

Living Kidney Donation and Transplantation

Summary This Policy Directive sets out the requirements for both living directed and non-directed kidney donation, including participation in the Australian and New Zealand Paired Kidney Exchange Program. This Policy Directive applies to all public health organisations involved in the donation of a single kidney by an adult living person for transplantation into another person.

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Living Kidney Donation and Transplantation

POLICY STATEMENT

NSW Health supports nationally consistent protocols and standards to be adopted by NSW Health organisations to guide clinicians and institutions in the practice of paired kidney exchange by living donors and recipients.

Health professionals involved in the assessment, management and follow-up of living kidney donors and recipients must understand the standards and conditions for living kidney donation in NSW.

SUMMARY OF POLICY REQUIREMENTS

This Policy applies to all NSW Health organisations involved in the donation of a single kidney by an adult living person for transplantation into another person.

NSW Health staff must comply with the procedures for assessing, consenting and registering donors and donor-recipient pairs to the Australian and New Zealand Paired Kidney Exchange Program.

Informed consent must be obtained from the donor before becoming a living kidney donor. Consent must be given in accordance with the NSW Health *Consent to Medical and Healthcare Treatment Manual* ([the Manual](#)).

The surgeon who removes the kidney has an independent legal obligation to ensure that the donor has given valid consent and has been informed of risks and alternatives, regardless of whether the medical practitioner who referred the donor to the surgeon also discussed these issues with the donor.

In addition to the signed consent form for surgery, detailed information provided to the donor, including the discussion of risks, must be documented in the medical record.

Detailed information must also be provided to anyone who expresses willingness to become a kidney donor. Information must include, but is not limited to, a full description of the procedure, implications and risks to the donor, and the likely outcomes for the recipient.

The donor may choose not to proceed with donation at any time before surgery, and it is not a foregone conclusion that donation will occur once donor assessment has begun.

Non-directed kidney donation involves a kidney being donated to the “best matched” recipient in Australia or New Zealand (if part of the Australian and New Zealand Paired Kidney Exchange (ANZKX) Program). The non-directed living donor has no say in who will or who will not receive the kidney.

The privacy and confidentiality of each donor-recipient pair must be maintained according to section 37 of the *Human Tissue Act 1983* (NSW).

All non-directed donors must obtain a referral from their general practitioner to a relevant nephrologist, formally associated with a NSW kidney transplant service.

NSW Health organisations must not advertise for, or otherwise encourage individuals, to become non-directed donors.

The assessment of a donor's suitability for non-directed kidney donation must include discussions about allocation to the ANZKX Program or a single NSW recipient.

The NSW Transplant Advisory Committee will initially refer all suitable non-directed donors to the ANZKX Program. It will also facilitate agreement between the donor and recipient treating teams on the most suitable location for surgeries.

The assessment of a recipient must include discussion about the acceptance of a potential donation from a non-directed donor. The recipient must be informed at the time of allocation if they are to receive a non-directed kidney.

The ANZKX Protocols ([the Protocols](#)) are the agreed requirements and processes guiding paired kidney exchange in Australia, including assessment, informed consent and registration of donors and donor-recipient pairs in the ANZKX Program.

NSW Health staff must comply with the ANZKX Protocols, and the requirements outlined in this Policy to assess and manage non-directed donors.

REVISION HISTORY

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1. BACKGROUND

This Policy outlines the allocation of non-directed donor kidneys in NSW and requirements for the Australian and New Zealand Paired Kidney Exchange (ANZKX) Program.

The ANZKX Program is a national living kidney donor program that aims to increase opportunities for living kidney donor transplantation by identifying matches for incompatible donor-recipient pairs.

Nationally consistent protocols and standards developed for the Program are to be adopted by NSW Health organisations to guide clinicians and institutions in the practice of paired kidney exchange by living donors and recipients.

1.1. About this document

This Policy applies to all NSW Health organisations involved with living kidney donation and transplantation. It sets out the standards and conditions for the donation of a kidney by a living adult for transplantation into another person.

