

TRANSCRIPT

LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into increasing the number of registered organ and tissue donors

Melbourne—Monday 31 July 2023

MEMBERS

Ella George—Chair

Annabelle Cleeland—Deputy Chair

Chris Couzens

Chris Crewther

Gary Maas

Cindy McLeish

Meng Heang Tak

WITNESS

Ms Louise McKinlay, Acting Deputy Secretary, Commissioning and System Improvement,
Department of Health.

The CHAIR: Good morning. My name is Ella George, and I am Chair of the Legislative Assembly's Legal and Social Issues Committee. I declare open this public hearing of the Legislative Assembly Legal and Social Issues Committee's Inquiry into increasing the number of registered organ and tissue donors.

I begin today by acknowledging the traditional owners of the land on which we are meeting, the Wurundjeri Woi Wurrung people of the Kulin nation. I pay my respects to their elders past, present and future and extend that respect to First Nations people across Victoria. I thank Victoria's First Nations people for their many thousands of years of care for their country.

I also acknowledge my colleagues participating today: Deputy Chair Annabelle Cleeland, Cindy McLeish, Chris Crewther, Christine Couzens and Gary Maas.

Earlier this year the Legislative Assembly tasked the Legal and Social Issues Committee with an Inquiry into increasing the number of registered organ and tissue donors. The Committee will report back no later than 31 March 2024.

The Committee has received a number of valuable submissions to date, and we held two days of public hearings in June. Today is the third day of public hearings in July. Today the Committee will hear from the Victorian Department of Health, and then this afternoon the German National Bone Marrow Donor Registry. I thank all the witnesses for their time and interest in participating in this important inquiry.

All evidence given today is being recorded by Hansard and broadcast live.

While all evidence taken by the Committee is protected by parliamentary privilege, comments repeated outside this hearing may not be protected by this privilege.

We will now commence our public hearings with our first witness. I welcome Louise McKinlay, Acting Deputy Secretary from the Department of Health. Thank you very much for coming today. I invite you to make a brief opening statement of 5 to 10 minutes, and this will be followed by questions from Members. Thank you.

Louise McKINLAY: Thank you, Chair. I would also like to acknowledge the traditional owners of the land we are meeting on today and pay my respects to elders past, present and emerging and acknowledge all of our Aboriginal and Torres Strait Islander communities.

Thank you for the invitation to appear today and talk about these important issues. I am really keen to share with you our current approach around organ and tissue donation and registered donors. If I may, I would like to focus on our submission and the role of the department and the scope of our role for the benefit of the public here today and the panel members. I emphasise that, obviously, we have an operational responsibility insofar as our stewardship of the system, and we have developed our submission based on that scope of our role and identified where we have opportunity to improve, but also what we think is working well.

For context it might be helpful if I summarise what those roles are. As you may be aware, in the current system the Commonwealth has responsibility for organ and tissue donation, while we have a jurisdictional responsibility in terms of the actual delivery of donation and transplantation programs. This includes us working very closely with the organ and tissue association, DonateLife and nationally funded centres. Transplantation of organs is conducted at certain Victorian public hospitals, and they have a very well established model of care and governance over their surgical procedures, making sure we have high quality and safety reporting in place.

If I reflect on the last year, we had 144 deceased donors and 371 transplant recipients in Victoria. Our deceased organ donation rate in Victoria has increased by 30%, so we have gone from 21.8 per million population from a value of 16.8 in 2021, so a significant increase and nearly back at pre-COVID levels, which is really positive. I think in 2019 we were around 24.8 per million. I have to say Victoria does punch above its weight. We have the highest donation rate in the country—I think we are second to Tasmania. So whilst our actual registered donors might be less than the national—we are at 23% of the population over 16 compared to the national average of 36%—we certainly harvest and transplant more organs than many other jurisdictions. I think overall, though, there has been a decline in registrations, and I think what we would say is that is perhaps about community

awareness and a lack of understanding of how to register. So certainly our ambition is to make that as simple as possible for the opt-in model.

We have provided you with some information about our opt-in approach and the efforts that we go to. We certainly have had a fairly robust and ongoing campaign for community awareness. You might have seen last week a fair bit of social media attention in this space on point. We are very mindful, though, that there are many reasons why people do not register to be a donor. Some of that is around lack of understanding of the process. Some people historically have assumed with your drivers licence that you sign up to be a donor. Obviously, that process has changed, so there is an opportunity for people to revisit their understanding there, because VicRoads transferred that process to Australian organ donation back in 2000.

I think also we must respect the diverse cultural and religious beliefs which may discourage donation, and I would not undervalue and undersell the importance of family consent here. Clearly for a transplant to be successful we need all of the family to consent. Interestingly, what our data tells us is regardless of whether someone has made their wishes known or not, family members generally do tend to know the beliefs and values of their loved one, so we have not necessarily found that to be a problem. But I would not underestimate the importance of family awareness in those very difficult hours of decision-making, so I think that is something we need to focus on as a system.

We have certainly focused on opportunities for improvement. I have talked about media, but also working with businesses and with schools, and that is something that we are very committed to. Obviously, we cannot highlight enough just the positive impact that this results in—certainly working with services such as the Austin around organ perfusion so that we can optimise harvestable organs and make sure that they result in a positive outcome for another recipient. Our submission also touches on internationally other models of opt-in, opt-out such as Spain, but equally they too have had to go to additional lengths to ensure that they get the maximum benefit of their donors. I will pause there, because likely you have got many questions of me, but that sort of sums up our role and our position as it stands.

The CHAIR: Great. Thank you very much, Louise, and thank you both for the written submission and for your opening statement. I will start with questions before handing over to my Committee Members. The first area I would like to explore a little bit further with you is the funding from the Commonwealth government through the Organ and Tissue Authority. If you can, from your experience and to the best of your knowledge, can you expand on how the funding from the Commonwealth is distributed in Victoria and whether to your knowledge that is different to other states?

Louise McKINLAY: I do not believe it is different. Certainly the funding that we receive we pass on to our designated health services and the nominated roles that are in the workforce to support organ donation. We have a small team in the department who curate that and oversee that from a governance perspective, but I do not believe we are any different to any other jurisdiction. Certainly the money goes to the point of care, the point of service, education awareness campaigns of the public and also workforce. We have designated nurses that are employed to that end and obviously the retrieval teams et cetera, so it sort of gets dispersed across the clinical domains that are necessary for this to happen.

The CHAIR: And just, I guess, a follow-up question to that: would the Department of Health welcome additional funding from the Commonwealth through the Organ and Tissue Authority for those activities?

