



Government of **Western Australia**
Department of **Health**



Terms of Reference

Clinical Senate of Western Australia

Our mission

To provide impartial and integrated clinical leadership to inform, influence and accelerate service improvements across the WA health system.

Purpose

The Western Australian Clinical Senate (the Clinical Senate) is a respected peak body that brings together clinicians and individuals from all professional disciplines and backgrounds to generate informed, impartial and integrated advice for the Health Executive Committee and wider WA health system on system-wide issues requiring diverse perspectives and innovative thinking.

These system-wide issues considered for a debate must affect service quality, be sustainable and enhance safe efficient patient care.

The Clinical Senate functions under the authority of the Director General, Department of Health, and reports to the Health Executive Committee.

Role

The Clinical Senate connects clinicians from across the health system in a facilitated process to:

- provide, through active and informed discussion, evidence-based and impartial advice on complex challenges in healthcare;
- utilise the knowledge, experience and clinical expertise of its members to support the improved delivery of health services;
- identify opportunities to improve patient outcomes and value through coordination and integration between organisations;
- identify and promote clinical leadership through shared learning;
- champion innovation and health reform; and
- actively engage consumers and sector partnerships.

It does not:

- provide advice on industrial matters;
- provide advice on specific operational matters of individual Health Service Providers or the Department of Health ;
- comment upon Health Service Providers' performance;
- advocate for individual clinicians or departments within Health Service Providers; and
- lobby on behalf of professional bodies or organisations.

The Clinical Senate will fulfill its role by:

- actively contributing before, during and after Clinical Senate debates in a collaborative manner;
- supporting and championing junior clinicians and emerging clinical leaders;
- identifying key issues for debate through broad consultation;
- developing strong links and working collaboratively with key stakeholder groups to maximise the quality of individual debates and access to best practices and extant evidence;
- ensuring debates and recommendations are patient focused;
- ensuring the consumer perspective and lived experience is promoted and supported for each debate;

- implementing effective communication and engagement mechanisms to share and advance the debate outcomes; and
- providing timely, relevant and realistic written advice to the Director General and the Health Executive Committee which is publicly available.

Membership

The Clinical Senate is comprised of the Chair, Senate Executive Committee and the broader membership of Clinical Senators.

Chair

The Chair is an experienced and well-respected practicing clinician who has capacity to influence across the WA health system.

The Chair is appointed by and reports to the Director General.

The Chair will be appointed for a two year period, with the option to extend for a second term. After this period the Chair cannot renew any form of membership for a period of one term.

The Chair will attend Health Executive Committee meetings and meetings with Health Service Boards and Chief Executives as requested.

Deputy Chair

The Deputy Chair shall be appointed by the Senate Executive Committee from the membership of the Senate Executive Committee. In the absence of the Chair the Deputy Chair shall assume any roles of the Chair.

Senate Executive Committee

The Senate Executive Committee is a small subset multidisciplinary group, responsible for setting the overall agenda of the Clinical Senate under the direction of the Health Executive Committee. It is the initial contact for all business of the Clinical Senate and oversees all Clinical Senate activity. The Senate Executive Committee also supervises and supports the planning, co-ordination and outputs of each Clinical Senate debate. The Senate Executive Committee meets once a month and as required.

The Senate Executive Committee is responsible for developing and implementing a two yearly workplan and Communication Plan.

The Senate Executive Committee members are nominated from the membership and endorsed by the Health Executive Committee. To ensure a strong connection with the voice of consumers, the Executive Director of WA Health Consumers Council will hold an ex-officio role on the Senate Executive Committee and participate in Clinical Senate processes.

Members of the Senate Executive Committee are appointed for a period of two years, with the option to extend for a second term. After this period members of the Senate Executive Committee cannot renew any form of membership for a period of one term. The Senate Executive Committee consists of the Senate Chair, Senate Deputy Chair and three Clinical Senators.

Broader membership of Clinical Senators

The Senate will include up to 80 non-representational multi-disciplinary clinicians with appropriate skills and experience from across the health system to ensure there is both an internal and external perspective in improving quality and safety of health care delivery.

