



TSANZ

The Transplantation Society of Australia and New Zealand

TSANZ guidelines handbook

November 2025

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1 Introduction and purpose

The Transplantation Society of Australia and New Zealand (TSANZ) is committed to promoting clinical excellence and consistency across organ donation and transplantation practices. The TSANZ Clinical Guidelines for Organ Transplantation from Deceased Donors (the Clinical Guidelines) provide evidence-informed recommendations to guide the safe, ethical, and equitable allocation and transplantation of organs from deceased donors in Australia and New Zealand. Developed under the governance of TSANZ and supported by the Organ and Tissue Authority (OTA). These guidelines aim to provide guidance on best clinical practices for donor suitability, organ allocation, waitlisting, and recipient eligibility across the donation and transplantation system. The guidelines are designed to support transparency, optimise transplant outcomes, and ensure fairness in access to transplantation. They are regularly reviewed and updated in consultation with clinical experts, specialist advisory committees, and other key stakeholders to reflect current evidence, evolving clinical practices, and emerging technologies.

The TSANZ Guidelines Handbook outlines the process by which clinical guidelines are developed, reviewed, updated, and endorsed by TSANZ/OTA. This handbook is intended to ensure that all TSANZ clinical guidance is evidence-informed, and developed through broad stakeholder consultation. The process promotes methodological rigour, transparency, and adaptability to emerging clinical needs or new evidence, in line with best practice in health policy development.

This handbook serves as a reference for guideline authors, contributors, reviewers, and members of TSANZ advisory committees, working groups and special interest groups. It defines roles and responsibilities, outlines the stages of guideline development and consultation, and provides a framework for version control, endorsement, and publication. By following this process, TSANZ aims to uphold the integrity and clinical relevance of its guidelines across Australia and New Zealand.

1.1 TSANZ mission statement

TSANZ aims to provide the following services, as the peak representative body of transplantation professionals in Australia and New Zealand.

- 1 Promotion of high-quality research in transplantation in both clinical care and basic sciences
- 2 Promotion of collaboration between health professionals and basic scientists
- 3 Support for and provision of forums to present transplant research for peer review
- 4 Education for scientists, surgeons, physicians, trainees, nurses and allied health practitioners caring for organ donors and transplant recipients
- 5 Promotion of the highest quality of care and advocacy for individuals with organ failure before and after transplantation
- 6 Recognition of the generosity of organ donors and their families, ensuring their best possible care
- 7 Promotion and support of organ donation within Australia and New Zealand, from both deceased and living donors, seeking to maximise access to and outcomes of transplantation

1.2 TSANZ guidance documents

TSANZ is committed to the development and ongoing maintenance of clinical guidelines and other guidance documents in the field of solid organ donation and transplantation. Whilst this handbook focuses on the review process that governs updates to the Clinical Guidelines, the same principles and processes apply to other TSANZ guidance documents and national standard operating procedures (SOPs) with any variations arising only from differences in development methodology. Examples of documents reviewed under this framework include:

1.TSANZ Guidance Documents

- a) Surgical technique for deceased donor abdominal organ retrieval
- b) National Histocompatibility Assessment Guideline for Solid Organ Transplantation

2.TSANZ Statement of Recommendation

- a) TSANZ updated COVID-19 vaccination for transplant recipients

3.OTA/TSANZ SOPs

- a) Organ allocation, organ rotation and urgent listing
- b) Packaging, labelling, storage and documentation of deceased donor vessels

1.3 TSANZ clinical guidelines disclaimer

The TSANZ Clinical Guidelines are for general information only. It is designed to provide assistance and guidance on the matters covered in the document. It is not, nor is it intended to be:

- a) a complete or definitive statement on any area of medical practice or procedure;
- b) a mandatory set of rules or guidelines.

Practitioners may determine their own approach to some guidance set out in the guideline document for their relevant or unique circumstances at their own risk.

TSANZ is the body responsible for developing eligibility criteria for organ transplantation and protocols for the allocation of deceased donor organs to wait-listed patients. Specifically, TSANZ is funded by the Australian Government's OTA to maintain:

- current, nationally uniform eligibility criteria to ensure that there are equitable and transparent criteria by which patients are listed for organ transplantation.
- current, nationally uniform allocation protocols to ensure consistency in the criteria by which donated organs are allocated and accepted.

1.4 Ethical Principles

Central to the eligibility criteria and allocation protocols described in the TSANZ Clinical Guidelines are the following ethical principles, which are embodied in the National Health and Medical Research Council (NHMRC) publication [Ethical guidelines for cell, tissue and organ donation and transplantation in Australia](#). Canberra: National Health and Medical Research Council, 2025.

