CHLNet
Canadian Health
Leadership Network

Canada's Premier Health Leadership Development Network:

From Concept to Reality

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Preface

The purpose of this document is to articulate the goals and objectives of the Canadian Health Leadership Network (CHLNet), as well as identify the added value the network will achieve for a broad range of stakeholders, including

- Academic Health Science Centres
- Regional health authorities
- Local health integration networks
- Hospitals and other health care delivery organizations
- Provincial and federal health ministries
- Universities and colleges
- National health organizations
- Canadian health charities

This document also describes the fundamental assumptions on which the CHLNet is based, as well as the context surrounding its genesis, including market research, analysis, consultation and outreach.

For further information, please refer to the Web site (www.chlnet.ca) or contact the CHLNet Secretariat directly: Emily Gruenwoldt, emily.gruenwoldt@cma.ca or 613 731-8610 x2123.

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Executive summary

In a global economy progressively driven by technology, research and innovation, a highly skilled workforce remains the most valuable asset. Increasingly, however, Canadian health care organizations are not investing the resources required to develop transformational leaders — leaders whose job it will be to navigate nimbly and skilfully through a complex health and health care environment.

Recent studies have shown that the health care sector currently spends 30% less on training and development per employee than other Canadian organizations.

Purpose

The Canadian Health Leadership Network (CHLNet) aims to identify, develop, support and celebrate leaders throughout the leadership continuum and transcending all health professions.

CHLNet — a coalition of emerging and senior leaders — looks to address the imminent leadership shortage by focusing on the lifecycle of leadership, specifically leadership development and succession planning for a broad cross-section of the health community in Canada. If we truly believe that people are what makes good organizations great, Canadian health organizations must nurture the leaders of today *and* tomorrow.

The challenge for CHLNet will be to develop a virtual network of centres of excellence in health leadership development, while acknowledging Canada's distributive or federated system.

Concept

Currently in Canada, a number of organizations, institutions and academies (public and private) offer advanced leadership training and development opportunities. CHLNet seeks to bridge these initiatives to provide easy access to an array of leading practices in health leadership development. The goal is not to replicate or subsume existing leadership development strategies, but rather to create a "community of champions" whose common focus is increasing leadership capacity across the country.

Through the confluence of 3 pillars focused on applied leadership development tools, opportunities for dialogue and a research agenda focused on leadership development, CHLNet members and stakeholders will have access to the latest research on leadership development in the health sector, including leading practices, an applied health leadership competency framework and an up-to-date inventory of health leadership development programs or initiatives. CHLNet will deliver these products and services via an interactive and modern web-based portal (eCHLNet). The portal will provide "one-stop shopping" for any organization looking to identify leading practices in leadership development and succession planning. As a virtual network, CHLNet will become the go-to source for health leadership knowledge exchange and dissemination.

Beyond the development of this web-based portal, CHLNet will strive to enhance existing leadership initiatives with a focus on developing a culture of leadership in the Canadian health sector. The network will bridge the gap between emerging and senior health leaders across jurisdictions; (co)host an annual international health leadership summit where a broad cross-section of health system leaders will gather to discuss high-priority issues around leadership and leadership development; and facilitate a virtual dialogue between health leaders with a focus on practical problem resolution.

In short, CHLNet will provide a health leaders' "commons" or meeting space, virtually and otherwise.

Adding value

To add value to the current Canadian leadership development landscape, CHLNet will

- Develop a *community of leadership* building on the current cadre of independent leadership development initiatives, with the addition of a virtual resource centre to facilitate access to leading practices and the latest research in health leadership development.
- Enable the application and evaluation of measurable, evidence-based leadership behaviours and capabilities through the development of an applied, pan-Canadian health leadership capabilities framework.
- Establish health leadership development metrics to

facilitate an informed discussion on the leadership capacity of health organizations in Canada.
- Facilitate a "sift-sort-summarize" function of the current array of health leadership development initiatives. The evaluation or analysis will be undertaken *by* CHLNet members *for* CHLNet members.
- Promote a culture of leadership development to increase leadership capacity throughout the health profession.
- Disseminate leading practices internationally vis-à-vis health leadership development.

