



***Co-creation of Canadian Collaborative for Health Leadership and Research:  
A Primer on Leveraging the LEADS Advantage.***

**Proposal:** To co-create a *Canadian Collaborative for Health Leadership and Research (CCHLR)*, with an academic home or ‘hub’ to bring together a diverse community of practice comprised of academics, academic centres and health leaders from across Canada (and potentially globally) to better understand the critical enabling role health leadership plays in health system and organizational performance.

**Value Proposition:** CCHLR would help advance the health leadership agenda by:

- Serve as a clearinghouse for academic works/research.
- Help identify emerging, collaborative research opportunities (CIHR, SSHRC, CRC, other) and Increasing likelihood of successfully competing for research grants.
- Initiate/conduct cross-cutting, interdisciplinary research aimed at advancing collective understanding of the discipline of health leadership.
- Connect with leadership practitioners through the Canadian Health Leadership Network to ensure research influences practice; and
- Support ongoing evaluation and ‘evergreening’ of the LEADS in a Caring Environment framework.
- Co-create tools/apps and support programs to support leadership development in ways that are cost-effective to practitioners.
- Increase the likelihood of research results being translated into leadership development curricula and into practice (via CHLNet and partners).

**Background:** A multiplicity of commissioned reports, informed studies, and media releases point to the need for transformational as opposed to transactional change. This is the ‘territory of leadership’. This points to the need for coordinated, concerted, evidence-informed effort to bring together the scholarly efforts from across the country, which are currently ad hoc, disconnected, and peripatetic.

Research into the nature and impact of health leadership has grown exponentially over the past decade, with a broad-based recognition today among academics and CHLNet Partners that effective leadership is a key enabler/explanator of health system and organizational performance. There is now a critical mass of academics actively engaged in research into the practice of leadership.

LEADS is now recognized as the preferred leadership framework of 80% of healthcare organizations across Canada that have adopted a leadership framework. (<https://chlnet.ca/wp-content/uploads/CHLNetBench2-1-3-25.pdf>). The framework is also garnering increased interest internationally (Belgium, India, Australia). This is due in large measure to both its construct and face validity.

Research into the early development of LEADS was supported by the BC Ministry of Health (2006), with Royal Roads serving as its academic “home” with the creation of the Centre for Health Leadership and Research (led by Graham Dickson). While the Centre still exists, it is dormant.



This increased attention on the importance of health leadership and LEADS stems from several factors:

- In 2009, CHLNet joined forces with RRU to bring together a multi-centred research team from across the country, which successfully competed for a 2009-2014 \$450K research grant from the CIHR and Michael Smith Research Foundation:  
<https://neltoolkit.nao.ca/sites/default/files/Partnerships%20for%20Health%20System%20Improvement%20Leadership%20and%20Health%20System%20Redesign%20Cross%20Case%20Analysis%20May%202014.pdf>. This was the first of its kind, bringing together the theory and practice of leadership through a novel “Participatory Action Research” (PAR) protocol, which included senior health leaders and accomplished health services researchers.)
- In 2009-2010, RRU and CHLNet took the LEADS framework “On the Road”, with three successful LEADS-based training offerings in “Advanced Health Leadership “ in Wakefield, Quebec (times 2); and Hecla, Manitoba.
- Between 2009—2014 CHLNet and RRU representatives held meetings across Canada in multiple jurisdictions (.e.g., PEI, Newfoundland, Saskatchewan, Alberta and Ontario) that resulted in many individuals and organizations adopting the LEADS framework for talent management purposes.
- First and second editions of the *Bringing Leadership to Life in Health* book, were published by Springer in 2014 and 2020, respectively. Together, the books have had 32,000 ‘accesses’ (i.e., purchases or downloads) world-wide.
- A literature review, conducted in 2019, validated the existing content of the LEADS framework. *LEADS Global* was created to promote the use of health leadership (using LEADS or frameworks compatible with LEADS) internationally.
- Ongoing international collaborations have been held with the Faculty of Medical Leadership and Management in the UK, the Royal Australasian College of Medical Administrators (RACMA) from Australia, and the American Association for Physician Leadership (AAPL) in the USA relative to their use of frameworks for medical education.
- Currently, as of 2023, CCHL owns 75% of the IP rights to the LEADS framework, and LEADS Global, 25%. The latter has full rights to use the framework for research purposes and professional services in Canada and abroad.
- A LEADS Framework Steering Group, consisting of representatives from CHLNet, CCHL, and LEADS Global, was created in 2021 to oversee a ‘refresh’ of the LEADS framework for 2025.