Louise McKINLAY: Certainly we would not decline any additional funding. We know that there is more we can do to improve. If we can expand that workforce and reach into communities more with targeted workforce, then we would certainly welcome that.

The CHAIR: In your opening statement you spoke about Victoria having a high donation rate compared to other states, with the exception of Tasmania. One thing that we have heard about in our public hearings is the role that Victoria plays in supporting other smaller states, particularly Tasmania and then also South Australia, which has a high registration rate as well. So my first question is: I am just wondering if you can expand on that support that Victoria offers other jurisdictions in Australia?

Louise McKINLAY: Sure. Look, I am not intimately involved in those pieces of work, but I think it is largely around the capacity we have in our health services and the capability, so supporting services around the sort of educational piece. But I might need to take that one on notice to give you more precise detail, sorry.

The CHAIR: That is completely fine. That would be great if you could take that on notice. We have heard that Victoria supports Tasmania through both organ and tissue retrievals and then transplants taking place in Victoria. We have also heard a little bit about the support offered for South Australia, and I guess that is of particular interest to the Committee given South Australia's high registration rates.

Louise McKINLAY: Yes. Thank you.

The CHAIR: We did see lots of coverage last week with DonateLife Week, so thank you for all of the work that the Department of Health did in helping to promote that. Could you explain the role that the department has in DonateLife Victoria's awareness-raising activities?

Louise McKINLAY: Sure. We work very closely with DonateLife Victoria. We are very tuned into not only the interface with community and what they are seeing and hearing, so obviously that there is a funding role there, as well as supporting the media campaigns that they run. So yes, we very much work hand in glove.

The CHAIR: As you have mentioned and as we have heard from a lot of other witnesses, that awareness is really key in terms of increasing the number of registrations. From your perspective and your experiences, do you think it is a matter of more funding towards awareness, or is there something we could do a bit differently to increase awareness?

Louise McKINLAY: I think there are a few things. Obviously community awareness is really important, and you can do that through various channels. But I also think it is about how we reach into, say, schools, local businesses and universities even and actually directly engage with communities and Victorians. I also think there is a role there around working with the multicultural commission, for instance, and how we reach into various different communities, making sure that we are respectful and mindful of their values base and beliefs. But sometimes it is about demystifying what organ donation is about and also trying to understand from their perspective what they see are the barriers et cetera. I think certainly in my experience, not necessarily in this space, having some sort of cultural ambassadors, for instance, that can champion it would be beneficial. I do not think that we have gone that far to date. I think it is layered. There is the sort of general campaign approach, and then there is the real targeted niche work that you would do with certain communities.

The CHAIR: Is there a role for the Department of Health to play in those kinds of awareness-raising activities?

Louise McKINLAY: Well, we would certainly partner with DonateLife and advocates, I think. I am not sure that we would necessarily drive that directly, but we would definitely partner and advocate, for sure.

The CHAIR: Just one more question with regards to that awareness raising and the role of the department: would the department be open to, say, speaking with the Department of Education around how to work together to get more information about organ and tissue donation into the school curriculum in Victoria?

Louise McKINLAY: We would be happy to have that conversation. I would obviously need to talk to my colleagues in the department about our approach, but yes, absolutely. I mean, this is a partnership approach, it is a whole-of-government approach, to ensure that we maximise donation opportunities.

The CHAIR: Great. I have got one more question, just on a slightly different topic. We heard last week a bit more about stem cell donations, and I think Committee Members were quite surprised to hear that three out of four stem cell donations in Australia are actually sourced from overseas, largely from Germany—and we are hearing from their organisation this afternoon. But from your experience is there anything that you would recommend in terms of increasing awareness around increasing registration for stem cell donors?

Louise McKINLAY: I probably need to give that a bit more thought. I know that actively in many health services, particularly obviously at time of birth, that is a conversation that many clinicians already have around stem cell donation. I would certainly be happy to provide some more advice after today on how we do that. I think it is a science and a technology that perhaps many Victorians are not aware of, so certainly there is more to do.

The CHAIR: I could not agree with you more on that. I thought it was still a big needle into your hip bone, but now 90% are coming through just like a regular extended blood donation. I think selling that message a bit better would be a really great way to raise awareness and increase registrations.

All right. I will hand over to my colleague Cindy.

Cindy McLEISH: Thank you very much. Thank you for coming in, Louise. I am sorry, I have to leave partway through for something else. Can you tell me: how long have you been involved with the organ transplant and donation processes in the state government?

Louise McKINLAY: Sure. Probably about 12 months all up. I have currently been in this position since January, and prior to that I was a senior exec director in which this was my portfolio. I have specialised therapies in my portfolio as a senior exec in the department.

Cindy McLEISH: So you have been across for a very long time what is happening in this space?

Louise McKINLAY: Well, 12 months.

Cindy McLEISH: Yes, but you mentioned that previously –

Louise McKINLAY: No, sorry. I stepped into being the senior exec director in February last year, and obviously since then I have been involved in this space.

Cindy McLEISH: Is there somebody else in the department who has got this really long history that you draw on to understand what has happened in the past and where some of the things have worked or have not worked?

Louise McKINLAY: I have a team who have been a variable length of time in this space, yes.

Cindy McLEISH: Have you been following our inquiry closely—or the team?

Louise McKINLAY: Certainly the last few days, yes—well, last week, I should say.

Cindy McLEISH: We have been going for a little longer than that. One of the things I did want to ask about is that there was previously an organ donation transplant services 2019 report, and I am not quite sure how you pronounce it—Ngamuru, perhaps—which has not been released. A lot of people that have been appearing at the public hearings have been quite frustrated that that has not been released. Why is that?

Louise McKINLAY: The report was an internal review of our operational activity and opportunities for improvement, so it was not necessarily a policy piece. I cannot comment on why it has not been released, but certainly there is nothing within the report that would necessarily influence the outcomes of this hearing, I do not think.

Cindy McLEISH: Are you happy to provide us with a copy of that report?

Louise McKINLAY: I cannot commit to that today, but I am certainly happy to take that on notice.

Cindy McLEISH: Okay. So we will get that answer fairly quickly?

Louise McKINLAY: Yes.

Cindy McLEISH: Thank you. I think everybody has been quite frustrated because they heard nothing, and it is several years down the track. Earlier you said that you know that there is more to do to improve. Why has that not been done, then?

Louise McKINLAY: We have constantly worked on this. It is not that we have not taken any approaches to change or improvement. We have been very focused on the workforce and very focused on the quality and safety, obviously, of the services that are provided and have done as much as we can to date around, if you like, promoting organ donation. I think it is a whole-of-government issue in terms of promoting and raising awareness. It is not just the Department of Health's job.