There is no other network in Canada that delivers central access to such an array of health leadership development research, tools or dialogue.

Governance

The current governance model for CHLNet consists of a founding steering committee with 2 co-chairs.

Within a year, CHLNet sees this model evolving to an advisory board composed of network members. It is envisaged that CHLNet would have both organizational and individual members, including academic health science centres, health care delivery organizations, provincial and federal ministries (deputy ministers of health), postgraduate institutions (universities and colleges with a health sciences focus), national health charities, provincial and national health organizations and emerging health leaders.

Funding

The initial 3 formative years for CHLNet will require start-up capital in the range of $400 000 annually. It is expected that funding will be raised through start-up grants from multiple sources (governments, non-governmental organizations and possibly the private sector). There will be a 3–5 year (or longer) transition from dependency on start-up grants to self-sufficiency as the business model is implemented and membership targets are met. The start-up phase will focus on the development of applied tools and services, delivered via eCHLNet.

Conclusion

The purpose of CHLNet is *not* to subsume the broad array of existing leadership activities already underway. The model is one of distributive leadership, in which the goal is to help create a community of health leadership across the country that enables and supports the adoption of leading practices (i.e., a competency framework) and maximizes economies of scale.

CHLNet values the development of leaders throughout the lifecycle of leadership and through a variety of means, both virtual and otherwise. The concepts and deliverables of CHLNet are germane and applicable to a host of health system stakeholders. CHLNet is *Canada's premier health leadership development network*.

CHLNet profile

The concept

On 15 May 2006, an ad-hoc "coalition of the willing" (health system leaders from across the country) met and resolved to address the imminent leadership shortage through the creation of the Canadian Health Leadership Network (CHLNet). Almost a year later, on 22 May 2007, over 100 emerging and senior health system leaders gathered in Ottawa to review the progress of the network and provide feedback regarding next steps. Overall, there was broad support for the concept, as well as commitment to the next steps identified by participants.

One initiative in particular was identified as a priority by participants at the May summit — the development of a Pan-Canadian Health Leadership Capabilities Framework. As a result, in 2007, the Centre for Health Leadership and Research at Royal Roads University was commissioned by the Canadian Health Services Research Foundation (CHSRF) to conduct a qualitative research study to this end.

This capabilities framework is expected to be a foundational document for CHLNet, underpinning a larger research agenda around health leadership development and leadership behaviours associated with a number of leadership domains and capabilities (an applied or practical health leadership capabilities framework). A dissemination strategy will be developed and local champions of the framework will be identified.

Another priority for those at the May 2007 summit — as well as a broader range of Stakeholders — was the establishment of a central (health) leadership development resource centre. CHLNet envisions this resource centre not as a bricks and mortar structure, but as a modern, interactive, web-based portal (eCHLNet) focusing on leadership development and succession planning (throughout the leadership lifecycle) and targeting a broad cross-section of the health community in Canada, including

- academic health science centres
- regional health authorities
- local health integration networks
- hospitals and other health care delivery organizations
- provincial and federal health ministries
- universities and colleges
- national health organizations
- Canadian health charities.

As a cornerstone of CHLNet, the portal will provide organizations and individuals interested in health leadership with

- rapid access to up-to-date leadership information and opportunities
- leadership development programs and related resources
- best practices in leadership
- current research findings.

Such a portal will also provide a new avenue for dialogue and connections (both virtual and face-to-face) among members, organizations and networks focused on leadership and professional development. The portal will provide "one-stop shopping" for any organization looking to identify best practices in leadership development, particularly related to a practical method for succession planning. The portal would be a natural home for the Pan-Canadian Health Leadership Capabilities Framework mentioned above.

Beyond the development of this web-based portal, CHLNet will strive to facilitate face-to-face interactions among stakeholders to build a dynamic community of leadership. For example, the network will bridge gaps between emerging and senior health system leaders across jurisdictions by hosting an annual assembly of leaders where a broad cross-section of health system leaders would gather to discuss high-priority issues around leadership and leadership development.