The membership base will aim for 80% front line clinicians, including junior clinicians and emerging leaders. The remaining positions will include clinical managers to ensure an

understanding of how the health system functions and is governed, funded and managed.

All Clinical Senate appointments are for three years, with the option to extend for a second term. After this period a Clinical Senator cannot renew any form of membership for a period of one term.

The Minister for Health, Director General and the Assistant Director General, Clinical Excellence Division will have a standing invitation to attend Clinical Senate debates. Other guests will be invited to attend debates at the discretion of the Chair and/or the Health Executive Committee, in order to add depth and specific expertise to the topic being discussed.

Clinical Senators are responsible for:

- championing the Clinical Senate and debate recommendations;
- actively communicating with the clinical constituency and working collaboratively with our partners to raise and consider issues of strategic importance to both clinicians and patients;
- modelling the behaviour of clinician leaders;
- attending at least two debates each year;
- actively understanding the issues of the debate topic considered prior to debates;
- briefing proxies;
- declaring a conflict of interest if there is an issue under consideration that may have a direct influence on their ability to participate objectively; and
- briefing their respective Health Service Chief Executive on Clinical Senate activities and debate outcomes as appropriate.

Appointment

All Clinical Senators are experienced health professionals who are held in high regard by colleagues, have influence within their organisation and perform regular clinical duties.

Clinical Senators will be sought via an expression of interest (EOI) process open to all clinical staff and facilitated by the Senate Executive Committee. Prior to submission, Health Service Provider staff will be required to have the written support of their Chief Executive. Department of Health staff will require the written approval of their Assistant Director General.

Suitable candidates, endorsed by their relevant Executive, will be shortlisted by the Senate Executive Committee who will consider the experience, discipline and location of the applicant, balancing the mix of disciplines and circle of influence of the Clinical Senate membership.

The Senate Executive Committee will target the EOI process to consider a spread of nominating clinicians from the following areas of healthcare delivery:

- Health Service Provider nominations (including from regional areas);
- Primary care including but not limited to Health Service GP liaison officers, WA Primary Health Alliance and clinicians from the Royal Australian College of General Practitioners; and
- Clinicians from other organisations on the healthcare continuum that interface with the WA health system.

There will be quarantined ex-officio positions for the Executive Director, WA Health Consumers' Council and the past Senate Chair. Finally, the Senate Executive Committee will value emerging leaders and ensure these early career clinicians are mentored through the Clinical Senate process of debate and ongoing engagement.

The Senate Executive Committee will recommend the final candidate shortlist to the Health Executive Committee for consideration and endorsement.

Vacancies/termination of membership

Membership positions become vacant if a member:

- resigns from the Clinical Senate in writing;
- resigns from their clinical role or from the WA health system;
- is absent from more than one Clinical Senate debate a year without providing a proxy.

The Chair, in consultation with the Senate Executive Committee may appoint an appropriate replacement Clinical Senator if a vacancy arises. The Clinical Senator should be sourced from the most recent EOI process.

Code of conduct

Members are expected to abide by the WA health system Code of Conduct.

The Clinical Senate operates using Chatham House Rules - a principle according to which information disclosed during a debate may be reported by those present, but the source of that information may not be explicitly or implicitly identified.

Issues for deliberation

The Senate Executive Committee will seek issues for deliberation from a range of stakeholders (including the Health Executive Committee) and propose debate topics based on the strategic and statewide importance, timing of the debate and how the Clinical Senate can value-add.

The Senate Executive Committee will propose a two year workplan by 31 March each year and include a minimum of 3 debates per year. The Health Executive Committee will endorse the work plan in principle and select the first two debate topics for each year. Additional debates may remain flexible to respond to current issues and will require endorsement by the Health Executive Committee.

Proxies

Clinical Senators should nominate a proxy should they be unable to attend a meeting.

Clinical Senators must notify the Clinical Senate secretariat and brief the proxy prior to the meeting to ensure they can actively participate at the meeting.

