



**TE AHO
O TE KAHU**
CANCER
CONTROL
AGENCY

TERMS OF REFERENCE



Radiation Oncology Work Group

February 2022

Chair: Claire Hardie – Radiation Oncologist, MidCentral DHB

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1. Background, purpose, and strategic alignment

1.1 Background

The Radiation Oncology Work Group (ROWG) was established by the Ministry of Health in the early to mid-2000's in response to increasing wait times for radiation treatment and linear accelerator (LINAC) requirements in New Zealand.

With the establishment of Te Aho o Te Kahu – the Cancer Control Agency in 2019, ROWG now forms part of the Agency's clinical advisory structure along with other specialty cancer treatment groups, such as the national Medical Oncology Work Group (MOWG) and Haematology Work Group (HWG).

1.2 Purpose

The purpose of ROWG is to provide advice on radiation oncology to Te Aho o Te Kahu. ROWG will assist the Agency to monitor performance and advise on relevant clinical and service delivery, including existing clinical effectiveness, service improvement, service development, treatment guidelines, and service standards.

1.3 Strategic alignment

The Work Group will align with key strategic documents including the following;

- The [Cancer Action Plan 2019-2029](#) which outlines a pathway to improve cancer outcomes for all New Zealanders and is guided by four overarching principles: equity-led, knowledge-driven, outcomes-focused, and person and whānau-centred.
- The [Radiation Oncology National Plan 2017-2021](#) builds on the first national plan by taking a broader perspective of the radiation oncology sector, and looks beyond linear accelerator and workforce planning to include clinical planning.
- [He Korowai Oranga: Māori Health Strategy](#), which sets the overarching framework to guide the government and health and disability sector to achieve the best health outcomes for Māori.
- [Whakamaua: Māori Health Action Plan 2020-2025](#) which is the implementation plan for He Korowai Oranga, New Zealand's Māori Health Strategy. This aims to achieve better health outcomes for Māori by setting the government's direction for Māori health advancement over the next five years.
- [Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025](#) which provides direction to improve Pacific health and wellbeing, setting out priority outcomes and accompanying actions.
- The [New Zealand Disability Strategy 2016-2026](#), which sets out the vision for New Zealand to be a non-disabling society and guides the work of government agencies on disability issues.

2. Te Tiriti o Waitangi and achieving equity

2.1 Te Tiriti o Waitangi

[Whakamaua: Māori Health Action Plan 2020-2025](#) sets out the health system intentions for the implementation of Te Tiriti o Waitangi, set out in terms of mana:

- **Mana whakahaere:** effective and appropriate stewardship or kaitiakitanga over the health and disability system. This goes beyond the management of assets or resources.
- **Mana motuhake:** Enabling the right for Māori to be Māori (Māori self-determination); to exercise their authority over their lives, and to live on Māori terms and according to Māori philosophies, values and practices including tikanga Māori.
- **Mana tangata:** Achieving equity in health and disability outcomes for Māori across the life course and contributing to Māori wellness.
- **Mana Māori:** Enabling Ritenga Māori (Māori customary rituals) which are framed by te ao Māori (the Māori world), enacted through tikanga Māori (Māori philosophy & customary practices) and encapsulated within mātauranga Māori (Māori knowledge)

ROWG recognises the central importance of Te Tiriti o Waitangi and seeks to uphold its obligations, including through working in partnership with Māori with a clear focus on achieving equity for Māori in terms of cancer outcomes.

ROWG also recognises their responsibilities under the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). Article 24 of the Declaration states:

- Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals, and minerals. Indigenous individuals also have the right to access, without any discrimination, all social and health services.
- Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

The group will work in partnership with Māori and ensure Māori are actively involved in developing and determining healthcare approaches with respect to Māori people and culture. This will be contributed by the following-

- Each member has a responsibility to consider how advice may impact Māori cancer outcomes.
- The Work Group will include at least two Māori members.

