

TSANZ Donor Surgeons & Donor Coordinators Advisory Committee



Terms of Reference

1. Preamble

The Transplantation Society of Australia and New Zealand has a number of Advisory Committees that act as peak bodies for their special interest groups in the areas of organ and tissue donation and transplant. The Donor Surgeons and Donor Coordinators Advisory Committee (DSDC AC) is the peak advisory body to TSANZ, Australasian Transplant Coordinators Association (ATCA) and the Organ and Tissue Authority (OTA) for issues related to organ donation and retrieval in Australia and New Zealand. This document stipulates the terms of reference of the Committee, including its purpose, responsibilities, governance structures and processes.

2. Purpose

DSDC AC's main purpose is to formulate standard operating procedures (SOPS), protocols and guidelines relating to the retrieval of donated organs for transplant in keeping with international best practice. Retrieval models and processes, surgical techniques, perfusion systems, packaging, labelling, documentation, storage and transportation of organs and accessories are the main considerations that fall within its purview.

3. Responsibilities

- a. Provide expert advice and foster safe and consistent practices for organ retrieval with the view to enhancing the transplant outcome.
- b. Enhance and support the close working relationships between the Organ and Tissue Authority, donor agencies and donor surgeons
- c. Review and audit organ retrieval and utilisation practices in Australia and New Zealand annually
- d. Co-opt working groups as required to undertake a body of work in relation to retrieval practices, which will be time limited, and which will report to the membership of the donor surgeons and donor coordinators through the Chair and/or their State/regional representatives.

4. Membership of DSDC AC

- a. In the interest of equal representation of professions, each jurisdiction engaged in retrieving cadaveric organs in Australia and New Zealand shall normally be represented in this Committee by a retrieval surgeon and a donor coordinator subject to the conditions of membership stated below in this section.
- b. Membership of this Committee will be open to donor surgeons that are members of the TSANZ and to Donor Co-ordinators that are members of ATCA, and to other members as agreed by the Committee (see Appendix 1).
- c. DSDC AC shall comprise twenty (20) members (excluding ex-officio and co-opted members and observers) as follows:
 - i. Seven (7) surgical representatives from the following jurisdictions/regions:
 - One from Queensland (QLD)
 - One from New South Wales (NSW)
 - One from Victoria (VIC)
 - One from South Australia (SA)
 - One from Northern Territory (NT)
 - One from Western Australia (WA)
 - One from New Zealand (NZ).
 - ii. Nine (9) donor coordinators, one from each of the following jurisdictions in Australia and New Zealand appointed by ATCA:
 - Queensland (QLD)
 - New South Wales (NSW)
 - Australian Capital Territory (ACT)
 - Victoria (VIC)
 - Tasmania (TAS)
 - South Australia (SA)
 - Western Australia (WA)
 - Northern Territory (NT)
 - New Zealand (NZ)
 - iii. A cross jurisdictional cardiothoracic recipient coordinator of organs and tissues appointed by the ATCA.
 - iv. A cross jurisdictional abdominal recipient coordinator of organs and tissues appointed by the ATCA
 - v. A cross jurisdictional cardiothoracic transplant surgeon appointed as a member of the DSDC AC by the Cardiac Advisory Committee.
 - vi. A paediatric clinician appointed by the Paediatric Working Group.
- d. The President of TSANZ, the Chair of TSANZ Advisory Committees and Working Groups and the OTA National Medical Director and the Director Clinical Programs shall be ex-officio members of the Committee.
- e. The surgical and donor co-ordinator representatives from each jurisdiction shall be nominated by their peers within that jurisdiction whereas non-jurisdictional

representatives shall be appointed by their professional bodies or interest groups at any other time to fill a vacancy.

- f. Members of the DSDC AC, excluding ex-officio members, shall hold office for four years after the appointment and may be nominated by their interest group to serve another 4-year term.
- g. The DSDC AC shall elect from the members of the Committee a Chair representing donor surgeons and a Co-Chair representing donor coordinators.
- h. For purposes of retaining corporate knowledge and maintaining continuity of services, the appointment of the Chair and the Co-chair shall be approximately 12-months apart, commencing from December 2017 when the new Chair will assume office.
- i. The Chair and Co-chair may co-opt people on a temporary basis to work on projects aimed at advancing the objectives of DSDC AC.
- j. A quorum is to consist of a minimum of 10 members, including the Chair and the Co-chair but excluding ex-officios.

5. Chairperson

- a. The Chair shall be a representative of donor surgeons and a donor coordinator representative shall hold the position of the Co-chair.
- b. The Chair and/or Co-chair of the DSDC AC shall hold office for two years after the appointment, with the possibility of a further two-year term at the discretion of the DSDC AC, having due regard to clause 4 (h) above.
- c. Where there is no consensus, selection of the Chair and Co-chair will be by a vote of the members of DSDC AC cast electronically or by show of hands at a meeting.
- d. The person who receives the most votes in the ballot will be declared the Chair and Co-chair.
- e. The main responsibility of the Chair and Co-chair is to conduct the meetings of the DSDC AC, with the view to ensuring that desired outcomes of the Committee are realised.
- f. The Chair, in consultation with the Co-chair, will normally play a lead role in the stewardship of the Committee and they may make mutually acceptable arrangements in respect of discharging the responsibilities pertaining to the chair.