Cindy McLEISH: Given Victoria's registrations are much less than other states, have you looked to see what they are doing that you are not doing?

Louise McKINLAY: Yes, we have. I think the things that we have put in place are very similar to other jurisdictions. If we look across the whole of Australia, there has been a 40% decline in organ donation registration.

Cindy McLEISH: And we have started at a lower base.

Louise McKINLAY: We have gone up by 30%, and we also harvest and transplant more organs than most.

Cindy McLEISH: And that is probably because we have got such a pre-eminent medical precinct.

Louise McKINLAY: As in?

Cindy McLEISH: The Austin Hospital and the different hospitals. They have presented to us, and we have heard about some of the extraordinary and outstanding work that they do and how they do help others.

Louise McKINLAY: They lead the way.

Cindy McLEISH: Absolutely. I have no doubt about that at all. I have been on the organ donor registry multiple times and keep dropping off. Can you explain why that happens?

Louise McKINLAY: I do not know. I mean, obviously that is managed by the organ donation registry service. There was a change in process back in I think early 2000 around drivers licences and then going onto a system, but it is not something that we manage in the department.

Cindy McLEISH: Something that we heard earlier was that when data was uploaded, all of Victoria to the Commonwealth did not get uploaded. Are you familiar with that?

Louise McKINLAY: No, I am not; I am sorry, no.

Cindy McLEISH: Do you think there are any issues in the processes that we have that impact the registrations?

Louise McKINLAY: Not that I am aware of, but I am very happy to go away and look at that. I am not aware of any data upload issues.

The CHAIR: Just to clarify, my recollection of that evidence was it was not so much an issue of data uploading. There were some privacy and confidentiality concerns in that the data had been provided to the state for the purposes of the register, but those people who provided their information had not provided it to the Commonwealth. Is that your –

Cindy McLEISH: Yes. However, I, as somebody being on that donor register, was never contacted to see if I was—so all of those donors. I have been on it probably three times, and I am still not convinced that I am on it. I do need to go and check. Every time the system changes, I drop off. I am just wondering how many other people have been in my situation and whether the department has looked at some of those systems and processes to see if there have been people. For example, my daughter was put down at birth, and then I assumed that when she was 18 she might be contacted to ask whether she was on it. We have never heard anything from that. So I look at these sorts of things and think there must be some issues with systems and processes that could be explored and improved. Is that something that is on your radar?

Louise McKINLAY: It has not been. Certainly a colleague of mine checked if they were still a donor on the weekend and they were still registered, so clearly the system is working.

Cindy McLEISH: So this is over a very long period of time—a very long period; I am talking 30 years. Every 10 years I seem to drop off every time the system changes, and no-one contacts me to ask about privacy, to say, 'This is happening', at all. Is that not something you have heard of at all?

Louise McKINLAY: No, it is not, I am sorry. But I am very happy to take that away and have a look at that. I was not aware of those issues.

Cindy McLEISH: Just my last question: how much does the Victorian Government contribute to or give the organ donation process, other than through the provision of the hospital stuff?

Louise McKINLAY: I could not give you a precise number. I do not have that in front of me. So again I will take that on notice but we make a considerable investment in DonateLife. Obviously, we work very closely with our health services in funding them around the transplantation services, so it is not insignificant.

Cindy McLEISH: Yes, if we could get a figure, that would be great.

Louise McKINLAY: To the tune of a few million and then some.

Cindy McLEISH: Okay, thanks. Thanks Ella.

The CHAIR: Thanks, Cindy. Christine.

Chris COUZENS: Thanks, Louise, for coming along today and for your submission. We really appreciate your time. Several stakeholders to the inquiry are supportive of Victoria returning to the drivers licence system. Has the department got a view on that now, particularly going to the digital licences?

Louise McKINLAY: So we have a five-year digital road map, and that is certainly part of that. I think we have got a pilot running in Ballarat currently, mindful of the approach in South Australia. So certainly, whilst that falls out of our remit, insofar as we do not control the process around the drivers licence, that would be something we would support.

Chris COUZENS: The Committee also understands that health ministers are seeking harmonisation on tissue and transplant legislation. Can you provide an update on that process?

Louise McKINLAY: On the actual legislation?

Chris COUZENS: Yes.

Louise McKINLAY: With respect to just broad terms?

Chris COUZENS: Yes.

Louise McKINLAY: Okay. I am sorry, I do not have a precise answer for you today. I have some comments around voluntary assisted dying in the legislation, but I have to say that is not something that I am up to speed with, I am sorry.

Chris COUZENS: Okay. So the health ministers are looking at that tissue and transplant legislation?

Louise McKINLAY: Yes.

Chris COUZENS: So is the department not involved in that?

Louise McKINLAY: I have not been directly involved with that. Certainly if it is on the health ministers' agenda, I am sure we will be. But I cannot give you an update today.

Chris COUZENS: Okay. And what policies does DH have in place to address inequality in accessing kidney transplants for First Nations people in Victoria, given they are some of the lowest recipients? Is there any work being done around that?

Louise McKINLAY: Not that I am aware of, but clearly our job is to maximise equity of access across the whole. So again, I am happy to provide that feedback once I check in with the team, but I do not have any specific pieces of work that I am aware of.

Chris COUZENS: Okay. And how does the donation and transplant process in regional and rural Victoria differ from metropolitan Melbourne?

Louise McKINLAY: So obviously the services that are lined up to be able to harvest and transplant organs vary across the state. It is fair to say the majority are within metro Melbourne. We only have a couple of centres

in the regional and rural areas, but certainly we have teams who we fly in, fly out to support those services should the opportunity arise. We certainly support our regional services in terms of awareness education in the workforce, but this is very specialised intervention of course, and so our job is to expedite, if you like, the harvest process and then get to transplantation in the best place possible as quickly as possible.

Chris COUZENS: Is there a particular region that is doing really well in the state?

Louise McKINLAY: I could not pick one especially, but certainly—I mean, we are fortunate in Victoria in terms of our geography that you can move very swiftly, particularly with helicopters and the like, so I think all of our services do very well in this space, actually.

Chris COUZENS: And is there any work being done to look at how we might raise more awareness in regional and rural Victoria?

Louise McKINLAY: Yes. I think this is where the community campaign plays out. If I think of local business, how we work with the farming community, for instance—absolutely, yes.

Chris COUZENS: And how does DH collaborate with the Department of Education in relation to educational awareness in schools?

