

Guidelines and Process for Seeking Family Physician Representation

This guide assists the requester early in the process to encourage thoughtful preparation so that the best family physician candidate(s) can be identified for the engagement opportunity.

Consider six areas below prior to beginning to complete the request form.

1. Relevance to Family Physicians:

Identify if the issue/opportunity is relevant to family physicians.

2. Level of Engagement*:

Based on the relevance, consider what degree of engagement is most appropriate for family physicians on this issue:

- To **EMPOWER** family physicians to lead or be a primary partner in leading the work
- To **COLLABORATE** with family physicians by engaging as partners at the beginning of the planning process.
- To **INVOLVE** and have the influence of family physicians in the process and outcomes
- To **CONSULT** with family physicians through dialogue and active listening to reflect their perspective in the output
- To **INFORM** family physicians through education or presentation with clear, concise and up-to-date information

3. Level of Representation:

Based on the relevance and degree of decision-making, indicate which proficiency level of leaders is most appropriate for family physician recruitment on this issue:

- **Service delivery level leader (front line leader):** Working with patients and the public to recognize where and how improvements can be made
- **Mid-level operational leader (mid-level leader):** Acting as a bridge between the clinical/public and strategic roles, and translating high level goals in the operational and program delivery area
- **Strategic operational leader (senior level leader):** Serving as facilitator of seamless processes taking ideas and uncovering blocks or barriers to system functioning
- **Strategic executive leader (executive level leader):** Looking at the entire picture from many viewpoints to drive solution, researching and synthesizing diverse sets of information into a multi-level strategic vision, and leading as astute communicator to set vision and engage staff in making that vision achievable.

PRIMARY HEALTH CARE STRATEGIC DIRECTIONS:

1. **Enhancing the delivery of care**
 - Providing a health home
 - Establishing clear expectations for care delivery
 - Integrating and Coordinating services
2. **Cultural change**
 - Encouraging and supporting Albertans to take an active role
 - Promoting team-based care and collaboration
 - Fostering a culture of continuous learning, innovation and trust
 - Developing a greater understanding of the social determinants of health
3. **Building blocks for change**
 - Governance to create an effective primary health care system
 - Implementing compensation models that support innovation and team-based care
 - Putting in place common information management and information technology
 - Developing and supporting the primary health care workforce
 - Involving the community and being responsive to local needs
 - Communicating about primary health care
 - Evaluating effectiveness

Source: Alberta's Primary Health Care Strategy
(Alberta Health, January 2014)

*SOURCE: INTERNATIONAL ASSOCIATION FOR PUBLIC PARTICIPATION:

[HTTP://C.Y.M.C.D.N.COM/SITES/WWW.I.A.P.2.ORG/RESOURCE/RESMGR/IMPORTED/IAP2%20SPECTRUM_VERTICAL.PDF](http://c.y.m.c.d.n.com/sites/www.i.a.p.2.org/resource/resmgr/imported/iap2%20spectrum_vertical.pdf)

4. Engagement Plan:

Consider other aspects to examine if family physician engagement is most appropriate for this issue at this moment.

- **Appropriateness:** Are there other engagement activities happening at the same time that are related to the issue, challenge or need?
- **Readiness:** Is funding available? Is there political will and administrative ability to carry out this engagement?
- **Timeline:** Is it a good timing? Can it be done quickly or does it take time? Are there any dependencies to be aware of in scheduling a time?
- **Format:** Does this engagement activity duplicate something else or can it build on an existing activity? Which method(s) will be used to engage family physicians (e.g. print or electronic media, presentation, study or research, meeting, workshop)?
- **Feedback:** How can family physicians provide feedback regarding their participation? How will the engagement process be measured or evaluated as successful?
- **Remuneration:** Remuneration for time and expenses will be governed by the respective requesting organizations policies.

5. Outcomes:

Specify what outcome(s) you want to have achieved at the end of the engagement activity.

Examples:

- Establishing, improving or refocusing relationships
- Obtaining agreement on purpose and direction of a strategy or project
- Identifying issues and opportunities
- Generating new ideas
- Forming new partnerships
- Identifying complementary resources and approaches
- Defusing conflict and addressing confusion
- Improving services for people
- Improving process
- Developing or changing a policy
- Building support for a new initiative
- Changing behaviours

6. Outputs:

Clarify what product(s) will result from the engagement.

