

## **Getting Started: Things to Consider in Exploring Changes to Divisions of Family Practice Governance**

The following outline is provided as a guide to help you begin or advance the conversations and process in your Division as you move towards implementing board changes and continue to advance and improve your governance practice in service of enhancing primary care. It is important to use this opportunity to have a fulsome discourse with respect to the Division governance changes.

### **Why are we making these changes?**

- Comply with the new Societies Act
- Governance in all contexts evolves
- Stewardship and accountability of resources
- Ensure Fair Process

### **What opportunities arise due to the changes in the Societies Act?**

- Three board views- Hindsight...Oversight ...Foresight! To reflect back and look ahead
- Great opportunity to pause and reflect- How has our board structure and complement served us to date in our mission and mandate?
- Ensure alignment of our governance structure and the areas focus/business we are in *or heading into*.
- Board renewal and increase board diversity – new energy, ideas, perspectives- innovation
- Enhance the value creation of our Division

### **Three Board Composition Options “Organizing for Performance”**

Goal: A well thought through choice that best enables the Division to continue to enhance and improve primary care in our community and create the supports to introduce new ways of delivering high quality primary care.

### **Key Considerations in choosing a new Board Configuration**

What other considerations roll out of each of these 3 sample structures that comply with Section 41?

Which option is optimal for our Division and community? Why? Should we take a different approach that meets our local needs?

Does our choice in any way influence or impact our offerings (constrain or enhance?)

What excites us about this new structure?

What concerns do we have for this new structure? (Increase board diversity, decrease physician voice, discomfort with change in general) Are there ways we can mitigate these concerns?

### **Key areas for reflection as you adapt board structure and membership**

- Why does the Division exist? (Purpose, Mission, Values)
- What “business” are we in? What new areas of service/projects or “business” are we heading into? Should these changes influence our board structure or board membership? What impact should new projects or strategic directions have on our governance structure?
- What skills and expertise do we need to add value in our community and fulfill our mandate and mission? Do we need these skills and expertise at the Board and/or operational level in the organization?

### **Assessing, discussing and managing changes to Board compliment and diversity:**

- Remember that change can be hard for some people.
- Opening/expanding the governance environment to new people and new perspectives brings both opportunity and risk (e.g. Allied Professions, People with Lived Experience, Specialists, Residents, Retired Physicians)
- Role of board chair or whomever leads the process for discussion- avoid anchoring with your own ideas, use the images of the governance contexts and options for new board configurations, take time to let people gather their ideas before asking for feedback

## Key Areas For Discussion

You may already have well-established practices and policies in these areas. Do any of these structures/processes need to be enhanced or changed as you diversify or change your board structure or membership?

**Structure and Strategy-** Where are we headed? How do we create value as a Division in our community? What “business” are we in or are we heading into? What “new or different kinds of projects”

Therefore what are the resources and capabilities we need on the board, at the staff/operational level or both?

How will the Division sponsor, partner in or support the development of new models of care (Team Based Care, Patient Medical Home, Integrated Professional Teams)

Do these situations require us to add new kinds of expertise- do we need that at the governance level or operations staff level or both?

Is there a connection between board diversity/recruitment/skills/experience and the interface with the CSC and other community stakeholders?

### **Assessing and Managing Risk**

Is our level of risk changing as we head in new strategic directions or take on new kinds of projects? Is that risk from a governance perspective, operational perspective or both? Is it a risk from an overall organizational perspective?

Do our risks in any way threaten our ability to deliver on our mission?

How do we manage board succession? How do we support our board and staff through ongoing education?

Onboarding and Orientation- What are the opportunities here to share the history of Divisions work, expectations, board and organizational culture?

### **Committees**

Are our current committees aligned with our strategy moving forward?

Strategic Advisory Committee- ensure members know what it means to be on an advisory committee and the terms of that committee (level of authority with respect to decisions)

*Questions for the board to consider:*

- *Is the board's committee structure appropriate to the current boards priorities and organization- specific needs?*
- *Is the board familiar with how peer organizations are addressing board oversight responsibilities?*
- *Do assessments of board effectiveness reveal possible pressure points that might be resolved with changes in committee structure?*

*(Ref. EY Centre for Board Matters. EY LLP, 2016)*

**Skill Matrices** - What skills do we have on the board and what skills do we need? Skill assessment is one dimension- know the person- “want Commitment and Competence but you select for Character”

**Recruitment, Succession and Renewal-** What are our current practices and do these need to change in any way if we are diversifying our board? Who are the people who have expressed an interest in your mission and your work? What are their values?

**Board Evaluation-** What is our current practice and does it need to shift in any way given changes to our board membership and structure?

**Onboarding and Orientation-** Be intentional with orienting new board members.

Things to consider as you welcome new board members- (History of the Primary Care Initiative, value of longitudinal care, the values that have shaped Division success to date, role of the division, features/relationships of the local community, key issues projects and risks, financial position, culture of the board, “Primary Care 101”, “Family Medicine 101” expectations, values, culture, leadership)

What are the risks and key issues the board is addressing or needing to address in the short and long term?