Louise McKINLAY: We do connect with them. Have we gone so far as changing the curriculum? Not that I am aware of, but certainly that is something we are committed to doing more of, because obviously educating young people around the opportunities and raising that awareness with families is really important.

Chris COUZENS: And what would you see as some of the barriers to doing that in schools and universities, for example?

Louise McKINLAY: Well, I think personally I am mindful that people come with a different values base and belief system, so you have got to be respectful of that. There might be certain denominational schools that might have a view that we would need to work with the Department of Education more closely around. But I think there is definitely a will and an appetite to do that.

Chris COUZENS: So have you been doing any work around those cultural issues that might come up in terms of donations?

Louise McKINLAY: Just in terms of our general media, yes, but we have not specifically gone out to target any specific communities.

Chris COUZENS: And is that a plan moving forward, to go out into multicultural communities—for example, Aboriginal communities?

Louise McKINLAY: Yes. Well, I think we have reflected in our submission that that is something we wish to do.

Chris COUZENS: Okay. And your submission recommends targeted engagement with businesses, houses of worship and various segments of the community to encourage individuals to register. Is that something you will continue to do going forward to make sure that we are raising that awareness in all those communities?

Louise McKINLAY: Absolutely, yes.

Chris COUZENS: Okay. That is it.

The CHAIR: Thanks, Christine. Chris.

Chris CREWITHER: Thank you, Firstly, thank you for your evidence.

Louise McKINLAY: No worries.

Chris CREWITHER: Thank you for your submission and your time giving evidence today. My first question is: your submission notes that diverse cultural beliefs may discourage donations. How is the Department of Health engaging with culturally and linguistically diverse communities to address any concerns,

myths or misconceptions that they might have which might prevent them from considering registering to become an organ donor?

Louise McKINLAY: We have obviously looked at the evidence around some of the impacts certain communities may experience in their belief system and approach to this. You might be aware of a study—I think it was the University of Sydney that particularly looked at certain groups. We have also done similar studies around certain European groups as well. My experience would be that you have to sort of be in the shoes of those communities and working very closely with them. Through our health services, I would suggest, is kind of the best way to do that, because they are the ones who are better connected to their communities. The nurse coordinators and their sort of navigators play a big role in this space and certainly do a lot of work locally with their communities. That is how we auspice that approach.

Chris CREWITHER: Do you have any particular programs you can mention that you can talk about to reach out to these communities—for example, in relation to videos you might be putting out in different languages or communication services or brochures or things like that?

Louise McKINLAY: I am going to get the acronym wrong, but the centre for ethnicity and health is a good partner of ours that we work with around how we communicate with various communities around health issues. But there is not a specific program that I can reference to you today around specific multicultural programs.

Chris CREWITHER: That centre that you are partnering with, do they have specific programs?

Louise McKINLAY: They do. They run a whole range of health promotion and health education programs. This would be part of that. They do a lot of work around health literacy, so how we can empower consumers to make decisions about their health care.

Chris CREWITHER: So what are some examples of some of the programs that that centre is running?

Louise McKINLAY: There are many. Forgive me, because it is probably stage fright that I cannot pick a precise one. They do a heap of stuff around consent and they do work around screening—when to go and get a health screening. This would be part of that suite of health education that they provide.

Chris CREWITHER: Thanks. You mentioned to my colleague Cindy McLeish before that you would take on notice providing a copy of Ngamuru report to the Committee. Will you also take on notice considering publicly releasing the report as well?

Louise McKINLAY: Yes, I will take that on notice. Thank you.

Chris CREWITHER: Thank you, particularly given the number of witnesses who have raised that as an issue. It is certainly something that I think I and other Members of the Committee would think of as a useful thing.

Louise McKINLAY: It would be helpful. Yes, okay.

Chris CREWITHER: You mentioned before that, yes, we might have a certain higher number of actual organs donated. Obviously a factor in that is our higher population as against other states and the fact that we do have high-level health services and so on. What do you think are the main things we can do, though, to increase Victoria's registration rate, because if you ignore the fact that we have a higher population, we actually have a very low registration rate compared with other states –

Louise McKINLAY: Yes, we do.

Chris CREWITHER: particularly against South Australia. Obviously licences and linking with licences in South Australia has been a key factor there, but what do you think are the key things that would increase our registration rates?

Louise McKINLAY: Well, I guess it goes back to the point I made earlier around community education, awareness and making it as simple and as easy as possible—making sure we do not let people drop off the system, for instance. I was not aware that that was an issue, but that is certainly something we will follow up with. I mean, our health studies are actually very good at intervening, but possibly too late, so I think it is about

how we move things earlier and work with schools, as I say, employers and really drive that awareness and opportunity.

Chris CREWITHER: Do you think that community education is enough, or do you agree with going down the South Australian approach or some of the models internationally like opt-out and so on? What was your view on those things?

Louise McKINLAY: I think that is a question for government actually. I mean, we obviously have a policy around opt-in. It is not for me to make a policy decision on that.

Chris CREWITHER: Your submission also recommends that donors are encouraged to share their donation decisions with their families. One of the things that we have heard is that, yes, a person may have registered but their family may not agree to give that assent. What strategies are the Department of Health implementing to prepare donors for these difficult discussions, especially given the communication apprehension a donor might experience when discussing death and dying?

Louise McKINLAY: Our designated workforce in this space are very skilled at having those conversations, and our experience would demonstrate, regardless of whether the person is registered or not, we are very successful in those conversations, hence our high rate of transplants. I mean, it is clearly something that when we engage with a consumer we support them in those conversations, but it also goes beyond health. This is why we need the broader community to engage, because by the time they come to us, sadly, it is a very difficult point in their life. If their loved one has had a traumatic injury and they are having a conversation around donation, that is a very difficult conversation to have, I would imagine.

Chris CREWITHER: In that space, who are the designated workforce that you refer to, and what is their role? Can you expand upon that?

Louise McKINLAY: Yes. We have a range of nurses. I guess, it is twofold. There is a conversation around end-of-life planning and conversations with consumers around ‘What are your preferences?’. So that is a more generic workforce, certainly largely led by nurses. We do have, obviously, medical practitioners who support that. Then we have designated nurse navigators as well as the actual transplant teams themselves—very specialised in having these conversations.

Chris CREWITHER: I am noticing you have only been in the role for a short period—for 12 months or so. Have you had an opportunity to go out in person to see and experience some of these services on the ground?

Louise McKINLAY: Sadly, no. COVID sort of put paid to on-the-ground visits, I have to say, of late. But I am very familiar with the teams. I have certainly met with them virtually, so I have spoken to the teams at the Alfred and the Austin, for instance.

