Using All Our Talents

Meaningful Leadership Opportunities for Women Physicians at Vancouver Coastal Health (VCH)

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This document reflects the thoughts, experiences and ideas of many people who participated in discussions along the way.

We would like to thank them all for their time and energy as the themes and actions were developed. This report would not be possible without the ongoing support and contributions of the core team members and those who joined the project team during the six months it took to get to this point.

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This is a living document and is intended as a place to start for VCH and other organizations to collaborate for a culture that is diverse, inclusive and equitable. It is also a place for individuals to better understand the issues and learn how they can make a positive impact.

As VCH Board Chair Dr. Penny Ballem said at our first meeting, “Let’s not still be discussing this in 10 years’ time.”

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The Project

Effective organizations depend on diverse and cohesive leadership. Over the last six months, the Vancouver Physician Staff Association (VPSA) Facility Engagement team brought together physicians, administrative leaders from Vancouver Coastal Health (VCH), Providence Health Care, the University of British Columbia's Faculty of Medicine, the Specialist Services Committee and other healthcare organizations that interact with them in two sessions and several meetings. The purpose was to share the leadership experiences of women physicians and consider a future where women and men physicians in all their diversity participate together and equally in strong leadership roles at VCH.

Following an approach called Appreciative Inquiry, two important statements were generated:

1. A possibility statement that describes a positive, future culture.
2. The four essential elements necessary to support that future.

Using these two statements, people explored in more detail aspects of the need for ownership and commitment from senior leadership for cultural and practice changes.

Discussion highlighted women physicians' experiences, the implications of unconscious bias and the barriers for women physicians (who still typically bear the larger burden of family responsibilities) in job structures and expectations. They talked about the need for clear processes for physician talent management and succession planning, meaningful metrics to track progress and drive change, and what is needed for diverse leadership development learning and experiences. While there was emphasis on the organizational practices that need to change or be created, they also talked about what women can do for themselves.

Through this process, critical stakeholders who must lead or be involved in changes were identified and an action plan developed to accomplish the changes in the immediate, mid and long term. Fundamental to the action plan is a recommended structure that will continue the positive momentum for change and involve women and men physicians and administrators in ongoing process and cultural change.

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Action Plan

As we started on this journey, our goal was to raise awareness of the lack of gender diversity in medical leadership and its impact on our women physicians at VCH. Awareness is only a first step. To affect real, meaningful culture change we need VCH's highest level of support: the board and the senior executive team (SET)!

We suggest a quality improvement approach to facilitate this culture change at VCH, and, with that in mind, the Appreciative Inquiry's possibility statement would be our aim:

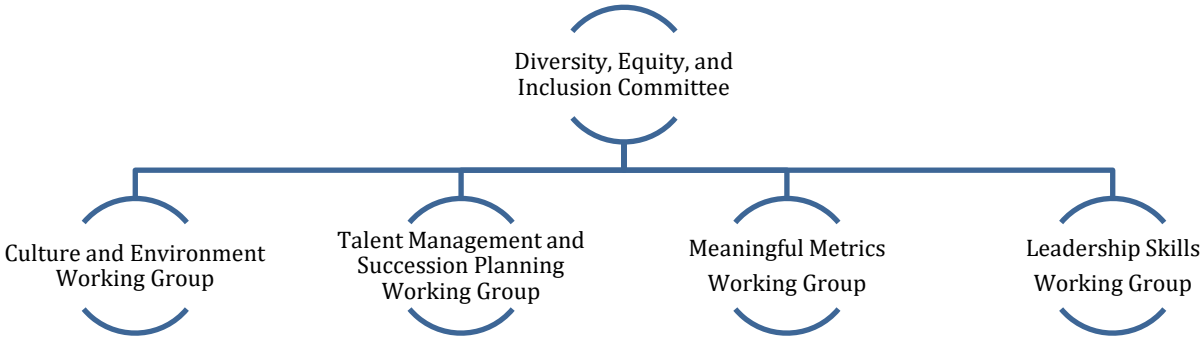
We are an organization that values women, in all their diversity, as leaders. There is a supportive corporate culture at VCH for empowered woman physician leadership.

At all stages of their careers, women are actively supported to develop leadership skills and knowledge by a culture that provides learning and experiences including opportunities to collaborate, network and lead.

We actively sponsor and mentor women to ensure equal representation in leadership. Women always have seats at the table. Success begets success!

A new Diversity, Equity and Inclusion Committee must be developed to oversee the work outlined in the action plan. The four essential elements identified in the Appreciative Inquiry report will represent the primary drivers, each of which can be broken down into secondary drivers. Each essential element will be assigned to a working group whose chair will also be a member of the Diversity, Equity and Inclusion Committee. The working group will, along with relevant stakeholders and responsible sponsors, carry out the action plan tasks, and any additional ones deemed necessary. The four working groups will report via their leader to the Diversity, Equity and Inclusion Committee, which will coordinate the overlapping work (see diagram on the following page).

It is important to acknowledge that while our inquiry was focused on women physicians in leadership, the action plan is intended to support continuing discussion and actions to address the multiple facets of diversity, equity and inclusion. The action plan proposed here is also meant to be part of a much larger, organization wide VCH strategy of diversity, equity and inclusion in the workforce.



To measure our success, we need real targets to be set and announced by VCH top leadership (x% women in medical leadership at VCH by y date) as well as additional metrics to track progress. Most of the tasks outlined in the action plan represent initial steps and are intended to empower the working groups to further refine the plan.

The tasks in the action plan are assigned a timeframe: immediate and short term (six months), mid (two years), and long term (four years). The short-term tasks are intended to be small scale in nature and serve as a pilot test of changes (PDSAs) before spreading improvements more broadly. It is important to demonstrate visible activity in the immediate term to build confidence in VCH leadership's commitment to diversity, equity and inclusion within its medical leadership.

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Essential Element 1: Culture and Environment

Owners/Sponsors: VCH Senior Executive Team and Board

Stakeholders: VCH People & Culture; VCH Transformation Office; VCH Diversity, Equity & Inclusion Committee; Culture & Environment Working Group; VCH physicians; Department & Division Heads; UBC Department of Medicine Equity Committee

	Immediate & Short Term (by end of 2019)	Mid Term (by end of 2021)	Long Term (by end of 2023)
Ownership and commitment	• VCH CEO to sign Minerva+ Pledge [1] • Announce the development of a new VCH policy on diversity, equity and inclusion • Establish and announce targets for gender diversity within medical leadership • VCH Medical Staff bylaws, rules and policies to be reviewed to include gender diversity and inclusion	• Develop the new policy on diversity, equity and inclusion • Culture and Environment Working Group to collaborate with VCH Transformation and Employee Engagement teams to develop a harassment policy • Implement the diversity, equity and inclusion policy • Implement the harassment policy	• Provide yearly public VCH diversity status reports • Monitor harassment incidents and update the harassment policy as necessary • Develop a plan where collaboration between the various health authorities occurs in relation to harassment incidents
Women's experiences	• Create a supportive community of women physicians who meet on an ongoing basis and interact to support each other's growth and career advancements • VCH to publicize awards won by women and recognize significant promotions	• Schedule the first face-to-face community launch event • Develop an online community platform for women to communicate and support each other • Create an informal mentorship/sponsorship program to support women's career advancement	• Align formal and informal mentorship/sponsorship programs
Unconscious bias	• Research unconscious bias training – in person or online module • Identify upcoming medical leadership roles	• Institute unconscious bias training for recruitment, promotion and awards committees for medical staff and medical leaders • Evaluate unconscious bias training and adapt as necessary	• Mandate unconscious bias training and Implicit Association Test (IAT) for VCH leaders and department/division heads and anyone involved in

