

CoAppendix One

Gender-Affirming Primary Care Advisory Group

(GAPCAG)

Terms of Reference (ToR) DRAFT

Introduction

These Terms of Reference (ToR) establish the Gender-Affirming Primary Care Advisory Group (GAPCAG).

On 1 July 2022, Budget 2022 allocated \$2.182 million over four years to improve access to primary care for Transgender and Non-binary people.

The funding has been allocated to three workstreams:

- a. Funding up to eight primary and community health providers to deliver gender-affirming services over four years. In year one, two providers will be funded to provide gender-affirming care, with two new providers funded each year thereafter.
- b. Updating national guidelines for gender-affirming health care and lead referral pathways for gender-affirming health services and supports.
- c. Developing training and workforce programmes to improve workforce responsiveness to transgender patients.

This ToR will take effect from [date]

Purpose

The GAPCAG will support the primary care team within Te Whatu Ora by providing high-quality strategic advice to ensure that the programme meets Te Tiriti o Waitangi obligations and responsibilities, delivers equitable outcomes for Māori and Pacific peoples, and provides high-quality gender-affirming primary care.

This advice will be used by the primary care team to inform, improve, and support programme activities and policy.

Te Tiriti o Waitangi

The project team responsible for delivering the workstream outlined above is committed to meeting its responsibilities under Te Tiriti o Waitangi. GAPCAG will be guided by the principles outlined in s 7 of the Pae Ora Act 2022. Application of these principles are listed below, with examples of how the project team could achieve them:

Principle	Examples of how this will be achieved
Partnership: The primary care team and the GAPCAG will work in	1. Co-chair roles shared between the project team and a Māori member of the GAPCAG

<p>partnership with Māori to ensure Māori (and other priority groups) are involved in governance, design, delivery and monitoring of the Gender-Affirming Primary Care Project.</p>	<ol style="list-style-type: none"> 2. Chair and Co-Chair work in partnership to keep each other informed of developments during their term 3. Project team will empower group members to deliver on these principles by providing high-quality, timely information.
<p>Options: The project team agrees to accept the advice of GAPCAG to advocate for Kaupapa Māori health initiatives.</p>	<ol style="list-style-type: none"> 1. The perspectives, lived experiences and whakaaro shared by Māori members of the GAPCAG will be treated with respect as key contributions to the development of the project 2. Māori will not be expected to speak on behalf of all tangata whenua, but all members may act as a conduit to connect the project team and wider GAPCAG to authorities relevant to different deliverables included in the project, ie. mana whenua of prospective primary care sites 3. The project team, in collaboration with the GAPCAG, will support the development and access to Kaupapa Māori and Pacific providers.
<p>Active protection: The project team agrees that we will act, to the fullest extent practicable, to achieve equitable outcomes for Māori.</p>	<p>The project team agrees to ensure that GAPCAG is informed on the nature of both outcomes of Māori and other priority groups and efforts to achieve equity for these priority groups.</p>
<p>Equity: The project team commits to achieving equitable outcomes for Māori.</p>	<p>The project team will address the other elements that will contribute to achieving equity for Māori, including those related to leadership, governance, funding, and commissioning.</p>
<p>Tino rangatiratanga: The project team agrees to work towards enabling Māori self-determination and control over the delivery and design of health services.</p>	<p>The GAPCAG will have members that can advise the project team on enabling Tino rangatiratanga to design, deliver and monitor gender affirming primary care services.</p>

The work of the project team is guided by Whakamaua, the Māori Health Action Plan, which provides the framework for the Health System to improve Māori health. The project team and GAPCAG will agree to be true to the following values:

- Whakapono: We have trust and faith in each other to do the right thing
- Kōkiri ngātahi: We connect and work together collectively towards a common purpose
- Manaakitanga: We all preserve and maintain an environment that enables us to thrive

Equity

Trans and non-binary identities intersect with every other population group including Māori, Pacific, and whaikaha (disabled) peoples, which can further compound health inequities. This project is committed to addressing the health inequities experienced by these groups. The Advisory Group will incorporate the perspectives of Māori, Pacific, and whaikaha peoples to ensure the needs of these groups are reflected in the development of the project.

Composition of the Advisory Group

The Advisory Group will comprise members in partnership between clinical, community and consumer representatives. Membership must include a balance of tangata whenua and tauwi representation and at least two Pacific representatives.

Membership will consist of between 10 and 12 members, representing the following areas. (NB: some members may represent more than one professional group):

- Senior Responsible Owner (SRO) to lead from a Te Whatu Ora perspective – to be confirmed
- Te Aka Whai Ora
- Takatāpui communities
- MVPFAFF+ communities
- Whaikaha or disabled communities
- Primary care - Royal New Zealand College of General Practitioners (RNZCGP)
- Community advocacy and support groups
- GP working in primary or community care

The project team will be ex officio and will comprise of:

- The Project Manager
- Primary Care team support for advisory group administration functions
- Primary Care Manager
- Other Te Whatu Ora employees may attend Advisory Group meetings to contribute to specific agenda items.

Each deliverable may draw upon different areas of expertise, and it is expected that the GAPCAG will encompass a broad range of perspectives, lived experiences and knowledge.

