Vancouver Island Regional Recruitment and Retention Strategy

Closure Report: Case Study with Best Practice Recommendations 9-27-16

ACKNOWLEDGEMENT

The project consultants would like to acknowledge the Vancouver Island Divisions of Family Practice and the Island Health Physician Recruitment and Retention Team for taking the initiative and devoting resources to explore collaborating across the region around the complex and pressing issues of recruitment and retention. We appreciate the opportunity to be involved in this project and have enjoyed immensely the challenges of applying best practices gained from provincially sponsored research and locally developed best practices. We want to thank the Victoria Division for its support and in particular, the Executive Director and accountant, who provided their wisdom and knowledge to guide us in this work. We also thank all the project team members for their help.

We hope that the organizations who collaborated on this project will use this experience as a durable foundation to further strengthen recruitment and retention efforts to make communities across Vancouver Island an attractive place for family physicians to come and work.

TABLE OF CONTENTS

1. INTRODUCTION AND ORIGINS

There is a definite shortage of family physicians in British Columbia. Divisions of Family Practice in this province, driven by community physicians, have prioritized recruitment of new family physicians to their geographical areas. It is challenging to recruit new candidates, and the key objective is to make it easy for physicians to relocate to BC and find meaningful work that fits their lifestyle and practice preferences, and increases capacity for patient care.

The Divisions of Family Practice on Vancouver Island and Island Health both recognize recruitment and retention of family physicians as a persistent and shared problem, and have been working on collaborative solutions since 2013. Supported by the General Practice Services Committee (GPSC), they have developed a model of regional collaboration that could be replicated in other parts of BC. A fundamental tenet of the work is to increase the chances of successful recruitment and retention for the region as a whole. This collaboration on Vancouver Island is also intended to test ideas for improving recruitment processes and provide feedback and lessons learned to inform the GPSC, other Divisions, and health authorities across BC as they develop their own options and activities.

Initially, the Vancouver Island Inter-Divisional Committee Recruitment and Retention Working Group (IDCR&RWG) held regular strategy meetings attended by Executive Directors from each Division and representatives from the Island Health Physician Recruitment and Retention Team. The group included community physicians from the Victoria, Cowichan Valley and Nanaimo Divisions boards of directors as well. As the Divisions pursued local A GP for Me initiatives, local recruitment and retention leads also joined this work. By early 2015 they began to hold their own regular meetings focusing on operations and implementation.

In April 2015, with the endorsement of the Interdivisional CSC, the working group submitted an Innovation Fund proposal to develop a regional recruitment and retention strategy. The original funding request was for $238,000 and the suggested project timeline was April 1, 2015 to March 31, 2016. The Victoria Division of Family Practice agreed to administer the project budget on behalf of the IDCR&RWG.

The application identified the following outcomes from the regional strategy:

- Higher rates of attachment;
- Enhanced physician retention;
- Increased physician recruitment;
- Greater partnership and collaboration opportunities;
- Flexibility and choice; and
- Economy and efficiency.

The GPSC considered the application in August 2015 and approved project funds of $150,000. The group hired a project manager and administrative assistant as project consultants in October 2015, and received funding on November 26, 2015. Although funding was drawn from the provincial A GP for Me budget, the GPSC ultimately approved the use of project funds until September 30, 2016.

The GPSC directed the IDCR&RWG to apply to the Division of Family Practice Recruitment and Retention Steering Committee (DFPR&RSC) for additional funding. The DFPR&RSC was still in the process of determining how to allocate regional funding for collaborative recruitment and retention projects, so this was deferred until March 2016 when $50,000 in project funds was approved, conditional on providing the following:

- Documented mechanisms to guide setting priorities and allocating resources for collaborative recruitment and retention support;
- Documented conflict resolution processes to facilitate consensus around actions and maintain positive and productive working environments across participating organizations;
- Documented shared practices to support diversity among participating organizations in terms of levels of experience, size of available resources, varying levels of recruitment needs, and changing requirements without notice; and
- Sustainability plan describing a sustainable coordinated recruitment and retention plan following the expiration of project funding to ensure lasting collaboration through reduced competition and improved communication.

The DFPR&RSC requested monthly updates (April, May, June, and July) to take the form of deliverables, status, risks, and risk management strategy. A finalized work plan was also due by April 6, 2016.

A status report was also provided for the September 21, 2016 meeting. A project closure report that clearly outlines deliverables, outcomes, lessons learned and recommendations for other communities wishing to adopt a regional recruitment and retention strategy was required. This report is due by September 30, 2016 to be reviewed at the DFPR&RSC meeting in October 2016.

2. EVOLUTION

In October 2015, as individual Divisions continued to work on local recruitment and retention initiatives, the IDCR&RWG began to develop a regional recruitment and retention strategy, aimed at developing and testing regional protocols and practices that would complement and strengthen local work.

One of the first areas to be considered was project governance. The IDCR&RWG decided to act as the project steering committee and committed to a regular schedule of monthly in-person meetings in Nanaimo, with occasional teleconferences.

At the outset, the project manager developed a work plan, which the IDCR&RWG approved at its November 2015 meeting and then used to prioritize work effort and scheduling.

In December 2015, the steering committee directed the project manager to connect with the local leads to learn about their recruitment and retention challenges, and to identify opportunities to help build the regional strategy. The project manager and administrative assistant began to facilitate and provide administrative support to the Local Recruitment Coordinator Working Group meetings.

In consultation with the project manager, Island Health developed an evaluation framework, which the IDCR&RWG approved in December 2015. Implementation of the framework proved difficult, particularly with respect to gathering data on recruitment, and Local Recruitment Coordinator Working Group members struggled to find ways to support the evaluation plan.

