1. Preamble
The Renal Transplant Advisory Committee (RTAC) is the peak clinical advisory body for issues related to kidney transplantation in Australia. RTAC reports to 3 parent bodies, The Transplantation Society of Australia and New Zealand (TSANZ), The Australian and New Zealand Society of Nephrology (ANZSN) and Kidney Health Australia (KHA). 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.

RTAC supports and abides by the ethical frameworks of our three parent bodies, including their endorsement of The Declaration of Istanbul on Organ Trafficking and Transplant Tourism, and The WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation.

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:

i. To TSANZ Council by the RTAC Chair via meetings of the Chairs of TSANZ advisory committee.

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, with a face to face meeting also held 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.

e. RTAC will communicate with the Australian Organ and Tissue Authority through the Council 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. Provide advice to the OTA on specialist operational, clinical, technical or ethical advice on the AKX Program;

e. Provide input to the AKX Oversight Committee on policy, operational, ethical, financial and managerial issues arising from the AKX Program;

f. Develop protocols for the avoidance and monitoring of transmissible infections in renal transplantation.

g. 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.

h. Regularly review the information they make available on the TSANZ website for accuracy and current applicability.

i. Provide a forum for discussion of current new or emerging therapies or practices in the field of kidney transplantation.

j. Provide advice to TSANZ Council on current new or emerging therapies or practices in the field of kidney transplantation.

k. 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 (See Appendix 1)

In order to fulfill its functions and responsibilities, RTAC should as far as possible represent different jurisdictions and relevant clinical and professional bodies as follows:

a. The membership of RTAC may be up to 24, 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 membership 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. One representative 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

viii. One Representative of TSANZ

ix. One Representative of the Transplant Surgeons

x. The Medical Director of the National Paired Kidney Exchange

xi. One Representative of the Asia-Pacific Histocompatibility and Immunogenetics Association (APHIA) nominated by APHIA

xii. ATCA Representative nominated by ATCA

xiii. Manager of the National Organ Matching Service (NOMS)

xiv. One consumer representative

xv. One community / or a second consumer representative
d. Ex-officio members of the RTAC shall comprise:

i. NOMS Analyst, Australian Red Cross Blood Service

ii. Transplant Systems Manager, Australian Red Cross Blood Service

iii. NOMS Administration Officer

iv. Organ Donation Agencies Managers Group

e. RTAC 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.

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 RTAC.

d. Where there is no consensus, selection of the Chair will be by a vote of the members of RTAC.

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 (usually 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 15 whichever is less and one half for teleconference meetings or 10 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 to TSANZ Council.

7. Financial Arrangements

   a. RTAC has no budget of its own.
   
b. RTAC activities are funded by the Australian Organ and Tissue Authority through its agreement with Australian Red Cross Blood Service for funding of the NOMS program, and by its parent bodies.
   
c. The NOMS Program budget includes funds for:
      - Two face-to-face meetings every year.
      - Administrative support for RTAC Meetings
      - The provision of NOMS based reports

8. Conflict of Interest

   a. A committee member must declare any conflict of interest to the Chair of RTAC 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 RTAC chairperson shall determine the matter and advise the person concerned and also report his 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 at 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 8 May, 2012 and are confirmed as correct.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Scott Campbell</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Chair, RTAC</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>29 August, 2012</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 1

### RTAC Members as at 1 July, 2012

<table>
<thead>
<tr>
<th>REPRESENTATION</th>
<th>MEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW/ACT</td>
<td>Dr. Henry Pleass</td>
</tr>
<tr>
<td>NSW/ACT</td>
<td>Dr. Kate Wyburn</td>
</tr>
<tr>
<td>Qld Representative &amp; Chair to mid 2013</td>
<td>Dr. Scott Campbell</td>
</tr>
<tr>
<td>Qld Representative</td>
<td>Dr. Tony Griffin</td>
</tr>
<tr>
<td>SA/NT</td>
<td>Professor Graeme Russ</td>
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<tr>
<td>SA/NT</td>
<td>Dr. Toby Coates</td>
</tr>
<tr>
<td>Vic/Tas</td>
<td>Dr. John Kanelis</td>
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<tr>
<td>Vic/Tas</td>
<td>Dr. Frank Ierino</td>
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<tr>
<td>WA</td>
<td>Dr. Ashley Irish</td>
</tr>
<tr>
<td>WA</td>
<td>Prof. Lloyd d’Orsogna</td>
</tr>
<tr>
<td>Renal Transplant Surgeon</td>
<td>Dr. Christine Russell</td>
</tr>
<tr>
<td>Medical Director of AKX</td>
<td>Prof. Paolo Ferrari</td>
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<tr>
<td>New Zealand</td>
<td>Dr. Ian Dittmer</td>
</tr>
<tr>
<td>Chair DNT Committee</td>
<td>Dr. Stephen May</td>
</tr>
<tr>
<td>TSANZ Representative</td>
<td>Dr. Frank Ierino</td>
</tr>
<tr>
<td>APHIA</td>
<td>Ms. Rhonda Holdsworth</td>
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<tr>
<td>ATCA</td>
<td>Ms. Julie Haynes</td>
</tr>
<tr>
<td>Consumer Representative</td>
<td>Mr. David Parker</td>
</tr>
<tr>
<td>NOMS Manager</td>
<td>Professor Jeremy Chapman</td>
</tr>
<tr>
<td>EX OFFICIO</td>
<td></td>
</tr>
<tr>
<td>NOMS Analyst</td>
<td>Ms. Jenni Wright</td>
</tr>
<tr>
<td>ARCBS – Transplant Systems Manager</td>
<td>Ms. Alison Bond</td>
</tr>
<tr>
<td>NOMS Administration Officer</td>
<td>Ms. Kelly Collier</td>
</tr>
<tr>
<td>Organ Donation Agency Managers’ Group</td>
<td>Ms. Ellie McCann,</td>
</tr>
</tbody>
</table>