1.2. Key definitions

<p>Australian and New Zealand Paired Kidney Exchange (ANZKX) Program</p>	<p>The Australian and New Zealand Paired Kidney Exchange (ANZKX) Program matches incompatible kidney donors and recipient pairs with other incompatible pairs across Australia and New Zealand.</p> <p>The Program finds matches for people:</p> <ul style="list-style-type: none"> • who are eligible for a kidney transplant • who have a living donor who is willing to donate • whose living donor is unable to donate to their loved one because their blood or tissue type is not compatible • whose living donor meets the criteria for kidney donation. <p>Once matches are found the ANZKX team facilitates these transplants to occur.</p> <p>For more information visit https://donatelife.gov.au/ANZKX.</p>
<p>Directed donation</p>	<p>Directed donation occurs when the donor (e.g., parent, sibling) names a specific person who will receive the kidney. It is the most common type of living donation.</p>
<p>Nephrectomy</p>	<p>A surgical procedure to remove all or part of a kidney.</p>
<p>Non-directed (altruistic) donation</p>	<p>Non-directed (altruistic) donation occurs when the kidney is donated to an unspecified but suitably matched recipient in Australia. The non-directed living donor has no say in who will or who will not receive the kidney.</p>

<p>NSW Transplant Advisory Committee (TAC)</p>	<p>The NSW Transplant Advisory Committee (TAC) provides independent advice to the NSW Organ and Tissue Donation Service (OTDS) on matters relating to organ and tissue donation, transplantation, organ allocation and waiting lists for organs and tissues from deceased donors in NSW and the ACT.</p> <p>The NSW Transplant Advisory Committee acts as the approving body for altruistic living donation and provides advice to Lifeblood’s Tissue Typing Laboratory (Lifeblood Testing) on organ matching and allocation.</p>
<p>OrganMatch</p>	<p>OrganMatch is a clinical transplant system that facilitates compatibility matching of recipients and donors for organ transplantation in Australia. OrganMatch was implemented in April 2019 replacing the National Organ Matching System (NOMS).</p>
<p>Transplantation Society of Australia and New Zealand (TSANZ)</p>	<p>The Transplantation Society of Australia and New Zealand (TSANZ) is the peak representative body of transplantation professionals in Australia and New Zealand.</p>
<p>Transplantation</p>	<p>A surgical procedure in which tissue or an organ is transferred from one area of a person’s body to another area, or from one person (the donor) to another person (the recipient).</p>

1.3. Legal and legislative framework

The Human Tissue Act 1983 (NSW)

Section 7 of the [Human Tissue Act 1983 \(NSW\)](#) (the Act) allows living adults to donate non-regenerative tissue (including kidneys) if certain requirements are met.

The donation of non-regenerative tissue for the purposes of transplantation (including kidneys) by a child, as defined in the Act, is prohibited.

Prohibition on the sale of organs

Under s32(1) of the Act any agreements which entail supply of an organ and/or tissue in exchange for the payment of ‘valuable consideration’ to the donor are prohibited in NSW. Valuable consideration is not restricted to financial consideration. The prohibition also includes an arrangement or an offer to enter an arrangement or contract to agree to supply organs and/or tissue in exchange for anything of value to the donor. This includes (but is not limited to):

- the sale of organs and tissue
- donation of a kidney in exchange for another person (for example, the donor’s relative or friend) receiving priority on the waiting list for a deceased donation.

‘Paired kidney exchange’ is exempt from this prohibition provided Ministerial approval is obtained on a case-by-case basis, in accordance with s32(4) of the Act.

Staff of NSW Health organisations must not participate in any arrangements that are known to be in contravention of the Act.

The Australian and New Zealand Paired Kidney Exchange (ANZKX) Program

In accordance with s32(4) of the Act, approval of the Minister for Health and Medical Research (or their delegate, for instance, the Chief Health Officer) must be obtained for paired kidney exchanges.

To facilitate this approval process, donor-recipient pairs must indicate evidence of their willingness and consent to participate and to donate/receive an exchanged kidney to/from someone else.

2. LIVING KIDNEY DONATION

With any living kidney donor pair, the interests of the donor and the recipient are of equal importance. The donor will have an altruistic desire to assist the recipient generally. However, there is no 'right' to be a kidney donor.

A hospital has the discretionary capacity not to accept a willing donor if it is considered not to be in the donor's or recipient's best interest. In this case, a second opinion may be sought by the potential kidney donor.

'Conditional' organ donation is not permissible – a donor must not nominate, or exclude, certain categories of recipient, for example based on conditions of age, gender, cultural or racial group, religious belief, sexual orientation or criminal status. This applies to living and deceased donation.

Living kidney donation is a process including (but not limited to) donor assessment, anaesthesia and surgery.

