

Queensland Clinical Senate

Clinician leadership. Consumer collaboration. Better care.

Terms of Reference

Effective date: September 2019
Version 1.0

1. Vision

Clinicians actively contribute to decision-making around the design and delivery of quality health services through all levels of the health system in Queensland.

2. Purpose

The Queensland Clinical Senate is a multidisciplinary group that represents clinicians in providing independent and impartial strategic advice on system-wide issues that affect quality, affordable and efficient patient care.

The Queensland Clinical Senate functions under the authority of the Director-General, Queensland Health, and is sponsored by the Deputy Director-General, Clinical Excellence Queensland.

3. Guiding principles

- Value consumer perspective and focus on quality patient outcomes and experiences.
- Connect clinicians from all major disciplines across the health system in Queensland.
- Provide leadership to achieve health reform.
- Encourage and support stakeholders to empower clinicians to be actively involved in decision making.
- Provide constructive advice that is timely, inclusive, transparent and evidence-based and contributes to setting the health reform agenda.
- Develop a transparent mechanism for clinicians to provide feedback and input to system leaders.

4. Role

The Queensland Clinical Senate provides a mechanism for clinician leadership, collaboration with consumers and statewide engagement to drive system-wide improvements in healthcare services and health outcomes for all Queenslanders.

The Queensland Clinical Senate:

- provides clinician leadership

- provides evidence-based, trusted, independent advice
- champions innovation and health reform
- identifies opportunities to improve patient outcomes and value through coordination and integration between organisations.

It does not:

- provide advice on industrial matters
- advocate for individual clinicians
- lobby on behalf of professional bodies or organisations
- provide advice on operational health service matters within Hospital and Health Services (HHSs).

The Queensland Clinical Senate will deliver its role by:

- developing strong links and working collaboratively with key stakeholder groups to improve the quality of services and health outcomes for Queenslanders
- implementing effective communication and engagement mechanisms
- providing timely, relevant and realistic advice.

5. Membership

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

5.1 Chair

The Chair is an experienced and well-respected practising clinician who has capacity to influence across the sector.

The Chair will report to the Director-General through the Deputy Director-General, Clinical Excellence Queensland.

The Chair will be appointed via an expression of interest (EOI) process for a two-year period. The EOI process will be overseen by a selection panel including the Deputy Director-General, Clinical Excellence Queensland. Upon the conclusion of the initial two-year appointment, consideration may be given to an extension.

The Chair is an ex-officio member of the Queensland Health System Leadership Team and will attend meetings with Hospital and Health Service Board Chairs and Chief Executives as appropriate to discuss Queensland Clinical Senate recommendations.

5.2 Deputy Chair

A Deputy Chair may be appointed to align with the two-year period of the Chair's appointment. The Deputy Chair may apply for the position of Chair via the process outlined above at the appropriate time.

An EOI process will be run for the appointment of Deputy Chair. The process will be overseen by the Chair of the Queensland Clinical Senate.

5.3 Immediate Past Chair

The outgoing Chair may fulfil the role of Immediate Past Chair for a period of up to two years.

5.4 Executive Committee

Comprising a small, multidisciplinary group, the Executive Committee is responsible for setting the overall annual work plan and direction of the Queensland Clinical Senate. It is the initial contact for all business of the Senate and oversees all Senate activity.

The Executive Committee is selected by the Chair and includes:

- Deputy Chair
- Senior health professionals practicing in tertiary, regional, rural and primary care settings, including clinicians who identify as Aboriginal and/or Torres Strait Islander.
- Chair, Health Consumers Queensland
- Queensland Clinical Network Executive, Chair (ex-officio) and Deputy Chair.

The Deputy Director-General, Clinical Excellence Queensland has a standing invitation to attend Queensland Clinical Senate Executive Committee meetings.

With the exception of the ex-officio positions, the Executive Committee membership will be reviewed every two years to enable succession planning.

The Executive Committee meets up to twice a month.

5.5 Broader Queensland Clinical Senate

The Queensland Clinical Senate will be comprised of approximately 90 members. It consists of the Chair, Deputy Chair, the Executive Committee and the following membership:

No.	Representatives	Nominating body
51	A total of up to three representatives from each Queensland Hospital and Health Service and the Mater Health Service — drawn from the Medical, Nursing, Allied Health and Aboriginal and Torres Strait Islander Health Practitioner professional streams.	Health Service Chief Executive in consultation with the Clinical Councils/Advisory Groups.
23	One representative from each Queensland Statewide Clinical Network.	Chair, Statewide Clinical Network.
5	<p>Primary Care</p> <ul style="list-style-type: none"> • Queensland Primary Health Network Clinical Council representatives who work in private practice (2) • Primary Health Network representative (chair/CEO) (1) • General Practice Liaison Officer (1) • Queensland primary care practice nurse (1) 	<ul style="list-style-type: none"> • Queensland Primary Health Network Chief Executive Group. • Queensland Primary Health Network Chief Executive Group. • Queensland Health General Practice Liaison Officers Network. • Australian Practice Nurses Association.
2	Queensland Ambulance Service.	Commissioner, Queensland Ambulance Service.
2	Aboriginal and Torres Strait Islander Health Service provider.	Chief Executive Officer, Queensland Aboriginal and Islander Health Council.
4	Consumers representing rural, regional and metropolitan communities (3) Carer (1).	Health Consumers Queensland in collaboration with Queensland carer associations.
1	Health Service Chief Executives' Forum representative	Health Services Chief Executives' Forum

1	Queensland Hospital and Health Board Chairs' Forum representative	Queensland Hospital and Health Board Chairs' Forum
1	Chief Health Officer	Chief Health Officer
	Direct appointments	Chair, Queensland Clinical Senate

Table 1: QCS membership

Acknowledging that many senior clinicians in Queensland work in both the public and private sectors, additional clinicians from the private, community and primary care sectors will be invited to meetings at the discretion of the Chair and the meeting organising committee, dependent on the topic/s being considered.