	• Include a bias champion on the selection, promotion and awards committees		physician recruitment, promotion and awards processes
Enabling structures	• Identify upcoming medical leadership roles to pilot a job-crafting/ job-sharing program • Develop an inventory of all formal and informal leadership positions • Culture and Environment Working Group to develop a plan to address physicians' family related barriers • Culture and Environment Working Group to determine what is needed to address leadership roles' protected time and remuneration	• Formal assessment of upcoming medical leadership roles open for physicians at VCH • Identify opportunities to job craft/job share • Assess **all** VCH leadership roles open to physicians and identify opportunities to job craft/job share • Develop a flexible and equitable family-friendly workplace policy for physicians (e.g., review timing of meetings, increase use of technology to facilitate virtual meetings) • Develop a plan to institute childcare for VCH employees • Schedule first meeting of the committee • Formal assessment of remuneration for leadership roles and associated tasks • Develop remuneration systems that enable and support physician leadership	• Institute formal policy to assess leadership roles on an ongoing basis and implement the flexible and equitable family-friendly workplace policy • Implement the equitable family-friendly workplace policy for physicians and plan to institute childcare for VCH employees • Implement the new remuneration system

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Essential Element 2: Succession Planning and Talent Management

Owners/Sponsors: VCH Associate VP Medicine, Quality & Safety; VCH Diversity, Equity & Inclusion Committee; Talent Management & Succession Planning Working Group

Stakeholders: VCH Department /Division Heads; VCH People & Culture; VCH Physician Engagement & Contract Strategies

	Immediate & Short Term (by end of 2019)	Mid Term (by end of 2021)	Long Term (by end of 2023)
Talent management	• Assessment of existing job descriptions, selection criteria and hiring procedures • Research talent development and training modalities for leaders • Develop leadership pathway processes (e.g., coaching) and plans	• Disseminate assessment results and provide recommendations for improvements • Implement assessment recommendations • Develop a performance appraisal system for all medical leadership roles • Develop a learning and development program that develops leaders from onset of employment • Develop a flexible talent management program for leadership roles that commences when physicians are hired • Develop leadership training around succession planning and talent management	• Ongoing evaluation of the workforce planning program, succession planning, and talent management program
Workforce and succession planning	• An assessment of current physician workforce is underway at VCH; involve physicians in the validation of the workforce data • Develop a plan to understand the strategic direction and critical work accountabilities and determine who is responsible for each role • Institute term limits for leadership roles	• Workforce plan for next five years to be developed • Assessment of workloads, staffing needs and skill mix required • Develop a succession planning framework • Develop solutions to address gaps in workforce with a lens of diversity, equity and inclusion • Understand and mitigate gender differences with respect to self-evaluation of leadership skills and willingness to take on leadership roles	• Implement solutions to address gaps in workforce with a lens of diversity, equity and inclusion • Implement ongoing updates to workforce planning

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Essential Element 3: Meaningful Metrics

Owners/Sponsors: VCH Physician Engagement & Contract Strategies; VCH Diversity, Equity & Inclusion Committee; Meaningful Metrics Working Group

Stakeholders: VCH Senior Leadership Team; VCH Board; VCH People & Culture

	Immediate & Short Term (by end of 2019)	Mid Term (by end of 2021)	Long Term (by end of 2023)

Diversity, Equity & Inclusion Committee	• Create a working group that reports to the Diversity, Equity & Inclusion Committee to develop meaningful metrics and evaluate metric needs. Metrics expertise can be achieved through academic collaboration, hiring of private sector experts, etc.
	• Meaningful Metrics Working Group to develop an inventory of what diversity metrics already exist
		• Design a robust process and plan to collect quantitative and qualitative metrics:
		  ○ Design a process to collect contextual data
		  ○ Develop a qualitative investigation of why women don't apply for leadership roles
		• Assess if diversity data can be collected through the credentialing and privileging process, or the reappointment process
		• Implement diversity data collection processes
		• Develop a public annual report on diversity metrics for each department/division
		• Develop metrics to collect outcome variables that showcase the impact of diversity in leadership
		• Address issues and provide recommendations around removing barriers and facilitating women physicians taking on leadership roles
			• Continuous improvement of data collection tools and databases

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Essential Element 4: Leadership Skills

Owners/Sponsors: VCH Associate VP Medicine, Quality & Safety; Diversity, Equity & Inclusion Committee; Leadership Skills Working Group

Stakeholders: UBC Medical School; UBC Department of Medicine Equity Committee; VCH People & Culture; VCH physicians; Facility Engagement sites: VPSA/ RH/ PASS/others; SSC PLQI; Doctors of BC; SSC/ JCC

	Immediate & Short Term (by end of 2019)	Mid Term (by end of 2021)	Long Term (by end of 2023)
Lead like a woman – value relationship skills in networking	• Leadership Skills Working Group to evaluate job descriptions and assess them for broader gender competencies	• Develop a relationship building and mentoring/ sponsorship formal program for women who want to be leaders; the program should include training for all mentors/sponsors • The working group will provide recommendations to VCH executive team on how to include more women leadership competencies (emotional intelligence, collaboration, etc.) in medical leadership job descriptions	• Implement formal mentorship/sponsorship program for women who want to be leaders
Leadership development	• Working group to collaborate with VCH Physician Quality department to align leadership development projects • Assess if targeted leadership competencies training for women physicians is needed	• Develop an onboarding process for new physicians where leadership competency strengths and weaknesses are identified • Develop a plan that will identify hands-on leadership opportunities (e.g., a rotating "acting" leadership when the leader is absent) • Develop a leadership pathway that will include a training program for all physicians in leadership roles • Develop learning opportunities that will support physicians throughout their careers, should they choose a leadership path	• Potentially hire a designated career development consultant/subject matter expert who will support physicians and medical leaders

USING ALL OUR TALENTS: A Deeper Dive

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Why this document?

