



Canada's Premier Health Leadership
Development Network:

From Concept to Reality

NOVEMBER 2007

TABLE OF CONTENTS

EXECUTIVE SUMMARY3

1.0 CHLNET PROFILE7

1.1. CHLNet Concept Summary..... 7

1.2. CHLNet Core Values and Beliefs 8

1.3. Fundamental Assumptions Underlying CHLNet 8

1.4. CHLNet Goals & Objectives..... 9

1.5. Investment Value 10

2. GOVERNANCE 11

3. FINANCIAL REQUIREMENTS..... 12

APPENDIX A: MARKET RESEARCH & ANALYSIS..... 14

APPENDIX B: CONSULTATION AND OUTREACH 18

THE CANADIAN HEALTH LEADERSHIP NETWORK
CANADA'S PREMIER HEALTH LEADERSHIP DEVELOPMENT NETWORK:
FROM CONCEPT TO REALITY

EXECUTIVE SUMMARY

In a global economy progressively driven by technology, research and innovation, a highly skilled workforce remains the world's most valuable asset. Increasingly, however, data supports that Canadian health care organizations are not investing the resources required to develop transformational leaders – those leaders whose job it will be to navigate nimbly and skilfully a complex health and health care environment.

Recent studies undertaken to quantify the investments of the health sector compared to other Canadian organizations vis-à-vis the professional or leadership development of their employees found that the health sector currently spends 30% less per employee on training and development.

CHLNet PURPOSE

The *Canadian Health Leadership Network* (CHLNet) aims to identify, develop, support and celebrate leaders throughout the leadership continuum and transcending all health professions.

CHLNet – a coalition of emerging and senior leaders with a shared commitment to leadership – looks to address the imminent leadership shortage by focusing on the lifecycle of leadership, specifically leadership development and succession planning for a broad cross-section of the health community in Canada. If we truly believe that people are what make good organizations great, Canadian health organizations must nurture both the leaders of today *and* tomorrow.

The challenge for CHLNet will be to develop a virtual network of centres of health leadership development in support of excellence, while acknowledging Canada's distributive or federated system.

CHLNet CONCEPT

Currently in Canada, there are a number of organizations, institutions or academies (whether public or private) who offer advanced leadership training and development opportunities. CHLNet seeks to bring together these initiatives in order to provide rapid access to an array of leading practices in health leadership development. The goal is not to replicate or subsume existing leadership development strategies, but rather to create a "community of champions" whose common focus is increasing leadership capacity across the country.

Through the confluence of three pillars focused on applied leadership development tools, opportunities for dialogue, and a research agenda focused on leadership development, CHLNet members and stakeholders will have access to the latest research on leadership development in the health sector, including leading practices, an applied health leadership competency framework, and an up-to-date inventory of health leadership development programs or initiatives. CHLNet will deliver these products and services via an interactive and modern web-based portal (eCHLNet). The on-line portal will provide "one-stop shopping" for any organization looking to identify leading practices in leadership development and succession planning. As a virtual network, CHLNet will become the go-to source for health leadership knowledge exchange and dissemination.

Beyond the development of this web-based portal, CHLNet will strive to enhance existing leadership initiatives with a focus on developing a culture of leadership in the Canadian health sector. The Network will bridge connections between emerging and senior health leaders across jurisdictions; will

(co)host an Annual International Health Leadership Summit where a broad cross-section of health system leaders would gather to discuss high priority issues around leadership and leadership development; and will facilitate a virtual dialogue between health leaders with a focus towards practical problem resolution.

In short, CHLNet will provide a health leaders “commons” or meeting space, virtually or otherwise.

ADDING VALUE

To add value to the current Canadian leadership development landscape, CHLNet will:

1. Develop a *community of leadership* building on the current cadre of independent leadership development initiatives and with the addition of a virtual resource centre to facilitate access to leading practices and the latest research in health leadership development.
2. Enable the application and evaluation of measurable, evidence-based leadership behaviours and capabilities through the development of an applied, pan-Canadian health leadership capabilities framework.
3. Undertake to develop health leadership development metrics in order to facilitate an informed discussion on the leadership capacity of health organizations in Canada.
4. Facilitate a “sift-sort-summarize” function of the current array of health leadership development initiatives. Importantly, the evaluation or analysis will be undertaken by CHLNet members for CHLNet members.
5. Strive to promote a culture of leadership development with an aim to increase leadership capacity amongst all members of the health profession.
6. Centrally disseminate leading practices internationally vis-à-vis health leadership development.

There is no other network in Canada which delivers central access to such an array of health leadership development research, tools or dialogue.

