

Medical Director Bulletin

Organ and Tissue Donation and Transplantation Directorate

June/July 2024

A message from Professor Derek Manas, Medical Director – OTDT:



Hello again from me and the clinical team. ‘Summer’ is here (I believe) and hopefully there’s a week or two in the sun for most of you.

As usual I like to start by introducing new members of the clinical team. Matthew Wellberry-Smith has been appointed as chair of the OTDT Clinical Environmental and Sustainability Working Group (ESIT). Matt is a consultant nephrologist in Leeds and past chair of the British Transplantation Society Ethics Committee. Matt together with John O’Callaghan from Coventry have been interim co-chairs of the ESIT working group and have some initial guidance. Welcome to the team Matt and we look forward to further developments.

The chair of KAG is up for re-appointment, and I’d like to congratulate Dr Gareth Jones who is currently the National Lead for Collaboratives who will take up this additional post when Dr Rommel Ramanan demits his role in November. Rommel has done an amazing job over the last 5 years – especially during COVID, and his input and leadership for the kidney transplant community has been invaluable. I would like to thank Rommel for all his commitment and dedication to the role. Luckily, we will not lose his expertise as he will remain in his AMD role within the Clinical Team.

The Headlines:

SCORE:

The Sustainability and Certainty in Organ Retrieval is progressing well. All the advisory groups have now been briefed, and work on the planned retrieval/arrival window and planned allocation /offering window is almost complete. Phil Walton has provided some links further on in the bulletin.

Histopathology:

We still await the final implementation decisions on the national plan, but the interim plan has been agreed and funded. I hoped by this bulletin I’d have some ‘roll-out’ news, but as with these things there is always more unexpected complexities. Again, thanks to Meena Saroy and Desley Neil for their ongoing support with this, and I hope to bring better news in the next bulletin.

Living Donor Liver Transplantation:

Again, you will recall from previous bulletins that we were working on a UK-wide Living Donor Liver Transplant (LDLT) Program – led by Lisa Burnapp. I’m pleased to report that we went ‘live’ earlier this month – and Lisa has given an update below.

Cardiothoracic Review:

Recommendation 5 of the OUG report specifically stated - **NHSE must undertake a comprehensive review of cardiothoracic services to ensure that services in place are sufficiently sustainable and resilient and are able to provide the best possible outcome for patients.** Following international external input, a comprehensive information gathering exercise was completed by DHSC (with representation from NHSE and NHSBT) at the end of May. All CT units presented data and engaged well in the process. The formal review by NHSE will now begin. I would like to express my thanks to all the CT centres for their support and input.

OUG:

Work on the Organ Utilisation Group recommendations continues to progress. DHSC Steering Group for Organ Utilisation (ISOU) sub-groups continue to work on their recommendations – expected to be completed in the next few months, and our OTDT clinical team continue to work alongside the sub-

groups, now with the support of Laura Barton and Liz Armstrong. See below some of the allied work we are doing. We have established an OTDT OUG recommendation implementation group to ensure we keep abreast of progree.

ERAS, Clinical Collaboratives, Sustainability Agenda:

The Early Recovery after Surgery for Kidney transplant patients (ERASTx) went ‘live’ in June, and we continue to move forward with liver transplantation and living kidney donors (Please see Lisa’s update further on for further information).

Clinical Collaboratives (led by Gareth Jones) also continues to progress. We plan to have a face-to-face National Renal Collaborative Engagement Meeting later this year. Gareth will give an update on the progress made in the next edition of the bulletin.

Following on from “**Top-Tips on Making Transplantation Green in your Unit**”, the OTDT Environmental Sustainability Working Group (ESIT) is now chaired by Matt Wellberry-Smith and has become an official sub-group of the clinical team. The group aim is to continue to develop our ‘green’ agenda, examining different parts of the transplant patient pathway, covering all solid organs.

Assessment and Recovery centres (ARCs):

As mentioned previously, NHSBT is committed to exploring the option of fully funded assessment and recovery centres in the UK to support improved utilisation and maximising the benefits of machine perfusion. We have established a team (ARC SR24 bid team) to develop the business case, led by Laura Barton, Ben Hume and myself, supported by the clinical subject matter experts, Liz Armstrong and Deloitte’s to pull together an outline business case to present to DHSC for this spending review. The plan to deliver this OBC by the end of August. I will keep you updated.

