OPTN/UNOS Policy Notice
Consider Primary Transplant Surgeon Requirement- Primary or First Assistant on Transplant Cases

Sponsoring Committee: Membership and Professional Standards

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).

Appendix E:
Membership and Personnel Requirements for Kidney Transplant Programs

E.2 Primary Kidney Transplant Surgeon Requirements

A. Formal 2-year Transplant Fellowship Pathway

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

1. The surgeon performed at least 30 kidney transplants as the primary surgeon or first assistant during the 2-year fellowship period. 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 15 kidney procurements as primary surgeon or first assistant. At least 10 of these procurements must be from deceased donors. 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 must be provided with this log.

3. The surgeon has maintained a current working knowledge of kidney transplantation, defined as direct involvement in kidney transplant patient care in the last 2 years. This includes the management of patients with end stage renal disease, the selection of appropriate recipients for transplantation, donor selection, histocompatibility and tissue typing, performing the transplant operation, immediate postoperative and continuing inpatient care, the use of immunosuppressive therapy including side effects of the drugs and complications of immunosuppression, differential diagnosis of renal dysfunction in the allograft recipient, histological interpretation of allograft biopsies, interpretation of ancillary tests for renal dysfunction, and long term outpatient care.

4. This training was completed at a hospital with a kidney transplant training program approved by the Fellowship Training Committee of the American Society of Transplant Surgeons, the Royal College of Physicians and Surgeons of Canada, or accepted by the OPTN Contractor as described in the Section E.4 Approved Kidney Transplant Surgeon and Physician Fellowship Training Programs that follows.

5. The following letters are submitted directly to the OPTN Contractor:
a. A letter from the director of the training program and chairman of the department or hospital credentialing committee verifying that the surgeon has met the above requirements and is qualified to direct a kidney transplant program.

b. A letter of recommendation from the fellowship training program’s primary surgeon and transplant program director outlining the surgeon’s overall qualifications to act as a 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 kidney transplantation.

B. Clinical Experience Pathway

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

1. The surgeon has performed 45 or more kidney transplants over a 2 to 5-year period as primary surgeon, co-surgeon, or first assistant at a designated kidney transplant program. Of these 45 kidney transplants, 23 or more must have been performed as primary surgeon or co-surgeon. The transplants must be documented in a log that includes the date of transplant, the role of the surgeon in the procedure, and medical record number or other unique identifier that can be verified by the OPTN Contractor. The log should be signed by the program director, division chief, or department chair from the program where the experience was gained. Each year of the surgeon’s experience must be substantive and relevant and include pre-operative assessment of kidney transplant candidates, performance of transplants as primary surgeon or first assistant, and post-operative care of kidney recipients.

2. The surgeon has performed at least 15 kidney procurements as primary surgeon, co-surgeon, or first assistant. Of these 15 kidney procurements, at least 8 must have been performed as primary surgeon or co-surgeon. At least 10 of these procurements must be from deceased donors. These cases must be documented in a log that includes the date of procurement, location of the donor, and Donor ID.

3. The surgeon has maintained a current working knowledge of kidney transplantation, defined as direct involvement in kidney transplant patient care in the last 2 years. This includes the management of patients with end stage renal disease, the selection of appropriate recipients for transplantation, donor selection, histocompatibility and tissue typing, performing the transplant operation, immediate postoperative and continuing inpatient care, the use of immunosuppressive therapy including side effects of the drugs and complications of immunosuppression, differential diagnosis of renal dysfunction in the allograft recipient, histological interpretation of allograft biopsies, interpretation of ancillary tests for renal dysfunction, and long term outpatient care.

4. The following letters are submitted directly to the OPTN Contractor:
   a. A letter from the director of the transplant program and Chairman of the department or hospital credentialing committee verifying that the surgeon has met the above qualifications and is qualified to direct a kidney transplant program.
   b. A letter of recommendation from the primary surgeon and transplant program director at the transplant program last served by the surgeon outlining the surgeon’s overall
qualifications to act as a primary transplant surgeon, as well as the surgeon's personal integrity, honesty, and familiarity with and experience in adhering to OPTN obligations and compliance protocols, 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 kidney transplantation.

