Notice of OPTN Bylaw Changes

Correction to Primary Pediatric Liver Transplant Program Requirements

Sponsoring Committee:	**OPTN Liver and Intestinal Organ Transplantation Committee**
Bylaws Affected:	***F.4.E.4: Combined Pediatric Gastroenterology/Transplant Hepatology Training and Experience Pathway*** ***F.7.C.2.d: Conditional Approval for a Pediatric Component***
Board Approved:	**June 27, 2022**
Effective Date:	**June 27, 2022**

Purpose of Bylaw Changes

One of the requirements for primary liver physicians is the proposed primary physician must maintain current working knowledge in liver transplantation, which includes the management of pediatric patients with acute liver failure. Inclusion of experience managing pediatric patients with acute liver failure is present in the following pathways:

- 12-month Transplant Hepatology Fellowship Pathway[1]
- Clinical Experience Pathway[2]
- Three-year Pediatric Gastroenterology Fellowship Pathway[3]
- Pediatric Transplant Hepatology Fellowship Pathway[4]
- Conditional Approval for Primary Transplant Physician[5]

However, it is not included in the Combined Pediatric Gastroenterology/Transplant Hepatology Training and Experience Pathway[6] and Conditional Approval for a Pediatric Component.[7] There is no documented reason or explanation for the omission of the language "acute liver failure" from these two pathways.

Proposal History

In December 2020, the OPTN Board of Directors approved new bylaws establishing requirements for transplant programs to transplant candidates less than 18 years old. In order for a program to transplant candidates less than 18 years old, the bylaws require the program to have an approved pediatric component, which requires an approved primary pediatric surgeon and physician. These positions must meet pediatric specific requirements as outlined in the bylaws. These requirements include experience

[1] OPTN Bylaws, F.4.A
[2] OPTN Bylaws, F.4.B.
[3] OPTN Bylaws, F.4.C.
[4] OPTN Bylaws, F.4.D
[5] OPTN Bylaws, F.4.F.
[6] OPTN Bylaws, F.4.E.
[7] OPTN Bylaws F.7.C.

and current working knowledge in the specific organ. For liver, current experience in managing pediatric patients with acute liver failure was deemed necessary experience in order to become a primary pediatric liver physician.

Summary of Changes

This proposal is to add the language "acute liver failure" to the Combined Pediatric Gastroenterology/ Transplant Hepatology Training and Experience Pathway and Conditional Approval for a Pediatric Component pathway. Inclusion of this phrase will ensure that proposed primary pediatric liver physicians have adequate experience in this area and will maintain consistency in experience across the pathways.

Implementation

OPTN members do not need to take any action as a result of the implementation of this proposal.

Affected Bylaw Language

New language is underlined (example) and language that is deleted is struck through (~~example~~).

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

[…]

F.4 Primary Liver Transplant Physician Requirements

[…]

E. Combined Pediatric Gastroenterology/Transplant Hepatology Training and Experience Pathway

A physician can meet the requirements for primary liver transplant physician if the following conditions are met:

[…]

4. The individual 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 pediatric patients with end-stage liver disease, acute liver failure, the selection of appropriate pediatric recipients for transplantation, donor selection, histocompatibility and tissue typing, immediate post-operative care including those issues of management unique to the pediatric recipient, fluid and electrolyte management, the use of immunosuppressive therapy in the pediatric recipient including side-effects of drugs and complications of immunosuppression, the effects of transplantation and immunosuppressive agents on growth and development, differential diagnosis of liver dysfunction in the allograft recipient, manifestation of rejection in the pediatric patient, histological interpretation of allograft biopsies, interpretation of ancillary tests for liver dysfunction, and long-term outpatient care of

pediatric allograft recipients including management of hypertension, nutritional support, and drug dosage, including antibiotics, in the pediatric patient.

[…]

F.7 Liver Transplant Programs that Register Candidates Less than 18 Years Old

[…]

C. Conditional Approval for a Pediatric Component

A designated liver transplant program can obtain conditional approval for a pediatric component if *either* of the following conditions is met:

[…]

2. The program has a qualified primary pediatric liver surgeon who meets *all* of the requirements described in *Section F.7.A: Primary Pediatric Liver Transplant Surgeon Requirements* and a physician who meets *all* of the following requirements:

[…]

d. The individual has maintained a current working knowledge of pediatric liver transplantation, defined as direct involvement in pediatric liver transplant patient care within the last 2 years. This includes the management of pediatric patients with end-stage liver disease, acute liver failure, the selection of appropriate pediatric recipients for transplantation, donor selection, histocompatibility and tissue typing, immediate post-operative care including those issues of management unique to the pediatric recipient, fluid and electrolyte management, the use of immunosuppressive therapy in the pediatric recipient including side-effects of drugs and complications of immunosuppression, the effects of transplantation and immunosuppressive agents on growth and development, differential diagnosis of liver dysfunction in the allograft recipient, manifestation of rejection in the pediatric patient, histological interpretation of allograft biopsies, interpretation of ancillary tests for liver dysfunction, and long-term outpatient care of pediatric allograft recipients including management of hypertension, nutritional support, and drug dosage, including antibiotics, in the pediatric patient.

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