Corneal Donation:

The lack of corneal tissue remains a priority for OTDT. Work on the iOrbit project and establishing new Eye Retrieval Schemes continues to be the focus. John Richardson’s team will provide a further update in the next bulletin.

UW Solution:

UW solution is now available. NHSBT has awarded a contract to Global Transplant Solutions for the supply of Servator B. HTK can still be used but please ensure any remaining bags of UW supplied by Bridge to Life are put into quarantine and either discarded or returned to the supplier.

Other:

NOUC: - 16th September (see below)

Improve consent by encouraging opt-in registration (see below)





Yours sincerely

Professor Derek Manas
Medical Director – OTDT
NHS Blood Transplant

Message from Liz Armstrong, Head of Transplant Development:

The Clinical team is a unique team comprising of surgeons, physicians, and lay members with NHSBT honorary contracts, positions include Associate Medical Director and Advisory Group Chair roles. The Clinical team are supported by the Medical Director and Group Support Team.

Also within the Clinical Team are 8 substantive roles to support and lead on projects, I've asked Carrie Scuffell, our Transplant Development Nurse to provide some insight into her first few months within the Clinical Team, her role, and projects.

We hope to include this spotlight as a regular feature in the bulletin so you can get to know the team and so that they can update on projects that they are undertaking.

With best wishes

Liz

I came to NHSBT in February, joining the Transplant development team as a Transplant development nurse. This was a completely new position, providing a unique opportunity to shape and develop the role according to the needs of the service. I have spent the first 5 months, establishing and building relationships and working to carve out the various areas of focus.

Current areas of focus include: -

Member of the Organ Utilisation Development Team (OUDT) with Lead nursing role for the CLU Scheme:

Since the closure of the Organ Utilisation Programme, and with confirmation of CLU funding for 2024-25, the leadership team have rebranded as the Organ Utilisation Development Team (OUDT). In addition to me joining the team, we have also welcomed Laura Barton, Programme Manager. Over the last few months, the team have been focussing on strategy, creating vision and mission statements, as well as exploring ways to support the implementation of the OUG recommendations, specific to OUDT. Laura and I have been working together to better understand the achievements, aspirations and challenges for both Lead and Local CLU's, through a combination of interviews and an online survey. We hope to be able to collate all this information and share gained insight with the wider transplant community soon. Following initial feedback, I am also providing Organ Lead CLU's with additional managerial support to re-structure community CLU meetings and support with forward planning and project monitoring, including the offer review scheme.

Subject Matter Expert for Enhanced Recovery After Surgery in Transplantation:

This is a project I have been involved with since its inception in 2022 as a work stream Co-Chair. Since joining NHSBT, I now support Lisa Burnapp (AMD for Living Donation and ERAS Project Lead) as the Subject Matter Expert for Enhanced Recovery After Surgery in Transplantation. The project aims to encourage, champion and facilitate the implementation of ERAS in transplantation across all solid organs, UK wide. In June 2024, we successfully published our first on-line resource for adult recipients of kidney transplantation (AKTR). This provides transplant centres with a toolkit which they can adapt to the needs of their programme and support the implementation of ERAS. The focus of the AKTR now moves to communications and aligning with patient facing content. Further workstreams in varying stages of progress include, Adult Liver Transplant, Living Kidney donor, and Measurements. Future plans also include Paediatric kidney, Pancreas, Heart and Lung transplant recipients, as well as Living liver donors.

Environmental Sustainability In Transplantation (ESIT):

The multidisciplinary working group was established in March 2023 and has been recently formalised with the appointment of Matt Wellberry-Smith as project lead. The project aims to provide guidance to transplant centres and the professional transplant community, to facilitate improvement in sustainable practice in transplantation across the UK. I have recently been invited to join the group and look forward to supporting Matt with this important project.

NHSBT/BTS Joint Congress Planning:

I have joined the planning committee for the March 2025 Congress which will take place in Brighton. We are working together as a group to ensure that all NHSBT voices are heard and represented wherever possible. This year we are planning to introduce a special event to the programme, in honour of our donors and their families.

Message from Lisa Burnapp, Associate Medical Director – Living Donation & Transplantation:

An enormous thank you to everyone- teams within NHSBT, transplant and non-transplant centres, histocompatibility and immunogenetics laboratories, patient representatives and many others who have supported the following projects. These have all been made possible by collective effort so thank you to everyone involved.

