

# Optimal Care Pathway for LGBTIQ+ people with Cancer

## Steering Committee Terms of Reference

**Draft:** April 2024

### **Background:**

Cancer Australia currently endorses Optimal Care Pathways to ensure evidence-based cancer care, but none exist to specifically support LGBTIQ+ people.

LGBTIQ+ people face significant barriers when accessing and receiving optimal cancer care due to the predominantly binary approach of existing healthcare services. These barriers can exacerbate and negatively impact engagement in prevention and treatment.

ASHM, in collaboration with AusPATH and LGBTIQ+ Health Australia, aims to fill this gap by developing a national, inclusive Cancer Optimal Care Pathway specifically tailored to community needs. In addition to the Pathway, ASHM will develop educational activities for healthcare providers. These activities will cover various aspects of cancer care, from prevention to end-of-life care, ensuring providers are trained to support LGBTIQ+ patients effectively. The education will be freely accessible to Australian healthcare professionals.

### **Project Overview:**

#### Goal:

The goal is to enhance healthcare providers' capacity and confidence in delivering high-quality cancer care to LGBTIQ+ people affected by cancer across their lifetime. This would contribute to greater access to affirming, diverse, knowledgeable, and confident healthcare providers who provide cancer care to LGBTIQ+ people, thereby improving the community's physical and mental health outcomes. By increasing access, we also anticipate greater access to affirming services, providing choice and diversity in healthcare to community members.

#### Objectives:

1. **Healthcare Providers' Access to Evidence-Based Resources:** Healthcare providers will have access to co-designed nationally consistent, high-quality, evidence-based training and resources covering all stages of cancer care for LGBTIQ+ people with cancer.
2. **Resources Improving Cancer Patient Outcomes:** Enhance healthcare providers' ability to deliver inclusive, affirming cancer care for LGBTIQ+ people, and improve their access to tailored services that address their specific needs.
3. **Improved Cancer Outcomes Across Australia:** Increase engagement in cancer

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prevention, early diagnosis, and timely treatment for LGBTIQ+ people, ultimately fostering better physical and mental health outcomes, improving equity in cancer care, and supporting longer life expectancy for this community across Australia.

#### **Deliverables:**

- Establish a nationally representative steering committee.
- Conduct a national needs assessment and consultation.
- Development of the OCP and a quick reference guide
- Development of OCP online learning module to support translation of the OCP into service delivery.
- Development and delivery of eight (8) facilitated education courses to support translation of the OCP into service delivery.
- Implementation of a communication campaign to promote awareness and uptake of training and resources
- Establishment of an evaluation framework to measure impact of training and resources.

#### **Performance indicators:**

- Input and engagement from steering committee members.
- At least 50% of steering committee members are from an identified LGBTIQ+ organisations and/or identify as a member from the LGBTIQ+ community.
- A national needs assessment and consultation is conducted with participants representing key stakeholders in LGBTIQ+ cancer care, including healthcare providers, academics and community.
- A needs assessment and consultation report provides clear recommendations for the development of the OCP.
- Development of training and resources endorsed by relevant professional bodies to validate the resources and ensure their integration into best practices.
- Between 250 – 400 participants register for the OCP online learning module.
- Between 30 – 50 participants register for each live course.
- Implementation of a communications plan with metrics including social media reach, page visits, engagement rates, and download clicks.
- Web-based metrics for OCP usage including unique users, session types, device usage, average time on site, and engagement statistics.
- 80% of participants self-report as clinicians who provide care to patients from relevant priority populations.
- Measurement of self-reported knowledge and confidence changes, with recommendations for future implementation.
- Implementation of a communications plan with metrics including social media reach, page visits, engagement rates, and download clicks.

#### **Timeframe:**

##### **Phase 1: Needs Assessment and Consultation (2025)**

- Establish a nationally representative steering committee (by 30 April 2025)

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- Conduct a national needs assessment and consultation (by 31 December 2025).

#### Phase 2: Resource and Education Development (2025–2026)

- Development of the OCP and a quick reference guide (by 31 July 2026)
- Development of OCP online learning module to support translation of the OCP into service delivery (by 31 July 2026).

#### Phase 3: Implementation and Delivery (2026-2027)

- Development and delivery of eight (8) facilitated education courses to support translation of the OCP into service delivery (by 30 June 2027).

