

# THE NEW ZEALAND MICROBIOLOGY NETWORK



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# New Zealand Microbiology Network

In March 2014, in response to the Ministry of Health's recognition of the critical and increasingly complex role that the clinical microbiology laboratory plays in the diagnosis of infectious disease, the Ministry of Health contracted the Institute of Environmental Science and Research to establish and facilitate the New Zealand Microbiology Network (NZMN). The NZMN was convened in order to enable a timely and consistent response to issues relating to laboratory testing and to ensure regular communication between microbiology laboratories in New Zealand.

## Terms of Reference

### Name

New Zealand Microbiology Network (NZMN)

### Vision Statement

To build national capability, optimise technical methods, promote consistency and collaborative processes and advocate diagnostic stewardship in diagnostic and public health microbiology across New Zealand.

### Objectives

NZMN operates with the following objectives:

#### Collaboration

1. Establish, maintain and expand collaborative links between pathology laboratories in New Zealand.
2. Provide an internal forum for discussion and promote best practice through collegiality.
3. Collaborate with other relevant groups and organisations in New Zealand and other countries.

#### Advice to Ministry of Health on public health microbiology

1. Provide advice to the Manatū Hauora, Ministry of Health (MoH) and Medical Officers of Health (MOsH) in the National Public Health Service (NPHS) on laboratory-based surveillance and the laboratory component of case definitions of notifiable diseases and diseases of public health importance, including, but not limited to those in the Communicable Disease Control Manual.
2. Provide specialist opinion, support and advice to the MoH and the NPHS for the investigation and management of outbreaks, epidemics, pandemics and other important incidents, such as imported infectious diseases, antimicrobial resistant organisms of public health concern and bioterrorism threats of national importance. This includes:
  - a. Providing a mechanism by which the MoH may obtain practical diagnostic laboratory advice in regard to emerging communicable diseases and outbreaks.
  - b. Providing specialist opinion and advice for the investigation of infectious diseases and transmissible antimicrobial resistant organisms with public health importance.
  - c. Providing specialist representation on advisory and working groups, particularly in areas including, but not limited to, antimicrobial stewardship and infection prevention and control.

## **Advocacy and advice on clinical microbiology**

1. Promote best practice in clinical and public health microbiology with the aim of improving patient care and population health.
2. Provide a discussion and advice forum for national surveillance activities and reference laboratory activities.
3. Advocate for improved nationwide access to a comprehensive range of microbiology and laboratory services for control of communicable diseases.

## **Capability and capacity**

1. Describe and develop the capability and capacity of laboratories to respond to communicable disease outbreaks and newly emerging infectious diseases, including significant antimicrobial resistant organisms.
2. To provide a forum by which clinical microbiology information is shared across the country to support infection prevention and control activities in hospitals and other facilities.
3. Work in collaboration with other infection prevention and control specialists and public health to increase capability for managing transmissible infectious diseases including antimicrobial resistant organisms.

## **Response**

1. Respond to matters relating to public health microbiology, as referred to the NZMN by the MoH and to proactively address issues in need of national attention.
2. Fulfil these Terms of Reference (ToR) to the best of our ability within resources available to support these activities.

## **Meeting NZMN Objectives**

The NZMN will meet these objectives using meetings, communications and collaboration.

### Meetings

The NZMN will:

- hold regular, monthly teleconferences and annual face to face meetings with urgent teleconferences scheduled if required;
- ensure that meeting agendas contain relevant and timely topics.

### Communications

The NZMN will:

- maintain regular email communication between meetings, as required;
- ensure that required outcomes from discussions are known and communicated to the relevant stakeholder;
- establish and maintain a website.

## Collaboration

The NZMN will create position statements, where appropriate.

## **Membership**

All diagnostic microbiology Te Whatu Ora funded laboratories and Te Whatu Ora private providers are entitled to be members of the NZMN.

Each member laboratory can nominate one or more vocationally registered clinical microbiologists to attend NZMN teleconferences and face to face meetings and receive information via the NZMN circulation list.

Attendance at meetings will include, where possible:

- Vocationally registered clinical microbiologists: at least one clinical microbiologist representative from each Te Whatu Ora funded laboratory and Te Whatu Ora private providers interested in supporting communicable disease microbiology testing in New Zealand should attend (to be reviewed as system structures change under Pae Ora legislation).
- Representatives of the National Public Health Service, as follows:
  - One representative of the MOsH and NPHS.
  - One to two representatives from the NPHS Prevention Directorate, preferably including a public health physician.
- Representatives of MoH, as follows:
  - One representative of the Public Health Agency (PHA), Public Health Leadership and Office of the Director of Public Health.
  - One representative of the PHA Intelligence, Surveillance and Knowledge Group.
  - Principal Advisor, Public Health Strategy.
- Medical Director, clinical microbiologists and surveillance representatives from the Institute of Environmental, Science and Research (ESR).
- A representative of the Ministry for Primary Industries (MPI).

