



JULY 2, 2021

PERFORMANCE REPORT

NATIONAL INDIGENOUS KIDNEY TRANSPLANTATION TASKFORCE

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Performance Report – National Indigenous Kidney Transplantation Taskforce

Executive Summary

In June 2019, the Commonwealth, represented by the Department of Health, committed \$2.3 million to establish the National Indigenous Kidney Transplantation Taskforce (NIKTT). It followed a report from an Expert Panel of the Transplantation Society of Australia and New Zealand which made 36 recommendations to improve access to and outcomes of kidney transplantation among Aboriginal and Torres Strait Islander people. The NIKTT comprises of a secretariat that is housed within the South Australian Health and Medical Research Institute, a steering committee, a national consumer board, and several working groups. The steering committee includes members from the clinical, academic, government and non-government sectors. The NIKTT will be responsible for implementing and evaluating the following key objectives:

- Establish the National Indigenous Kidney Transplantation Taskforce (NIKTT),
- Enhance data collection and reporting,
- Pilot initiatives to improve patient equity and access, and
- Evaluate cultural bias interventions.

This Performance Report outlines progress made by the NIKTT against each of these objectives from execution of the agreement to 2 July 2021.

Duration of the Activity

The COVID-19 pandemic has added a layer of complexity to delivery of our objectives. While the global pandemic is far from over, deceased organ donation and transplantation services in Australia have resumed to a new and evolving ‘normal’. Prior to the COVID-19 outbreak, the NIKTT sought a variation to its agreement with the Commonwealth to extend the duration of the activity to 30 June 2021, which would allow enough time for sponsorship initiatives to be delivered over a 12-month period and for their efficacy to be thoroughly evaluated. This request was approved in April 2020, but due to the unprecedented impact of COVID-19 on transplantation processes and the health system more broadly, the NIKTT sought a further 12-month extension to 30 June 2022 which was approved in July 2020. A request for additional funding was sought for the longer duration of activities but was not supported. Therefore, the NIKTT will be required to operate within existing resources over the extended timeframe. This financial risk has been mitigated, in part, by revenue secured through secondment of project personnel. TSANZ and SAHMRI have executed a contract to resource the NIKTT project and Secretariat for the extended period.

Progress Update

Objective 1: Continued collaboration with the NIKTT

The NIKTT is well established with membership comprising 26 stakeholders from a variety of disciplines including Indigenous kidney community members, nephrologists, nurses, policymakers, researchers, primary care and allied health professionals. The full NIKTT membership is listed in [Attachment A](#).

NIKTT members support and guide NIKTT initiatives, with responsibility for:

- Providing advice on the development, implementation and evaluation of NIKTT strategies;
- Providing advice on the implementation of the NIKTT Activity Work Plan, including budget and associated contracts;
- Monitoring and helping to achieve the performance measures (as detailed in the Activity Work Plan) for each of the NIKTT’s key objectives;
- Identifying the resourcing requirements of each key objective, and ensuring that resources are directed accordingly;
- Identifying and monitoring potential risks and developing appropriate mitigation strategies;
- Monitoring the quality and timeliness of initiatives, ensuring that project timelines are adhered to as closely as possible;
- Ensuring effective communication and information flow between local, state and national stakeholders; and
- Facilitating a culture of shared learning and ongoing practice and policy improvement among key stakeholders involved in the waitlisting and transplantation pathways.

The NIKTT have held four meetings on 6 August 2019, 20 October 2019, 20 February 2020 and 28 May 2020. In addition, an “update session” for all NIKTT members to brief on the progress was held on



30th September 2020. Meetings have been productive and savings against budget realised through use of videoconferences and leveraging of existing forums and resources.

Given the tempo of activities, it was agreed that future meetings will be held as required via videoconference and will be restructured into a workshop format focusing on a particular objective or topic. The last workshop was held on 3 March 2021 which focused on the recommendations produced from the cultural bias review.

