

# Cancer Treatment Advisory Group Terms of Reference

## Purpose

1. The Cancer Treatment Advisory Committee (CTAG) provides clinical advice on cancer treatment to the Cancer Control Steering Group.
2. The Cancer Control Steering Group provides governance for the Cancer Control Programme, which is a national programme that covers Ministry of Health, District Health Boards (DHBs), and regional cancer networks activity to implement the New Zealand Cancer Control Strategy and New Zealand Cancer Control Strategy Action Plan. The Cancer Control Steering Group also provides governance for the palliative care work programme.
3. The objectives of the Cancer Control Programme are to:
  - Reduce the incidence and impact of cancer
  - Reduce inequalities with respect to cancer
  - Ensure there is nationally consistent access to cancer services
  - Fairly and equitably prioritise and plan service improvement and new investment and deliver value for money.

## Role

4. The role of the CTAG is to provide clinical advice on cancer treatment to the Cancer Control Steering Group. This will be achieved by providing expert clinical advice on:
  - a. specific areas that relate to cancer treatment e.g. existing clinical effectiveness, service improvement, service development, treatment guidelines, service standards
  - b. technology change for cancer treatment as part of the Cancer Control Programme's horizon scanning function
  - c. services/initiatives for prioritisation to be considered as part of a strategic planning and prioritisation process to provide a longer term view on how the Cancer Control Programme intends to achieve the overall purposes of the Cancer Control Strategy, as requested by the Steering Group
  - d. 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 annual work plan for the Cancer Control Programme, as requested by the Steering Group
  - e. any other specific areas as requested by the Cancer Control Steering Group

- f. cancer treatment matters to the Cancer Control Council (where appropriate). All requests for advice will be facilitated via the Ministry of Health.

## **Membership**

5. CTAG members are on the CTAG as recognised experts nominated by their organisation, sector or speciality group. The CTAG is comprised of the following members.
  - Cancer Control Steering Group Co-Chairs (attendance at their discretion)
  - Appointed Chair
  - National Clinical Director Cancer Programme
  - Chief Operating Officer
  - Clinical Directors from each regional cancer network
  - Radiation Oncologist (Chair or representative of the work group)
  - Medical Oncologist (Chair or representative of the work group)
  - Paediatric Oncologist (Chair or representative of the paediatric oncology steering group)
  - Oncologist (Chair or representative of the adolescent and young adult work group)
  - Palliative care (Chair or representative of the New Zealand Palliative Care Working Party)
  - Haematologist (Chair or representative of the work group)
  - Surgeon (Chair or representative of the work group)
  - Oncology nurse
  - Primary care clinician.

## **Appointment Process**

6. The Co-Chairs of the Cancer Control Steering Group will nominate the Chair of the CTAG with agreement by the CTAG. The Chair will hold office until:
  - a. he or she vacates
  - b. the Co-Chairs appoint a chair in his or her place with agreement by the CTAG.
7. The Ministry will seek nominations for the clinical and other representatives through the relevant college or professional/organisational body as appropriate.
8. Where specialist sub-groups of the CTAG have been established the work group Chair or work group representative may represent the relevant specialty area. Appointees may represent several categories, for example a speciality area and a clinical director role.
9. Representatives will be appointed for three years and may be reconfirmed by their nominating bodies for a further period of three years.

## **Work Groups**

10. The CTAG establishes and co-ordinates work groups to provide advice on specialist areas within cancer control. The work groups are multidisciplinary in composition as appropriate. Clinically focused groups will be chaired by a clinician and the role of the group should be clear by its title. The standing work groups are:
  - Radiation oncology
  - Medical oncology
  - Adolescent and Young Adults oncology
  - Haematology
  - Surgical.
11. Other work groups may be established by the CTAG, on a time limited basis, as required by the work programme and with the agreement of the Ministry of Health. Work groups may be disbanded by the CTAG to reflect changes in work programme priorities and/or if specific projects have reached completion.
12. Each work group develops terms of reference, annual objectives, and a supporting workplan in consultation with the CTAG.
13. The work groups report to the CTAG and can be delegated to provide advice directly to the Cancer Control Steering Group.

## **Support for CTAG and Work Groups**

14. The Ministry of Health will provide secretariat and administrative support to the CTAG and its work groups. This includes distribution of the agenda and recording of the minutes. The agenda will be circulated at least five days prior to meetings. Minutes will be circulated no later than a fortnight following the meeting date. The Ministry will provide rooms and refreshments for the meetings.
15. Travel and time will be funded through the representative's employer for DHB employees. The Ministry will fund travel for people not employed by DHBs.

## **Meeting arrangements**

16. Meetings will take place on a quarterly basis and align with Cancer Control Steering Group meetings (preferably four weeks before a Steering Group meeting).

## **Quorum**

17. Eight members will constitute a quorum.

## **Group Processes**

18. The Chair will be responsible for:

- a. Managing meeting processes
- b. Acting as a spokesperson for the CTAG.

19. CTAG members will be responsible for keeping their respective organisations/groups updated on the CTAG's work programme.
20. 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 particular expertise to provide advice on specific agenda items. In these circumstances, it is the responsibility of the CTAG member to ensure the substitute is fully briefed and understands their responsibilities.

### **Reporting**

21. The CTAG reports to the Cancer Control Steering Group through the Chair. Minutes of the CTAG meetings will be provided to the Steering Group for information.
22. At the beginning of each financial year, the CTAG will provide a high-level workplan for the CTAG and its work groups to the Cancer Control Steering Group. It is acknowledged that the CTAG is an advisory group and its workplan is flexible and subject to change based on requests from the Steering Group for advice and the need for the CTAG to respond to emerging issues.