In April 2016, project participants attended a facilitated priority-setting session, where they reaffirmed their commitment to a number of shared recruitment projects and deliverables, and developed a vision and mission document to guide their ongoing collaboration:

Vision:

Helping physicians and their families to live, work, play, and stay on Vancouver Island.

Mission:

Vancouver Island communities working together on attracting, welcoming, supporting, and retaining family physicians and their families.

Goals:

- Build a process to work collaboratively toward a regional strategy and coordination of recruitment, retention, and locum coverage efforts.
- Support local efforts by providing tools, strategies and mutual support, and by sharing the burden of recruitment and retention efforts across participating Divisions of Family Practice with a core value being to achieve best fit for family physicians in a community within the region.
- Implement sustainable process improvements, practice tools and best practice outcomes for regional recruitment and retention / locum coverage that will also benefit the efforts of local recruitment coordinators.
- Increase the supply of locums to the region in order to support physician wellness, and attract and retain physicians to practice on the Island, thereby reducing the number of unattached patients and maintaining healthy communities.
- Share lessons learned around strategic approaches of working inter-divisionally on one strategy.

By the end of May 2016, the group had identified and fully acknowledged challenges it was experiencing around process at the same time as recruitment and retention efforts on Vancouver Island were starting to benefit from a collaborative approach.

Although it was too early to measure quantitative outputs, it was clear that the group was already making some fundamental, highly promising changes. For example:

Developing mechanisms and processes to build a regional presence:

- Divisions and Island Health created a brochure highlighting Vancouver Island and surrounding communities with references to where interested family physicians could access more information. (See Appendix A)
- Project participants linked to one another through email and regular face to face meetings. They created a common email address (VILocums@divisionsbc.ca) for general calls to action, which could be monitored collectively by all local recruitment leads.
- The project purchased two URL's (Islanddocs.com and Islanddocs.ca) to create a regional website portal with links to assist with future web-based marketing efforts.
- The group had tried to develop a regional logo to establish a brand, but were told this is not permitted. This forced the group to describe the Vancouver Island region in an inclusive manner to ensure full representation in regional materials.

Providing consistent messaging to physicians:

- The group agreed to work collectively to ensure that all participating organizations would be represented in outgoing messaging to physicians.
- To build equity across the region, all participants agreed to attend recruitment tradeshows as a collective. While some Divisions did not have the funding or the resources to physically attend, their geographic areas were represented by the regional collaborative. The project funded booths at two tradeshows, one in Nanaimo and one in Vancouver, in February 2016 to trial collaborative regional representation. The Nanaimo conference focused on rural locums and the Vancouver conference involved urban-based family physicians, which demonstrates the breadth of the group's outreach.
- The project used the generic email address to create a distribution list of family physicians who wanted regular notification of locum opportunities across the region.

Sharing information for simplified communications, connection and access:

- Better information sharing and communication across the region boosts the efficacy of our individual recruitment efforts and demonstrates our regional commitment, so even those participants who were not able to attend an event due to budgetary or other resource limitations, were fully represented and any expressions of interest in their community by a prospective family physician were referred to the local recruitment lead for follow-up.
- All participants agreed to create and circulate a common locum needs list highlighting all the vacancies on Vancouver Island and the rural and remote opportunities so this information could be shared with existing and expanding locum pools as required.
- The group started to share family physician recruitment inquiries with each other in order for ensure best fit for the physicians. In many cases a physician who may have initially inquired about postings in Victoria would end up in the South Island region, Nanaimo or Campbell River. The focus could therefore shift away from competition between sub-regions, and instead emphasize finding the best long-term match for the physician and community. And while this referrals process was being refined some confusion about the best fit among multiple communities was experienced, the end result was family physicians found their most preferred location, resulting in a win-win for everyone.

Realizing efficiencies and increasing impact with inter-Divisional R&R events:

- The Victoria Division invited the Vancouver Division to share information and tools with all Vancouver Island Divisions to improve practice efficiencies and business analysis.
- The Nanaimo and Oceanside Divisions co-hosted a Resident welcome session.
- The Victoria and South Island Divisions partnered with MD Management to host an annual welcome event for Residents at the University of Victoria.
- Project participants attended the Practice Survival Skills Conference as representatives of the Vancouver Island region.
- Recruitment leads attended the Canadian Association of Staff Physician Recruiters (CASPR) conference in Vancouver with Island Health.
- In collaboration with Health Match BC, the group will attend the Family Medicine Forum as a region in November.

Learning together and sharing knowledge:

- A senior physician marketing consultant was engaged to facilitate a regional marketing workshop. Participants explored the strengths and weaknesses of the region from the perspective of their target audience. This sharing of knowledge and expertise of cross-provincial collaborative physician recruitment marketing examples helped the group prioritize where to focus marketing planning efforts.
- Project participants agreed to share experiences from their individual strategies to educate each other and find best practices. They shared sample contracts and templates, and supported the development of common processes when working with Island Health on recruitment.