E.6 Kidney Transplant Programs that Perform Living Donor Recovery

D. Primary Open Living Donor Kidney Surgeon

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

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

E. Primary Laparoscopic Living Donor Kidney Surgeon

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

Appendix F:

Membership and Personnel Requirements for Liver Transplant Programs and Intestine Transplant Programs

F.3 Primary Liver Transplant Surgeon Requirements

A. Formal 2-year Transplant Fellowship Pathway

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

1. The surgeon performed at least 45 liver transplants as primary surgeon or first assistant during the 2-year fellowship period. 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 20 liver procurements as primary surgeon or first assistant.
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 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 liver transplantation, defined as
direct involvement in liver transplant patient care within the last 2 years. This includes the
management of patients end stage liver disease, the selection of appropriate recipients for
transplantation, donor selection, histocompatibility and tissue typing, performing the
transplant operation, immediate postoperative and continuing inpatient care, the use of
immunosuppressive therapy including side effects of the drugs and complications of
immunosuppression, differential diagnosis of liver allograft dysfunction, histologic
interpretation of allograft biopsies, interpretation of ancillary tests for liver dysfunction, and
long term outpatient care.

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

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 liver transplant program.
   b. A letter of recommendation from the fellowship training program’s primary surgeon and
      transplant program director outlining the surgeon’s overall qualifications to act as primary
      transplant surgeon, as well as the surgeon’s personal integrity, honesty, familiarity with
      and experience in adhering to OPTN obligations, and 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 his or her training and experience in liver
      transplantation.

B. Clinical Experience Pathway

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

1. The surgeon has performed 60 or more liver transplants over a 2 to 5-year period as primary
   surgeon, co-surgeon, or first assistant at a designated liver transplant program. Of these 60
   liver transplants, 30 or more must have been performed as primary surgeon or co-surgeon.
   These transplants must be documented in a log that includes the date of transplant, the role
   of the surgeon in the procedure, and medical record number or other unique identifier that
can be verified by the OPTN Contractor. This log should be signed by the program director,
division chief, or department chair from the program where the experience was gained. Each
year of the surgeon’s experience must be substantive and relevant and include pre-operative
assessment of liver transplant candidates, transplants performed as primary surgeon or first
assistant, and post-operative management of liver recipients.

2. The surgeon has performed at least 30 liver procurements as primary surgeon, co-surgeon,
or first assistant. Of these 30 liver procurements, at least 15 must have been performed as
primary surgeon or co-surgeon. These procedures must be documented in a log that includes
the date of procurement, location of the donor, and Donor ID.

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

4. The following letters are sent directly to the OPTN Contractor:
   a. A letter from the director of the transplant program and chairman of the department or
      hospital credentialing committee verifying that the surgeon has met the above
      requirements, and is qualified to direct a liver transplant program.
   b. A letter of recommendation from the primary surgeon and transplant program director at
      the transplant program last served by the surgeon outlining the surgeon’s overall
      qualifications to act as primary transplant surgeon, as well as the surgeon’s personal
      integrity, honesty, familiarity with and experience in adhering to OPTN obligations, and
      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 gained in
      liver transplantation.

F.8 Liver Transplant Programs that Perform Living Donor Recovery

A. Living Donor Surgeon Requirements

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

1. Meet the primary liver transplant surgeon requirements as outlined in Section F.3 above.

2. Have demonstrated experience as the primary surgeon, co-surgeon, or first assistant by
   completion of at least 20 major liver resection surgeries, including living donor procedures,
   splits, reductions, and resections, within the past 5 years. Of these 20 major liver resection
   surgeries, Seven of these procedures must have been live donor procedures, and at least
   10 must have been performed as the primary surgeon or co-surgeon. These procedures must
   be documented in a log that includes the date of the surgery, 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.

