Terms of Reference: DNT Subcommittee

Background

The DNT Committee was established in 1977 as a joint advisory committee for two parent bodies, ANZSN and KHA to provide expert advice and recommendations in the development of policy on clinical matters in the areas of dialysis and transplantation in Australia and New Zealand. Nephrology was added as a third area of interest in 1999 after the establishment of CARI (Caring for Australasians with Renal Impairment). The DNT Committee representation embraces key clinical groups in Australian and New Zealand nephrology.

The HDAC was initially developed as a KHA initiative in 2007 and moved to a subcommittee of DNT in 2011.

Function of the DNT Committee [Mission Statement]

The primary function of the DNT committee is to improve the health outcomes for patients with kidney disease by developing and reviewing both policy and clinical practice in relevant domains of nephrology, dialysis and kidney transplantation. This includes areas of education and quality in clinical nephrological practice across the spectrum of all individuals involved in the care of patients with kidney disease.

In fulfilling this function the DNT committee will:

(a) Develop and review clinical policies in the areas of dialysis, nephrology and transplantation. New policy initiatives can be generated by the ANZSN Council, the KHA Board or the DNT itself. Work on any new policy initiatives should not commence until both parent bodies are in agreement. Policy and position statements require ratification from the parent bodies before promulgation.

(b) Foster and maintain links with the TSANZ via ex-officio membership of RTAC on DNT and where appropriate, develop and review clinical policies in the areas of transplantation with TSANZ. The formal governance of RTAC currently resides with TSANZ. The chair of DNT is an ex-officio member of RTAC.

(c) Ensure that HDAC fulfils its TOR’s [including organising the biennial home therapy meeting], assists and advises the HDAC on direction and clinical matters and reports to ANZSN and KHA on relevant governance issues. HDAC funds, although kept in a separate account at ANZSN, are under the
auspices of the DNT subcommittee and hence are governed by the same restrictions that apply to the DNT funds (see below).

(d) Provide the organisation, leadership, direction and funding for the biennial DNT Education and Renal Policy Workshop, the aim of which is to engage heads of renal units or their nominated representatives in developing and reviewing policy for the nephrology community as well as on going education.

(e) Provide advice to the CARI Steering committee, and foster and maintain links with CARI via ex-officio representation of CARI on DNT. The governance and funding of CARI currently resides with the KHA Board. ANZSN also contributes funds to CARI.

(f) Provide advice to the ANZDATA Steering group and foster and maintain links with ANZDATA via ex-officio representation of ANZDATA on DNT. The administrative governance of ANZDATA currently resides with the Royal Adelaide Hospital and the ANZDATA Executive. The issues of the custodianship of the data in the Registry rests with the ANZDATA Steering Committee on behalf of the Heads of Renal Units, the membership of the ANZSN and those health care professionals contributing data to the Registry. . Funding of ANZDATA Registry is provided primarily by AOTA, with additional funds coming from KHA, the ANZSN and the NZ Government.

(g) Provide advice to the AKTN and to assist in fostering and facilitating the participation of the nephrology community in clinical trials. Maintain links with AKTN via ex-officio representation of AKTN on DNT. The governance of AKTN currently resides with the University of Queensland. ANZSN and KHA both contribute funds to AKTN.

Membership of DNT

The committee should ideally represent the broad renal community including the paediatrics, non metropolitan physicians and New Zealand sectors of the community

(a) ANZSN – 4 members, of whom at least two (2) shall be from the current ANZSN council. [traditionally this has included a NZ representative and a paediatric representative].

KHA – Two Health professionals and one consumer all of whom should be actively engaged in the Australian kidney sector (selected by the KHA Board on the advice of the Medical Director). [Traditionally KHA nominees have included a renal surgeon and a nursing member of the Renal Society of Australasia.] The KHA Medical Director should be an additional ex-officio member of DNT.

(b) Mandatory Ex-officio membership by the Chairs (or delegates of the Chairs) of:
   - The ANZDATA Steering Committee,
   - The Renal Transplant Advisory Committee (RTAC),
The CARI Steering committee,  
The Australasian Kidney Trials Network (AKTN),  
- HDAC

The Chair of the DNT Committee will be elected by the Committee from amongst its membership. The election should ideally occur 12 months prior to the expiration date of the current chair after calls for nominations from the members. The selection needs to be ratified by KHA and ANZSN Council.

The ANZSN and KHA representatives would normally serve for a period 3 years in the first instance. Representatives of both groups are eligible for re-nomination for a further 3 years to a maximum of 6 years. Re-nomination would not imply automatic selection for a second term. Decisions concerning the ratification of selection of nominees for a second term will be made by the parent bodies as above. The Chair of DNT should also normally serve on DNT for up to 6 years. In exceptional circumstances the Chair may serve an additional 2 years if required for continuity and with the approval of the ANZSN Council and KHA Board.

The DNT could co-opt additional members as needed to deal with specific issues if the nominated member is ratified by the parent bodies.

The committee will generally meet up to 4 times a year, and include two face to face meetings. The cost of meetings will be borne from the accumulated DNT funds.

All members including Ex-officio members will have voting rights.

**Reporting Lines for DNT**

(a) The Chair of DNT will formally report directly to ANZSN council yearly or as required, either face-to-face or by teleconference and to the KHA Board of Directors yearly or as required.

All minutes of DNT meetings will be forwarded upwards to the ANZSN Council, the KHA Board via the CEO of KHA and laterally to the bodies represented by the ex-officio members. Written reports will be provided to both parent bodies annually.

(b) In turn, the DNT will receive and acknowledge reports from ANZDATA, RTAC, AKTN, HDAC, and CARI at each meeting.

(c) Planned educational activities will be notified to SPEC to prevent clashes.

**Secretarial Support**

Secretarial support will be arranged by the ANZSN office unless otherwise agreed. All meetings should have secretarial support available.
Financial management of DNT

Funds generated in the name of DNT, including HDAC funds, are held with ANZSN in designated accounts. Expenditure of funds should be consistent with the aims of ANZSN and KHA and also with DNT objectives or DNT workshop initiatives. Funds will be made available from this account to support DNT meetings and administrative requirements.

Endorsement from both the ANZSN Council and the KHA Board will be sought for the usage of any such funds (other than administrative) for particular projects. All expenditure must be approved and all contracts signed by the appropriate ANZSN and KHA delegated person or people. In relation to the ANZSN, delegation of authority for expenditure and signing of contracts, are set by the ANZSN Council Delegated Authority Policy. In relation to the KHA, delegation of authority for expenditure and signing of contracts, are set by the KHA Board.