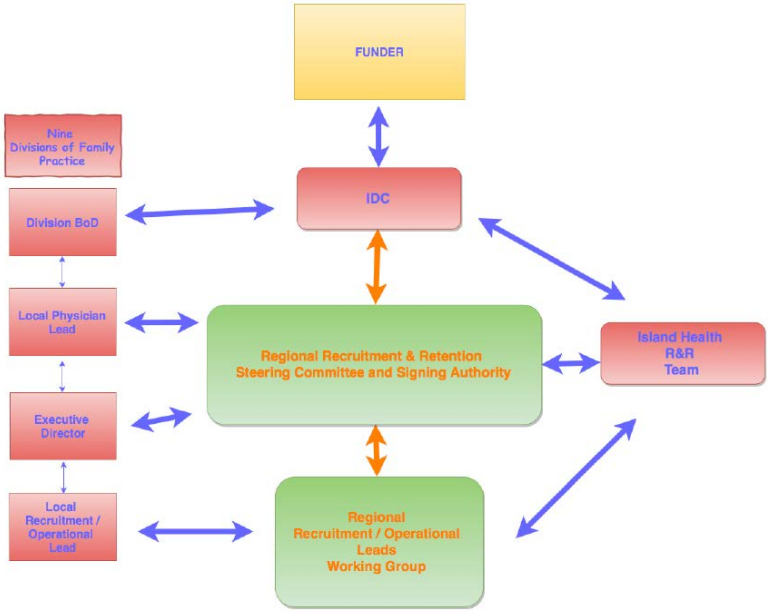
- Similarly, they shared work plans and event models that had been successfully completed in one geographic area in order to increase efficiencies and leverage each other's work.

Strengthening networks and relationships:

- Recruitment of physicians is an intensely personal interaction between Island Health, Divisions and physicians. Increased collaboration and enhanced working relationships with Island Health Physician Recruitment and Retention team members is a strong asset.
- Strong and respectful relationships between project participants helped physicians move seamlessly between geographic areas as recruiters understood each other's needs and the needs across a variety of communities within the region.
- There are a variety of approaches and cultures within the participating organizations, which led to different assumptions. This reinforces the need for better communications and information flows.
- There has been tangible growth within the group through trust that developed over time and through experience. This facilitated greater candour and better collaboration.
- Some community physicians may not be fully aware of the service that local recruitment leads and Island Health recruitment specialists provide. Improved outreach and communication would assist in closing this gap.
- Working more closely together also means understanding the need for more time to follow internal approvals processes. A better understanding of the complexity reinforces a shared investment in successful outcomes.
- The collective approach to recruitment and retention has helped to create effective working relationships that will support continued collaboration around recruitment and retention and other shared areas of interest.

Setting priorities, sharing information and managing for results:

- The governance model evolved over the course of the project and could benefit from some changes to better align the participating organizations for improved priority setting, resource allocation and communications for ongoing collaboration.
- The following graphic describes the groups and their inter-relationships and has been partially implemented through this project.
- More experience will help the group to solidify the reporting relationships and client relations activities as required for better function.



3. RECOGNIZING AND MANAGING CHALLENGES

As is frequently the case, the experience of this project differed somewhat from the original proposal and work plan, and the group followed a Quality Improvement (QI) approach that allowed for course-correction throughout the term.

Some of the difference was the result of factors outside the group's control, including the evolution of the provincial A GP for Me Initiative through the first quarter of 2016. Although most Vancouver Island Divisions had used A GP for Me resources to hire local recruitment and retention leads, not all expected to sustain the role after the close of that initiative. Uncertainty about the status of the recruitment lead roles limited what the regional collaborative could feasibly plan past March 2016, and Divisions experienced challenges around capacity as they were consumed with the wrap-up of A GP for Me.

Additional challenges included funding arriving later than expected, which delayed some key work, and it proved impossible for Divisions to access and collect the quantitative data required for completing a thorough evaluation.

Within that context, however, the project participants worked together to build sustainable processes and mechanisms between organizations, which could continue to function even if Divisions could no longer employ individual recruitment leads at the local level. Similarly, the group also recognized that some of the action initially planned for the pilot phase would be better saved for a later date. For instance, the group realized it needed to shift the planned deliverable of developing regional standardized policies and procedures and customized best-practice solutions to a future phase of work.

Similarly, the group discovered that it was too soon to begin meaningful physician engagement at the community level, beyond touches with potential recruits. Rather, emphasis needed to remain on the major cultural shifts required to move to a collaborative regional approach in a typically competitive recruitment environment, and on building new mechanisms and processes within the Divisions and Island Health to support this.

While no direct communications link was made between the regional strategy and community physicians at the local level, the collaborative efforts were discussed at local recruitment and retention working groups and local recruitment leads kept Executive Directors informed who regularly reported to physicians at board of directors meetings across the region.

In keeping with expectations in a QI approach, it took some time for the group's key challenges to reveal themselves, which ultimately drove home the point that the pilot's primary deliverables were around structure and process. Actual recruitment outcomes depended on investing more up-front time in process than anticipated. Once the group realized this, participants paused to take stock of the situation and determine how to alter its plan for better outcomes.

Mid-Point Assessment

In the spring of 2016, participants began to realize the need to focus more on process than outcomes. The steering committee therefore took a step back and conducted a mid-point assessment, beginning with a survey of recruitment leads to gauge their impressions of the initiative thus far, and followed by an analysis of the pilot through the lens of Collective Impact. The group's intention was to arrive at a consensus on the status of the strategy as well as the best steps towards completion. The steering committee also seized the opportunity for professional development for all project participants – Division and Island Health staff, and Division physician leads – to support working as a team.

Upon examination, project participants thought it was too soon at the conclusion of the strategy development phase to quantify the impact of the regional strategy in terms of the number of physicians recruited and/or retained. The group was well positioned, however, to identify the means by which they learned how to work together, and the critical success factors required to shift participants exclusively from a local focus, to a complementary local and collective approach. There are myriad challenges inherent in this shift, which requires careful management and sustained attention.