GOVERNANCE

The current governance model of CHLNet consists of two Co-Chairs and a Founding Steering Committee.

CHLNet sees this model transitioning (within 12 months) to an Advisory Board composed of individuals from the membership within CHLNet. It is envisaged that CHLNet would have both organizational and individual members. Organizations would include Academic Health Science Centres, Health Care Delivery Organizations, Provincial and Federal Ministries (Deputy Ministers of Health), Post-graduate Institutions (Universities and Colleges with a Health Sciences Focus), National Health Charities, Provincial and National Health Organizations, and Emerging Health Leaders.

FUNDING

The initial three formative years for CHLNet will require start-up capital in the range of \$400,000/year; it is anticipated that this will be accomplished through start-up grants from multiple sources (governments, non-government organizations and possibly the private sector). There will be a three to five year (or longer) transition from dependency on start-up grants toward self-sufficiency as the business model is implemented and membership targets are met. The start-up phase will focus on the development of applied tools and services, delivered via eCHLNet.

CONCLUSION

To summarize, the purpose of CHLNet is *not* to subsume the broad array of existing leadership activities already underway. The model is one of distributive leadership, whereby the goal is to help create a

community of health leadership across the country that enables and supports the adoption of leading practices (i.e. a competency framework) and maximizes economies of scale.

CHLNet values the development of leaders throughout the lifecycle of leadership and through a variety of means, both virtual and otherwise. The concepts and deliverables of CHLNet are germane and applicable to a host of health system stakeholders. CHLNet is *Canada's Premier Health Leadership Development Network*.

Purpose

The purpose of the document *Canada's Premier Health Leadership Development Network: From Concept to Reality* is to articulate the goals and objectives of the Canadian Health Leadership Network (CHLNet), as well as identify the added value the Network will achieve for a broad range of stakeholders, including:

- Academic Health Sciences Centres
- Regional Health Authorities
- Local Health Integration Networks
- Hospitals and other Health Care Delivery Organizations
- Provincial and Federal Health Ministries
- Universities and Colleges
- National Health Organizations
- Canadian Health Charities

In addition to describing goal, objectives and value, this document will also identify the fundamental assumptions upon which CHLNet is based, as well as provide context around the genesis of the Network including market research, analysis, consultation and outreach.

For further information, please refer to the website (www.CHLNet.ca) or contact the CHLNet Secretariat directly (Emily Gruenwoldt, Emily.Gruenwoldt@CMA.ca or 613-731-8610 ext 2123).

1.0 CHLNET PROFILE

1.1. CHLNet Concept Summary

On May 15, 2006, an ad-hoc "coalition of the willing" (health system leaders from across the country) met and resolved to initiate work toward addressing the imminent leadership shortage through the creation of the Canadian Health Leadership Network (CHLNet). Almost one year later, on May 22, 2007, over one hundred emerging and senior health system leaders from across the country gathered in Ottawa to review the progress of CHLNet and provide feedback regarding next steps. Overall, there was broad support for the concept, as well as commitment to the next steps identified by participants.

One initiative in particular was prioritized by participants of the May Summit - this was the development of a Pan-Canadian Health Leadership Capabilities Framework. As a result, in 2007, the Centre for Health Leadership and Research at Royal Roads University was commissioned by the Canadian Health Services Research Foundation (CHSRF) to conduct a qualitative research study to this end.

It is expected that this Capabilities Framework will be a foundational document for CHLNet, underpinning a larger research agenda around health leadership development and leadership behaviours associated with each of the leadership domains and capabilities (an Applied or Practical Health Leadership Capabilities Framework). A complete dissemination strategy will be developed and it is anticipated that local champions of the Applied Capabilities Framework will be identified.

Another priority for members of the May 2007 Summit - as well as stakeholders more broadly – was the development of a central (health) leadership development resource centre. CHLNet envisions this resource centre not to be a bricks and mortar structure, but alternatively, a modern, interactive, web-based portal (eCHLNet) with a focus on leadership development and succession planning (throughout the *life cycle* of leadership) targeting a broad cross-section of the health community in Canada including:

- Academic Health Sciences Centres
- Regional Health Authorities
- Local Health Integration Networks
- Hospitals and other Health Care Delivery Organizations
- Provincial and Federal Health Ministries
- Universities and Colleges
- National Health Organizations
- Canadian Health Charities;

The portal, a cornerstone of CHLNet, will provide organizations and individuals interested in health leadership with rapid access to up to date leadership information and opportunities, leadership development programs and related resources, best practices in leadership and current research findings. Such a portal will also provide a new avenue for dialogue and connection (both virtual and face-to-face) amongst members, organizations and networks focused on leadership and professional development. The portal will provide "one-stop shopping" for any organization looking to identify best practices in leadership development, particularly as it relates to a practical methodology for succession planning. The portal would be a natural home for the Pan-Canadian Health Leadership Capabilities Framework identified above.