2.2 Achieving equity

It is a priority for the government to deliver equitable health outcomes for all New Zealanders. In Aotearoa New Zealand, people have differences in health that are not only avoidable, but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.

Achieving equity is a central goal of Te Aho o Te Kahu and ROWG. In Aotearoa, Māori and Pacific people experience disproportionately poorer cancer outcomes, including lower overall cancer related survival outcomes. In order to achieve equity, ROWG recognises the importance of working in partnership with Māori and Pacific people, and other advisory groups most affected by unequal outcomes. We take a broad and systematic approach to addressing systems and processes, including systemic and racial bias, that disadvantage some groups, and to constantly monitor and evaluate our programmes to ensure achieving equity is central.

3. Constitution and operation

3.1 Role of Work Groups

- Te Aho o Te Kahu establishes, and co-ordinates work groups to provide advice on specialist areas within the cancer programme. The work groups are multidisciplinary in composition as appropriate. A clinician will chair clinically focused groups and the role of a group should be clear by its terms of reference.
- Work groups may be disbanded by Te Aho o Te Kahu to reflect changes in work programme priorities and/or if specific projects have reached completion.
- Te Aho o Te Kahu will work with each work group to develop/maintain appropriate terms of reference, membership, annual objectives appropriate to the groups area of expertise and work plan.
- The work groups provide advice and expertise to Te Aho o Te Kahu.
- The work groups do not represent or speak on behalf of Te Aho o Te Kahu.

3.2 Key tasks

The key tasks for ROWG are to:

- **Provide expert advice** to Te Aho o Te Kahu on radiation oncology, including-
 - ROWG will be responsible for national guidance which will improve the quality of clinical care for cancer patients receiving radiation treatment.
 - ROWG provides oversight and governance body over the Radiation Oncology Collection (ROC) data.
 - achievement against the Faster Cancer Treatment measures, including monitoring performance and advising on relevant clinical and service delivery issues related to achieving the health target
 - specific areas that relate to cancer treatment, for example existing clinical effectiveness, service improvement, service development, treatment guidelines, and service standards
 - advise on radiation oncology workforce and facilities and anticipated future needs.
 - horizon scanning regarding technology changes in cancer treatment
 - contribution to the Quality Performance Indicator (QPI) programme of work
 - services/initiatives for prioritisation to be considered as part of a strategic planning and prioritisation process to provide direction regarding how Te Aho o Te Kahu can achieve the overall purposes of the Cancer Action Plan, as requested by Te Aho o Te Kahu
 - services/initiatives for prioritisation to be considered as part of an annual planning and prioritisation process to inform the Government's annual budget cycle for Vote Health and the Te Aho o Te Kahu annual work plan, as requested by Te Aho o Te Kahu
 - any other specific areas as requested by Te Aho o Te Kahu

- **Ensure Te Tiriti o Waitangi and meeting the needs of Māori are prioritised**, including ensuring the following:
 - Te Tiriti is central to advice given
 - Mechanisms are in place to ensure equitable Māori participation
 - There is evidence of Māori values influencing the group
 - There is evidence of Māori exercising their citizenship and right to self-determination as Māori within the group
- **Ensure** equity of health outcomes is identified and addressed as a priority for the work of Te Aho o Te Kahu and that appropriate equity analysis is undertaken in the delivery of the work being influenced by the group.
- **Assist with sector engagement** by proactively supporting effective relationships across hospitals/DHBs at a local, regional, and national level.
- **Ensure appropriate data governance** by requiring that the collection and use of data and associated processes protect Māori data sovereignty.
- **Support Te Aho o Te Kahu to be successful** in planning and implementing the Cancer Action Plan 2019-2029 by providing both expert and practical advice and support.

3.3 Group conduct

The group has an obligation to conduct its activities in an open and ethical manner.