If a donor dies at any point in this process of directed living kidney donation, then directed donation of that kidney may still proceed after death provided that the provisions of the *Human Tissue Act 1983* (NSW) are complied with.

In relation to any other organs, these may be donated in accordance with the *Human Tissue Act 1983* (NSW). Allocation of these organs will be made via the Transplantation Society of Australia New Zealand (TSANZ) *Clinical Guidelines for Organ Transplantation from Deceased Donors* ([the Guidelines](#)).

2.1. Consent requirement

Informed consent must be obtained from the donor before becoming a living kidney donor. Consent must be given in accordance with the NSW Health *Consent to Medical and Healthcare Treatment Manual* ([the Manual](#)).

The surgeon who removes the kidney has an independent legal obligation to ensure that the donor has given a valid, informed consent and has been informed of risks and alternatives. This is regardless of whether the medical practitioner who referred the donor to the surgeon also discussed these issues with the donor.

Key requirements for valid consent for living donor kidney surgery include:

- the donor must be 18 years of age or older

- the donor must be of sound mind (has capacity to consent and is able to understand the facts and choices, weigh-up risks and benefits, consider the consequences and communicate their decision)
- the donor's consent must be fully informed
- the donor's consent must be freely given (voluntary and non-coerced)
- the donor's consent must be in writing
- the written consent must specify the day and time in which it was given
- substitute consent to living kidney donation is not permissible.

To obtain informed consent, the surgeon has a duty of care to properly inform the donor of:

- the nature of the specific procedure, recovery and expected outcomes
- the material risks of the surgery and post-surgical complications:
 - a risk is material if, in the circumstances, a reasonable person in the donor's position, if warned of the risk, is likely to attach significance to it
 - a risk is also material if the surgeon is, or ought to be, reasonably aware that the donor, if warned of the risk, would be likely to attach significance to it
 - common adverse outcomes, even if harm is minimal
 - rare known adverse outcomes when an outcome is severe/detrimental.

The donor can provide consent when they have given sufficient information to understand the nature of the surgery and evaluate the risks they are prepared to accept.

It is essential that there is detailed documentation in the medical record of the information provided to the donor, including discussion of risks. This is in addition to the signed consent form for surgery.

As the donor surgeon has a duty of care to the donor, the decision to proceed with donation can only be made with the surgeon's agreement. This includes considering any contraindications.

The potential donor is under no obligation to proceed with donation once donor assessment has begun. The donor may revoke their consent at any time before the surgery (i.e., prior to the time of administration of sedative for removal of the kidney).

If the surgeon knows or reasonably suspects the consent is revoked there is no authority to proceed with removal of the kidney.

For directed donations, there must be a 24-hour 'cooling off' period in which donation must not proceed following donor consent.

For non-directed donations, a minimum 'cooling off' period of 3 months must be provided in the assessment process related to timeframes for sequential psychological assessment.

2.2. Medical certification statutory requirements for kidney donation

Pursuant to s9 of the *Human Tissue Act 1983* (NSW), a medical practitioner, other than the medical practitioner who will perform the surgery to remove the kidney, must certify that:

- the donor's written consent was given in the medical practitioner's presence
- they had explained to the donor, before the consent was given, the nature and effect of the removal of the organ and/or tissue from the donor's body
- at the time the consent was given, the medical practitioner was satisfied that:
 - the donor was not a child
 - the donor was of sound (competent) mind and
 - consent was freely given.

For directed donations, the kidney must not be removed until 24 hours have passed from the time the consent was given.

The above certification is not the written consent for the donor nephrectomy.

The surgeon who will remove the kidney must also obtain informed written consent for the surgery to remove the kidney, in accordance with the NSW Health *Consent to Medical and Healthcare Treatment Manual* ([the Manual](#)).

2.3. Support for donors

All kidney donations must be undertaken in sites recognised as established centres for performing kidney transplantation. Donors may be admitted as public patients and the costs associated with their management will be covered under the normal arrangements. A donor may incur some costs as a private patient in a public hospital. Other expenses including costs of a general practitioner referral are to be met by the donor.

Directed and non-directed donors may be considered for travel and accommodation support under applicable programs, for example the Isolated Patient Transport and Accommodation Assistance Scheme ([IPTAAS](#)).

Directed and non-directed donors qualify for assistance under the Australian Government's Supported Living Organ Donors Program ([the Support Program](#)) or other Government income support services that are not in breach of the *Human Tissue Act 1983* (NSW).