Members are responsible for:

- championing Queensland Clinical Senate 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 of the three meetings each year
- taking the time necessary to understand the issues that are being considered prior to meetings
- 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
- sharing the perspectives they hold through their multiple roles in the health sector to Senate meetings.

5.6 Appointments

All clinical members are experienced health professionals who are held in high regard by colleagues, have influence within their organisation and perform regular clinical duties. To strengthen the connection between healthcare organisations across the state, members should be active participants in their respective local clinical engagement/council structures.

Consumer and carer representatives are expected to be experienced in engaging and consulting with the community in areas of health policy and have an interest in improving health care services.

Membership appointments will be sought through the nominating bodies listed in the Table 1.

Members are appointed for three years and may be reappointed for one additional term.

5.7 Vacancies/termination of membership

Membership positions become vacant if a member:

- resigns in writing
- is absent from more than one Queensland Clinical Senate meeting a year
- behaves in a manner contrary to the code of conduct.

If a member leaves the organisation they represent, the nominating body of the organisation will nominate a new member.

6. Invited guests

The Chair may invite additional attendees to Senate meetings based on their areas of expertise, or the position they hold. Such invitations may be of a standing nature or pertain to a particular meeting topic. It is expected that invited guests:

- model the behaviour of clinician leaders
- champion Queensland Clinical Senate recommendations
- take the time necessary to understand the issues that are being considered prior to meetings
- declare a conflict of interest if there is an issue under consideration that may have a direct influence on their ability to participate objectively.
- Actively participate in deliberations.

The following positions receive a standing invitation to attend:

- Minister for Health
- Director-General
- Deputy Directors-General
- Hospital and Health Service Board Chairs
- Hospital and Health Service Chief Executives
- Leads of professional offices (Nursing and Midwifery, Allied Health, Oral Health and Mental Health)
- Royal Flying Doctors Service (RFDS) Queensland Chief Medical Officer

7. Issues for deliberation

Issues for deliberation by the Queensland Clinical Senate may come from a variety of sources, including but not limited to:

- The Minister for Health
- The Director-General and System Leadership Team
- Hospital and Health Service Board
- Hospital and Health Service Chief Executives
- Queensland Clinical Senate members
- Clinicians and health system managers who are not members
- Consumers and carers.

The Executive Committee will review all suggestions and make a final decision having considered the following criteria:

- Statewide issue
- Issue that impacts all disciplines, with all disciplines contributing to the discussion
- The issue affects multiple specialties and does not have a natural statewide clinical network which could progress strategic discussions
- The Senate can add value and effect change by discussing the issue
- The perceived importance of the issue to, and the readiness and ability to engage with, the system, clinicians and consumers
- The issue aligns with the Senate strategic priority areas.

8. Meetings

The Executive Committee meets twice a month and as required.

The broader Queensland Clinical Senate will meet up to three times per year.

Consultation with members can also occur out of session if required.

Members may nominate a proxy should they be unable to attend a meeting. Members must notify the Queensland Clinical Senate secretariat and brief the proxy prior to the meeting to ensure they can participate actively at the meeting.

Other guests, including additional representatives from the Department of Health will be invited to attend meetings at the discretion of the Chair. Attendance is limited to that particular meeting and any subsequent working group activity on that specific topic.

Videoconference may be offered as a means of participating at certain meetings if feasible.

9. Reporting

A report will be produced following each Queensland Clinical Senate meeting. The report will be distributed to the Director-General and other stakeholders and made available on the Queensland Clinical Senate website.

The Executive Committee will seek a meeting with the Minister for Health and Director-General following each forum to discuss Senate recommendations.

A summary report of Queensland Clinical Senate activity will be completed every two years and made available on the Queensland Clinical Senate website.

The effectiveness of the Queensland Clinical Senate will be reviewed by the Executive Committee annually.

The review will consider how the Senate has performed against its work plan and how effectively it has advocated for issues of strategic clinical importance. Members and stakeholders may be surveyed to obtain feedback. The outcome of the review may lead to changes to the Terms of Reference and membership of the Senate to ensure ongoing effectiveness.

The Queensland Clinical Senate Terms of Reference will be reviewed every two years or as determined by the Chair.

10. Remuneration and expenses

The Chair of the Queensland Clinical Senate's employer is eligible for reimbursement to cover costs of backfill (either clinical or administrative) to replace the Chair for the agreed amount of time per fortnight.

Consumers and members from primary and community care sectors will be remunerated in accordance with Queensland Health guidelines.

Sitting fees are not offered to members. Remuneration for additional expenses (e.g. time) will be negotiated between the member and their employer.

Members living outside of Brisbane will, upon lodgement of an appropriate claim, be reimbursed for travel (commercial flight) and/or accommodation costs in accordance

with Queensland Health Travel and Accommodation Policy, Domestic Travel and Accommodation Standard and Domestic Travel and Accommodation Procedure.

If feasible, participation via videoconference will be supported.

11. Secretariat support

The Department of Health's Clinical Excellence Queensland will provide secretariat support.