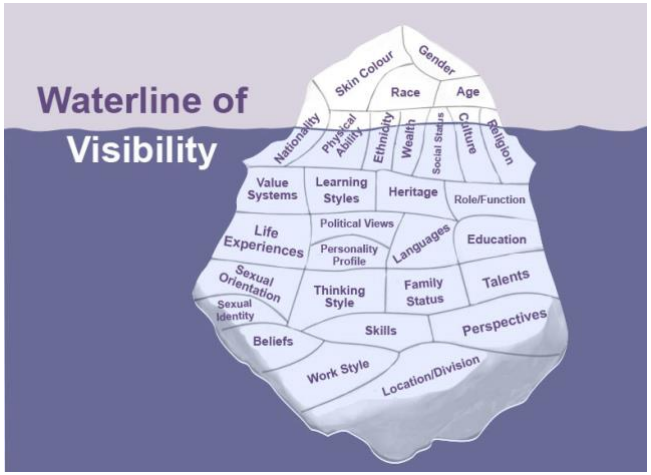
Literature, research and experience tell us that organizations that actively value diversity are more successful than those that do not. Evidence also suggests that strong female representation at senior management levels is associated with better organizational performance, innovation, and financial health. The data tells us that in Canadian healthcare there are substantially fewer women physicians in leadership roles than men. In medical school, the numbers are about equal; so where did all the women go?

VCH is not alone in this journey, neither is Canada. This document records local findings and draws on data and conclusions from British Columbia, Alberta, Ontario, NHS in the UK, USA and beyond. There is a significant body of work already completed on this topic and, rather than reinventing the wheel, we intend to embrace it and add the thoughts and desires of the participants in this Appreciative Inquiry at VCH.

Our conclusions and recommendations focus on women physicians in healthcare leadership. However, in keeping with the principles of intersectionality (Figure 1), we acknowledge that gender is only one of the many aspects of diversity.

The issues raised are issues for all. However, women still shoulder a disproportionate share of the family responsibilities with child or elder care and we have noted many examples of work structures and practices that disadvantage women interested in a leadership role in healthcare. Principles and practices learned through this work will help in addressing some of the many other important facets of diversity.

Figure 1 The Iceberg [2]



At VCH and Vancouver Acute (VA) women occupy 19% of the formal medical leadership roles even though women physicians represent a much higher percentage of the medical staff.

- VCH - 57% men physicians and 43% women. Physician leaders are 81% men and 19% women.*
- VA - 58% men physicians and 42% women physicians. Physician leaders: 81% men and 19% women.*
- Providence Health Care (PHC) - 58% men physicians and 42% women physicians. Physician leaders are 75% men and 25% women.*

*Data for gender distribution and leadership positions is from 2018 for VCH and VA. Gender distribution data for PHC was calculated from 2018 data, and physician leadership data is from 2019. The positions that were used to calculate physician leaders' gender distribution were: department and associate heads; division and associate division heads. Program leads and other roles were excluded.

This report is intended as a living document and a place to start. We make recommendations for actions that require collaboration (Appendix A-VPSA adapted IAP2 Engagement Spectrum and Framework) between many organizations and groups. Improving access to leadership opportunities for women physicians requires changes to processes, better access to information and, most importantly, an organizational willingness to address some of the tough embedded cultural and societal norms.

It is not possible for one organization to do this alone. We hope that this ongoing work will be accomplished through partnerships and relationships and will be used to create a diverse, inclusive and vibrant workplace with a culture that values everyone's talents. Although the organization has a significant role to play, each one of us has a responsibility to encourage diversity, equity and inclusion in medical leadership at VCH.