Operations Committee

The NIKTT is supported by an Operations committee comprising members from the TSANZ Council, the Organ and Tissue Authority, the Indigenous kidney community, as well as the NIKTT Administrative Officer, Senior Project Officer, Deputy Chair and Chair (full membership at [Attachment B](#)). There have been recent changes in NIKTT Operations Committee membership with the recent departure of Judy Harrison (Organ and Tissue Authority representative) and Natasha Rogers (TSANZ Council representative). These roles are now filled by Melissa Goodwin and Angela Webster. Recruitment is also underway for the position of NIKTT Senior Project Officer which will replace the NIKTT Executive Officer position which has been unfilled since August 2020.

The Committee meets monthly and is responsible for managing the budget, associated contracts and administering the delivery of NIKTT objectives and strategies, in accordance with the NIKTT's advice. The Operations Committee report to the NIKTT and TSANZ Council on finances, risks and the status of strategy implementation.

Working Groups

The NIKTT is supported by five working groups that provide more granular input on the design, implementation and evaluation of specific NIKTT initiatives. Operational support and project management for internet and external projects is provided from within the Secretariat.

Five NIKTT working groups were established in August 2019:

1. Data
2. Community Engagement
3. Patient Mentors
4. Pre-Transplant Care Coordination
5. Review of Cultural Bias Initiatives

There has been a shift in the role and responsibilities of each of the Working Groups, depending on the demands of the relevant areas and stage and progress of projects.

- The Data Working Group have suspended meetings temporarily while the data collection is in progress, and will re-convene after data lock for the 2020 end of survey (anticipated to be September 2021) so that discussions can occur once the data is available for analysis.
- The Community Engagement Working Group continue to meet on a semi-regular basis to remain informed of progress in this space but also to provide input and support to the Community Engagement Coordinator.



- The Pre-transplant Care Coordination Working Group have suspended meetings until the relevant pilot programs have reached the formal outcome reporting stages.
- The Patient Mentor Working Group are currently meeting on a fortnightly basis to provide support and guidance to successful patient mentor sponsorship initiatives.

Objective 2: Enhancing data collection and reporting

The NIKTT commissioned the Australia and New Zealand Dialysis and Transplant Registry (ANZDATA) to deliver a data pilot project to enable the collection and analysis of additional pre-transplant data points. This is an important first step in establishing a consistent framework for collecting and reporting data on access to transplantation, which will significantly improve our understanding of the inequities that affect Aboriginal and Torres Strait Islander patients throughout the pre-transplant journey. All renal health services in Australia were invited to participate in the voluntary trial and there was a specific focus (through financial incentives) on recruiting the 20 units who treat 90% of prevalent Indigenous dialysis patients based on the number of prevalent dialysis patient numbers. Initially, 30 units (19 funded, 11 non-funded) agreed to participate in the data collection, however, due to the stretching of resources caused by COVID-19, 4 units have requested to withdraw. Additional withdrawal requests are not expected.

The NIKTT Data Pilot project comprises of two survey collections (Transplant Assessment Stage Survey and Transplant Assessment Pathway Survey). The Transplant Assessment Stage survey is collected cross-sectionally at end of year and is collected as an extension of the normal ANZDATA Annual Survey. Sites are required to report on the assessment status of prevalent dialysis patients, including, whether a patient is yet to be assessed for transplantation, are in workup for transplantation, are on the waiting list, or are ineligible for transplantation, and outlines the reasons why. The Transplant Assessment Pathway survey involves the 'real time' reporting of incident dialysis patients throughout the survey period. Sites are required to report on a patient's progress towards achieving kidney transplant waitlisting, including their history of undertaking eligibility assessment, workup, and transplant assessment. It also requires sites to report on where the patient lived prior to starting renal replacement therapy. ANZDATA will also be incorporating a specific chapter in the ANZDATA annual report on kidney transplantation among Aboriginal and Torres Strait Islander people.

