

## Expression(s) of Interest (EOI) for membership on the Gastroenterology National Clinical Network Clinical Reference Group New Zealand Child and Youth Clinical Network Program

The New Zealand Child and Youth Clinical Networks (NZCYCN) are keen to receive applications to join the **Gastroenterology** Clinical Reference Group (CRG). We are looking for **six to eight professionals that represent** diverse coverage across specialisation, sector, and region.

We have a focus on strengthening our equity lens so experience working within Māori and Pacific communities would be valued. If you are interested in being a member of a group that provides national quality improvement for tamariki and their whānau please express your interest by email.

The aim of all the CRGs is to improve outcomes for pēpi, tamariki, rangatahi in the context of their whānau. Further information about the program can be accessed via the NZCYCN's website:

<https://www.paediatrics.org.nz/our-work/nz-child--youth-clinical-networks>

### How do Networks work?

Clinical Networks receive funding and administrative support to work collaboratively to improve the delivery of services to whānau in a range of settings. Work plans are developed by the CRG then approved by the NZCYCN Governance Group with deliverables that have timeframes. This may include practice guidelines, whānau information in conjunction with KidsHealth, education for health professionals and a range of other activities that are based on best evidence.

CRG's include a multi-disciplinary team of people across a range of health settings; primary, secondary, and tertiary and across a geographical range in Aotearoa New Zealand.

### How often does the CRG meet?

The Clinical Reference Group meets approximately 4 times per year. This usually includes three short online meetings and one face-to-face full-day meeting, usually either in Wellington or Auckland.

The Terms of Reference (ToR) provide an overview of governance and the responsibilities of the functions expected from the CRG. These are attached to this document. We recommend you discuss submitting your application with your manager so that you receive time to attend the face-to-face meetings. All transport costs and expenses associated with travel are funded.

### Term of appointment

The Child and Youth established health networks are on annual contracts with an expectation of continued support, but currently contract to June 2026.

### Timeline & applications

All expressions of interest to be received by the NZCYCN Support Administrator by 5pm **on 25<sup>th</sup> February, 2026**

If you have the experience we are looking for we invite you to send an email or an attached letter with a brief summary of the skills, experience and qualifications you would bring to this role in the **Gastroenterology** CRG.

Please also attach your CV and include your contact phone number.

**Email your application to the NZCYCN Support Administrator, Kat Kirchmann, by email to [kat.kirchmann@paediatrics.org.nz](mailto:kat.kirchmann@paediatrics.org.nz).**

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## **New Zealand Child & Youth Clinical Network for Gastroenterology Services Terms of Reference**

### **Purpose and Role**

To establish a national multi-disciplinary network that will support clinicians working across community, primary, secondary and tertiary services to deliver high quality, cost effective and integrated gastroenterology and hepatic services for tamariki, rangatahi and their whānau.

The aim of the New Zealand Child & Youth Clinical Network for Gastroenterology Services (CN) is to provide clinical leadership in the development and maintenance of a nation-wide clinical service for tamariki and rangatahi up to 18 years of age.

This will be achieved by a multifaceted approach with the appointment of a national, multi-disciplinary Reference Group (CRG) supported by Medical, Nursing and Allied Health Clinical Leaders. The Reference Group of the NZCYCN Clinical Network for Gastroenterology Services will lead quality improvement nationally to address the determinants and models of care required to improve outcomes for those with gastrointestinal and hepatic conditions. The Reference Group has an oversight function. It reports to the NZCYCN Governance Group and is responsible for delivering an agreed annual work plan in partnership with its clinical network members.

The clinical network will provide advice on service and treatment issues to the Paediatric Society of New Zealand (PSNZ) and Ministry of Health (MoH).

In particular, the CN will:

- Foster a culture of a nationally coordinated child and youth gastroenterology and hepatic services
- Develop an infrastructure that supports quality services, safety, equity of service provision and best value of resources
- Develop a system for the monitoring and auditing of services to inform continuous quality improvement
- Identify and liaise with national and international bodies with relevance to childhood gastroenterology and hepatic services
- Develop a model of care
- Establish a plan to maximise opportunities to support a workforce education and development programme

### **Clinical Network Scope**

The scope of the CN encompasses all health care settings (community, primary, secondary and tertiary) and organisations where gastroenterology, hepatic and related services are provided for tamariki, rangatahi and their whānau, throughout Aotearoa.