- 1 Decision-making regarding allocation must involve explicit evaluation of the risk and benefits to the potential recipient as well as the need to ensure the appropriate use of scarce health resources.**
- 2 There must be no unlawful or unreasonable discrimination against potential recipients on the basis of:**
 - race, religious belief, gender, marital status, sexual orientation, social or other status, disability or age
 - the need for a transplant arising from the medical consequences of past lifestyle
 - capacity to pay for treatment
 - location of residence (e.g. remote, rural, regional or metropolitan)
 - previous refusal of an offer of an organ for transplantation
 - refusal to participate in research.
- 3 Decisions regarding eligibility and allocation will take into account the following ethically relevant factors:**
 - relative urgency of need
 - medical factors which affect likelihood of success (e.g. comorbidities, tissue matching)
 - relative severity of illness and disability
 - relative length of time on the waiting list
 - likelihood that the recipient will be able to comply with the necessary ongoing treatment after transplantation.

1.5 History of the TSANZ clinical guidelines

The OTA was established in 2009 with the aim of creating a nationally consistent and coordinated approach to organ and tissue donation for transplantation. Prior to the creation of OTA, the allocation of organs for transplantation was guided by state-specific guidelines, hospital protocols and protocols developed by the TSANZ and the Australasian Transplant Coordinators Association (ATCA).

On 16 January, 2009, as part of the Australian Government's National Reform Agenda—A World's Best Practice Approach to Organ and Tissue Donation for Transplantation – the Australian Government Department of Health and Ageing (subsequently transferred to the Organ and Tissue Authority) provided funding to TSANZ to enhance the role of its Advisory Committees and to convene a multidisciplinary working party of transplant clinicians, health-care professionals and consumer representatives to develop nationally uniform eligibility criteria and allocation protocols for deceased donor organ transplantation. The members of the original working party comprised a panel of transplantation clinicians in the specialty fields of cardiology, nephrology, respiratory medicine and surgery (see [Table 1](#)).

The initial draft underwent a comprehensive public consultation process from August 2009 to April 2010. Version 1.1 of the *TSANZ Organ Transplantation from Deceased Donors: Consensus Statement on Eligibility Criteria and Allocation Protocols* (the Consensus Statement) was released by TSANZ in June 2011, and subsequent revisions were published in Versions 1.2 in May 2012 and 1.3 in January 2014; Version 1.4 was released in April 2015.

By 2015, a full review of the Consensus Statement was initiated in response to new scientific evidence, emerging technologies, and evolving clinical practices. At the same time, the NHMRC began developing the *Ethical Guidelines for Organ Donation and Transplantation* (the Ethical Guidelines). The revision of the Consensus Statement was undertaken in parallel with this process and was informed by the content of the Ethical Guidelines. The former Consensus Statement has since been replaced by the TSANZ Clinical Guidelines with Version 1.0 released in April 2016. Core contributors are listed in [Table 2](#).

1.6 Establishing a review process

With the rapidly evolving field of organ donation and transplantation, the need to maintain up-to-date clinical guidelines has become increasingly important. In 2022, TSANZ, in collaboration with OTA, appointed a dedicated Clinical Project Manager to strengthen the development and implementation of best practice clinical guidelines and procedures.

The Enhancing Clinical Guidelines project aimed to improve the management of the TSANZ Clinical Guidelines and to support their practical application. The key objectives and deliverables included:

- Establish a robust process for the ongoing oversight, maintenance, dissemination, and implementation of the Guidelines
- Develop SOPs to support the practical application of the Guidelines in key areas
- Form an Advisory Panel to guide the development and implementation of the Guidelines and SOPs

This handbook outlines the process for the ongoing governance and implementation of the TSANZ Clinical Guidelines, replacing Appendix B – Process Report in versions 1.0 to 1.14. It may also be used in the development of new SOPs, particularly in areas where donation and transplantation processes intersect. [Section 2](#) provides an overview of the organisational structure and stakeholder engagement, including the function of the Guidelines Advisory Panel. Detailed information on the review process is outlined in [Section 3](#).

1.7 Governance

All TSANZ Clinical Guidelines and Guidance Documents are developed under the oversight of the TSANZ Clinical Guidelines Project Steering Group and the Guidelines Advisory Panel, both established and coordinated by the TSANZ Clinical Project Manager.

The primary role of the Guidelines Advisory Panel is to identify areas requiring updates or the development of new guideline content, and to support initiatives that promote effective implementation.

Chaired by the Clinical Project Manager, the Guidelines Advisory Panel reports to the TSANZ Executive Board and OTA Clinical Programs and engages with clinical content experts as needed to inform specialised recommendations.

2 Collaboration and planning

2.1 Organisational structure of the enhancing clinical guidelines project

The organisational structure of TSANZ, including the associated project steering groups, is illustrated in Figure 1. This framework supports continuous monitoring to identify when existing guidelines require updating or when new guidelines need to be developed. Clinical areas for guideline or SOP development and/or review are submitted to the clinical project manager and approved by:

- TSANZ Executive Board
- Clinical Guidelines Project Steering Group
- OTA Clinical Programs
- Clinical Governance Committee
- Guidelines Advisory Panel
- The chair of the associated TSANZ organ advisory committees (for organ specific chapter updates)

2.2. Timelines for guideline development

Given the rapid pace of change in the fields of organ donation and transplantation, the scheduled annual review of guideline content has been replaced by a twice-yearly update cycle for the Clinical Guidelines. Planned update timelines for standard operating procedures and other clinical guidance documents are included within each document to support regular, structured review.

