

# Welcome! Who's here today?

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Introduce yourself in Chat!

- Name
- Where you live
- Role in division or MSA
- Specialty/area of practice
- Years in practice

CM1



## Slide 1

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**CM1**

Suggest adding a bullet for attendees to identify their role in a Division or MSA if they are not a physician. In the notes section, I would suggest that non-physician attendees identify their role in a division or MSA instead of within Facility and Community Engagement.

Cindy Myles, 10/28/2021

# Doctors of BC Governance Webinar Series

## Governance and Winning the Lotto: Tips For Effective Succession Planning

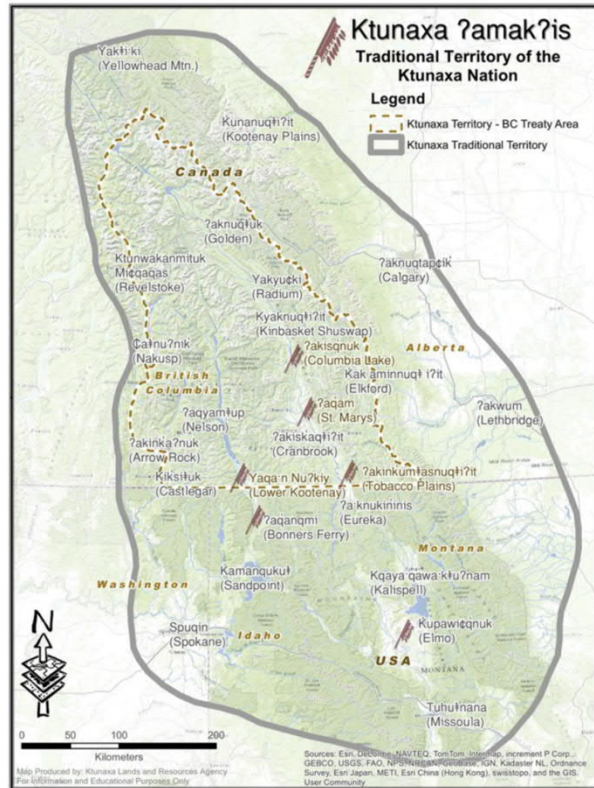
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OCTOBER 28<sup>TH</sup>, 2021

