



Divisions Learning Session EVENT SUMMARY



OVERVIEW

On March 4 – 5, 2019, the General Practice Services Committee (GPSC) hosted the inaugural Divisions Learning Session in Vancouver. The purpose of this two-day division-led provincial event was to bring together Divisions of Family Practice physician leaders and Executive Directors to further develop skills and confidence in ongoing work with partners, promote and improve leader wellness, and foster a collective voice for divisions. The event acknowledged and celebrated the 10th anniversary of Divisions of Family Practice.

The event agenda was developed through division participation in focus group calls and a validation survey, centering on the theme “Local Diversity, Shared Vision.” Input from divisions resulted in a unique agenda that featured plenary sessions with concurrent small group presentations and interactive sessions, including “deep dives”, hands-on workshops, skill-building sessions, facilitated discussions and informal networking opportunities. The event featured both division presenters and external content experts. Booth displays and storyboards showcased local divisions’ work, as well as services, tools, and other resources for divisions. Supporting individual physicians by showcasing practice support and wellness resources was also a focus at the event. A “Shout Out” board provided space for attendees to recognize exceptional colleagues from other divisions who have been particularly helpful or who have achieved great successes over the years. The “Open Space” board provided attendees the opportunity to post ideas and suggestions of hot topics about which they could host conversations with their colleagues.



WHO ATTENDED?

More than **180** division physicians, Board members, Executive Directors, and other division staff from across BC attended the Divisions Learning Session, as well as GPSC members and staff. Attendees included:



Representatives of **35** Divisions of Family Practice from across the province

85 physician leaders



54 division staff and board members, the majority of whom were Executive Directors



WHAT WERE THE KEY THEMES?

Articulating a collective voice

The need to find and articulate a collective divisions voice, while preserving local divisions’ autonomy, was a clear priority for event participants. The program structure aimed to support the development of this voice—for example, through the closing panel presentation on Day 1 (“Stronger Collective Understanding”) led by Drs Brenda Hefford and Adam Thompson, and through the provision of “open space” for division-led dialogue on hot topics and facilitated regional dialogues at the close of Day 2. Dialogue on this topic identified some possible elements of a collective voice – for example, defining a common organizational culture that could include transparency, consistency, equity of opportunity to participate in decision-making, and valuing and promoting the role of family physicians. However, sessions highlighted that significant work will be needed to articulate a clear set of collective values, priorities, and key messages (or “asks”) for health authority partners as well as the GPSC and the Ministry of Health to support divisions’ local work.



“The collective voice conversation still needs a lot of work. How do we put this into practice and have it be true to our unique perspectives and realities?”

Health authority partnerships

In celebration of the 10th anniversary of Divisions of Family Practice, divisions were asked to reflect on their most valued moment to date. A theme across submissions, and echoed through dialogue at the event, was how far the divisions’ relationships with health authorities have evolved. In general, relationships with local health authority representatives are well-established and positive. However, Primary Care Network (PCN) work requires divisions to converse effectively at a higher point in the health authority chain

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of command in order to ensure that community and physician voices are heard in the broader primary care system transformation. This is particularly important given that some aspects of this transformation may require fundamental shifts in GP business practices (e.g. employment of unionized health authority staff). Several sessions, including the opening panel “Divisions and the Primary Care Landscape” (involving GPSC representatives from the Ministry of Health and Doctors of BC) and presentations on change management and partnerships, focused on how different approaches, skills, and tools are required for these new conversations.

Learning from each other’s journeys

Participants valued the opportunity to learn from other divisions’ journeys. On Day 1, attendees were assigned to tables to promote new connections and cross-pollination of ideas. Panel discussions and multi-division presentations included sessions on the experiences of Wave 1 and Wave 2 PCN divisions, engaging Indigenous communities, high-functioning partnerships, member engagement, and physician leader wellness.



“Connecting with colleagues and hearing their journey, struggle, and successes was helpful, especially from outside the region.”





WHAT WERE THE HIGHLIGHTS?

Event participants were energized by sharing experiences, exchanging ideas and collective problem-solving with their division peers. Participants very much value and recognize the need for partnerships and collaboration with health authorities and other partners, and also appreciate the opportunity for provincial dialogue among division peers in a safe, division-focused space. Questions and dialogue reflected participants' experiences around implementation of PCNs, particularly navigating relationships with partners and potential strategies for having effective conversations in the context of institutional power imbalances.