In the case of pediatric living donor transplantation, it may be necessary that the live organ
recovery occurs at a hospital that is distinct from the approved liver transplant program.
Appendix G:
Membership and Personnel Requirements for Pancreas and Pancreatic Islet Transplant Programs

G.2 Primary Pancreas Transplant Surgeon Requirements

A. Formal 2-year Transplant Fellowship Pathway

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

1. The surgeon performed at least 15 pancreas transplants as primary surgeon or first assistant. 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 pancreas procurements as primary surgeon or first assistant. These procurements must have been performed anytime during the surgeon’s fellowship and the two years immediately following fellowship completion. These cases 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 fellowship 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 pancreas transplantation, defined as direct involvement in patient care within the last 2 years. This includes the management of patients with diabetes mellitus, the selection of appropriate recipients for transplantation, donor selection, histocompatibility and tissue typing, performing the transplant operation, immediate postoperative and continuing inpatient care, the use of immunosuppressive therapy including side effects of the drugs and complications of immunosuppression, differential diagnosis of pancreas dysfunction in the allograft recipient, histological interpretation of allograft biopsies, interpretation of ancillary tests for pancreatic dysfunction, and long term outpatient care.

4. The training was completed at a hospital with a pancreas transplant training program approved by the Fellowship Training Committee of the American Society of Transplant Surgeons, the Royal College of Physicians and Surgeons of Canada, or accepted by the OPTN Contractor as described in Section G.7. Approved Pancreas Transplant Surgeon Fellowship Training Programs that follows.

5. The following letters are submitted directly to the OPTN Contractor:
   a. A letter from the director of the training program and chairman of the department or hospital credentialing committee verifying that the fellow has met the above requirements and is qualified to direct a pancreas transplant program.
   b. A letter of recommendation from the fellowship training program’s primary surgeon and transplant program director outlining the surgeon’s overall qualifications to act as primary transplant surgeon as well as the surgeon’s personal integrity, honesty, familiarity with and experience in adhering to OPTN obligations, and any other matters judged appropriate. The MPSC may request similar letters of recommendation 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 pancreas transplantation.

B. Clinical Experience Pathway

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

1. The surgeon has performed 20 or more pancreas transplants over a 2 to 5-year period as primary surgeon, co-surgeon, or first assistant, at a designated pancreas transplant program. Of these 20 pancreas transplants, 10 or more must have been performed as primary surgeon or co-surgeon. These transplants must be documented in a log that includes the date of transplant, the role of the surgeon in the procedure, and medical record number or other unique identifier that can be verified by the OPTN Contractor. This log should be signed by the program director, division chief, or department chair from the program where the experience was gained. Each year of the surgeon’s experience must be substantive and relevant and include pre-operative assessment of pancreas transplant candidates, transplants performed as primary surgeon or first assistant, and post-operative care of pancreas recipients.

2. The surgeon has performed at least 10 pancreas procurements as primary surgeon, co-surgeon, or first assistant. Of these 10 pancreas procurements, at least 5 must have been performed as primary surgeon or co-surgeon. These procurements must be documented in a log that includes the date of procurement, location of the donor, and Donor ID.

3. The surgeon has maintained a current working knowledge of pancreas transplantation, defined as direct involvement in pancreas transplant patient care within the last 2 years. This includes the management of patients with diabetes mellitus, the selection of appropriate recipients for transplantation, donor selection, histocompatibility and tissue typing, performing the transplant operation, immediate postoperative and continuing inpatient care, the use of immunosuppressive therapy including side effects of the drugs and complications of immunosuppression, differential diagnosis of pancreatic dysfunction in the allograft recipient, histological interpretation of allograft biopsies, interpretation of ancillary tests for pancreatic dysfunction, and long term outpatient care.