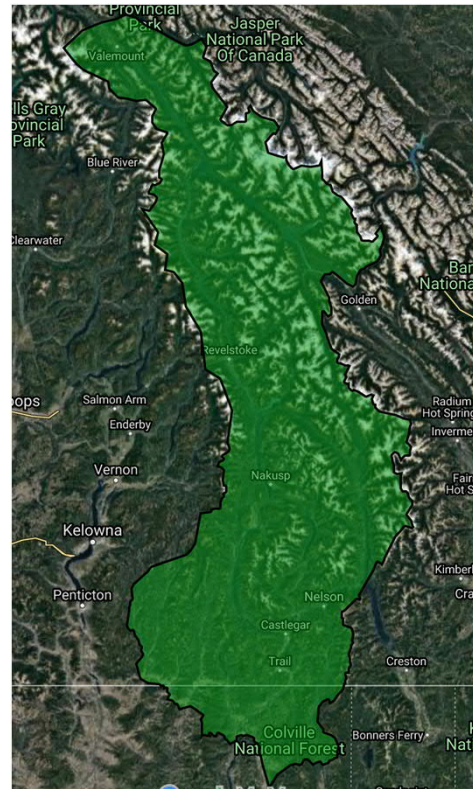
THIS WEBINAR IS BEING RECORDED



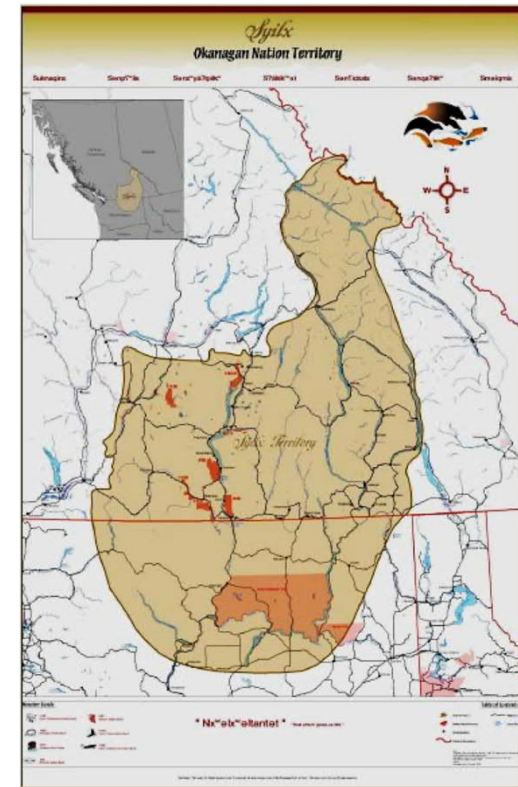
## Nelson, BC



Ktunaxa



Sinixt



Syilx Okanagan

# Who We Are

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- Host/Trainer: Alison Sayers, MA; *Sayers Consulting*
- Producer/Trainer: Nichola Manning, MPA; *NM Consulting, Inc.*
- Tech Support: Sarah Racicot; *Doctors of BC*

## Governance and Winning the Lotto: Tips for Effective Succession Planning

### During the webinar:

All participants are muted to ensure there is no competing background noise.

The chat function has been disabled.

Please use the Q&A for any questions or comments.  
If needed, you can come off mute to clarify.

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The webinar is being recorded and will be released in the days after the session.



# Agenda

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- What Is Succession Planning?
- Recruitment
- Election Process
- Onboarding and Orientation
- Mentoring
- Developing Healthy Organizational Culture
- Preventing Governance Table Burnout

# Poll #1: Health Region

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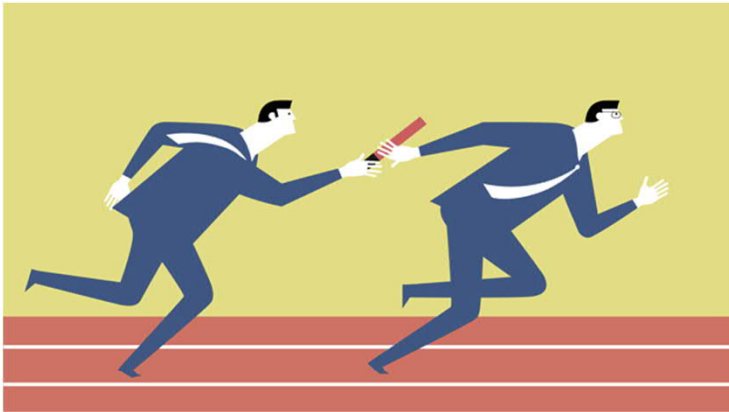
*What Health Region do you work in?*

- *Provincial Health Services Region*
- *First Nations Health Region*
- *Vancouver Coastal Health Region*
- *Island Health Region*
- *Northern Health Region*
- *Interior Health Region*
- *Fraser Health Region*



# What is Succession Planning?

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# What Is Succession Planning?

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A strategy for identifying and developing future leaders

- Written documents
- Comprehensive
- Proactive and intentional
- Starts as soon as a position is filled



# What is Succession Planning?

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# Who Needs a Succession Plan?

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## STAFF

- Senior staff lead (employee)
- Supervising/primary contract staff
- Supervised staff: directors have no role