Beyond the development of this web-based portal, CHLNet will strive to facilitate face-to-face interactions with stakeholders in an effort to build a dynamic community of leadership. For example, the Network will bridge connections between emerging and senior health system leaders across jurisdictions

by hosting an Annual Assembly of Leaders where a broad cross-section of health system leaders would gather to discuss high priority issues around leadership and leadership development.

To summarize, CHLNet values the development of leaders throughout the lifecycle of leadership and through a variety of means, both virtual and in real time, in real space. The concepts and deliverables of CHLNet are germane and applicable to a host of health system stakeholders. CHLNet is *Canada's Premier Health Leadership Development Network*.

1.2. CHLNet Core Values and Beliefs

The following core values and beliefs guide all activities and decisions of CHLNet:

- **Leadership** Leaders leading successful organizations are critical to the ongoing renewal of the health care system
- **Professionalism** Leaders are competent professionals who exercise sound judgment
- **Excellence** Leaders strive for excellence based on best practice
- **Value based** Leaders lead based on enduring values
- **Collaboration** Leaders collaborate
- **Responsiveness** Leaders respond to change
- **Life long learning** Leaders learn throughout the leadership cycle
- **Succession** Leaders develop competent successors

1.3. Fundamental Assumptions Underlying CHLNet

The success of the Network is based on several fundamental pre-conditions that have widespread support:

- 1.3.1. Those currently in leadership positions in the health and health care sectors are prepared to invest in appropriate and accessible professional development programs;

70% of participants at the May 2007 CHLNet Summit agreed that those currently in leadership positions in the health sector are prepared to invest in appropriate and accessible professional development programs.

- 1.3.2. There is a critical mass of current and former Canadian health leaders who are concerned enough about the future to volunteer time and lend their support to developing a network of leadership nodes across the country;

73% of senior leaders attending the May 2007 Summit agree there is a critical mass of current and former Canadian health leaders who are sufficiently concerned about the future to volunteer time and lend their support to developing a network of leadership nodes across the country.

- 1.3.3. There is a widespread lack of succession planning/development throughout Canada;

93% of all delegates attending the CHLNet Summit support the statement that there is a widespread lack of succession planning / development throughout Canada.

- 1.3.4. There is no network or "market clearing mechanism" to allow for the progression on the "leadership ladder".

72% of senior health system leaders attending the May 2007 CHLNet Summit suggest there is no network or "market clearing mechanism" to allow for progression up the "ladder of leadership".

1.4. CHLNet Goals & Objectives

Broadly speaking, CHLNet seeks to bridge existing leadership development activities in order to facilitate a coordinated and collaborative strategy to advance the effectiveness of initiatives targeted towards Canada's emerging and senior health system leaders.

Goals

The goal of CHLNet is to provide organizations and individuals interested in leadership with access to the following:

- Applied Leadership Development Tools
- Collaborative Dialogue and Networking
- Health Leadership Development Research

Objectives

The objectives of CHLNet are to:

- Create a community of interest (or a network) among individuals and organizations mutually seeking to secure competent and capable leaders to meet the demands of the present and future health care system;
- Espouse a culture of knowledge exchange amongst CHLNet members and other networks or organizations who have undertaken leadership initiatives in order that the wisdom and experience of emerging and senior health system leaders might be disseminated;
- Facilitate a greater organizational commitment to leadership development along the continuum within the health and health care sector;
- To encourage the coordination of research on the subject of leadership and leadership development;
- To create an environment which recognizes and celebrates the success and achievements of our emerging and senior health system leaders; and
- To serve as a forum to position leadership issues within the Pan-Canadian HHR planning process.

Early Priorities

CHLNet prioritizes the development of the following:

- Creation of a research agenda vis-à-vis health leadership development, including the development of metrics to facilitate an informed discussion on leadership capacity in Canada;
- Creation of an electronic, web-based portal, which will provide the platform for knowledge dissemination of leadership development tools, research and dialogue amongst members and stakeholders.
- Development of an inventory of best practices in health leadership development, existing leadership development programs and/or initiatives geared towards health executives, managers and leaders across all levels and institutions/organizations;
- Validation of the National Health Leadership Competency Framework and development of a methodology to enable health and health care organizations to apply the Framework to leadership development initiatives.

