

## Procurement Plan

### Improving Access to Gender-Affirming Care – Guidelines for Gender-Affirming Care

6 March 2023



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<b>Procurement Plan for</b>
Update to guidelines for gender-affirming care
<b>Supporting Documents</b>
Budget '22 paper for approval of funding for this project
Short Form NDE Contract

<b>We recommend you</b>
<b>approve</b> this procurement plan
<b>agree</b> to the process proceeding to the next stages as stated in this Procurement Plan

<b>Author</b>	s 9(2)(a)
<b>Peer Review</b>	
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Approval

Name	Role	Approved	Approval date:
s 9(2)(g)(ii)		Email	28/02/23
Corina Grey	Chief Clinical Advisor Pacific Health, Manatū Hauora	Email	25/01/2023
s 9(2)(g)(ii)			08 Mar, 2023
Allan Moffitt	Senior Responsible Officer, Interim Clinical Director Commissioning	Teams	1/03/23
s 9(2)(g)(ii)		Email	3/3/23
s 9(2)(g)(ii)		Email	6/3/23
s 9(2)(g)(ii)			8 Mar, 2023

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## 1. Summary

The purpose of this document is to provide an overview of the closed procurement process, namely a closed tender process to select a provider to update national gender-affirming health care guidelines.

## 2. Project Background

### Background

Across multiple determinants of health, transgender and non-binary people experience poorer health outcomes than the general population<sup>1</sup>. Transgender and non-binary identities intersect with every other population group that experiences inequities, including Māori, Pacific, and whaikaha (disabled) peoples, further compounding health inequities.

On 1 July 2022, Budget 2022 allocated \$2.182 million over four years to a project aimed at improving access to primary care for transgender and non-binary people.

The funding has been allocated to the following work streams:

- a. funding up to eight primary and community health providers to deliver gender-affirming services over four years,
- b. updating national guidelines for gender-affirming health care and lead referral pathways for gender-affirming health services and supports,
- c. development of training and workforce programmes to improve workforce responsiveness to transgender and non-binary patients.

This procurement plan relates to workstream B – ‘updating national guidelines for gender-affirming health care and lead referral pathways for gender-affirming health services and supports.’ Given that the lead referral pathways for gender-affirming care require updated guidelines to complete, this procurement plan relates only to updating the guidelines for gender-affirming health care.

### Project Overview

The Aotearoa Guidelines for Gender-Affirming Healthcare for Gender Diverse and Transgender Children, Young People and Adults in Aotearoa New Zealand (2018) (Aotearoa Guidelines) are adapted to a New Zealand context from the World Professional Association for Transgender Health’s (WPATH) Standard of Care Version 7, which were published in 2012.<sup>2</sup> In 2022, WPATH released their Standards of Care Version 8 document (SOC v.8).<sup>3</sup> The Aotearoa Guidelines now need to be updated to reflect the newest Standards of Care version to ensure that the standard of care for transgender and non-binary people in Aotearoa New Zealand stays up to date with international best practice.

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<sup>1</sup> Veale J, et al. (2019) Counting Ourselves: The health and wellbeing of trans and non-binary people in Aotearoa New Zealand. Transgender Health Research Lab, University of Waikato: Hamilton NZ

<sup>2</sup> : Oliphant J, et al. (2018) Guidelines for gender affirming healthcare for gender diverse and transgender children, young people and adults in Aotearoa, New Zealand. Transgender Health Research Lab, University of Waikato: Hamilton NZ

<sup>3</sup> : E. Coleman, A. E, et al. (2022) Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, International Journal of Transgender Health, 23:sup1, S1-S259, DOI: 10.1080/26895269.2022.2100644

The amended Guidelines will also include guidance for commencing hormone therapy in primary care which will outline principles and approaches that encompass the diversity of transgender people, including a specific focus on guidelines for working with Takatāpui.

Te Whatu Ora is looking for a provider to:

- a. facilitate the development of updated national guidelines for gender-affirming primary health care for health professionals and the transgender community,
- b. ensure that national gender-affirming care guidelines are aligned with international best practice models of care as outlined in WPATH SOC v.8,
- c. ensure that gender-affirming care guidelines reflect the cultural and regional needs of primary health care services in Aotearoa New Zealand,
- d. carry out engagement with relevant stakeholders to ensure that updated guidelines both meet the needs of transgender and non-binary communities in Aotearoa New Zealand and are relevant and clinically safe for practitioners to use.

