

NSW Council of Medical Staff Council Chairs (CoMSCCs) 2026 Survey



NSW MSEC



Aims & Introduction

- Feedback engagement between Medical Staff Councils (MSCs), Local Health District (LHD) Medical Staff Executive Councils (MSECs) with their respective hospital & LHD executives to the NSW Health Ministerial Team.
- Work towards strengthening partnerships between elected senior medical staff representatives and the NSW Health leadership
- Findings will also be shared with the CoMSCCs to support stronger local relationships with executive teams and ultimately improve patient care across the State public health system.

48 Respondents

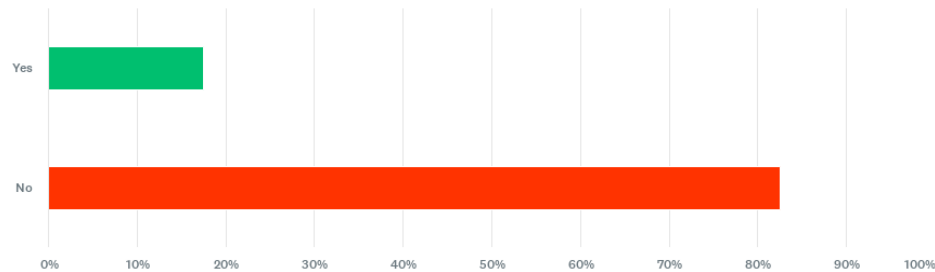
- **44 Chairs & Co-Chairs**
 - 4 in other MSC office bearer positions
- 23% in their role < 12 months
- **67% in their role 1-4 years**
- 10% in their role 5+ years
- Every LHD with respondents except Murrumbidgee and Far West NSW
- Majority (70%) of LHD with more than one respondent
- Includes:
 - Mental Health
 - Justice Health
 - NSW Pathology

MSC Interactions with ELTs & LHD Boards

MSC Involvement in Executive Leadership Team Medical Appointments

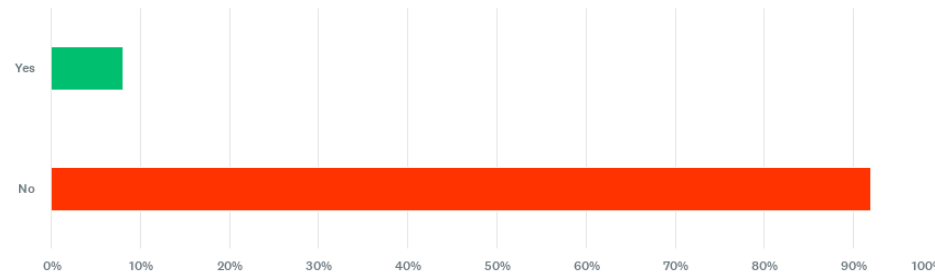
Director of Medical Services

Q4 Is your MSC/MSEC involved in the selection and appointment of your Director of Medical Services (DMS) or District DMS (DDMS)?

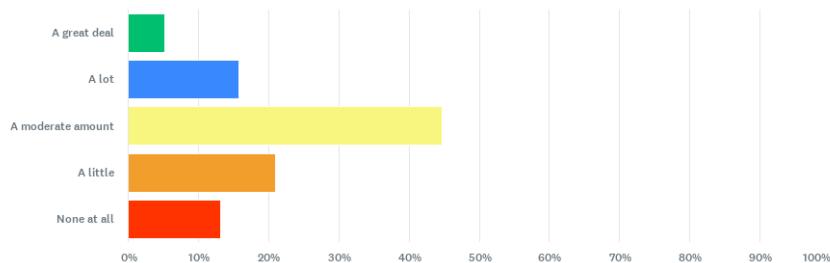


Executive Clinical Directors

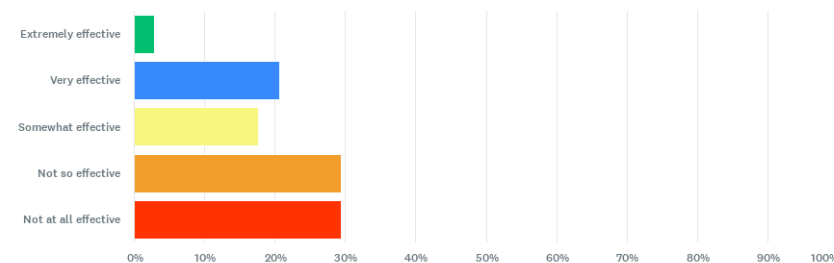
Q8 Is your MSC/MSEC involved in the selection and appointment of the ECD/EDCO?



