



TERMS OF REFERENCE FOR THE RENAL TRANSPLANT ADVISORY COMMITTEE (RTAC)

1. Preamble

The Renal Transplant Advisory Committee (RTAC) is the peak clinical advisory body for issues related to kidney transplantation in Australia. The Transplantation Society of Australia and New Zealand (TSANZ) 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 are intended to guide the functions of RTAC.

2. Reporting

- a. RTAC shall report to its three parent bodies (TSANZ), the Australia and New Zealand Society of Nephrology (ANZSN) and Kidney Health Australia (KHA) in the following way (see Appendix1):
 - i. To TSANZ Council by the RTAC Chair via the Chair of TSANZ Advisory Committees and Working Groups.
 - ii. To ANZSN and KHA by the Chair of RTAC through the Dialysis, Nephrology and Transplantation (DNT) Committee of which the RTAC Chair is an ex-officio member.
- b. The Chair of RTAC will participate in the meeting with other TSANZ advisory committee chairs by teleconference at least once per year.
- c. Reporting of RTAC activities to TSANZ and DNT shall additionally take place through representatives of these organizations on the RTAC.
- d. Members of RTAC are responsible for consulting with, and reporting back to their constituencies. To complement this, RTAC shall convene an annual meeting with Renal Special Interest group, which will usually be held in conjunction with the Annual Scientific Meeting of TSANZ.

3. Responsibilities

- a. Act as the peak body for renal transplantation in the areas of retrieval, allocation and standards of practice.
- b. Regularly review the interstate exchange program
- c. Oversee and regularly review eligibility criteria and allocation protocols for kidney transplantation.
- d. Develop protocols for the avoidance and monitoring of transmissible infections in renal transplantation.
- e. Formulate standards of practice and conduct audit and reviews at regular intervals, including the following:

- i. Supervision of the audit of interstate exchange of kidneys
- ii. Supervision of the audit of the state kidney allocation processes.
- f. Regularly review the information they make available on the TSANZ website for accuracy and current applicability.
- g. Provide a forum for discussion of current new or emerging therapies or practices in the field of kidney transplantation.
- h. Provide advice to TSANZ Council on current new or emerging therapies or practices in the field of kidney transplantation
- i. Be responsible, and responsive to the TSANZ Council, The Australia and New Zealand Society of Nephrology and Kidney Health Australia for advice about the views and interests of their group at large.

4. Membership*

In order to fulfill its functions and responsibilities, and to develop standards and policies that will be adopted nationally, it is intended that RTAC is fully representative of the individuals, units and states taking part in renal transplantation.

- a. The membership of RTAC may be up to 25, including four ex-officio members.
- b. All members, except ex-officio members of RTAC, shall normally hold office for an initial 3-year term with the possibility of extension for additional terms.
- c. The composition of RTAC should as far as practicable represent different jurisdictions and relevant clinical and professional bodies as follows:
 - i. Two representatives from New South Wales/Australian Capital Territory nominated/elected by New South Wales Transplant Advisory Committee.
 - ii. Two representatives from Queensland nominated/elected by Queensland Renal Transplant Service.
 - iii. Two representatives from South Australia/Northern Territory nominated/elected by South Australian Renal Transplant Service.
 - iv. Two representatives from Victoria/Tasmania nominated/elected by Victorian/Tasmanian Renal Transplant Advisory Committee.
 - v. Two representatives from Western Australia nominated/elected by West Australian Kidney Transplant Service.
 - vi. Two representatives from New Zealand nominated/elected by New Zealand Renal Transplant Subcommittee of NZ Renal Advisory Board.
 - vii. One Representative of the Dialysis, Nephrology and Transplantation Committee/ANZSN/KHA
 - viii. One Representative of the Transplantation Society of Australia and New Zealand
 - ix. One Representative of the Transplant Surgeons
 - x. One APHIA Representative nominated by APHIA
 - xi. ATCA Representative nominated by Australasian Transplant Coordinators Association (ATCA)
 - xii. Manager of NOMS
 - xiii. One consumer representative
 - xiv. One community / or a second consumer representative

- d. Ex- officio members of the RTAC shall comprise:
 - i. NOMS Analyst
 - ii. A representative of DonateLife State Managers
- e. The OTA National Medical Director, ARCBS Lab Manager and a representative of the Advisory Committee to OTA shall be invited guests for all RTAC meetings or part of the meetings, with other persons co-opted to attend a specific meeting, or part of a meeting, or for the term of a project as appropriate.