Appreciative Inquiry process

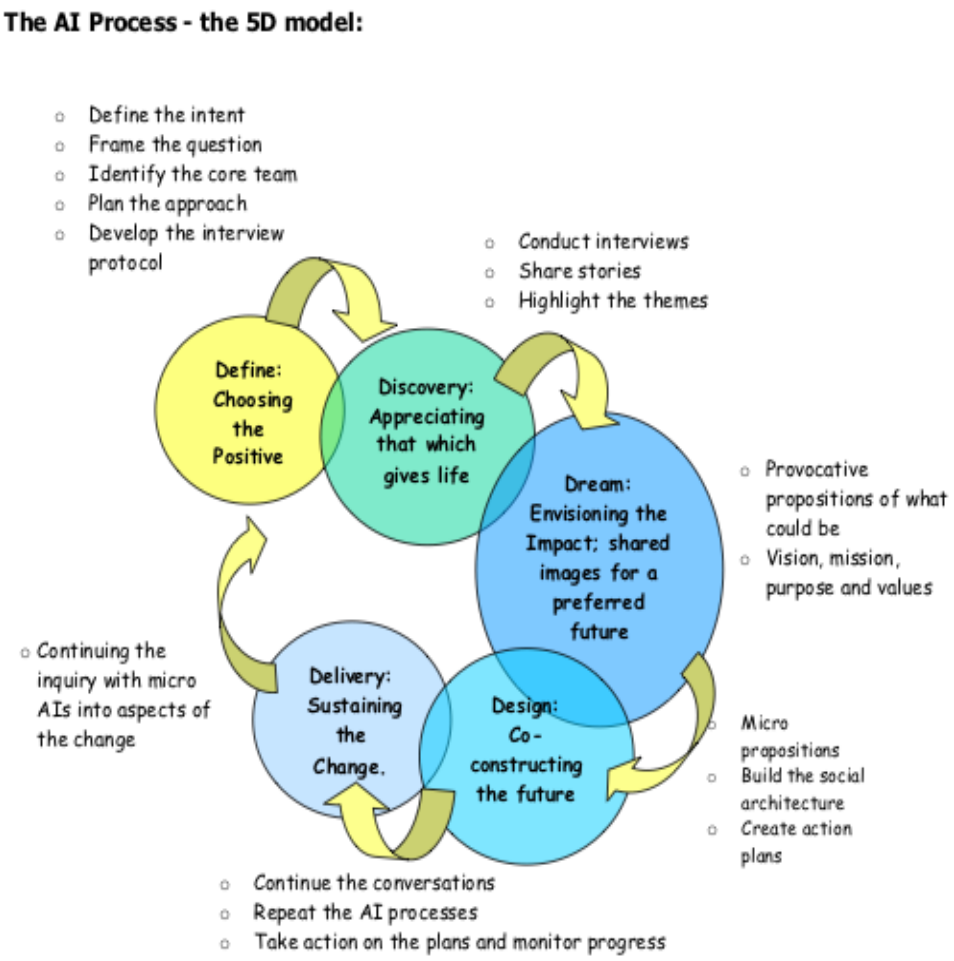


Figure 2

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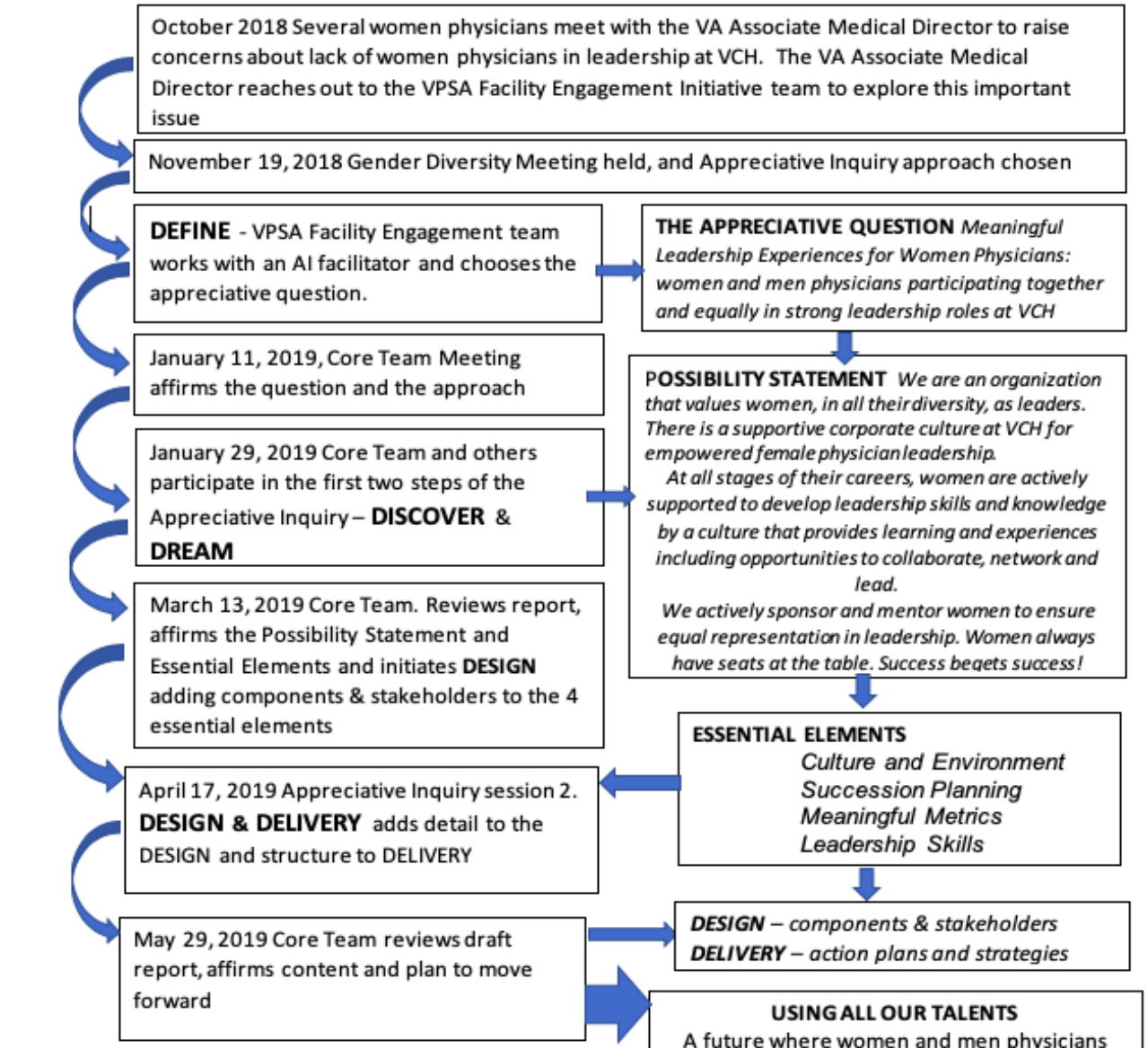
Figure 3

See Appendix C "About the Project" for further information about the project including the participants, the Appreciative Inquiry process and project highlights.



ROAD MAP of the JOURNEY

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The Conversations – what people talked about

The approach taken to this exploration has been through Appreciative Inquiry. This process and mindset ask us to draw on our best stories and experiences to envision the desired, positive future. The resulting possibility statement was generated by the participants and describes the organization at its very best.

We are an organization that values women, in all their diversity, as leaders. There is a supportive corporate culture at VCH for empowered woman physician leadership.

At all stages of their careers, women are actively supported to develop leadership skills and knowledge by a culture that provides learning and experiences including opportunities to collaborate, network and lead.

We actively sponsor and mentor women to ensure equal representation in leadership. Women always have seats at the table. Success begets success!

The design step looks for opportunities to create more of this desired future and in our second AI session of April 17, 2019, participants had a chance to reflect and discuss aspects of the possibility statement. Here's what was top of mind for them. The possibility statement highlighted three powerful areas of vision.

1. Valuing women, valuing leadership

We are an organization that values women, in all their diversity, as leaders. There is a supportive corporate culture at VCH for empowered woman physician leadership.

Women physicians look for recognition of the issue by senior leadership at VCH including the senior executive team (SET) and the board. There was interest in the Minerva BC's diversity pledge (see Appendix D) as a public commitment to supporting women's leadership. Additional visible actions could involve zero tolerance for discrimination and harassment and the implementation of diversity, equity and inclusion policies across the organization.

Valuing Women

Showcase successful narratives – celebrate women physician leaders
Activities and events that welcome women
Include more than one woman on a committee
Need female role models with leadership styles that other women can identify with
Male perception of leadership excellence drives standards
Parental leave should be encouraged and normalized for either parent. Paternity leave isn't well adopted
Job structure should support diversity
Break down possibilities – make it more flexible
Infant and after-school childcare needed to be able to come to meetings

Participant comments; March 13 & April 17, 2019

In the room, the conversation surfaced a deep need for women physicians to feel respected and valued by the organization. For more women to step up to physician leadership roles, some things in succession practices and in the culture must change. They asked the question, "What is our culture and what do we want it to be?"

Describing the culture as traditional male-dominated hierarchy and a "boys' club" where the male perception of leadership excellence drives standards, people felt there are unconscious biases at work. Examples were cited of assumptions that women physicians were "not interested," "too busy," and "not available" to take on leadership roles; this was particularly so if the women physicians also happen to have young children at home.

Turning to leadership, there was also a sense that physician leadership was not truly valued in the same way as clinical work and not supported by structure and processes. Leadership time is not compensated equally with clinical time and this creates a financial hit.

Without properly compensated, protected time, leadership work is seen as an add-on to clinical work as evidenced by meetings scheduled before 8 am or after 5 pm as bookends to the day. It is difficult for many women, who often still take on the lion's share of the family responsibilities, to accommodate these extra hours. Job structures also came up frequently as making it harder for them to participate.

2. Supporting careers

At all stages of their careers, women are actively supported to develop leadership skills and knowledge by a culture that provides learning and experiences including opportunities to collaborate, network and lead.

Women (and men) physicians who want to take part in leadership are not always aware of the opportunities available and becoming available. There needs to be a clear leadership path, with transparent advertising/listing of opportunities to gain leadership experience. Women and men physicians look for leadership learning and development both in the form of workshops or courses and through leadership experiences and opportunities. Coaching, mentoring and sponsorship are also viewed as essential to support and encourage more women physicians to become leaders. There is a desire for consistent and early career talent management practices, including succession planning. This is not current practice at VCH. In addition to wanting a clear, transparent succession process, both women and men physicians reflected on the lack of leadership career possibilities

Valuing Leadership

Need a system so that leadership activities are not an "add on" to current responsibilities – one reason why women refuse opportunities
Leadership happens at "bookends" before 8 am or after 5 pm. Times that many female physicians experience as harder Leadership is part of work, not outside and not beside clinical
Leadership should be valued equally with clinical – shouldn't be a pay cut
Leadership roles are a lot of work and not enough compensation
Value leadership excellence at the same level as clinical

Participant comments; March 13 & April 17, 2019

within VCH. Most senior positions are not limited by terms, leaving little room for advancement other than leaving the organization.