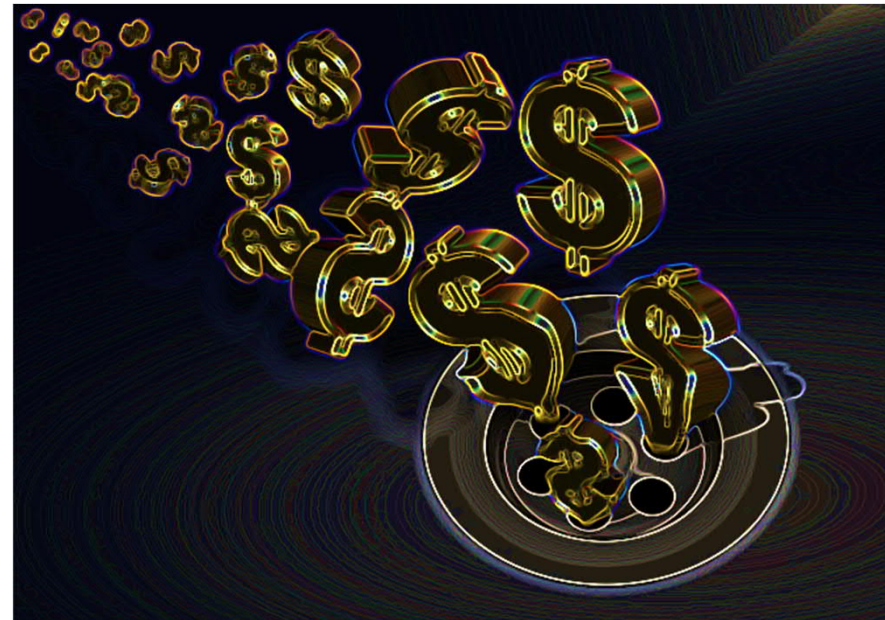
## GOVERNANCE/WORKING TABLES

- Executive
- Directors at Large
- Committee/Working Group chairs
- Committee/WG members

# Without Good Succession Planning:

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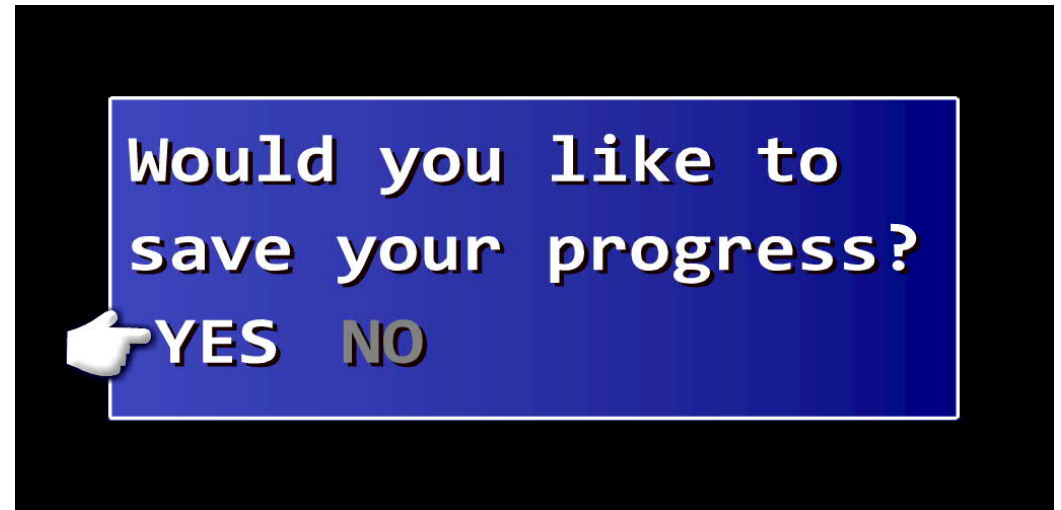
- Members won't step up
- High turnover
- Burnout
- Knowledge is lost
- Time is wasted
- Expensive



# With Good Succession Planning:

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- Your organization moves forward
- Directors and staff are well-informed
- Historical knowledge preserved
- Leaders developed from within



Ask yourself:

*If our President/Chair or lead staff  
were to win the lotto and leave tomorrow,  
could we carry on with minimal disruption?*



# Poll #2: Sudden Staff Departure

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Scenario: Your organization hasn't yet developed a comprehensive succession plan. Your lead staff wins the lotto and suddenly quits. What is the first thing your governance table should do?

