

OPTN/UNOS Policy Notice

Align VCA Transplant Program Membership Requirements with Requirements of Other Solid Organ Transplant Programs

Sponsoring Committee:	Vascularized Composite Allograft Transplantation Committee
Policy/Bylaws Affected:	OPTN Bylaws Appendix J.3.A (Additional Primary Surgeon Requirements for Upper Limb Transplant Programs), and J.3.B (Additional Primary Surgeon Requirements for Head and Neck Transplant Programs)
Public Comment:	January 22, 2018 to March 23, 2018
Board Approval Date:	June 12, 2018
Effective Date:	September 1, 2018

Problem Statement

The current membership requirements for VCA transplant programs in the OPTN/UNOS Bylaws include a pathway for non-board certified individuals to qualify as the primary VCA transplant surgeon. However, this pathway was due to expire on September 1, 2018. This expiration would result in:

- Qualification requirements that are overly restrictive
- Membership requirements that are different than the membership requirements for all other organ transplant programs

Summary of Changes

These changes strike the September 1, 2018 expiration date for the primary VCA transplant surgeons of head and neck, and upper limb, transplant programs. This will ensure surgeons will continue to qualify for key personnel positions until the full membership requirements are implemented in 2019.

What Members Need to Do

Members do not need to take any action as a result of these changes.

Affected Policy Language

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

J.3.A Additional Primary Surgeon Requirements for Upper Limb Transplant Programs

In addition to the requirements as described in *Section J.3* above, the surgeon for an upper limb transplant program must meet *both of* the following:

1. Must meet at least *one* of the following:
 - a. Have current certification by the American Board of Plastic Surgery, the American Board of Orthopedic Surgery, the American Board of Surgery, or the foreign equivalent. In the case of a surgeon who has just completed training and whose board certification is pending, the Membership and Professional Standards Committee (MPSC) may grant conditional approval for 24 months to allow time for the surgeon to complete board certification, with the possibility of renewal for an additional 12-month period.
 - b. If the surgeon does not have board certification, the surgeon may qualify by gaining all of the relevant clinical experience as outlined below. ~~As of September 1, 2018, this pathway will no longer be available and all primary surgeons must meet the requirements of paragraph 1A.~~
 - i. Observation of at least 2 multi-organ procurements and acted as the first-assistant or primary surgeon on at least 1 VCA procurement.
 - ii. Pre-operative evaluation of at least 3 potential upper limb transplant patients.
 - iii. Acted as primary surgeon of a least 1 upper limb transplant.
 - iv. Post-operative follow-up of at least 1 upper limb recipient for 1 year post-transplant.

The multi-organ procurement experience must be documented in a log that includes the Donor ID or other unique identifier that can be verified by the OPTN Contractor. The experience for upper limb transplant procedures must be documented in a log that includes the dates of procedures and evaluations, the role of the surgeon, and the medical record number or other unique identifier that can be verified by the OPTN Contractor. This log must be signed by the program director, division chief, or department chair where the experience was gained.
2. Completion of at least *one* of the following:
 - a. A fellowship program in hand surgery that is approved by the MPSC. Any Accreditation Council of Graduate Medical Education (ACGME) approved fellowship program is automatically accepted by the MPSC.
 - b. A fellowship program in hand surgery that meets *all* of the following criteria will also be accepted:
 - i. The program is located at a hospital that has inpatient facilities, operative suites and diagnostic treatment facilities, outpatient facilities, and educational resources.
 - ii. The program is located at an institution that has a proven commitment to graduate medical education.
 - iii. The program director must have current certification in the sub-specialty by the American Board of Orthopedic Surgery, the American Board of Plastic Surgery, or American Board of Surgery.
 - iv. The program should have at least 2 physician faculty members with hand surgery experience and current medical licensure who are actively involved in the instruction and supervision of fellows during the time of accredited education.

- v. The program at a hospital that has affiliated rehabilitation medicine services.
 - vi. The program has the resources, including adequate clinical facilities, laboratory research facilities, and appropriately trained faculty and staff, to provide research experience.
- c. The surgeon must have at least 2 years of consecutive and independent practice of hand surgery and must have completed a minimum number of upper limb procedures as the primary surgeon shown in Table J-1 below. This includes completion of pre-operative assessments and post-operative care for a minimum of 90 days after surgery. These procedures must be documented in a log that includes the date of the procedure and the medical record number or other unique identifier that can be verified by the OPTN Contractor. This log must be signed by the program director, division chief, or department chair where the experience was gained. Surgery of the hand includes only those procedures performed on the upper limb below the elbow.