The discussion continued around the organization's expectations of physician leadership and how a model is needed to support early, mid-career and late leadership advancement. There is a desire for personal leadership assessment, a development plan and clear accountabilities for division and department heads to make possible leadership learning experiences at appropriate levels. Providing opportunities for leadership development and leadership experience would also contribute to physician recruitment and retention at VCH.

The ultimate goal of every division and department should be to have a pipeline of diverse physician leaders ready to take on leadership roles.

COACH- *helps a person develop personal skills and strengths, thinking through a situation or sorting out possibilities. A coach is a thinking partner who provides a safe place for the person being coached to explore their thoughts. A coach never tells someone what to do and rarely advises.*

MENTOR- *is a colleague who is more knowledgeable and experienced in the work, gives advice and acts as a role model. A person may have more than one mentor with different experiences and skills. It is a long-term relationship and it may continue throughout one's career.*

SPONSOR- *"opens doors" and is well connected in the same kind of work. A sponsor is often a mentor who has seen the person's capabilities and is willing to actively advocate for them for a specific career opportunity.*

3. Visible diversity and active inclusion

We actively sponsor and mentor women to ensure equal representation in leadership.
Women always have seats at the table. Success begets success!

Reflecting on the possibility statement, people talked about visible examples of diversity and inclusion in physician leadership roles - or the lack of it. There is a sense that women may not automatically see themselves as leaders and that strong women physician role models with different leadership styles would be encouraging.

Participants discussed the absence of shared metrics related to gender and other aspects of diversity in leadership and noted that currently physician leaders only receive departmental "business" measures such as length of stay, readmission rate, etc. If physician leaders are to be held accountable for diversity and inclusion through succession planning, they need data, targets and a required reporting process.

Talk turned to committee composition, particularly selection and promotion committees, and the role of an equity committee to be involved in selection, review recruitment and appointment or promotion decisions and to call out biases.

Ensure the composition of all committees including search committees, promotions etc. are representative
Equity Committee, with diversity lens reviews recruitment offers
Should be involved in selection and call out biases

Participant comments; March 13 & April 17, 2019

Priorities – what was most important to them

Acknowledging that VCH is not always as described by the possibility statement, we need to understand what is getting in the way. What are we doing that is creating barriers to achieving the results we want and how can we eliminate them? Are there things in place that we could do more of, or do better, to help us reach our goal? Four essential elements were identified to support the desired future:

1) **Culture and environment – grow a culture that visibly values women physicians in leadership**

2) **Succession planning – make this part of standard practice and include diversity, equity and inclusion principles**

3) **Meaningful metrics – people numbers that relate to physician leadership**

4) **Leadership skills – women and men physicians confident and prepared to lead**

Discussion

Diversity, inclusion and equity as it relates to the role of women in physician leadership is a large and complex topic. Referring to the four identified priorities, the following section includes the discussions and perspectives from the participants at both sessions and the learnings from other similar reports and current literature.

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Culture and environment

Public commitment and acknowledgement from senior leadership of the importance of diversity, equity and inclusion in physician leadership and visible examples of diversity and active practices that support inclusion.

"VCH needs to embrace ALL of its physicians and will benefit greatly from improving engagement with the nearly half of their workforce that is currently culturally excluded from leadership"

Participant survey response collected after the Design/Delivery AI session April 17, 2019

Ownership and Commitment

A key theme throughout the conversations was the desire for senior leadership commitment to increasing the number of women physicians in meaningful leadership positions. Visible actions are necessary to confirm that the cultural and tangible change is fully supported by the board and SET and it is happening. Real commitment from leadership can be demonstrated in three ways:

- Expressed commitment; e.g., formal and informal written communications about the change
- Modelled commitment; e.g., sponsor behaviours and activities that represent the change
- Reinforced commitment; e.g., planned resource allocation and formal and informal rewards that reinforce the change

All three types of commitment are necessary for people to believe that a change is fully supported.

Culture change is difficult. It is not a prescribed set of steps that will result magically in a different environment. It involves people and changes to established traditions, values and mindsets. It takes time. There are tangible actions that can advance the changes needed such as establishing priorities for women in leadership development and implementing policies around gender diversity. Much of the discussion around women physicians and their lack of representation in leadership seems to be about relatively small things – let them know about opportunities, give them more leadership skills, put women on committees, etc. – all doable actions. Would this be enough?

SOME OF THE SURVEY RESPONSES COLLECTED AFTER THE DESIGN & DELIVER SESSSION (2ND AI SESSION) APRIL 17, 2019

"… my impression was that the VCH leadership was not completely convinced that this is an issue"

"Without major players visibly invested, strategic actions of those below are of limited impact"

"Would like to see more overt statements to the health authority as a whole from the VCH leadership about their support for this initiative"

"more public statements from VCH leadership that this initiative is considered important and a priority for VCH"

"… senior management prioritize and put resources into the action plan"

"real buy-in by the medical executive team"

Probably not. In early 2019 VCH interviewed candidates for the positions of Associate VP Medicine, Quality and Safety. There were more than 20 applicants for the position and all of them were men. Not one woman applied for the position. Whatever the reasons, it will be hard to create a more gender-balanced physician leadership when there are no women leaning in or putting up their hands.

Address the "boys' club environment"
Traditional hierarchy in Medicine
Implicit bias – assuming women are busy and not interested
Unconscious bias in current leadership succession
Do we need male only groups to solve this problem? What is their barrier?

Participant comments; April 17, 2019

Women's Experiences

It may be that the issue is deeply rooted in women's past experiences in healthcare and their perceptions of how the system and their male colleagues value their skills and experience. There can be a cumulative impact over time of lack of visible strong women role models and the undervaluing of skills that are not generally associated with men. In addition, recent research indicates that for many reasons, women tend to take on riskier leadership roles, which can have a negative impact on their self-efficacy and possibly their future careers. It makes sense that bad experiences, especially with early leadership efforts, will affect willingness to step forward again. Women physicians need to encounter positive experiences to engender the beliefs that they are capable and able to participate fully in leadership.

Unconscious bias

Encouraging more women applicants may not be enough to secure more women physicians in leadership. A well documented and troubling aspect of selection is the concept of conscious and unconscious personal biases. Unconscious biases may conflict with consciously held values. For example, an unconscious bias may cause someone to favour a graduate from their alma mater over an equally or better qualified candidate. A person hiring may believe they are hiring based on merit alone, yet actual achievements are ignored in favour of a fit to a group.

For a selection committee, unconscious bias can result in female applicants being viewed less favourably. Concerned about the difficulty recruiting and retaining women in academic sciences, Yale University conducted a randomized double-blind study with their science faculty.[3] Student applications for a manager position were randomly assigned male or female names. Consistently, faculty participants rated the male applicant as "significantly more competent and hireable than the (identical) female applicant." They offered a higher starting salary and more career mentoring to the male applicant. Most disturbing about the study results is

that the gender of the faculty participants did not affect responses – female and male faculty were equally likely to exhibit bias against the female student.

