

OPTN/UNOS Policy Notice

Amend Requirements for Primary Liver Transplant Physician

Sponsoring Committee:	Pediatric Transplantation Committee
Policy/Bylaws Affected:	OPTN Bylaws F.4 (Primary Liver Transplant Physician Requirements)
Public Comment:	No
Board Approval Date:	May 2, 2018
Effective Date:	Pending implementation and notice to OPTN members

Problem Statement

Appendix F.4 contains language that conflicts with the minimum requirements for the primary pediatric liver transplant physician of a pediatric component as approved by the Board in December 2015.

Summary of Changes

These changes simply remove an option for the primary liver transplant physician when caring for liver transplant candidates less than 18 years old that conflicts with these new membership requirements for key personnel at pediatric components.

What Members Need to Do

Liver transplant programs do not need to take any action. This proposal aligns the minimum training and experience requirements for individuals who wish to apply for the primary transplant physician of a pediatric liver component when the new December 2015 Board-approved requirements become effective.

Affected Policy Language

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

F.4 Primary Liver Transplant Physician Requirements

A designated liver transplant program must have a primary physician who meets *all* the following requirements:

1. The physician must have an M.D., D.O., or equivalent degree from another country, with a current license to practice medicine in the hospital's state or jurisdiction.
2. The physician must be accepted onto the hospital's medical staff, and be on site at this hospital.
3. The physician must have documentation from the hospital credentialing committee that it has verified the physician's state license, board certification, training, and transplant continuing medical education and that the physician is currently a member in good standing of the hospital's medical staff.
4. The physician must have current board certification in gastroenterology, current board certification in transplant hepatology, or a current pediatric transplant hepatology certification of added qualification

by the American Board of Internal Medicine, the American Board of Pediatrics, or the Royal College of Physicians and Surgeons of Canada.

In place of current certification by the American Board of Internal Medicine, the American Board of Pediatrics, or the Royal College of Physicians and Surgeons of Canada, the physician must:

- a. Be ineligible for American board certification.
- b. Provide a plan for continuing education that is comparable to American board maintenance of certification. This plan must at least require that the physician obtains 60 hours of Category I continuing medical education (CME) credits with self-assessment that are relevant to the individual's practice every three years. Self-assessment is defined as a written or electronic question-and-answer exercise that assesses understanding of the material in the CME program. A score of 75% or higher must be obtained on self-assessments. Repeated attempts to achieve an acceptable self-assessment score are allowed. The transplant hospital must document completion of this continuing education.
- c. Provide to the OPTN Contractor two letters of recommendation from directors of designated transplant programs not employed by the applying hospital. These letters must address:
 - i. Why an exception is reasonable.
 - ii. The physician's overall qualifications to act as a primary liver transplant physician.
 - iii. The physician's personal integrity, honesty, and familiarity with and experience in adhering to OPTN obligations and compliance protocols.
 - iv. Any other matters judged appropriate.

If the physician has not adhered to the plan for maintaining continuing education or has not obtained the necessary CME credits with self-assessment, the transplant program will have a six-month grace period to address these deficiencies. If the physician has not fulfilled the requirements after the six-month grace period, and a key personnel change application has not been submitted, then the transplant program will be referred to the MPSC for appropriate action according to *Appendix L* of these Bylaws. If the OPTN Contractor becomes aware that a primary physician has not been compliant for 12 months or more and deficiencies still exist, then the transplant program will not be given any grace period and will be referred to the MPSC for appropriate action according to *Appendix L* of these Bylaws.

5. The physician must have completed at least one of pathways listed below:
 - a. The 12-month transplant hepatology fellowship pathway, as described in *Section F.4.A: 12-month Transplant Hepatology Fellowship Pathway* below.
 - b. The clinical experience pathway, as described in *Section F.4.B: Clinical Experience Pathway* below.
 - c. The 3-year pediatric gastroenterology fellowship pathway, as described in *Section F.4.C: Three-year Pediatric Gastroenterology Fellowship Pathway* below.
 - d. The 12-month pediatric transplant hepatology fellowship pathway, as described in *Section F.4.D: Pediatric Transplant Hepatology Fellowship Pathway* below.
 - e. The combined pediatric gastroenterology or transplant hepatology training and experience pathway, as described in *Section F.4.E: Combined Pediatric Gastroenterology/Transplant Hepatology Training and Experience Pathway* below.
 - f. The conditional approval pathway, as described in *Section F.3.F: Conditional Approval for Primary Transplant Physician* below, if the primary liver transplant physician changes at an approved liver transplant program.

~~Pediatric liver transplant programs should have a board-certified pediatrician who meets the criteria for primary liver transplant physician. If a qualified pediatric physician is not on staff at the program, a physician meeting the criteria as a primary liver transplant physician for adults can function as the primary liver transplant physician for the pediatric program, if a pediatric gastroenterologist is involved in the care of the pediatric liver transplant recipients.~~

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