Surgeons of Canada.
- 345 5. The following letters are submitted directly to the OPTN Contractor:
- 346 a. A letter from the director of the training program verifying that the surgeon has met the
347 above requirements and is qualified to direct a heart transplant program.
- 348 b. A letter of recommendation from the training program's primary surgeon and transplant
349 program director outlining the individual's overall qualifications to act as primary
350 transplant surgeon, as well as the surgeon's personal integrity, honesty, and familiarity
351 with and experience in adhering to OPTN obligations, and any other matters judged
352 appropriate. The MPSC may request additional recommendation letters from the primary
353 physician, primary surgeon, director, or others affiliated with any transplant program
354 previously served by the surgeon, at its discretion.
- 355 c. A letter from the surgeon that details the training and experience the surgeon has gained
356 in heart transplantation.
- 357

358
359
360
361
362
363
364
365
366
367
368
369
370
371
372
373
374
375
376
377
378
379
380
381
382
383
384
385
386
387
388
389
390
391
392
393
394
395
396
397

B. Twelve-month Heart Transplant Fellowship Pathway

Surgeons can meet the training requirements for primary heart transplant surgeon by completing a 12-month heart transplant fellowship if the following conditions are met:

1. The surgeon performed at least 20 heart or heart/lung transplants as primary surgeon or first assistant during the 12-month heart transplant fellowship. These transplants must be documented in the surgeon's fellowship operative log, a log that includes ~~†~~ The date of transplant, the role of the surgeon in the procedure, ~~and~~ the medical record number or other unique identifier that can be verified by the OPTN Contractor, and the fellowship director's signature must be provided with this log. This log must be signed by the director of the training program.
2. The surgeon performed at least 10 heart or heart/lung procurements as primary surgeon or first assistant under the supervision of a qualified heart transplant surgeon. These procurements must have been performed anytime during the surgeon's fellowship and the two years immediately following fellowship completion. These procedures must be documented in the surgeon's fellowship operative log, a log that includes ~~†~~ The date of procurement, location of the donor, ~~and~~ Donor ID, and the training program director's signature must be provided with this log. This log must be signed by the director of the training program.
3. The surgeon has maintained a current working knowledge of all aspects of heart transplantation, defined as a direct involvement in heart transplant patient care within the last 2 years. This includes performing the transplant operation, donor selection, the use of mechanical circulatory assist devices, recipient selection, post-operative hemodynamic care, postoperative immunosuppressive therapy, and outpatient follow-up.
4. This training was completed at a hospital with a cardiothoracic surgery training program approved by the American Board of Thoracic Surgery or the Royal College of Physicians and Surgeons of Canada.
5. The following letters are submitted directly to the OPTN Contractor:
 - a. A letter from the director of the training program verifying that the surgeon has met the above requirements and is qualified to direct a heart transplant program.
 - b. A letter of recommendation from the training program's primary surgeon and transplant program director outlining the individual's overall qualifications to act as primary transplant surgeon, as well as the surgeon's personal integrity, honesty, and familiarity with and experience in adhering to OPTN obligations, and any other matters judged appropriate. The MPSC may request additional recommendation letters from the primary physician, primary surgeon, director, or others affiliated with any transplant program previously served by the surgeon, at its discretion.
 - c. A letter from the surgeon that details the training and experience the surgeon has gained in heart transplantation.

398
399
400

Appendix I: Membership and Personnel Requirements for Lung Transplant Programs

401 **I.2 Primary Lung Transplant Surgeon Requirements**

402 **A. Cardiothoracic Surgery Residency Pathway**

403 Surgeons can meet the training requirements for primary lung transplant surgeon by completing a
404 cardiothoracic surgery residency if the following conditions are met:
405