Recognizing this as an issue for academia, some universities (including UBC) have instituted mandatory unconscious bias training for all participants on selection and hiring committees to increase diversity in their faculty by active inclusion of genders and minorities. This includes an online self assessment of personal biases (Implicit Association Test) and may be a good practice for other organizations to adopt.

Increasing the number of women on selection committees may on its own not be enough to encourage women physicians to apply but it can't hurt. Between 2000 and 2018, 90% of the Vancouver Medical Dental and Allied Staff Awards went to men with many years of no awards to women. In 2018, with the inclusion of one woman on the Awards Selection Committee, awards to men and women were granted equally. We are not claiming causality here, rather we are looking to raise awareness and shine a light on the implications of gender diversity.

Enabling structures

There are barriers in the structure of formal physician leadership roles. In many cases the jobs are perceived as too big and not practical in conjunction with clinical responsibilities. Newer physicians at VCH, women and men, are looking for more work/life balance and are seeing the formal roles as too time consuming for less than adequate compensation. They see a ceiling of long-term incumbents and little incentive for career progression in leadership. Dividing some of the roles and providing flexible alternatives such as job sharing, and job crafting would be a greater incentive to gaining some experience in a more manageable situation and would avoid disadvantaging women physicians with family responsibilities.

Consider co-leadership roles to increase flexibility
Funding for more positions to create smaller roles that can be taken without a 14-hour day

Participant comments; April 17, 2019

Succession planning and talent management

A clear and transparent talent management process for all physicians that includes succession planning and respects the principles of diversity and inclusion with leadership accountability to deliver.

There are many definitions of the purpose of talent management. This one is used by the University of Western Ontario.

Talent Management is the process of defining future leadership requirements in terms of critical roles and competencies for the future success of the business, and:

- *Identifying, attracting, developing and retaining a pool of talent that meets these requirements*
- *It involves assessing, developing and retaining the organization's current talent, and recruiting additional talent to meet the leadership needs of the organization*
- *It is about identifying a steady flow of qualified leaders*

Although well-established outside of the physician environment, talent management has not often been adopted as an approach to ensuring easy transitions in physician leadership. There are shining examples, such as the Mayo Clinic, that seem to be few and far between in not-for-profit healthcare.

Recruitment processes must be formalized, clear and transparent to all physicians. Succession planning must be required for all leadership roles and must include an ongoing development process. The old system of tapping someone on the shoulder is not acceptable.

Talent management is not just a process; it is a mindset that means every leader in an organization is responsible and accountable for building an effective and interconnected team and supporting the career aspirations of their team members. Those with team leadership responsibilities must be constantly assessing the balance in the team and the possibility of a vacancy. They should have a plan for succession particularly for their own and other critical positions.

Physician leaders typically do not receive education in leadership and operational team support and, if talent management is to be successful, they will need training and mentorship to be successful in this area. The responsibilities and expectations must be written into the job description and the leader held accountable for the results.

Job descriptions, selection criteria and hiring procedures must all be clear and transparent as well as bias free.

What women physicians can do for themselves

Women interested in career advancement also need to ensure their own visibility. Many women find it difficult to talk about their achievements and some may feel that self-promotion is not comfortable, believing that if they do a good job, someone will notice. Someone might – but it's not enough. Women physicians must work at increasing their visibility through networking (something women don't seem to embrace in the same way as men do), attending events and ongoing conversations with other physicians and organization leaders to ensure their aspirations are well known. Sally Helgesen, author of many books and papers on women in leadership, says that:

"Knowing how to articulate both your proven and potential value – strongly, persuasively, specifically and with confidence and verve – can be of enormous benefit to women in transition. But the time to start practicing is before you're looking for a promotion, or the next job." [(4)]

Organizations can help by actively promoting women's accomplishments, ensuring their awards are publicized and significant promotions recognized. Senior women leaders must actively work to ensure that every woman leader has an equitable chance of success in healthcare leadership. Potential women physician leaders benefit when women already in leadership roles act as mentors, and as sponsors, for leadership opportunities.

Meaningful metrics

Metrics and targets, collection and reporting processes and a mindset of data that helps physician leaders understand and act to increase diversity, equity and inclusion.

"We need to deconstruct what it's like for a woman to be in a medical leadership role and figure out how we can overcome the obstacles. We need to use quotas or set targets, and work towards these."

Dr. Penny Ballem, Board Chair, VCH at the first AI session, January 29, 2019

Diversity, equity and inclusion data about people in an organization serves several purposes:

1. It informs people factually about the gender (and other aspects of diversity) make up of the leadership structure and committees.
2. It tracks successes as a change is initiated.
3. It provides meaningful information to generate appropriate action.
4. It provides measures of success when tracked over time.

"Emphasize the value of diversity. Showcase the benefits of diversity in composition and how it leads to better outcomes/excellence, so diversity is supported not out of necessity but for its value."

Participant comment; April 17, 2019

The collection and sharing of meaningful metrics send a clear message about what is important to the senior leadership and the board of the organization. What gets measured gets attention. To create change, the data needs to come with a process for recording and tracking progress against targets that are only effective when they get attention at the highest levels of the

organization. Diversity, equity and inclusion metrics must be positioned to be as important as business and financial measures and reported along with them.

Participants are looking for data that ensures transparency of process and clarity regarding diversity in positions, on committees and in leadership. Recognizing personal data is sensitive, they suggest that data related to gender, ethnicity, religion, etc. could be collected at the time of credentialing and privileging with new information such as leadership roles updated at annual reviews.

It would be unreasonable to expect physician leaders to act without appropriate data related to gender and other diversity measures in their department and/or division and probably past trends for positions. It would be impossible to hold them accountable for improvement without numbers related to their teams.

Questions were also raised about how jobs are posted, who chooses the selection committee, who and how many applied for a position and how was it filled. Metrics and data must be aligned to a clear hiring and succession planning process as part of creating transparency and trust for potential applicants.

Have a system by which we collect meaningful data and we have systems to understand our success and identify gaps We need to know who our emerging leaders are
Need to measure the needs of our emerging leaders, how to support them and whether we meet these needs
What are we measuring in terms of successful leadership?
What are we going to do with the data? How do we use it, what's the action?
If targets are set, what is leading to it?

Participant comments; April 17, 2019

Leadership skills

Physicians ready through education, learning opportunities, coaching and mentoring to step into leadership positions that are structured to be meaningful, valued and properly compensated.

Lead like a woman – value relationship skills in networking

Every individual must create their own leadership practice. It will be a combination of experience, role models, values and context for the organization. Sally Helgesen, in her writings on women and leadership, believes that women should not seek to conform to the culture in their workplace, rather they should bring their individual talents and style to the benefit of the organization**.** In her books, she talks about the value of women's abilities to build relationships. Women, she says, tend to be leaders from the centre and form a web of relationships.

Traditional leadership and management practices that conform more to the "command-and-control" model of issuing directives are becoming less and less useful in today's complex organizations. Relationships are the key to performance especially where lines of command, and ways to get things done, are no longer clear.

