

The New Zealand Clinical Senate

NZ Clinical Senate Terms of Reference

Vision

Clinicians actively participate in decision-making around the design and delivery of quality and timely health services through all levels of the health system in Aotearoa New Zealand.

Purpose

The New Zealand Clinical Senate (NZCS) is a multidisciplinary group that represents clinicians in providing constructive, independent, impartial and timely strategic advice on system-wide issues that affect quality, affordable and efficient patient care.

Advice will be provided to the Health New Zealand (HNZ) Commissioner/Board on a range of topics, informed by professional experience, best practice, and available evidence.

Responsibilities

The NZCS will fulfil this function by:

- Identifying topics for consideration in collaboration with the Commissioner/Board, and Health NZ's existing clinical leaders/forums.
- Bringing together varied knowledge and perspectives from New Zealand's health workforce.
- Establishing strong links with clinical colleagues and actively engaging the sector.
- Fostering a culture of curiosity and forward-thinking, championing innovation and new models of care, and an ethos of motivating high performance.
- Centring considerations of needs-based care.

Principles

The Council's advice and leadership will be guided by the following:

- Te Tiriti ō Waitangi, Pae Ora (Health Futures) Act 2022 and Te Mauri ō Rongo (The NZ Health Charter)
- Value and respect for the diversity of clinicians, and the settings and context in which they provide healthcare services
- A culture of transparency for clinicians to provide feedback and input to key system leaders
- Fostering leadership to influence changes and improvement in the health system

The NZCS will not be a decision-making body. It will be responsible for producing reports with implementable recommendations on agreed topics. Multiple topics may be considered at any one time, with papers produced across varying time scales.

Scope

The NZCS will *not* be responsible for:

- Implementing the recommendations it makes (following any agreement to them).
- Advising on, or engaging in, industrial matters, or the operational performance of any one District or other health providers.
- Advocating for individual clinicians or departments or lobbying on behalf of professional bodies or organisations.

Membership

The NZCS will be comprised of a Chair, Deputy Chair, Executive Committee, and General membership.

Members will represent a mix of clinical professions and specialities and be of sufficient seniority and standing to have a sphere of positive influence. They must also hold current professional registration.

Members will have a tenure of three years, with one term of reappointment permitted (ie members will serve a maximum of six years).

Membership is *not* to be taken as representational. All members are to be expected to make recommendations for the system as a whole and not be representing particular constituencies.

Chair and Deputy Chair

The Chair and Deputy Chair will ideally represent different healthcare disciplines. Both roles can be drawn from any of the healthcare disciplines and will be experienced and well-respected practicing clinicians who have capacity to influence across the sector

The primary responsibilities of the Chair and the Deputy Chair will be to:

- Provide leadership, direction and oversight of the activities of the NZCS
- Together with the Executive Committee, fulfill the responsibilities and processes outlined in the Terms of Reference
- Act as the primary spokespeople, representatives and advocates for the NZCS
- Maintain and build key relationships with stakeholders
- Appoint the NZCS Executive Committee members and oversee the general membership renewal process
- Chair the NZCS Executive Committee meetings.

The Chair and Deputy Chair will be appointed by the Commissioner/Board and the Chief Clinical Officer, and be directly accountable to the Commissioner/Board.

The inaugural Chair and Deputy Chair will be appointed for a three-year establishment phase, during which time an Expressions of Interest process will be conducted to appoint a Chair and Deputy Chair for subsequent three-year terms.

Executive Committee

The Chair and Deputy Chair will appoint an Executive Committee of up to 10 individuals from the general membership.

The Executive Committee will support the Chair and Deputy Chair in the effective running of NZCS business, including topic selection and engagement of topic-specific groups, management of membership, and the ratification of final reports and recommendations.

The Executive Committee will include the Chief Medical Officer, Hauora Māori, the Chair of Te Whiri Kaha, the Chair of the Pacific Senate, and the Chief Public Health Clinical Officer.

With the exception of those positions, members of the Executive Committee will be appointed via an expression of interest process overseen by the Chair and Deputy Chair for an initial period of three years.

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.

Applicants for membership of the Senate Executive are not required to be existing members of the NZCS, however Senate members are welcome to apply.

The Executive Committee will meet up to twice a month or as required.

General membership

The Executive Committee will appoint the general membership and be responsible for ensuring that it's appropriately diverse. General members will be appointed in three ways:

- Nominations will be sought from each District for three members (54 members in total). District nominees must be Health NZ employees, and, ideally not currently in prominent leadership roles.
- Nominations will be sought from primary, community, mental health, public health and other health care providers from each Region for up to six members (24 members in total). Regional nominees are not expected or required to be Health NZ employees.
- One general membership position will automatically be granted to each Clinical Network, with the expectation that one of the Co-Chairs of each Clinical Network will attend (ie at least 13 members and increasing as the number of Clinical Networks increase).

Additional clinicians 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 NZCS recommendations
- actively communicating with the clinical community 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

- taking the necessary time prior to meetings to understand the issues being considered
- 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 NZCS meetings.

Vacancies/termination of membership

Membership positions become vacant if a member:

- resigns in writing
- behaves in a manner contrary to the Code of Conduct, as determined by the Executive Committee.

If a member leaves the network or organisation they represent, the organisation should nominate a new member.

Issues for deliberation

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

- The Minister or Associate Ministers of Health
- The Commissioner/Board of HNZ
- The HNZ Executive Leadership Team
- Clinicians and health system managers who are not NZCS members

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

- Sector-wide issue
- Issue that impacts all disciplines, with all disciplines contributing to the discussion
- The issue affects multiple specialties and does not have a relevant clinical network which could progress strategic discussions
- The NZCS 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

Secretariat

The NZCS will be serviced by a Secretariat of 1.5 FTE, appointed by the Chair. The Secretariat will be comprised of a Principal Advisor (1.0 FTE) responsible for supporting the development of advice, and an Administrator (0.5 FTE) responsible for logistics (eg: travel arrangements), meetings (eg: preparation of agendas and minutes), and budget management.

Requisite data analysis and research support will be provided by the Planning, Funding and Outcomes Directorate, with priority being given to access those resources

NZ Clinical Senate meetings

The NZCS will meet up to 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 NZCS secretariat and brief the proxy prior to the meeting to ensure they can participate actively at the meeting. The Chair and/or Deputy Chair will confirm the NZCS's acceptance of the nominated proxy to attend.

The Chair may allow a small number of "ex officio" attendees to meetings including, for example, the National Chief Clinical Officer, and a clinical representative from the Ministry of Health.

Other guests 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.

Reporting

NZCS reports will be prepared following: (i) a period of research/data analysis, (ii) the convening of a conference of the NZCS with expert speakers, and (iii) a debate and deliberation among the NZCS.

The NZCS will also be responsible for producing an Annual Report for public release.

The Executive Committee will annually review how the NZCS 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 NZCS to ensure effectiveness.

The NZCS Terms of Reference will be reviewed within 12 months of the confirmation of the membership of the first NZCS, and every two years thereafter or as determined by the Chair.