Initially, the NIKTT Data Pilot Project was intended to run over a 12-month period. However, due to Covid-19 there have been significant delays to transplant workup and assessment in 2020. After consulting relevant stakeholders, it was decided to extend the NIKTT data project to the end of 2021. In practice, this means that the Transplant Assessment Stage survey will continue as planned, with one additional collection at the end of 2021 (so there will now be three surveys at the end of 2019, 2020 and 2021). The Transplant Assessment Pathway survey will also continue, with a timeframe extension to 2021 to ensure the NIKTT is collecting data of sufficient quantity and quality to draw meaningful conclusions about the journey to kidney transplant waitlisting. The first year of collection has been completed and we are currently in the process of finalising survey returns for 2020.

Objective 3: Piloting initiatives to improve patient equity and access

Equity and Access Sponsorships

In January 2020, the NIKTT awarded eight sponsorships totaling \$1.04 million. These initiatives span across four jurisdictions and include: delivery of outreach kidney transplant education and assessment in rural and remote areas; establishment of transplant-focused patient mentor pilot projects and Indigenous reference groups; and strengthening the Aboriginal and Torres Strait Islander health workforce in kidney transplant settings. All projects have been significantly impacted by COVID-19 associated delays. Extension requests were submitted by sponsorship recipients in 2020 which have since been approved. Despite initial delays, all projects are now underway. The NIKTT will be closely monitoring both sponsorship project and providing support to progress these initiatives.

Cairns and Hinterland Hospital and Health Service

Cairns and Hinterland Hospital and Health Service received \$107,940.00 (GST excl) to deliver a patient mentor pilot project ('Tracks to Transplant Patient Mentoring Project'). The project involves identifying and employing two patient mentors to 'walk alongside' and provide support to kidney transplant candidates. The project also involves the recruitment of a renal transplant CNC and Indigenous Liaison Officer. Furthermore, Cairns and Hinterland Hospital and Health Service will deliver education sessions utilising tailored resources and an audit of the dialysis population at Cairns Hospital to determine barriers and delays in the pre-transplant workup process, preventing successful completion of transplant workup and assessment.

Initially the project was set to commence at the beginning of 2020. Due to COVID and travel restrictions this was delayed till mid-2020. Extended leave of the project lead due to unforeseen circumstances led to the project being further delayed until February 2021. Despite delays the project is now progressing and patient mentors have been engaged meeting fortnightly meeting whilst waiting to commence in early July.

Fiona Stanley Hospital

Fiona Stanley Hospital have received \$109,224.00 (GST excl) to employ a dedicated 0.4 FTE transplant coordinator for regional Aboriginal patients and to deliver outreach visits in the Pilbara and Goldfields region utilising a nurse, surgeon, physician, pharmacist and Aboriginal Liaison Officer. Outreach visits involve the visiting team to work alongside established local Aboriginal Medical Services, community health centres, hospitals and regional dialysis units to identify, educate and assess patients suitable for renal transplantation and prioritise for further assessment to expedite transplant waitlisting. Visits have already been undertaken in Port Hedland, Karratha, Roebourne, and Kalgoorlie.

Pika Wiya Health Service Aboriginal Corporation

Pika Wiya Health Service Aboriginal Corporation received \$148,000.00 (GST excl) to recruit an Aboriginal and Torres Strait Islander Health Practitioner (AHP) to service the Port Augusta Indigenous Kidney Community. The role of the AHP will be to bridge service delivery gaps and educate patients with kidney disease about transplantation as a treatment option. The AHP is provided with training to provide culturally appropriate education in an outreach/home visit environment and to also support the referral of patients to multidisciplinary health care teams. Fortnightly information sessions are run in partnership with the Port Augusta Hospital Renal Unit's patient navigator team, covering issues such as: healthy behaviours (quitting smoking, good diet, active lifestyle), self-management (cooking



classes, medication management), pre-transplant requirements and the journey to kidney transplantation, organ donation and staying healthy post-transplant. So far, the project has shown promising results with an increase in the number of patients assessed for transplant suitability in the region and commencing transplant workup. We are currently awaiting the final report from the sponsorship recipient.