Expectations of members

Members will:

- attend meetings and undertake activities as independent people responsible to the project team
- become familiar with the broader environment within which the project team operates and associates with, including what is within the scope of the project
- members appointed by professional groups will support the communication of non-confidential information back to their professional groups.

The GAPCAG may also set additional expectations for the group during orientation. These expectations, once agreed, will be inserted into the ToR.

Responsibilities of members

Members undertake GAPCAG activities as independent persons responsible to the GAPCAG and not as individual representatives of professional organisations or communities. This independence is essential as GAPCAG members may sometimes be required to be a party to decisions that conflict with their organisation's views.

Conflict of interest

When members believe they may have a conflict of interest on a subject which may create a perception that they cannot reach an impartial decision or undertake an activity solely in accordance with GAPCAG interests, they must declare a conflict of interest. They must abstain from the discussion or activity or identify how they will manage the conflict. Conflicts of interest must be declared at the earliest opportunity, such as in the standing agenda item around conflicts of interest, and at the point the relevant item of business comes up in the meeting.

Confidentiality

Meetings, including agenda material and minutes, are confidential. Members must ensure that the confidentiality of GAPCAG business is maintained.

Members are free to, and expected to, express their views within the context of meetings or the general business of the GAPCAG. While membership of the GAPCAG is held, members are expected to act in a way that gives confidence in the GAPCAG and publicly demonstrates unanimity of decision making.

At no time shall members divulge details of GAPCAG matters or decisions to those who are not members or Te Whatu Ora employees that are assisting the GAPCAG.

GAPCAG members must ensure all documents are kept securely to ensure confidentiality is maintained. The approval of Te Whatu Ora is necessary before any correspondence or papers can be released.

Reporting requirement

After each meeting, the secretariat will provide the meeting minutes and accompanying papers to the Group Manager of the Primary Care team.

Meetings

The meeting quorum is six members, plus at least two ex-officio members.

Frequency of meetings will be established and agreed upon in the first meeting and may be subject to change in response to demands of the project. In making themselves available for appointment, members should commit to devoting sufficient time to becoming familiar with the scope of the project and attending meetings.

Meetings may be up to half a day, and face to face or virtual options for meetings will be included.

The project team will be responsible for the schedule of meetings, minute-taking, and ensuring quorum. The agenda-setting will be administered by the project team but agreed upon by both the GAPCAG and the project team.

The project team will be responsible for maintaining an interest register and listing members' interests relevant to the Committee's business. Declaration and discussion of conflicts of interest should be a standing item on each meeting agenda, and actions arising from this item will be recorded in the minutes.

Liability

Members are not liable for any act or omission done or omitted in their capacity as a member if they acted in good faith, and with reasonable care, in pursuance of the functions of GAPCAG.

Official information requests

All agendas, minutes, emails, and other written communication are subject to release under the Official Information Act unless otherwise excluded for release under the provisions of that Act, as per all Te Whatu Ora activities.

All requests for information related to the project to improve access to gender affirming primary care made by any person from outside of the Group must be referred to the project team.

Remuneration

Members of the Group are paid fees and allowances per the Cabinet Fees Framework for Members of Statutory and Other Bodies Appointed by the Crown for a Group 4 Level 2 body.¹

A fee of \$250.00 (exclusive of GST) will be paid for attendance by non-Crown members at meetings and is based upon a half-day meeting, including travel time. This fee includes any preparatory work before meetings. Any fee for teleconferencing will depend upon the time required and Te Whatu Ora will advise you in advance whether a fee applies.

If additional work is required of the GAPCAG, it will be paid at the pro rata hourly rate of \$63/hr with up to two hours preparation time for

¹ Cabinet Office Circular 12 (6), Fees Framework for Members of Statutory and Other Bodies Appointed by the Crown

meetings. The Chair must approve additional work before it is done, or Te Whatu Ora will not pay the pro rata hourly rate.

Public servants, state servants and employees of Crown bodies are not paid for meetings of this Group. If you are with one of these organisations and think you are entitled to a standard daily meeting fee, please contact Adeline Cumings, Group Manager Primary Care. However, a public servant/state servant/employee of a Crown body should not retain both the fee and their ordinary pay where the duties of the outside organisation are undertaken during ordinary department or Crown body hours.

Locum fees are not paid under any circumstances. The individual should consider issues such as the potential loss of income and maintenance of professional practice (including business overheads) before accepting an appointment to this Group.

The project team will provide you with an IR 330 tax form during or before the first meeting. Please complete sections 1, 3, and 4 of the form under the category "honoraria" and return it to the secretariat. Withholding tax will be deducted at 33% if the IR330 is completed; otherwise, the deduction rate is 48%. However, you may wish to apply to IRD for a Certificate of Exemption (IR331 Form). If we receive this form from you, we will be released from our obligation to deduct withholding tax from further withholding payments to you in the current tax year.

We will pay you on the 20th of the following month for services provided so long as we receive a valid GST invoice or claim form by no later than the 7th of the following month, which should be forwarded to:
primary.care@health.govt.nz

Secretariat

The Project Manager is responsible for ensuring the GAPCAG is provided with adequate secretarial support to carry out its functions efficiently and effectively. The Project Manager will share relevant documents with the group in areas such as strategic contexts, data reports and risks as required. The agenda and papers that need to be read prior to meetings will be provided to the group at least two weeks before a meeting.