To summarize, CHLNet values the development of leaders throughout the lifecycle of leadership and through a variety of means, both virtual and in real time, in real space. CHLNet's concept and deliverables are germane and applicable to a host of health system stakeholders. CHLNet is *Canada's premier health leadership development network*.

Core values and beliefs

The following core values and beliefs guide all activities and decisions of CHLNet:

Leadership	Leaders leading successful organizations are critical to the ongoing renewal of the health care system
Professionalism	Leaders are competent professionals who exercise sound judgement
Excellence	Leaders strive for excellence based on best practice
Value based	Leaders lead based on enduring values
Collaboration	Leaders collaborate
Responsiveness	Leaders respond to change
Life-long learning	Leaders learn throughout the leadership life cycle
Succession	Leaders develop competent successors

Fundamental assumptions underlying CHLNet

The success of the network is based on several fundamental preconditions that have widespread support:

Those currently in leadership positions in the health and health care sectors are prepared to invest in appropriate and accessible professional development programs.

70% of participants at the May 2007 CHLNet summit agreed with this statement.

There is a critical mass of current and former Canadian health leaders who are concerned enough about the future to volunteer time and lend their support to developing a network of leadership nodes across the country.

73% of senior leaders attending the May 2007 summit agreed with this statement.

There is widespread lack of succession planning/development throughout Canada.

93% of all delegates attending the CHLNet summit support this statement.

There is no network or "market clearing mechanism" to allow for progression on the "leadership ladder."

72% of senior health system leaders attending the May 2007 summit agreed with this statement.

Goal and objectives

Broadly speaking, CHLNet seeks to bridge existing leadership development activities to facilitate a coordinated and collaborative strategy to increase the effectiveness of initiatives targeted at Canada's emerging and senior health system leaders.

Goal

The goal of CHLNet is to provide organizations and individuals interested in leadership with access to

- applied leadership development tools
- collaborative dialogue and networking opportunities
- health leadership development research

Objectives

The objectives of CHLNet are to

- create a community of interest among individuals and organizations seeking to secure competent and capable leaders to meet the demands of the present and future health care system
- espouse a culture of knowledge exchange among CHLNet members and other networks or organizations who have undertaken leadership initiatives so that the wisdom and experience of emerging and senior health system leaders might be disseminated
- facilitate a greater organizational commitment to leadership development in the health and health care sector along a continuum
- encourage coordination of research in the areas of leadership and leadership development
- create an environment that recognizes and celebrates the success and achievements of our emerging and senior health system leaders
- serve as a forum to position leadership issues within the Pan-Canadian health human resources (HHR) planning process.

Early priorities

CHLNet views the following as priorities:

- creation of a research agenda vis-à-vis health leadership development, including the development of metrics to facilitate informed discussion on leadership capacity in Canada
- creation of an electronic, web-based portal to provide the platform for knowledge dissemination of leadership development tools, research and dialogue among members and stakeholders

- development of an inventory of best practices in health leadership development, existing leadership development programs and initiatives geared toward health executives, managers and leaders across all levels and institutions/organizations
- validation of the Pan-Canadian Health Leadership Capabilities Framework and development of a method to enable health and health care organizations to apply the framework to leadership development initiatives
- finalization of a business plan, including identifying sources of both bridge and sustainable funding and implementing the governance and organizational structure including bylaws and a membership model.

Investment value

Expected outputs

It is expected that the CHLNet will provide or develop

- a health leadership competency/capability framework
- an inventory of health leadership development programs
- a network for leaders and managers to share best practices through special events and programs
- a link to leadership development programs internationally
- a resource clearinghouse for case studies in leadership
- a promotion strategy focused on leadership development and its alignment with a pan-Canadian HHR strategy
- key research questions affecting the development of leaders and managers.