Members are expected to:

- Work co-operatively, respecting the views of others with a focus on improving health outcomes and overall system performance as well as improving the experience for health care for consumers, whānau and family
- Work strategically to ensure a sustainable system of improvement
- Act as a collective group, in the best interests of quality and safety initiatives locally, regionally, and nationally
- Be a point of liaison with relevant stakeholders, groups, and Colleges, and back to their 'home' organisation
- Make every effort to attend all meetings and devote sufficient time to become familiar with the priorities of the group and the wider environment within which it operates
- Make every effort to understand the role and mandate of Te Aho o Te Kahu and support it to achieve/ deliver
- Identify and declare any conflicts of interests (via the conflict of interest register) and proactively manage any conflicts
- Maintain appropriate confidentiality
- Refer requests for media comments on behalf of ROWG to the Chair, who will in turn liaise with Te Aho o Te Kahu regarding a response.
- Work Group members will be responsible for keeping their respective organisations/ groups updated on the Radiation Oncology Work Group's work programme.

In addition to the above, the Chair of the group is expected to preside over meetings and make themselves available to work with Te Aho o Te Kahu staff to:

- determine the agendas for meetings in a timely manner
- ensure agendas are adhered to
- ensure Te Aho o Te Kahu staff get the advice and/or decisions needed to progress the work between meetings

- ensure the group functions in an appropriate manner in order to deliver as per the TOR and, where this is not the case, work to resolve issues with individual members, the wider group and with Te Aho o Te Kahu.
- act as spokesperson for the Radiation Oncology Work Group (refer to sections 7 and 8 for further information), in consultation with Te Aho o Te Kahu.

4. Membership

The Radiation Oncology Work Group members are on the group as clinical leads of each cancer centre and recognised experts nominated by their organisation, sector, or speciality group. The Radiation Oncology Work Group comprises of the following members:

- Clinical leads/directors
 - six radiation oncology clinical leaders/directors – one from each of the six public radiation oncology centres (if no clinical leader is in place a radiation oncologist at that centre may be given delegated authority to undertake this role)
 - one representative from each of the following radiation oncology private service providers: Auckland Radiation Oncology (ARO), Kathleen Kilgour Centre (KKC), Bowen Icon, and St Georges Cancer Care Centre (note that providers will have one representative regardless of the number of centres they operate)
- Nominated members
 - two chief/principal radiation oncology medical physicists (nominated by the chief radiation oncology medical physicists' group)
 - two charge radiation therapists (nominated by the Radiation Therapists Advisory Panel - RTAP)
 - two radiation oncology nurses (nominated by the executive committee of the Cancer Nurses' College of the NZNO)
 - one cancer centre service manager
 - two cancer consumer representatives
 - two Māori members
 - one representative from the Royal Australian and New Zealand College of Radiologists (RANZCR)
 - one Regional Cancer Hub manager (ex-officio)

The Chair (or delegated representative of the work group) will be a member of the Agency's Clinical Assembly.

Te Aho o Te Kahu attendees are ex officio and therefore not members of the group; rather they are in attendance to support the group to function and report back on actions and deliverables.

4.1 Māori membership

Te Aho o Te Kahu has the goal of having 50% Māori membership for groups that the Agency has complete control over the membership. However, in the case of ROWG, membership is not controlled by the Agency due to the fact that DHB radiation oncology clinical leads are automatically appointed to the group and others are nominations from Colleges and/or professional bodies. Therefore, the Agency's goal is to have at least two Māori members on the ROWG. Te Aho o Te Kahu will work with the ROWG and other key

groups such as Hei Āhuru Mōwai to make suitable appointments in the event that there is not (a minimum of) two Māori members on the group.

4.2 Consumer membership

Te Aho o Te Kahu has the goal of all appropriate groups having two consumer members, which will be achieved with the assistance of He Ara Tangata, the Agency's Consumer Reference Group.

4.3 Appointment process

Chair

- The chair will be appointed by Te Aho o Te Kahu after consultation with the Radiation Oncology Work Group.
- Te Aho o Te Kahu will appoint the Chair of ROWG with the agreement of the ROWG.
- The Chair will be appointed for a two-year term and may be reconfirmed for a further two years as agreed by ROWG and Te Aho o Te Kahu.
- Any member wishing to be nominated as Chair of ROWG should ensure they have support of their DHB and the capacity to undertake the role prior to accepting the Chair position.

