

OPTN/UNOS Membership and Professional Standards Committee
Meeting Summary
May 19, 2015
Chicago, Illinois

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Discussions of the full committee on May 19, 2015, are summarized below and will be reflected in the committee's next report to the OPTN/UNOS Board of Directors. Meeting summaries and reports to the Board are available at <http://optn.transplant.hrsa.gov/>.

Committee Projects

1. Foreign Equivalents

UNOS staff presented the proposed Bylaws and answered questions raised by the MPSC. Requiring continuing medical education with self-assessment is the main addition that differentiates what would be expected of a key personnel applicant who is not American or Canadian board certified. Continuing medical education credits are a component of American board certification, and the purpose of the proposed continuing medical education requirements is to hold non-American/non-Canadian board certified transplant program key personnel to a similar standard.

Additional changes were made to allow non-American/non-Canadian board certified primary transplant physicians to qualify through the conditional pathway. If these additional requirements are seen as equivalent to American board certification for the purpose of these Bylaws, then that logic should also apply to primary transplant physicians who need to apply through the conditional pathway. The MPSC confirmed this notion, and did not express any concerns about how this had been drafted in the modified Bylaws.

Drafting these proposed changes coincided with UNOS staff becoming aware that the American Board of Urology has a 16-month period before board certification is finally granted. The OPTN Bylaws currently allow a 12-month conditional period for primary transplant surgeons whose American Board of Urology certification is pending. UNOS staff asked the MPSC if the OPTN/UNOS Bylaws conditional period for those whose American Board of Urology certification is pending should also be 16 months to align with the American Board of Urology's certification requirements. The MPSC responded that this would be a simple, prudent change, and that it would be reasonable to incorporate this edit into this proposal.

Another question raised while drafting these changes pertained to a few places where the Bylaws allow key personnel whose board certifications that are pending. As currently written it is clear that these Bylaws are referencing the respective American board certifications; however, this would not be as clear with the proposed Bylaws inclusion of the Royal College of Physicians and Surgeons of Canada. Preliminary feedback suggested that the particular American board should be specified to clarify the intent of the current language and since the Joint Societies Working Group did not provide any

comment on pending certifications by the Royal College of Physicians and Surgeons of Canada. The MPSC supported this approach.

To conclude the discussion on eliminating the term “foreign equivalent” from the Bylaws, the MPSC supported a motion (26 support, 2 oppose, 0 abstentions) to propose the modified Bylaws language reviewed, including those changes discussed on the teleconference, during the next public comment cycle.

2. Aligning Primary Kidney Transplant Physician Bylaws and Transplant Nephrology Fellowship Requirements

Drafting the proposed changes to better align primary kidney transplant physician Bylaws and transplant nephrology fellowship requirements prompted a few questions regarding OPTN/UNOS Bylaws Appendix E.3.C (Three-year Pediatric Nephrology Fellowship Pathway), E.3.D (Twelve-Month Pediatric Transplant Nephrology Fellowship Pathway), and E.3.E (Pediatric Nephrology Training and Experience Pathway).

The first question focused on current Bylaws language in each of these pathways that states, “the physician was directly involved in the primary care of 10 or more newly transplanted kidney recipients and followed 30 newly transplanted kidney recipients for at least 6 months from the time of transplant.” Considering the relatively low volume of pediatric transplants that are performed, concerns were raised that it would be extremely challenging for most to have followed 30 “newly” transplanted kidney recipients during a three-year pediatric nephrology fellowship or a twelve-month pediatric transplant nephrology fellowship. The MPSC was asked to consider deletion the second “newly,” thereby allowing the follow-up of any pediatric transplant recipient- regardless of how long ago they were transplanted – to count towards this requirement. In addition to the volume concerns, this is thought to be particularly appropriate for pediatric recipients, as their follow-up care is often more challenging as younger recipients progress through adolescence into early adulthood. The MPSC agreed with these points and indicated its support for deleting the second “newly” in this requirement across all pathways. In addition to deleting the second newly, the MPSC also requested that it be specified that the primary care of 10 newly transplanted recipients must have occurred for at least 6 months from the time of transplant.

Another question pertained to requirements that are proposed to be added to Appendix E.3.A (Twelve-month Transplant Nephrology Fellowship Pathway) and E.3.B (Clinical Experience Pathway). Specifically, the requirement that the physician was directly involved in the evaluation of 25 potential kidney recipients and 10 living kidney donors. Suggestions had been made to add these requirements to Appendix E.3.C, E.3.D, and E.3.E. for consistency across the primary kidney transplant physician pathways. A problem with this approach is that it would be unlikely that an individual could meet this requirement during a twelve-month pediatric transplant nephrology fellowship due to the inherently low volume of pediatric transplants. To accommodate this scenario, UNOS staff recommended (after communication with multiple pediatric transplant nephrologists) that cases from one’s three-year pediatric nephrology fellowship (which necessarily precedes a 12-month pediatric transplant nephrology fellowship) be allowed to count towards these new requirements. Therefore, those applying through the 12-month pediatric transplant nephrology fellowship would be allowed to cite cases from their 12-month pediatric transplant nephrology fellowship and their three-year pediatric

nephrology fellowship to meet the new requirements to be proposed by the MPSC. The MPSC did not object to this approach, recognizing the value in maximizing consistency across pathways and acknowledging the relatively low volume of pediatric transplants that occur.