### 3. Scope

In Scope	Out of Scope
<ul style="list-style-type: none"> <li>• Updating national guidelines for gender-affirming care in line with international best practice</li> <li>• Adapting international best practices to reflect the cultural and regional needs of healthcare providers in Aotearoa New Zealand</li> <li>• Carrying out consultation with the community and stakeholders, ensuring that both clinical safety and community needs are factored into the updated guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Developing a lead referral pathway for referral to secondary services</li> <li>• Developing workforce training and resources for primary care professionals</li> <li>• Increasing the capacity of the gender-affirming genital surgery service</li> <li>• Developing consistency in pathways to gender-affirming non-genital surgery</li> <li>• Creating centres of excellence delivering peer support to clinical providers</li> <li>• Developing a rights-based protocol to prevent medically unnecessary medical intervention on intersex children</li> <li>• Providing funding to secondary services to provide access to gender-affirming care</li> </ul>

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#### 4. Approach to Market

The approaches to market considered were RFP, a two-stage ROI then RFP, direct sourcing, and a closed competitive process using a single-stage RFP (or simplified request for proposal process) to a selected provider(s). The recommended approach to market is a closed tender process to find a provider to update gender-affirming care guidelines.

The reasons for this approach include:

- a. the maximum estimated value of the procurement of the services is unlikely to exceed the value threshold for going to the market for procurements \$100K and above, in accordance with the Procurement Rules
- b. where procurements are below the threshold there is a requirement for agencies to consider if there is a capable Aotearoa New Zealand business (including Māori and Pasifika businesses) that could fulfil the contract opportunity
- c. the work of updating the Guidelines requires both specialist clinical knowledge and the ability to carry out engagement with the community and key stakeholders. Given the lack of specialist knowledge that has prompted this budget initiative, the team has advised that there are limited potential providers that have the required skills to work with both the community and ensure clinical safety standards are met.
- d. after engaging with key stakeholders across the sector, the project team has concluded that the following two potential providers are the only providers with the requisite clinical knowledge and transgender expertise that would be able to do this work:
  - i. Professional Association for Transgender Health Aotearoa (PATHA),
  - ii. Gender Minorities Aotearoa (GMA).

These two providers were selected to provide proposals because of their specific expertise in gender-affirming healthcare and the needs of transgender and non-binary communities. A simplified request for a proposal document will be sent directly to the two providers (not on the Government Electronic Tender Service). Note that individuals who are part of Gender Minorities Aotearoa are also members of PATHA (a professional association with many members) however they are not part of the Executive Committee of PATHA which will be pulling together any proposal. Neither organisation is aware of any conversations Te Whatu Ora has had to date regarding this work with the other organisation. We will strengthen the declarations in the proposal document to ensure no collusion or conflicts of interest around this and that both parties agree not to talk to each other about any aspect of this procurement process.

## 5. Deliverables and Schedule

The following timelines are subject to change and will be refined as we move through the process at each stage.

<b>Deliverable</b>	<b>Milestones</b> (Key steps along the way)	<b>Date</b>	<b>Owner</b>
Engagement with Manatū Hauora, Te Aka Whai Ora, Pacific Health, Finance and Health Legal		3 Feb	Project team
Develop Procurement Plan	Completed Procurement Plan in conjunction with Te Aka Whai Ora and Manatū Hauora [Update as applicable]	End Feb 2023	Project team & Procurement team
Sign off Procurement Plan	Procurement Plan signed off by Te Whatu Ora signatories	6 March	Project team & Procurement team
Appointment of Evaluation Panel and review of criteria		6 March	Project team
Development of Proposal document	Completed proposal document ready for sending to suppliers	6-9 March	Project team & Procurement team
Proposal document sent to selected providers	Proposal document sent	9 March	Project team & Procurement team
Questions from providers answered	Questions answered as they come through and posted to providers within 48 hours	13 March	Project team & Procurement team
COI sent to panel and returned	Initial COI form sent to each Evaluation Panel member and mitigation plan COI put in place (If required)	13 March	Project team & Procurement team
Deadline for submission of proposals closed (we are allowing 2 weeks)	Proposals due by both providers by midday	23 March	
Proposals assembled and sent to panel for assessment		27 March	Project team & Procurement team
Panel pre-meet briefing 1 hour		21 March	Project team & Procurement team
COI update for Panel members to complete	Address potential or perceived interest in partnership organisations	2 March	Project team & Procurement