- Finalization of the business plan including: identifying sources of both bridge and sustainable funding, and implementing the governance and organizational structure including by-laws and membership model;

1.5. Investment Value

Expected Outputs

It is expected that the Canadian Health Leadership Network will provide/develop:

- A health leadership competency/capability framework;
- An inventory of health leadership development programs;
- A network for leaders and managers to share best practices through special events and programs;
- A linkage to leadership development programs internationally;
- A resource clearing house for case studies in leadership;
- A promotion strategy focused on leadership development and its alignment with a pan-Canadian health human resources strategy;
- Identification of key research questions affecting the development of leaders and managers.

Expected Outcomes

It is expected that the efforts of CHLNet over the next five years will contribute to the following outcomes:

- Improved education for leadership, including curricula aligned with need and a better understanding of the production capacity of education programs;
- Widespread implementation of leadership best practices, including those related to inter-professional leadership;
- Increased opportunity for leadership dialogue and support, to include:
 - secondment opportunities
 - effective transition of executive leaders leaving senior roles
 - increased contact with the international health leadership community
 - a “safe house” for senior leaders
- Increased attractiveness of careers in health leadership;
- Creation and promotion of a health leadership research agenda;
- Well-positioned leadership issues with the Pan Canadian HHR planning process.
 - effective transition of executive leaders leaving senior roles
 - increased contact with the international health leadership community
 - a “safe house” for senior leaders

2. GOVERNANCE

The current governance structure of CHLNet is comprised of two Co-Chairs and a Founding Steering Committee.

CHLNet sees this model transitioning (within 12 months) to an Advisory Board composed of individuals selected from the membership within CHLNet. It is envisaged that CHLNet would have both organizational and individual members. Organizations would include Academic Health Science Centres, Health Care Delivery Organizations, Provincial and Federal Ministries (Deputy Ministers of Health), Post-graduate Institutions (Universities and Colleges with a Health Sciences Focus), National Health Charities, Provincial and National Health Organizations, and Emerging Health Leaders.

Founding Steering Committee

The founding steering committee is comprised of two co-chairs and fourteen members from a variety of health and health care organizations, all of whom have a common interest and concern for the future leadership of the Canadian health system.

Co-Chairs

Elma G. Heidemann, MHA, FCCHSE, FACHE, was the Executive Director of the Canadian Council on Health Services Accreditation (CCHSA) until retiring three years ago, a position which she held for eleven years. Prior to that she held senior positions in health planning and palliative care. She has been chair of the boards of the Ottawa Regional District Health Council, the Ontario Hospital Association, the Canadian Healthcare Association, and the International Society for Quality in Healthcare. She has also held board positions with the national accreditation agencies in France and Ireland. Most recently, Elma has worked as an international consultant for the World Health Organization and the World Bank in the areas of health care accreditation, quality and evaluation. Elma served as a Canadian Patient Safety Institute initiative founding steering committee member representing the CCHSA.

Don Philippon, PhD, CHE has served in several senior roles in Alberta and Saskatchewan in the health systems, Government and University including Deputy Minister of Health in Alberta, Assistant Deputy Minister in both Saskatchewan and Alberta, Vice President with Capital Health, Edmonton and Executive Director of Health Sciences at the University of Alberta. Don is currently a Professor of Strategic Management and Organization at the University of Alberta where he is Special Advisor to the Provost on Health System Relations. He also serves as Special Advisor to the Saskatchewan Academic Health Sciences Network.

Members

- **Don Atkinson**, President, Canadian Society of Physician Executives
- **Lucille Auffrey**, CEO, Canadian Nurses Association
- **Amy Boudreau**, Emerging Health Leaders
- **Glenn Brimacombe**, CEO, Association of Canadian Academic Healthcare Organizations
- **Pamela Fralick**, Chair, Health Action Lobby, and CEO, Canadian Physiotherapy Association
- **John Hylton**, Consultant
- **John King**, Board Member, Canadian College of Health Service Executives
- **Joe Mapa**, President and CEO of Mount Sinai Hospital in Toronto
- **Patricia O'Connor**, Past President, Academy of Canadian Nurse Executives
- **Geoff Rowlands**, Executive Director, BC Health Care Leaders Association
- **Sharon Sholzberg-Gray**, President and CEO, Canadian Healthcare Association

- **Bill Tholl**, Secretary-General and CEO, Canadian Medical Association
- **Michael Villeneuve**, Executive Director, Academy of Canadian Executive Nurses

3. FINANCIAL REQUIREMENTS

Funding to date has been provided by a variety of national and provincial health organizations, combined with support from Health Canada, the CHSRF and the private sector (i.e. The Hay Group).