Examples:

- White paper
- Report
- Position statement
- Clinical Guidelines or Pathways
- Policy or Procedure
- Quality Improvement Process

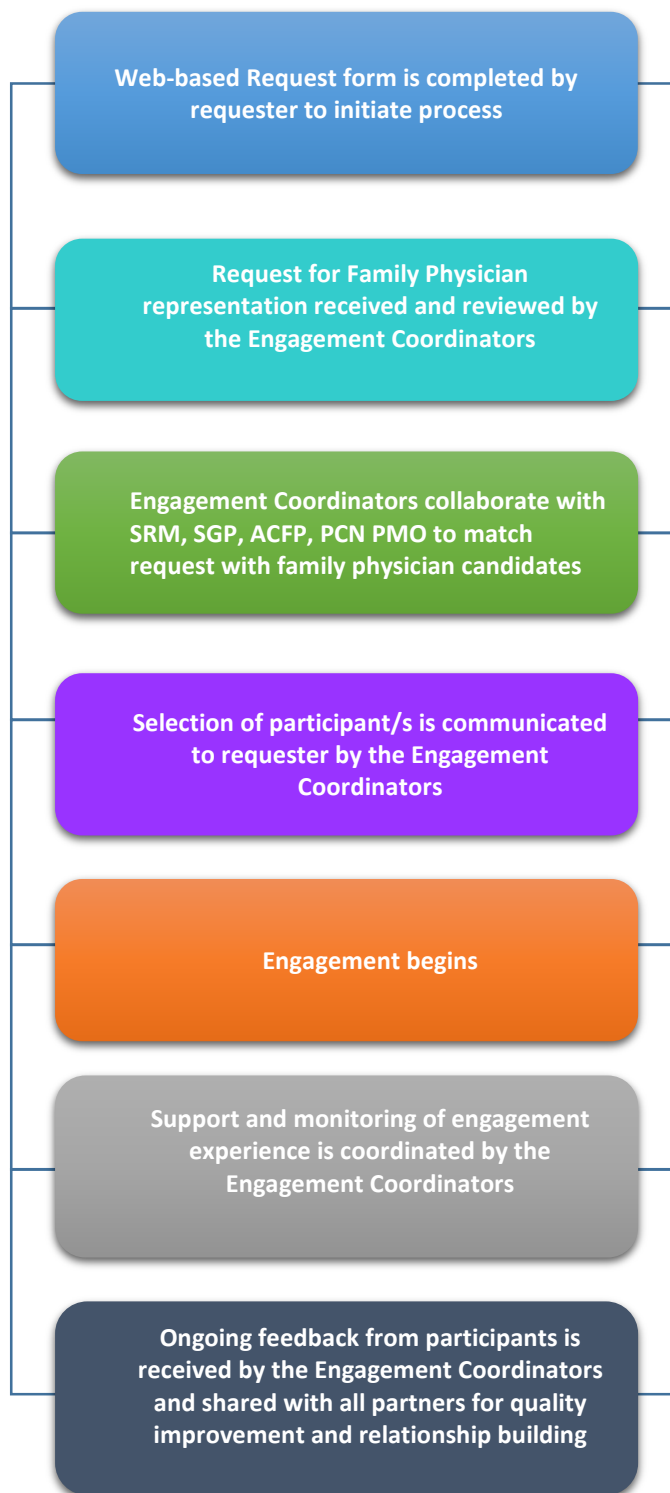


Figure 1: Brief Process for Requesting Family Physician Representation

*SOURCE: INTERNATIONAL ASSOCIATION FOR PUBLIC PARTICIPATION:
[HTTP://C.Y.MCDN.COM/SITES/WWW.IAP2.ORG/RESOURCE/RESMGR/IMPORTED/IAP2%20SPECTRUM_VERTICAL.PDF](http://c.y.mcdn.com/sites/www.iap2.org/resource/resmgr/imported/iap2%20spectrum_vertical.pdf)