Port Augusta Hospital and Regional Health Service

Port Augusta Hospital and Regional Health Service received \$84,667.00 (GST excl) to deliver a patient mentor pilot project ('On Track to Transplant'). The project involves identifying and employing four patient navigators to 'walk alongside' and provide support to kidney transplant candidates in Port Augusta and surrounding communities. Patient navigators are directly involved in the prevention, screening, treatment and transplantation stages of a patient's healthcare journey. A Transplant Coordinator is employed on a part time basis (0.4 FTE) to oversee the management of the project. Fortnightly educational sessions are held in the local community for patients with kidney disease in partnership with Pika Wiya Health Service Aboriginal Corporation. Approximately 28 patients attend the sessions each fortnight, with topics including healthy living, quit smoking, diabetes, medication self-management, organ donation awareness and staying healthy after transplant. Since the start of this project in September 2020, there has been an increase in the number of patients on the wait list for kidney transplant from zero to eight patients.

Princess Alexandra Hospital

Princess Alexandra Hospital received \$40,250.00 (GST excl) to deliver outreach education on Kidney Transplantation to regional and remote centres more than 250km from Brisbane. Education seminars are tailored to the needs of the target community, harnessing local knowledge. Cultural appropriate education resources have also been developed for dissemination at outreach education sessions. The use of yarning circles has improved rapport between communities and the Princess Alexandra transplant team. Collaborating with local health services and organisations, outreach sessions have already occurred in Townsville, Mount Isa, Cairns and Thursday Island. Outreach sessions were planned to take place in Woorabinda and Rockhampton between 28th and 30th June 2021. Unfortunately, due to the recent COVID outbreak in Queensland and related lockdowns the workshop has been cancelled.

Purple House – Western Desert Nganampa Walytja Palyantjaku Tjutaku Aboriginal Corporation

Purple House received \$200,000.00 (GST excl) to expand on their existing patient mentor program and provide a specialized kidney transplant support team ('Hunting Transplant Team') which comprises of patient mentors and a transplant coordinator to deliver a patient mentor pilot project. Patient mentors 'walk alongside' and provide support to kidney transplant candidates from targeted communities. Key deliverables of the project, include:

- Improving health literacy scores
- Improving attendance rates at pre-transplant workup and assessment appointments
- Increase in the number of people undergoing workup and achieving transplant waitlisting, and
- Reducing the average time spent completing pre-transplant workup and assessment.



The kidney transplant support team collaborate fortnightly with key stakeholders in South Australia and Queensland, to establish a kidney transplant support network and to facilitate further opportunities for education/information sharing.

Royal Perth Hospital

Royal Perth Hospital received \$150,300.00 (GST excl). Royal Perth, in collaboration with the Kimberley Aboriginal Medical Service and Sir Charles Gairdner Hospital are delivering outreach visits to the Kimberley utilising a transplant coordinator, Aboriginal Liaison Officer, transplant nephrologist and transplant surgeon. During the outreach visits the team undertake transplant assessments, workup testing of suitable patients and provide transplant education. In addition, these funds will be utilised to increase the FTE of the existing Kimberley Transplant Coordinator from 0.5 FTE to 1.0 FTE. Four community forums will be conducted.

The sponsorship team are also working to establish an IRG in the region. Once the IRG is established the plan is to develop a comprehensive suite of culturally appropriate kidney transplant education materials and an education program for patients and health professionals involved in the care of renal patients utilising a train-the-trainer model.

Top End Health Service

Top End Health Service received \$200,000.00 (GST excl) to recruit two Aboriginal and Torres Strait Islander Health Practitioners (ATSIHPs) (1.0 FTE responsible for servicing the Darwin region and 0.6 FTE responsible for servicing the Katherine region). This also involves providing training and support to the ATSIHPs to deliver transplant education, coordinate workup appointments, review education materials, and support Indigenous patients being referred to multidisciplinary health care teams. There were initial delays with the sponsorship project due to Covid-19 which had an immense impact on the recruitment process. The ATSIHPs were able to commence in their role on the 14th of December after a lengthy HR process. We are expecting progress report update in the coming days.

