

Queensland **Clinical Senate**

Connecting clinicians to improve care

Queensland Clinical Senate

Terms of Reference

Effective date: February 2015
Version 3.0

1. Purpose

The Queensland Clinical Senate (QCS) represents clinicians in providing strategic advice and leadership on system-wide issues affecting quality, affordable and efficient patient care within the Queensland health system.

The QCS functions under the authority of the Director-General, Queensland Health, and is sponsored by the Chief Operations Officer, Department of Health, and Deputy Director-General, Health Service and Clinical Innovation Division.

2. Guiding principles

- Value consumer perspective and focus on quality patient outcomes and experiences.
- Connect clinicians across the Queensland health system.
- Represent clinicians from all major disciplines.
- 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, evidence-based and aligned with the health reform agenda.

3. Role

The QCS connects clinicians from across the health system to:

- provide clinician leadership
- provide evidence-based, trusted advice
- champion innovation and health reform
- identify opportunities to improve patient outcomes and value through coordination and integration between organisations.

The QCS 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 QCS 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.

4. Key stakeholders

- The Minister for Health
- Department of Health, including the Chief Health Officer and the Professional Offices of the Chief Nursing and Midwifery Officer, Chief Dental Officer, Chief Allied Health Officer and Chief Psychiatrist
- Hospital and Health Boards
- Hospital and Health Services
- Local clinician engagement structures (e.g. clinical councils)
- Queensland Ambulance Service
- Primary care groups
- Statewide Clinical Networks
- Consumer groups (through Health Consumers Queensland).

5. Membership

Membership structure

The QCS is comprised of the Chair, Executive Committee and the broader QCS.

- **Chair** – an experienced and well-respected clinician, appointed by the Minister for Health on the recommendation of the Director-General.
- **Executive Committee** – a small, multidisciplinary group that leads and manages QCS activity and works with the broader QCS to provide advice to stakeholders. The Executive Committee is selected by the Chair and includes:
 - senior medical, nursing and allied health professionals practicing in tertiary, regional, rural and primary care settings
 - Chair of the Chairs of Statewide Clinical Networks
 - a healthcare consumer representative.
 - Executive Committee membership will be reviewed every two years to enable succession planning.
- **Broader QCS** - consists of the Chair, Executive Committee and members.

Membership includes representatives from the following groups:

- Up to three representatives from each HHS—one each from medical, nursing and allied health professional streams
- A single representative from each Queensland Statewide Clinical Network
- Primary care clinicians represented by
 - Australian College of Rural and Remote Medicine
 - Australian Practice Nurses Association
 - General Practice Liaison Officers (GPLOs)

- Queensland GP Alliance
- Royal Australian College of General Practitioners Queensland Faculty.
- Queensland Ambulance Service
- Private Sector clinicians
- Consumers
- Key stakeholder representatives:
 - Chief Health Officer, Queensland Health
 - Representative of Hospital and Health Board Chairs Forum
 - Representative of Hospital and Health Service Chief Executives Forum.

Chair	1
Queensland Hospital and Health Services (16)	48
Mater Hospitals	3
Queensland Ambulance Service	2
Primary Care: <ul style="list-style-type: none"> • Australian College of Rural and Remote Medicine • Australian Practice Nurses Association • General Practice Liaison Officers • Queensland GP Alliance • Royal Australian College of General Practice Queensland Faculty 	5
Private sector	2
Consumers/NGOs	3
Chairs of Statewide Clinical Networks (20)	20
Chair, Hospital and Health Board Forum	1
Chief Executive Hospital and Health Services Portfolio Holder – QCS	1
Department of Health (Chief Health Officer)	1
Total	87

- All members are experienced health professionals and consumers who are held in high regard by colleagues and perform regular clinical duties.
- Members are responsible for:
 - championing QCS 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 two of the three meetings each year

- taking the time necessary to understand the issues that are being considered by the QCS 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.
- Membership is for a period of three years. Members may be reappointed for a second term.

Membership nomination

- To strengthen the connection between local organisations from across the state, membership will:
 - be based on the clinicians experience, skills and their ability to contribute positively to health reform
 - require clinicians working in Queensland HHSs to be members of their respective local clinical council/clinical engagement structure
 - require clinicians working in primary/community care and private care sectors to demonstrate strong links with their respective clinician engagement structures.
- Members will be required to represent any clinician advisory groups they hold membership with. For example, where a SCN nominee has a representative role on a HHS engagement structure the QCS asks members to represent both the HHS clinicians and the SCN.
- Appointments will be made through the following processes:
 - Nominations through lead organisations:
 - HHSs may nominate three clinicians, one from each major health care profession (medical, nursing and allied health). Members are nominated by lead clinician engagement structures and endorsed by the organisation's Chief Executive.
 - The Chair of Health Consumers Queensland will nominate consumer representatives.
 - Direct appointment by the QCS Chair.

Vacancies/termination of membership

Membership positions become vacant if a member:

- resigns in writing to that effect
- is absent from more than one QCS meeting a year
- behaves in a manner that contradicts the Queensland Health code of conduct.

If a member leaves the organisation they represent, the lead organisation will nominate a new member.

6. Reporting

- The QCS reports to the Director-General.
- The QCS will provide stakeholders with a written report and recommendations following each meeting.

7. Meetings/operations

- The QCS Executive Committee meets bi-monthly and as required.
- The QCS meets face-to-face up to three times per year.
- Consultation with members can also occur out of session.
- Members may nominate a proxy to attend a QCS meeting if they are unable to participate. Members must notify the QCS Secretariat and brief the proxy prior to the meeting.
- Representatives from professional offices within the Department of Health, will be invited to meetings.
- Other guests will be invited to meetings at the discretion of the Chair. A guest's attendance is limited to that meeting and any subsequent working group activity on that specific topic.

8. Remuneration and expense reimbursement

- The Chair of the QCS is eligible to be remunerated.
- Sitting fees are not offered to members, however remuneration will be considered on a case-by-case basis.
- Consumers will be remunerated in accordance with Queensland Government policy.
- Members living outside of Brisbane will be reimbursed for travel and/or accommodation costs in accordance with Queensland Health Travel and Accommodation Policy, Domestic Travel and Accommodation Standard and Domestic Travel and Accommodation Procedure.
- Remuneration for additional expenses (e.g. time) will be negotiated between the QCS member and their employer.

9. Performance

- The QCS strategic plan will reflect the functions of the QCS and the strategic priorities of its stakeholders.
- The QCS performance will be evaluated against its strategic plan.
- The QCS membership and Executive Committee will review the function, operating principles and outcomes from its deliberations annually. Members and key stakeholders will be surveyed to gain additional feedback.
- The QCS Terms of Reference will be reviewed every two years or as determined by the Chair.

10. Secretariat

- The Department of Health will provide secretariat services for the QCS.