

# Membership Requirements for VCA Programs

*VCA Committee  
June 2015*

# The Problem

- Current VCA program requirements have a sunset provision of September 1, 2015
  - Report type(s) of VCA a hospital will transplant
  - Identify reconstructive surgeon and transplant physician
  - Assurance from local OPO
- No training or experience requirements for VCA program key personnel

# Strategic Plan Alignment

## Goal 4: Promote transplant patient safety

- Establish training & experience requirements for VCA transplant physicians and surgeons

## Goal 6: Promote efficient management of OPTN

- Assess qualifications of individuals who may apply

# Proposed Solutions

- Focus of proposal is on *VCA Transplant* programs
- Establish objective credentialing, training, and experience requirements for medical and surgical leaders involved in VCA transplantation

# Public Comment Themes

- Related to general requirements
- Related to living donor recovery and/or transplant
- Related to physician or surgeon qualifications

# Post-public comment action

- *Guidance Document on VCAs from Living Donors* will address many concerns related to living donation
- Added primary transplant surgeon for intestine transplant programs
- Added explanatory content to Briefing Paper

# What Members will Need to Do

- OPTN-approved VCA programs must re-apply for OPTN membership
  - Complete and submit formal application
- Key personnel must meet OPTN membership criteria in effect at the time of the program's application

# Overall Project Impact

**Product**

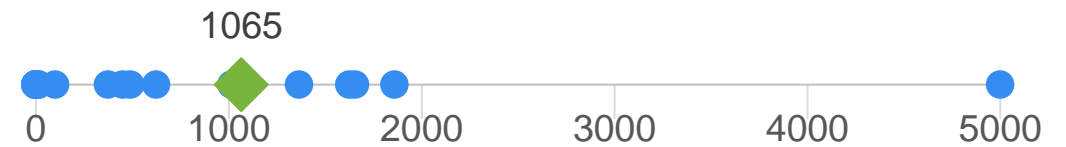
*Changes to OPTN Bylaws, Appendix J*

**Target Population Impact:**

*VCA Transplant Programs*

**Total IT Implementation Hours**

**1,065/16,680**



**Total Overall Implementation Hours**

**1,580/23,685**





# Board Policy Group Recommendation

- 1-Approve without further discussion
- 2-Approve but discuss
- 0-Dcline but discuss
- 6-No recommendation but discuss

# Resolution 10 (page 40)

- RESOLVED, that changes to Bylaws, Appendix J, as set forth below in lines 7-264, are hereby approved, effective pending implementation and notice to members.
- FURTHER RESOLVED, that the current Bylaws Appendix J, as forth below in lines 265-293, are effective until lines 7 – 264 are implemented.



# Amendment 1

- Line 227:
- strike: intestine,
- As shown below:
- transplant surgeon requirements of a head and neck, intestine, kidney, liver, pancreas, or