Q5 How closely does the advice or opinion provided by your DMS/DDMS align with that provided to your General Manager (GM) / Chief Executive (CE) by your MSC/MSEC?

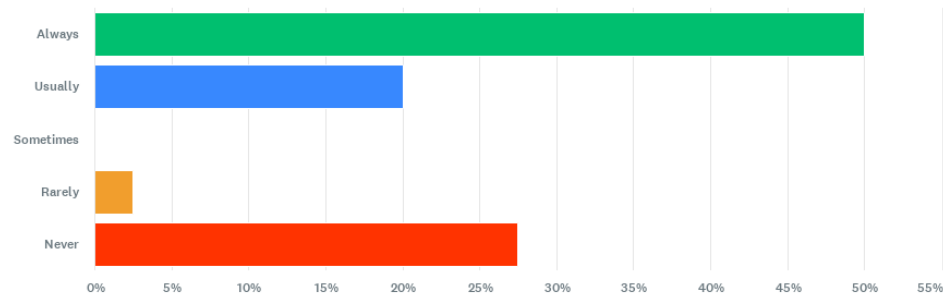


Q11 How effective is the ECD/EDCO position in providing effective clinical leadership in your facility/LHD?

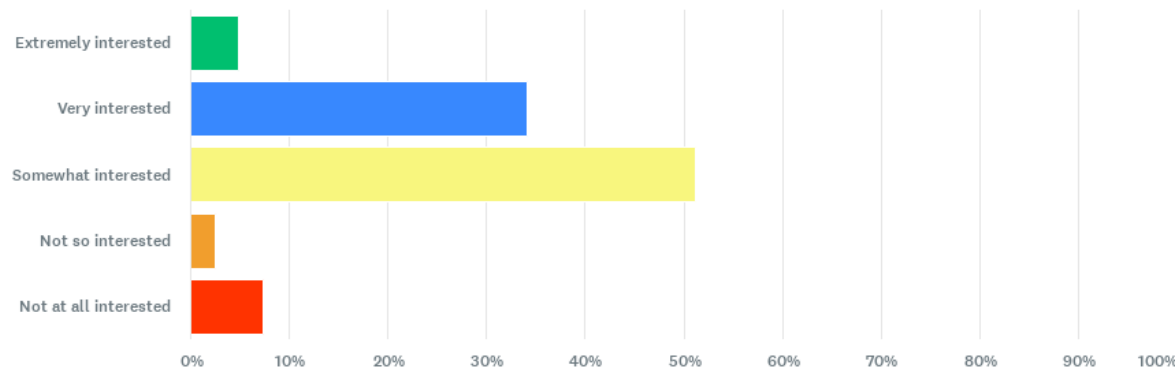


MSCs with ELTs

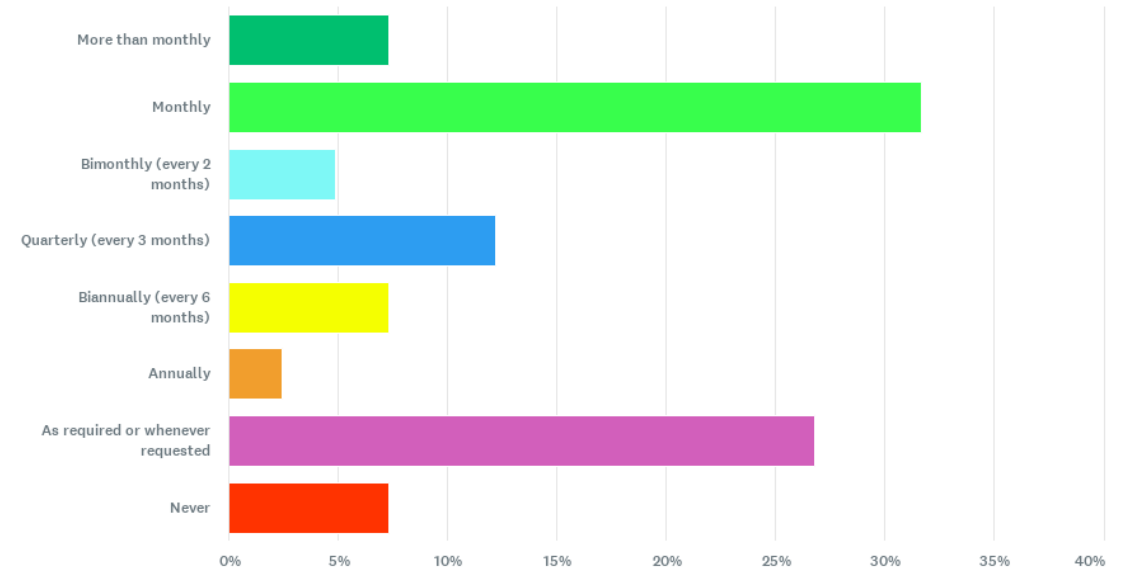
Q19 How often are you invited to attend as MSC/MSEC Chair, your respective Clinical Council / District Clinical Council? (If you would change this, please comment)