3. LIVING KIDNEY DONATION REQUIREMENTS

Detailed information must be provided to anyone who expresses willingness to become a kidney donor. Such information must include:

- reason for using a living donor as opposed to deceased donation
- a full description of the procedure
- implications of the procedure for the donor, such as preparation for surgery by drugs or diet, hospital admission
- risks to the donor inherent in the procedure including:
 - surgical risks
 - post-operative risks
 - immediate complications because of the procedure, including risk of kidney failure

- risk of death
- long terms risks
- the process of recovery for the donor, including:
 - physical rehabilitation and length of expected recovery time
 - level of probable pain or discomfort after procedure
 - inhibition of normal activity
 - time off work required (and related financial impact such as access to life insurance, etc.)
- the likely outcomes for the recipient (including possibility of failure of the donation, possible complications and prospects of success)
- possible changes to the donor/recipient relationship (including possible feelings of 'ownership' towards the recipient by the donor, the donor feeling the need or right to make demands upon the recipient, and that the donor may be the object of feelings of gratitude by the recipient)
- that the donor may choose not to proceed with donation at any time before surgery and that it is not a foregone conclusion that donation will occur once donor assessment has begun.

Attention must be paid to ensuring adequate understanding by the donor and recipient, consistent with informed consent standards. In some cases, interpreter assistance may be required.

Information for living kidney donors is available via the:

- NSW Agency for Clinical Innovation [An Introduction to Kidney Donation by Live Donors](#)
- The Australian Government Organ and Tissue Authority [Information for transplant units - ANZKX Program.](#)

3.1. Assessment of donors' psychosocial (mental) health

Assessment of directed and non-directed donors' psychological health and psychosocial circumstances must be undertaken during the assessment process.

The decision to proceed with donation must take into account the following:

- competence of the donor to consent
- understanding of the risks and benefits of the procedure
- motivations of the donor
- relationship with the recipient and associated family (directed donation)
- attitude to donation by those close to a potential non-directed donor
- any undue pressure, or any coercion, threats or inducements potentially affecting the donor's decision

- any mental illness, personality disorder or substance use potentially affecting the donor's decision to donate or potential postoperative outcome
- the donor's understanding and acceptance of the requirement for anonymity (non-directed donation)
- the donor's understanding of the principle that no financial or other benefits are to be sought from the recipient, the NSW Health organisation or any other person because of the donation
- support mechanisms for the donor during and after the procedure.

All donors must be able to decline donation for any or no reason. In particular, directed donors must be able to decline donation without disclosure of the reason to the recipient, their family or others close to the recipient.

A potential directed donor may be deemed 'unsuitable' for donation according to reasons applicable in one or more of the following categories:

- medical or surgical reasons
- infection
- biological incompatibility, for example tissue matching
- psychosocial reasons, including situations in which the prospective donor decides to decline surgery.

3.1.1. Additional assessments for non-directed donors

For non-directed donations, the potential donor must be assessed by a suitably qualified mental health professional (such as liaison psychiatrist with advice from a psychologist as appropriate) on at least two occasions.

There must be at least 3 months interval between the first assessment and the second assessment, to allow the donor time to consider all information provided to him or her regarding the donation.

Proceeding with kidney donation for the non-directed donor is contingent on that person being willing to undergo such psychological assessment.

A suitably qualified mental health professional must provide a written opinion concerning aspects of the donor's psychosocial circumstances, in conjunction with the requirements above, ascertaining whether or not all of the following pre-conditions for non-directed donation are met:

- The donor is competent to make such a decision
- The motivation/s of the donor are substantially altruistic
- No significant psychological harms are likely to be associated with the non-directed kidney donation
- A person must not be accepted as a non-directed donor if the above opinion indicates that it is not in their best interests.

3.2. Assessment of donor's medical suitability

A *directed donor's* medical suitability for donation will be assessed by a suitably qualified nephrologist (or kidney specialist), independent of the recipient's nephrologist, in accordance with relevant selection criteria issued by the NSW Transplant Advisory Committee and in accordance with good medical practice.

A *non-directed donor's* medical suitability for donation will be assessed by a suitably qualified nephrologist formally associated with a NSW kidney transplant service, but independent of the recipient's nephrologist, in accordance with relevant selection criteria issued by the NSW Transplant Advisory Committee, and in accordance with good medical practice.