Community Engagement

On 28 January 2020 the NIKTT employed a full-time Community Engagement Coordinator (CEC) to implement the delivery approach for community engagement activities. Key deliverables are as follows:

- To catalyse the establishment of Indigenous reference groups in transplant units to help design pathways and models of care that are culturally appropriate.
- To establish an Indigenous Kidney Community Panel to inform the efforts of working groups and the NIKTT's direction more broadly.
- To develop a directory of existing educational resources available to Aboriginal and Torres Strait Islander patients with end-stage kidney disease.

In addition to the above, the CEC has also been involved in a number of other activities, including:

- Co-presenting at the Transplant Society of Australia and New Zealand Symposium, Grand rounds at local South Australian hospitals, AIATSIS Summit and virtual conferences lifting the communities' voices and complimenting the data story.



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- Collaborating with the Lowitja Institute and the University of Adelaide on the Cultural Bias Review. The inclusion of Community voices throughout the report reflects their words and feelings towards solutions and ways to improve Kidney care amongst First Nations people.
- Involvement with the *Aboriginal Kidney Care – Together Improving Outcomes Now (AKction 1 and Akction 2)* projects, meetings and annual workshop. The CEC has presented the national voices from across the country, their concerns within their regions and possible solutions sought from the community.
- Involvement with the Kanggawodli outreach dialysis project, conducting interviews with patients and participating with project evaluation.

Indigenous Reference Groups (IRGs)

The aim of the IRGs is to bring about change within transplant units by bring together patients, carers and families to discuss their kidney journeys, needs and supports through to transplant and beyond. Five tertiary renal units (see Table 2.) were selected based on the number of Indigenous people receiving kidney transplants at those units. All these units have supported the project and have committed to establish and fund the IRGs for sustainability.

There have been two major delays in the formation of the five NIKTT IRGs across Australia. Ongoing setbacks by not having a central person locally to lead the project from the hospital, as well as coordinating interstate travel amongst the across the country due to COVID-19 restrictions and circuit break shutdowns. Aboriginal and Torres Strait Islander communities regard face to face meetings as a vital feature to strengthen and build relationships. Without these elements in place there is a sense of apprehension to take on projects with different communities. Border restrictions and lockdowns across the country due to COVID-19 has meant a delay in the process as the CEC has not been able to meet with communities face-to-face on country. Virtual meetings have been applied to build rapport within the hospital setting and some communities have utilised this avenue of communication.

Table 1. Indigenous Reference Groups

Jurisdiction	Hospital	Members	Stage
SA	Royal Adelaide	20	Meeting 3. IRG members have raised 8 themes to be addressed within the transplant unit. The Royal Adelaide Hospital Executive Transplantation Unit have responded with a 3–5-year commitment to work together for change.
QLD	Princess Alexandra	20	Preparing for first meeting (lead on board)
WA	Sir Charles Gairdner	20	Meeting 1 delayed (lead newly employed)
NSW	Westmead	17 engaged	Elders engaged, invite into community extended
NSW	Prince Alfred	16 engaged	Elders engaged, invite into community extended.

National Community Panel

The National Community panel is made up of members who are living with chronic kidney disease, undergoing dialysis treatment, on the active wait list for a transplant, and post-transplant. The panel

also consists of family carers and Aboriginal and Torres Strait Islander health staff supporting kidney care. Members are contacted by the CEC by telephone calls, emails, and face to face meetings. This multi-flexible approach allows for trust in holding the members’ kidney journey. It is also an opportunity for members to be heard and talk over issues concerning kidney care in their region and be proactive in possible solutions at the local level. The CEC must hold a safe space for members who have placed their trust by ensuring that stories told maintain integrity but also by advocating for community. The Main topics raised are fed back to the NIKTT Taskforce and the Operations Committee for further discussion and unpacking ways to move forward.

