



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



Terms of Reference 2023-2025

Clinical Senate of Western Australia

better health * better care * better value

1.0 Our Vision

A Western Australian (WA) Clinical Senate will model a Value Based Health Care approach through unique partnership, networks and collective leadership enabling clinicians to provide independent strategic advice and guidance on system-wide issues.

2.0 Purpose

The WA Clinical Senate is a respected peak body of interprofessional clinicians that come together with a collective voice to generate informed, impartial and integrated strategic advice for the Health Executive Committee (HEC) and wider WA health system, on system-wide issues that affect service quality, sustainability and safe, efficient patient care.

The WA Clinical Senate functions under the authority of the Director General, WA Health, and reports to the HEC.

3.0 Guiding Principles

- Value consumer perspective and focus on quality patient outcomes and experiences
- Connect clinicians from across WA public, private, primary and community health sectors
- Encourage and support stakeholders to empower clinicians to be actively involved in decision making
- Provide leadership and constructive advice that is evidence-based, inclusive and contemporary, contributing to the health reform agenda
- Develop a transparent mechanism for clinicians to provide feedback and input to system leaders

4.0 Role

The WA Clinical Senate in collaboration with consumers and sector partners, connects clinicians from across the health system in a facilitated process to:

- provide and promote clinician leadership through shared learning
- provide 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 reform
- identify opportunities to improve patient outcomes and value through coordination and integration between organisations
- champion innovation and health reform

It does not:

- provide advice on industrial matters
- provide advice on operational matters within individual Health Service Providers (HSPs) or the Department of Health
- comment upon HSPs performance
- advocate for individual clinicians or departments within HSPs
- lobby on behalf of professional bodies or organisations

The WA Clinical Senate will fulfil its role by:

- actively contributing in a collaborative manner
- supporting and championing junior clinicians and emerging clinical leaders
- identifying key issues through broad consultation
- developing relationships and working collaboratively with stakeholders to improve the quality of services and health outcomes for Western Australians
- implementing effective communication and engagement mechanisms
- providing timely, relevant and realistic written advice to the Director General and the HEC

5.0 Membership

The WA Clinical Senate is comprised of:

- The Chair
- Deputy Chair
- Senate Executive Committee (membership detailed below)
- Clinical Senators (up to 80 members)

The Chair and the Deputy Chair will ideally represent different healthcare disciplines with roles drawn from any healthcare discipline.

5.1 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 or his delegated authority, Clinical Excellence Division.

The Chair is appointed via an expression of interest process for an initial two-year period. Consideration is then given to extend the appointment for a second term. The Chair's entire term must not exceed four years. Following this period, the Chair cannot renew any form of membership for a period of one term (two years).

The Chair shall attend HEC meetings and meetings with Health Service Boards and Chief Executives as requested to discuss WA Clinical Senate recommendations and other matters.

The primary responsibilities of the Chair are to:

- provide leadership, direction and supervision of the activities of the WA Clinical Senate
- fulfil the responsibilities and processes outlined in the Terms of Reference with the Executive Committee
- act as the primary spokesperson, representative and advocate for the WA Clinical Senate
- maintain and build relationships with key stakeholders across the WA public, private, primary and community health sectors
- represent the WA Clinical Senate in a range of meetings and forums
- appoint the WA Clinical Senate Executive Committee members and oversee the general membership renewal process, in agreement with Assistant Director General, Clinical Excellence Division.
- chair WA Clinical Senate Executive Committee meetings

5.2 Immediate Past Chair

The outgoing Chair can remain on the Senate Executive Committee for one-year post term to support and enable a smooth transition for the incoming Chair and Executive Committee members.

5.3 Deputy Chair

The Deputy Chair is appointed by the Chair in collaboration with the Clinical Excellence Division, following an expression of interest process from the membership of the Senate Executive Committee. The Deputy Chair will represent a different professional discipline to the Senate Chair.

In the absence of the Chair the Deputy Chair shall assume any roles of the Chair.

The Deputy Chair shall serve for an initial two-year period. Consideration may then be given for a second term with a total term of no more than four years on the Executive Committee. This period includes any position be it general membership of the Executive, Deputy Chair or Chair.

5.4 Senate Executive Committee

The Senate Executive Committee comprises of a small subset multidisciplinary group, nominated from the membership and endorsed by the HEC. Members elected to the Senate Executive Committee will represent a well-balanced, robust and diverse cohort of interprofessional disciplines.