Year One

It is estimated that the following resources will be required to support the operations of the Canadian Health Leadership Network in its first year of operation:

Salaries	
Network Executive Director	\$90,000
Project + Portal Manager ¹	\$50,000
Rent & Equipment	
Office Space for two employees	\$15,000
Equipment & Supplies (basic office equipment/supplies)	\$20,000
Product Development²	\$100,000
eCHLNet Portal³	
Initial Capital Investment in Technology Platform	\$50,000
Meeting Expenses	
Advisory Board Meetings ⁴ (2)	\$24,000
Meetings & Travel Allowance for ED ⁵	\$42,000
Annual CHLNet Symposium ⁶	<u>(\$100,000)</u>
Total	\$391,000*

* **Note:** As the Annual CHLNet Symposium may (at minimum) be subsidized through corporate sponsorship and registration fees, it has not been included in the calculation of required “core funding”. As such, and assuming activities of the Network are financed through core funding, financial requirements (core funding) of CHLNet in the capacity of a non-profit corporation, for the first year of operation is estimated to be \$391,000.

Year Two and Beyond

It is estimated that the following resources will be required to support the operations of the Canadian Health Leadership Network in its second and subsequent years of operation:

Salaries

¹ One employee who will spend 50% of time dedicated to portal development, and 50% dedicated to other Network project work.

² Product Development Fund is earmarked for capacity building projects which includes the development of the products and services offered by CHLNet which are not otherwise funded externally. For example, the development of an inventory of leadership programs and initiatives currently offered.

³ eCHLNet will design a “best in class” portal to enable knowledge transfer/dissemination to a broad community of stakeholders. The \$100,000 identified in the budget reflects the start up costs associated with developing the virtual resource centre. Ongoing costs have yet to be determined.

⁴ Assuming eight advisory board members from across the country, each spending approximately \$1,000 in travel to Toronto and \$300 in accommodation for one night’s stay; \$200 in miscellaneous (meals, taxis, etc.) expenses.

⁵ Assuming travel within Canada at a cost of \$3500 per trip (two night stay, including conference registration fees), once per month.

⁶ Assuming 100 participants, hosted in a downtown Toronto location, with five Canadian Speakers and two international speakers.

Network Executive Director	\$90,000
Portal Manager	\$60,000
Project Manager	\$50,000
Rent & Equipment	
Office Space for two employees	\$15,000
Equipment & Supplies (basic office equipment/supplies)	\$10,000
Product Development⁷	\$100,000
Meeting Expenses	
Advisory Board Meetings ⁸ (2)	\$24,000
Meetings & Travel Allowance for ED ⁹	\$42,000
Annual CHLNet Symposium ¹⁰	<u>(\$100,000)</u>
Total	\$391,000*

* **Note:** As the Annual CHLNet Symposium may (at minimum) be subsidized through corporate sponsorship and registration fees, it has not been included in the calculation of required “core funding”.

⁷ Product Development Fund is earmarked for capacity building projects which includes the development of the products and services offered by CHLNet which are not otherwise funded externally. For example, the development of an inventory of leadership programs and initiatives currently offered.

⁸ Assuming eight advisory board members from across the country, each spending approximately \$1,000 in travel to Toronto and \$300 in accommodation for one night’s stay; \$200 in miscellaneous (meals, taxis, etc.) expenses.

⁹ Assuming travel within Canada at a cost of \$3500 per trip (two night stay, including conference registration fees), once per month.

¹⁰ Assuming 100 participants, hosted in a downtown Toronto location, with five Canadian Speakers and two international speakers.

APPENDIX A: MARKET RESEARCH & ANALYSIS

A.1. Network Learning and Development Outlook 2007

This spring, the Conference Board of Canada (CBoC) released *Learning and Development Outlook 2007*. The report – based on survey results from the Summer of 2006 – sheds light on workplace-related training, learning and development in Canadian organizations. Research shows that the health care community commits substantially fewer resources to the development of their employees compared to other sectors. On average, Canadian organizations spend \$852 per employee or 1.80% of their payroll. Canadian health care organizations however, commit \$547 per employee or 1.27% of payroll. The CBoC research also showed a similar pattern in the United States.

Based on the results of the survey, CHLNet contracted the CBoC to do a more in-depth analysis. Together, CHLNet and CBoC developed a survey based on an established questionnaire which was circulated to over 500 Canadian health care organizations.