Q20 How well received are issues raised by your MSC/MSEC to the Hospital Executives/District ELT?

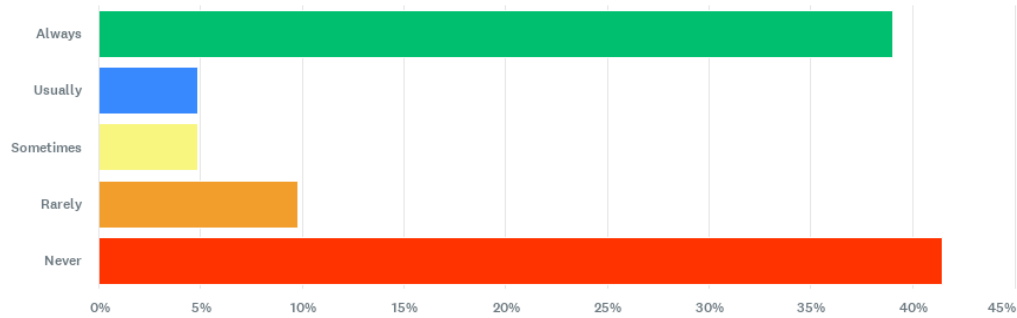


Q17 How often does the MSC/MSEC Chair meet privately with the key decision maker - GM/CE/DCO in the Hospital, LHD or Network?

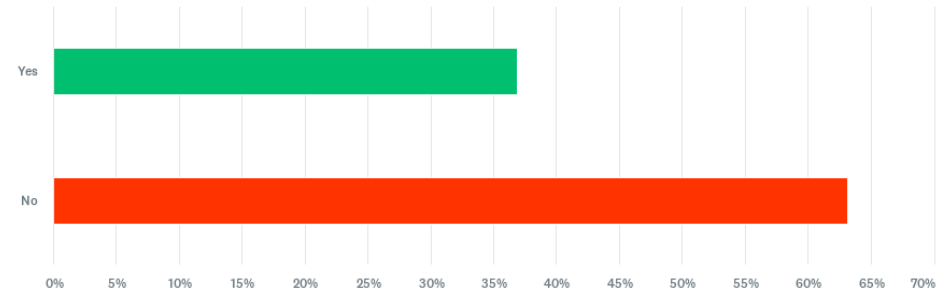


MSCs with Boards

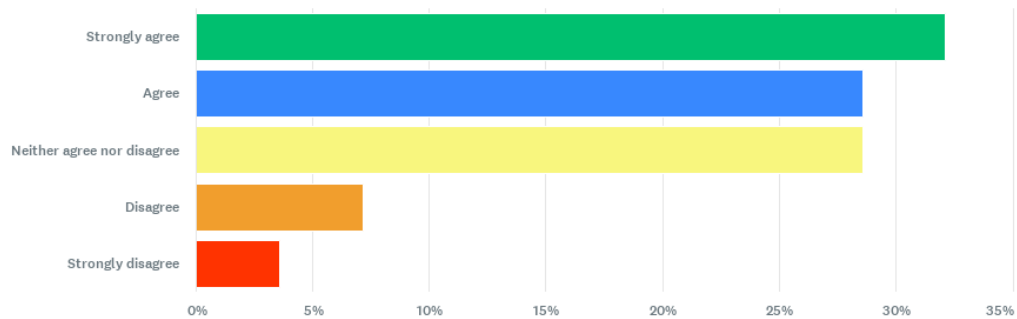
Q21 Are you invited regularly to attend the LHD Board of Directors meetings?