Directed and non-directed donors must have the same criteria for physical risk assessment applied and, where either type of donor does not meet those criteria, donation must not proceed.

3.3. Information for recipients

Written material in Plain English must be made available to recipients and families about kidney transplantation, including the possibility of living donor transplantation. Where required, this information is to be provided in a culturally appropriate way, for example engaging with Aboriginal Health Workers.

The recipient must be provided with information regarding the following matters prior to giving consent for receipt of a donation from a living person:

- feelings the recipient may encounter if the donation fails
- possible changes in donor-recipient relationships (for directed donations)
- possible feelings of ownership towards the recipient by the donor and the possibility of demands made by the donor
- possible debt of gratitude or feelings of obligation felt by the recipient towards the donor
- possible psychological consequences if donation has harmful effect on donor
- the right of the donor to withdraw at any time, without the provision of a reason for doing so, and the possible cancellation of the procedure.

Aboriginal Health Workers, Aboriginal Health Practitioners and Multicultural Health Workers can work with the patient, family and/or carers around their needs.

3.4. Recipient's consent

It is the recipient's voluntary and non-coerced choice whether or not to accept a donation from a living directed or non-directed donor. Any decision not to accept such a donation must not prejudice the recipient's place on the deceased donor waiting list.

The recipient is under no obligation to proceed with accepting the donation once donor assessment has begun. A recipient's consent to the procedure must be obtained in writing in accordance with the NSW Health *Consent to Medical and Healthcare Treatment Manual* ([the Manual](#)) and the NSW Health Policy Directive *Clinical Procedure Safety* ([PD2017_032](#)).

3.5. Ongoing monitoring

Both directed and non-directed donors are to be informed of the need for ongoing future contact with the hospital for the purposes of:

- ongoing monitoring of individual donor's clinical outcomes, including psychological outcomes after donation
- health assessment and potential participation in research in relation to non-directed donation and transplantation
- all future health assessments of donors and participation in research must be voluntary with consent obtained at the relevant time.

NSW Health organisations must keep appropriate records regarding non-directed donors and recipients to allow for patient follow up.

4. NON-DIRECTED KIDNEY DONATIONS

Non-directed kidney donation involves a kidney being donated to the “best matched” recipient in Australia or New Zealand (if part of the Australian and New Zealand Paired Kidney Exchange (ANZKX) Program). The non-directed living donor has no say in who will or who will not receive the kidney.

For non-directed kidney donations, all the requirements set out in section 3 must be met, and in addition, the following matters are to be addressed.

4.1. Hospital discretion

It is a matter for each NSW Health organisation to determine whether or not it will assist in assessing potential non-directed donors or undertake donor nephrectomy.

It is at the discretion of each transplant unit to determine whether or not it will receive kidneys from non-directed donors.

If a physician, surgeon or unit does not support non-directed kidney donation then the donor must be referred to a unit that does support the practice.

4.2. Anonymity

All reasonable steps are to be taken by the NSW Transplant Advisory Committee, the transplant team and relevant medical and clinical staff to preserve the donor's and the recipient's anonymity through the donation and transplantation process.

Strict privacy and confidentiality must be maintained for each donor-recipient pair as per s37 of the *Human Tissue Act 1983* (NSW).

4.3. Donor referral

To be accepted as a non-directed donor, the donor must have raised the issue of donation with their primary health care provider or NSW Health organisation of their own accord, and not in response to any invitation by the NSW Health organisation, a recipient, or a recipient organisation.

All non-directed donors must obtain a referral from their general practitioner to a relevant nephrologist, formally associated with a NSW kidney transplant service. Persons who contact a NSW Health organisation about wishing to be a donor are to be provided with preliminary information and advised to seek advice and referral from their general practitioner. The same nephrologist/kidney specialist must not manage the donor and recipient.

NSW Health organisations must not advertise for, or otherwise encourage individuals, to become non-directed donors.

4.4. Recipient selection/allocation

Allocation of the non-directed donor's kidney will be discussed with the donor at the outset of assessment for suitability. This will include allocation to the ANZKX Program or to a single NSW recipient.

At the discretion of the NSW Transplant Advisory Committee all suitable living non-directed donors will, in the first instance, be referred to the ANZKX Program. If the donor is matched, allocation of the non-directed donor kidney to the ANZKX Program potentially gives rise to multiple transplants.