A number of key findings resulted:

- A.1.1 Health Care Organizations are unable to detail their employee development practices; in general, employers do not track their commitments (whether financial or time) to employee development. In an environment which highly values benchmark and indicator tools, it is widely understood that “what gets measured, gets done”. Therefore, given the lack of data available, the results of the CBoC report *Learning and Development 2007* should come as no surprise.
- A.1.2 Health Care Organizations are far more likely to employ external training functions compared to other sectors. In fact, while 65% of health care organizations report decentralized training, 67% of other Canadian organizations claim to conduct workplace-related training, learning and development onsite, as an internal centralized function. More broadly, 78% of health organizations surveyed report that they spend less on leadership development programs than other sectors.
- A.1.3 Almost 60% of learning occurs informally in Canadian health organizations compared to just over 40% in other sectors. Informal learning is less resource intensive, and as reported in the survey, is supported by 67% of health care organizations.
- A.1.4 Health care organizations offer fewer opportunities with regards to formal mentoring and coaching programs. While 39% of Canadian organizations offer formal mentoring programs, and another 36% offer coaching, only 28% and 16% of health organizations respectively offer the same opportunities.
- A.1.5 Less than half of all health organizations offer enhanced learning opportunities to those employees identified to have “high potential”.
- A.1.6 Only 16% of health care organizations report effective leadership development practices to prepare leaders to lead in today’s complex environment compared with one quarter of Canadian organizations in other sectors.

The final report can be found on the CHLNet website, www.chlnet.ca

A.2. The Pan-Canadian Health Leadership Capabilities Framework Project

In 2007, the Centre for Health Leadership and Research at Royal Roads University was commissioned by the Canadian Health Services Research Foundation (CHSRF) to conduct a qualitative research study into the potential content and expression of a Pan-Canadian health leadership capabilities framework.

The main messages of the final report entitled The Pan-Canadian Health Leadership Capabilities Framework Project: A collaborative research initiative to develop a leadership competency framework for healthcare in Canada included:

- A.2.1 Leaders are seeking connections across organizations and provinces; amongst individuals and agendas. Traditional competency frameworks unique to each organization do not necessarily recognize the interdependence of various organizations in a system; nor are competencies themselves within a competency framework conceived as interdependent qualities.
- A.2.2 There is a need for strong leadership if the Canadian health system is to be sustainable and to support the health needs of Canadians into the future. A key element of creating strong leadership is defining what is meant by “leadership”.
- A.2.3 Developing stronger leadership is not the same as developing stronger management. Stronger leadership is required because of the complexity of the current health systems environment, and concomitant demands for leaders to respond to rapidly changing environments and create change.
- A.2.4 Exceptional health system leadership is defined in terms of capabilities. (Leadership) capability best describes individual abilities required in unpredictable, complex and dynamic context in which leadership is required.
- A.2.5 Developing stronger leadership is a function of achieving three goals: (1) to articulate a common framework that defines what modern leadership is in a complex health system; i.e., a ‘common language’ for individuals across organizational boundaries, or professions; (2) to engage all Canadian health organizations in a concentrated effort at developing leadership, including: the creation of learning opportunities for people and organizations, implementing succession planning and performance management; and coalescing resources for leadership development and recruitment; and (3) to develop more leaders with these capabilities.
- A.2.6 Existing competency frameworks in their respective organizations do not capture the essence of the ‘modern’ leadership required to deal with substantive health systems change. A new framework should stimulate collaboration across the health system on succession planning, performance management and recruitment, and leadership development.

It is expected that this Capabilities Framework will be a foundational document for CHLNet. A complete dissemination strategy will be developed for the Framework, and it is expected that a number of further research initiatives will develop as the result of the need to articulate the leadership behaviours associated with each of the leadership domains and capabilities.

The Pan-Canadian Health Leadership Capabilities Framework will soon be available online at www.royalroads.ca, www.chsrf.ca and www.chlnet.ca

A.3. Other Market Rationale

A.3.1 Alignment with Pan-Canadian HHR Plan:

The Framework for Collaborative F/P/T Health Human Resources Planning document places high priority on health care renewal and identifies key strategies that need to be addressed. There is a considerable body of research and best practices that has demonstrated that all of

these strategies are highly dependent on the quality of leadership in the Canadian health care system.