Other members

1. Te Aho o Te Kahu will seek nominations for the clinical and other representatives through the relevant College or cancer centre as appropriate.
2. The cancer consumer representatives will be appointed by Te Aho o Te Kahu and will be provided with support to ensure they can fully participate in the group.
3. Members should ensure they have the support of their DHB (or Board) as a member.

4.4 Attendance

Continuity of membership is preferable and generally, substitutes will not be nominated to attend in the absence of another member, unless it is considered helpful to co-opt colleagues with expertise to provide advice on specific agenda items. In these circumstances, it is the responsibility of the Work Group member to ensure the substitute is fully briefed and understands their responsibilities.

Members are expected to attend meetings regularly and notify the Chair and/or Te Aho o Te Kahu if they are unable to attend a meeting. Members will not be absent for 3 meetings or more in a row unless an exception is granted by the Chair.

Invited guests of the Work Group will attend at the request of the Chair of ROWG or Te Aho o Te Kahu.

4.5 Resignation process

Members may resign at any time by advising the chair and/or Te Aho o Te Kahu in writing.

4.6 Termination process

Breaches of this TOR may result in termination of membership by Te Aho o Te Kahu, which will be done in writing, citing the reason/rationale. Prior to termination Te Aho o Te Kahu will attempt to resolve the issue(s) with the member in consultation with the Chair and wider membership as appropriate.

5. Meetings, decision making and quorum

- Te Aho o Te Kahu will liaise with the Chair to determine the timing of meetings (to align with key deliverables or decisions required)
- The group will meet all day, two times per year, in person
- Additional, ad hoc meetings may be required, and these will be held online
- Where substantive decisions or recommendations are required, all members will be encouraged to contribute by email either in advance or after the meeting
- Decisions as to the advice to be provided to Te Aho o Te Kahu by the group will be made by consensus
- Six members plus the Chair will constitute a quorum.

6. Radiation Oncology Collection – Data Governance

ROWG will be responsible for providing national guidance on improving and maintaining clinical quality of care for patients who receive radiation therapy within the limitations of the information available through the Radiation Oncology Collection (ROC). Within this context, quality of care specifically considers issues of access, equity, variation in care and standards of treatment and delivery.

ROWG's key role in helping to make ROC part of everyday practice focuses on minimising unwarranted variation. As the national clinical governance group, ROWG will play a critical part in decisions that will shape future radiation oncology services. These decisions include but are not limited to:

- specifying the data items providers should collect
- specifying the metrics or report outputs they should analyse
- identifying variation for further investigation
- defining unwarranted variation and prioritising one area of focus per year
- defining standards of care for areas of variation
- recommending actions to minimise unwarranted variation.

The strategies for the ongoing management and use of ROC involve:

- providing a national framework for managing cancer data and ongoing changes
- combining relevant patient and cancer service data into cancer information for service and capacity planning
- analysing information to produce cancer intelligence and communicate it to stakeholders.

Requests for access to ROC data will be considered from an ethics and privacy perspective and may be subject to standard Ministry of Health data governance processes (including the Ministry Data Governance Group). ROWG will have a role in these processes including the following:

- review requests for ROC data, for example, from researchers
- contribute to any methodologies using ROC data

- contribute to the narrative/contextualisation of analyses using ROC data
- provide support with a supervisory role if considered appropriate by ROWG.

ROWG will be involved in the decision-making process regarding who can be provided with ROC data and can recommend that the request:

- be approved (and any appropriate conditions that should be applied such as privacy related conditions)
- be declined (in whole or in part)
- that the information be released with a contextual statement to ensure that the extract can be appropriately understood in terms of the overall programme, or to avoid misinterpretation of the data to be made available.