- 406 1. During the cardiothoracic surgery residency, the surgeon has performed at least 15 lung or
407 heart/lung transplants as primary surgeon or first assistant under the direct supervision of a
408 qualified lung transplant surgeon and in conjunction with a lung transplant physician at a lung
409 transplant program. At least half of these transplants must be lung procedures. These
410 transplants must be documented in the surgeon's cardiothoracic surgery residency operative
411 log. ~~a log that includes~~ The date of transplant, role of the surgeon in the procedure, and
412 medical record number or other unique identifier that can be verified by the OPTN Contractor,
413 and the training program director's signature must be provided with this log. ~~This log must be~~
414 signed by the director of the training program.
- 415 2. The surgeon performed at least 10 lung procurements as primary surgeon or first assistant
416 under the supervision of a qualified lung transplant surgeon. These procedures must be
417 documented in the surgeon's cardiothoracic surgery residency operative log. ~~a log that~~
418 includes ~~t~~ The date of procurement, location of the donor, and Donor ID must be provided with
419 this log.
- 420 3. The surgeon has maintained a current working knowledge of all aspects of lung
421 transplantation, defined as a direct involvement in lung transplant patient care within the last
422 2 years. This includes the care of acute and chronic lung failure, cardiopulmonary bypass,
423 donor selection, recipient selection, pre- and postoperative ventilator care, postoperative
424 immunosuppressive therapy, histological interpretation and grading of lung biopsies for
425 rejection, and long-term outpatient follow-up. This training must also include the other clinical
426 requirements for thoracic surgery
- 427 4. This training was completed at a hospital with a cardiothoracic training program approved by
428 the American Board of Thoracic Surgery, or the Royal College of Physicians and Surgeons of
429 Canada.
- 430 5. The following letters are submitted directly to the OPTN Contractor:
- 431 a. A letter from the director of the training program verifying that the surgeon has met the
432 above requirements and is qualified to direct a lung transplant program.
- 433 b. A letter of recommendation from the program's primary surgeon and transplant program
434 director outlining the individual's overall qualifications to act as primary transplant
435 surgeon, as well as the surgeon's personal integrity, honesty, and familiarity with and
436 experience in adhering to OPTN obligations and compliance protocols, and any other
437 matters judged appropriate. The MPSC may request additional recommendation letters
438 from the primary physician, primary surgeon, director, or others affiliated with any
439 transplant program previously served by the surgeon, at its discretion.
- 440 c. A letter from the surgeon that details the training and experience the surgeon has gained
441 in lung transplantation.

442 **B. Twelve-month Lung Transplant Fellowship Pathway**

444 Surgeons can meet the training requirements for primary lung transplant surgeon by completing a
445 12-month lung transplant fellowship if the following conditions are met:
446

- 447 1. The surgeon has performed at least 15 lung or heart/lung transplants under the direct
448 supervision of a qualified lung transplant surgeon and in conjunction with a qualified lung
449 transplant physician as primary surgeon or first assistant during the 12-month lung transplant
450 fellowship. At least half of these transplants must be lung procedures. These transplants
451 must be documented in the surgeon's fellowship operative log, a log that includes†The date
452 of transplant, the role of the surgeon in the procedure, ~~and~~ the medical record number or
453 other unique identifier that can be verified by the OPTN Contractor, and the fellowship
454 director's signature must be provided with this log. This log must be signed by the director of
455 the program.
- 456 2. The surgeon has performed at least 10 lung procurements as primary surgeon or first
457 assistant under the supervision of a qualified lung transplant surgeon. These procurements
458 must have been performed anytime during the surgeon's fellowship and the two years
459 immediately following fellowship completion. These procedures must be documented in the
460 surgeon's fellowship operative log, a log that includes†The date of procurement, location of
461 the donor, and Donor ID must be provided with this log.
- 462 3. The surgeon has maintained a current working knowledge of all aspects of lung
463 transplantation, defined as a direct involvement in lung transplant patient care within the last
464 2 years. This includes the care of acute and chronic lung failure, cardiopulmonary bypass,
465 donor selection, recipient selection, pre- and postoperative ventilator care, postoperative
466 immunosuppressive therapy, histological interpretation and grading of lung biopsies for
467 rejection, and long-term outpatient follow-up.
- 468 4. This training was completed at a hospital with a cardiothoracic training program approved by
469 the American Board of Thoracic Surgery, or the Royal College of Physicians and Surgeons of
470 Canada.
- 471 5. The following letters are submitted directly to the OPTN Contractor:
- 472 a. A letter from the director of the training program verifying that the surgeon has met the
473 above requirements and is qualified to direct a lung transplant program.
- 474 b. A letter of recommendation from the training program's primary surgeon and transplant
475 program director outlining the individual's overall qualifications to act as primary
476 transplant surgeon, as well as the surgeon's personal integrity, honesty, and familiarity
477 with and experience in adhering to OPTN obligations, and any other matters judged
478 appropriate. The MPSC may request additional recommendation letters from the primary
479 physician, primary surgeon, director, or others affiliated with any transplant program
480 previously served by the surgeon, at its discretion.
- 481 c. A letter from the surgeon that details the training and experience the surgeon has gained
482 in lung transplantation.

#