A.3.2 Recruitment and retention:

It is becoming increasingly difficult to attract and retain a range of highly qualified personnel in senior leadership positions in the Canadian health sector. For example, the medium tenure rate for Health Deputies in Canada is now just 1.9 years. As well, the Presidents and CEOs from Canada's Teaching Hospitals and Academic Health Regions have experienced a 10% annual turnover over the past five years. Casual empiricism suggests that, while tenure rates are longer elsewhere in the system, they too are coming down. Demographics and the mobility of human capital dictate that the competition for leaders and managers in the health sector will only intensify. There is a significant pull factor from other sectors, as health is increasingly perceived as a difficult, lonely and unrewarding place for leaders.

A.3.3 Scope of Responsibility:

With the regionalization of Canada's health system (most recently in Ontario), leaders and managers are increasingly required to have a "wide" system perspective and "deep" strategic planning/issue management skill set. This is the same scenario that led to the creation of the NHS Leadership Centre in the United Kingdom (UK) in 2001.

It is estimated that the health sector employs over one million providers, including 98,000 leaders, managers and consultants, and 18,000 senior leaders at an executive level. It could be argued that we should be investing in excess of \$1 billion on professional development programs.

A.3.4 The experience of other countries:

The basic concept behind CHLNet is derived from the recent experience in the United the National Health Service (NHS) creating the NHS Center for Leadership in 2001 (which is now part of the "Institute for Innovation and Improvement") and from the National Centre for Health Leadership in the USA.

The NHS organization has the mandate to create the in-house capacity to develop management and leadership capabilities for the health system of England and the over 1.3 million people employed in the NHS (England). The NCHL model was to create a self-sustaining funding model within 5 years and to link existing efforts in leadership development in health care through a series of collaborative efforts run by the national center.

A.3.5 Lessons from Other Sectors:

In the private sector, companies such as GE, Motorola and Disney in the United States or Canadian Banks such as TD Trust and Bank of Montreal also have in-house leadership or professional development programs, often to the extent of being larger and better equivalents to the teaching activities of large universities. Currently, best practices tend to suggest that between 1.0% and 1.5% of total operating revenues are re-invested in professional development programs and that the best programs are the ones that are custom designed to the sector an organisation operates on.

A.3.6 Existing Leadership Development:

Given current realities with recruitment and retention and with the increasing complexity of leadership and managerial positions, a number of Canadian national health organizations, regional health authorities and institutions have over the last two to ten years developed a range of local leadership development initiatives (i.e. Leadership Academies which partner Academic Health Science Centres with local University Business Schools to offer leadership development modules).

While the clear strength of such an approach is high level of understanding of and relevance to the end user community, the obvious disadvantages are 1) the unsustainably high cost of development and maintenance of excellent programming, 2) the opportunity costs created by the lack of coordination, the poor cross-leveraging and the duplication of effort as well as 3) the low degree of inter-professional training and lack of common language between different professions and organizations in an increasingly inter-related health world. This is not an issue encountered by the NHS Leadership Centre in the UK as the centralized nature of the health care system there naturally leads to the centralized coordination of efforts. In Canada, there is currently no mechanism in place that serves to effectively link them all initiatives within a Pan-Canadian Network model.

As well there is a concern that there is very limited choice of true Canadian health sector focused leadership development programs that health care leaders of all ages and experience can enroll in. The current consensus is that the applicability of non-Canadian and non-health know-how to the needs of Canadian health leaders is problematic, yet an insufficient pool of Canadian health expertise exists forcing people to look for the next best alternative.

APPENDIX B: CONSULTATION AND OUTREACH

B.1. Health Leadership in Canada – Blue Sky Meeting

On May 15, 2006, over thirty health system stakeholders gathered in Ottawa to discuss a possible health leadership crisis in Canada, and as such, to discuss the merits of a national, coordinated and integrated approach to health leadership development. A key focus for the meeting was the concept of *Canadian Collaborating Centres for Health Leadership* (what would later become CHLNet).

The discussion on Canada's leadership development challenge was supported by two presentations, one on the National Health Service Leadership Centre (NHSLC) and another on the Health Care Leaders' Association of British Columbia (HCLABC).

Following discussion, participants were comfortable with the initial underlying principles behind the network concept, the collaborative nature and the "leadership without ownership" approach to the initiative patterned after the patient safety initiative which gave rise to the CPSI.

It was agreed that a fall symposium would afford the initiative profile, momentum and champions. The full report of the Blue Sky meeting can be found on the CHLNet website, www.chlnet.ca

B.2. CHLNet Stakeholder Symposium

On November 20, 2006, a larger group of health system stakeholders gathered to share information, and in particular, learn through the international experience of invited international guests (John Clark, National Health Service, Institute for Innovation and Improvement; Dr. Ronald Heifetz, Harvard University, Centre for Public Leadership; Dennis Redding, Woodruff Leadership Academy, Founder and Academic Director; Janice Stein, University of Toronto, Munck Centre for International Studies).