Low risk and low complexity requests can be endorsed by the ROWG chair if the request meets established patterns of approval and scope of information and are with known and trusted entities. A summary of such requests endorsed will be presented by the Chair at the next ROWG meeting. Requests of medium to high risk and complexity will be referred to ROWG for recommendation and an ad hoc meeting of ROWG called if necessary. The chair may at any time request a presentation by the requester to ROWG, or supply of additional information by the requester, outlining the intent and proposed methodology for using ROC data.

6.1 Our commitment to Māori data sovereignty

As a Departmental Agency, Te Aho o Te Kahu recognises the rights and interests of Māori in the collection, ownership, and application of data. We are actively working to understand our obligations and responsibilities with respect to Māori data sovereignty and governance in everything we do. This commitment extends to the collection and use of ROC data.

7. Secretariat and support

Te Aho o Te Kahu will ensure that the group is adequately supported, including by providing secretariat services.

The responsibilities of the secretariat include:

- Preparing and distributing the agenda and associated papers at least five working days prior to meetings
- Recording and circulating the minutes no later than three weeks following the meeting date
- Managing the organisational arrangements for meetings, including travel bookings, the provision of rooms and audio-visual equipment and refreshments (for in person meetings).

8. Reporting and communication

8.1 Reporting

The Radiation Oncology Work Group reports to Te Aho o Te Kahu through the Chair.

At the beginning of each financial year, Te Aho o Te Kahu will support the ROWG to develop and/or update its high-level work plan¹.

8.2 Minutes

Minutes will be taken at each meeting to record the matters discussed, decisions made, agreed action points and recommendations made.

Minutes will be circulated no later than three weeks following the meeting date and reviewed and approved at a subsequent meeting.

The final, approved version of the minutes will be provided to all relevant sector groups and published on the Te Aho o Te Kahu publications web page:

<https://teaho.govt.nz/reports>

In general, all aspects of the HWG's meetings will be minuted; however, it may be that by agreement of the group, some discussions are not minuted.

8.3 Communications

Key messages from the group will be communicated to key stakeholders via the agency's communication channels and mechanisms, such as websites, newsletters, and emails.

All media communication in relation to the work of the ROWG will be via Te Aho o Te Kahu.

The Chair may play a role in media communications; however, this will be at the direction of Te Aho o Te Kahu.

Work Group members will be responsible for keeping their respective organisations/groups updated on the Radiation Oncology Work Group's work programme.

In the quarters where there are no scheduled meetings, Te Aho o Te Kahu will provide an update against the Work Group plan.

9. Confidentiality

The Radiation Oncology Work Group members are expected to maintain confidentiality of agenda material, documents and other matters forwarded to them, unless otherwise specified or where the document is for wider distribution.

Members are not to represent themselves as agents of Te Aho o Te Kahu or speak on behalf of the group or Te Aho o Te Kahu without express written permission from Te Aho o Te Kahu.

¹ It is acknowledged that there may be a requirement for flexibility of the work plan due to requests for advice or deliverables from the Minister and the need for the group to respond to emerging issues.

The above requirement does not restrict members from making media statements relating to their personal expertise or to other roles they hold.

If a member receives a media request or enquiry relating to the group, they should direct the enquiry to the chair, who will in turn liaise with Te Aho o Te Kahu.

10. Conflicts of interest

To ensure the group can act with integrity and transparency, all members are required to identify and declare any actual, potential, or perceived conflicts of interest that may impact on their role by completing the “*Declaration Form for Candidates on Committees, Boards, Advisory Groups*” Form (see Appendix 1).

In addition to completing the Declaration Form, when members believe that they have a conflict of interest on a subject that will prevent them from reaching an impartial decision or undertaking an activity consistency with the Work Group’s functions, they must declare a conflict of interest and withdraw themselves from the discussion and/or activity. The Work Group will then decide what part the member may take in any relevant discussion.

Conflicts of interest will be documented in minutes.