If significant errors or omissions are identified after publication, corrections may be made under the oversight of the Project Steering Group. All updates must be clearly communicated to users, with an updated version control to reflect the changes made.

All stakeholders across donation and transplantation including TSANZ Advisory Committees and Working Groups are encouraged to contact the Clinical Project Manager if new evidence emerges, clinical practice changes, or if they believe an update is warranted before the next scheduled revision.

Once a guideline update is triggered, an initial one-month clinical engagement consultation is undertaken. This allows relevant clinical stakeholders to provide early feedback and helps identify any related documents across the network that may also be affected.

Following review of the first round of feedback and an editorial assessment, a second consultation phase is conducted. This includes a minimum one-month period of web-based consultation, preparation of a penultimate draft, incorporation of final feedback, and development of a final version for endorsement by the TSANZ Board and the OTA Clinical Governance Committee.

In rare cases, the update of existing clinical guidelines warrants urgent classification whereby the review process is fast-tracked from initial draft to publication within 2 weeks. Urgent classification of proposed revisions can be applied where:

- the update directly impacts upon patient safety and outcomes
- in response to a serious adverse event
- there is a rapid emergence of new clinically significant evidence that is strongly recommended.

2.3 Guideline scope and selection criteria for clinical guidelines

The Clinical Guidelines are written in a way that makes them accessible to the wider community; however, the primary target audience is health professionals within the donation and transplantation sectors. The Clinical Guidelines incorporate the latest national and international evidence and reflect current practice in Australia and New Zealand. Initial decisions with respect to the content and wording of each organ-specific chapter were made by the relevant TSANZ Advisory Committee in 2016, under the leadership of the respective Advisory Committee Chairs.

The following issues were declared outside the scope of the Clinical Guidelines:

- The process of organ donation.
- Transplantation of human tissue.
- Transplantation of organs from living donors to a related (emotionally or biologically) recipient.
- Transplantation of gametes, ovarian or testicular tissue, or embryos for reproductive purpose.
- Xenotransplantation.
- Transplantation for research

Since the publication of the first version of the Clinical Guidelines in 2016, TSANZ has remained committed to deepening its understanding of key issues in organ transplantation, including:

- The factors influencing recipient outcomes and long-term organ function following transplantation.
- Quality of life considerations and other priorities identified by patients awaiting or undergoing transplantation.
- The classification and underlying causes of organ failure leading to transplant.
- Barriers and determinants affecting equitable access to organ transplantation.

The TSANZ believes and supports the principles of the Helsinki Declaration on Scientific research and the Declaration of Istanbul on Organ Trafficking and Transplantation Tourism.

TSANZ may liaise with external content area experts and other scientific societies or working groups to develop joint guidance documents. Upon receipt of a suggested area for development, the following domains are to be applied which underly the TSANZ approach to clinical best practice:

- Pursuit of knowledge
- Ethical and legal conduct, transparency and rigorous peer review of scientific research
- Advocacy through open discussion and peer review
- Transparency of processes of TSANZ governance
- Commitment to excellence
- Adherence to transparency and integrity
- Allegiance to collaboration and inclusiveness
- Dedication to patient-focused care of both recipients and organ donors
- Commitment to evidence-based medicine
- Advocacy for equity and diversity

2.4 Engaging stakeholders

TSANZ continues to engage a broad range of stakeholders in the review of the clinical guidelines to ensure the content remains relevant, evidence-based, and reflective of national practice. Key stakeholders include transplant clinicians, organ donation clinicians, representatives from TSANZ Advisory Committees, working groups, government representatives, and consumer representatives where appropriate.

Stakeholder input is sought through structured consultations, targeted feedback rounds, and collaborative drafting processes. External experts may also be invited to contribute on specific topics to ensure a diversity of perspectives. This inclusive approach supports transparency, enhances the quality and acceptability of the guidelines, and helps align recommendations with clinical realities and community expectations.

2.5 Declaration of conflicts of interest

TSANZ recognises that conflicts of interest can influence recommendations and potentially compromise the credibility and integrity of guidance documents. To ensure transparency, members of the Guidelines Advisory Panel, TSANZ Advisory Committees, and associated working groups are required to declare any existing or emerging interests.

A conflict of interest is defined as any direct or indirect financial or non-financial interest unrelated to the development of the clinical guidelines itself. A conflict exists when there is a risk that an individual's professional judgement regarding the guidance may be influenced by a secondary interest.

Non-financial interests are not inherently problematic and may, in some cases, provide valuable expertise. Examples include publishing or contributing to research that may inform the guidance or being recognised as an expert or opinion leader in an area relevant to the guideline's scope.