Deliverable	Milestones (Key steps along the way)	Date	Owner
			team
Evaluation of Proposals completed	Panel members individually assess the two proposals and complete forms and send to Panel Chair	27-29 March	Evaluation Panel
Panel evaluation meeting	Panel meeting in person or online to agree scores	30 March	Project team & Procurement team
Recommendation Report completed and sent for signing	Procurement Lead to complete Report and send to those that require to sign it	3 April	Project team & Procurement team
Preferred providers notified and initial contract meeting set up		5 April	Project team & Procurement team
Contract negotiation meetings/Contract prepared		6-10 April	Health Legal, Project team & Procurement team
Contract signed		mid April	Provider, Project team & Procurement team
Debrief with unsuccessful provider		By end of April	Project team

## 6. Evaluation Methodology and Criteria

The evaluation model that will be used is a weighted attribute score using the evaluation criteria outlined in the table below. Price will not be a weighted criterion. Instead, the price will be taken into account in determining overall public value over the whole-of-life of the contract. A two-envelope process will be used, and suppliers' pricing will only be opened once the criterion scoring is completed.

### Two envelope system

We will use the 'two-envelope' system to conduct evaluations. Respondents must provide all financial information relating to price, expenses and costs in a separate sealed envelope or soft copy file. The evaluation panel will score each Proposal according to the weighted criteria in the Evaluation Criteria table below, and then examine the financial information of each Proposal. The best 'public value' offer will be calculated based on a combination of the non-price ranking and the corresponding whole-of-life pricing. The Evaluation Panel's decision will be based on the offer representing the best solution at the best reasonable price. For example, if the highest



ranked non-price offer is the most expensive, the Evaluation Panel would determine whether the additional cost represents good public value for the extra solution being delivered. If that is the case, then that offer would be recommended for acceptance. However, if the additional cost cannot be justified, the second ranked offer would then be considered in the same way.

<b>Evaluation criteria</b>	<b>Weighting</b>
1. Organisational capacity	15%
2. Solution fit for purpose: Clinical safety and alignment with international best practices approach	30%
3. Equity and Māori health and wellbeing	35%
4. Capability of the organisation to consult and collaborate with relevant stakeholders on gender-affirming health care.	20%
<b>TOTAL</b>	<b>100%</b>

Refer to Appendix One for details of the questions used in the request for proposals document.

### Evaluation Process

Each evaluator on the Panel will carry out an independent evaluation by scoring the individual proposals. Individual scores from 0 to 5 (as noted in the Rating Scale further below) for each of the above criteria will be reviewed and discussed as a panel for an overall scoring for each criterion and an overall score for the proposal. The overall score will be weighted as per the table above.

Following the Conflict of Interest disclosures and any other probity and administrative matters, the evaluation panel will meet to discuss the proposals and the individual scores in detail at the meeting. Evaluators will be given the opportunity to note an agreed re-score to reflect any new considerations that have come up in panel discussion before finalising their scores for each proposal. Individual scores will be moderated, and a consensus score must then be sought. Where an agreement on a provider evaluation cannot be reached by consensus in the Panel, the Chair may direct that a decision be arrived at by calculating the median score from all of the individual Panel Member scores.

Only information contained in the submissions will be evaluated by Panel members. Panel members will evaluate each submission on its merit and not in comparison to another submission.

Clear, succinct but comprehensive notes will be required in support of panel evaluation scores. All collective Panel evaluation notes and the material will be retained for audit purposes and for debriefs for unsuccessful proposals. All individual scores and notes will be collected after the process has been completed.

## Evaluation Panel

The Evaluation Panel will comprise the following people.

Name	Evaluation area	Role	Voting/Non-voting
s 9(2)(g)(ii), s 9(2)(a)		Panel member	Voting
		Panel member	Voting
		Panel member	Voting
		Panel member	Voting
		Observer	Non-voting
		Independent chair	Non-voting

Observers may be present but must NOT contribute to the Evaluation Panel's discussion. This needs to be stressed at the pre-evaluation meeting.

The Evaluation Panel will consist of voting members and a Chair. Only those members noted as having voting rights will score Responses. Additional technical, project or other expertise may be called upon during the evaluation process however these people will provide information and advice only and will not be voting members.