11. Term

Te Aho o Te Kahu policy is that members should change, on a rolling basis, every two years. This clause does not apply to clinical leaders/directors as their membership is dependent on their leadership role within their DHB. Representatives may be reconfirmed for a further two years as agreed by Te Aho o Te Kahu.

12. Fees

Members who are staff of a New Zealand public sector organisation including public service departments, state-owned enterprises or Crown entities are not permitted to claim a fee to attend meetings.

Te Aho o Te Kahu has a fees framework that applies to members who are not included in the above groupings. This framework matches the requirements set by the Department of the Prime Minister and Cabinet, which were updated in June 2019, where any reasonable costs incurred in attending face-to-face meetings will be met by Te Aho o Te Kahu, including a nominal fee to cover attendance and time spent in preparation. Stakeholders for whom the fees framework is relevant should discuss this with Te Aho o Te Kahu prior to accepting the offer of membership.

Further information about the fees framework can be found here:

<https://dpmc.govt.nz/publications/co-19-1-fees-framework-members-appointed-bodies-which-crown-has-interest-html#section-6>.

For this group, for participants that qualify for fee payment, the fees are as follows:

- Chair = \$450.00 per day
- Member = \$325.00 per day.

For full day meetings, members will also be paid for a half day of preparation time (i.e.: a total of one and a half days or 12 hours).

For meetings that are less than a full day but four hours or more, members will be paid for a full day to cover both attendance and preparation time.

Where meetings are for less than a half day, members will be paid by the hour (i.e.: $\$325/8 = \40.60 per hour or $\$450/8 = \56.25). If preparation time was required for meetings lasting less than half a day a minimum fee of half a day may be approved and this will be managed on a case-by-case basis.

Payments for meeting attendance and preparation are considered taxable income by the IRD. Members are responsible for their own tax arrangements.

Te Aho o Te Kahu expects that members that are staff of a New Zealand public sector organisation, including public service departments, state-owned enterprises, or Crown entities, will seek their employer's support to attend/ participate in the meetings. This support should include allowing staff the time needed to participate fully, both in preparation for meetings and at meetings, and meeting the costs of participation, such as travel, as specified below.

13. Travel

Travel will be kept to a minimum. Members who are staff of a New Zealand public sector organisation including district health boards, public service departments, state-owned enterprises or Crown entities are expected to get their employers to arrange and pay for any travel required for this group, using their organisation's usual mechanisms.

Te Aho o Te Kahu will fund travel for people not employed by DHBs.

14. Review of Terms of Reference

These terms of reference will be reviewed every two years by Te Aho o Te Kahu, with changes and/or updates made in consultation with the Chair and members as required.

Appendix One

Declaration Form for Candidates on Committees, Boards, Advisory Groups

Name:

Advisory Group:

Responsible Manager:

To ensure Te Aho o Te Kahu can act with integrity and transparency, all members / candidates for committees, boards or advisory groups are required to identify and declare any actual, potential, or perceived conflicts of interest that may impact on their role.

Declaration

If you are aware of any actual, potential, or perceived conflicts you must discuss this with the relevant Chairperson and / or responsible manager and complete a standard Te Aho o Te Kahu Conflict of Interest Declaration in addition to this declaration.

Any breach of the Conflicts of Interest rules and guidelines as outlined by the Auditor General will be a breach of your obligations to Te Aho o Te Kahu.

These guidelines can be viewed at <https://oag.parliament.nz/2020/conflicts/docs/conflicts-of-interest.pdf/@@download/file/conflicts-of-interest.pdf>

1	I have read and understand the Auditor General's Conflicts of Interest rules and guidelines and related material (please circle)	Yes/No
2	I have no interests that would potentially impact on my obligations to Te Aho o Te Kahu in the role applied for (please circle)	Yes/No
3	I will notify the manager of any actual, potential, or perceived conflicts of interest that may arise, or that I become aware of, while I am a member of the working group (please circle)	Yes/No

Member
(name)

(Signature)

(Date)