There are many comments in articles and reports that women are not good at, and do not like, networking. Yet when asked what they most valued about the two AI sessions, participants consistently mentioned meeting other physicians and the opportunity to interact with leaders. Women do need to get out there, meet people and then use their skills to build supportive relationships and connections to support their work and careers. They need to increase their visibility, self-promote and let it be known that they are interested in a leadership role.

What did you value most about this session?

Meeting others, some of the table discussions
Opportunity to dialogue and collect ideas and experiences
Interaction between physicians and administrative representatives
Interacting with other leaders and facilitators
Meeting with many different stakeholders

Anonymous April 17th session survey comments

Leadership development

Leadership development is not generally addressed in many medical schools, and healthcare organizations that believe that physicians have much to contribute in leadership must support physician development. For example, physicians are often unaware of their health authority's administrative structure, its strategic priorities and its role in the overall healthcare system. Participants want every new physician to get baseline mandatory leadership development and have access to learning opportunities continuing throughout their career should they choose a leadership path. They want departmental and cohort training in addition to taking courses on their own. They want it to be part of their work time and properly compensated. They also want coaches, mentors and sponsors to be assigned early. Mentors, they suggest, need explicit training and, if in a formal mentorship role, a clear understanding of the commitment.

If leadership competencies, skills and expectations are clearly defined, physicians may also benefit from a leadership assessment and an opportunity to develop a learning path that would include identifying beneficial experiences. Effective leadership development includes increasing self-awareness and processes to develop a personal leadership style. Physicians want education about diversity, equity and inclusion, and unconscious bias.

It is also worth mentioning here the many different leadership tracks available to physicians. While not everyone aspires to a formal role or a position as department head, there are many opportunities to lead in change, quality improvement and teaching. Some of these opportunities may be more accessible and might be considered by younger physicians with heavier family responsibilities and more time constraints. Each leadership track needs a curriculum, class time and leadership experience opportunities.

Lastly, there may well be a need for targeted leadership skills development for women physicians. VPSA has sponsored the Joule Physician Leadership Institute Women in Medical Leadership course that allowed women physicians to get together, share their experiences, understand their strengths, preferred leadership styles and the need to increase their self-advocacy, and match their confidence to their actual competence. Over time, it is hoped that men and women, physicians and administrators, can come together to learn and develop their leadership skills thus gaining an understanding of each other and how they can better collaborate to ultimately achieve their shared goals of excellence in patient care.

What this means at VCH – possibilities and opportunities

On May 15, 2019, at the VCH All-Staff Town Hall meeting, Laura Case, VP Vancouver-Richmond, Community & Employee Engagement, acknowledged "our need to have a diversity and inclusion plan within the health authority… ...the first step is to really start talking about it, really talking about what is the diversity of our leaders. We have a lot of physician leaders who are male; what is our plan to start bringing up all leaders, so that everyone feels safe and welcome to be leaders within our health authority? We are as a senior leadership team really taking this seriously and will be starting to do some very focused work on that going forward."

Call to action

Our Appreciative Inquiry into gender diversity in VCH medical leadership comes at an opportune time. The results of the MYVCH survey were a tipping point for our organization, a push to redefine itself, what it stands for, both in words and in actions.

As such, we have seen in the last year a move to transform VCH's culture and values.

Embracing diversity, equity and inclusion within our medical leadership aligns with VCH's new values of

We care for everyone · **We are always learning** · **We strive for better results**

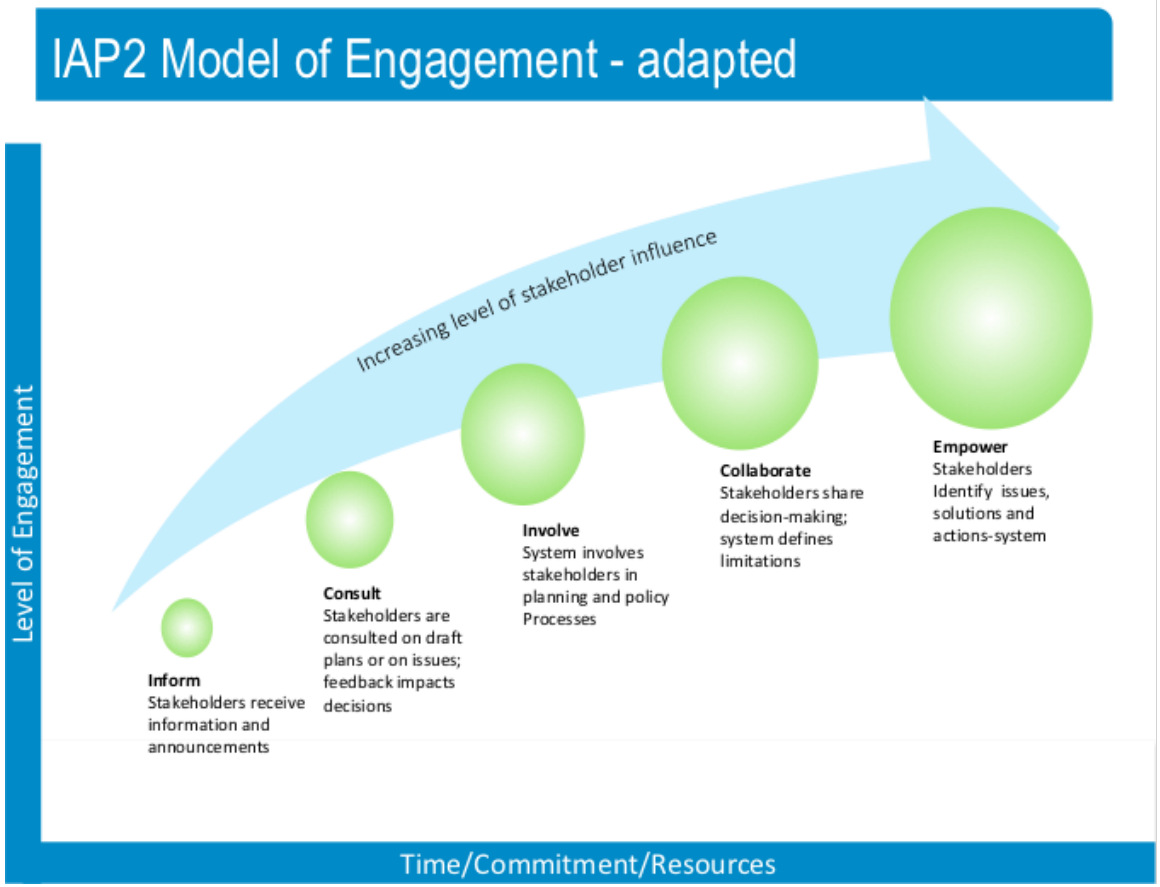
To meet ever increasing patients' healthcare demands in the face of a limited provincial healthcare budget and looming physician shortages, VCH has landed on four strategic priorities:

Exceptional care; convenient health care; great place to work; and innovation for impact.

These priorities cannot be achieved without engaging all our physicians, in all their diversity and using all their talents.

