

In 2016, Island Health launched a new Medical Leadership Structure to ensure Medical Leaders are involved in Medical Staff decision-making. This structure has two parts; Departmental and Operational. There are close to 300 Medical Leadership positions in total ranging from Department Heads, Division Heads, Section Heads, to Executive Medical Directors, Medical Directors and Medical Leads.

The objective is to review and realign the medical leadership structure, taking into consideration the voices of medical staff, their expectations and organizational strategic priorities, while ensuring the structure is sustainable financially, creating capacity, resources and processes to support all medical leaders with their roles and responsibilities.

The review will focus also on identifying the roles, responsibilities, and deliverables for all leadership positions. The commitment is to implement a structure that meets the governance and operational needs of Island Health.

## What has been done so far?

---

- A steering committee, consisting of 12 members representing medical staff associations, operational leadership, and medical leadership from all four geographies and diverse departments and programs, met monthly for 9 months to review the current medical leadership structure.
- Engagement with over 150 members of the medical staff, in over 25 group and 1 to 1 meetings/interviews with medical staff, medical leadership and operational leadership to hear their perspective on the current medical leadership structure. In these meetings the discussion centered around what is working and what can be improved within the current structure.
- A Medical Leadership Onboarding process has been developed by the Medical Staff Engagement and Development Team. This process is currently being implemented for all new recruits to a medical leadership position. Leadership training sessions are also offered multiple times a year. Including *Navigating Island Health*, a half day workshop aimed to help leaders gain a deeper knowledge of the health system and practice health leadership administrative skills, and multiple medical leadership development workshops covering topics selected to enhance skills and comfort level with the challenges of building a high performing health care system.

## Six common themes we have heard

---

### 1. Onboarding and Training

When medical leaders are hired into leadership positions there has been little to no training and onboarding from MAA and other medical leaders. It has been identified that an onboarding process for medical leaders needs to be implemented as well as ongoing professional development and leadership training.

### 2. Role Clarity

In some cases, medical leaders have been hired into roles with little guidance as to what the responsibilities and deliverables of the position entail. There is also a lack of clarity amongst medical staff about what each medical leadership role does and also which medical staff members hold a medical leadership role within their department/division or site.

### 3. Accountability

We have heard from medical leaders that they do not receive coaching and feedback on their performance in the medical leadership role. There is also a lack of clarity in the medical leadership reporting structure. This can be made even more confusing in cases where there is dual reporting to both geography and program.

### 4. Communication

In some departments/divisions there is disconnect between the operational and departmental side of leadership. One side

is not fully aware what the other side is doing. There is also confusion about which medical leaders should attend which meetings e.g. Quality councils, LMACs etc. Information from these meetings is not consistently communicated out to other medical leaders or to medical staff.

#### **5. Proximity of Leadership**

In cases where the medical leader is located in another geography, for example when a division heads role spans geography 2 and 3, challenges can emerge. A big part of medical leadership involves relationship building and knowledge of medical staff roles and responsibilities. If there is not a proximity to the group their effectiveness as a leader decreases.

#### **6. Administrative Resources**

Department Heads are supported by the Medical Staff Governance team. Executive Medical Directors and Medical Directors are supported through shared administrative resources with their operational leadership counterparts. However, even this level of administrative support may not be at a level which fully supports medical leaders to meet their responsibilities. Medical Leads and Managers are not supported with administrative resources. Another concern which has been raised is the lack of access to office space for meetings and confidential conversations.

### **What are the next steps?**

---

- Drafting of potential medical leadership structures including appropriate supports to address the 6 themes
- Drafting of updated job descriptions including clear accountabilities and deliverables
- Further engagement with medical staff, medical leaders and organizational leaders on potential changes to the medical leadership structure – including opportunities for medical staff to review and provide feedback
- Presentation of recommendations to executive leadership
- Formation of an implementation committee to collaborate on communication and change management strategies
- Implementation of the revised medical leadership structure

For any further information please contact:

**Erdem Yazganoglu** | Medical Director, Credentialing and Privileging and Special Projects | [Ihsan.Yazganoglu@VIHA.CA](mailto:Ihsan.Yazganoglu@VIHA.CA)