

**East of England Clinical Senate Council**

16<sup>th</sup> January 2014

**FOR ACTION (VOTE)**

**TITLE OF PAPER:** Election of Senate Council Vice Chair

**Paper submitted by:** Sue Edwards, Clinical Senate Manager

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**1 PURPOSE**

- 1.1 This paper provides the election statements from three members that have nominated themselves for election to the position of East of England Clinical Senate Vice Chair.

**2 CONTEXT**

- 2.1 The nomination and election of Vice Chair was deferred from the Senate Council meeting of 3<sup>rd</sup> October 2013 so that a formal process be developed, supported by a role description and clarity of remuneration. Deferral also enabled any members not present at the meeting to be able to nominate themselves.
- 2.2 A supplementary paper (dated 22<sup>nd</sup> October 2013, reference 13/13) and role description was circulated to all Senate Council members laying out the process for election and calling for election statements to be submitted.

**3. NOMINATIONS RECEIVED & ACTION REQUIRED**

- 3.1 Three Senate Council Members self nominated for the role by the closing date:
- Dr Shane GORDON
  - Dr Sunil GUPTA
  - Dr John LOCKLEY

Their nomination statements, for consideration by Senate Council members, form the appendix below.

- 3.2 Senate Council Members not standing for the position and present in person at the meeting will be entitled to one vote (members not present at the meeting will not be able to vote by proxy, electronically or otherwise). The Chair will take a show of hands for each nominee and the decision will be made in accordance with the process laid out in paper 13/13.
- 3.3 The successful candidate will take up post with immediate effect, and hold post until the first meeting of Senate Council in 2015.

**Author:**

Sue Edwards, Clinical Senate Manager,  
December 2013

East of England Clinical Senate Vice Chairman –

### **Statement of Nomination**

**Nominee: Dr Shane Gordon, GP & Chief Officer NE Essex CCG**

I believe passionately that strong, principled clinical voices are essential to the future of the NHS. We are in a time of unparalleled challenge and significant change to the way we provide healthcare. Clinical Senate members must be the champions of the highest standards in clinical practice and health service delivery. We must listen assiduously to the views of patients and their families and be mindful of the ever improving opportunities in public health and medical care. More than this, we must embody the values of public service, courage in innovation and a ceaseless search for improvement.

As a practicing GP I see and hear the impact of our health and care system on the people we serve, its vital successes and many weaknesses. As a leader of a Clinical Commissioning Group I understand the pressures on all parts of our NHS and the ever increasing demands placed upon it. More than this I experience the complex interrelationships of the different parts and professional groups, which make change so complex. As a longstanding contributor to national policy development I know how much policy can both help and hinder change, but also how vital these links from local to national thinking can be.

If elected as Vice Chairman of the Clinical Senate, supporting our Chairman and the council, I will seek to release the vast reserves of energy, insight and wisdom in our clinical community to help meet the challenges facing our NHS. I will draw on experience of leading change in clinical services over 10 years, from my practice through to regional and national initiatives.

Achieving beneficial change in a complex clinical environment is always challenging but I am constantly reinvigorated by the commitment of colleagues in all disciplines to improve the care we can deliver; I am sure that your participation in the council is a demonstration of your commitment too! I look forward to the opportunity to support you in our shared ambitions for the Clinical Senate.

Dr Shane Gordon MRCP, MRCS(England), MPhil

## STATEMENT FOR NOMINATION VICE CHAIR OF EAST OF ENGLAND CLINICAL SENATE

### **Nominee: Dr Sunil GUPTA**

I am optimistic the East of England Clinical Senate can play an important role in helping the NHS to improve clinical outcomes by helping to spread good practice from one part of the NHS to another. The Clinical Senate can also have an important role in enabling an independent expert opinion to be agreed about what is the best location and configuration of various services.

I believe I can help to improve the communication and relationships between the Clinical Senate and NHS Commissioners as I am an Accountable Officer of a Clinical Commissioning Group, on the Steering Group of the NHS Commissioning Assembly and on the Quality Working Group of the NHS Commissioning Assembly. I can help to improve the relationships between the NHS and Social Care as I am on the Essex Health and Wellbeing Board. My interest in improving clinical care is illustrated by my roles as GP Trainer, Examiner for the Royal College of General Practitioners, Member of the Fitness to Practise Panel of the General Medical Council and Member of NHS England Primary Care Patient Safety Expert Working Group.

In addition, I have worked with a fellow GP Trainer since 2008 to set up and maintain the South Essex GP Training website which is at <http://www.southessexgptraining.co.uk> which contains a large amount of useful educational material.

I can also help to improve the relationship between the Clinical Senate and other stakeholders as I am also a member of the Health Education East of England Board, a member of the Board of the Essex Faculty of the Royal College of General Practitioners and on the Programme Board of the NHS Leadership Academy.

Dr Sunil Gupta

MBBCh DCH DRCOG DGM DFFP Cert.Mgmt(Open) Dip.Mgmt(Open) MAcadMEd FRCGP.

## **Statement of Nomination**

**Nominee: Dr John Lockley**

I am a Cambridge-trained GP, a clinical teacher for the University, and highly involved in medical IT at both national and CCG levels. I am also a professional writer and broadcaster.

Involved in medical politics since 1996, I also have considerable experience of public speaking; running medical and IT organisations; being involved in (and chairing) meetings at CCG and national levels; and organising national conferences.

I have always felt passionately that the Clinical Senate should be 'the conscience of the NHS' — we don't have the funds or time for much else. Equally, the Senate has no formal powers, other than that of persuasion.

As Vice-Chair, my media expertise would enable me lucidly to convey the Senate's messages to the medical and lay media — and in reality, that will be where much of the Senate's power and influence will lie.

As a Myers-Briggs INTJ (epithet – 'Scientist'), my natural role is to stay in the background, creating and organising systems for maximum efficiency. When I express my extrovert functions I become an ENTJ (epithet – 'Field-Marshal' !) which neatly explains why, when chairing meetings, I find myself asking the most able person in the room to take on each task, rather than feeling I should perform them all myself.

**END OF STATEMENTS**