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TERMS OF REFERENCE FOR THE LUNG ADVISORY COMMITTEE (LAC)

1. Preamble

The Transplantation Society of Australia and New Zealand has a number of Advisory Committees that act as the peak body for their special interest group in the areas of retrieval, allocation and standards of practice. This document defines the terms of reference which is intended to guide members in their deliberations. The Lung Advisory Committee is the peak clinical advisory body for issues related to lung donation and transplantation in Australia.

2. Objectives

The Lung Advisory Committee (herein after referred to as LAC) is committed to supporting the following objectives:

- a. Development of nationally uniform eligibility criteria to ensure there are equitable and transparent criteria for listing patients for lung transplantation
- b. Development of nationally uniform allocation protocols to ensure consistency across Australia in the criteria by which donated lungs and related organs and tissues are allocated.
- c. Promotion of best practice, including ethical standards, in respect to donation and transplant of lung and related organs and tissues.

3. Responsibilities

- a. Formulate relevant eligibility criteria and allocation protocols for lung transplantation.
- b. Oversee and regularly review eligibility criteria and allocation protocols for lung transplantation.
- c. Regularly review the information they make available on the TSANZ website for accuracy and current applicability
- d. Provide a forum for discussion of new or emerging therapies or practices in the field of lung transplantation.
- e. Provide advice to TSANZ Council on new or emerging therapies or practices in the field of lung transplantation

4. Membership

- a. Members of the LAC should be members of the TSANZ (where appropriate) and their tenure shall be reviewed every two years with the first such review taking place in November 2014.
- b. LAC shall have 16 members, excluding ex officio members*.
- c. Fourteen members from the following regions/jurisdictions shall be appointed to represent surgeons, physicians, donor coordinators, recipient coordinators and allied health professionals:
 - i. Three members from Queensland
 - ii. Three members from NSW/ACT
 - iii. Three members from Victoria/Tasmania
 - iv. Two members from Western Australia
 - v. Two members from New Zealand
 - vi. One member from South Australia/ Northern Territory
- d. Two members shall be appointed to represent the following special interest groups:
 - i. One member representing paediatrics shall be appointed by the Chair of the TSANZ Paediatric Working Group.
 - ii. One member shall represent community/consumer interest.
- e. The President of TSANZ and Chair of TSANZ Advisory Committees and Working Groups shall be ex-officio members of the LAC.
- f. At least one member identified in 4 (c) representing either donor or recipient coordinators shall be an appointee of Australasian Transplant Coordinators Association (ATCA).
- g. LAC may co-opt specific persons to attend meetings either for a single meeting, part of a meeting, or for the term of a project as appropriate.
- h. Members appointed to the LAC under clause 4(c) shall be nominated by their peers usually at the June Annual Scientific Meeting of TSANZ, except for the appointment made under 4 (f) above.

* See Appendix 1

5. Chairperson

- a. The Chair will have the responsibility for conducting meetings and representing the LAC as appropriate in other meetings and forums.
- b. The Chair shall be selected by the LAC by consensus for a term of two years, with the possibility of further two terms, at the discretion of the Advisory Committee

- c. The Chair shall be rotated by regions whenever possible at the end of each term.
- d. Where there is no consensus, selection of the Chair will be by a vote of the members of LAC cast electronically or by show of hands at a meeting.
- e. The person who receives the most votes in the ballot will be declared the Chair.

6. Governance and Reporting

- a. The Chairman shall issue an Agenda a week prior to a meeting.
- b. The quorum for a face to face meeting or a teleconference shall be one half of the membership of the Committee, excluding ex-officio members, and shall comprise:
 - (i) At least two of the following craft groups: surgeons, physicians, donor coordinators, recipient coordinators and allied health professionals, and
 - (ii) Representatives from at least three transplant centres.
- c. At least one face-to face-meeting of the LAC will be held each year, to coincide with the annual scientific meeting of TSANZ (usually mid to late June).
- d. Additional face-to-face meetings and teleconferences will be held, as required, to discuss more urgent issues.
- e. Where a member is unable to attend a meeting for whatever reasons he/she should appoint a suitable person to represent him/her and subsequently advise the Chair of the name of the proxy prior to the meeting.
- f. Minutes will be kept of all meetings and distributed to all members.
- g. Minutes and recommendations of meetings will be tabled to TSANZ Council.
- h. The Chair of LAC will report to the TSANZ council on a regular basis.
- i. The Chair of LAC will participate in the meeting with other Advisory Committees chairs by teleconference at least once per year, with a face to face meeting also held once per year.
- j. The Chair and members of LAC should report back to the general membership as appropriate.

7. Conflict of Interest

- a. A committee member must declare any conflict of interest to the Chair of LAC if they, their partner or close family friend has 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 LAC chairperson shall determine the matter and advise the person concerned and also report his/her decision to the Committee.

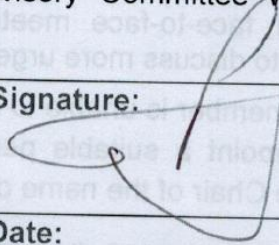
8. Confidentiality

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

9. Review

The terms of reference can be reviewed any time at the discretion of the LAC.

10. Confirmation

The Terms of Reference of the Lung Advisory Committee was accepted on 29 November 2013 and is confirmed as correct	
Name: Peter Hopkins	Signature: 
Title: Chair	Date: 19 JAN 2015

Appendix 1: Membership of LAC 2015/16

Name	Interest Group/Jurisdiction
Tanya McWilliams (Chair)	Respiratory Physician, Respiratory Medicine and NZ Heart and Lung Transplant Service, Auckland City Hospital (NZ)
Helen Gibbs	Senior Coordinator (NZ)
Peter Hopkins	Senior Staff Specialist, Director Queensland Centre for Pulmonary Transplantation and Vascular Disease, Prince Charles Hospital (QLD)
Daniel Chambers	Thoracic & Transplant Physician, Head of Research, Queensland Centre for Pulmonary Transplantation & Vascular Disease (QLD)
Trish Leisfield	Recipient Coordinator, Prince Charles Hospital (QLD)
Greg Snell	Head (Medical) Lung Transplant Service, Alfred Hospital (VIC)
David McGiffin	Professor, Head, Dept of Cardiothoracic Surgery, Alfred Hospital and Monash University. (VIC)
Bronwyn Levy	A/Prof Bronwyn Levvey Team Leader, Lung Transplant Service Allergy, Immunology & Respiratory Medicine, Alfred Hospital. (VIC)
Allan Glanville	Director of Thoracic Medicine, St Vincents Hospital, (NSW)

Emily Granger	Cardiothoracic Surgeon, St Vincents Hospital. (NSW)
Michele Harkess	Clinical Nurse Consultant , Heart & Lung Transplant Unit , St Vincents Hospital (Recipient Coordinator NSW and ATCA Rep)
Michael Musk	Physician, Medical Head of the Western Australian Lung Transplant Unit, , Royal Perth Hospital (WA)
Sharon Lawrence	Clinical Nurse, Royal Perth Hospital (WA)
Mark Holmes	Physician, Respiratory and Sleep Disorders, Royal Adelaide Hospital (SA/ NT).
Glen Westwall	Paediatric representative Consultant Respiratory Physician, The Alfred Hospital
Steve Peuschel	Consumer/Community representative
Geoff McCaughan	Ex officio (TSANZ President)
Steve Chadban	Ex officio (Chair TSANZ Advisory Committees and Working Groups)