* See Appendix 2

5. Chairperson

- a. The Chair will be chosen from one of the jurisdictions identified under 4 c (i)–(v).
- b. The Chair will have the responsibility for conducting meetings and representing the RTAC as appropriate in other meetings and forums.
- c. The Chair shall be selected by the RTAC by consensus for a term of three years, with the possibility of a further term, at the discretion of the Advisory Committee.
- d. Where there is no consensus, selection of the Chair will be by a vote of the members of RTAC cast.
- e. The person who receives the most votes in the ballot will be declared the Chair.

6. Meetings & Decision Making

- a. There shall be two face-to-face meetings of RTAC during the year (usually in May and November).
- b. Teleconferences will be held in between face to face meetings, as required, to discuss more urgent issues.
- c. The Chairman shall issue an Agenda a week prior to a meeting.
- d. The quorum for a meeting shall be two third of the membership of the Committee (including ex officio) for face-to-face meetings or 16 whichever is less and one half for teleconference meetings or 12 whichever is less.
- e. Members of RTAC may nominate a suitable proxy to represent them if they are unable to attend a meeting for any reason.
- f. Decisions of RTAC will normally be made by consensus but where a common point of view cannot be reached decisions will be made by voting with the views of individual members duly recorded in the Minutes.
- g. The Minutes will be kept of all meetings and distributed to all members.
- h. Minutes and recommendations of meetings will be tabled at TSANZ Council meetings, as appropriate.
- i. RTAC shall assign specific work to be undertaken by the following subcommittees which will function under a terms of reference and will report directly to RTAC through the Chairs*:
 - i. RTAC Clinical Oversight Committee (RACOS)
 - ii. RTAC Australian Kidney Allocation Subcommittee (RAKAS)
 - iii. RTAC Tissue Typing and Compatibility Subcommittee (RTTCS)

* see membership and their terms of reference in Appendices 3, 4 and 5)

7. Financial Arrangements

- a. RTAC has no budget of its own.
- b. RTAC activities are funded by the Commonwealth Department of Health and Ageing through its agreement with ARCBS for funding of the NOMS program, and by its parent bodies.
- c. ARCBS NOMS Program funds two face-to-face meetings every year, to a pre-set agreed limit, except that New Zealand representatives pay for their on travel expenses.
- d. Secretarial support costs for meetings are borne by TSANZ in accordance with the Funding Agreement between the OTA and the Society.
- e. The remaining costs are shared three-ways by TSANZ, KHA and ANZSN.

	NOMS	TSANZ	TSANZ,ANZS N & KHA	To be determined when required
Airfares for face-to-face meetings (2 per year)*	✓			
Hire of Meeting venue (2 per year)				✓
Teleconference (average 1 per year)			✓	
Secretarial support at Meetings		✓		

* see 7c above

8. Conflict of Interest

- a. Committee members must declare any conflict of interest to the Chair of RTAC 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 RTAC chairperson shall determine the matter and advise the person concerned and also report his/her decision to the Committee.

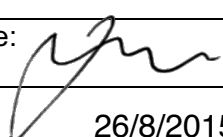
9. Confidentiality

Some material and discussion at the RTAC meetings may be declared confidential by the Chair.