4. The following letters are submitted directly to the OPTN Contractor:

a. A letter from the director of the transplant program and chairman of the department or hospital credentialing committee verifying that the surgeon has met the above requirements and is qualified to direct a pancreas transplant program.

b. A letter of recommendation from the primary surgeon and director at the transplant program last served by the surgeon outlining the surgeon’s overall qualifications to act as primary transplant surgeon as well as the surgeon’s personal integrity, honesty, familiarity with and experience in adhering to OPTN obligations, and any other matters judged appropriate. The MPSC may request similar letters of recommendation from the primary physician, primary surgeon, director, or others affiliated with any transplant program previously served by the individual, at its discretion.

c. A letter from the surgeon that details the training and experience the surgeon has gained in pancreas transplantation.
Appendix H:
Membership and Personnel Requirements for Heart Transplant Programs

H.2 Primary Heart Transplant Surgeon Requirements

A. Cardiothoracic Surgery Residency Pathway

Surgeons can meet the training requirements for primary heart transplant surgeon by completing a cardiothoracic surgery residency if all 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 cardiothoracic surgery residency. These transplants must be documented in the surgeon's cardiothoracic surgery residency operative log, in a log that includes the date of transplant, role of the surgeon in the procedure, and medical record number or other unique identifier that can be verified by the OPTN Contractor, 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.

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 cardiothoracic surgery residency and the two years immediately following cardiothoracic surgery residency completion. These procedures must be documented in the surgeon's cardiothoracic surgery residency operative log, a log that includes the date of procurement, location of the donor, 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, use of mechanical 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.
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.

Appendix I:
Membership and Personnel Requirements for Lung Transplant Programs
I.2 Primary Lung Transplant Surgeon Requirements

A. Cardiothoracic Surgery Residency Pathway

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

1. During the cardiothoracic surgery residency, the surgeon has performed at least 15 lung or heart/lung transplants as primary surgeon or first assistant under the direct supervision of a qualified lung transplant surgeon and in conjunction with a lung transplant physician at a lung transplant program. At least half of these transplants must be lung procedures. These transplants must be documented in the surgeon’s cardiothoracic surgery residency operative log, a log that includes the date of transplant, role of the surgeon in the procedure, and medical record number or other unique identifier that can be verified by the OPTN Contractor, 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.

2. The surgeon performed at least 10 lung procurements as primary surgeon or first assistant under the supervision of a qualified lung transplant surgeon. These procedures must be documented in the surgeon’s cardiothoracic surgery residency operative log, a log that includes the date of procurement, location of the donor, and Donor ID must be provided with this log.

3. The surgeon has maintained a current working knowledge of all aspects of lung transplantation, defined as a direct involvement in lung transplant patient care within the last 2 years. This includes the care of acute and chronic lung failure, cardiopulmonary bypass, donor selection, recipient selection, pre- and postoperative ventilator care, postoperative immunosuppressive therapy, histological interpretation and grading of lung biopsies for rejection, and long-term outpatient follow-up. This training must also include the other clinical requirements for thoracic surgery.

4. This training was completed at a hospital with a cardiothoracic 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 lung transplant program.
   b. A letter of recommendation from the 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 compliance protocols, 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 lung transplantation.

B. Twelve-month Lung Transplant Fellowship Pathway

Surgeons can meet the training requirements for primary lung transplant surgeon by completing a 12-month lung transplant fellowship if the following conditions are met:
1. The surgeon has performed at least 15 lung or heart/lung transplants under the direct supervision of a qualified lung transplant surgeon and in conjunction with a qualified lung transplant physician as primary surgeon or first assistant during the 12-month lung transplant fellowship. At least half of these transplants must be lung procedures. 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 program.

2. The surgeon has performed at least 10 lung procurements as primary surgeon or first assistant under the supervision of a qualified lung 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 must be provided with this log.

3. The surgeon has maintained a current working knowledge of all aspects of lung transplantation, defined as a direct involvement in lung transplant patient care within the last 2 years. This includes the care of acute and chronic lung failure, cardiopulmonary bypass, donor selection, recipient selection, pre- and postoperative ventilator care, postoperative immunosuppressive therapy, histological interpretation and grading of lung biopsies for rejection, and long-term outpatient follow-up.

4. This training was completed at a hospital with a cardiothoracic 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 lung 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 lung transplantation.

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