Chris CREWITHER: Will you take it on notice that that might be a good thing for you and others within your department to do, to actually go out there physically to see what is happening and to talk to people on the ground?

Louise McKINLAY: Yes—very happy to do that.

Chris CREWITHER: Thank you. That is all, Chair.

The CHAIR: Thanks, Chris. Gary.

Gary MAAS: Thanks, Ella, and thank you, Louise, for your submission and also for your appearance today. I would just like to talk about family consent. Some of us here remember the days when we used to have a drivers licence system where you used to have a put a little sticker on the back of it, and the biggest part that came out of that was the discussion you would have with your family, at least in my experience. Given that your submission talks to that high correlation between, I guess, the harvesting of organs and moving to that consent if family is aware, what are some of the things that the department suggests might improve that figure further?

Louise McKINLAY: I probably feel like I am being the bit of a broken record, but I do think it is about the community awareness. Obviously, we work directly with families as individual cases present. I cannot stress

enough the importance for each of us as individuals to have those conversations with our families and loved ones, and that is certainly something we encourage. I think that goes beyond the realm of the department. Certainly we intervene when we have the opportunity to do so, and we obviously have our community campaigns and will continue with those. I think it is about breaking down the, if you like, misconceptions around organ donation and just actually perceptions around what you would donate and how those various organs and tissues are optimised. That sounds pretty crude. I think sometimes people think it is just about hearts, lungs, kidneys et cetera, but it actually goes way beyond that. Certainly the tactic that we will take is around working, as I have said, with communities, schools et cetera to inform and educate as best we can. Obviously that needs to be backed in more broadly across other departments and the Commonwealth ultimately, given that they have a key role here.

Gary MAAS: Yes, sure. Thank you. I think those awareness campaigns are important and are playing a very positive role. I still come back to the fact that the licence itself and the receipt of that licence was, if you like, an inciting incident, which allowed a much broader conversation to take place and to get that family consent rate higher at the time. Again please feel free to sound like a broken record, but what is your view around that sort of inciting incident, if you like, or a licence or something else that you think might spark those conversations within a family?

Louise McKINLAY: Good question. I mean, I am not aware of any evidence that necessarily backs in the historical approach around the drivers licence. Obviously you shared your personal reflection. You know, this is almost like a taboo subject, sadly, for many families. So how do we break those barriers down? Certainly with our digital road map and approach, as the broader Victorian system evolves, we would be supportive of that being a part of your drivers licence. But it does not necessarily equate to family awareness or those conversations. What we are seeing in practice is actually that families, regardless of whether someone is registered or not, do end up giving consent, because they are pretty confident in the views of their loved ones and what they would want as an outcome. I do not know that the two necessarily are directly linked. It makes it simpler, but there is no evidence that I am aware of that it makes a fundamental change. I do think you have to take a holistic approach, and just focusing on one part of the system does not necessarily equate to an outcome around harvesting an organ or a tissue to donate.

Gary MAAS: Okay. Thank you. One of the positives that came out of the pandemic was, I guess, the engagement and connection that the department, through its programs, had with our diverse, multicultural and multifaith communities. I think a lot of work was done then to ensure that connection with leaders of those groups. Has that work been maintained? Has there been any work around organ and tissue donation that has been continued through those connections that were made at that time?

Louise McKINLAY: Our relationships with those individuals and those communities continue. Certainly we collaborate with a number of healthcare organisations to, if you like, auspice that engagement and that work. Are we running something specifically ourselves directly? Not at this point in time, but certainly that is something on our forward plan around work we need to do.

Gary MAAS: Okay, thank you. I might move to voluntary assisted dying now. Your submission made several points around some opportunities that exist there in relation to conversations to be had in relation to organ and tissue donation. I know it is early days yet, but what sort of work is taking place at this stage?

Louise McKINLAY: Obviously voluntary assisted dying is a very important program and enables people to have a choice in terms of their time and place of death, which is pretty critical in relation to organ donation because time is really important. I understand DonateLife are developing some guidelines specifically around voluntary assisted dying. I have not seen those documents yet, but that is something that I am aware they are working on. The ability to be a donor and donate your organs is available to everybody regardless of how you approach your end of life. I am aware internationally there has been work done. Particularly in Belgium I think they have been successful, so we have certainly got our eye on their approach. As I say, DonateLife are working up some guidelines on this space, but I have not seen the final documents yet.

Gary MAAS: Okay, thank you. We have had some evidence that has pointed to some potential barriers in the short period of time we have had with voluntary assisted dying and organ donation. Are there any barriers that leap to mind for you?

Louise McKINLAY: As in for the individual?

Gary MAAS: Well, we had some previous evidence that, for voluntary assisted dying, people feel comfortable, in those last stages of life, being at their home rather than at a hospital, and so not being in a clinical environment presents some difficulties in terms of moving to that stage of organ harvesting. That was pointed out as one barrier. Is there anything that comes to mind that you might like to leave for the hearing?

Louise McKINLAY: You have touched on that. If someone wants to die at home and if we are not aware of their wishes insofar as organ donation, that does present a barrier because time is of the essence. That would probably be the main thing that I would think of. I guess that is something for us to think about in our voluntary assisted dying processes in terms of how we enable that conversation earlier.

Gary MAAS: What kind of collaboration and partnerships might be required to facilitate greater integration of organ and tissue donation into end-of-life care and voluntary assisted dying?

Louise McKINLAY: I guess at the pointy end it is about how we engage our healthcare workforce and educate them to have greater awareness and to connect those conversations, because there are invariably different teams. That is the front end, and then the back end is for us to look at our policies and how we can drive that behaviour.

Gary MAAS: Okay. Thank you. I might leave it there. Thanks, Chair.

The CHAIR: Thanks, Gary. Annabelle.

Annabelle CLEELAND: Thank you, Louise, for your time and contribution today. Could you clarify—I know we are harping on about this a little bit—who was responsible for the data transfer from the state-based drivers licence registration to the national AODR?

Louise McKINLAY: Sorry, I am just checking my notes. It was the Australian Organ Donation Register and VicRoads, so it would be between those two parties, I imagine. It was not necessarily something the Department of Health was directly engaged with.

Annabelle CLEELAND: Okay. Are you aware of how many Victorian donors were registered before the 2000 transfer of that information?

Louise McKINLAY: No, I am not.

Annabelle CLEELAND: Do you think you would be able to take that on notice?

Louise McKINLAY: Sure.