Each Panel member will complete a Conflict of Interest and Confidentiality Declaration. Any plans for managing conflicts of interest will be updated at each stage of the procurement process, including when Providers are known to the Panel (refer to the timetable above). Management Plans for Conflicts of Interest must be approved by the Project Sponsor.

For Panel meetings attendance of three voting members will be considered a quorum.

The rating scale that will be used by Panel Members to score the responses against the evaluation criteria is based on a 0 to 5 rating scale as shown below.

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**Rating Scale**

<b>Assessment</b>	<b>Definition</b>	<b>Score</b>
<b>Excellent</b>	Exceeds the requirement. Exceptional demonstration by the supplier of the relevant ability, understanding, experience, skills, resources and quality measures required to provide the goods/services. Response identifies factors that will offer potential added value, with supporting evidence.	<b>5</b>
<b>Good</b>	Satisfies the requirement with minor additional benefits. Above average demonstration by the supplier of the relevant ability, understanding, experience, skills, resources and quality measures required to provide the goods/services. Response identifies factors that will offer potential added value, with supporting evidence.	<b>4</b>
<b>Acceptable</b>	Satisfies the requirement. Demonstration by the supplier of the relevant ability, understanding, experience, skills, resources and quality measures required to provide the goods/services, with supporting evidence.	<b>3</b>
<b>Minor Reservations</b>	Satisfies the requirement with minor reservations. Some minor reservations of the supplier's relevant ability, understanding, experience, skills, resources and quality measures required to provide the goods/services, with little or no supporting evidence.	<b>2</b>
<b>Serious Reservations</b>	Satisfies the requirement with major reservations. Considerable reservations of the supplier's relevant ability, understanding, experience, skills, resources and quality measures required to provide the goods/services, with little or no supporting evidence.	<b>1</b>
<b>Unacceptable</b>	Does not meet the requirement. Does not comply and/or insufficient information provided to demonstrate that the supplier has the ability, understanding, experience, skills, resources and quality measures required to provide the goods/services, with little or no supporting evidence.	<b>0</b>

The proposal with the highest score will be considered the preferred provider. Contract negotiations may also include negotiating with the preferred provider to expand their programme with additional skills not included in their programme if they have capability and capacity to do so.

## 7. Project Team

Role	Tasks/purpose	Person
s 9(2)(g)(ii)	Oversight of programme and contracting, peer review, contract management Project advisor and support and management of the project	s 9(2)(g)(ii)
Programme Director	Senior Responsible Officer	Allan Moffitt
s 9(2)(g)(ii)	Oversight of programme and inclusion in the development of the RFP and overall project	s 9(2)(g)(ii)
Manatū Hauora	Oversight of programme and inclusion in the development of the RFP and overall project	Corina Grey
s 9(2)(g)(ii)	Providing procurement support and advice in development of procurement documents and running the procurement projects.	s 9(2)(g)(ii)

## 8. Financial Management

Overall cost breakdown of budget by financial year for the work to produce the guidelines:

	22/23	23/24	Total
Updating guidelines for gender-affirming care	\$80,000 - 95,000	-	\$80,000 - 95,000

## 9. Communication and Stakeholder Engagement

### Key Stakeholders

Internal	External
s 9(2)(g)(ii)	Professional Association for Transgender Health Aotearoa (PATHA)
Dr. Corina Grey - Chief Clinical Advisor – Pacific Health, Manatū Hauora	Gender Minorities Aotearoa (GMA)
s 9(2)(g)(ii)	Royal New Zealand College of General Practitioners (RNZGP)
Charmaine Satchy, Health Legal, Manatū Hauora	Rainbow Youth (RY)
s 9(2)(g)(ii)	Counting Ourselves
	Inside Out Koaro