LivingPath Digital Transformation (Transition State 1):

This will be delivered over 3 phases between April 2023 - February 2024 and fully functional for the April 2024 matching run, replaces all the manual, paper-based processes associated with the UK Living Kidney Sharing Scheme (UKLKSS). The aim is to create more transplant opportunities for patients by minimising errors, providing better information for clinical decision-making and creating a platform for future digital transformation for all living organ donation activities. LivingPath won the award for 'Collaboration to Drive Change' category in this year's OTDT Together Awards, recognising the teamwork across NHSBT and collaboration with external colleagues that had brought it to fruition. Thank you for the part you played in making this happen.

Living Donor Liver Transplantation- Proctor Team initiative to support the expansion of Adult to Adult Living Donor Liver Transplantation (LDLT):

This programme went 'live' on Monday 17th June. The aim is to offer more patients in need of a liver transplant the option to consider living donor liver transplantation if they wish to do so. We are grateful to commissioners in NHS England, Scotland and Northern Ireland who have pledged funding to sponsor the Proctor Team and to St. James' Hospital, Leeds and King's College Hospital, London who have agreed that their staff will be made available to support it. This expert, multi-disciplinary team will work with individual liver transplant centres to develop/expand their own adult liver transplantation programmes, providing mentorship to those centres wishing to be proctored. Find out more about the LDLT Project and Proctor Team initiative here:

[Find out more about the LDLT Project and Proctor Team initiative here.](#)

Enhanced Recovery After Transplantation (ERAS) in Transplantation - Adult Kidney Transplant Recipient Pathway:



This first ERAS package, released on 10th June 2024, draws from best practice across the UK and can be accessed here: <https://www.odt.nhs.uk/transplantation/enhanced-recovery-after-surgery/>. The aim is to provide a repository of resources and a template that can be adapted for use by clinical teams in transplant centres to develop their own ERAS programmes without having to start from scratch. ERAS empowers living donors and recipients to become partners in their own recovery post surgery and we look forward to releasing pathways for living kidney donors and adult liver transplant recipients in the coming year. We have also received expressions of interest from other organ groups to develop a pathway to support their programmes. We are interested in hearing from anyone who wishes to collaborate with us to see how we can support. If you are interested in getting involved or have any comments or feedback, please contact us at ERASforTransplant@nhsbt.nhs.uk

Travel for Transplantation- Changes to Human Tissue Act 2004 (Supply of Information about Transplants) Regulations 2024:

[HTA Letter from Dr Colin Sullivan](#)

Many of you will be aware from previous bulletins and direct correspondence of this change to the Human Tissue Act 2004 that was introduced on 1st April. This change currently applies to England, Northern Ireland and Wales and parallel legislation is being developed in Scotland.

In developing this new legislation, the Human Tissue Authority (HTA), Department of Health and Social Care, NHS Blood and Transplant and other agencies collaborated to ensure that appropriate safeguards for patients, clinicians, and public are in place whilst giving support to clinicians who are faced with difficult decisions about when to report matters of concern.

Important points to note:

- The legislation does not apply retrospectively- it only applies after 1st April 2024
- The Duty to Report applies to all cases where a patient receives an organ transplant outside the UK and to any case (within or outside the UK) where there is concern that an offence may have been caused under the Human Tissue Act 2004 or Modern Slavery Act 2015
- Reporting is direct to the HTA via their on-line portal and can be done by any member of the multi-disciplinary team involved in care of transplant recipients and/or living donors
- Concerns about sharing confidential patient information are addressed within the legislation and do not conflict with professional frameworks (e.g. GMC)
- Clinical teams are encouraged to discuss the changes in legislation with hospital information governance teams so that they can support requests for information from external agencies and with local safeguarding teams to support the management of immediate safeguarding concerns, should they arise.
- If a case is escalated by the HTA, they are unable to provide feedback to avoid compromising any on-going investigation

Additional advice and guidance from the HTA on all these aspects can be found on their website at the following links and they can be contacted directly if you have any queries or concerns:

General info:

[Supply of Information about Transplants Regulations 2024 | Events | Human Tissue Authority \(hta.gov.uk\)](#)

The Regulations:

[The Human Tissue Act 2004 \(Supply of Information about Transplants\) Regulations 2024 \(legislation.gov.uk\)](#)

Guidance document for clinicians:

NHSBT is working with the HTA to provide updated information for patients and provide support for the wider transplant community as needed.