To conclude the discussion about better aligning primary kidney transplant physician Bylaws and transplant nephrology fellowship requirements, the MPSC supported a motion (26 support, 0 oppose, 0 abstentions) to propose the modified Bylaws language reviewed, including those changes discussed on the teleconference, during the next public comment cycle.

3. Approved Training Programs

Staff presented the most recent draft of these proposed changes. No specific questions about this topic or the draft language had been provided prior to the MPSC's teleconference. The MPSC did not raise any questions or points of concern, and proceeded to support a motion (26 support, 0 oppose, 0 abstentions) to propose the modified Bylaws language reviewed on the call during the next public comment cycle.

4. Primary Surgeon Qualification - Primary or First Assistant on Transplant Cases

During the MPSC's April teleconference, it requested that the term "co-surgeon" be explicitly included in these requirements and that "co-surgeon" cases be treated the same as primary surgeon cases for the purposes of these Bylaws. UNOS staff had obliged this request, and asked the Committee to verify that the appropriate additions had been made to these draft Bylaws. Specifically, the Committee was asked to confirm that "co-surgeon" should not be included in fellowship pathways and that it should be included in the primary heart and primary lung transplant surgeon pathways. The MPSC confirmed that "co-surgeon" should not be added to fellowship pathways. As for inclusion of "co-surgeon" in the thoracic primary transplant surgeon pathways, thoracic surgeons on the Committee indicated that this term generally is not used to differentiate or document a surgeon's role in cardiothoracic surgery. Those instances where it is used would not be reflective of the experience that this requirement intends to highlight, and so the MPSC agreed that "co-surgeon" should not be included in the thoracic primary transplant surgeon pathways.

UNOS staff also directed the MPSC to a technicality in these Bylaws that has raised concerns, and seemingly could be addressed within this effort. OPTN/UNOS Bylaws Appendix E.5.E (Primary Laparoscopic Living Donor Kidney Surgeon). UNOS staff reported that primary laparoscopic living kidney donor surgeon applications usually cite cases that were performed during the surgeon's clinical practice; however, the Bylaws require that the experience should be documented in a letter from the "fellowship program director." To accommodate the more common scenarios provided on primary laparoscopic living kidney donor surgeon applications, UNOS staff asked if this letter could also come from the "program director, division Chief, or department Chair from the program where the surgeon gained this experience." The MPSC stated this was a necessary change to correct what was seemingly an oversight.

With respect to time, the MPSC requested for all remaining items with no opposition or concerns raised during discussion to be voted on simultaneously. The MSPC agreed

that the primary surgeon/co-surgeon/first assistant Bylaws language could be voted on in this manner.

5. Primary Physician Specialty/Subspecialty Board Certifications (Liver)

Staff presented the most recent draft of the proposed changes for primary liver transplant physicians. Specifically, transplant hepatology board certification or pediatric transplant hepatology certificate of added qualification will replace gastroenterology board certification as a requirement for primary liver transplant physicians. No specific questions about these modified Bylaws had been provided prior to the MPSC's teleconference. The MPSC reiterated that they thought these changes are reasonable, and agreed that this could be included with the other modified Bylaws to be voted on simultaneously.

The Committee also discussed a similar subspecialty board certification that has been created by the American Board of Internal Medicine (ABIM) - advanced heart failure and transplant cardiology. The JSWG generally thought this certification should eventually be included in the Bylaws, but not at this time since it is still relatively new. MPSC members stated that in the future sitting for the advanced heart failure and transplant cardiology certification exam will require the physician to have completed an advanced heart failure and transplant cardiology fellowship. It was also noted that the advanced heart failure and transplant cardiology certification exam is offered every other year, and that the frequency of this exam may pose a challenge for some heart programs if this subspecialty certification was included in this proposal as a requirement for primary heart transplant physicians. The MPSC agreed that it would not propose any changes with this proposal regarding the advanced heart failure and transplant cardiology certification, but that this is something the committee should keep in mind for the future.