Face-to-face meetings and listening time have taken place in Queensland, Western Australia, Northern Territory, New South Wales and South Australia. Unfortunately, the CEC has been unable to visit Victoria and Tasmania to engage and establish interest at this stage due to Covid. The engagement of the Indigenous renal communities, nephrologists, health professionals and families in these areas will be priority to ensure that their voices are represented. However, there are plans underway in 2021 to ensure the inclusion of these areas and will be a priority to include in the national report. Table 3 displays the total number of National Community Panel members by jurisdiction.

Table 2. National Community Panel Membership by Jurisdiction

Jurisdiction	Members	
	30 June 2021	2 July 2021
South Australia	20	23
Queensland	15	20
Western Australia	16	37
New South Wales	23	31
Victoria	-	1
Australian Capital Territory	-	-
Northern Territory	15	16
Tasmania	-	-
Total	89	128

Educational Directory

TSANZ and the NIKTT CEC have been collaborating on co-creating an online Educational Directory displaying relevant and focused resources to share to community members, families and clinicians. Currently, draft content is with the developers undergoing testing of directory structure. Approval will be sought from the Community Engagement working group and then Operations Committee. The collection to date is at around 50+ resources varying from PDF, PowerPoint Presentations, videos, podcasts, books, hyperlinks, and posters. We are currently in contact with health professionals across the country who are developing site focused resources that they are willing to share at a national level to be included in directory, with acknowledgement of where they have come from. It is anticipated that the directory will be completed by December 2021.

Objective 4: Evaluating cultural bias initiatives

TSANZ and the Lowitja Institute have executed a contract for Lowitja to deliver a review existing health service initiatives and models of care that target cultural bias. The original deadline for project



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completion was 30 June 2020, but several delays impeded progress. Final review and accompanying policy report were delivered in late December 2020. A total of 14 recommendations were developed and the NIKTT is currently engaging and consulting national community members, health professionals and First Nations advocacy groups to prioritise the recommendations and to strategise projected resources and the next steps in actioning. The official release of both documents will be taking place in the next few months.

Financial and Budget Update

In relation to the project, a financial summary against each objective is provided monthly to the Operations Committee and as a standing agenda item at each NIKTT meeting. Provided below is the financial position of the NIKTT as at 30 June 2021.

NATIONAL INDIGENOUS KIDNEY TRANSPLANTATION TASKFORCE

Statement of comprehensive income

for the period ended 30 June 2021

	30-Jun-21	31-Dec-20
	\$	\$
Net cost of services		
Revenue		
Grant revenue	-	-
Interest	-	196
Total revenue	<u>-</u>	<u>196</u>
Expenses		
Committee / meeting costs / incidentals	1,060	443
SAMHRI Data	-	175,000
SAMHRI Resources	-	369,428
Review - Lowitja	27,845	-
Top End Health Service	-	-
Purple House	-	-
Royal Perth Hospital	-	-
Pika Wiya	-	-
Contribution to NIDTC	-	-
Cairns Hospital, Queensland	118,734	-
Fiona Stanley Hospital, Western Australia	-	109,224
Princess Alexandra Hospital, Queensland	-	40,250
Audit fees	-	1,525
Port Augusta	-	85,372
Vimeo	-	326
KO Training	-	1,430
Message sticks	-	1,081
BAS adjustment	(21,211)	297
Total expenses	<u>126,428</u>	<u>783,782</u>
Surplus / (deficit)	<u>(126,428)</u>	<u>(783,586)</u>



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Statement of financial position

for the period ended 30 June 2021

	30-Jun-21	31-Dec-20
	\$	\$
Assets		
Financial assets		
Cash	239,387	365,815
BAS refund		21,211
Total financial assets	<u>239,387</u>	<u>387,026</u>
Total assets	<u>239,387</u>	<u>387,026</u>
Liabilities		
Payables	-	-
Total payables	-	-
Total liabilities	-	-
Net assets	239,387	387,026
Equity		
Retained earnings	<u>365,815</u>	<u>1,149,401</u>
Operating surplus/deficit	- 126,428	- 783,586
Total equity	239,387	365,815

