Introduction

The Membership Requirements Revision Subcommittee (the Subcommittee) of the Membership and Professionals Standards Committee (MPSC) met via Citrix GoToTraining teleconference on November 6, 2020 to discuss the following agenda items:

1. Overview of Project Progress
2. Transplant Program Key Personnel Format
3. Next Steps

The following is a summary of the Subcommittee’s discussions.

1. Overview of Project Progress

Staff gave an overview of current progress and future objectives of the Membership Requirements Revision Subcommittee project. The bylaw proposal will include revisions to Appendix A, B, and D. The MPSC has also requested including a definition of the term “on-site” to be used in the bylaws and will consider a definition during the next MPSC meeting on November 9, 2020. The Subcommittee and the MPSC are working on a draft concept paper for transplant program key personnel format, which will be available for review on the November 20, 2020, subcommittee call. Provisions for Appendix C and topics involving transplant program inactivation, reactivation and withdrawal/termination will be considered for the Summer 2021 Public Comment period. Today’s objective is for the Subcommittee to review and provide feedback on outstanding Transplant Program Key Personnel Format topics.

2. Transplant Program Key Personnel Format

The Subcommittee reviewed topics for the transplant program key personnel that have gained consensus from the MPSC.

Foreign Equivalency Considerations for Concept Paper: The Subcommittee reviewed historical information about previous revisions to Foreign Equivalency requirements. Language prior to 2017 lacked consistency and clarity for the MPSC and members. Language was revised in 2017 to include alternate pathways for applicants whose training was gained outside of the United States and who are ineligible for American Board certification. The Subcommittee recommended retaining board certification as a minimum requirement for surgeons and physicians. Additionally, the MPSC discussed foreign equivalency during the October MPSC meeting, addressed issues that have arisen, and decided to include specific questions in the concept paper to gather ideas from the community on alternate pathways. The Subcommittee reviewed previous survey responses and comments by the MPSC on ideas to improve the foreign equivalency requirement and provided the following suggestions for the draft concept paper.
• The Subcommittee chair recommends including questions regarding a requirement that applicants have practiced in the United States. He also recommended asking for feedback pertaining to a possible OPTN curriculum.
• A Subcommittee member supports asking the community to provide feedback on the requirement of applicants getting pre-, peri-, and post-transplant experience in the U.S. and having a time period or level of experience.
• Another Subcommittee member supports asking the community about a conditional approval with specific conditions.
• The MPSC chair advised including case studies within the concept paper to provide an example of how current requirements have previously impeded highly qualified applicants who have had foreign training and experience.
• A Subcommittee member noted that fellowship applicants may meet the experience requirements and may have received training in the United States, but may not meet the currency requirement.
• The Subcommittee chair suggested that the requirement for experience in the United States and currency could be combined into one requirement.
• The Subcommittee chair suggested that any option for individuals with foreign training or experience should address whether the individual has the skills to perform the surgery and take care of patients and is familiar enough with OPTN policy to effectively and safely run a program and comply with OPTN obligations.
• The MPSC vice chair opined that a primary should have experience within the U.S. transplant system to run a transplant program. The experience could be within any organ program in the U.S. not necessarily the organ for which the individual is proposed.

Staff will develop language for the concept paper and will provide draft language for consideration during the next subcommittee meeting.

Primary Physicians - Evaluations and Selection Committee Participation: The current bylaws require primary physicians to participate in evaluations and on selection committees for kidney programs. During the July meeting, the MPSC unanimously supported requiring participation in the evaluation process and the selection committee for all organ types. The Subcommittee discussed this requirement and identified suitable requirements for documenting participation.

A subcommittee member suggested that the MPSC should refrain from mandating evaluation participation requirements in the bylaws, and asked if this information could be included in a resource document. However, participation in the selection committee is important.

The Subcommittee discussed whether the evaluation requirement should mandate that the individual had lead selection committee and concluded this would be difficult to define.

The Subcommittee participated in a poll to gauge support for maintaining the requirement. The Subcommittee had majority support for applying a physician requirement for participation in evaluation and selection committee to all organ types. The results if the poll are below.
Figure 1: Results of poll for maintaining physician requirement for participation in evaluation.