10. Review

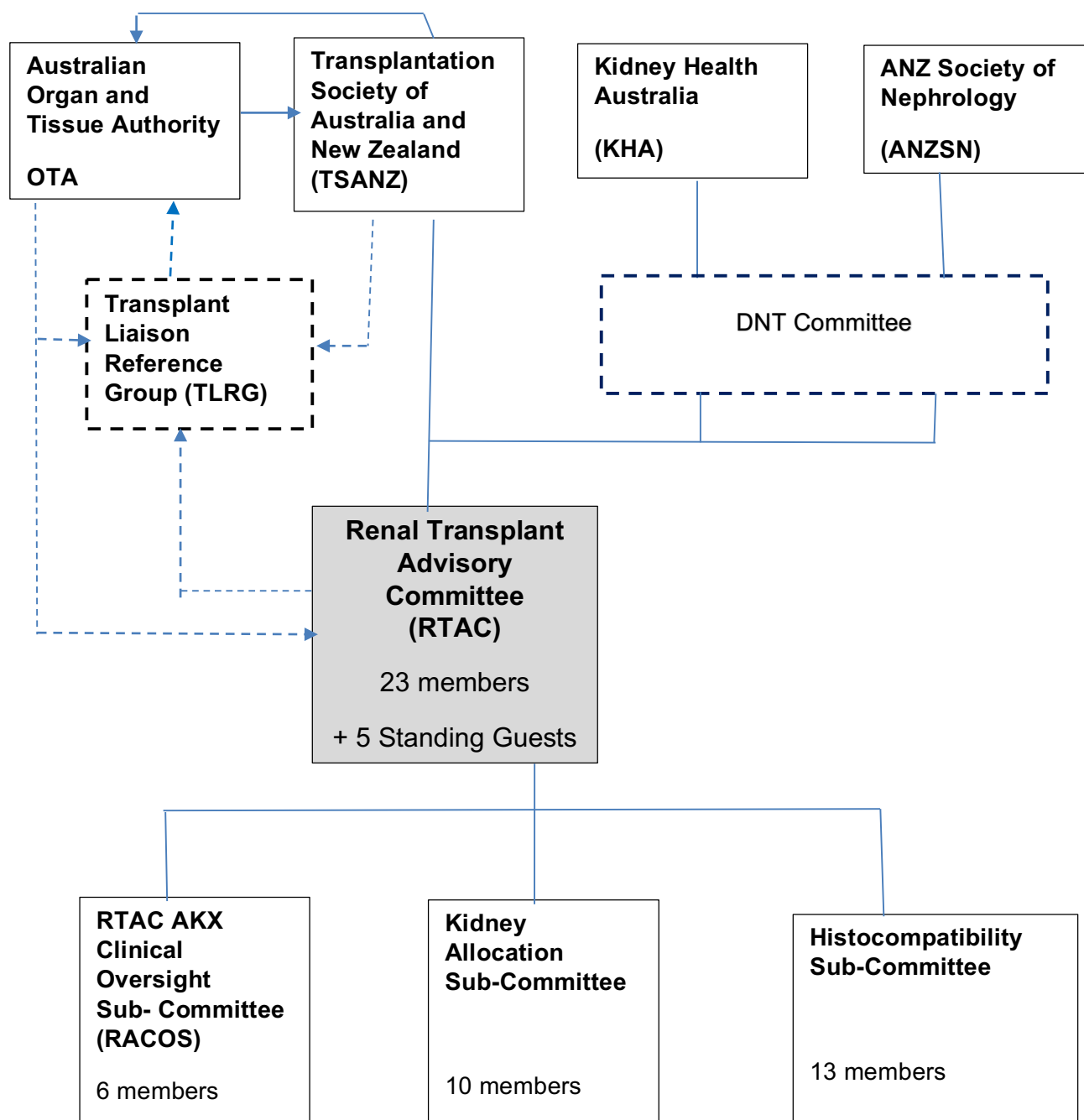
The terms of reference can be reviewed any time at the discretion of the RTAC.

