LOCAL LEAD CLINICIAN GROUPS - 2011

Medical practitioners (doctors involved in patient care) have long held concerns that decisions about how health services are delivered and resources for health services are allocated, are made without proper advice from the medical profession. Over time, decisions about the allocation and use of health resources have shifted away from doctors, and away from where care is delivered. Consequently, Australia's health system is not responsive to local needs, and opportunities to improve clinical safety and quality are lost.

The establishment of Lead Clinician Groups will ensure medical practitioners have a role in the stewardship of health care resources.

This position statement focuses on how Lead Clinician Groups will operate at a local level. AMA policy on national Lead Clinician Groups will be developed when more detail is available on their proposed role and interaction with other national guideline development bodies.

The structure of Lead Clinician Groups, the governance arrangements underpinning them and their relationship with government decision-making bodies will be critical to their effectiveness in supporting and guiding policy and decision makers in shaping the future of the Australian health system.

Establishment

Local Lead Clinician Groups should be formally established with agreed, published terms of reference and responsibilities. The terms of reference should clearly provide for local Lead Clinician Groups to be directly responsible and accountable to the Governing Council of the Local Hospital Network. There should be clear, documented governance arrangements.

Depending on the size and scope of Local Hospital Networks and the number of hospitals included, one local Lead Clinician Group might subsume the role of one or more existing medical advisory councils within a Local Hospital Network, or each hospital in a Local Hospital Network might retain their own medical advisory council that reports to one overarching Lead Clinician Group.

Responsibilities

Local Lead Clinician Groups should be responsible for providing advice to the Local Hospital Network's Governing Council and CEO on all matters regarding patient care and health outcomes. This includes:

- providing a focal point for local clinician engagement with the health system;
- informing and advising on:
  - clinical workforce issues;
  - clinical teaching and training requirements;
  - clinical research and audit;
  - changes in workforce responsibilities and scopes of practice;
  - efficient and equitable use of hospital resources;
  - hospital infrastructure (capital, equipment and administrative support) required to support clinical services;
  - quality improvement and other activities aimed at better patient care;
  - integration of hospital care with community and aged care;
  - local responses to disaster preparedness and management in collaboration with state and national resources;
  - population health issues;
  - innovation in health care; and
  - appointment and credentialing of clinical staff.
- guiding implementation of national standards;
- assisting in turning national clinical guidance into local clinical practice;
- providing advice on service delivery, optimal models of care and methods to improve patient safety and clinical outcomes; and
- guiding improved safety and quality outcomes for the Local Hospital Networks.

Specific responsibilities of local Lead Clinician Groups may vary depending on the scope and type of each Local Hospital Network or between different jurisdictions.

Membership

While there should be some flexibility in the composition of local Lead Clinician Groups to reflect local circumstances, given that doctors take responsibility for the whole of patient care and clinical outcomes, medical practitioners should form the majority of members on the Lead Clinician Group. The majority of these medical practitioners should be elected by medical staff in the Local Hospital Network catchment.

Membership should also include the following practising professionals:

- at least one nurse or midwife;
- at least one allied health practitioner; and
- at least two general practitioners, nominated by the appropriate Medicare Local;

as well as:

- one community representative;
- a medical research representative; and
- a medical education representative.

The Chair of the Lead Clinician Group should be elected by its members. All members should have a defined term of three years.

It is important that the Local Hospital Network CEO attends Lead Clinician Group meetings ex-officio to ensure there is a direct link between management and doctors.

Administrative support and resourcing

Adequate resources must be available to support Lead Clinician Groups and their respective members to undertake their roles. There should be dedicated administrative support staff to ensure the business of Lead Clinician Groups is conducted in a timely manner and that advice, recommendations and meeting outcomes are published.

Lead Clinician Group members must be appropriately remunerated for the time spent engaged in Lead Clinician Group business. Where a member of a Lead Clinician Group is a full time staff specialist employed in the Local Hospital Network, the terms of their employment must recognise and accommodate Lead Clinician Group activities. Members of Lead Clinician Groups who are in private practice should be paid on a per diem rate as determined by the Remuneration Tribunal for other health portfolio expert committees.

Meetings must be scheduled within appropriate timeframes to ensure maximum attendance of practising members. Agendas and papers should be circulated a minimum of seven days prior to meetings in order for members to consider them.

The Lead Clinician Group should determine the frequency of meetings necessary to ensure that the Local Hospital Network CEO and Governing Council have timely advice.

Mechanisms to ensure Lead Clinician Group advice is considered and implemented by Local Hospital Networks and hospital administrators

There must be clear and documented communication channels and mechanisms to ensure that Lead Clinician Group advice is provided to hospital management (i.e. hospital CEOs, the Local Hospital Network CEO and the Local Hospital Network Governing Council).

Local Hospital Network Governing Councils must be held accountable for how they deal with advice provided by Lead Clinician Groups. A report of every Local Hospital Network meeting, the decisions taken and the rationale behind

decisions must be made available on a Local Hospital Network website within two weeks of the meeting date. This will ensure that doctors and other interested members of the public can see whether Governing Councils and CEOs have acted on advice provided by local Lead Clinician Groups in an appropriate and timely way. Local Hospital Network Governing Council's must provide in their annual reports an account of the actions taken by the Local Hospital Network on the recommendations of Lead Clinician Groups.

Similarly, reports of meetings and recommendations of local Lead Clinician Groups must be publicly available through the relevant Local Hospital Network website within two weeks of meetings.

Conflict resolution

Any significant issue that cannot be resolved between the Lead Clinician Group and Governing Council/CEO should be referred to the relevant state or territory Health Minister for resolution after the parties have taken all reasonable steps to resolve the matter, but only after the party referring the issue to the relevant Health Minister has advised the other party of this action.