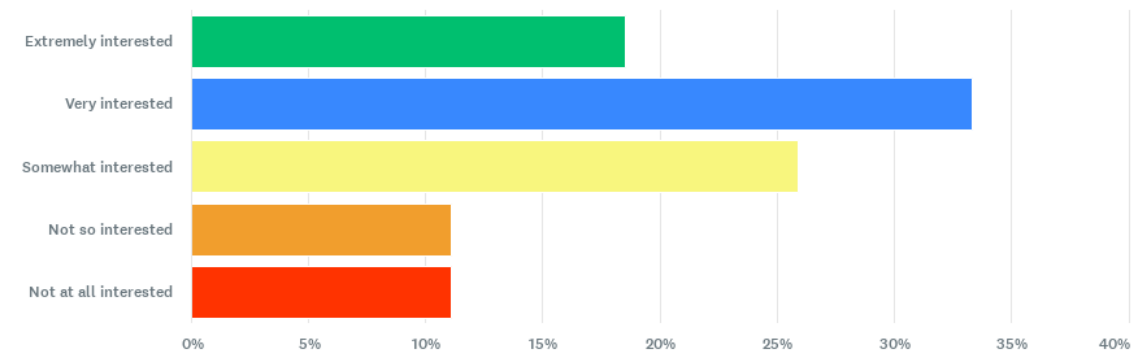
Q23 Does your Board Chair interact separately with the MSC/MSEC? (If you have a preference please comment)



Q22 Please rate your level of agreement with the following statement - if attending Board of Director meetings, I feel permitted to participate in discussions.



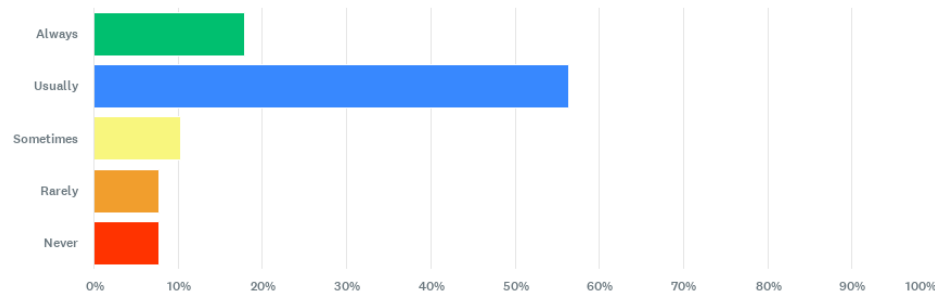
Q24 If meeting with the Board Chair, how well received are issues your MSC/MSEC raise?



Attendance at MSC Meetings

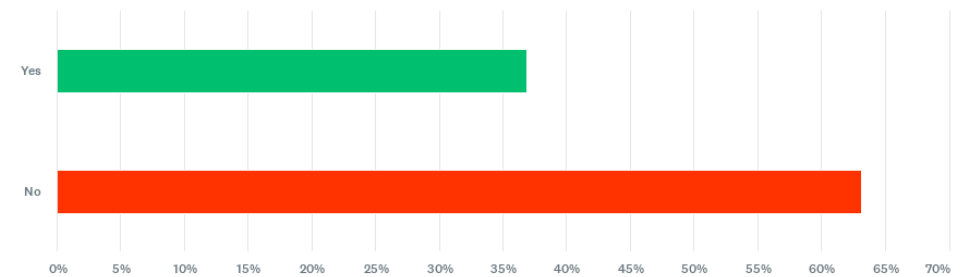
GMs & CEs

Q18 How often does the key decision maker (as per the previous question) attend your MSC/MSEC general meetings?



Board Chairs

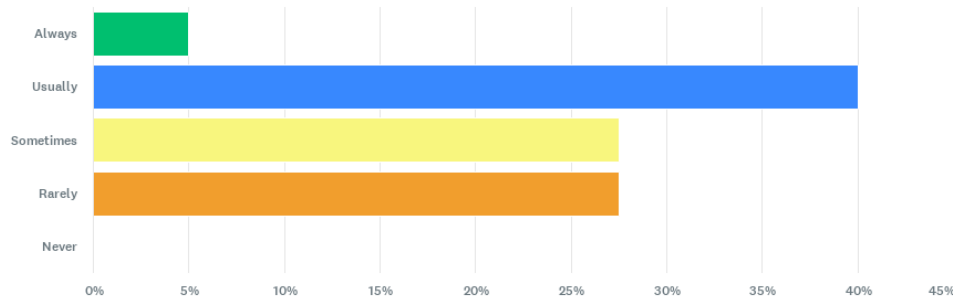
Q23 Does your Board Chair interact separately with the MSC/MSEC? (If you have a preference please comment)