Figure 1 Organisational structure of TSANZ and subsequent project steering groups

TSANZ Organisational Structure Organ and Tissue Authority (OTA)

TSANZ has established a structured and transparent organisational framework to oversee its clinical, scientific, and operational activities. This structure ensures that all decisions related to organ donation and transplantation clinical guidelines, and advisory processes are grounded in evidence, guided by multidisciplinary expertise, and aligned with national standards and ethical principles.

The following OTA divisions, committees and advisory groups contribute to the review, development, and endorsement of TSANZ clinical guidelines.

- Clinical Governance Committee (CGC)
- Jurisdictional Advisory Group (JAG)
- Clinical Programs and Analytics & Technology Teams
- OrganMatch Operational Clinical Governance Committee
- Transplant Advisory Group (TAG)
- Vigilance Surveillance Expert Advisory Committee (VSEAC)
- DonateLife Managers Clinical Group
- Paediatric Working Group

Executive

The TSANZ Executive is responsible for the strategic leadership and operational oversight of the society. Comprising the Chair, Deputy Chair, Secretary, Treasurer, and other appointed members as defined by the TSANZ Constitution, the Executive acts on behalf of the TSANZ Board to ensure effective governance, financial stewardship, and alignment of all Society activities with its mission and values.

Board

The TSANZ Board is the principal governing body of TSANZ, responsible for overseeing the strategic direction, risk management, and organisational accountability of the society. Operating in accordance with the TSANZ Constitution and relevant governance standards, the Board ensures that the Society fulfils its mission to promote excellence in transplantation through leadership, advocacy, education, and research.



Advisory Committees

TSANZ Advisory Committees play a critical role in providing expert, evidence-informed guidance on specific clinical aspects of organ donation and transplantation across Australia and New Zealand. These committees are composed of multidisciplinary representatives with subject matter expertise, including physicians, surgeons, nursing, allied health and relevant stakeholders from transplanting jurisdictions.

Renal Transplant Advisory Committee (RTAC)
Liver and Intestinal Transplant Advisory Committee (LITAC)
Cardiac Transplant Advisory Committee (CTAC)
Lung Transplant Advisory Committee (LTAC)
Paediatric Transplant Advisory Committee (PTAC)
Pancreas and Islet Transplant Advisory Committee (PITAC)
Tissue Typing Advisory Committee (TTAC)
Donor Surgeons Donor Coordinators Advisory Committee (DSDC)
Vascular Composite Allograft Advisory Committee (VCAAC)
Immunology and Tolerance Advisory Committee (ITAC)
Guidelines Advisory Panel (GAP)

Working Groups

TSANZ Working Groups are established to undertake focused, time-limited projects on specific issues, clinical questions, or guideline development tasks that fall outside the routine scope of standing committees or advisory bodies. These groups are composed of subject matter experts, including clinicians, scientists, and consumer representatives, selected for their expertise relevant to the task at hand.

Enhancing Clinical Guidelines Project Steering Group (PSG)
Adolescent and Young Adult Transplant Working Group (AYAWG)
Kidney Allocation Working Group (KAWG)
LITAC Machine Perfusion Working Group (LMPWG)
Living Donation Clinical Working Group (LDCWG)
Quality of Care in Liver Transplant Working Group (QCLTWG)
Xenotransplantation Working Group (XTWG)

Special Interest Groups

TSANZ Special Interest Groups (SIGs) provide a collaborative platform for members with shared clinical, scientific, or professional interests within transplantation to connect, exchange knowledge, and advance practice in their area of focus. SIGs complement the formal governance and advisory structures of TSANZ by fostering engagement, innovation, and clinician-led initiatives.

TSANZ Infectious Disease Special Interest Group (TIDSIG)
TSANZ Machine Perfusion Special Interest Group (TMPSIG)
Donation and Transplantation Coordinators Special Interest Group (DaTCoSIG)

3 The guidelines review process

3.1 The review process

The TSANZ clinical guideline review process (Figure 2) was developed to ensure that guidelines remain relevant, accurate, and aligned with current evidence and best practices in the field of donation and transplantation. By periodically reviewing guidelines, TSANZ can identify any outdated information, gaps in knowledge, or changes in clinical practice that necessitate updates or revisions. This helps to maintain the quality and effectiveness of the guidelines, ultimately improving patient care outcomes. Overall, the guideline review process serves to uphold the integrity and utility of national clinical guidelines over time.

Figure 2 footnotes:

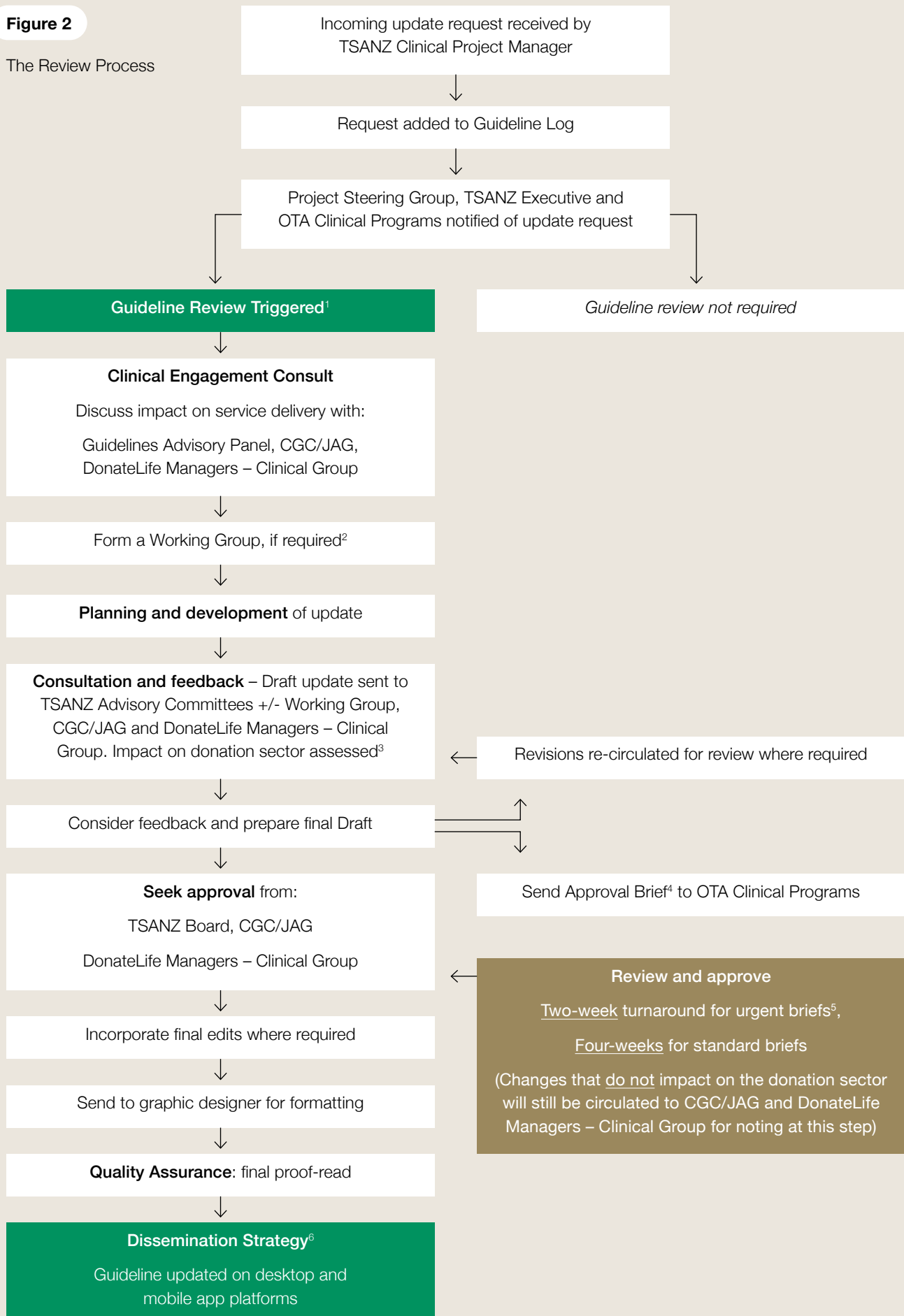
- Guideline Review:** inclusion of new content, review of sub-sections and updates to recommendations that have implications to clinical practice. This may include donor suitability assessment, recipient eligibility criteria and/or change to allocation processes. Note - changes to nomenclature and/or corrections that do not impact upon service delivery for the donation and/or transplantation sectors will not require consultation through the Guideline review process however stakeholders will still be notified.
- Working Group formation:** this is relevant to updates where a suitable working group and/or TSANZ Advisory Committee does not already exist.
- Impact on Donation practice:** at this stage of the review, feedback from CGC/JAG and DonateLife Managers – Clinical Group and advice from OTA Clinical Programs will determine whether the final edits will be sent to CGC/JAG and/or DonateLife Managers – Clinical Group for endorsement or noting. The decision will centre on whether the proposed changes have any impact on practice/processes for the donation sector.
- Approval Brief:** this should summarise the changes made, the rationale for these changes, the implications for clinical practice, service delivery and donation processes, and any relevant risks/context. The timeline for a response should be specified in the brief. See template below.
- Urgent Briefs:** Updates to the TSANZ Guidelines will be considered ‘Urgent’ where they may result in adverse patient outcomes for the donor or recipient i.e. as a result of a Serious or Adverse Event or TGA directive.
- Dissemination Strategy:** the TSANZ Clinical Project Manager is responsible for the following steps to ensure successful communication and dissemination of the updated Guidelines:
 - Email notification of core stakeholders
 - Email notification of wider stakeholders
 - Upload revised clinical guidelines to TSANZ desktop/web and mobile application platforms
 - Presentations and education provision for transplant and donation units on request
 - Seek publication of larger updates
 - Present annual summary of updates at TSANZ Annual Scientific Meeting