- a. Conduct an exit interview with the departing staff
- b. Determine who will be in charge of daily affairs until new staff is hired
- c. Review personnel policies to determine if there are obligations to the departing staff, such as unpaid leave, insurance, etc.
- d. Prepare a public statement regarding the departure of the staff
- e. Consult your Engagement Partner



# Q & A

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# Pre-recruitment: Key Questions for Governance Table Consideration

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Questions	Answers
Helpful past experience?	
Needed skills?	
Key characteristics or qualities?	



# Recruitment: Senior Staff Qualities

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- Management: people, projects, budgets
- Health care
- Collaborative teams
- Builds site, local, and community capacity
- Builds relationships
- Divisions website



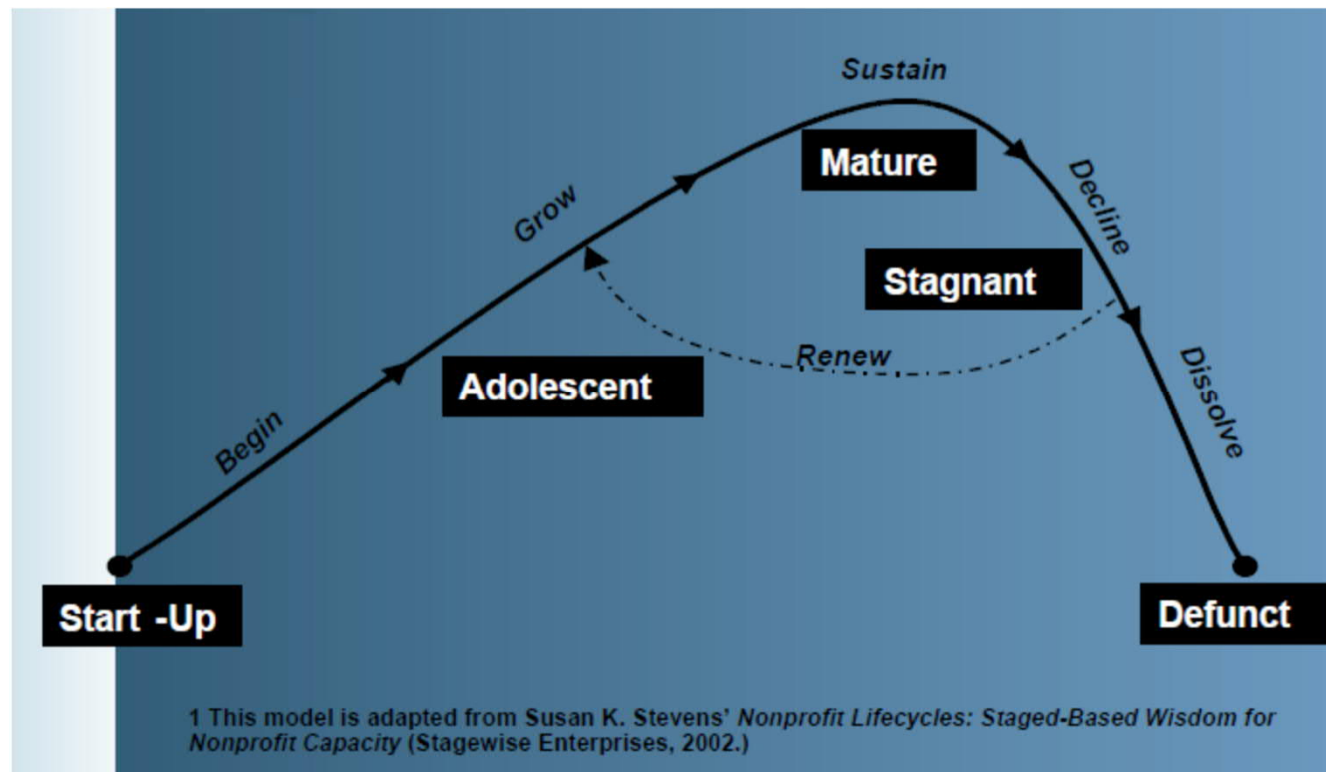
# Recruitment: Governance/Working Table Qualities