The Executive Committee includes:

- Senate Chair
- Deputy Chair
- 6 x diverse health professionals
- Executive Director of WA Health Consumers Council, or their nominated delegate

The Senate Executive Committee meets once a month, or as required, and works collaboratively with the Chair to:

- supervise and manage the activity of the WA Clinical Senate
- develop a strategic plan for the WA Clinical Senate including
 - biennial review
 - adjusting the Terms of Reference, Standard Operating Procedures and Communication Plans as required
- contribute to the development of formal advice to health system leaders on behalf of the WA Clinical Senate, including recommendations from WA Clinical Senate meetings and out-of-session requests for input
- represent the WA Clinical Senate at meetings and forums
- report on the activity and achievements of the WA Clinical Senate
- review the effectiveness of the WA Clinical Senate annually

Members of the Senate Executive Committee will be appointed via an expression of interest process managed by the Chair for an initial period of two years with the option to extend for a second term. Following a maximum period of four years, members of the Senate Executive Committee cannot renew any form of membership for a period of one term (two years).

5.5 Clinical Senate Alumni

Membership to the WA Clinical Senate Alumni will be offered to all WA Clinical Senators at the completion of their WA Clinical Senate term. Senate Alumni may be called upon in the future for advice in the role of subject matter expert, or speaker, and in this capacity be invited to attend relevant Senate meetings.

5.6 Clinical Senators

The WA Clinical Senate is comprised of approximately 80 multi-disciplinary members with appropriate skills and experience from diverse clinical backgrounds. Members provide an in/external perspective and share a passion for improving healthcare services and population health in WA.

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 health system operations and governance.

All WA Clinical Senator appointees have the option of a two- or three-year term, with the opportunity to extend for a second two-year term, up to a maximum five-year membership. After this a Clinical Senator cannot renew any form of membership for a period of one term (two years).

The following personnel have a standing invitation to attend all WA Clinical Senator meetings:

- Minister for Health
- Director General
- Assistant Director General, Clinical Excellence Division
- Health Executive Committee members

Other guests will be invited at the discretion of the Chair and/or the HEC to add specific subject matter expertise and depth to discussions.

Clinical Senators and invited guests are responsible for:

- championing the WA Clinical Senate recommendations and outcomes
- 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 Senate meetings each year
- actively preparing for, and understanding the issues under consideration 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 viewpoints held through their multiple roles in the health sector at Senator meetings.

5.7 Appointments

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

WA Clinical Senators will be sought via an expression of interest process open to all clinical staff and facilitated by the Senate Executive Committee.

HSP employees will require the written support of their current line manager. Department of Health staff will require the written approval of their Assistant Director General.

The Senate Executive Committee will shortlist candidates considering:

- experience, discipline and location of applicant
- balance of disciplines and circle of influence of Clinical Senate membership,

and nominating clinicians from the following areas of healthcare delivery:

- HSPs (including regional areas)
- primary care including, but not limited to, Health Service General Practitioner liaison officers, WA Primary Health Alliance and private practitioners
- various discipline specific colleges, for example, Australian College of Nursing, Royal Australian College of General Practitioners
- clinicians from other healthcare continuum organisations that interface with the WA health system

The Senate Executive Committee will seek approval from each HSP Chief Executive for shortlisted candidates in their HSP. The Senate Executive Committee will recommend the final approved candidate shortlist to the HEC for consideration and endorsement.

The Senate Executive Committee will value emerging leaders and ensure these early career clinicians are mentored through the Clinical Senate processes and ongoing engagement.

There will be quarantined ex-officio positions for the Executive Director, WA Health Consumers' Council and the Health Consumers Council Board Chair.

5.8 Vacancies/termination of membership

Membership positions become vacant if a member:

- ends their eligible term/s of service
- resigns from the Clinical Senate in writing
- resigns from their clinical role
- 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 expression of interest process.

5.9 Code of conduct

All WA Clinical Senate members and invited guests are expected to abide by the WA health system [Code of Conduct](#).

The Clinical Senate operates using Chatham House Rules - a principle to increase the openness of discussion whereby anyone present at the meeting is free to use the information discussed but is not permitted to reveal who made any comment.

5.10 Proxies

WA Clinical Senators can nominate a proxy if they are unable to attend a meeting.