If there is no match through the ANZKX Program, the living non-directed donor may then be allocated to a single recipient via the National Kidney Allocation Algorithm (refer to the *TSANZ Clinical Guidelines for Organ Transplantation from Deceased Donors* ([the Guidelines](#))).

In this case the NSW Transplant Advisory Committee must approve the recipient selection in writing.

Living donation must proceed such that ischaemic time affecting the donated kidney is minimised. Excluding ANZKX Program arrangements, it is rare that donors, or recipients, need to travel to a centre for surgery other than to the hospital where they are being assessed.

Donor and recipient teams are to negotiate the most appropriate location of donor and recipient surgeries through the NSW Transplant Advisory Committee.

4.5. Recipient choice

The treating unit must discuss with the transplant recipient at the initial point of assessment whether the recipient would potentially accept a donation from a non-directed donor. If the recipient would be prepared to do so, they are to be informed about whether that unit could accommodate such an option.

The potential recipient must be informed at the time of allocation if they are to receive a non-directed donated kidney.

5. OVERSIGHT OF LIVING KIDNEY DONATION

5.1. The role of the NSW Transplant Advisory Committee

All directed and non-directed kidney donations are overseen by the NSW Transplant Advisory Committee. The purpose of such oversight is to:

- monitor the operation of this Policy
- allow for assessment and development of recommendations in relation to ongoing review of this Policy
- ensure transparency in the assessment and allocation procedure
- facilitate negotiations about location of donor and recipient surgery
- provide a review mechanism in the event of cases where living kidney donation is contested, including, in particular, non-directed kidney donation.

The NSW Transplant Advisory Committee will notify the NSW Health organisation whether or not a non-directed donation may proceed.

Transplant units that undertake living directed and non-directed kidney transplantation must provide the NSW Transplant Advisory Committee with an annual report on donation activity in their unit using the template in appendix 7.1.

6. AUSTRALIAN AND NEW ZEALAND PAIRED KIDNEY EXCHANGE PROGRAM

6.1. Protocols

The Australian and New Zealand Paired Kidney Exchange (ANZKX) Protocols ([the Protocols](#)) are the agreed procedural guideline for the provision of paired kidney exchange in Australia.

The ANZKX Protocols outline the roles and responsibilities of NSW hospitals and of clinical and administrative staff, including renal specialists, transplant nephrologists, transplant coordinators, transplant surgeons and Lifeblood tissue typing staff.

NSW Health staff must comply with the requirements and processes outlined within the ANZKX Protocols including the procedures for assessing, consenting and registering donors and donor-recipient pairs into the ANZKX Program, and the use of specified forms.

6.2. Informed consent

Informed consent for participation in the ANZKX Program must be obtained from each participating donor and donor-recipient pair in accordance with the ANZKX Protocols. Valid, informed consent for participation in paired kidney exchange is contingent on donor-recipient pairs' receipt and consideration of information on the nature, implications, foreseeable risks and benefits of their participation in this donation process.

Participant donor-recipient pairs must sign a written consent instrument (refer to the ANZKX Protocols). Participants must also accept several pre-conditions regarding the exchange including anonymity of donor-recipient pairs, the lack of an enforceable contract to the exchange and mandatory pre-donation counselling.

6.3. Non-directed (altruistic) donors

Non-directed living kidney donors in NSW will generally be initially registered in the ANZKX Program for potential matching and kidney allocation.

Assessment and management of non-directed living kidney donors must first meet the requirements outlined in this Policy.

6.4. Responsibilities of clinical staff and hospitals

Local protocols must support the enrolment of living kidney donors and recipients in the ANZKX Program and must be consistent with protocols outlined by the ANZKX Program.

NSW transplant units participating in the ANZKX Program must have at least one health professional designated as an authorised user of the transplantation portal OrganMatch to access and facilitate use of the ANZKX Registry. Authorisation is granted by the ANZKX National Coordination Centre.

7. APPENDICES

7.1. Living donor kidney transplantation report

Name of Hospital		
Calendar year		
		Number
Living related kidney transplants performed		
Living non-related kidney transplants performed		
Total living kidney transplants performed		
Living non-directed (altruistic) donor nephrectomies		
Country of usual residence of donor		
AUST/NZ		
Other (please specify country)		

Completed annual reports (calendar year) must be sent to the Chair, NSW Transplant Advisory Committee (via the TAC secretariat) by 1 February of the following year.