MSC Perceptions

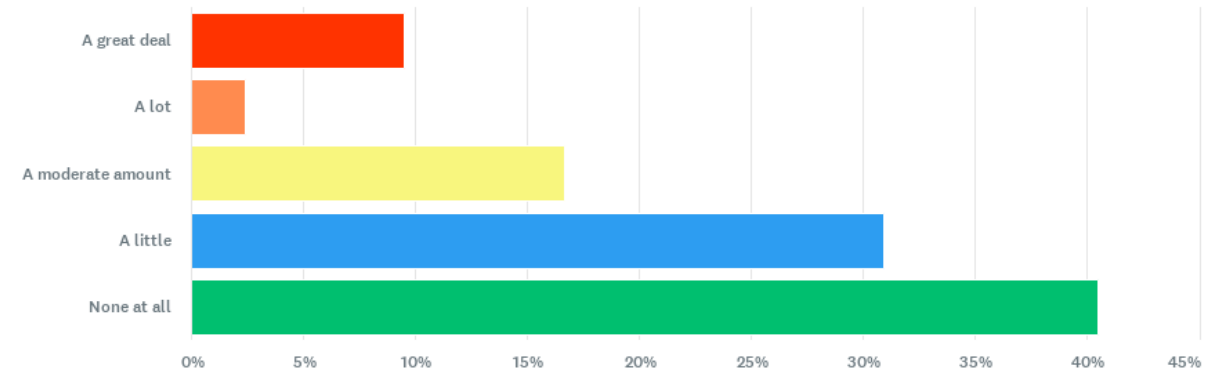
Displaying CORE Values by ELTs

Q14 How frequently do you see the CORE values displayed by your ELT? (If less than sometimes, please provide comments as to why)

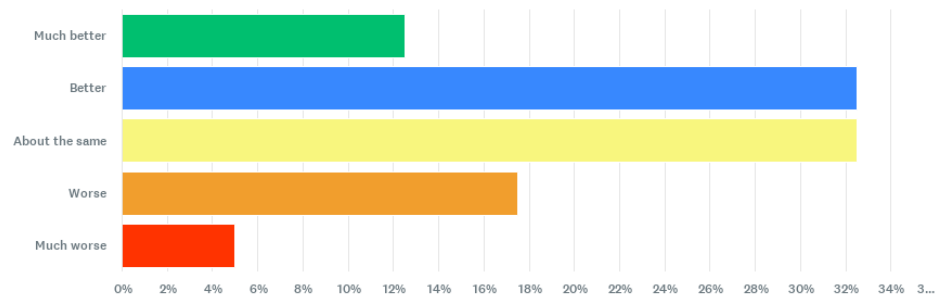


Negative Concerns

Q16 Have you ever been concerned about targeted retaliation or negative consequences in your main clinical role due to your participation in MSC/MSEC representation?



Q15 What change in the embodiment of CORE values by the ELT over the past 5 years has occurred?



Progress 2017 to 2026

Item	2017	2026
Board Engagement	50% poor to very poor	43% report interaction with their board or chair, 57% remain without
CORE Value Representation by ELT	50% poor, 30% neutral	Only 27.5% report rare or no representation
Strong medical leadership and participation in decision making	> 60% disagreed	Only 11% report involvement in key medical appointments
Opportunities exist for discussion with ELT	> 60% disagreed	69% report regular attendance at MSC meetings
Staff feel valued by management	> 50% disagreed	82% report their opinion is well received
Culture and Engagement has improved	> 60% disagreed	72.5% feel it is stable or improved over the last 5 years
Common purpose on planning and delivery	> 60% disagreed	66% believe they are in alignment with their ELT

Suggestions & Solutions

- Model of interaction that can be tailored to each LHD
 - Should include MSC Chair interaction with key decision makers depending on level and service set up
 - Recommendations for MSC – Board interactions
 - Recommendations for key ELT members at MSC meetings
- Recommendation for MSC Chair involvement in key clinical appointment appropriate to their level (ie local chair involved in local DMS recruitment)
- Escalation pathways for MSC chairs when matters of strategic importance are not being recognized by local ELT
- Ministry to confirm protection and support of MSC chairs in their important advocacy role.