Message sent on behalf of Mr Ian Currie, Associate Medical Director (Retrieval), NHSBT UK Clinical Lead for Retrieval, NHSBT, Consultant Surgeon Edinburgh Transplant Centre & Mr Marius Berman, Chair of the Organ Retrieval Advisory Group (RAG), NHSBT, Consultant Cardiothoracic and Transplant Surgeon and Surgical Lead for Transplantation and MCS, Royal Papworth Hospital:-

DCD (Donation after Circulatory Death) Lungs with NRP (Normothermic Regional Perfusion) Course:

Following on from last year's successful DCD (Donation after Circulatory Death) Lungs with NRP (Normothermic Regional Perfusion) course we ran a second bespoke course in April (repeat DCD Lungs with NRP course) at the Royal College of Surgeons of Edinburgh. This proved to be really successful, working well with a smaller cohort of attendees gaining new skills and surgical techniques, joined by experienced surgeons as delegates and experienced faculty. We also had audio visual attending to record footage so we to continue to build up our education and training resources. Here are some of the comments from the delegates:

"Extremely informative and well conducted course" and "Course was really well organised and covered the all parts of the NRP retrieval needed"

MCOG (Masterclass Organising Group):

We will be holding our annual MCOG meeting in York this month (June 2024), reviewing our actions from the Continuous Improvement Event (January 2024), looking back at our successes and where we can continue to improve and plan for the year ahead. Our current focus is planning the next Virtual Masterclass and our Cadaveric Masterclass which will be held in the Cambridge Surgical Training Centre.

Key Diary Dates:

12th, 13th & 14th November 2024: Virtual Masterclass

14th & 15th Jan 2025: Cadaveric Masterclass

National Organ Retrieval Services Virtual Masterclass

The National Organ Retrieval Services Virtual Masterclass is a full 3 day programme and is open to all UK and International delegates. The course will be aimed at practitioners with an interest in abdominal and cardiothoracic organ retrieval and transplantation and surgeons with an interest in solid organ retrieval from deceased donors. The course is also suitable for Healthcare Professionals with an interest in organ donation, organ retrieval and organ preservation such as perioperative practitioners, perfusion specialists, specialist nurses, Clinical Leads in Organ Donation (CLODs) and intensivists. there are also options to attend day 1 only which is open to all NHS Blood and Transplant staff with an interest in organ donation, retrieval, and transplantation.

Event Registrations will be opening shortly, watch out for comms coming your way, "save the dates" have been sent out to our current distribution lists (if you haven't received yours and would like to be included then do get in touch).

UK National Organ Retrieval Cadaveric Masterclass:

Both the Virtual Retrieval Masterclass and the Cadaveric Retrieval Masterclass are considered mandatory for those seeking full registration as a NORS surgeon. This course will have limited places so watch out for registration opening. Do get in touch if you are interested. This course is for UK surgeons seeking full registration with NHS Blood and Transplant to lead their NORS team and perioperative practitioners involved in organ retrieval and organ preservation.

For further details contact Professional.DevelopmentODT@nhsbt.nhs.uk

Introducing the Organ Utilisation Development Team:



Blood and Transplant

Introducing....

Organ Utilisation Development Team

Liz Armstrong
Head of Transplant Development
Laura Barton
Programme Manager
Chris Callaghan
Associate Medical Director, Organ Utilisation
Diana Garcia Saez
Clinical Lead for Cardiothoracic Organ Utilisation
Jenny Mehew
Principal Statistician
Carrie Scuffell
Transplant Development Nurse
Lead CLU's Aaron Ranasinghe, Vicky Gerovasili,
Nick Inston, David van Dellen, Anya Adair.

Aiming to increase overall organ utilisation from deceased donors across the UK.

Overseeing projects related to the utilisation of heart, lung, kidney, liver and pancreas organs for transplant.

Offer review scheme

CLU scheme

NOUC

CTU course

Strategy planning in progress for 2024-25

OTDT clinical webpage update in progress

Upcoming event

National Organ Utilisation Conference



Monday 16th September 2024

QEH Birmingham

Ticket invites coming soon



Get in touch



OrganUtilisationDevelopmentTeam@nhsbt.nhs.uk

NHSBT National Organ Utilisation Conference 2024



Dear Colleagues,

We are delighted to announce that registration is now open for the 2024 NHSBT National Organ Utilisation Conference. The conference theme will be 'Striving for Synergy' and it will be held on Monday 16th September 2024 at the Education Centre, Queen Elizabeth Hospital, Birmingham, B15 2GW.