Approval Brief template

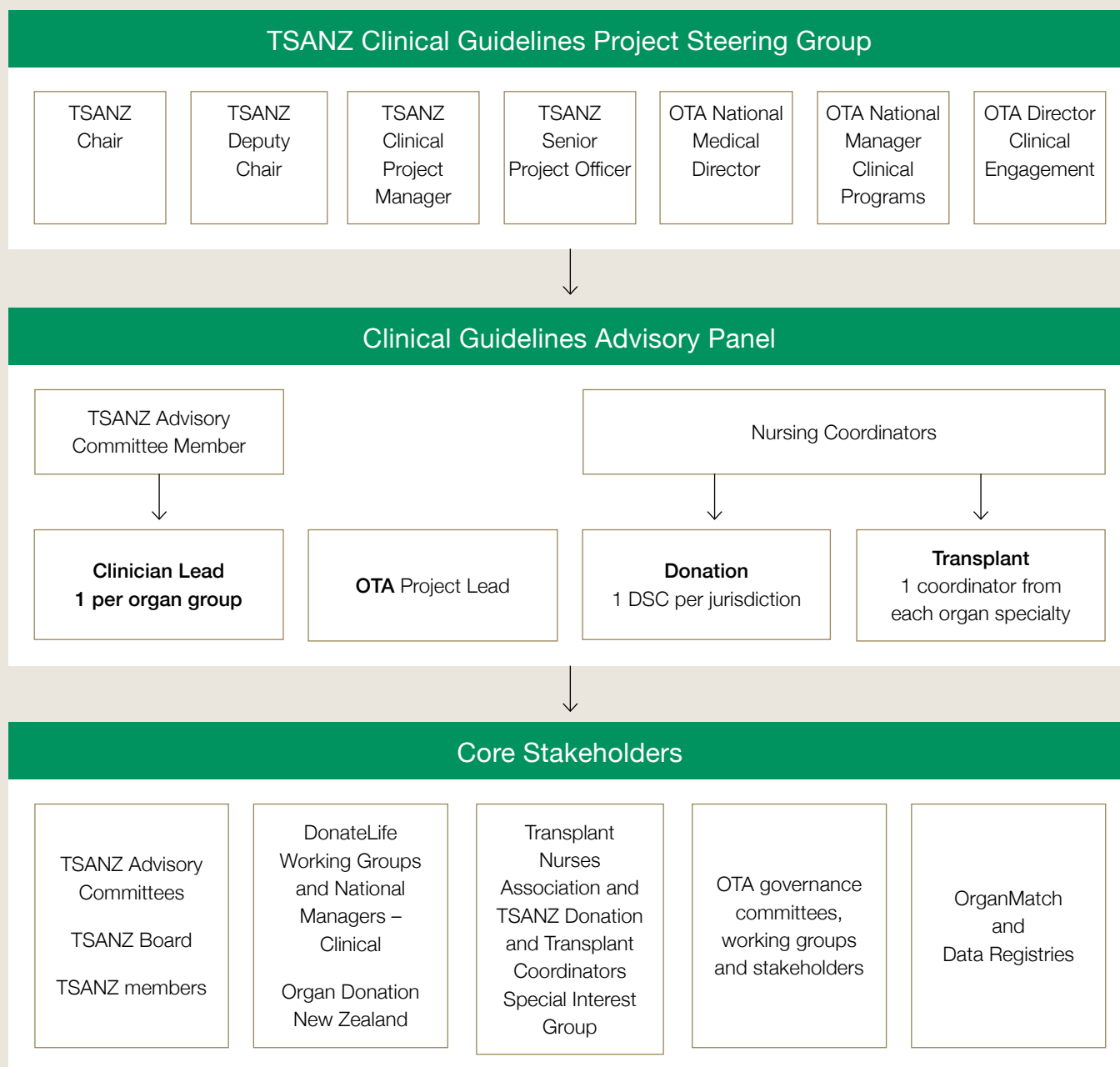
Date of request	xx/xx/xx				
Attention of	OTA Clinical Programs				
Chapter/ Section number	Summary of changes	Rationale	Implication for clinical practice or process and risks	Urgent or Routine	Attachment

Figure 2

The Review Process



3.2 Structure of the project steering group and guidelines advisory panel



Wider stakeholders – for content specific updates:

- Australasian Association of Cancer Registries (AACR) and State-Based Cancer Registries
- Medical Oncology Group of Australia (MOGA)
- Clinical Oncology Society of Australia (COSA)
- Tissue Banks and Tissues and Eye banking associations
- National Health and Medical Research Council (NHMRC – Clinical Practice Guidelines Division)
- Australian and New Zealand Society of Nephrology (ANZSN)
- Kidney Health Australia
- The Clinical Excellence Commission
- Therapeutic Goods Administration (TGA)
- Royal Australasian College of Physicians (RACP)
- Royal Australasian College of Surgeons (RACS)
- Australian Red Cross Lifeblood
- Australian Commission on Safety and Quality in Health Care
- Australian and New Zealand Intensive Care Society (ANZICS)
- Australian College of Critical Care Nurses (ACCCN)

4 Publication and dissemination

The TSANZ guidelines will continue to be freely available to download as an open-access PDF document. TSANZ has enhanced user accessibility with supplementary digital platforms, including the clinical guidelines mobile application and desktop website, launched in 2024.