	OutLine Aotearoa
	Te Ngākau Kahukura
	F'INE

### External Communication Plan

Stakeholder	Concerns	Contact Type	Frequency
Professional Association for Transgender Health Aotearoa (PATHA)	PATHA is one of the two providers we are seeking proposals from. PATHA's membership includes the authors of all previous editions of clinical gender-affirming guidelines in Aotearoa New Zealand and one author of the World Professional Association for Transgender Health standards of care v.8	Direct email	Contact provider with the proposal document 06/02/23, ongoing engagement depending on the outcome of the tender process
Gender Minorities Aotearoa (GMA)	GMA is one of the two providers we are seeking proposals from. GMA is a community advocacy and support organisation that will likely have an interest in ensuring that the guidelines reflect the needs of the communities they support	Direct email	Contact provider with the proposal document 06/02/23, ongoing engagement depending on the outcome of the tender process
Royal New Zealand College of General Practitioners (RNZCGP)	RNZCGP may be involved in other workstreams of this project and will be involved in the delivery of these guidelines	Email	Project updates as development is underway
Rainbow Youth (RY)	RY holds a contract with Te Toka Tumai to deliver peer support services to transgender and nonbinary young people. RY will need to update staff on changes made to guidelines	Email	Project updates as development is underway
Counting Ourselves	A significant source of data on the health, wellbeing and needs of transgender and non-binary communities. Data from the Counting Ourselves report may inform an update to the guidelines.	Email	Project updates as development is underway
OutLine Aotearoa	OutLine holds a contract with Te Toka Tumai to deliver peer support services to transgender and nonbinary young people. OutLine will need to update staff on changes made to guidelines	Email	Project updates as development is underway
Te Ngākau Kahukura	Te Ngākau Kahukura have worked with clinical services and community organisations to disseminate information on transgender health and primary care to the community. Could be a conduit for informing the community about	Email	Project updates as development is underway

	changes made to guidelines		
F'INE	New Zealand-based Pacific MVPFAFF / LGBTQI+ focused not for profit organisation that provides Whānau Ora navigational services to Fa'afafine or Fa'atama (Samoa, American Samoa), Fakaleiti or Leiti (Tonga), Fakafifine (Niue), Akava'ine (Cook Islands), Vakasalewalewa (Fiji), Palopa (Papua New Guinea), Mahu (Hawaii) Haka huahine (Tokelau) and Rae rae (Tahiti) - Could be a conduit for informing the community about changes made to guidelines	Email	Project updates as development is underway

### Stakeholder Engagement Plan

Internal	Engagement/ communication	Person responsible	Date
s 9(2)(g)(ii)	In correspondence over email	s 9(2)(g)(ii)	16/11/22
	In regular correspondence over email and face to face		21/11/22
	In correspondence over email		21/11/22
Dr. Corina Grey - Chief Clinical Advisor – Pacific Health, Manatū Hauora	In correspondence over email and face to face		28/11/22
s 9(2)(g)(ii)	In correspondence over email and face to face		30/01/22
	In correspondence over email		01/12/22
Charmaine Satchy, Health Legal, Manatū Hauora	In correspondence over email		13/01/22

### Restrictions on contact with suppliers

During the period the procurement activity is open, (including the evaluation and negotiation phases and up until the formal announcement of the successful supplier/s) New Zealand Health Partnerships shall be the single point of contact with potential suppliers and responders to the request for proposals.

Other team members should note during the period that the procurement activity is open not to:

- pass information or make comments to any potential supplier about the procurement activity,
- receive any gift, gratuity, hospitality, benefit, or inducement from a potential supplier,
- meet with a potential supplier to discuss the procurement activity or any other New Zealand Health Partnerships contract activities (except for business as usual contact with existing suppliers).

**Roles & Responsibilities for Tender Process**

Activities	Project Sponsor	Programme Manager	Procurement	Evaluation Panel (refer pg. 10)	Legal
Business Requirements	A	R	C		
Risk Assessment	A	R	C		
RASCI	A	R	R		
Procurement Plan	A	R	R		
Sign off Procurement Plan	A	R	I		
Probity	A	S	R	S	I
Conflict of Interest	A	C	C	R	
Evaluation Plan/Criteria	C	A	R	C	
RFP Sign Off	A	S	R		C
RFP Issued and 'live'	I	A/R	A/R	I	I
RFP Evaluation process	I	S	A/R	R	
Eval Recommendations Signoff	A	S	R	S	
Unsuccessful Provider Notification and debrief	A	R	S		

<b>R</b>	<b>Responsible</b> – the doer
<b>A</b>	<b>Accountable</b> – the “buck stops here”
<b>S</b>	<b>Support</b> – Helps complete the task
<b>C</b>	<b>Consulted</b> – provides input
<b>I</b>	<b>Informed</b> – keep in the loop

10. Risk Management  
Project Risk Register

Risk ID	Risk	Potential Consequence	Likelihood	Risk Level	Mitigation
<b>s 9(2)(g)(i)</b> Released under the Official Information Act					



