

**OPTN Executive Committee  
Regional Nominations Workgroup  
Meeting Summary  
March 7, 2022  
Conference Call**

**Edward Hollinger, MD, PhD, Chair**

## **Introduction**

The OPTN Regional Nominations Workgroup met via Citrix GoToMeeting teleconference on 03/07/2022 to discuss the following agenda items:

1. Recap of feedback
2. Discussion

The following is a summary of the Workgroup's discussions.

### **1. Recap of feedback**

The Workgroup reviewed feedback from their last meeting.

#### Summary of discussion:

A member suggested that the patient representative on the Regional Nominating Committee (RNC) could use their perspective to hold the group accountable through the nominations process. Another member agreed, but added that the RNC patient representative would need to feel empowered to fill that role and should be someone with prior OPTN experience. A member added that this role may be difficult for those who do not work in healthcare and recommended that patients who also work in the field should be considered. A member suggested that staff might best fill that role of asking critical questions about how the RNC is selecting their nominees. The member said that the presence of a patient representative on the RNC might help non-patient members of the RNC to consider the patient perspective in the nominations process. A member noted that patients who volunteer with the OPTN want to make a difference, and it might not be clear to them how participating in the RNC can help them advocate for patients.

### **2. Discussion**

The Workgroup continued their discussion on recommendations for enhancement of the regional nominations process.

#### Summary of discussion:

A member asked the Workgroup for feedback on what skillset, credentials, and experience prospective members of RNCs should have and how to develop a pipeline for developing these members. Another member asked how the OPTN can develop young leaders, suggesting they should have opportunities to observe, shadow, and serve on ad hoc committees.

A member asked the Workgroup for feedback on the right size for an RNC. A member responded that they prefer 4-6 members, as this committee size is small enough to be efficient, but allows for representation from councillors, an OPO representatives, and a patient/donor family. A member

suggested that regions could ask the current or immediate past Patient Affairs Committee (PAC) representative to participate on their RNC.

While the Workgroup agreed that a balance of regional geographic diversity and qualifying skillset should be used to select associate regional councillors, members determined that the regions should have autonomy over processes for rotation of this position due to the current variation in the number of states and population across regions. Accordingly, the Workgroup said that rotations should neither be mandated nor prohibited. Members agreed that the associate councillor should not come from the same institution several times in a row, but that regions should favor electing strong candidates over strictly following a rotation.

Members recommended that when the OPTN advertises volunteer opportunities, they should allow applicants to indicate which committees or subject matter they are most interested in and develop lines of communication between the interested applicants and the respective committee representatives from each region. In this way, the regional representatives can play a more active role in recruiting volunteers for committee service. A member also suggested distributing information about volunteer opportunities to those who work with patients such as transplant physicians, transplant social workers, and caregiving associations. A member also commented that in order to have diverse patient representation at regional meetings, more funding for patient travel and attendance should be considered. A member added that the hybrid model for regional meetings should be retained to increase patient attendance. Members recommended the development of both paper and electronic flyers for informing patients of OPTN volunteer opportunities and connecting them to resources.

Members agreed that a candidate for the role of associate councillor should have committee service experience and a deep understanding of the OPTN policy development process. Another member added that associate councillors should also have experience serving as an institutional representative. A member said that Board members who do not have previous committee service could add value by asking critical questions. A member responded that the associate councillor role has some unique responsibilities for which previous committee experience is helpful.

In closing, members shared their top priorities for the regional nominations process:

- Standardize the process and RNC composition across Regions
- Enhance transparency in the regional nominations process
- Promote opportunities to serve more broadly

#### Next steps:

The Workgroup will review a summary of discussions held today and plan to meet in the near future to finalize recommendations.

#### **Upcoming Meeting**

- As needed

## Attendance

- **Workgroup Members**
  - Earnest Davis
  - Edward Hollinger
  - Richard Formica
  - Jeff Orłowski
- **HRSA Representatives**
  - Chris McLaughlin
  - Frank Holloman
  - Shannon Taitt
- **UNOS Staff**
  - Kaitlin Swanner
  - Kelley Poff
  - Anna Wall
  - Sally Aungier
  - Susie Sprinson
  - Tina Rhoades
  - Carrie Caumont