



WHAT IS THE CLINICAL SENATE? PART 2

By Elizabeth Gonzalez-Malaga

In my previous article, I introduced you to the concept of The Clinical Senate and the role its members have within the Assembly and Council. The Senate provides independent evidence-based advice to Commissioners and other stakeholders through Service Reviews. Also, their experts lead on Proactive Programmes aiming to improve health outcomes on the wider population.

Confidentiality is part of our life as healthcare professionals; however, within the Senate, I learnt a different side to this concept. None of us would share details of patients with our family or friends but we often take pride of sharing our involvement on professional projects.

Some of the Clinical Reviews, undertaken by the Senate, evaluate service transformation potentially leading to major changes for the local population; if details of those were leaked, this could lead to unnecessary panic by service users. While you would not participate on Reviews from your own Trust or Local Authority, in order to guarantee transparency and objectivity in the advice given, as a Fellow or Council member you will be aware of other reviews happening within the Senate; confidentiality applies to all of them. Being a Specialist Trainee Registrar, I carry an electronic portfolio where I must record my projects. However, I had to be mindful of which information I uploaded and shared with my Educational Supervisors and colleagues without compromising confidentiality. Without compromising this commitment, within this article I would share some of the projects I undertook as a Clinical Fellow.

The first project I was assigned involved writing a joint Annual Report for three Senates within our region. Having previous experience writing articles, audits and other projects, I did not anticipate what a great challenge this would be. I underestimated the complexity of reading non-clinical reports and certainly even more, how to summarise them. Each head of

Senate had their own style and we needed to find a common denominator to portray in the Report. The final result was great and it gave me the opportunity to manage a large working group.

As part of our Fellowship, each of us was allocated to work in a different Proactive Programme. 'Physical Activity as Treatment' became my project given. Evidence backs up the benefits that exercise has in the treatment of a wide range of conditions. Due to the wide extent of the project, I was asked to look at physical activity as treatment for mental illnesses within my County. My initial reactions

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fluctuated from being scared about how to start the project and obtain information on something I was not an expert in at all; followed by, a sense of my own hypocrisy as I have a sedentary life!

However, I quickly realised that I treat a large number of patients battling mental illness and I wondered what local services were available to them. From my interviews with clinicians, service providers and commissioners I learnt about the benefits, limitations for referrals and access to activities currently available for patients. My findings were presented in the East Midlands Senate Annual Event, co-hosted with Public Health England, followed by its inclusion as part of a published report providing guidance for

commissioners. One could argue that physical activity is not under the scope of dentistry; however, we aim to provide a holistic approach promoting a healthy lifestyle, where perhaps exercise should accompany our diet advice given to patients.

As previously mentioned, commissioners and other stakeholders approach the Senate for their expert multi-professional advice. I had the pleasure to witness and participate in one of those reviews, particularly about Urgent Treatment Centres. As a Fellow, I got asked to carry out a literature review on the current situation in England and other

international models. I presented my findings to the Senate members attending the review and I had the privilege to observe experts within the field challenging service providers and commissioners to ensure health equality, access and quality of treatment was not at risk by changes.

Insecurity and fear to not be able to complete the projects given were feelings that I often experienced during my Fellowship. However, you are only likely to feel this when you push yourself to explore over your limits and get out of your comfort zone. Through your undergraduate and postgraduate career there will be times when you experience similar feelings; embrace the challenge and keep going, it is worthy.

In her last article of the series on the Clinical Senate, Elizabeth will share other opportunities that this Fellowship programme opened up.

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