<table>
<thead>
<tr>
<th>Maintain physician requirement for participation in evaluation</th>
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</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
</tr>
<tr>
<td>Agree</td>
</tr>
<tr>
<td>Neutral</td>
</tr>
<tr>
<td>Disagree</td>
</tr>
<tr>
<td>Strongly Disagree</td>
</tr>
</tbody>
</table>

During further discussion of how to document this requirement, a subcommittee member supported the requirement for submitting a case log. The Subcommittee member noted that the log offers a roadmap to go back to if there is ever a need to review. The Subcommittee chair agrees that a log would help with auditing. There were no objections to requiring a log to document that the physician requirements for participation in evaluation and selection committee are met.

**Exemptions for Individuals Who Previously Served as Primaries:** The MPSC and the Subcommittee have supported applying a number of requirements to individuals who have not previously served in a primary position to include surgeon procurements, physician observations, and an OPTN curriculum, thereby exempting individuals who have previously served as a primary. The Subcommittee discussed if previous service as a primary should be within a certain time period in order to be exempted.

A subcommittee member noted that it is important to have a time limit and that between 5 and 10 years would be reasonable.

The MPSC vice chair noted that someone who previously served as primary has already passed the test and should not necessarily have to pass it again. The MPSC vice chair suggests a 10-year time period.

Other subcommittee members agreed on a 10-year period.

The Subcommittee supported specifically requesting feedback on the appropriate time period in the concept paper.

**Pathways for Conditional Approval and Pediatric Pathways:** The Subcommittee discussed pathways for conditional approval. Currently, the bylaws have conditional pathways for all primary physicians. Under the current requirements, there are certain circumstances including intestine and pediatric component primaries where only a physician or surgeon can qualify under the conditional pathway, but only one can be conditional. There is also a specified time frame to meet the requirements for full approval if conditional approval status is granted. The Subcommittee reviewed language in the bylaws and discussed whether to maintain conditional pathways and whether to extend it to apply to all primary surgeons and physicians. The Subcommittee also discussed which elements in the conditional pathways should be standard for all organ and component types.

Some subcommittee members supported removal of conditional approval stating that all primaries should meet the minimum requirements since want experienced individuals in primary position and not
individuals who are learning on the job. The MPSC Vice Chair noted that for pediatric, the conditional pathways were included because everyone would be have to apply and the Pediatric Committee wanted to avoid a significant decrease in the number of programs that could provide transplant services to pediatric patients. So conditional approval may not be as important.

In response to a question regarding the prevalence of use of the conditional pathways, membership staff advised that there are only a few programs a year that fall within the conditional approval status. In response to a question about the typical scenario, a membership analyst noted that recently, there had been a number of sudden deaths where there were plenty of additionals but no one who met the full experience requirements, either documentation of recipient care or observations, on staff.

Subcommittee members discussed providing an option for conditional approval but limiting it to circumstances that caused a sudden vacancy in the primary position, such as death of a primary or sudden departure with little to no notice.

Input on this topic will be solicited from the full Committee during its next conference call.

3. Next Steps

The next MPSC meeting is on Monday, November 9, 2020.

Upcoming Meetings

- November 9, 2020: MPSC Meeting
- December 2, 2020: Membership Requirements Revision Subcommittee
- December 15, 2020: MPSC Meeting
Attendance

- **Subcommittee Members**
  - Clifford D. Miles
  - Christina D. Bishop
  - Theresa M. Daly
  - Maryjane Farr
  - PJ Geraghty
  - Edward F. Hollinger
  - Ian R. Jamieson
  - Heung Bae Kim
  - Jon A. Kobashigawa
  - Anne M. Krueger
  - Saeed Mohammad
  - Scott C. Silvestry
  - Parsia A. Vagefi

- **HRSA Representatives**
  - Marilyn E. Levi
  - Arjun U. Naik
  - Raelene Skerda

- **UNOS Staff**
  - Sally Aungier
  - Nicole Benjamin
  - Tameka Bland
  - Demi Emmanouil
  - Katie Favaro
  - Amanda Gurin
  - Asia Harris
  - Krissy Laurie
  - Sandy Miller
  - Steven Moore
  - Jacqueline O’Keefe
  - Liz Robbins Callahan
  - Sharon Shepherd
  - Olivia Taylor
  - Roger Vacovsky
  - Marta Waris

- **Other Attendees**
  - None