Attendances of proxies are limited to that particular meeting and any subsequent working group activity on that specific topic.

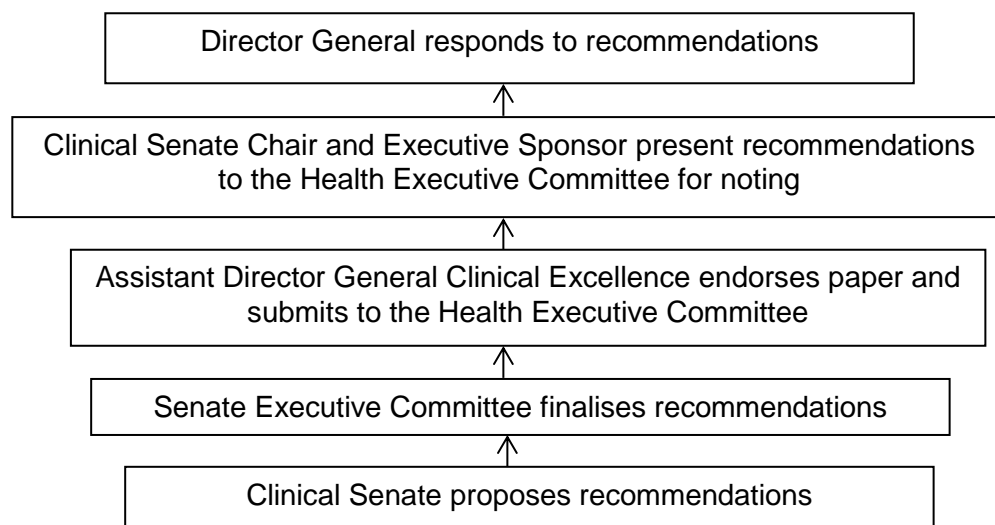
It should be noted that an absence from more than one Clinical Senate debate a year without providing a proxy could terminate the membership of a Clinical Senator.

Reporting

A report will be produced following each Clinical Senate debate which contains a summary of the debate highlights and agreed recommendations or outcomes. The report will be distributed to stakeholders and made available on the Clinical Senate page of the Department of Health public website.

Following each debate the Chair will present the Clinical Senate's recommendations to the Health Executive Committee for consideration via the Assistant Director General, Clinical Excellence Division. After this meeting the Director General will provide the System Manager's response to each recommendation. Any response required from Health Service Providers will be requested by the Director General.

Reporting model:



A summary report of Clinical Senate activity will be completed annually and made available on the Clinical Senate website.

The effectiveness of the Clinical Senate will be reviewed by the Health Executive Committee. The review will consider how the Clinical Senate has performed against its work plan. Members and stakeholders may be surveyed to obtain feedback.

The Clinical Senate Terms of Reference will be reviewed every two years or earlier if determined by the Health Executive Committee. The Terms of Reference are to be endorsed by the Health Executive Committee.

Remuneration and expenses

The Chair of the Clinical Senate is eligible for remuneration.

Sitting fees are not offered to members.

Members living outside of Perth will be reimbursed for essential travel and/or accommodation costs in accordance with the WA Health Staff Air Travel Policy.

Secretariat support

The Clinical Senate Secretariat is provided by the Department of Health and sits within the Clinical Excellence Division to provide administrative support.

The Clinical Senate Secretariat is responsible for operational effectiveness and will oversee governance and administration of the Clinical Senate.

The Clinical Senate Secretariat will:

- Support the Chair at key meetings of strategic importance;
- Follow up implementation of Clinical Senate recommendations and reporting requirements;
- Oversee the evaluation of the different functions of the Clinical Senate; and
- Oversee the Clinical Senate Alumni.

Alumni

Membership to the Clinical Senate Alumni will be offered to all Clinical Senators at the completion of their Clinical Senate term. This provides them with the opportunity to provide comments on a debate subject, which may contribute to debate.

| Version Date | Endorsed - Date |
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| August 2019 | Endorsed by HEC |
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in alternative formats on request for
a person with disability.

Produced by the Clinical Senate of Western Australia
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