



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

Clinical Senate: Setting the Scene

September 2016

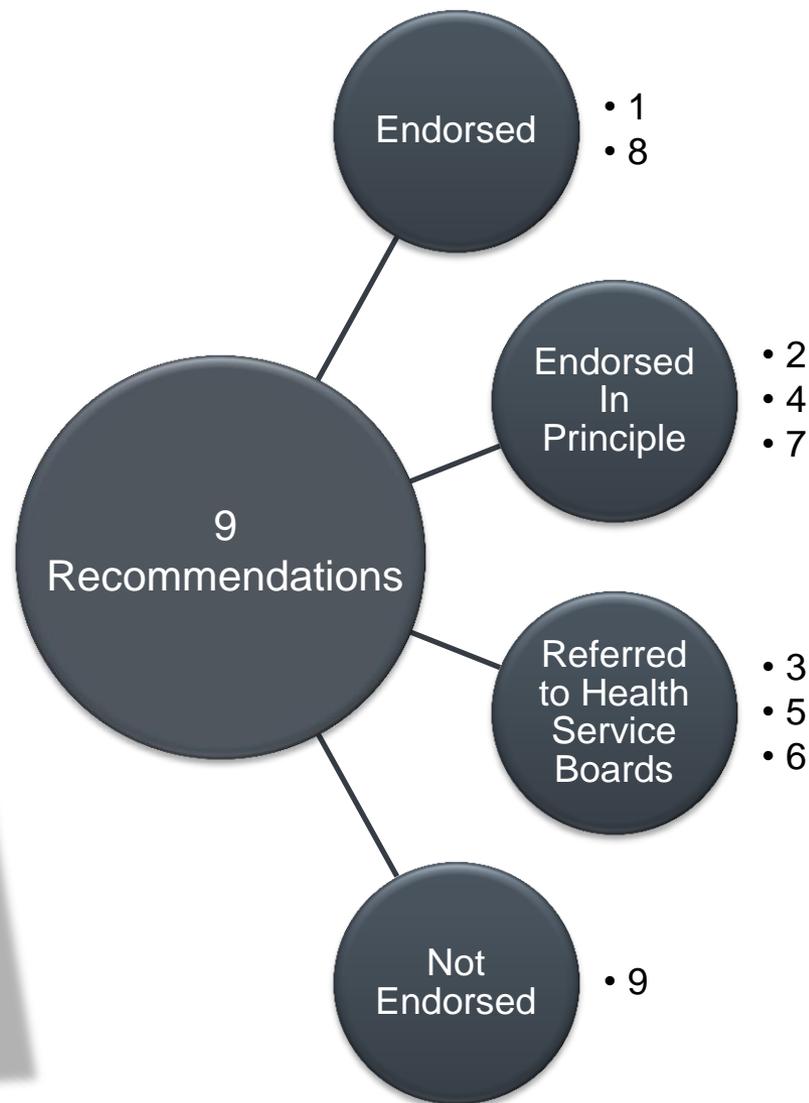
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better health ■ better care ■ better value

June's Clinical Senate: ***Transforming teaching, training and research***

Clinical Senate Recommendations



Clinical Senate Recommendations

Rec	Endorsed
1	Implement a statewide Learning Management System (LMS) that links existing LMS and provides service level reports and individual level data that is transferable between services.
8	<p>WA Health develops a series of Key Performance Indicators (KPIs) to demonstrate that research is embedded in clinical practice.</p> <p>This includes conduct of research, publishing with co-branding, and translation of research outcomes into clinical practice.</p>



Rec	Not Endorsed
9	WA Health recommends that all health care students that are undergoing hospital based training undergo a quarantined commitment to community based primary health care service.