6. Governance and Reporting

- a. The work of the DSDC AC will be supported by the TSANZ project officer who shall be responsible for arranging meetings, drafting the agenda, compiling minutes of meetings and distribution of documents and information to members with the approval of the Chair and Co-chair.
- b. The Agenda shall be issued a week prior to a meeting.
- c. Minutes will be kept of all meetings and distributed to all members within four weeks after the meeting.
- d. Minutes and recommendations of meetings will be sent to TSANZ Council through the Chair of TSANZ Advisory Groups and to other forums including ATCA Executive Meetings and OTA's Jurisdictional Advisory Group.
- e. The Committee may decide to send recommendations and/or minutes to any other agency through the Chair of TSANZ Advisory Committees and Working Groups, which in its opinion will contribute to the achievements of its objectives.
- f. There shall be at least two face-to-face meetings of DSDC AC, held approximately six months apart.

- g. The face-to-face meeting held during the TSANZ Annual Scientific Meeting shall be open to wider interest group of retrieval surgeons and donor coordinators to enable committee members to interact with their constituents.
- h. In addition to (f) and (g) above, DSDC AC may hold teleconferences during the year as required.
- i. A member who is unavailable for a meeting may with the Chair's approval nominate a suitable proxy to attend the meeting on his/her behalf.

7. Decision making

- a. Recommendations are made within the DSDC AC by consensus. If consensus is not reached, a vote may be required to achieve an outcome.
- b. Where voting is required, the donor coordinators from NSW and ACT shall collectively have one vote as would the donor coordinators from VIC and TAS.
- c. Ex-officio members of the Committee do not have voting rights.

8. Communication

- a. To facilitate decision-making and consultation, each jurisdictional representative's role is to present at DSDC AC meetings a consensus view for their members wherever practicable.
- b. The forms and channels of formal communications with agencies outside the Committee will reflect principles of openness, transparency and inclusion.

9. Conflict of Interest

- a. Members must declare any conflict of interest to the Chair of DSDC AC if they, their partners or close family friends have a direct financial or other interest which influences, or may appear to influence, proper consideration or decision-making by the Committee on a matter or proposed matter.
- b. The DSDC AC chair shall determine the matter and advise the person concerned and also report his/her decision to the Committee.



10. Confidentiality

The Chair may declare some material and discussion at the DSDC AC meetings as confidential and any disclosures in this respect are not permitted except with the approval of the Chair.

11. Review

The terms of reference can be reviewed any time at the discretion of the DSDC AC

12. Confirmation

The Terms of Reference of the Donor Surgeons and Donor Coordinators Advisory Committee was approved at its meeting dated 6 December 2017 and is confirmed as correct.	
Name: Michael Fink	Nicola Seifert
Title: Chair, Donor Surgeons Donor Coordinators Advisory Committee	Title: Co-Chair, Donor Surgeons Donor Coordinators Advisory Committee
Signature: 	Signature: 
Date: 6/12/2017	Date: 6/12/2017

APPENDIX 1: MEMBERS OF DSDC AC 2017-2018~

Name	Interest Group/Jurisdiction
Henry Pleass (Chair)	Surgeon Surgeon West Sydney Area Health Service, (NSW & ACT)
Michael Fink	Surgeon General Surgeon, Austin Health, (VIC & TAS)
Anthony Griffin	Surgeon Director Renal Transplantation, Princess Alexandra Hospital, (QLD)
Bulang He	Surgeon Health WA, (WA)
Mark Brooke-Smith	Surgeon Royal Adelaide Hospital, (SA)
	Surgeon, (NT)
Sanjay Pandanaboyana	Surgeon Auckland District Health Board, (NZ)
Nicola Seifert (Co-Chair)	Donor Coordinator DonateLife NSW (NSW)
Ciara McGuigan	Donor Coordinator (VIC)
Jane Wells	Donor Coordinator DonateLife Tasmania, (TAS)
Angela McInnes	Donor Coordinator Organ and Tissue Donation Service, (QLD)
Philippa Jones	Donor Coordinator DonateLife SA, (SA)
Emily Guthrie	Donor Coordinator (ACT)
Marie Schaumann	Donor Coordinator DonateLife Western Australia, (WA)
Kathryn McAuliffe	Donor Coordinator (NT)
Lauren Sprenger	Donor Coordinator Organ Donation New Zealand, (NZ)
Angela Smith	Recipient Coordinator (cardio thoracic) (Cross jurisdiction)
Peta Gardner-Dixon	Recipient Coordinator (abdominal) (Cross jurisdiction)
Mark Connellan	Cardio-thoracic Surgeon (Cross jurisdiction)
Lauren Morley (Herd)	Paediatric Rep Paediatric Liver Transplant Coordinator (Cross jurisdiction)
Stephen Alexander	Ex officio (TSANZ President)
Toby Coates	Ex officio (Chair TSANZ Advisory Committees and Working Groups)
Helen Opdam	Ex officio National Medical Director, Australian Organ and Tissue Authority
Eva Mehakovic	Ex officio Director, Clinical Programs, Australian Organ and Tissue Authority

~ The Appendix is not part of the Terms of Reference