Please pass this email on to all relevant colleagues within your unit. Apologies if you receive this email through multiple pathways.

The conference is aimed at all those involved in making and supporting decisions around deceased donor organ utilisation. Senior trainees, managers and allied health care professionals are welcome. There is a limit of 125 places available, on a first-come-first-served basis.

Registration is free, with lunch and refreshments provided. Funding for travel costs will not be provided.

Plenary speakers include:

- Professor Chris Imray, Consultant Transplant Surgeon and Specialist in High Altitude Medicine, Coventry
- Dr Jenny Mehew, NHSBT Statistician, Bristol
- Mr Mark Cubbon, Group Chief Executive, Manchester University NHS Foundation Trust

More details about the aims of the conference, the programme and how to register can be found [here](#). We look forward to meeting multi-disciplinary colleagues with an interest in UK deceased donor organ utilisation.

If you have an enquiry about NOUC 2024, please contact:

organutilisationdevelopmentteam@nhsbt.nhs.uk.

With best wishes,

The Organ Utilisation Development Team

SCORE (Sustainability & Certainty in Organ Retrieval) Update:

The SCORE Programme Team would like to share the Spring 2024 update with you all.

- Please use the following link:
[score-workstreams-update-spring-2024.pdf \(nhsbt.dbe.blob.core.windows.net\)](#)
- For high level information about the programme, this can be accessed via the webpage using this link:
[Sustainability and Certainty in Organ Retrieval \(SCORE\) - ODT Clinical - NHS Blood and Transplant](#)
- Frequently Asked Questions (FAQs) can be found using this link:
[score-frequently-asked-questions.pdf \(nhsbt.dbe.blob.core.windows.net\)](#)
- If you have any further questions or comments, please email the SCORE programme at:
SCORE@nhsbt.nhs.uk

Message from Emma Lawson, Innovation and Research Lead, OTDT:

Introduction of the “Back up Research Offer for Hearts” go live 25th June 2024.

Research and Innovation is an integral part of our organ donation and transplantation and is a objective in our strategy Organ Donation and Transplantation 2030: Meeting the Need.

Prior to the introduction of INOAR (2021) organs could only be offered for research, when an organ had been retrieved for the intention of transplantation and then deemed unsuitable for transplant (with appropriate consent/ authorisation). As cardiothoracic (CT) organs are assessed and subsequently deemed unsuitable for transplant during retrieval , the availability of cardiothoracic organs for research was rare (<10 per year).

As a result of the INOAR project, heart, lungs and the diabetic pancreas can be offered for research prior to the retrieval operation if an organ is contra indicated for transplant or has been declined by all centres on offering. Whilst the project has had a positive impact on the availability of lungs and the diabetic pancreas for research, an increase in the number of hearts available for research has not been realised and remains a concern. Following a RINTAG Stakeholder meeting and Rapid Improvement Event the ODT Research Team has adapted the heart research offering processes so that hearts deemed unsuitable for transplantation following assessment at retrieval (with appropriate consent/ authorisation).

From **Tuesday 25th June 2024** all DBDs hearts that have been accepted for transplant are also being offered as a ‘backup’ for research. Therefore, if a heart is deemed unsuitable for transplant following assessment at retrieval, the CT NORS team will be informed if the heart is then to be removed for research, in the event that it has been accepted into an Research Operational Feasibility Group approved research study.

We hope that this will ensure we maximise donor family's wishes and that we can support more heart research studies, many of our approved heart research studies are transplant related, looking at how we can increase organ utilisation and improve recipient outcomes, so it is vital that we support these.

Message from Matthew Wellberry-Smith, Chair of ESIT:

The creation of the Environmental Sustainability In Transplantation (ESIT) working group is a fantastic step forward for OTDT in supporting the transplant community so that our complex and diverse services move towards a long term environmentally sustainable footing. Working on environmental sustainability as a community links to our overall aim of increasing transplantation (and access to transplantation) and dovetails with key current strategy from the Organ Utilisation Group and NHSBT itself. ESIT has representation across different professional groups, and organ types, as well as from key partners like the British Transplant Society and the Centre for Sustainable Healthcare.