Annabelle CLEELAND: And subsequent to that is after the donor registration moved to the national database, how many were registered in Victoria? There was a figure that was reported, I believe—I think it was about 300,000 was the information that was transferred compared to New South Wales, which had about 2 million. And we are just trying to understand how many people were lost in that data transfer and how many people have since been notified that they may not actually be registered when they think they are?

Louise McKINLAY: I can certainly ask the question. Again, it is not a dataset that we own. My data is very much based on per population registers, not precise numbers. But I am happy to take that on notice.

Annabelle CLEELAND: I am just interested in that disparity of data and if that could form an awareness campaign to notify people if they believe that they are registered when they are actually not.

In your submission there was a comment under ‘Unclear donor registration status’ that says:

All other states and territories determined that the cost associated with processing and recording the information outweighed the benefits of continuing.

This is in relation to the drivers licence process. Can you explain what that means?

Louise McKINLAY: No, sorry. I think it was probably about a volume and capacity question, but can I take that away and give you an answer?

Annabelle CLEELAND: I would appreciate that. You mentioned that you are looking at a five-year digital road map, and there is a pilot in Ballarat, so that is a digital drivers licence. Are you looking at having organ donors back on that digital licence as part of that five-year –

Louise McKINLAY: Well, that is a question for government, not necessarily for the Department of Health. I guess we have a means—a way to enable that to happen—but in terms of the actual policy question, that is yet to be determined.

Annabelle CLEELAND: Sorry, didn't you say that there was a five-year digital road map coming out?

Louise McKINLAY: Yes, so we have a five-year digital road map which encompasses broader health digital systems, so electronic medical records, patient information sharing, things like our administrative systems in health services. All of those are part of that road map, so it is quite broad.

Annabelle CLEELAND: Okay. So to clarify, are we looking at a digital drivers licence with organ donation documented on that as part of that?

Louise McKINLAY: I think that is a question for VicRoads. We do not manage the drivers licence per se, but there is an option for government to go down that path if they choose to.

Annabelle CLEELAND: Okay. But in the digital road map they are not choosing to.

Louise McKINLAY: It is not specifically –

Annabelle CLEELAND: Sure, sure. Okay. Thank you for clarifying. A few of the hospitals have raised some issues with trust of health services and the government, which has been impacted by COVID restrictions—so that ability to have a personal conversation with family around organ donors, particularly because of the potential physical limitations of visiting people in ICU during COVID and post COVID. There is still impact being felt where COVID restrictions, I guess, are still lingering. And some of those hospitals still have some restrictions around visiting patients, and then if they go into ICU and family are having conversations around organ donations, there is a bit of mistrust of the moment. Do you think that you need to explore whether COVID restrictions that are still in place are impacting organ donations?

Louise McKINLAY: Certainly from a whole-of-health perspective, the COVID restrictions are far less. We have adjusted through the pandemic depending on the profile of COVID in community. Any local decisions that are made around visiting are very much a local decision. It is not something that we are dictating. So there are multiple opportunities to enable those conversations to happen. People have been quite creative in how they have gone about that—you know, using iPads et cetera. So we are certainly not endeavouring to create any more restrictions—in fact the opposite. So as far as I am aware, we have no visitor restrictions at the moment in place. If those decisions have been made, they have been made at a local level. It is not something that has come from the department.

Annabelle CLEELAND: Okay. It has also been raised around some of the challenges and barriers in tissue retrieval, with the Coroners Court being a part of the department of justice. I know this is not your domain, but I guess if you are looking at a five-year digital plan this could be an important contribution: do you believe that the coroners should still be a part of the department of justice, or is this something that should be considered under the Department of Health?

Louise McKINLAY: I am not sure I can make a comment on that, actually. I think that is a decision for government. I have not seen it as being a barrier. We work very closely with the coroners department, so that is an interesting proposition.

Annabelle CLEELAND: One of the anecdotes was that an email, because it was '@justice', went to spam. The evidence was quite fascinating, actually. Whether it needs to be reviewed –

Louise McKINLAY: Okay. I do not have a view on that, personally. I think that is a conversation for government.

Annabelle CLEELAND: Okay. A part of the challenge with tissue retrieval is this 24-hour limit in which it has to be harvested—sorry if that terminology is poor. Is part of your digital road map, I guess—I keep coming

back to that, sorry—looking at an overhaul of the communications? I have been a bit shocked about how clunky and archaic some of the communication platforms are, with nurses or donor coordinators required to logistically conduct their own communications; it does not seem like there is a software or a united communications platform at the moment. Is that something that needs to be reviewed to make sure it is all streamlined and that hospitals are talking to one another—regionally included in that as well as the coroners tissue retrieval—that it is all under one communication platform?

Louise McKINLAY: Well, you might be aware that we have recently passed legislation around health information sharing, and obviously, up until now, legally, there are limitations into privacy, confidentiality and what you can share and when and with whom and by how. That legislation kicks in next year, so that will certainly be an enabler to enable that data transfer, if you like. And absolutely, that is fundamentally what is part of the digital road map, about how we get the right information to the right people at the right time.

Interestingly in Victoria, being a devolved system, we do not mandate to health services what systems they use, but where we can, we try and get some standardisation around protocols and key criteria for the platforms they engage with, through their electronic medical records, for instance. Communication platforms are interesting, because obviously there are many, and again it does vary across health services. Where we can get standardisation, that is our absolute aim, but we do not have complete direction over that, I guess. So that is definitely part of the road map, but there will be some variation because of local needs and local preferences, for instance. Some services choose to use Cerner, for instance, some services choose to use Epic in terms of their electronic medical record. Both are good, so what we do is we very much focus on, if you like, the core standards that sit within the legislation, as well as data stewardship in terms of governance and security, et cetera.

Annabelle CLEELAND: Can you explain, when an organ and tissue donor becomes available, how that is communicated throughout Victoria? Say this is available in Bendigo, and transplants are taking place in Victorian hospitals?

Louise McKINLAY: Look, I am not intimately familiar with it, but I do know that the coordination group, other than the nurse coordinators, are very well connected, as well as the transplant teams. Invariably there would be a phone call to raise awareness and to look at the options in terms of harvest and retrieval et cetera. Usually it is via phone, and then it cascades from there.

Annabelle CLEELAND: Okay. Do you believe that all potential donors are being asked the question? Across Victorian hospitals I guess they focus on that in ICU. Do you believe that close to 100% of conversations with potential donors are being had at the moment and there are no barriers with training of hospital staff to conduct those conversations?

Louise McKINLAY: I think it would be remiss of me to say we are taking every opportunity. I think probably we are not, and there are various reasons for that. I mean, individual practitioners will have their own views in this space. It is certainly something that I know as a clinician I was very aware of when practising and would have those conversations, but they are not easy conversations to have, so that is why we do not stop with the awareness and the training, because it is about giving those individual practitioners at the bedside, for want of a better term, the confidence to have those conversations.