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

Attendance of a proxy is limited to a singular meeting and any subsequent working group activity on that specific topic.

6.0 Issues for deliberation

The Senate Executive Committee will seek issues for deliberation from a range of stakeholders, including the HEC, and propose Meeting topics based on the following:

- Statewide issues
- Issues that impact all disciplines, with all disciplines contributing to the discussion
- Issues that affect multiple specialties and do not have a relevant statewide clinical network that 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

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 HEC 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 HEC.

8.0 Senate Meetings

The broader WA Clinical Senate will meet three times per year or as required. Consultation with members can occur out of session as needed.

Other guests will be invited to attend meetings at the discretion of the Senate Chair. Attendance is limited to that 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.

9.0 Reporting of Senator Meetings

A report will be produced following each WA Clinical Senate meeting. The report will contain a summary of the meeting highlights and agreed recommendations, considerations or outcomes. The report will be submitted to HEC for endorsement, distributed to stakeholders and made available on the WA Clinical Senate page of the Department of Health public website.

The Senate Chair will present the WA Clinical Senate's recommendations, considerations or outcomes to the HEC for deliberation via the Assistant Director General, Clinical Excellence Division. The Director General will provide the System Manager's response to each recommendation, consideration or outcome. Any response required from HSPs will be requested by the Director General.

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

The effectiveness of the WA Clinical Senate will be reviewed by the HEC. The review will consider how the WA Clinical Senate has performed against its work plan. 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.

10.0 Remuneration and expenses

The Chair of the Clinical Senate is eligible for remuneration for an agreed time per fortnight.

Sitting fees are not offered to the Senate Executive Committee members or Senators.

WA Clinical Senate 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.

The operational budget is built and allocated as per standard operating procedures of the Department of Health, WA and is the responsibility of cost centre stewards within the Department. The Chair and Secretariat may be asked for advice on an ad hoc basis.

11.0 Secretariat support

The Clinical Senate Secretariat shall consist of a Clinical Senate Coordinator and a Clinical Senate Program Support Officer. The Clinical Senate Secretariat is provided by the Department of Health and sits within the Clinical Excellence Division, Clinical Workforce and Leadership Unit.

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

The Clinical Senate Secretariat will:

- support the Chair at meetings of strategic importance
- organise Senator Meetings including
 - supporting the Chair in sourcing pre-reading and speakers
 - meeting with executive sponsors and subject matter experts
 - registration of Senators
 - booking of venue, audio-visual support and catering
 - booking travel and accommodation for speakers, guests and Senators travelling from outside of the metropolitan area

- o scribing and reporting on meeting activities and outcomes
- follow up implementation of WA Clinical Senate meeting recommendations and reporting requirements
- support the management and recruitment of membership
- oversee the evaluation of the functions of the WA Clinical Senate
- oversee the WA Clinical Senate Alumni

12.0 Records

The Secretariat shall manage all records. The Secretariat shall issue agendas and supporting material at least seven days in advance of meetings and prepare a record of outcomes from each meeting.

The Secretariat shall keep files of the following:

- agendas, meeting records and papers circulated with these documents
- correspondence,
- papers tabled at meetings
- papers circulated other than with agendas

These files are the property of the WA Department of Health and must be preserved in accordance with the *State Records Act 2000* and the *Freedom of Information Act 1992*. The *Health Services (Quality Improvement) Act 1994* may also apply to the documents.

13.0 Adoption and Amendment of the Terms of Reference

The WA Clinical Senate Terms of Reference shall be reviewed biennially, or earlier, by the Secretariat, Chair and the HEC. The Terms of Reference are to be endorsed by the HEC.

The WA Clinical Senate Terms of Reference may be reviewed earlier at the request of the Director General, Chair – WA Health Executive Committee.

All Terms of Reference amendments are approved by the WA Clinical Senate Executive for submission to WA HEC for endorsement.

14.0 Version control:

Version Date	Endorsed - Date
August 2019	Endorsed by HEC (Health Executive Committee), August 2019
Revision 1 Draft ToR (Terms of Reference) 2023-2025 – September 2022 version	Table at WA CS Executive Committee Meeting 7 October 2022 – for out of session endorsement, Endorsed 11 November 2022
Final DRAFT ToR 2023-2025	

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in alternative formats on request for
a person with disability.

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