For the purpose of these Terms of Reference, the age bands of the population group are:

- Tamariki: birth to 15 years
- Rangatahi: 15 - 18 years

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The CN will develop strong alliances with key services providing tamariki and rangatahi gastroenterology and hepatic services including primary health care organisations, secondary and tertiary health services; and other relevant services and organisations. Defining strict criteria for age bands limits constructive network development; therefore, there will need to be some flexibility about the age at which tamariki transition to rangatahi services and at which rangatahi transition to pakeke services. There will be an emphasis on delivering services in a developmentally appropriate manner that includes supporting the transition of rangatahi to pakeke services when they achieve social independence.

### **Te Tiriti o Waitangi**

The PSNZ is committed to upholding Te Tiriti o Waitangi which is at the core of all work as outlined in the [strategic plan 2021 - 2026](#), specifically addressing the following:

Preamble

- Respect existing Māori authority, strengthen relationships, and contribute to peace and good order.

Article 1: Kawanatanga

- Māori lead and contribute to the development of all work and establish the priorities it is intended to serve; and Māori agree that the work is satisfactory.

Article 2: Tino rangatiratanga

- Māori are contributing through drafting and advising on matters of tikanga or specific Māori interest.
- Restore resources and power to Māori/hapū.

Article 3: Ōritetanga

- Consider the responsibilities, rights and capacities of Māori citizens and ensure equity of outcomes as Māori people define them.

Article 4: Wairuatanga and custom

- Support people to live as Māori and according to Māori values and customs.

### **The CN for Gastroenterology Services Structure**

- Clinical Network RG: CN Chair, 2 medical co-leads, CN Project Coordinator and RG members selected by EOI. Oversee CN direction, alignment with PSNZ Strategy, annual work plan development, achievement of deliverables and reporting to the PSNZ NZCYCN Governance Group.
- Clinical Network: members (existing and new) that function within the clinical network where their expertise and interest is required to meet deliverables from the annual work plan

### **Reference Group (RG) and role appointment Process**

The appointment process for the members of the RG will follow:

PSNZ will undertake an EOI process for:

- Membership of the RG. Appointment will be decided by a selection panel appointed by the PSNZ and based on information provided through the EOI process
- Between 5 - 6 RG members will be selected based on level of clinical experience in child and youth gastroenterology and hepatic experience, professional discipline(s) represented and geographic location. The intention is for the RG to be reflective of a multi-disciplinary approach to gastroenterology/hepatic services and broadly represent the geographic regions of Aotearoa.
- The RG and its clinical network members will ideally include representatives from a variety of areas which may include:
  - General paediatrics
  - Gastroenterology sub specialist services
  - Paediatric surgeon

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- Specialist nursing
- General practice/ PHO/NGO
- Maori and Pacific health providers (via liaison)
- Dietetics
- Pharmacy
- Community interest/support groups
- Consumers via Consumer groups related to Gastroenterology/Hepatic diagnoses)
- The RG will be appointed on a fixed-term basis that aligns to the MoH's contract term with PSNZ
- The voluntary Clinical Network Chair role will be elected by the CN RG after EOI, with review every 2 years
- CN/RG medical co-lead roles will be elected by CN RG after EOI, with review every 2 years
- Clinical Network members: Clinical network membership considered by EOI to RG.
- The Clinical Network Project Coordinator role will be filled by EOI by the NZCYCN Support Manager and NZCYCN Programme Director on a fixed basis that aligns to the MoH's contract term with PSNZ

### **Communication, Meetings and Website Resources**

The CN's communication process and meeting schedule is as follows:

- The majority of contact within the CN will be via email or Zoom/MS teams
- There is an expectation that members will review requests in a timely manner, i.e., urgent e-mail correspondence will be responded to within two working days and non-urgent will be responded to within five working days
- RG Meetings including the two medical co-leads, Chair, Project Coordinator and members elected by EOI, will be held as appropriate during the year by teleconference and an optional face to face meeting if required
- The majority of clinical network meetings will take place as smaller workstream groups related to activities allocated by the RG (aligned with current work plan to achieve deliverables)
- A quorum for a formal meeting with all RG members will require 75% of members + 1 (excluding PSNZ Support Manager as attendee)
- The CN will contribute articles to the NZCYCN's publication CYNet as relevant
- The CN will provide resources and information on the NZCYCN web site (<https://www.starship.org.nz/for-health-professionals/new-zealand-child-and-youth-clinical-networks/>) and follow the agreed process for the submission of this material
- The CN will provide support for the updating of parent information on the KidsHealth website (<https://www.kidshealth.org.nz/>)