Risk ID	Risk	Potential Consequence	Likelihood	Risk Level	Mitigation
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<b>s 9(2)(g)(i)</b> Released under the Official Information Act					
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## 10. Appendix One - Questions relating to Evaluation Criteria

<b>Evaluation criteria</b>	<b>Weighting</b>
1. Organisational capacity	15%
2. Solution fit for purpose: Clinical safety and international best practice approach	30%
3. Equity and Māori health and wellbeing	35%
4. Capability of the organisation to consult and collaborate with relevant stakeholders on gender-affirming health care.	20%
<b>TOTAL</b>	<b>100%</b>

### Questions relating to Evaluation Criteria

<b>1.</b>	<b>Capacity of your organisation</b>	<b>Section Weighting 15%</b>
1a. Provide a brief overview of your organisation. Include a brief description of the number of years your organisation has been operating, its organisational structure, a description of services the organisation currently delivers and a summary of any current contracts it holds with Government Agencies (5% overall).		
[Insert Respondent answer]		
1b. Describe details of what resource will be provided to the update of gender-affirming care guidelines including the team of people/person delivering an update of the guidelines, cultural support and stakeholder consultation. Outline any significant risks associated with resourcing capability and mitigation of these risks (10% overall).		
[Insert Respondent answer]		
<b>2.</b>	<b>Solution fit for purpose: Clinical safety and international best practice approach</b>	<b>Section Weighting 30%</b>
2a. Provide an overview of your proposed solution to update gender-affirming care guidelines, and a brief outline of the changes to be made, including updating the guidelines to bring them in line with the World Professional Association for Transgender Health Standards of Care (15% overall).		
[Insert Respondent answer]		
2b. Provide a description of how you will ensure that the updated guidelines will be applicable to primary and community care providers, with clear guidance on commencing hormone therapy in primary care (10% overall).		
[Insert Respondent answer]		
2c. Provide a brief description of your organisation's experience in developing clinical or other guidelines for professionals (5% overall).		
[Insert Respondent answer]		

<b>3.</b>	<b>Addressing Equity and Māori health and wellbeing</b>	<b>Section Weighting 35%</b>
<i>We are seeking respondents that have demonstrated a commitment to improving Māori Health outcomes and addressing inequities in access to gender-affirming healthcare in Aotearoa New Zealand.</i>		
3a. Describe the following (15% overall):		
<ul style="list-style-type: none"> <li>i. how your organisation will incorporate Te Ao Māori principles and perspectives into updated Guidelines,</li> <li>ii. how your organisation will ensure Māori representation in decision making at all levels of the Guidelines development,</li> <li>iii. how your organisation will ensure that your Guidelines are appropriate for and address the differing needs of Māori from and living in different regions,</li> <li>iv. how your organisation will ensure your stakeholder engagement processes are appropriate for and address the needs of Māori stakeholders and whānau.</li> </ul>		
[Insert Respondent answer]		
3b. Describe how your organisation will ensure that the updated Guidelines are appropriate for and address the needs of Pacific peoples, youth and Tāngata Whaikaha (15% overall).		
[Insert Respondent answer]		
3c. Describe how your organisation and the proposed solution will embed Te Tiriti o Waitangi principles into the design and delivery of Guidelines (5% overall)		
[Insert Respondent answer]		
<b>4.</b>	<b>Capability of the Organisation to carry out consultation with the relevant stakeholders on gender-affirming health care</b>	<b>Section Weighting 20%</b>
4a. Provide a brief overview of your proposed plan for developing guidelines in partnership with and for transgender and non-binary patients, including the multiplicity of trans, non-binary, Takatāpui, and MVPFAFF+ perspectives - encompassing those with a variety of clinical, cultural and regional needs.		
Please include a summary of your experience working this way (10% overall).		
[Insert Respondent answer]		
4b. Describe your organisation's plan for how guidelines will be developed in partnership with clinical and medical perspectives, ensuring that guidelines will be applicable for health professionals across the health system and meet requirements to deliver clinical and medical services safely (5% overall).		
[Insert Respondent answer]		
4c. Please provide a brief description of your organisation's previous work with health and/or education organisation(s). Provide a brief description illustrating how your organisation has worked together with health and/or education organisations to successfully deliver a project or service within the last three years (5% overall).		
[Insert Respondent answer]		