6. Key Personnel Procurement Requirements

- *Primary Physician Observation of Procurements Requirement*

Staff presented the most recent draft of the proposed changes to require that primary transplant physicians must have observed organ procurements. These changes primarily consist of changing "should" to "must" in those primary transplant physician requirements that reference observations of procurements. The changes also specify that the physician must observe procurements of the organ that corresponds to the transplant program of which they will be the primary transplant physician. In addition, the expectations for what must be included in the observation has been edited to the "organ allocation and procurement processes for these donors." The MPSC felt the current expectations for procurement observations in the Bylaws (evaluation, the donation process, and management) are vague and the modifications would more realistically reflect what observing physicians would be exposed to during the organ donor procurements. Finally, for primary kidney transplant physicians, the proposed Bylaws require that the physician has observed at least one deceased donor kidney procurement and one living donor kidney procurement.

The MPSC reiterated its support for these changes, and agreed that this topic could be included with the other modified Bylaws to be voted on simultaneously.

- *Multi-organ Procurement Requirement*

Staff presented the most recent draft of the proposed changes to eliminate multi-organ procurement requirements in the Bylaws. These changes are proposed

because it is rare that any donor is not a multi-organ donor, and this level of specificity in the Bylaws is unnecessary.

No specific concerns had been raised prior to the teleconference. The MPSC reiterated its support for these changes, and agreed that this topic could be included with the other modified Bylaws to be voted on simultaneously.

- *Primary Surgeon Fellowship Pathway Procurement Period*

Staff presented the most recent draft of the proposed changes to modify the procurement requirements timeframe for primary transplant surgeons who apply through fellowship pathways. The MPSC is proposing that surgeons who are applying through the fellowship pathway may cite procurements performed during their fellowship and the two years immediately following the completion of their fellowship. If an individual does not have enough procurements to meet the Bylaws requirements from this time frame then they would need to apply through the respective clinical experience pathway.

No specific concerns had been raised prior to the teleconference. The MPSC reiterated its support for these changes, and agreed that this topic could be included with the other modified Bylaws to be voted on simultaneously.

- *Primary Transplant Surgeon Procurements Including Donor Selection and Management*

Staff presented the most recent draft of the proposed changes to eliminate language in the primary liver surgeon pathways that require performing procurements that include donor selection and management. This requirement is unique to the primary liver transplant surgeon pathways, and the MPSC agreed with the JSWG that these processes are not unique to liver procurements nor is this specificity necessary for the primary transplant surgeon requirements found in the pathways for other organs.

No specific concerns had been raised prior to the teleconference. The MPSC reiterated its support for these changes, and agreed that this topic could be included with the other modified Bylaws to be voted on simultaneously.

The MPSC proceeded to vote on a motion to propose during the next public comment cycle the Bylaws changes reviewed during this teleconference that pertain to the following topics:

- Primary Surgeon Qualification - Primary or First Assistant on Transplant Cases
- Primary Physician Specialty/Subspecialty Board Certifications
- Primary Physician Observation of Procurements Requirement
- Multi-organ Procurement Requirement
- Primary Surgeon Fellowship Pathway Procurement Period
- Primary Transplant Surgeon Procurements Including Donor Selection and Management

The MPSC unanimously supported this motion: 27 support, 0 oppose, 0 abstentions.

To conclude this portion of the teleconference, UNOS staff asked the MPSC if it might reconsider its opposition to the JSWG's recommendation that all logs provided through fellowship pathways must include the fellowship director's signature. The JSWG had made this recommendation after noting that the primary kidney and primary lung transplant surgeon fellowship pathways do not require a signature on the procurement log, which is a requirement for all other logs across all transplant programs for primary transplant surgeons who are applying through the respective fellowship pathways. The MPSC opposed this recommendation

during its March 2015 meeting due to concerns and challenges related to obtaining these signatures numerous years after one has completed their fellowship. As the Joint Societies Policy Steering Committee expressed no concerns with this recommendation, considering this recommendation was made for the sake of greater consistency across the Bylaws, and considering that other requirements in the primary kidney and primary lung transplant surgeon fellowship pathway require a letter of attestation from the fellowship director, the JSWG was hopeful that the MPSC might reconsider its original opposition to these proposed changes. MPSC members stated they did not want to reconsider this recommendation. With that response, and per previous JSWG guidance, UNOS staff responded that this topic would be indefinitely tabled and primary kidney and primary lung transplant surgeons applying through the fellowship pathway will continue to be allowed to submit procurement logs without a signature from the fellowship program director.

Committee Projects Pending Implementation

None discussed

Implemented Committee Projects

None discussed

Review of Public Comment Proposals

None discussed

Other Significant Items

The Committee reviewed a newly reported potential policy violation, under the Expedited Review Pathway. The member will be offered an Interview during the July Committee meeting.

Upcoming Meetings

- July 14-16 , 2015, In-person, Chicago
- September 9, 2015, conference call
- October 27-29, 2015, In-person, Chicago