"This is the best session I have attended in four and a half years. I think that it was most valuable because it was just Division EDs and Physician Leads."



"[A highlight was] the interaction between divisions and the frank discussion about our challenges."

According to the evaluation, stand-out elements of the event program were sessions that provided concrete guidance for understanding and navigating relationships needed to plan and implement primary care system transformation.

Two related sessions in particular were highlighted in the event evaluation. The keynote address "High-functioning Networks," delivered by Ronald Lindstrom, PhD, provided a foundation for thinking about divisions' work in the context of network theory. Dr Lindstrom discussed how network theory can be applied to



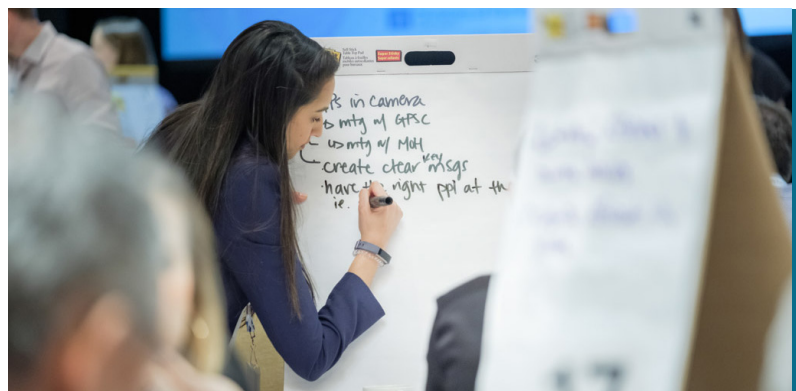
transform the power relationships in primary care, and in particular, to address challenges of power imbalances between actors in the network.

After providing a brief introduction to the concept and types of networks, Dr Lindstrom presented different models for network governance, leadership, and management. He then went on to identify some of the common problems that arise from paradoxes within networks, and suggested some strategies to deal with these. Finally, he discussed how networks evolve, and why network evaluation is important. Key concepts were brought to life through brief vignettes presented by leaders from a variety of divisions. The academic-style presentation resonated for many division leaders as an “anchor” for their PCN and patient medical home (PMH) work:



“It was great to hear how theory supports our current work, networking family physicians through patient medical home.”

“I found the theoretical discussion on Effective Networks the most fascinating topic and the session that actually clarified the “paradox” of networks. Fantastic!”





Divisions of Family Practice

A GPSC initiative

Following Dr Lindstrom’s address, Adam King presented on the topic of “Effective Conversations: How to Move Your Ideas Forward.” Mr King’s presentation focused on the use of behavioural economics concepts to drive system change, and in particular, how to understand conflict through this lens to move your ideas forward more effectively. The presentation was valued for providing some very concrete and practical tools divisions can use to optimize outcomes in their conversations with partners:



“Bringing the social psychology and behavioural economics lenses to health care negotiations was enlightening.”

“It was valuable to have skills-based learning from someone outside the divisions or health authority. Hands-on tools to use were a big hit.”



Event participants valued the structured opportunities for division-led dialogue around issues that emerged during the event. “Open Space” featured self-organizing sessions during which participants identified and discussed seven hot topics. During “Regional Dialogues” participants came together with colleagues within their region to identify and discuss region-specific focus areas and actions to be undertaken following the event.



“The open space part was good, as it was non-scripted and filled some gaps which hadn’t been met by the agenda. The local division grouping at the end was also good, to decide on regional next steps”



WHAT COULD HAVE BEEN IMPROVED?

While event participants appreciated the idea of a GPSC panel—including representatives from the Ministry of Health—to speak to the shifting landscape of primary care in BC, the evaluation revealed a sense of missed opportunity for the GPSC (and the Ministry of Health in particular) to meaningfully address some of the most pressing issues and questions divisions have about the immediate future of the primary care landscape in BC.