4.1 Dissemination and implementation initiatives

To promote awareness and facilitate clinical implementation of the guidelines, TSANZ employs various initiatives.

- TSANZ Clinical Project Manager hosts virtual educational sessions for donation and transplantation services concurrent with the updated publication
- notification of e-publication of the final version through subscribed TSANZ members and/or the TSANZ Clinical Guidelines Network, including a summary of updated content
- TSANZ monthly newsletter – *TSANZ Insights*
- the updated guidelines will also be publicised through social media platforms such as the TSANZ accounts for Twitter and LinkedIn
- publication of review articles summarising the updated recommendations such as the *White, S. L., Rawlinson, W., Boan, P., et al. 2018. Infectious Disease Transmission in Solid Organ Transplantation: Donor Evaluation, Recipient Risk, and Outcomes of Transmission. Transplantation direct, 5(1), e416. <https://doi.org/10.1097/TXD.0000000000000852>*
- email notification to broader national stakeholders involved in the care of organ donors and/or transplant recipients. E.g. National Health and Medical Research Council (NHMRC – Clinical Practice Guidelines Division), Australian and New Zealand Society of Nephrology (ANZSN), Kidney Health Australia and Australian and New Zealand Intensive Care Society (ANZICS).

4.2 Digital Dissemination – Website and Mobile Application

The digitalisation of clinical guidelines significantly enhances their accessibility, usability, and impact across the donation and transplantation community. Key benefits include:

- **Wider Reach:** Digitally published guidelines can be accessed instantly by clinicians, coordinators, and stakeholders across Australia and New Zealand, regardless of location.
- **Real-Time Updates:** Changes to guidelines can be implemented and published promptly, ensuring users are working with the most current and accurate information.
- **Improved Searchability:** Digital formats allow users to search for specific terms, topics, or sections quickly, improving efficiency at the point of care.
- **Enhanced Navigation:** Hyperlinks, interactive tables of contents, and section indexing support intuitive navigation through complex content.
- **Integration with Other Platforms:** Digital guidelines can be linked to clinical tools, decision support systems, and training resources, improving workflow integration.
- **Environmentally Sustainable:** Reducing the need for printed documents supports sustainability goals.

Through digitalisation, TSANZ aims to ensure that its clinical guidelines are more accessible, user-friendly, and responsive to the needs of a dynamic healthcare environment.

5 Styles and formatting

4.3 Access and usability of guidelines

To support accessibility, usability, and diverse stakeholder needs, the TSANZ Clinical Guidelines are available in multiple formats:

- **Web-Based Format:** Optimised for desktop and mobile viewing, with interactive navigation, search functionality, and hyperlinks to supporting resources.
- **Downloadable PDF:** A printable, static version suitable for offline use or inclusion in clinical documentation systems.

The digital format of the TSANZ Clinical Guidelines strives to align with Web Content Accessibility Guidelines (WCAG), ensuring that content is perceivable, operable, understandable, and robust for all users, including those with disabilities.

Key accessibility features include:

- **Text Alternatives:** All non-text content (e.g. icons, images, graphs) is accompanied by appropriate alt text to support screen readers.
- **Readable Layouts:** Content is presented with high contrast, scalable fonts, and clear headings, improving readability for users with low vision or cognitive disabilities.
- **Logical Structure:** The document follows a clear, hierarchical heading structure to aid screen reader navigation and improve orientation.
- **Pointer Target Sizing (WCAG 2.2 addition):** Interactive elements meet minimum size and spacing requirements to ensure ease of use on touch screens and for users with motor difficulties.
- **Focus Appearance (WCAG 2.2 addition):** Visual focus indicators (e.g. outlines or highlights) are clearly visible when using tab navigation.
- **Consistent Navigation:** Repeated content such as headers and menus remains consistent across pages to reduce cognitive load.

Through ongoing improvements to meet compliance with WCAG 2.2, TSANZ ensures that its digital guidelines are inclusive, and accessible to all users, including clinicians, patients, and carers with varying abilities.

To maintain consistency of interface for readers between versions and multiple guidance documents, a style guide was formulated in 2024 to support the ongoing development and maintenance of TSANZ Guidelines. The TSANZ Style Guide can be accessed here: [Style Guide for TSANZ Clinical Guidelines and Guidance Documents](#)

6 Ongoing surveillance

In accordance with the Guidelines Review Process outlined in [Section 3](#), continuous monitoring and assessment of all TSANZ guidelines can be initiated by multidisciplinary team members within the donation and transplant domains. These guidelines are to be regularly revised to align with current best practice, emerging evidence, and clinical practices. Members of TSANZ, as well as the wider donation and transplantation workforce—including working groups, advisory committees, and other stakeholders—are encouraged to inform the Project Steering Group of any relevant issues, emerging evidence, or changes in practice, and to propose updates to the guidelines as needed.