Invited attendees may also include:

- Director of Public Health or representatives from Public Health Leadership.
- Members of specific working groups, initiated by the NZMN, for discussion of relevant items.
- Senior microbiology registrars to support training requirements.
- Relevant experts in other fields may be seconded to the Network when appropriate.
- Senior scientists or clinical microbiologists responsible for clinical oversight at other laboratories performing public health or human diagnostic testing.

Laboratory representatives will share meeting agendas and minutes, and relevant discussion papers with other members of their laboratory. Any confidential documents, not for further distribution, will be marked accordingly.

The NZMN Coordinator, provided by ESR, will provide administrative support for the Network.

### **Standing Observers:**

- The Chair or other nominee of the Australian PHLN and a nominee of the Australian Department of Health.

## **Election of the Chair**

The Network will have an elected Chair and an elected Deputy Chair. The Chair will be supported during their term by the Deputy Chair.

The Chair will be the default representative and spokesperson for the NZMN, although the Chair may also delegate this responsibility to the Deputy Chair or other members as required according to expertise and availability.

The Network Chair will be elected to serve a 2 year term with a maximum possible 2 consecutive terms to be served. Alternatively, the Chair may rotate to the Deputy Chair role at the end of a 2 year term if agreed by both parties and NZMN members.

The Deputy Chair will be elected to serve a 2 year term with a maximum possible 2 consecutive terms to be served. Alternatively, the Deputy Chair may rotate to the Chair role at the end of a 2 year term if agreed by both parties and NZMN members.

Nominations for the Chair-Elect will begin 4 months before the completion of the term of the current Chair. The Chair-Elect will ideally be confirmed 3 months before they are required to take office (usually the end of March in odd numbered years) to allow familiarisation. The Chair and the Deputy Chair will be the NZMN representatives on the PHLN and the National Pathology and Laboratory Round Table.

Nominations for these positions may be from current members of the Network or independent to the Network. Nominees should be active members of the NZMN or PHLN.

Nominees will need to have two nominators, and nominations will be confirmed in writing or by email. Confirmation will be required from the successful nominee's organisation.

The Chair and the Deputy Chair should be from different Te Whatu Ora districts and one of the Chair or Deputy Chair should not be working for a private laboratory provider.

The Chair and Deputy Chair may resign at any time during their term by giving three months' notice to the Network in writing. This will initiate the nomination process for a new Chair or Deputy Chair.

## **Executive Group**

Where required, a group will meet to discuss issues before they are presented to the members.

An executive group comprising the Chair, the Deputy Chair and/or Chair-Elect, a MoH representative and an ESR representative and/or other relevant project owners will meet as required, to:

- Ensure that information sought through the NZMN is relevant and timely and that agenda items are appropriately and transparently prioritised.
- Ensure that outcomes of discussions and decisions of the NZMN are reported back to the original project owner.

The NZMN Coordinator will provide administrative support for this group.

## **Conflicts of Interest**

Conflicts of interest should be declared at the start of any meeting. Any member who has declared a substantive conflict of interest in an active discussion, may not vote on the outcome of the discussion.

## Decision making process

Different decision making processes may be required for different circumstances. In general, and where appropriate, the Network will work towards consensus, i.e. a decision that all parties regard as acceptable although it may not be their preferred outcome. Members should respect different points of view.

A majority decision can be made if three quarters of the Te Whatu Ora funded laboratory and Te Whatu Ora private providers represented support the decision. Each Te Whatu Ora funded laboratory or Te Whatu Ora funded private provider will have only one vote even if there are multiple representatives present at a meeting.

The MOsH representative may not participate in the vote but may articulate an opinion.

In the case of a majority decision, members with dissenting views may have their position recorded, along with a brief reference to the reason for their position, if they wish. Any member may request a vote be taken on an issue if agreement cannot be reached.

MoH, MPI, NPHS, invited attendees and ESR representatives (excluding clinical microbiologists or virologists) will not vote.

Where a decision needs to be made out of session, and consensus is not achievable, an email vote can be conducted by the NZMN Coordinator. Only one vote from each Te Whatu Ora funded laboratory or Te Whatu Ora funded private provider may be cast in an email vote.

When collaborative discussions result in a recommendation that is only applicable to some of the represented laboratories, the NZMN will support laboratories following this recommendation.

Once a majority or consensus position is made, that will become the position of the Network.

## Quorum for decision making

The quorum for decision making is 50% of member laboratories, plus one.

These Terms of Reference are to be reviewed by the NZMN in consultation with the MoH every two years or as found necessary by NZMN members or the MoH.

**For NZMN**

**Dr Juliet Elvy**  
Chair NZMN

**For ESR**

**Dr Virginia Hope**  
Medical Director, ESR

**For Ministry of Health**

**TBC**