Expected outcomes

It is expected that the efforts of CHLNet over the next 5 years will contribute to

- improved education for leaders, including curricula aligned with need and a better understanding of the production capacity of education programs
- widespread implementation of leadership best practices, including those related to inter-professional leadership
- increased opportunities for leadership dialogue and support, to include
  - secondment opportunities
  - effective transition of executive leaders leaving senior roles
  - increased contact with the international health leadership community
  - a "safe" environment for senior leaders to discuss confidential issues
- increased attractiveness of careers in health leadership
- creation and promotion of a health leadership research agenda
- linkage of leadership issues with Pan-Canadian HHR planning process.

Governance

The current governance structure of CHLNet comprises a founding steering committee with 2 co-chairs.

Within a year, CHLNet sees this model evolving toward an advisory board composed members. It is envisaged that CHLNet will have both organizational and individual members. Organizations would include academic health sciences centres, health care delivery organizations, provincial and federal ministries (deputy ministers of health), postgraduate institutions (universities and colleges with a health sciences focus), national health charities, provincial and national health organizations and emerging health leaders.

Founding steering committee

The founding steering committee comprises the 2 co-chairs and 14 members from a variety of health and health care organizations, all of whom have a common interest and concern for the future leadership of the Canadian health system.

Co-chairs

Elma G. Heidemann, MHA, FCCHSE, FACHE, was the executive director of the Canadian Council on Health Services Accreditation (CCHSA) for 11 years until her retirement 3 years ago. She has also held senior positions in health planning and palliative care. She has been chair of the boards of the Ottawa Regional District Health Council, the Ontario Hospital Association, the Canadian Healthcare Association and the International Society for Quality in Healthcare. She has also held board positions with the national accreditation agencies in France and Ireland. Most recently, Elma worked as an international consultant for the World Health Organization and the World Bank in the areas of health care accreditation, quality and evaluation. Elma served as a founding member of a Canadian Patient Safety Institute steering committee representing the CCHSA.

Don Philippon, PhD, CHE, has served in several senior positions in governments, universities and health systems in Alberta and Saskatchewan. He was deputy minister of health in Alberta, assistant deputy minister in both Saskatchewan and Alberta, vice-president with Capital Health, Edmonton, and executive director of health sciences at the University of Alberta. Don is currently a professor of strategic management and organization at the University of Alberta where he is also special advisor to the provost on health system relations. He also serves as special advisor to the Saskatchewan Academic Health Sciences Network.

Inaugural Steering Committee Members

- Don Atkinson, President, Canadian Society of Physician Executives
- Lucille Auffrey, CEO, Canadian Nurses Association
- Amy Boudreau, Emerging Health Leaders
- Glenn Brimacombe, CEO, Association of Canadian Academic Healthcare Organizations
- Pamela Fralick, Chair, Health Action Lobby, and CEO, Canadian Physiotherapy Association
- John Hylton, Consultant
- John King, Board member, Canadian College of Health Service Executives
- Joe Mapa, President and CEO, Mount Sinai Hospital, Toronto
- Patricia O'Connor, Past president, Academy of Canadian Nurse Executives
- Geoff Rowlands, Executive director, BC Health Care Leaders Association
- Sharon Sholzberg-Gray, President and CEO, Canadian Healthcare Association
- William Tholl, Secretary General and CEO, Canadian Medical Association
- Michael Villeneuve, Executive director, Academy of Canadian Executive Nurses

Financial requirements

Year 1

It is estimated that the following resources will be required to support CHLNet operations in its first year of operation.

Salaries	
Network executive director (ED)	$90 000
Project + portal manager[1]	$50 000
Rent and equipment	
Office space for 2 employees	$15 000
Basic office equipment/supplies	$20 000
Product development[2]	$100 000
eCHLNet portal[3]	
Initial capital investment in technology platform	$50 000
Meeting expenses	
Advisory board meetings (2)[4]	$24 000
Meetings and travel allowance for ED[5]	$42 000
Annual CHLNet symposium[6]	($100 000)
Total	**$391 000**

Note: As the annual CHLNet symposium may (at minimum) be subsidized through corporate sponsorship and registration fees, it has not been included in the calculation of core funding.