Table J-1: Minimum Procedures for Upper Limb Primary Transplant Surgeons

Type of Procedure	Minimum Number of Procedures
Bone	20
Nerve	20
Tendon	20
Skin or Wound Problems	14
Contracture or Joint Stiffness	10
Tumor	10
Microsurgical Procedures	
Free flaps	10
Non-surgical management	6
Replantation or Transplant	5

J.3.B Additional Primary Surgeon Requirements for Head and Neck Transplant Programs

In addition to the requirements as described in J.3 above, the transplant surgeon for a head and neck transplant program must meet *both* of the following:

1. Must meet at least *one* of the following:
 - a. Have current certification by the American Board of Plastic Surgery, the American Board of Otolaryngology, the American Board of Oral and Maxillofacial Surgery, the American Board of Surgery, or the foreign equivalent. In the case of a surgeon who has just completed training and whose board certification is pending, the Membership and Professional Standards Committee (MPSC) may grant conditional approval for 24 months to allow time for the surgeon to complete board certification, with the possibility of renewal for an additional 12-month period.
 - b. If the surgeon does not have board certification, the surgeon may qualify by gaining all of the relevant clinical experience as outlined below. ~~As of September 1, 2018, this pathway will no longer be available and all primary surgeons must meet the requirements of paragraph 1.a.~~
 - i. Observe at least 2 multi-organ procurements and acted as the first-assistant or primary surgeon on at least 1 VCA procurement.
 - ii. Pre-operative evaluation of at least 3 potential head and neck transplant patients.
 - iii. Primary surgeon of a least 1 head and neck transplant.
 - iv. Post-operative follow up of at least 1 head and neck recipient for 1 year post-transplant.

The multi-organ procurement experience must be documented in a log that includes the Donor ID or other unique identifier that can be verified by the OPTN Contractor. The

experience for head and neck procedures must be documented in a log that includes the dates of procedures and evaluations, the role of the surgeon, and the medical record number or other unique identifier that can be verified by the OPTN Contractor. This log must be signed by the program director, division chief, or department chair where the experience was gained.

If a primary surgeon qualified under 1.b ends his involvement with the transplant program, the program must identify a primary transplant surgeon who meets the requirements under 1.a.

2. Completion of at least *one* of the following:
 - a. A fellowship program in otolaryngology, plastic, oral and maxillofacial, or craniofacial surgery that is approved by the MPSC. Any ACGME–approved fellowship program is automatically accepted by the MPSC.
 - b. A fellowship program in otolaryngology, plastic, oral and maxillofacial, or craniofacial surgery that meets all of the following criteria:
 - i. The program is at a hospital that has inpatient facilities, operative suites and diagnostic treatment facilities, outpatient facilities, and educational resources.
 - ii. The program is at an institution that has a proven commitment to graduate medical education.
 - iii. The program director must have current certification in the sub-specialty by the American Board of Plastic Surgery, the American Board of Otolaryngology, American Board of Oral and Maxillofacial Surgery.
 - iv. The program should have at least two physician faculty members with head and neck surgery experience and current medical licensure who are actively involved in the instruction and supervision of fellows during the time of accredited education.
 - v. The program is at a hospital that has affiliated rehabilitation medicine services.
 - vi. The program has the resources, including adequate clinical facilities, laboratory research facilities, and appropriately trained faculty and staff, to provide research experience.
 - c. At least 2 years of consecutive and independent practice of head and neck surgery. The surgeon must have completed at least 1 face transplant as primary surgeon or first-assistant, or a minimum number of head and neck procedures as the primary surgeon as shown in Table J-2 below. This includes completion of pre-operative assessments and post-operative care for a minimum of 90 days after surgery. These procedures must be documented in a log that includes the dates of procedures and evaluations, the role of the surgeon and the medical record number, Donor ID, or other unique identifier that can be verified by the OPTN Contractor. This log must be signed by the program director, division chief, or department chair where the experience was gained.

Table J-2: Minimum Procedures for Head and Neck Primary Transplant Surgeons

Type of Procedure	Minimum Number of Procedures
Facial trauma with bone fixation	10
Head or neck free tissue reconstruction	10

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