**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 the peak body for their special interest group in the areas of retrieval, allocation and standards of practice pertaining to organ and tissue donation and transplant. This document defines the terms of reference which is intended to guide the Committees in identifying their responsibilities and priorities and governance structures and processes. 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 multi-organ donation and transplantation in Australia and New Zealand.

2. **Purpose**

   DSDC AC’s main purpose is to formulate and agree upon standard and consistent practices and guidelines in the procurement process, which include, but are not limited to, surgical techniques, perfusion systems, packaging, labelling, documentation, storage and transportation of organs and accessories.

3. **Responsibilities**

   a. Provide expert advice and foster safe and consistent practices within the organ procurement process including surgical techniques, perfusion systems, packaging, labelling, documentation, storage and transportation of organs and accessories with the view to enhancing the transplant outcome.

   b. Enhance and support the close working relationships between the donor agencies and donor surgeons

   c. Review and audit organ retrieval and utilisation practices in Australia and New Zealand

   d. Co-opt working groups as required to undertake a body of work in relation to procurement, 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.

Version 2.0 December 2014
4. Membership of DSDC AC
   a. Each jurisdiction engaged in procuring cadaveric organ in Australia and New Zealand shall be represented in this Committee by a retrieval surgeon and a donor transplant coordinator subject to the conditions of membership stated below in this section (see Appendix 1).

   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 other members as agreed by the Committee.

   c. DSDC AC shall comprise eighteen nineteen (18) members (excluding ex-officio and co-opted members) as follows:
      i. Seven surgical representatives, one from each of the following jurisdictions/regions:
         - Queensland (QLD)
         - New South Wales-Australian Capital Territory (NSW/ACT)
         - Victoria-Tasmania (VIC)
         - South Australia (SA)
         - Northern Territory (NT)
         - Western Australia (WA)
         - New Zealand (NZ).

      ii. Seven donor coordinators, one from each of the following jurisdictions/regions in Australia and New Zealand appointed by Australasian Transplant Coordinators Association (ATCA)
          - Queensland (QLD)
          - New South Wales-Australian Capital Territory (NSW/ACT)
          - Victoria-Tasmania (VIC)
          - 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 and the Chair of TSANZ Advisory Committees and Working Groups shall be ex-officio members of the Committee.

e. The Chair and Co-chair shall co-opt the National Medical Director of the Australian Organ and Tissue Authority (OTA) as an observer.

f. The surgical and donor co-ordinator representatives from each jurisdiction shall be nominated by their peers within that jurisdiction normally at the TSANZ Annual Scientific Meeting as illustrated in Appendix 2. Nominations can also be received by the Committee at any other time to fill a vacancy occasioned by the absence of a member.

g. 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.

h. The DSDC AC shall elect a Chair representing donor surgeons and a Co-Chair representing donor coordinators elected from members of the Committee.

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 9 members, including the Chair and the Co-chair.

5. Chairperson

a. The Chair shall be a representative of donor surgeons and an ATCA donor coordinator representative will hold the position of Co-chair.

b. The Chair and the Co-chair will be selected by the DSDC AC members at the TSANZ Annual Scientific Meeting in accordance with 4 (e) and (g) above.

c. 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.

d. 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.

e. The person who receives the most votes in the ballot will be declared the Chair and Co-chair.

f. 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.

g. 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 associated with chairmanship, including participating in at least one teleconference and a face to face meeting during the year with other Advisory Committee chairs.

6. Governance and Reporting

a. The work of the DSDC AC will be supported by a 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.

Version 2.0 December 2014
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 State Medical Directors Jurisdictional Working Group.

e. The Committee may decide to send recommendations and/or minutes to any other agency, which in its opinion will contribute to the achievements of its objectives.

f. There shall be at least one face-to-face meeting of the donor surgeons and donor coordinators interest group held at the Annual Scientific Meeting of TSANZ.

g. There shall be at least two face-to-face meetings of DSDC AC, held approximately six months apart.

h. There shall be at least two teleconferences of DSDC AC during the year.

i. A member who is unavailable for a meeting may delegate a suitable proxy to attend the meeting on his/her behalf.

7. Decision making
Recommendations are made within the DSDC AC by consensus. If consensus is not reached, a vote may be required to achieve an outcome.