CHLNet partners have agreed, since its inception in 2009, to support LEADS or any similar leadership framework as a prerequisite of membership. Several physician partner groups specifically embraced the LEADS framework (e.g., CMA Physician Leadership Institute, Canadian Society of Physician Leaders and the Royal College of Physicians and Surgeons of Canada).

**Considerations:** There is an ongoing need to continue to undertake and monitor research into the pivotal role health leadership plays in health system reform. Indeed, there is an ongoing ‘natural experiment’ both nationally and internationally that is ripe for applied health leadership research.



With the extensive adoption of LEADS across Canada, several academic institutions have embraced the framework in leadership development program offerings and related research. These include: McMaster University (Faculty of Health Sciences), which has successfully landed both a Mitacs grant (Dr. Teresa Chan -career planning) and a CIHR grant (Dr. Michael Wilson -addressing challengers around mis/malinformation stemming from the pandemic); University of Saskatchewan (contacts: Dr. Marilyn Baetz and Dr. Anurag Saxena); University of Manitoba (Dr. Ming-Ka Chan), University of Alberta (Dr. Dev Menon), University of Ottawa (Dr. Ivy Bourgeault), University of Toronto (Dr. Anne Matlow) and Royal Roads University (Dr. Cheryl Heykoop and Dr. Zoe MacLeod). CHLNet has established a Research and Evaluation Working Group in support of one of its four 'value streams'. The WG includes many academics with an ongoing interest in advancing the health leadership research agenda.

<https://chlnet.ca/health-leadership-research-knowledge-and-evaluation> )

*Internationally*, there is a small but growing number of academics and health leaders spanning five continents interested in coming together to advance the understanding and application of the discipline of health leadership. Discussions are ongoing with the International Leadership Association, LEADS Global and with CHLNet to consider the formation of a World Health Leadership Network (WHLNet) that would support a community of practice into the study and practice of health leadership worldwide. (draft 'Concept Piece' available).

Some key factors to consider in looking for an academic home or 'hub' (ie network or community of practice concept) to help coordinate and facilitate research into health leadership would include:

- ongoing/shared interest in health leadership development and its impact on health system/organizational success.
- demonstrated ability to work with others in the spirit of "leadership without ownership".
- a virtual presence, serving as the coordinating hub or central node on a network of academic partners.
- ability to commit resources, including .20 of Person Year to support an academic lead and up to .50 of a Person Year for administrative support over a five-year period. LEADS (or compatible framework) is already embedded as a primary or exclusive leadership framework for education purposes at the host institution.

<b>Next Steps:</b> (1) Bring together a 'coalition of the willing' or informal steering group' (under the auspices of LEADS Global and CHLNet) (5-6 individuals ...done)	March 27
(2) Finalize/flesh out concept piece and develop a formal proposal (for consideration by CHLNet Partners)	May 03
(3) Reconvene steering group (facilitated 2 hour session)	May (2 <sup>nd</sup> week)
(4) Circulate a request for letters of interest.	May 30
(5) Formalize/circulate formal RFP.	June 15
(6) Reconvene Steering Group to consider proposal(s) and business plan going forward	Sept (TBC)
(7) Decision. (LEADS Global; CHLNet NPs Roundtable).	Oct 12



BT and GD April 3rd/23 ( For discussion only)

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