Event participants also noted that some elements of the planning process could be improved. For example, it was noted that the landscape is shifting so quickly that agenda planning that began six months before an event may not resonate by the time the event comes around. Opportunities to provide feedback on the agenda closer to the event date would be welcome, as would longer turnaround times for providing feedback.

“It came across like GPSC was avoiding the real topics.”



“Half the time [for the panel] should have been allowed for questions from the floor. It felt like the panel was being protected. Trust us that we would be respectful and open to answers.”



WHERE TO FROM HERE?

The Divisions Learning Session reinforced that working to identify, develop, and articulate a **collective voice** to help bridge cultural divides between divisions and their partners must be a priority, as well as ensuring consistent messaging at higher levels of decision-making. The Community Partnership and Integration (CPI) team will continue to support divisions to find and articulate their collective voice, and will provide constructive venues for this voice to be heard and honoured. This includes working to develop key messages about division and physician identity and values related to the PCN work. Development of a process for this work is underway following the Divisions Learning Session.

The CPI team are also very pleased that following the event, they have been approached by several divisions whose leadership was inspired and motivated to move on action items that arose from the event, most notably the **open space sessions** and **regional dialogue** at the close of Day 2. CPI will continue to support divisions to take leadership on the issues that are important to them. This includes facilitating dialogue around a number of PCN-related issues, such as dialogue between “future wave” PCN communities, building rural PCNs, breaking down barriers to inter-professional collaboration, technology integration into PCNs, and including social determinants of health in PCN planning.

Finally, we recognize the critical role that division-only learning events such as this play in fostering shared learning, knowledge exchange, and inter-divisional collaboration, and we intend to host another Divisions Learning Event in spring 2020.



Divisions Learning Session 2019

RESOURCES

For pictures from the Learning Session please visit our [photo galley](#)

For resources and presentations from the Divisions Learning Session please click the individual links below

- **Divisions of Family Practice 10 Year Anniversary Experiences** – Video
- **Engaging Indigenous Communities – Chilliwack Division of Family Practice** – Presentation
- **Engaging Indigenous Communities – Comox Valley Division of Family Practice** – Presentation
- **Stronger Collective Understanding** – Presentation
- **Stronger Collective Understanding** – Infographic
- **Keynote: High-Functioning Networks** – Presentation
- **Keynote: High-Functioning Networks – Part 1 Key Network Concepts** – Audio Recording
- **Keynote: High-Functioning Networks – Part 2 Examples of Network Types** – Audio Recording
- **Keynote: High-Functioning Networks – Part 3 Network Governance, Leadership & Management** – Audio Recording
- **Keynote: High-Functioning Networks – Part 4 Network Evolution** – Audio Recording
- **Keynote: High-Functioning Networks – Part 5 Network Evaluation** – Audio Recording
- **Effective Conversations: How to Move Your Ideas Forward** – Presentation
(login to the resource catalogue required)
- **Conflict Management Styles Assessment** – Handout *(login to the resource catalogue required)*
- **Engaging Members: Bringing the Physician Voice Forward** – Presentation
- **Division-led Strategies for Promoting Leader Wellness – Kootenay Boundary Division of Family Practice** – Presentation
- **Division-led Strategies for Promoting Leader Wellness** – Survey
- **Division-led Strategies for Promoting Leader Wellness – North Shore Division of Family Practice** – Presentation

Divisions Learning Session 2019

RESOURCES

SESSION NOTES

Open Space Sessions:

- **Building Rural PCN**
- **Breaking Down Barriers to Inter-professional Collaboration**
- **Definition of Full Service Family Practice**
- **Enabling Social Determinants of Health in PCN**
- **How to do PCN Work and Not be a PCN Community**
- **Key Messages for Our Identity and Values Related to PCN Work**
- **Technology and Integration into a PCN**
- **Regional Dialogue Summarize Learnings**
- **Stronger Collective Understanding**

Collective Solution Finding:

- **Capacity Challenges in Full Service Family Practice which Requires Tangible Support**
- **Integrating Human Resources Within a Private Family Practice Setting**
- **Mechanisms to Build a Common Understanding and Find Joint Solutions**
- **Organizational Culture Differences and Managing Communication Variations**
- **Strengthening Local Autonomy While Maintaining Collaborative Partnerships**
- **Supporting Local Partnerships with Communication**