The discussion which ensued led to the following conclusions:

- The project would need a clear, concise, convincing and credible platform;
- Sufficient start up financing would be required in order to allow for sufficient analysis of the current Canadian leadership development context;
- A strong work plan and business plan would be required in the short term.

Focus groups which followed the international speakers' presentations debated issues of concept definition, funding vehicles, and gaps in leadership development activities and/or resources. A detailed report of these discussions can be found at www.chlnet.ca .

B.3. Canadian Health Leadership Network Summit

On May 22, 2007, approximately 100 health system leaders from across the country gathered in Ottawa to participate in the CHLNet Summit. The Summit provided an opportunity to review recent initiatives and provide feedback regarding next steps. On several opportunities, participants were asked to respond electronically to a series of questions regarding the state of leadership today as well as other contextual questions regarding workplace-related learning, training and development. The results of the direct votes substantiated the findings of the Conference Board (above).

The following feedback was recorded:

- B.3.1 22% of respondents report that their organization is “not at all” effective when it comes to preparing leaders to lead in today’s complex environment.
- B.3.2 96% of CHL Net Summit participants are expected to systematically grow their own personal leadership and management skills to varying degrees.
- B.3.3 One quarter of participants and other managers use no formal competency framework to guide leadership and management actions.
- B.3.4 29% of respondents say they are not at all satisfied with how well their organization’s competency framework describes leadership and management expectations for themselves or others.
- B.3.5 93% of those asked agree there is widespread lack of succession planning/development (in healthcare) throughout Canada.
- B.3.6 70% of participants agree that current senior health leaders do not have a reliable method to “sift, sort and grade” currently available management and leadership programs and are prepared to invest in this service.
- B.3.7 Three quarters of participants agreed that there is a critical mass of current and former Canadian health leaders who are concerned enough about the future to volunteer time and lend their support to developing a network of leadership nodes across the country.

The survey of participants of the CHLNet summit also agreed that there is currently no mechanism or structure to effectively link the different leadership development initiatives that are underway across the country (94%). As such, it was anticipated that a pan-Canadian health leadership network would receive strong support from National Health Organizations, and to a lesser extent, from health delivery organizations.

B.4. National Health Leadership Conference

In June 2007, CHLNet presented before the National Health Leadership Conference in order to share the progress of the Network to date, and to solicit feedback from delegates concerning the business plan in particular. Panelists included Don Philippon and Elma Heidemann (Co-Chairs, CHLNet), Bill Tholl (CEO, Canadian Medical Association), Graham Dickson (Royal Roads University), Emily Gruenwoldt (Association of Canadian Academic Healthcare Organizations), and Chuck Rowe (Healthcare Leaders Association of British Columbia).

Beyond the business case, the results of stakeholder surveys on leadership development issues and developments underway to increase leadership capacity were also discussed.

B.5. International Consultation (Netherlands, September 2007)

CHLNet was placed on the agenda of a two day meeting in the Hague, between Canada and the Netherlands. Having just introduced major system wide reforms, the Dutch were very interested in the concept of CHLNet as their leadership activities were presently identified with individual institutions. The CHLNet concept was well received and sparked a lively discussion both as part of the joint meeting and in informal discussions amongst the delegates from Canada (Deputy Ministers, CEOs of Regional Health Authorities, etc.)

B.6. Other Consultation and Outreach

The following consultations have also taken place:

- B.6.1 Health Canada: CHLNet co-chairs and members of the Steering Committee have met with the Deputy Minister of Health (Federal) and the Director General to elucidate the CHLNet vision and mission, as well as the goals (both short and long term) of the Network. Feedback from the Deputy Minister and Director General suggest that it is important for CHLNet to garner the support of the provinces, as well as that of major Regional Health Authorities across the country in order to move the issue forward on the national agenda.
- B.6.2 Provincial Deputy Ministers of Health: CHLNet has sent correspondence to the Deputy Ministers of Health at the Provincial Level, asking for their (financial) support to ensure a sustainable financial foundation for the Network. Follow up meetings are being arranged with some Deputy Ministers to identify how CHLNet can best address the leadership issues as seen from their perspective.
- B.6.3 Provincial Leadership Initiatives: Major leadership initiatives are underway in British Columbia, Alberta and Ontario. Meetings are being arranged with representatives to ensure a value added role exists for CHLNet.
- B.6.4 Community for Excellence in Health Governance: CHLNet has an established relationship with the CEHG and will continue to share information between initiatives in order to keep both groups informed of next steps.