Developing a Process and Structure for Supporting Culture Change

The main focus of the regional strategy was to find ways to work collectively to streamline family physician recruitment and retention, bringing together the knowledge, skills and practice of nine Divisions and Island Health. How people work together is a primary consideration before deciding what they will do. Culture change is a slow, non-linear process. It is important to understand the strategy as a broad approach to how to work collaboratively, rather than a narrow series of deliverables.

Establishing a culture of collaboration in what is generally a highly competitive context is extremely difficult. Multiple communities need family physicians and there are not enough family medicine recruits to meet the demand. It is not enough to want to work together; it is vital to cement the collective will in structures and processes that enable change and foster collaboration.

Even once participants have defined the new culture and demonstrated their investment in it through consistently aligned behaviour, it will require constant vigilance to sustain participants' progress toward more concrete deliverables. Change management is a fundamental feature of being successful.

The IDCR&RWG gradually embraced the Collective Impact methodology as a way to guide collaboration under the regional strategy.[1] The group's commitment to Collective Impact strengthened over time; perhaps an earlier, more intentional use of the methodology would have been valuable and may have mitigated some of the challenges that the group experienced.

The Collective Impact framework has become increasingly popular in the health care sector, and emphasizes establishing and maintaining focus on such dimensions of change as building relationships and trust among diverse stakeholders, identifying and developing leadership, and creating a culture of learning.

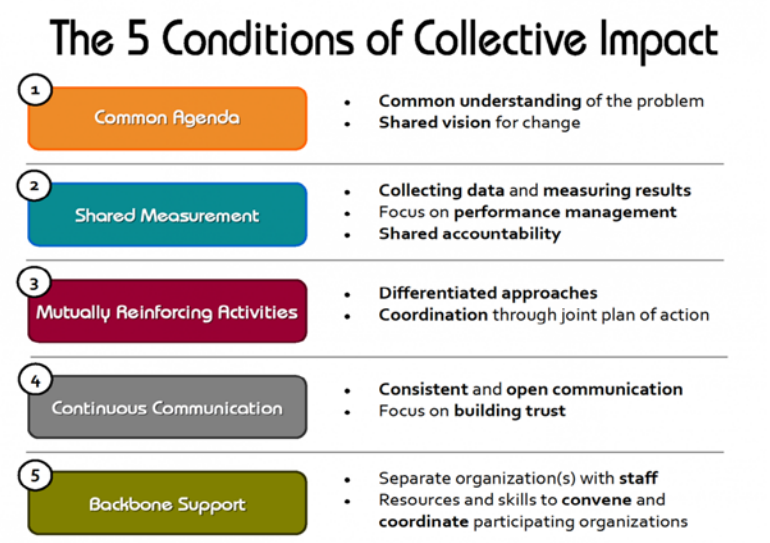
Implementing a Collective Impact framework requires investing in relationships, and establishing a collectively defined, clearly articulated and formally approved structure for the initiative before beginning to implement new practices.

It means continually assessing and, as necessary, adapting the structure as the work evolves. It is vital that all participants are fully and equally invested in achieving the objectives of the strategy.

Participants will openly identify and own all successes as well as failures.

Ideally, participants adopt a quality improvement lens that recognizes all experiences with the strategy as opportunities for learning and further innovation.

[1] Kania, J., & Kramer, M. (2011). Collective Impact (SSIR). Retrieved August 2, 2016, from http://ssir.org/articles/entry/collective_impact



Collective Impact provides a framework for creating a functional initiative based in a culture of collaboration, supported by five conditions: 1. Common agenda, 2. Backbone support, 3. Mutually reinforcing activities, 4. Continuous communication, and 5. Shared system of measurement.

4. LESSONS LEARNED

The lessons learned from bringing partners together across a geographic area to achieve common, but at time competing objectives, are summarized below, through the primary lens of Collective Impact. Participants hope the insights gained will assist others in BC who may wish to attempt this work.

While the guidelines offered here are based on evidence drawn from both literature and practice, they are developed specifically for information and reference by recruitment leads working with Divisions of Family Practice and health authority partners. Recommendations here reflect the Vancouver Island group's experience and may not apply directly in other regions.

- Common Agenda: *All participants share a vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions.*

Project participants should spend time in the early stages of development articulating common objectives and methods to achieve them. They should document consensus in a project charter, and ensure all participants sign to confirm understanding and agreement. The charter should be reviewed at defined intervals, and revised as needed according to the evolution of the strategy. At base, all participants must openly identify and own all the successes as well as the challenges. (See Appendix B – Quality Improvement Project Charter Worksheet)

It is critical to define the scope of the strategy, including how the regional work intersects with and complements local work, and the capacity of each participating organization. Participating organizations should embed the change work within existing core business so that collaboration is not seen as "extra" or burdensome. The governance group should identify a distribution of labour to achieve objectives (i.e., who will do what by when).

The group should identify any differences in interpretation of the core problem(s) to solve, processes to improve, and gaps to close. Developing a clear statement of the desired future state that identifies benefits to be realized through the change effort would support this.

Articulating a common agenda includes designing an appropriate governance structure, which defines the relationships among the various participants, and clarifies methods for sharing information, making decisions and handling disagreements and disputes. Developing the vision and agenda should involve the people who will implement the resulting changes into business processes. It is critical to ensure buy-in at all levels of participation, and to check in frequently to stay in touch with any change in levels of commitment.