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- Physician leader
- Represents collective interest
- Improve patient care and physician voice
- Works well with HA leaders and community partners
- Builds site, local, and community capacity
- Builds relationships
- Commits time
- Not motivated by payment for time



# Life Cycle of Organizations



# Recruitment: Where?

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## GOVERNANCE TABLE

- Working Groups
- Committees
- Physician leaders



## SENIOR STAFF LEAD

- Health authority
- Health care-related organizations
- Community contacts
- Engagement Partner

## COMMITTEES/WORKING GROUPS

- Events
- Meetings

# Recruitment: Diversity, Equity, Inclusion

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- Diverse board and staff = Priority
- Shared understanding: diversity and excellence
- Balanced facilitation
- Consensus: qualities and qualifications
- Equity statement
- Intentional recruitment
- Postings: inclusive, unbiased, ungendered language



*Credit: Dr. Sophia Park, Royal Columbian Hospital*

# Nominations Committee

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- ✓ Consult your bylaws/rules
- ✓ Protect process
- ✓ Ideal for larger organizations
- ✓ Not essential
- ✓ May not be practical for smaller organizations
- ✓ Alternative: identify a director lead (VP, Past President)





# Elections

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- ✓ Consult Your Bylaws and Legislation
- ✓ MSAs: AGM Election
- ✓ Societies: Consent Resolution
- ✓ Divisions: AGM
- ✓ First meeting = Executive



# Terms and Term Limits

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- Consult Your Bylaws or Medical Staff Rules
- Two years, three terms
- Planned turnover
- Fresh ideas
- New energy



# Q & A

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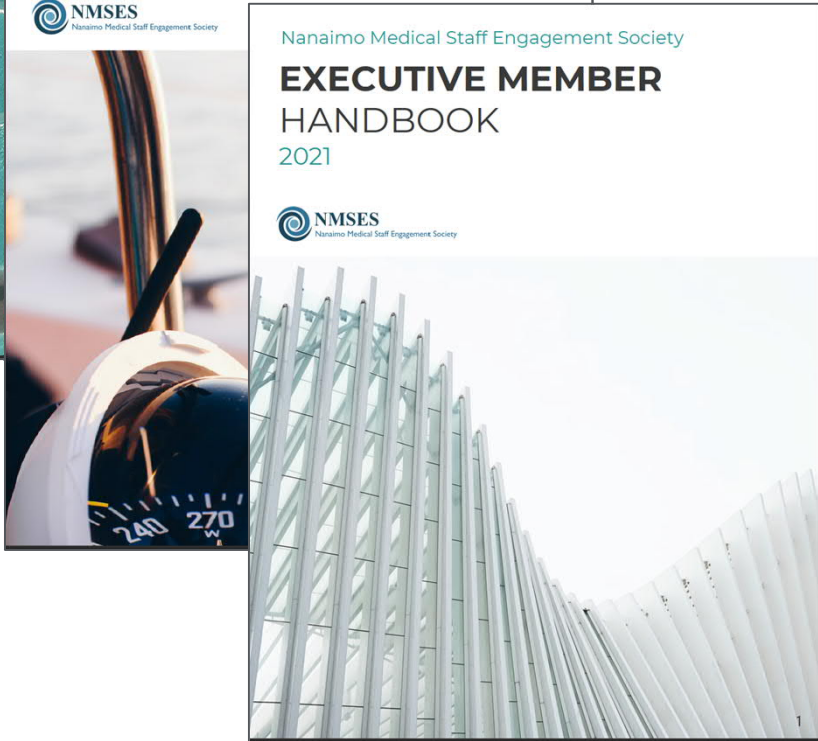


# Onboarding and Orientation

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- Starts at initial recruitment
- Written guide
- Information accessibility
- Divisions website: staff onboarding





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- 05 - Key Contacts
- 06 - Important Documents
- 07 - About NMSSES & Facility Engagement
- 09 - Engagement with Island Health
- 10 - NMSSES/MSA Structure & Governance
- 11 - Strategic Plan
- 12 - Advisory Roles & Responsibilities
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# Orientation Manual: Topics