1. 1 employee who will spend 50% of time dedicated to portal development and 50% dedicated to other network project work.
2. The product development fund is earmarked for capacity-building projects, including development of the products and services offered by CHLNet that are not funded externally. For example, the development of an inventory of leadership programs and initiatives currently offered.
3. eCHLNet will design a "best in class" portal to enable knowledge transfer/dissemination to a broad community of stakeholders. The $100 000 identified in the budget reflects the start-up costs associated with developing the virtual resource centre. Ongoing costs have yet to be determined.
4. Assuming 8 advisory board members from across the country, each spending approximately $1000 in travel to Toronto and $300 in accommodation for 1 night's stay; $200 in miscellaneous expenses (meals, taxis, etc.).
5. Assuming travel within Canada at a cost of $3500 per trip (2-night stay, including conference registration fees), once a month.
6. Assuming 100 participants, hosted in a downtown Toronto location, with 5 Canadian speakers and 2 international speakers.

Funding to date has been provided by a variety of national and provincial health organizations, combined with support from Health Canada, the CHSRF and the private sector (i.e., The Hay Group).

Year 2 and beyond

It is estimated that the following resources will be required to support CHLNet operations in its second and subsequent years of operation.

Salaries	
Network executive director (ED)	$90 000
Portal manager[1]	$60 000
Project manager	$50 000
Rent and equipment	
Office space for 2 employees	$15 000
Basic office equipment/supplies	$10 000
Product development[2]	$100 000
Meeting expenses	
Advisory board meetings (2)[3]	$24 000
Meetings and travel allowance for ED[4]	$42 000
Annual CHLNet symposium[5]	($100 000)
Total	**$391 000**

Note: As the annual CHLNet symposium may (at minimum) be subsidized through corporate sponsorship and registration fees, it has not been included in the calculation of core funding.

1. Assuming the portal manager will not be required to work on site.
2. The product development fund is earmarked for capacity-building projects, including development of the products and services offered by CHLNet that are not funded externally. For example, the development of an inventory of leadership programs and initiatives currently offered.
3. Assuming 8 advisory board members from across the country, each spending approximately $1000 in travel to Toronto, $300 in accommodation for 1 night's stay and $200 in miscellaneous expenses (meals, taxis, etc.).
4. Assuming travel within Canada at a cost of $3500 per trip (2-night stay, including conference registration fees), once a month.
5. Assuming 100 participants, hosted in a downtown Toronto location, with 5 Canadian speakers and 2 international speakers.

Appendix A: Market research and analysis

Network Learning and Development Outlook 2007

This spring, the Conference Board of Canada (CBoC) released *Learning and Development Outlook 2007*. The report — based on survey results from summer 2006 — sheds light on workplace-related training, learning and development in Canadian organizations. Research shows that the health care community commits substantially fewer resources to the development of their employees compared with other sectors. On average, Canadian organizations spend $852 (or 1.80% of their payroll) per employee. Canadian health care organizations, however, commit $547 (or 1.27% of payroll) per employee. The CBoC research also showed a similar pattern in the United States.

CHLNet contracted the CBoC to do a more in-depth analysis. Together, CHLNet and CBoC developed a survey based on an established questionnaire, which was circulated to over 500 Canadian health care organizations.

A number of key findings resulted:

- *Health care organizations are unable to detail their employee development practices.* In general, employers do not track their commitments (whether financial or time) to employee development. In an environment that highly values benchmark and indicator tools, it is widely understood that "what gets measured, gets done." Therefore, given the lack of data available, the results of the CBoC report *Learning and Development 2007* should come as no surprise.
- *Health care organizations are far more likely to employ external training functions* compared with other sectors. Although 65% of health care organizations report decentralized training, 67% of other Canadians organizations claim to conduct workplace-related training, learning and development onsite, as an internal centralized function. More broadly, 78% of health organizations surveyed report that they spend less on leadership development programs than other sectors.
- *Almost 60% of learning occurs informally in Canadian health organizations* compared with just over 40% in other sectors. Informal learning is less resource intensive and, as reported in the survey, is supported by 67% of health care organizations.
- *Health care organizations offer fewer opportunities for formal mentoring and coaching programs.* Although 39% of Canadian organizations offer formal mentoring programs and another 36% offer coaching, only 28% and 16% of health organizations, respectively, offer these opportunities.
- *Less than half of all health organizations offer enhanced learning opportunities to the employees identified as having "high potential."*
- *Only 16% of health care organizations report effective leadership development practices to prepare leaders to lead in today's complex environment* compared with a quarter of Canadian organizations in other sectors.