Annabelle CLEELAND: Okay. Can you explain what the key recommendations were that came out of the 2019 Department of Health organ and donor report?

Louise McKINLAY: I think I mentioned earlier it was quite an operational review and it was basically around how we interface with the nationally funded centres, how we work with the national reform program et cetera, so it was really around how we continue to promote and support organ donation activities. It was not necessarily specifically around registrations; it was very much the how-to and what can we do more of. So what came out of that was around workforce, ongoing education, working with the broader community and then also some of the training programs, augmenting those. For instance, St Vincent's has a simulation training program, so we supported that to continue.

Annabelle CLEELAND: So of those recommendations how many have been adopted?

Louise McKINLAY: My understanding is they have all been adopted.

Annabelle CLEELAND: Okay. Would you be able to share with us the recommendations so we are not duplicating your work?

Louise McKINLAY: I think I have said I will take on notice sharing the report, but if that is not the case I am very happy to share the recommendations.

Annabelle CLEELAND: You comment in the submission around funding to the Organ and Tissue Authority, what are the KPIs like attached to that? What are the benchmarks that they need to achieve, and is there an auditing part in it?

Louise McKINLAY: They have a three-year funding agreement, and so as part of that agreement obviously we look at how they engage with DonateLife Vic. We look at the various staff they have on board and their training and profile. Also they provide us with an annual report, and obviously we monitor the amount of work that they do, as in the number of donations et cetera. Not that they do the donations, but the outcome, if that makes sense.

Annabelle CLEELAND: Okay. So is one of the key performance measures the increase in organ donation registration?

Louise McKINLAY: Not increase per se, but we certainly monitor how many. We do not set them a target of 'You will do 10% more this year'; it is more about the actual volume overall.

Annabelle CLEELAND: Okay. So your understanding with DonateLife's role in the awareness, was there a registration increase element to their performance measurements?

Louise McKINLAY: Not that I am specifically aware of, but I am very happy to explore that and share that with you. I cannot say the two are necessarily directly linked, but I am very happy to explore that in the data.

Annabelle CLEELAND: Yes, please. Thank you.

The CHAIR: Thanks, Annabelle. Just a few more questions from me to wrap it up, Louise. I would just like to ask you a few questions around data and how we can use data to increase the number of registered donors. Firstly, is there any additional data that could be recorded on the Australian organ donor register that would help the Department of Health in making decisions around, say, awareness-raising activities or any other activities aimed at increasing registered donors?

Louise McKINLAY: Look, I am sure there is. Can I be precise on what that looks like? I mean, the first thing that comes to mind is probably that family awareness, so maybe there is a question around: have you spoken to your family about this? There is nothing else sort of springing to my mind right now, I have to say.

The CHAIR: If you do think of anything else, though, we would definitely welcome hearing that from you around what data would be beneficial for the Department of Health to have access to. Then just on data again: do you have any insights from your analysis of inpatient data that you could share with the Committee with regard to who becomes an organ donor in Victoria?

Louise McKINLAY: I do not have that for you right now. Certainly we can share that if we have those insights. I think it is quite broad, though. There would be certain characteristics at play, but it is not something that I have to hand just now. I am happy to have a look at that.

The CHAIR: That would be great. I guess, just on data generally, are you aware of any gaps in data collection with regard to organ and tissue donations and looking at who is likely to register and how we can get more people registering?

Louise McKINLAY: No, but again, I am happy to explore that. I think we are probably more aware of the barriers than we are of the enablers, so maybe that is something we need to look at, yes.

The CHAIR: Great. Thank you. You mentioned the five-year digital road map. We just have had a few questions on that. I think, Annabelle, you have probably taken most of what I was going to ask, but that is okay. How does the Department of Health collaborate with Service Victoria in terms of, I guess, working together—say, for example, getting organ and tissue donations status into the Service Victoria app?

Louise McKINLAY: Obviously, Service Victoria is quite a new entity in the scheme of things, so our relationships are fairly early in that regard. But certainly we are very happy to talk to them about that.

The CHAIR: Okay. We have spoken a bit today about the partnerships that the Department of Health has with the organ and tissue authority. But I would just like to ask you if you have a partnership with Lifeblood and how that partnership can be used to enhance or to promote organ and tissue donation.

Louise McKINLAY: We do have a partnership with them. We work with multiple organisations in this space and beyond. That is something that is regularly in our dialogue with those organisations—are we doing enough? What else can we do? So absolutely, yes.

The CHAIR: I asked earlier about stem cell donations. I only just registered last week to become a stem cell donor through a blood donation app, Lifeblood. With regard to stem cell donation, is that something you would work with Lifeblood on, potentially?

Louise McKINLAY: Potentially, yes.

The CHAIR: Okay. Just my final question around awareness: we have heard a lot from the OTA and from other witnesses about different awareness-raising activities and grants that the OTA has provided to, say, run a campaign for a multicultural community or target a certain cohort of people. Does the department work specifically with the OTA on any of those, I guess, smaller awareness-raising programs and the smaller grants that the OTA provides?

Louise McKINLAY: Not directly, no. I mean, obviously we provide them with, as I think I said earlier, three-year funding agreements. I think you did ask me earlier, and I just found the number here: it is not shy of \$26 million over three years that we provide OTA. And obviously we work with the DonateLife network of clinicians as well as the agency staff. In terms of how they then operationalise their grants et cetera, that is part of the funding agreement, but we do not directly get involved in the sort of small, individual arrangements.

The CHAIR: Okay. Thank you. Christine, you had another question?

Chris COUZENS: Yes. Your submission outlines the public perception of certain medical conditions that may discourage affected people from registering as an organ or tissue donor. What work is the department undertaking to further understand and address this?

Louise McKINLAY: As in for public awareness?

Chris COUZENS: Yes. Lots of people out there think they are not –

Louise McKINLAY: Eligible?

Chris COUZENS: Yes.

Louise McKINLAY: Yes. I guess that comes down to the work we want to do around working with businesses and schools around who can donate and breaking down some of those myths and perceptions. A lot of the work tends to happen within the health services directly. So it would be part of our broader campaign.

Chris COUZENS: So you are not doing anything on that at all at the moment?

Louise McKINLAY: Not at the moment, no.

Chris COUZENS: And this future campaign you have mentioned, when does that actually start?