Questions to ask:

- Does the group have a common and clear understanding of the overall goal (from the project start)?
- Does the group have a clear and consistent interpretation of the vision?
- Is the commitment to ongoing communications there from all parties?
- Have all participants been fully engaged to the extent required for success?
- Is the group truly committed to the idea of physician best fit, or is each organization operating with the goal of securing a physician for its own community?
- Have project participants all been following through on their commitments?
- Were commitments clearly understood (or reviewed regularly)?
- What are the relationships like between Divisions and non-Division partners?
- Has everyone felt like an equal player at the table?

➢ Backbone Support: *An independent, funded staff dedicated to the initiatives provides ongoing support by guiding the initiative's vision and strategy, supporting aligned activities, establishing shared measurement practices, building public will, advancing policy, and mobilizing resources.*

An important first step is to agree which organization within the joint effort might play the "backbone" role. Participants should clearly define what the scope of the role is and clearly articulate the responsibilities. The backbone structure on Vancouver Island was unusual in that it drew from multiple divisions, sometimes leading to confusion and reducing efficacy.

As early as possible, participants should also develop a clear, documented governance structure and decision-making process. One challenge for the Vancouver Island group was insufficient definition of the IDCR&RWG's governance role, and a general lack of articulation of roles and responsibilities at all levels: steering committee, recruitment leads, Division Executive Directors, physician leads, Island Health partners, coordinators, project manager, and administrative support consultants.

The group should not assume that conflict will either not arise or be dealt with in an ad hoc manner. A conflict resolution process should be determined, documented, and signed-off by project participants at the outset. (See Appendix C – Conflict Resolution Guidelines)

The group should also agree on policies and procedures for:

- Information sharing;
- Communicating local progress and regional impacts;
- Planning regional activities; and
- Sharing time and resources for the collaborative approach (e.g., joint marketing, conference attendance, and advertising).

(See Appendix D – Project Communications Tracking Sheet)

Project-focused HR structures are required to support the strategy. The group should clarify and document who is responsible for governance and operations, respectively. The group should develop a detailed budget for the strategy, specifically identifying what is in and out of scope and how these decisions are made.

The group needs to develop policies for hiring, assessment, and termination. There should be agreement on job descriptions for dedicated, funded staff. In developing these, there should be dialogue and agreement around the type of function these staff resources will perform (i.e., project manager, coordinator, administrative consultant).

For the Vancouver Island regional strategy, an independent project manager and administrative consultant were hired to get the initiative up and running, to take the lead on assigned work, and to manage the coordination of regional activities. The group decided that the Victoria Division of Family Practice would provide administrative leadership. Ideally, this role requires greater definition as it is not limited to simply managing the allocated funds.

While the group had dedicated project resources, it is unclear whether or not these types of resources are required indefinitely, as regional collaboration continues. It remains to be determined the degree to which backbone support can be provided by leveraging local resources. For instance, it is possible that a well-functioning team of local recruitment leads could share or rotate responsibility within an established framework for collaboration (e.g., goals, objectives, procedures and processes).

Questions to ask:

- What does the regional collaborative budget cover? What does it not cover? What is the process for deciding?
- Who adjudicates misunderstandings or disagreements? How is consensus achieved?
- How can or should people (e.g., project manager, recruitment leads, Division Executive Directors, Island Health partners) provide feedback and to whom when there is an issue?
- What is the conflict resolution process?
- What kind of project management does a project like this need? High-level management vs. developing tools with the input of the local recruitment leads? Perhaps the project participants were wrong about what they thought they needed.
- How does the group manage the geographic spread? What are the implications for the project manager (e.g., isolation, distance, travel time and budget impacts)?
- How does the group manage the uncertainty (e.g., sustaining local recruitment leads roles in the context of building a regional strategy)?
- To what degree can the regional strategy be built on the work of local recruitment leads?

➢ Mutually Reinforcing Activities: *A diverse set of stakeholders, typically across sectors, coordinate a set of differentiated activities through a mutually reinforcing plan of action.*

Regional recruitment and retention collaboration requires embracing the tension between working locally and regionally, and participating organization's need to determine how to weave the strategy into their respective core business. Failing to do so increases the risk that participants will see the collaborative strategy as at best secondary and at worst a barrier to their 'real' local work.

The governance group needs to develop a plan for rationalizing and managing critical differences between participating organizations. It is vital for all participants to be aligned in their commitment to the partnership. The governance structure can support this by developing a learning plan or training tools to mitigate resistance and barriers to exploring regional actions.

The group should assess assumptions and expectations about the degree of direct / targeted support each participating organization might get from the central project structure / administration. Some project participants identified a lack of capacity to more fully participate, but acknowledged the benefit of information sharing regardless of their view that the recruitment and retention collaborative was not a meaningful process for them.

Each organization should estimate the time commitment required from their staff members, and establish a process for ongoing assessment and course correction. It is an important part of cultural change to leverage local differences for a positive collective outcome, and to view conflict as a learning opportunity throughout this process.

To that end, the Vancouver Island group strongly recommends conducting readiness assessments of each participating organization, and committing to meaningfully address the results, however complex. Consistent with QI best practices, the group may consider using a template like the one included as Appendix B.

Questions to ask:

- How does the group see the links between local and regional operations? How do they take full advantage of those differences while respecting the areas where shared interests exist?
- How to bring local knowledge / resources to bear on the regional level?
- What interest are physician leads across the Divisions showing?
- How will the group manage hesitation/reticence among some Division leaders?
- What does the group do with conflict?
- What external factors influence performance?

➢ Continuous Communication: *All players engage in frequent and structured open communication to build trust, assure mutual objectives, and create common motivation.*

Projects with a large number of stakeholders operating within tight project schedules often struggle with effective project communications. This is a problem because achieving project objectives relies on having clear and relevant messages consistently going to and from project participants.