The final report can be found on www.chlnet.ca

The Pan-Canadian Health Leadership Capabilities Framework project

In 2007, the Centre for Health Leadership and Research at Royal Roads University was commissioned by the Canadian Health Services Research Foundation (CHSRF) to conduct a qualitative research study into the potential content and expression of a Pan-Canadian Health Leadership Capabilities Framework.

The main messages in the final report titled *The Pan-Canadian Health Leadership Capabilities Framework Project: A Collaborative Research Initiative to Develop a Leadership Competency Framework for Healthcare in Canada* included

- *Leaders are seeking connections across organizations and provinces, among individuals and agendas.* Traditional competency frameworks unique to each organization do not necessarily recognize the interdependence of various organizations in a system; nor are competencies themselves conceived as interdependent qualities within a competency framework.
- *There is a need for strong leadership* if the Canadian health system is to be sustainable and support the health needs of Canadians into the future. A key ele-

ment in creating strong leadership is defining what is meant by leadership.

- *Developing stronger leadership is not the same as developing stronger management.* Stronger leadership is required because of the complexity of the current health systems environment and concomitant demands for leaders to respond to rapidly changing environments and create change.
- *Exceptional health system leadership is defined in terms of capabilities.* Capability is best described as individual abilities required in unpredictable, complex and dynamic contexts in which leadership is required.
- *Developing stronger leadership is a function of achieving 3 goals:* articulating a common framework that defines what modern leadership is in a complex health system, i.e., a "common language" across organizational boundaries or professions; engaging all Canadian health organizations in a concentrated effort to develop leadership, including creating learning opportunities for people and organizations, implementing succession planning and performance management and coalescing resources for leadership development and recruitment; and developing more leaders with these capabilities.
- *Existing competency frameworks in their respective organizations do not capture the essence of the "modern" leadership* required to deal with substantive health systems change. A new framework should stimulate collaboration across the health system on succession planning, performance management and recruitment and leadership development.

This capabilities framework is expected to be a foundational document for the CHLNet. A complete dissemination strategy will be developed for the framework, and a number of further research initiatives are expected to develop as a result of the need to articulate the leadership behaviours associated with each of the leadership domains and capabilities.

The Pan-Canadian Health Leadership Capabilities Framework is now available online at www.chlnet.ca and www.chsrf.ca.

Other market rationale

Alignment with pan-Canadian health human resources plan

A Framework for Collaborative Pan-Canadian Health Human Resources Planning places a high priority on health care renewal and identifies key strategies that need to be addressed. A considerable body of research and best practices has demonstrated that all of these strategies are highly dependent on the quality of leadership in the Canadian health care system.

Recruitment and retention

It is becoming increasingly difficult to attract and retain a range of highly qualified personnel in senior leadership positions in the Canadian health sector. For example, the medium tenure of health deputies in Canada is now just 1.9 years. As well, the presidents and CEOs of Canada's teaching hospitals and academic health regions have experienced a 10% annual turnover over the past 5 years. Casual empiricism suggests that, while tenure rates are longer elsewhere in the system, they too are coming down. Demographics and the mobility of human capital dictate that the competition for leaders and managers in the health sector will only intensify. There is significant pull from other sectors, as health is increasingly perceived as a difficult, lonely and unrewarding place for leaders.