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- History & Background
- Governance Structure
- Governance Framework
- Funding
- Projects
- Operating Policies / Guidelines
- Evaluation
- Communications

# Onboarding Checklist

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- Acronyms List
- HA/Community-Specific Start-Up Tasks CM4
- Site/Community-specific Information
- Administration Information
- Mandatory Training & CME
- HA Governance
- Other Resources CM5

## Slide 30

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**CM4** Suggest adding examples of community specific start-up tasks in the speaking notes. E.g., mentoring- assigning an experienced physician from the community to partner with a new recruit; inviting to a social event to get to know colleagues; orientation to tools such as Pathways and UpToDate, giving information about clinical networking supports such as LTCI, or hospital networks....some divisions have other tools and resources that they have developed and might be apparent on their website

Cindy Myles, 10/29/2021

**CM5** Examples can be information about Doctors of BC member services, and GPSC and SSC mandates, strategic frameworks and work plans

Cindy Myles, 10/29/2021



# Mentoring

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- Organizational knowledge
  - History
  - Leadership skills
  - Strengthen relationships
  - Clear expectations
  - Informal vs. structured
- President
  - Past President
  - Committee Chairs
  - Senior staff lead



# Developing Organizational Culture

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- ✓ Strategy
- ✓ Clarity
- ✓ Rigor
- ✓ Transparency
- ✓ Trust
- ✓ Engagement
- ✓ Continuous learning



# Organizational Culture: Strategic Planning

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- ✓ Core Values
- ✓ Mission
- ✓ Vision
- ✓ Strategic Priorities/Pillars
- ✓ Goals
- ✓ Activities/Action Steps
- ✓ HA priorities
- ✓ D of BC FEI/Division Provincial Priorities

CM6



## Slide 33

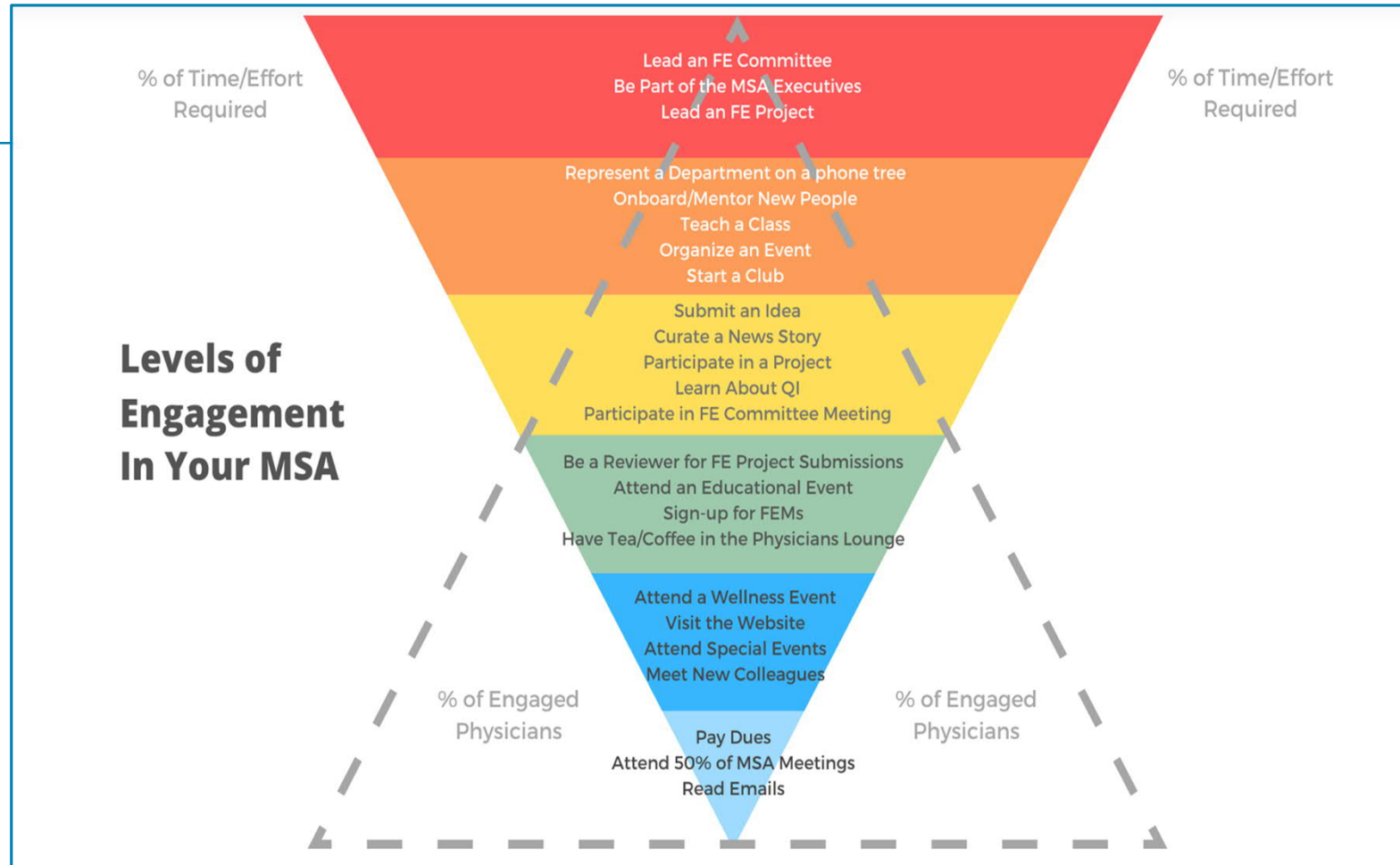
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**CM6**