11. Confirmation

The Terms of Reference of the Renal Transplant Advisory Committee were approved at its meeting dated 9 December 2014 and is confirmed as correct.	
Name: John Kanellis	Signature: 
Title: Chair	Date: 26/8/2015

Appendix 1

RTAC Stakeholder Entities and Subcommittees



Appendix 2

RTAC Members (as at 26 Aug 2015)

Representation	Member
Vic/Tas Representative & Chair	A/Prof. John Kanellis
Vic/Tas Representative	Dr. Peter Hughes
NSW/ACT Representative	A/Prof. Angela Webster
NSW/ACT Representative	Dr. Kate Wyburn
Qld Representative	Dr. Scott Campbell
Qld Representative	Rr. Anthony Griffin
SA/NT Representative	Prof. Graeme Russ
SA/NT Representative	A/Prof. Toby Coates
WA Representative	Dr. Ashley Irish
WA Representative	Prof. Lloyd d'Orsogna
Renal Transplant Surgeon	Dr. Christine Russell
AKX Medical Director	Prof. Paolo Ferrari
New Zealand Representative	Dr. Ian Dittmer
New Zealand Representative	Dr. Nicholas Cross
Chair DNT Committee/ANZSN/KHA	Prof. Mathew Jose
TSANZ Representative	Prof. Steve Chadban
APHIA Representative	Rhonda Holdsworth
ATCA Representative	Luke Datson
Consumer Representative	Vacant
Consumer/Community Representative	Mr. Carl Pedersen
NOMS Manager	Prof. Jeremy Chapman
Ex Officio	
NOMS Analyst	Ms. Jenni Wright
A representative of DonateLife State Managers	Ms. Tina Coco
Current Standing Invited Guests	
ARCBS Lab Manager NSW	Ms Narelle Watson
TLRG (OTA committee) chair	A/Prof Josette Eris
OTA National Medical Director	Dr. Helen Opdam
OTA Representative	Eva Mehakovic
NOMS Business Analyst	TBC

Appendix 3

AKX Clinical Oversight Subcommittee (as at 26 Aug 2015)

Terms of Reference: (draft completed)

RTAC State Rep & Subcommittee Chair	Peter Hughes
RTAC State Rep	Kate Wyburn
RTAC State Rep	Scott Campbell
AKX Director	Paolo Ferrari
NOMS Rep	Jenni Wright
AKX Laboratory Rep	Linda Cantwell

Appendix 4

Kidney Allocation Subcommittee (as at 26 Aug 2015)

Terms of Reference: (being drafted)

RTAC VIC State Rep & Subcommittee Chair	John Kanellis
RTAC NSW State Rep	Kate Wyburn
RTAC QLD State Rep	Scott Campbell
RTAC WA State Rep	Ashley Irish
RTAC SA State Rep	Graeme Russ
RTAC Consumer Rep	Carl Pederson
RTAC Surgical Rep	Christine Russell
Paediatric Rep	Fiona Mackie
ANZDATA Rep	Phil Clayton
Laboratory Rep	Rhonda Holdsworth

Appendix 5

Histocompatibility Subcommittee (as at 26 Aug 2015)

Terms of Reference: (being drafted)

National Lab Rep	Rhonda Holdsworth (Chair)
SA Lab Rep	Greg Bennett
WA Lab Rep	Samantha Fidler
NSW Lab Rep	Narelle Watson
VIC Lab Rep	Fiona Hudson
QLD Lab Rep	Alicia Thornton
AKX Lab Rep	Linda Cantwell
NOMS Rep	TBC
SA Rep	Toby Coates
WA Rep	Lloyd d'Orsogna
VIC Rep	Peter Hughes
NSW Rep	Kate Wyburn
QLD Rep	Ross Francis

Appendix 6

RTAC Affiliated Committees and Representation (as at 26 Aug 2015)

TLRG (OTA)	John Kanellis
OTA AKX Governance Committee	John Kanellis Peter Hughes
NOMS Strategic Governance Committee	John Kanellis
NOMS User Group (NUG)	John Kanellis Kate Wyburn
NOMS Modernisation Working group	John Kanellis
AOMS Working Group	John Kanellis
DNT	John Kanellis