The governance group should collaborate to build on the knowledge requirements and communications protocols that all participants bring to the work. The group should have a clearly articulated communications plan at the outset on which all participants sign off. The plan should include:

- Communication goals;
- Strategic context;
- Frequency, timeliness, complexity, and methods of communication;
- Key messages, which are continuously updated;
- Target audiences;
- Communication activities by date and event; and
- Evaluation of progress toward meeting communication goals, including mechanisms for continuously generating and implementing feedback from target audiences.

In a regional collaboration, implementation of the communications plan should consider how communications practices would address the geographic spread among participants. There should be mechanisms to ensure at minimum a two-way flow within the project group (i.e., senders and receivers should have clear respective accountabilities). The relationship between participants at the governance and operations levels should be clear (i.e., what information will they share, how and when), with the objective being to strengthen communication and cohesiveness among players at these levels. Efforts should be made to prevent and attempt to mitigate negative impacts when communications break down.

The plan should say who will share information with whom, when and how. A communications point person(s) should be identified; this may be the project manager. A mechanism for confirming that all participants are receiving and understanding information should be used.

The identified point person should track communications activities consistent with Appendix D - Project Communications Tracking Sheet. This will give the governance group some confidence that a critical project standard is in place and will also help the group to close the loop should any information gaps arise.

The Vancouver Island group experienced some challenges with managing communications across the region, and ensuring that people were getting and digesting the information they required. There were limitations both from the senders and receivers in terms of timely, effective circulation and response, and the group falsely assumed shared / common communications conventions across participating organizations.

The result was that people were not always as informed as they needed to be, whether because they did not receive information or because they did not follow up on information that was provided. Furthermore, no one identified or flagged the communication breakdown until it had become a problem, indicating that there should be mechanisms built-in to the work to seek feedback from all project participants on day-to-day processes in order to make real-time corrections and ensure accountability.

Distance was also an issue as the group preferred to meet in person, but sometimes had to use technology when travel was not an option; remote connections were far less valuable to building relationships and implementing collective action than in-person approaches.

The group's functionality improved when the Division Executive Director and recruitment lead were seen as a dyad, and communication was used in a way that validated that relationship.

Questions to ask:

- What is the best process for two-way communication?
- What are the participants' preferred methods of communication and how will the group continually assess efficacy?

- Shared Measurement System: *All participant organizations agree on the ways success will be measured and reported, with a short list of common indicators identified and used for learning and improvement.*

The group should identify key measures early and evaluate them throughout the initiative. A quality improvement approach should be used with evaluation of both processes and outcomes.

It is important to get the timing right for outcomes evaluation. The group should embed realistic expectations that recognize the slow pace of cultural change, the inherent limitations of the work, and the global context for the identified problem. There should be agreement at the governance level around who is accountable for evaluation and its component parts.

All participants should explore what they consider to be the ultimate success. Participants should define the questions and the focus of evaluation. The group should determine short-, medium- and long-term targets with clear operational plans for addressing different stages.

A system for ongoing feedback and process evaluation should be used in the formative stages of collaboration. A PDSA cycle could be incorporated. These processes could be used to support communication and would highlight differences of opinion that could be managed in the early stages. There should be clear steps defined for responding to evaluation cycles throughout the project. Participants should know how to course-correct during implementation.

Participants' candor should be ensured around their commitment to shared project measurements, goals and objectives. And the group should define how to handle a situation where commitment levels change over time.

It is important to balance measurement alone with the relationship development that comes from working through designing the measurement system's framework and contents.

There should also be some flexibility incorporated to respect the different recruitment and retention goals for participating communities. For example, QI measures of "change" rather than "success" could be considered, and communities should be able to select the number of measures they will track (e.g., some might choose seven, some might choose one).

The Vancouver Island group discovered mid-way through the project that it was more valuable to assess process through a developmental evaluation than to simply measure outcomes. Rather, an outcomes evaluation would be most useful at a later date; for instance, one year after conclusion of the development phase in order to allow the collaborative sufficient time in implementation to produce quantifiable results (i.e., it takes time and preparatory work to get 'boots on the ground'). In addition, the group strongly recommends involving the evaluator in the work from the beginning to understand and observe its formation and action, and then suggest the type and purpose of evaluation measures.

Questions to ask:

- What does each participating organization consider to be the ultimate "success"?
- What is the group's measure of collective success, short of increasing the number of family physicians recruited to the region? This quantifiable target is valid but it is long-term and simplistic. A regional collaborative also needs short- and medium-term targets, as well as process-related targets and targets that take into account the regional/national/global context (i.e., widespread physician workforce shortage, multiple competing recruitment and retention initiatives across BC).

5. CHANGE MANAGEMENT RED FLAGS

As an informative exercise, it is useful to consider some of the Vancouver Island group's challenges in light of identified risks to change management.[2] Collective Impact helps participants adopt a proactive approach to managing change, but there are additional elements that can optimize development of an initiative of this scope and complexity.

1. Not Establishing a Great Enough Sense of Urgency: *Leaders communicate the potential weaknesses and opportunities the change management process is trying to address and achieve. The amount of communication is often underestimated based on past successes, resulting in business-as-usual thinking.*

The Vancouver Island group assumed that the regional shared issues, and the relationship between the regional and local work was clear. In retrospect, participants should have taken more time at the outset to define shared interests, and to reach consensus on what should be considered collaborative project work, local work eligible for collaborative support, and independent but aligned individual local work. These linkages were not sufficiently explored. In addition, the group did not fully document the current gaps or problems that change would seek to address. Taken together, these missteps lessened the urgency required for participants to fully engage and remain engaged throughout the regional project work. Since the urgency of the collaborative work was not well understood or sustained, local matters often ended up taking priority.