Suggest re-wording to: DoBC, SSC FEI and GPSC provincial priorities

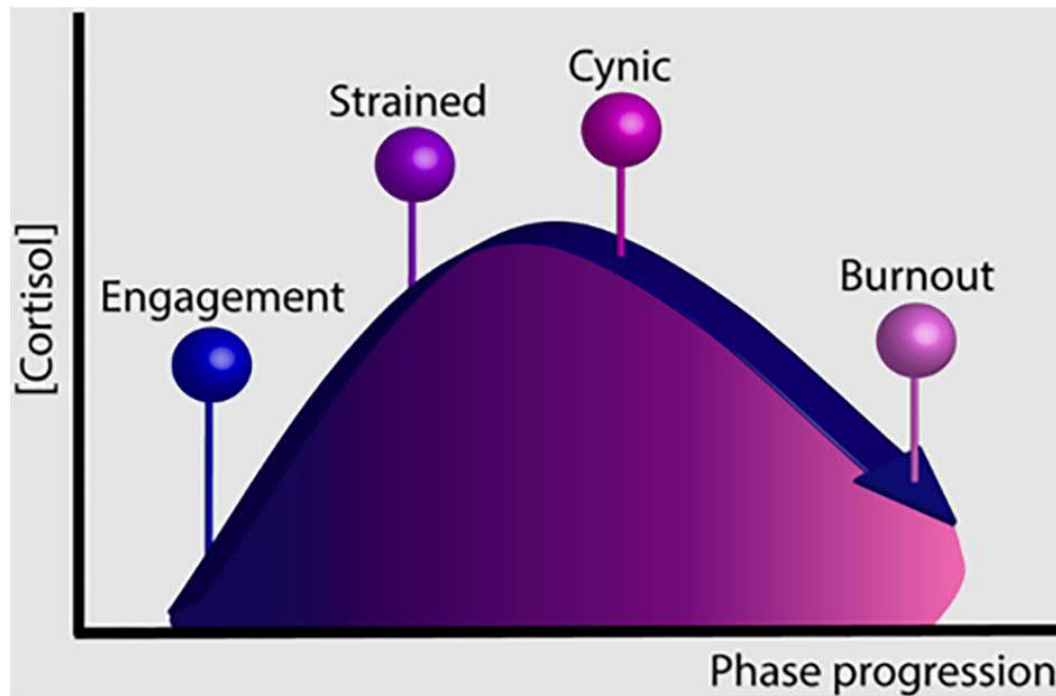
Cindy Myles, 10/29/2021

# Org. Culture: Cultivating Leadership



# Burnout At the Governance Table

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# Preventing Burnout At the Governance Table