Clinical Senate Recommendations

Rec	Endorsed In Principle (requires further scoping and consultation with Health Service Providers)
2	<p>In order to meet the DOH policy requirement of providing safe, quality evidence based health services; health service accountability will be measured by KPIs that should include:</p> <ul style="list-style-type: none"> • Quarantined teaching time • Quality improvement activities • Leadership Training • Evaluation surveys/ in relation to the adequacy of teaching and training • Demonstrate outcomes such as research publications, workshops etc.
4	<p>That Health Service Boards and WA Health quarantine the Teaching Training and Research (TTR) budget to ensure it is identifiable, visible, flexible in use and rigorously acquitted. The TTR budget can be used to support specific TTR activities such as:</p> <ul style="list-style-type: none"> • Research specific information systems and software • Bio statistics • Health economics • Supportive financial structures particularly for multi year research • Dedicated research support staff • Ethical and governance processes • Library services.
7	<p>WA Health encourages cross sector research by promoting partnerships across primary to tertiary care focussed on outcomes that decrease demand and increase care closer to home. Including by:</p> <ul style="list-style-type: none"> • Allocating some research funding to cross sector research • The specific criteria in research grants require cross sector consumer partnerships • WAHTN include primary care rep on the Board • WA Health supports effort for WAHTN become a National Centre of Excellence

Clinical Senate Recommendations

Rec	Referred to Health Service Boards
3	<p>The Health Service Boards should establish multi-disciplinary joint academic/clinical appointments that report through to the Chief Executives who are responsible for:</p> <ul style="list-style-type: none">• Development of relevant, multidisciplinary research portfolios.• Increase the awareness of a workplace culture towards improving patient outcomes through education, training and introduction of new processes that translate research findings.• Increase collaboration and partnerships with patient and other stakeholders.• Developing reporting research relevant KPIs.• Streamline approval and governance processes.• Involve junior clinicians.
5	<p>DoH partner with all relevant stakeholders to increase capacity of rural and regional settings in the provision of valid training opportunities for all professionals. E.g. Rural Clinical School, Western Australian General Practice Education and Training (WAGPET), WA Primary Health Alliance (WAPHA), Students and Practitioners Interested in Rural Practice Health Education (SPINRPHEX), the Aboriginal Health Council of WA (AHCWA), Aboriginal Community Controlled Health Organisation (ACCHO) and Rural Health West.</p>
6	<p>DoH to require in the Health Service Agreements (HSAs) that metropolitan (NMHS, SMHS & EMHS) and children's health services (CAHS) contribute to Teaching and Training for WACHS to ensure specialist knowledge is shared statewide.</p>

Today's Clinical Senate: ***Clinician engagement in the brave new world Health Services Boards***

A Culture of Clinical Engagement

...does not look like this



A Culture of Clinical Engagement

Engagement as more than an event

- A journey embedded within an organisation and sustained.
- High performing Health Services have Boards who create opportunities to directly understand the aspirations and frustrations of clinicians.
- Engagement should not just be within one specialty or hospital but across the whole health service, including primary and community environments.

A Culture of Clinical Engagement

Engaging genuinely

- Create the culture whereby the aim is all staff including clinicians feel valued and engaged.
- Clinicians = all clinical staff
- Requires clinicians to genuinely want to be more engaged as well as Boards, senior leaders and managers genuinely seeking this involvement.
- Shared understanding of clinical, cultural, & fiscal environment
- A strategy whereby changes in clinical services involve genuine engagement of clinical staff.

A Culture of Clinical Engagement

Investing in skills that deliver better engagement

- Clinician engagement needs to start with how junior clinicians are orientated and includes on-going support for personal development education and training.
- A high performing Health system invests in leadership development and offers junior clinicians opportunities to be involved in service improvement initiatives.
- Investing in to tomorrow's senior clinicians at an early stage.

A Culture of Clinical Engagement

Having clarity about what clinical engagement is

- Genuine
- Robust
- Continuous
- Environmental recognition
- Partnership
- Focussed on the greater/organisational good not individuals
- One of a number of mechanisms that inform decision making
- Other voices are equally important – the patient

A Culture of Clinical Engagement

Questions for Today

- How should clinicians work with Health Service Boards to make decisions that support better service delivery and patient care, better clinical and financial performance?
- How should the individual Health Service Boards engage with clinicians?
- How should the Health Service Boards communicate and collaborate with each other?
- How should the Health Services share their resources and expertise?

A Culture of Clinical Engagement