8. Communication
   a. To facilitate decision-making and consultation, each jurisdictional representative is encouraged 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. A member must declare any conflict of interest to the Chair of DSDC AC 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 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, with amendments, at its meeting dated 2 December 2014 and is confirmed as correct.

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<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Michael Fink</td>
<td>Chair, Donor Surgeons Donor Coordinators Advisory Committee</td>
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<tr>
<td>Hayley Furniss</td>
<td>Chair, Donor Surgeons Donor Coordinators Advisory Committee</td>
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<table>
<thead>
<tr>
<th>Name</th>
<th>Interest Group/Jurisdiction</th>
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<tbody>
<tr>
<td>Michael Fink (Chair)</td>
<td>Surgeon General Surgeon, Austin Health (VIC &amp; TAS)</td>
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<tr>
<td>Henry Pleass</td>
<td>Surgeon Surgeon West Sydney Area Health Service (NSW &amp; ACT)</td>
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<tr>
<td>Anthony Griffin</td>
<td>Surgeon Director Renal Transplantation, Princess Alexandra Hospital (QLD)</td>
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<td>Bulang He</td>
<td>Surgeon Health WA (WA)</td>
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<td>Mark Brooke-Smith</td>
<td>Surgeon Royal Adelaide Hospital (SA)</td>
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<td>Ruth Hardstaff</td>
<td>Surgeon (NT)</td>
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<tr>
<td>Carl MuthuKumaraswamy</td>
<td>Surgeon Auckland District Health Board (NZ)</td>
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<td>Hayley Furniss (Co-Chair)</td>
<td>Donor Coordinator DonateLife Victoria (VIC &amp; TAS)</td>
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<td>Angela McInnes</td>
<td>Donor Coordinator Organ and Tissue Donation Service (QLD)</td>
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<td>Renee Chambers</td>
<td>Donor Coordinator DonateLife SA (SA)</td>
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<td>Trevor Rock</td>
<td>Donor Coordinator (NSW)</td>
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<td>Name</td>
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<tr>
<td>Marie Schaumann</td>
<td><strong>Donor Coordinator</strong></td>
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<td>Lisa Marcus</td>
<td><strong>Donor Coordinator</strong></td>
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<td>Janice Langlands</td>
<td><strong>Donor Coordinator</strong></td>
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<td>Vacant</td>
<td><strong>Recipient Coordinator (cardio thoracic)</strong></td>
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<td>Peta Gardner-Dixon</td>
<td><strong>Recipient Coordinator (abdominal)</strong></td>
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<tr>
<td>Emily Granger</td>
<td><strong>Cardio-thoracic Surgeon</strong></td>
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<td>Lauren Morley</td>
<td><strong>Paediatric Rep</strong></td>
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<td>Geoff McCaughan</td>
<td><strong>Ex officio</strong></td>
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<td>Steve Chadban</td>
<td><strong>Ex officio</strong></td>
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<tr>
<td>Helen Opdam</td>
<td><strong>Observer</strong></td>
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ORGANISATIONAL & ADMINISTRATIVE FRAMEWORK FOR DONOR SURGEONS & COORDINATORS ADVISORY COMMITTEE

Organ & Tissue Authority

TSANZ Council

ATCA

TSANZ Chair of Advisory Committees and Working Groups

Feedback Minutes

Donor Surgeons Donor Coordinators Advisory Cttee implements priorities
- 2 teleconferences
- 2 face to face meetings
Quorum = 9 members

Conjoint meeting of donor surgeons and donor coordinators wider interest group at the ASM reviews the TOR, sets work priorities for the following year, draws up a meeting schedule. It may also appoint 7 surgeons/physicians from the 7 jurisdictions a cardio thoracic surgeo and paediatric surgeon/physician. ATCA appoint 9 reps from 7 jurisdictions and 2 recipient (abdominal and cardiothoracic) coordinators.

QLD NSW WA VIC TAS NZ SA NT

Cross jurisdictional:
- Cardiothoracic
- Pediatric

Surgeons

Wider Interest Group / constituents

Donor Coordinators

Cross jurisdictional:
- Cardio Thoracic Rec. Coordinator
- Abdominal Rec. Coordinator

Annual Report: Chair Feedback