Louise McKINLAY: I do not have a specific date in mind. It is ongoing work, so it is not that we are launching it. We kind of evolve our campaigns over time. Obviously, we use things like last week as a profile, so we tend to loop that in with our communications team around the right approach and time.

Chris COUZENS: And do you have experts that actually look at how that should be presented to the community? How does that campaign –

Louise McKINLAY: Certainly our corporate comms team are very experienced in this space, so we take their advice, and we are obviously working with clinicians as well to make sure that we are being accurate in terms of what we are saying. But in terms of how it gets portrayed in the public, it is very much in the purview of our comms team. That is their bread and butter.

Chris COUZENS: So there is that part of it and then the cultural aspect. I am just trying to get a picture of how these messages get rolled out going forward.

Louise McKINLAY: Well, as any comms team would do, they engage with the stakeholders that they are targeting in terms of the campaign or the product. We work with the multicultural commission, for instance, and we work with various peak bodies. We pull in that advice as we need to. Obviously, that all gets sense checked centrally with the central government communications team to make sure that we are replicating and representing the government appropriately.

Chris COUZENS: Who ultimately makes that decision to move on that message?

Louise McKINLAY: Well, it is a combination of the central government communications team as well as our local Department of Health communications team. They kind of work together. Obviously, we get the support from the minister's office, and they then work with the central teams. There is usually a year-ahead plan, and it is timed according to need and then appropriate timing. We have an annual budget allocated to us for these sorts of things.

Chris COUZENS: Yes.

The CHAIR: Annabelle.

Annabelle CLEELAND: Further to Chris's questions actually, do we have Aboriginal liaison officers in Victoria?

Louise McKINLAY: We do, yes.

Annabelle CLEELAND: Are they based in hospitals?

Louise McKINLAY: They are indeed.

Annabelle CLEELAND: And are they trained for organ donation coordination?

Louise McKINLAY: I do not know.

Annabelle CLEELAND: Okay.

Louise McKINLAY: I would have to ask that question.

Annabelle CLEELAND: If you could, that would be great. And supplementary to that is whether it is culturally relevant organ donation training. I ask that specific question because we heard from Alice Springs Hospital, and it was quite fascinating—some of the barriers around when we would have that conversation and how relevant it is for First Nations communities, who would require it much earlier with the family.

Louise McKINLAY: Interventions.

Annabelle CLEELAND: Yes, that is right. So I would be interested in the training and whether it is culturally appropriate.

Louise McKINLAY: I know they are very well skilled, and they are jacks of all trades, I have to say, because obviously they are engaging with communities on a whole range of issues. But I could not hand on heart say that they are specifically trained in organ donation conversations, so I would have to ask that question.

Annabelle CLEELAND: Yes. Thank you.

The CHAIR: Chris.

Chris CREWITHER: Thank you. I have still got time for a further question. Have you had an opportunity to read some of the key health submissions to the inquiry, such as the one from Alfred Health?

Louise McKINLAY: I have read a range of submissions, yes. Do you have a specific question?

Chris CREWITHER: On Alfred Health's submission: they mentioned that the *Medical Treatment Planning and Decisions Act 2016* provides a multilevel process for advanced care directives, and they relate that to organ donations. Can you outline the multilevel process for advanced care directives from your understanding?

Louise McKINLAY: That is quite a technical question. There are certain things that you can put down in writing in terms of your preferences as an individual should you have to face certain decisions—and/or what your preferences are. As I say, it is quite technical. Firstly, there is this term around 'capacity'—so are you able to provide that information with, if you like, a sound mind? That is one element. People do not always provide this information, so the actors enable that conversation. I might say, 'In the event that I am in a car accident and my heart stops, I don't want you to restart my heart,' for instance—it can be that specific. And/or it can be quite general: 'In the event of this, this and this, I would like this treatment but not necessarily life-saving treatment.' They are the sorts of complexities in terms of how you purvey your preferences, and then obviously legally there are guardrails in place to make sure that those wishes are honoured and valid. That is how it is recorded in your medical record. And then there is a process by which you have to check in and revalidate those choices, because it is not, 'I'll write this advance care plan,' and then it is done; that should be evaluated on a regular basis, usually once a year. There would be an expectation that those conversations are had.

Chris CREWITHER: Alfred Health go into detail on this and mention that there is the values directive, which is more general, and there is the instructional directive, which cannot be overridden—or it is less likely to be overridden. They mention that in relation to organ donations in terms of having a simple registration process and potentially a two-step, more complex registration to try and prevent a situation where family members might override the decisions of a donor. Would you agree with Alfred Health's submission in that regard—that there should be a two-step process to make it harder for family members to override donor wishes?

Louise McKINLAY: I am not sure that I do. I do not necessarily have a policy view on that. I think we need to look at the data and what is in the best interests of the individual and the family. I cannot say that I would back that in.

Chris CREWITHER: On the issue of licences, have you spoken to South Australia about implementing their system or a version of their system here in Victoria and liaising with VicRoads on that?

Louise McKINLAY: I have not directly, no.

Chris CREWITHER: Are you liaising with VicRoads on potentially including information about organ donation on their new digital licence system?

Louise McKINLAY: Not that I am aware of, but again I will take that on notice.

Chris CREWITHER: Yes, if that is something you could take on notice, that would be great. One final question, if we have got time: Alfred Health and a number of others talk about the role of donation specialist nurse coordinators. Can you expand upon your knowledge of their role and what the department is doing to try and support them and make their roles easier?

Louise McKINLAY: Sure. I guess the important thing is that they have a designated role and time to be able to work with clinicians, to work with families and to work with patients. They have both an educational role as well as an active, if you like, care/intervention role. We are really fortunate actually to have the workforce that we do have insofar as how they intervene. We obviously support them to connect across the system, and they are pretty activated in that space. They are very driven in terms of how they connect with others in other health services. The fact that we fund them directly to be able to do that role I think is a really important call-out, because they would not necessarily get the time to do that. It is a very specialised role and skill. One moment they could be counselling a family, the next moment they are doing an education session with ICU staff, for instance. So it is quite broad, and we basically support them indirectly but by setting up that system.

Chris CREWETHER: Thank you.

The CHAIR: Thank you. Louise, thank you very much for appearing before the Committee today and for your contribution to this inquiry. The Committee greatly appreciates the time and effort taken to prepare your evidence. You will be provided with a proof version of today's transcript to check together with the questions taken on notice. Verified transcripts and responses to any questions taken on notice will be then published on the Committee's website.

The Committee will now take a break before our next witness at 4 pm this afternoon. I declare this hearing adjourned.

Louise McKINLAY: Thank you for the opportunity.

Witness withdrew.