### **Accountability and Reporting**

The RG is accountable to the PSNZ

- Reporting will be by the Clinical Network Chair and Project Coordinator. The Project Coordinator contract will detail specific deliverables that (aligned to the Network's Workplan) that will need to be reported
- Reports will be forwarded to the PSNZ NZCYCN Support Manager as per the agreed quarterly schedule
- Minutes of meetings to be recorded where appropriate with permission and distributed to the RG no later than one month post meeting by the Project Coordinator

### **Network Roles and Responsibilities**

The role of the **Chair, Project Coordinator, Medical co-leads and RG** is to:

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- Work in collaboration to provide complementary leadership and support to all clinicians; each role will have a particular focus of the CN and form part of the RG:
  - Chair - will focus on secondary and tertiary sectors and establish relationships with professional bodies and other specialist medical staff
  - Project Coordinator - will focus on improving the existing links and integration with specialist services and primary care as appropriate
  - Medical leads – provide clinical leadership and advocacy on behalf of the CN, assist Chair and Project Coordinator to achieve high level deliverables of the current CN workplan
  - Reference group - Oversee CN direction, alignment with PSNZ Strategy, annual work plan development, achievement of deliverables and reporting to the PSNZ NZCYCN Governance Group
- Provide leadership and support to all clinicians and associate staff within regions of Te Whatu Ora for the development of national standards, referral guidelines and information systems
- Establish sustainable links with appropriate primary care organisations, non-government organisations (NGOs) and relevant, specialty clinical and consumer groups
- Support the provision of treatment with appropriate escalation and de-escalation of care
- Work closely with the PSNZ NZCYCN Support Manager and Administrator and to develop a sustainable, cost effective national CN

The **Clinical Network members** will be responsible for:

- Actively participating and contributing to meetings, processes and tasks of the CN
- Supporting the Chair, Project Coordinator and RG members (including medical co-leads)
- Providing advice from their areas of expertise to other CN members
- Responding in a timely manner to requests for information and advice from other CN members
- Reporting back to their own organisations and related organisations
- Not disclosing any confidential information or making media statements on matters relating to the CN without the prior approval of all members of the RG and Chair

The **PSNZ NZCYCN Support Manager** will provide support to the CN including:

- Oversight of business rules and financial matters
- Support for the development of the annual work plan
- Support for agreed communication/information processes
- Support and guidance of specific projects as appropriate

The **PSNZ NZCYCN Support Administrator** will provide support to the CN including:

- Providing administrative support to the CN Chair, Project Coordinator, RG and CN members as appropriate

The **CN** will be defined by:

- Service delivery occurring close to where tamariki and rangitahi live where possible
- Workforce distributed across all Te Whatu Ora regions
- Providing a value component to gastroenterology services through:
  - Improved integration of care across the continuum of treatment
  - Linking of gastroenterology services into a multi-disciplinary network committed to identifying and adopting quality practice
  - Striving to achieve consistency through agreed standards, promotion of clinical leadership, developing training, sharing information, key performance and outcome indicators
  - The promotion of audit and evaluation of service change to inform quality improvement practices

The **CN's** tasks for the contracted period are to:

- Collaborate with other relevant organisations (including Te Whatu Ora, MoH and the PSNZ)
- Ensure that the terms of reference for the CN remain current
- Continue to develop and implement activities to that will address variations in in the management paediatric gastroenterology disorders including hepatology and nutrition
- Strengthen specialist nursing resources and parent education
- Initiate a plan of action that provides an assessment of specialist workforce capacity, including the option to develop sustainable workforce opportunities
- Establish a communication plan that informs the sector and other interested parties of the development and work of the clinical network
- Agree a model of care for gastroenterology services
- Explore options that support the development of a minimal set of national data/information to inform practice change and support positive health gains and/or outcomes
- Plan for sustainability of the CN including governance and operational functions
- Identify and liaise with national and international bodies with relevance to gastroenterology services for tamariki and rangatahi

## **Review**

These Terms of Reference will be reviewed by the RG every two years unless the RG agrees otherwise.

## **Clinical Network RG**

Cate Fraser (Chair)

Andrew Day (Medical co-lead and RG)

Helen Evans (Medical co-lead and RG)

Sancharya Pahwa (Project Coordinator and CN steering group)

## **Clinical Network Members**

David Barker

Nikki Blair

John Atkinson

Ashwin Bhana

Jon Bishop

Stephen Mouat

Amin Roberts

Robert Lopez

Kim Herbison

Stephanie Brown

Sally Jane Lewington

## **Paediatric Society of New Zealand**

TBC (NZCYCN Clinical Network Support Manager)

Kat Kirchmann (NZCYCN Clinical Network Support Administrator)