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1. Clear roles and responsibilities
2. Strong relationships
3. Earned trust
4. Focus on strategic issues
5. Quality over quantity
6. Small wins, low-hanging fruit
7. Distribute tasks among directors



# Your Written Succession Plan: Do You Have ... ?

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1. Emergency Transition Plan
2. Roles and Responsibilities
3. Strategic Plan
4. Equity and Inclusion
5. Planned Transition Worksheets
6. Leadership Development Opportunities
7. Onboarding Process
8. Orientation Manual
9. Mentoring Process
10. Elections Process
11. Recruitment Strategy
12. Candidate List





# Q & A

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# Want to learn more?

- Governance Fundamentals Guidelines
- Next webinar: Roles and Responsibilities
- Your Engagement Partner
- [facilityengagement.ca](https://facilityengagement.ca)
- [divisions.ca](https://divisions.ca)
- MSAs and Divisions websites



## 23. WINNING THE LOTTO: The Importance of Effective Succession Planning

Diverse governance tables make better long-term decisions. Fixed Director terms and regular, staggered, and planned turnover at governance tables<sup>7</sup> enables fresh thinking while also maintaining organizational knowledge and historical perspective. As well, the sudden departure of a Director or senior staff member can result in significant organization disruption if good succession planning is not in place.

Succession planning should begin as soon as a physician assumes a position at a governance table. Governance tables need to take an intentional approach to succession planning and recruiting candidates to fill Director positions, but also recognizing that the size or malfunctioning of the Division/MSA will have an impact on recruitment. As far as staff succession, it is the job of the senior staff lead to ensure that a good staff succession plan is in place. Directors should confirm that this has occurred.

Directors should also ensure that there is a formalized succession plan for governance table recruitment. Characteristics, competencies, qualities, skills and preferred experiences of the successor should be discussed and agreed upon at the governance table and made known and available to potential candidates. Ideally, the governance table should be looking for a recruit that:

- Has understanding of the community or hospital and its needs;
- Is willing to work collaboratively and actively participate;
- Is a team player and works well in groups; and
- Has particular skills or interests that fit with the direction of the Division/MSA.

As referenced in the title of this chapter, it's good to think in terms of "If our senior staff lead or our President were to win the lotto and leave tomorrow, could we carry on with minimal disruption to our organization?"

If the answer is "yes", then you have a good succession plan in place.

When engaging in succession planning, governance tables need to move away from the mindset of "the dark side" and towards "whose turn is next?" Roles and responsibilities need to be clear for incoming Directors and there needs to be more mentoring and coaching of new physician leaders. Divisions and MSAs should have an open and transparent process for electing Directors. The specifics about election procedures are often detailed in the governance table bylaws or rules and usually occur during AGM.

Occasionally, Divisions or MSAs will strike a standing nominations committee to focus on succession planning and the recruitment and retention of Directors. The nominations committee will interview as well as develop and maintain records of potential Directors including information on skills, interests, experiences, and governance table orientation; and bring forward recommendations to the governance table about a preferred candidate. For more information on succession planning see: Division of Family Practice Succession Planning Case Study.

<sup>7</sup> When a change of Directors occurs at an AGM, and the Division/MSA is a society, the senior staff lead needs to file a Director change with an annual report. If a Director position changes outside of the AGM, changes need to be filed with the IEC Registry as soon as possible. Layers or bookkeepers will be able to assist with filing. For filing instructions see: <https://www.jcc.ca/organization/development/transition/transitioning-a-board-to-new-leadership>



Thank you for your time.

Questions or  
Comments?