



Excellence in Clinical Engagement

WA Clinical Senate chair **Adjunct A/ Prof Kim Gibson** feels we are geared for clinician engagement in WA with new national initiatives untested.

Now in its ninth year of operation, the Clinical Senate, which had its roots in the Medical Council, sets the benchmark in this state and arguably across the nation, for excellence in clinical engagement. The senate, for the uninitiated, is a forum for robust debate on critical health reform issues by the membership of more than 75 clinicians, including many doctors and two consumers.

Session outcomes are recommendations submitted to the Director General for Health. Key to its success is the sharing of perspectives drawn from the broadest, multidisciplinary, clinical spectrum whilst leaving professional and organisational agendas aside.

More than just a gabfest, the senate works closely with the current DG, Kim Snowball, to close the loop on debate outcomes. For the last year the DG has responded directly to the senate. At subsequent debates, he indicated his endorsement or otherwise of each recommendation and the actions to be taken. Recently he took this one step further, partnering with the DG for Disability Services, Dr Ron Chalmers, to not only endorse the recommendations from the Senate's disability debate but to announce funded joint initiatives

for immediate commencement.

Thus clinicians engaging in health reform through the Clinical Senate get good tangible return for effort.

The *National Health and Hospital Reform Commission Report* in 2009 bemoaned the lack of clinical engagement around the country, reporting that particularly doctors were disenchanted and disenfranchised. This was less so in WA given acknowledgement of the work of the Clinical Senate and the Health Networks to engage clinicians in health reform. The developmental work of both these groups has fostered a culture and positive professional behaviours of clinical engagement in WA unrivalled in other jurisdictions. Planning such as that conducted by the Clinical Clusters in South Metro Area Health Service has leveraged this clinical leadership utilising a strong interprofessional approach.

The government's response to the NH&HRC report has led to Lead Clinician Groups (LCGs) and Governing Councils providing further clinical engagement opportunities and challenges. Just how the national LCG links to or guides the work of jurisdictional bodies such as the Senate remains to be seen. We are

disappointed by the lack of a West Australian clinician on that group.

The Governing Councils will each have four clinician members, three medical. One may question how clinical input into health service governance will now differ given that clinicians, particularly doctors, have served on health service executives in WA for many years.

The greatest challenge for clinicians in engaging in clinical service planning, policy driving and health reform of all kinds remains balancing the ever increasing demand for engagement with clinical, academic and research commitments.

The answer may lie in valuing the perspectives of all clinicians, across all professional backgrounds, regardless of seniority. The senate debate on eHealth early in 2011 benefited greatly from the contribution of junior doctors given their perspectives as 'digital natives'. A move away from dependency on our most experienced and revered colleagues when engaging in reform will spread the load and develop clinical leadership more broadly.

Whatever the future holds, WA has a strong foundation on which to build its excellence in clinical engagement. ■