2. Not Creating a Powerful Enough Guiding Coalition: *A group with enough power to lead the change effort has to be formed at the start. This group must work together as a team. The leaders must be active supporters of the change process. The coalition begins with senior managers, but often does not have people in the same organizational reporting structure, so operating outside of normal hierarchy can be awkward. Without a strong coalition, change efforts often begin well, but fade as opposition to the change strengthens.*

[2] Kotter, John P., *Leading Change: Why Transformational Efforts Fail*, Harvard Business Review – March: April 1995

This was the first time an IDC working group on Vancouver Island had collaborated on a project of this scope or duration, and the group did not fully consider the governance processes required to manage work of this nature. Conflict arose over the role of the project manager to support regional work versus local efforts. The reporting relationship of project consultants to the guiding coalition required further clarification, particularly when different priorities began to emerge, making it harder for project consultants to get consensus-based direction.

In general, it was difficult for the project manager to lead the change in participating organizations or in the collaborative because she did not always have regular contact with all coalition members.

3. Lacking a Vision: *Successful guiding coalitions create a picture of the future that is easy to communicate and appeals to those who will implement and benefit from the change. The vision clearly signals the direction in which the organization needs to move. The strategy to achieve the vision follows. Often groups move to implement too soon before the vision is well understood and the action plan to achieve it is thoroughly developed.*

The Vancouver Island group agreed to a collective vision, but the vision came relatively late in the process. This was an issue because it was difficult for individual participating organizations to justify resources allocated to collective objectives that might not have been reflected in their own organization's performance metrics. Timing may have been an issue with efforts focused on the A GP For Me initiative through to March 31, 2016, exaggerating the challenge of developing a higher-level vision.

The governance group also struggled with competing priorities, resulting in less than consistent attention and focus on this project. The benefit of incorporating the regional strategy into the core work of participating organizations was either not clear or not consistently supported at the local level across all organizations. A visioning exercise earlier in the process might have helped participants generate a better understanding of the relationship between the local and regional work, and perhaps enabled them to integrate the regional work more seamlessly into their daily schedules and activities.

4. Under Communicating the Vision by a Factor of 10: *Transformation needs the support of a great number of people to be successful. Without regular and credible communication, the hearts and mind of employees and stakeholders are not captured. Leaders should use all available communication channels to inform others about the vision. Then a discussion about how to incorporate change becomes part of everyone's daily work. Leaders must also demonstrate they are supporting change through their actions or it will undermine the effort.*

A vision is only valuable if everyone involved knows what it is and embraces it. The IDCR&RWG has not yet addressed how to communicate the regional vision to the broader staff in participating organizations or the communities they serve. It will be important in subsequent phases to define how leaders ought to "walk the talk" about the regional strategy to expand support and to influence individual efforts.

5. Not Removing Obstacles to a New Vision: *Often invisible barriers (structural and personal) to a new vision block the path, but without openly addressing them, they remain.*

The Local Recruitment Coordinators Working Group formally joined the regional strategy effort in December 2015, yet the IDCR&RWG did not create a formal reporting relationship and communications channel. This made it difficult to confirm if consistent and accurate information about the project was being communicated within participating organizations. A formal conflict resolution process was also not in place because the group believed at the outset that the positive relationships they already shared would suffice if conflict arose. This proved to be a mistake, with response to conflict being ad hoc and not always productive. The result was compromised trust and reduced team efficacy. A matrix management system for projects of this scope could address / prevent these difficulties.

6. Not Systematically Planning For and Creating Short-Term Wins: *Real transformation takes time, and renewal efforts risk losing momentum if there are no short-term goals to meet and celebrate. People need to see results early in a change effort to keep supporting it. Continuous evaluation and analysis of change progress will also be important for clarifying or revising visions along the way.*

The regional collaborative brochure and attendance at two conferences in February 2016 (Nanaimo and Vancouver) were significant events and demonstrated collaboration across the region. More emphasis on these and other incremental wins, and communication about their importance to contribute to the desired change and achieving the vision would have been beneficial to continue the sense of urgency and motivate participants to make progress.

7. Declaring Victory Too Soon: *Leaders may too quickly declare victory and not fully embed change within an organization's corporate culture. Short-term wins give momentum to tackle bigger problems (e.g., systems and structures that are not consistent with the change vision and have never been addressed).*

Due to delays in the arrival of funding, constraints resulting from commitment to other major initiatives (e.g., A GP for Me), and the unanticipated length of time required to develop the necessary infrastructure, processes and mechanisms to support regional collaboration, the group could not begin to focus on achieving deliverables until April 2016. Completing them requires ongoing commitment to the notion of regional collaboration and to sustaining what the first stage of collaboration has built, as well as active engagement and involvement of all participants with implementation.

8. Not Anchoring Change in the Corporate Culture: *Change sticks when it "becomes the way we do things around here". Efforts must be made to show people that the new approaches, behaviors and attitudes have helped to improve performance.*

Ongoing leadership support is critical through the development and implementation phases. Making agreed collaboration methods a part of how individual business is done will help root it in the participating organizations' culture and make it last.

6. SUSTAINABILITY OF REGIONAL COLLABORATION

How will project participants ensure lasting collaboration on regional recruitment and retention following the expiration of project funding?

The group should discuss and confirm mechanisms to guide priority-setting and resource allocation, conflict resolution guidelines, and mechanisms to support diversity of size/capacity, consistent with the Collective Impact framework.