Scope of responsibility

With the regionalization of Canada's health system (most recently in Ontario), leaders and managers are increasingly required to have a "wide" system perspective and "deep" strategic planning/issue management skill set. This is the same scenario that led to the creation of the NHS Leadership Centre in the United Kingdom in 2001.

The health care sector employs over 1 million providers, including 98 000 leaders, managers and consultants, and 18 000 senior leaders at an executive level. It could be argued that we should be investing in excess of $1 billion in professional development programs.

The experience of other countries

The basic concept behind CHLNet is derived from the recent experience in the United Kingdom leading to the creation of the NHS Centre for Leadership in 2001 (which is now part of the Institute for Innovation and Improvement). A similar institute, the National Center for Health Leadership (NCHL), exists in the United States.

The NHS organization has the mandate to create the in-house capacity to develop management and leadership capabilities for the health system of the UK and the over 1.3 million people employed in the NHS. The idea behind the NCHL was to create a self-sustaining funding model within 5 years and to link existing efforts in leadership development in health care through a series of collaborative efforts run by the national centre.

Lessons from other sectors

In the private sector, companies, such as General Electric, Motorola and Disney in the United States and TD Canada Trust and Bank of Montreal in Canada, have in-house leadership or professional development programs, often rivaling those of large universities. Currently, best practices tend to suggest that 1.0%–1.5% of total operating revenues should be re-invested in professional development programs and the best programs are those custom designed to the sector in which an organisation operates.

Existing leadership development

Given current realities regarding recruitment and retention and the increasing complexity of leadership and managerial positions, over the last 2–10 years, a number of Canadian national health organizations, regional health authorities and institutions have developed a range of local leadership development initiatives (i.e., leadership academies that partner academic health science centres with local university business schools to offer leadership development modules).

Although the clear strength of such an approach is a high level of understanding of and relevance to the end-user community, the obvious disadvantages are the unsustainably high cost of development and maintenance of excellent programming; the opportunity costs created by the lack of coordination, poor cross-leveraging and duplication of effort; and the low degree of interprofessional training and lack of common language between different professions and organizations in an increasingly interrelated health system. This is not an issue encountered by the NHS Leadership Centre in the UK as the centralized nature of the health care system there naturally leads to the centralized coordination of efforts. In Canada, there is currently no mechanism in place that serves to link all initiatives within a pan-Canadian network model.

As well, there is very limited choice of true Canadian health-sector-focused leadership development programs that health care leaders of all ages and experience can enroll in. The applicability of non-Canadian and non-health know-how to the needs of Canadian health leaders is problematic; but, because an insufficient pool of Canadian health expertise exists, people are forced to look for the next-best alternative.

Appendix B: Consultation and outreach

Health leadership in Canada — blue sky meeting

On 15 May 2006, over 30 health system stakeholders gathered in Ottawa to discuss a possible health leadership crisis in Canada and to discuss the merits of a national, coordinated and integrated approach to health leadership development. A key focus of the meeting was the concept of Canadian collaborating centres for health leadership — what would later become CHLNet.

The discussion of Canada's leadership development challenges was supported by 2 presentations, one on the NHS Centre for Leadership and another on the Health Care Leaders' Association of British Columbia.

Following discussion, participants were comfortable with the initial underlying principles behind the network concept, the collaborative nature and the "leadership without ownership" approach to the initiative patterned after the patient safety initiative that gave rise to the Canadian Patient Safety Institute.

It was agreed that a fall symposium would afford the initiative profile, momentum and champions. The full report of the blue sky meeting can be found on www.chlnet.ca.

CHLNet stakeholder symposium

On 20 Nov. 2006, a larger group of health system stakeholders gathered to share information and, in particular, learn through the experience of invited international guests (John Clark, NHS, Institute for Innovation and Improvement; Dr. Ronald Heifetz, Harvard University, Centre for Public Leadership; Dennis Redding, Woodruff Leadership Academy, Founder and Academic Director; Janice Stein, University of Toronto, Munck Centre for International Studies).

The discussion that ensued led to the following conclusions:

- The project would need a clear, concise, convincing and credible platform.
- Sufficient start-up financing would be required to allow for sufficient analysis of the current Canadian leadership development context.
- A strong work plan and business plan would be required in the short term.

