Divisions of Family Practice
A GPSC initiative

Victoria Physician Engagement Case Study

A philosophical, grassroots approach helps a division maintain 20 percent membership involvement in working groups

Division Features

Incorporated: November 2010
Urban, Suburban, Rural: Urban
Board members: 9
Members: 314
Employees: 1

- Administrative assistant

Contractors: 3 (ongoing, continuous contracts)

- 1 Executive director
- 1 project coordinator
- 1 Bookkeeper

Overview

"Physician engagement is divisions," says Victoria Executive Director (ED) Alisa Harrison.

"We aren't creating a structure that is in place for its own sake; instead, the division is constituted by its members. So member engagement, literally, is everything. That's where I see the value in it. It is the center of everything. Some members may see the division as something they participate in, but I encourage people to see the division as something they create, and that it doesn't actually exist outside of them. The division is its membership."

Alisa Harrison's philosophy of engagement is grounded in her experience in social movements and organizing, which she brings to her leadership role in Victoria. It should also be noted that this ED's approach and philosophy to physician engagement is consistent with others in that she fully grasps its importance and how it plays a role in practically all aspects of a division.

The Need

For Alisa Harrison, physician engagement is needed to foster feelings of hope and empowerment in division membership. When membership is engaged, goals can be achieved and the work the division wants to do will get done. She wants Victoria's family physicians (FPs) to feel that, as division members, they are achieving more than they would if they had been on their own.

As FPs often have to learn about the systemic, program-oriented work that is done by a division, there's a need to create a space where they can learn about such things. The ED says physician engagement is necessary to open members up to learning, to help them feel comfortable, and to have them feel that their opinions matter and that there will be action taken on the ideas they bring forth.

The ED also cites a critical need for what the FPs themselves bring to a division; the fact that the FPs are the ones who understand how family practice works. "Without them we are only making assumptions," says Alisa Harrison. " So we need our members to bring to the table that critical, insider viewpoint so we can be sure we are moving in the right direction. This may be the most critical physician engagement need of all – the fact that a division needs those insights that only FPs have."

But perhaps the most important need is to ensure that what is brought forth from physician engagement efforts is attainable. Are budgets and resources in place, for example? This ED points out that when decisions are made to move forward on something and then the budget fails to materialize months later when it is time to go, it doesn't just stop momentum, it is actually more like taking a step backward.

The Challenge

One challenge for Alisa Harrison is making sure that members understand the role of "process". The challenge is that FPs tend to be action-oriented people, most accustomed to the environment of a busy practice. A by-product of this challenge is ensuring everyone that by following process, the division will actually get things done. Alisa Harrison is a firm believer in process, and that without it, the best outcomes will not be achieved.

"It is simply reminding members that the process can take time. I recently had to announce to our Steering Committee the delay of a project – nothing major, just temporary – but I could see the disappointment in their eyes, that this project they really wanted to see moving forward was being held up. But importantly, I also saw understanding. I think that as members spend more time engaging with the division, they come to be more attuned to its structure and process and how it has to operate."

Another challenge is engaging individuals, especially those who wish to become more involved as well as those who do not. In Alisa Harrison's view, any effective group will be made up of talented people - leaders, those good at networking, collaborators - and there are individuals who may have more to offer. The challenge is to find them and connect with them. So this division always tries to facilitate this and to encourage anyone who wants to take a more visible role to step forward and become more involved.

Alisa Harrison says that what may prevent a member from stepping forward is that he or she may simply be the type who wishes to remain behind the scenes, not "take to the podium." The Executive Director says there are always roles that do not require a public presence. And while it is an ongoing effort to connect with these individuals, strong physician engagement efforts help the division to find them.

An ongoing challenge the ED cites is that of ensuring that members are made aware that "there is always a role that can be played, there is always enough work to go around." The benefits of staying on this message have been evident: there are always occasions where a member will be needed for a relatively small role, yet that may be just the taste of committee work that the member needed, and suddenly, he or she becomes much more involved and ends up taking on larger roles in future projects.

The Solution

The best solution to the challenge of the sometimes slow pace of process is to experience it personally and see the favourable outcomes. Alisa Harrison explains the experience:

"There was a very long scoping process last year and it lasted something like eight or nine months – but by the time it had ended and we had the results and outcomes, we also had some new converts to the importance of process and having that base structure in place. Several members who were involved said that, at the outset, they couldn't believe something would take so much time. But by the end of the process, they had totally bought into it. Once they had experienced it, they were more able to understand and appreciate it."

The ED also explains that this experience yielded an unforeseen benefit: the members told their colleagues about their experience and how they had come to appreciate it. Now, the ED says the division has "a bunch of new converts to the division process," which she says has been a great step forward, and the process "time factor" is not the issue it used to be.

An ongoing solution to the general engagement process was to contract a professional facilitator to attend all working group meetings, and using the same facilitator each time helps to promote consistency and familiarity within the group. Alisa Harrison says seeing the ED and the facilitator at each meeting instilled confidence in the minds of working group members, and yes – encouraged them to be more engaged.

Says the ED: "I think that just seeing the two of us there, at every meeting, members knew the project was serious and that their ideas would be heard and acted upon. And I think they came to trust us and to see that we had their best interests at heart."

Alisa Harrison cites bringing in a Project Coordinator as a solution to the challenge of making sure that the division was getting things done. She cites one example of where the division's Mental Health Care Access working group asked if the division could help them find out what services were available in Victoria to aid their referrals. The Project Coordinator was able to research, write and present to the working group an extensive report on available resources in the city; arrangements were also made to have some representatives of these services come in to speak to the working group about the services they provided.

"This was a great example of program-related physician engagement," says Alisa Harrison. "If I had to take that on myself, it would have taken much longer; but fortunately, I was able to hand it off to our Project Coordinator and we could see how appreciative the working group was to have received – not just a great report – but to have received it so quickly. So it's great to be able to

say to our members, 'You don't have this information? Don't worry - we'll get it for you.' And for them to always feel confident that we'll deliver."

Results and Lessons Learned

The first lesson Alisa Harrison offers is the importance of developing a communications strategy – and right away. Know how you will distribute information among your members. Initially, this division communicated more on an ad hoc basis, as needed, and it proved to be not as effective as having a communications routine and structure.

Says the ED: "We were more reactive than proactive at that time. We probably sent way too many emails. Not that the work didn't get done, but with a more cohesive communications strategy in place, it would have been much better."

Another lesson learned is how important it has been to have built the division up from the grassroots – which in many ways means physician engagement: getting members acquainted with each other and taking the time to build that sense of camaraderie and teamwork among the membership. Victoria devoted much of its first year of existence to this effort. And while often debated in the boardroom, this capacity building process continued even when it meant holding off on projects that some members were keen to get going on. This process, however, long and slow as it was, proved to be the right decision. Today, 20 per cent of the division's 300 members are active participants in working groups. Now, thanks to that building process, when projects are taken on, the Executive Director has a very clear idea of which members to approach for involvement.

And their answer is usually "Yes".