The group also needs to decide who will opt in for ongoing regional collaboration around recruitment and retention and who will opt out. A process for re-entering the collaborative process should be defined to allow for joining in the future.

The group should identify who will take the lead on which backbone elements and how this will be managed and reported. Finally, a budget and how funding will be made available and resource allocation decisions will be made needs to be determined and approved.

These governance elements should be agreed before proceeding with visioning, priority setting and deliverable identification activities get underway.

The project charter, conflict resolution guidelines and communication examples included as appendices will be useful to guide the group in moving forward.

It is important to acknowledge that the benefits of regional collaboration are not limited to recruitment and retention. There are many emerging policy and program areas that would greatly benefit from effective partnerships among Divisions of Family Practice and the regional health authority on Vancouver Island. Examples are: primary and community care (including residential care), seniors, mental health and substance use, health human resources and multidisciplinary teams, and IM/IT strategies.

The working relationships and processes for planning, prioritizing, and completing work developed through the Vancouver Island regional recruitment and retention project will create a solid foundation for collaboration in these areas and more.

Ultimately, the purpose of strategic alignment and coordination is to support the delivery of better patient-centred care and the experience gained here will assist in meeting that goal.

APPENDIX A - Regional Brochure

APPENDIX B - Quality Improvement Project Charter Worksheet

Project Title:	
Team Leader:	Executive Sponsor:
Team Members:	
Name:	Position and Organization or Department:
Who will benefit (Family physicians, patients, clients):	Types of clinical and administrative staff, suppliers, etc. involved:
Problem / Opportunity Statement (what's wrong with present quality?)	
Aim Statement (What are we trying to accomplish? Numerical target for improvement over what time?)	
Measures (How will we know if we are improving? Outcome, process and balancing measures?)	
Change Ideas (What can we try that will result in an improvement?)	
Business Case (Are health system costs reduced by addressing the problem?)	
Link to Strategy (corporate priorities)	
Term of Project (Start and Stop Dates):	Project Budget:
Estimated time required for staff participation:	

APPENDIX C – Conflict Resolution Guidelines

When a team oversteps the mark of healthy difference of opinion, resolving conflict requires respect and patience.

Step 1: Prepare for Resolution

Acknowledge the conflict – The conflict has to be acknowledged before it can be managed and resolved.
Discuss the impact – As a team, discuss the impact the conflict is having on team dynamics and performance.
Agree to a cooperative process – Everyone involved must agree to cooperate to resolve the conflict.
Agree to communicate – The most important thing throughout the resolution process is for everyone to keep communications open so everyone understands where the other person is coming from.

Step 2: Understand the Situation

Clarify positions – Whatever the conflict or disagreement, it's important to clarify people's positions. This can assist to resolve the conflict, as it helps the team see the facts more objectively and with less emotion.
List facts, assumptions and beliefs underlying each position – What does each group or person believe? What do they value? What information are they using as a basis for these beliefs? What decision-making criteria and processes have they employed?
Analyze in smaller groups – Break the team into smaller groups, separating people who are in alliance. In these smaller groups, analyze and dissect each position, and the associated facts, assumptions and beliefs. Which facts and assumptions are true? Which are the more important to the outcome? Is there additional, objective information that needs to be brought into the discussion to clarify points of uncertainly or contention? Is additional analysis or evaluation required?
Convene back as a team – After the group dialogue, each side is likely to be much closer to reaching agreement. The process of uncovering facts and assumptions allows people to step away from their emotional attachments and see the issue more objectively.

Step 3: Reach Agreement

Now that all parties understand the others' positions, the team must decide what decision or course of action to take. With the facts and assumptions considered, it's easier to see the best of action and reach agreement. If further analysis and evaluation is required, agree what needs to be done, by when and by whom, and so plan to reach agreement within a particular timescale. If appropriate, define which decision-making and evaluation tools are to be employed. If such additional work is required, the agreement at this stage is to the approach itself: Make sure the team is committed to work with the outcome of the proposed analysis and evaluation.

Preventing Conflict

As well as being able to handle conflict when it arises, teams need to develop ways of preventing conflict from becoming damaging. Team members can learn skills and behavior to help this. These are key:

- Dealing with conflict immediately – avoid the temptation to ignore it.
- Being open – if people have issues, they need to be expressed immediately and not allowed to fester.
- Practicing clear communication – articulate thoughts and ideas clearly.
- Practicing active listening – paraphrasing, clarifying, questioning.
- Practicing identifying assumptions – asking yourself “why” on a regular basis.
- Not letting conflict get personal – stick to facts and issues, not personalities.
- Focusing on actionable solutions – don’t belabor what can’t be changed.
- Encouraging different points of view – insist on honest dialogue and expressing feelings.
- Not looking for blame – encourage ownership of the problem and solution.
- Demonstrating respect – if the situation escalates, take a break and wait for emotions to subside.
- Keeping team issues within the team – talking outside allows conflict to build, without being dealt with directly.

SOURCE: https://www.mindtools.com/pages/article/newTMM_79.htm Accessed March 7, 2016

APPENDIX D – Project Communications Tracking Sheet

Date	Stakeholder Name, Title	Information Requested	Timing / Frequency	Channel	Owner	Comments
[date]	*[stakeholder name and title]*	*[what is the nature of the information the stakeholder requested]*	*[frequency e.g., weekly, monthly, quarterly]*	*[define the communication channel e.g., email, meeting, presentation, voicemail, status report]*	*[team member responsible for managing the stakeholder relationship]*	