Focus groups, which followed the international speakers' presentations, debated issues of concept definition, funding vehicles and gaps in leadership development activities and/or resources. A detailed report of these discussions (the *Report of the Canadian Health Leadership Network Summit*) can be found at www.chlnet.ca.

CHLNet Summit

On 22 May 2007, approximately 100 health system leaders from across the country gathered in Ottawa to participate in the CHLNet Summit. The summit was an opportunity to review recent initiatives and provide feedback regarding next steps. At several opportunities, participants were asked to respond electronically to a series of questions regarding the state of leadership today as well as other contextual questions regarding workplace-related learning, training and development. The results of the direct votes substantiated the findings of the CBoC discussed above.

The following feedback was recorded:

- 22% of respondents report that their organization is "not at all" effective when it comes to preparing leaders to lead in today's complex environment
- 96% of CHLNet Summit participants are expected to systematically grow their own personal leadership and management skills to varying degrees
- A quarter of participants and other managers use no formal competency framework to guide leadership and management actions
- 29% of respondents say they are not at all satisfied with how well their organization's competency framework describes leadership and management expectations for themselves or others
- 93% of those asked agree there is widespread lack of succession planning/development (in health care) throughout Canada

- 70% of participants agree that current senior health leaders do not have a reliable method to "sift, sort and grade" currently available management and leadership programs and are prepared to invest in this service
- 75% of participants agree that there is a critical mass of current and former Canadian health leaders who are concerned enough about the future to volunteer time and lend their support to developing a network of leadership nodes across the country.

Most participants (94%) in the CHLNet summit also agreed that there is currently no mechanism or structure to link effectively the various leadership development initiatives that are underway across the country. As such, a Pan-Canadian Health Leadership network was expected to receive strong support from national health organizations and, to a lesser extent, from health delivery organizations.

National health leadership conference

In June 2007, CHLNet made a presentation at the National Health Leadership Conference to share the progress of the network to date and solicit feedback from delegates concerning the business plan in particular. Panelists included Don Philippon and Elma Heidemann (co-chairs, CHLNet), Bill Tholl (CEO, Canadian Medical Association), Graham Dickson (Royal Roads University), Emily Gruenwoldt (Association of Canadian Academic Healthcare Organizations) and Chuck Rowe (Healthcare Leaders Association of British Columbia).

Beyond the business case, the results of stakeholder surveys on leadership development issues and developments underway to increase leadership capacity were also discussed.

International consultation (Netherlands, September 2007)

CHLNet was placed on the agenda of a 2-day meeting in The Hague, between health care leaders from Canada and the Netherlands. Having just introduced major system-wide reforms, the Dutch were very interested in the concept of CHLNet as their leadership activities were currently identified with individual institutions. The CHLNet concept was well received and sparked a lively discussion both as part of the joint meeting and in informal discussions among the delegates from Canada (deputy ministers, CEOs of regional health authorities, etc.).

Other consultation and outreach

The following consultations have also taken place:

- *Health Canada:* CHLNet co-chairs and members of its steering committee have met with the federal deputy minister of Health and the director general to elucidate CHLNet' vision, mission and goals (both short and long term). Their feedback suggests that it is important for CHLNet to garner the support of the provinces, as well as that of major regional health authorities across the country to move the issue forward on the national agenda.
- *Provincial deputy ministers of health:* CHLNet has corresponded with the provincial deputy ministers of health, asking for their (financial) support to ensure a sustainable financial foundation for the network. Follow-up meetings are being arranged with some deputy ministers to identify how CHLNet can best address the leadership issues as seen from their perspective.
- *Provincial leadership initiatives:* Major leadership initiatives are underway in British Columbia, Alberta and Ontario. Meetings are being arranged with representatives to ensure that a value added role exists for CHLNet.
- *Community for Excellence in Health Governance:* CHLNet has an established relationship with the CEHG and will continue to share information to keep both groups informed of next steps.