NATIONAL INDIGENOUS KIDNEY TRANSPLANTATION TASKFORCE

Budget as at 30 June 2021

	1 - NIKTT	2 - DATA	3 - EQUITY & ACCESS	REVIEW	TOTAL
Available Budget	\$133,002	\$0	\$107,940	\$125,315	\$366,258
Interest received	\$0				\$0
Expenses	\$19,709	\$0	-\$118,734	-\$27,846	-\$126,871
Available	\$152,711	\$0	-\$10,794	\$97,469	\$239,387



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Attachment A NIKTT Membership

Name	Jurisdiction	Role	Working Group (if applicable)
Lucinda Barry	ACT	CEO; Organ & Tissue Authority	N/A
Peter Boan	WA	Infectious Diseases Physician, Microbiologist; Fiona Stanley Hospital	Data
John Boffa	NT	Chief Medical Officer, Public Health; Central Australian Aboriginal Congress	Cultural Bias
Alan Cass	NT	Director; Menzies School of Health Research	Cultural Bias
Sajiv Cherian	NT	Head of Unit; Central Australian Renal Services & Top End Renal Services	Data
Su Crail	SA	Nephrologist; Central and Northern Adelaide Renal and Transplantation Service	Patient Mentors
Jenny Cutter	WA	Manager; Kimberley Renal Services	Pre-transplant coordination
Anuja Daniel	NT	Renal psychologist; Top End Renal Service	Community Engagement
Kerry Dole	NT	Renal transplant clinical nurse consultant; Top End Renal Service	Data & Pre-transplant coordination
Ross Francis	QLD	Nephrologist; Princess Alexandra Hospital	Pre-transplant coordination
David Goodman	VIC	Nephrologist; St Vincent's Private Hospital Melbourne	Community Engagement
Heather Hall	NT	Manager; Purple House "Panuku" Darwin	Patient Mentors
Bronwyn Hayes	QLD	Renal Transplant CNC; Cairns and Hinterland Hospital and Health Service	Patient Mentors
Jaquelyne Hughes (<i>Deputy Chair</i>)	NT	Nephrologist; Royal Darwin Hospital	Cultural Bias
Ashley Irish	WA	Nephrologist; Fiona Stanley Hospital	Pre-transplant coordination
Shilpa Jesudason	SA	Nephrologist; Central and Northern Adelaide Renal and Transplantation Service	Community Engagement
Paul Lawton	NT	Nephrologist & Senior Research Fellow; Menzies School of Health Research	Cultural Bias
Wai Lim	WA	Nephrologist; Sir Charles Gairdner Hospital	Data
Sandawana William Majoni	NT	Nephrologist; Royal Darwin Hospital	Cultural Bias
Stephen McDonald (<i>Chair</i>)	SA	Director of Dialysis; Central and Northern Adelaide Renal and Transplantation Service	Data
Kelli Owen	SA	Transplant recipient and community representative	Community Engagement



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Rochelle Pitt	QLD	Aboriginal and Torres Strait Islander Nurse Navigator; Metro South Health	Community Engagement
Christine Russell	SA	Consultant transplant and vascular access surgeon; Royal Adelaide Hospital	Patient Mentors
Ray Sambo	QLD	Peritoneal dialysis recipient and community representative	Patient Mentors
Paul Snelling	NSW	Nephrologist; Royal Prince Alfred Hospital	Data
James Stacey	WA	General Practitioner; Broome Renal Health Centre	Pre-transplant coordination

Attachment B Operations Committee Membership

Name	Jurisdiction	Role
Stephen McDonald (Chair)	SA	Director of Dialysis; Central and Northern Adelaide Renal and Transplantation Service
Jaquelyne Hughes (Deputy Chair)	NT	Nephrologist; Royal Darwin Hospital
Melissa Goodwin	ACT	Organ and Tissue Authority representative
Angela Webster	NSW	TSANZ Council representative
Kelli Owen (Community Engagement Coordinator)	SA	Indigenous Kidney Community Representative and Community Engagement Coordinator; NIKTT
Kim Rawson	NSW	Senior Project Officer; TSANZ
Matilda D'Antoine	SA	Administrative Officer; NIKTT