7 Funding

The Guidelines Project Steering Group, acting on behalf of the TSANZ Executive Board and OTA, determines the allocation of financial resources for the development, upkeep, and distribution of TSANZ guidelines. The maintenance of these guidelines is funded according to agreed-upon funding schedules between TSANZ and OTA. Currently, there are no contributions from private funders, charitable organisations, or grants designated to support the dissemination of the guidelines.

Appendix

Table 1

Membership of the working party that developed the Consensus Statement on Eligibility Criteria and Allocation Protocols.

Chairperson	Peter Macdonald
Heart transplantation representative	Peter Macdonald and Paul Jansz
Kidney transplantation representative	Scott Campbell
Lung transplantation representative	Greg Snell
Liver transplantation representative	Stephen Munn
Pancreas and islet transplantation representative	Jeremy Chapman OAM, John Kanellis
Executive Officer	Rosemary Allsopp
Senior Project Officer	Maria-Jose Velasco

Table 2

Contributors to the content development of the TSANZ Clinical Guidelines for Organ Transplantation from Deceased Donors (Version 1.0, 2016)

TSANZ	Steven Chadban, Sarah White, Iman Ali
OTA	Eva Mehakovic, Helen Opdam
Cardiac Advisory Committee	Peter Bergin, Enzo de Angelis, Lawrence Dembo, Paul Jansz, George Javorsky, Robert Larbalestier, Peter Macdonald, Jo Maddicks-Law, Peter Ruygrok, Robert Weintraub, Peter Wicks
Renal Transplant Advisory Committee	Allocation subcommittee: Scott Campbell, Philip Clayton, Nick Cross, Rhonda Holdsworth, Ashley Irish, John Kanellis, Fiona Mackie, Carl Pedersen, Graeme Russ, Christine Russell, Kate Wyburn General committee members: Greg Bennett, Steven Chadban, Jeremy Chapman, Toby Coates, Tina Coco, Luke Datson, Ian Dittmer, Luc Delriviere, Paolo Ferrari, David Goodman, Anthony Griffin, Julie Haynes, Frank Ierino, Mathew Jose, Lloyd D'Orsogna, Christine Russell, Narelle Watson
Liver and Intestinal Transplant Advisory Committee	Jonathan Fawcett, Glenda Balderson, Annette Wickens, Robert Jones, Graeme Macdonald, Michael Crawford, Geoff McCaughan, Michael Fink, Mark Brooke-Smith, John Chen, Gary Jeffrey, Winita Hardikar, Helen Evans, Diana Aspinall, Ed Gane, Libby Johns, Luc Delriviere
Lung Advisory Committee	Daniel Chambers, Helen Gibbs, Allan Glanville, Emily Granger, Michelle Harkness, Jamie Hobson, Peter Hopkins, Robert Larbalestier, Sharon Lawrence, Trish Leisfield, Bronwyn Levvey, Monique Malal, David McGiffin, Tanya McWilliams, Michael Musk, Steve Peuschel, Greg Snell, Glen Westall
Pancreas and Islet Advisory Committee	Jeremy Chapman, Toby Coates, David Goodman, Wayne Hawthorne, Kathy Kable, Tom Loudovaris, Bill Mulley, Stephen Munn, Philip O'Connell, Helen Pillmore, Henry Pleass, Paul Robertson, Allan Saunders, Pat Siciliano, Angela Webster
Vascularised Composite Allotransplantation Working Committee	Tim Bennett, Jamie Burt, Robyn Langham, Karen Dwyer
Other contributors	Katrina Bramstedt, Brooke Chapman, Peter de Cruz, Adam Testro, Karen Waller

Targeted consultation on Version 1.0 of the Clinical Guidelines occurred between August 1 and September 15, 2015, with external stakeholder input as per Table 3. Written submissions arising from the targeted consultation were then considered by the relevant TSANZ Advisory Committee and revisions were made (where appropriate). There was no public consultation phase and submissions to the draft were not made publicly available.

Table 3

List of external stakeholders invited to submit comments on the draft Clinical Guidelines, 2nd September 2015 to 6th October 2015

Australian and New Zealand Intensive Care Society

Australian Liver Association

Australian and New Zealand Paediatric Nephrology Association

Australian and New Zealand Society of Nephrology

Biotherapeutics Association of Australasia

The Cardiac Society of Australia and New Zealand

Consumer Health Forum of Australia

Eye Bank Association of Australia and New Zealand

Gastroenterological Society of Australia

Gift of Life Foundation

Kidney Health Australia

National Aboriginal Community Controlled Health Organisation (NACCHO)

National Health and Medical Research Council

Australian Health Ethics Committee

National Renal Transplant Leadership Team and National Renal Transplant Service of New Zealand Organ Donation and Transplant Foundation of WA

Organ and Tissue Authority

Royal Australasian College of Surgeons

The Thoracic Society of Australia and New Zealand

Transplant Australia

Transplant Nurses' Association
