

# RINTAG Study Ranking – Working Group Update

## RINTAG Meeting

### 3<sup>rd</sup> November 2021

A sub-group of RINTAG was set up in 2016 to look at the fair allocation of untransplantable organs for research. Before this, organs were largely allocated on a geographical basis which was seen as inequitable, as studies that were based close to transplant centres (and particularly those that accepted more marginal organs) benefited. The current ranking system was developed with representatives of R&D, Hub Operations, NIHR, transplant surgeons and the ODT Research team. The scheme was approved by RINTAG and ODT CARE before being introduced at the same time as pager offering with a 45 minute reply time.

The current scheme considers many factors to calculate a score and assign priority; these are summarised in Figure 1. The feasibility category incorporates the number of organs the study has requested, the duration of the study and the average number of organs offered for research per year. The smaller the proportion of the 'pool' that the study requires, the higher it scores for feasibility. This was designed so that RINTAG can support as many (small) studies as possible.

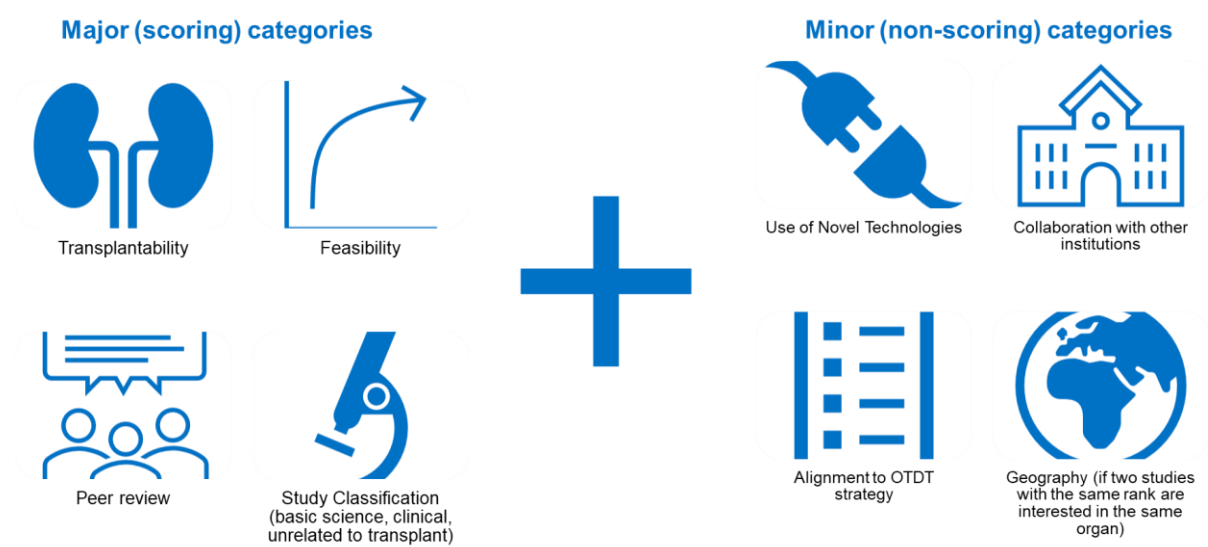


Figure 1: The categories used to score studies that receive untransplantable organs.

Several concerns have been raised by researchers and other stakeholders since the scheme's introduction, which has led some studies to come up with their own arrangements (i.e. they take turns being 1<sup>st</sup>). Therefore, on the 19<sup>th</sup> October 2021 a small group of these stakeholders met to discuss improvements.

Feedback in general was that the scheme is overly complicated and there needs to be a mechanism for movement, ideally so that if one study has recently accepted an organ it drops down a few places to allow others a chance. It was reported that studies that are lower-ranked have to call in for research organs out of hours in order to have a chance of being allocated them; studies that are higher-ranked have the luxury of being able to accept in core hours or when it suits them.

It was suggested that studies that can transplant the organs that they receive remain the top priority, and then all studies below this are rotated.

Unfortunately, there are some limitations as to what can be implemented; the most important is that the new ranking must be easily accessible and understandable by Hub Operations, with minimal

input from them. At present the Hub Ops team consult a list on an Excel spreadsheet and allocate based on that, and any new system should not increase their workload any further. The Research Project Manager manually changes the order of studies (when required) by cutting and pasting rows on the spreadsheet. Whilst an automated solution based on the number of organs recently received would be ideal, it appears there is no easy way to link the data showing which study has received organs (as this is free text in the Duty Office notes on EOS) and get this to change a list elsewhere in Excel.

We will continue to investigate solutions and meet with our stakeholders, reporting back to RINTAG when appropriate.

Hannah Tolley

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