

Queensland Clinical Senate

Clinician leadership. Consumer collaboration. Better care.

Terms of Reference

Effective date: June 2021
Version 2.1

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 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. The Chair and Deputy Chair will ideally represent different healthcare disciplines. Both roles can be drawn from any of the healthcare disciplines.

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 primary responsibilities:

- Provide leadership, direction and oversight of the activities of the Queensland Clinical Senate
- Together with the executive committee, fulfil the responsibilities and processes outlined in the Terms of Reference

- Act as the primary spokesperson, representative and advocate for the Queensland Clinical Senate
- Maintain and build key relationships with in/external stakeholders to Queensland Health
- Represent the Queensland Clinical Senate in a range of meetings and forums
- Appoint the Queensland Clinical Senate Executive Committee members and oversee the general membership renewal process
- Chair Queensland Clinical Senate Executive Committee meetings.

The Chair will be appointed via an expression of interest (EOI) process for an initial three-year period. The Deputy Director-General, Clinical Excellence Queensland is responsible for appointing the successful applicant and may constitute a selection panel to assist in determining the most suitable candidate. Upon the conclusion of the initial three-year appointment, consideration may be given to extensions of up to three-years in total if both parties are agreeable. The Chair's entire term must be no longer than six years in total.

The Chair is an ex-officio member of several key leadership and advisory groups, including the Queensland Health Leadership Advisory Board and Tier 2 committees. The Chair may attend meetings with Hospital and Health Service Board Chairs and Chief Executives as appropriate to discuss Queensland Clinical Senate recommendations and other matters.

5.2 Immediate Past Chair

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

The primary purpose of the immediate past chair is to support and enable a smooth transition for the incoming Chair and Executive Committee in relation to the work of the Queensland Clinical Senate.

5.3 Deputy Chair

A Deputy Chair may be appointed to assist the Chair as required. Recruitment to the Chair and Deputy Chair positions will ideally be staggered to ensure continuity of knowledge.

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.

The Deputy Chair shall serve a total term of no more than six years on the Executive. This period would include any of the various potential positions including general member of the Executive, Deputy Chair or Chair. The Deputy Chair is eligible to apply for the role of Chair through the normal EOI process.

5.4 Executive Committee

Comprising a small, multidisciplinary group, the Executive Committee works collaboratively with the Chair to:

- Oversee and manage the activity of the Queensland Clinical Senate
- Develop a strategic plan for the Queensland Clinical Senate
- Contribute to the formation of formal advice to health system leaders on behalf of the Queensland Clinical Senate, including recommendations from Queensland Clinical Senate meetings and out-of-session requests for input
- Represent the Queensland Clinical Senate at in/external meetings and forums
- Report on the activity and achievements of the Queensland Clinical Senate
- Review the effectiveness of the Queensland Clinical Senate annually.

The Executive Committee is selected by the Chair and includes:

- Deputy Chair
- Experienced, respected health professionals, including First Nations clinicians, with the goal of achieving balance in gender, geography, age and perspectives.
- Chair, Health Consumers Queensland (ex-officio with voting rights)
- Queensland Clinical Networks Executive, Chair (ex-officio with voting rights)
 - ex-officio positions on the Executive Committee have full membership and voting rights.

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

With the exception of the ex-officio positions, members of the Executive Committee will be appointed via an expression of interest process overseen by the Chair for an initial period of three years. The appointee is welcome to apply for a second and final three-year term when the position is spilled at the conclusion of the appointee's initial three-year term.

If an appointee's three-year term is vacated prematurely, a 'casual appointment' may be made for the remainder of that three-year term to enable consistency in term alignment. The length of the casual appointment will determine:

- The degree of adherence to the formal EOI process in making that initial appointment, and
- The appointee's eligibility to apply for and complete a further two full three-year terms.

The Chair will aim to renew the membership of the Executive on a staggered basis to assist with succession planning and the carrying forward of corporate knowledge. This may be in the form of one third of the membership renewing each year, or similar.

Applicants for membership of the Senate Executive are not required to be existing members of the broader Senate, however Senate members are welcome to apply. The Chair will regularly review the performance, contribution and attendance of Executive members and address any concerns accordingly.

The Executive Committee meets twice a month or as required.

5.5 Queensland Clinical Senate Alumni

Upon completion of service on the Executive, committee members may be invited by the Chair to join the 'Senate Alumni'. Alumni members may be called upon for advice and input on matters relevant to their collective experience, and may be invited to attend relevant Senate meetings.

5.6 Broader Queensland Clinical Senate

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

No.	Representatives	Nominating authority
51	A total of up to three multidisciplinary clinician representatives (incl. Aboriginal and Torres Strait Islander healthcare professionals) from each Queensland Hospital and Health Service and the Mater Health Service	Health Service Chief Executive in consultation with the clinical councils or other such advisory groups.
23	One representative from each Queensland Statewide Clinical Network.	Chair, Statewide Clinical Network
5	Primary Care	
	<ul style="list-style-type: none"> • Queensland Primary Health Network Clinical Council representatives who work in private practice (2) 	<ul style="list-style-type: none"> • Queensland Primary Health Network Chief Executive Group
	<ul style="list-style-type: none"> • Primary Health Network representative (chair/CEO) (1) 	
	<ul style="list-style-type: none"> • General Practice Liaison Officer (1) 	<ul style="list-style-type: none"> • Queensland Health General Practice Liaison Officers Network
<ul style="list-style-type: none"> • Queensland primary care practice nurse (1) 		<ul style="list-style-type: none"> • 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 relevant 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 (primarily members of the QCS Executive who aren't already a member)	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 Senate 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 thirds of the Senate 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 an issue under consideration may directly influence their ability to participate objectively
- sharing the perspectives they hold through their multiple roles in the health sector at Senate meetings.

5.7 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 organisation's 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 a strong interest in improving healthcare services.

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

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

5.8 Vacancies/termination of membership

Membership positions become vacant if a member:

- resigns in writing

- is absent from more than one third of Queensland Clinical Senate meetings in 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 should 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 healthcare 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 an issue under consideration may directly influence 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 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 Queensland Health Leadership Advisory Board
- Hospital and Health Service Board Chairs

- Hospital and Health Service Chief Executives
- Queensland Clinical Senate members
- Clinicians and health system managers who are not Senate 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 relevant 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. Senate meetings

The broader Queensland Clinical Senate will meet three times per year or as required.

Consultation with members can 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.

Available technology may be utilised as a means of participating at meetings dependent on need and feasibility.

9. Reporting

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

The Executive Committee may seek a meeting with the Minister for Health and Director-General following each Senate meeting to discuss 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 (clinical and/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) may 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.

11. Secretariat support

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

Version	Author	Date	Changes
2.0	Queensland Clinical Senate	17 May 2021	Finalised version
2.1	Queensland Clinical Senate	16 June 2020	Minor typographical error corrected