A rapid release document to help centres get started has been produced and [can be found on the ODT Clinical Website.](#)

The workplan includes development of tools for healthcare professionals (including signposting to resources that already exist) and facilitating more detailed analysis of pathways in transplantation pre, during and post transplantation, in each organ type.



We are looking at ways that centres can assess for themselves how their practise is doing from the sustainability perspective, and at how to embedding measures of sustainability into information and reports you receive from NHSBT/OTDT. The group also supports existing and developing projects within OTDT in considering their environmental impact.

Snapshot Survey of Transplant Practice

We have recently written out to the transplant centres to ask for volunteers to complete a survey. This will shortly be sent out to those who have responded. It would be appreciated if centres could then respond as soon as possible. We are very grateful to John O'Callaghan for his hard work in setting this up.



If you are interested in getting involved in the working group, please contact: mdofficepas@nhsbt.nhs.uk

Organ Donation Week: 23rd September 2024 – 29th September 2024:

This year the NHS Organ Donor Register is 30!

This gives us an amazing opportunity to show those who are unaware, the incredible difference organ donation can make. Our focus for our Organ Donation Week campaign is on registrations.

We know that *the best thing marketing and communications can do to help with consent rates, is to encourage people to add an opt-in registration to the NHS Organ Donor Register.*

With your support, let's get as many people as we can doing just that this year!

People can register their donation decision on the NHS App in England, via our website or by phone.

It takes just two minutes to register as a donor, which could save up to nine lives in future.

[Read more about how you can get involved in Organ Donation Week 2024, and request your promotional pack](#)



OTDT Professional Development Team Medical Education Update:

This previous quarter has been a busy and exciting time.

Following a review of anticipated speciality trainee numbers, the National Deceased Donation Course for ICM trainees now offers a 33% increase in delegate numbers. Impact assessment of this change is ongoing as we work to meet the training needs of our next generation of Intensive Care Consultants. An additional benefit of this has meant more nurse participant places are also available.

We have aimed these at link nurses and nurse educators so that the educational reach of this opportunity is maximised across both the disciplines and intensive care units for interdisciplinary confidence in donation practice.



The National Deceased Donation Course for ICM trainees Cardiff July 2024 with VIP visitor Chief Executive NHSBT Jo Farrar.

Appointments of more REdCLODs (Regional Education CLODs) continues, which was a key recommendation from the CLOD review. This group will link each region's educational activity through shared practice, commitment to joint working in nationally delivered education projects, understanding of support required for CLODs to deliver consistent quality assured locally delivered education and training, along with closer engagement with the Professional Development Team. We anticipate this will bring even greater reach and confidence in donation practice and a powerhouse of networked medical education colleagues.

This networking is further extended by the engagement and work of TRODs (Trainee Representatives in Organ Donation) who are intensivists in training who voluntarily take on a regional donation role. The TRODs have demonstrated real energy and engagement in their development work over the last 2 years, and are now in the process of handing over to a new cohort of TRODs.

Examples of TROD activities include updating and developing DBD and DCD apps (coming soon), and creating templated scenarios for local use that can act as simple insitu simulation learning opportunities or be combined to make short- or single-day courses according to local needs. A national register of TRODs and CLODs delivering these scenarios and a common feedback form, will help build a picture of the extent and consistency of delivery.

Work continues to support Organ Donation Committee Chair colleagues, a vital component of the local triumvirate that is CLOD, SNOD and hospital Chair, in delivering excellence in donation through their 'critical friend' work within Trusts and Health Boards. We are working with Regional Chair leads to address specific educational requests ensuring there is development opportunities beyond their induction and handbook provision.



Delivering NHSBT's session at the ICS SOA 2024, Liverpool.

This was our 3rd year delivering a major session at The Intensive Care Society State of the Art Conference 2024 (SOA24). No acting required this time as we wanted to highlight the donation, retrieval and transplantation science in our session, 'New Frontiers in Donation & Transplantation Technology'. Our annual sessions have reportedly become a highlight of the conference and we were delighted to have excellent attendance.

Ensuring we remain focussed on the family experience, responsive to and proactively engaged in innovations and developments in donation practice whilst maintaining and supporting a sustainable education delivery is at the heart of OTDT's medical education team and programme.