#### Phase 4: Evaluation and Promulgation (2025-2027)

- Implementation of a communication campaign to promote awareness and uptake of training and resources (by 30 June 2027).
- Establishment of an evaluation framework to measure impact of training and resources (by 30 June 2027)

### **Steering Committee Purpose and Scope:**

#### Purpose:

The purpose of the Steering Committee is to provide oversight, expert guidance, support the development and implementation of deliverables and provide community representation throughout the lifecycle of the project aimed at enhancing the capacity of healthcare providers to deliver high-quality, affirming cancer care to LGBTIQ+ people. The committee will ensure the project remains aligned with its goals and objectives.

The Steering Committee will be established from April 2025 to June 2027.

#### Scope:

The scope of the steering committee includes, but is not limited to:

1. Oversight and guidance
  - a. Provide direction and advice to support the development and implementation of the project's key deliverables.
  - b. Ensure alignment with the national approach to develop Optimal Care Pathways. Refer to: <https://www.cancer.org.au/health-professionals/optimal-cancer-care-pathways>
2. Governance and accountability
  - a. Oversee ethical considerations, community safety, and integrity in the co-design and implementation of deliverables.
  - b. Monitor the progress of the project to ensure deliverables are met on time and within scope.
3. Stakeholder representation
  - a. Ensure broad representation from LGBTIQ+ communities, healthcare professionals, cancer care experts, peak bodies, policy-makers, and other key stakeholders.

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- b. Provide a platform for diverse voices to influence the design, implementation, and evaluation of the project.
4. Review and feedback:
  - a. Review and provide feedback on project deliverables
  - b. Support co-design processes to ensure safety, accessibility, and relevance to the LGBTIQ+ population.
5. Promotion and advocacy
  - a. Support promulgation of the project's deliverables to promote awareness among healthcare sectors, government bodies, and LGBTIQ+ communities.
  - b. Facilitate pathways for integration and adoption of deliverables into practice and policy.
6. Evaluation support
  - a. Provide input into the development and refinement of the evaluation framework.
  - b. Support ongoing monitoring and evaluation to inform continuous improvement.

### **Membership:**

We are seeking to develop a nationally representative Steering Committee of healthcare providers, academics and community to inform and guide the development and delivery of various activities. Organisations and individual representatives will be invited from the broader health workforce involved in health care of the LGBTIQ+ community and/or cancer care specifically. These organisations and individual representatives may have exclusive knowledge and expertise in either area of healthcare. Additionally, we will be seeking LGBTIQ+ organisations or individual community representation amongst those with and without lived experience of cancer.

### **Expectations:**

Steering Committee members are expected to:

- Attend all meetings or, where attendance is not possible, submit an apology, review the minutes and attend to relevant action items
- Prepare for all meetings by reading and considering the agenda items and any documents circulated
- Participate actively and work cooperatively with other members
- Adhere to agreed timelines for development and/or review of content

### **Meetings:**

- Meetings will be convened on a as need basis. We anticipate this being no more than four times per year.
- Meetings will occur via Microsoft Teams.
- Meeting dates, frequency and times will be agreed upon by its members
- Outside of meetings, the Steering Committee will communicate via email as needed
- An ASHM staff member will act as secretariat to the Steering Committee and will:
  - Coordinate meetings and manage email communication
  - Act as intermediary between Project Partners, the Steering Committee and any external consultants.

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- Nominations for co-chairs of the Steering Committee will occur at the first meeting. At least one of the co-chairs to be from an identified LGBTIQ+ organisation and/or identify as a member from the LGBTIQ+ community.

**Conflicts of interest:**

Steering Committee members will be required to comply with ASHM's Conflict of Interest Policy. Members will be asked to complete and return a disclosures of interest form to ASHM at the start of the project.

**Confidentiality:**

Items discussed in meetings are confidential unless otherwise advised.

**Remuneration:**

Participation on the Steering Committee is voluntary, and time spent attending and preparing for meetings is not ordinarily remunerated. A sitting fee for all meetings will be remunerated for community representative members of the Steering Committee at a rate of \$90/h if no other compensation applies. For example, the organisation the Steering Committee member is affiliated with cannot provide compensation for attendance at meetings. Additionally, Steering Committee members will be remunerated for time spent writing and reviewing content, as per ASHM's Clinical Advisor rates.

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