Appendices

Appendix A- VPSA adapted IAP2 Engagement Spectrum & Framework



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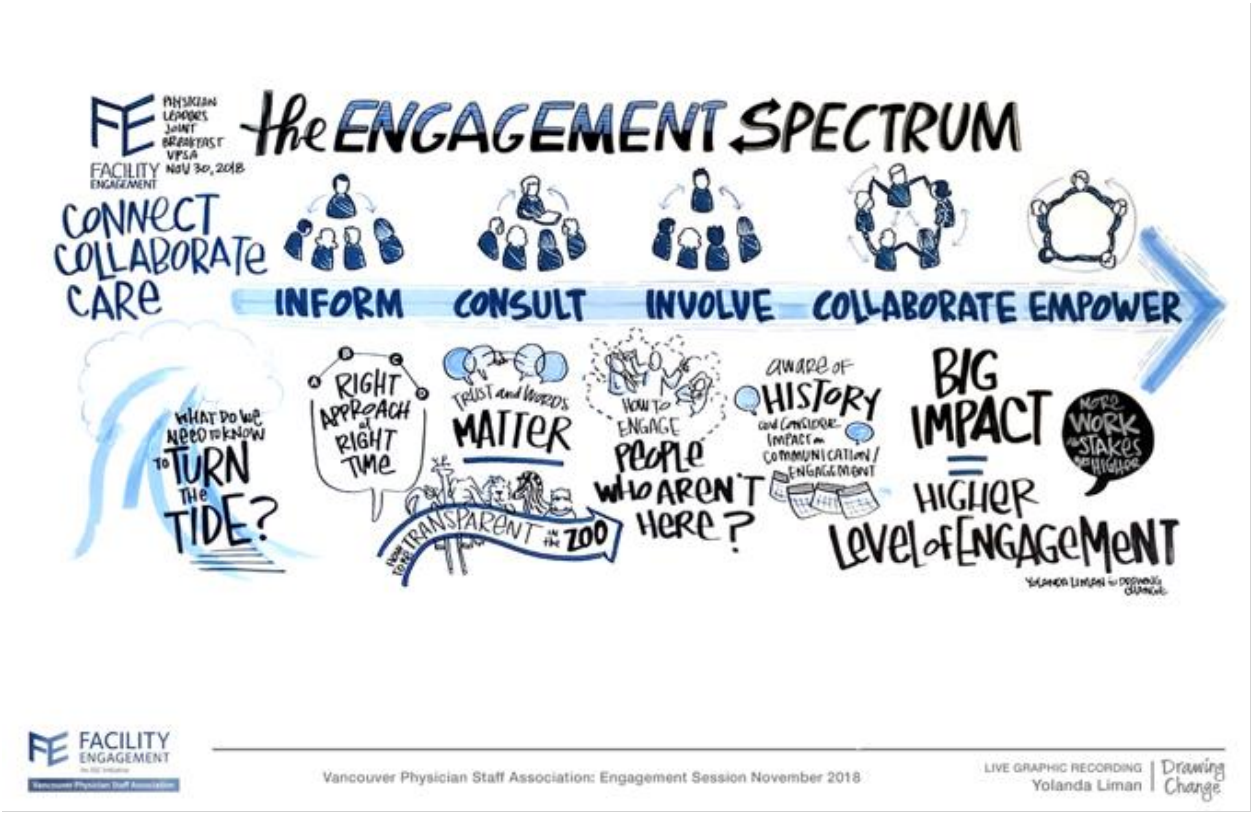
5 Levels of Engagement

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
Goal	To provide balanced and objective information to assist you in understanding the problem, alternatives, opportunities and/or solutions	To obtain your feedback on analysis, alternatives and/or decisions	To work directly with you throughout the process to ensure that your concerns and aspirations are consistently understood and considered	To partner with you in each aspect of the decision including the development of alternatives and the identification of the preferred solution	To place final decision making in the hands of the stakeholders
Promise	***We will keep you informed***	***We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how your input influenced the decision.***	***We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how your input influenced the decision***	***We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible***	***We will implement what you decide***
Method	• Fact sheets • Websites • Open houses	• Public comment • Focus groups • Surveys • All Staff Forums	• Workshops • Deliberative polling	• Advisory committees • Consensus-building • Participatory decision-making	• Ballots • Delegated decision

Ref. IAP2 Spectrum of Engagement


FACILITY ENGAGEMENT
PHYSICIAN LEADERS JOINT BREAKFAST VPSA NOV 30, 2018
the ENGAGEMENT SPECTRUM
CONNECT COLLABORATE CARE
INFORM CONSULT INVOLVE COLLABORATE EMPOWER
WHAT DO WE NEED TO KNOW TO TURN THE TIDE?
RIGHT APPROACH at RIGHT TIME
TRUST and WORDS MATTER
HOW TO ENGAGE PEOPLE WHO AREN'T HERE?
AWARE OF HISTORY and CONSIDER IMPACT on COMMUNICATION / ENGAGEMENT
BIG IMPACT = HIGHER LEVEL of ENGAGEMENT
MORE WORK as STAKES are HIGHER
NOW TRANSPARENT in the ZOO
FACILITY ENGAGEMENT
Vancouver Physician Staff Association
Vancouver Physician Staff Association: Engagement Session November 2018
LIVE GRAPHIC RECORDING
Yolanda Liman | Drawing Change

Appendix B - Some relevant data

Prior to the AI session with the aid of VCH Physician Engagement and Contract Strategies office some basic data was collected and subsequently presented during the Appreciative Inquiry.

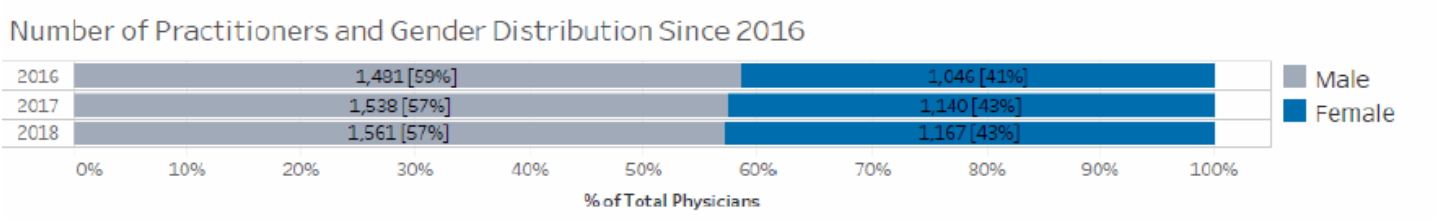
Data Assumptions

- The source of the data was the Physician Credentialing Office
- The data is presented as a snapshot in time and changes that occurred during each year may not be reflected.
- Gender and age of all physicians has been retrieved September 2016, October 2017 and November 2018
- Gender of physician leaders has been retrieved November 2016, November 2017, and September 2018
- The all physician data sets include those with Active, Associate, Consulting, Locum, Provisional and Temporary appointments. Providers with Applications in Progress were not included.
- The all physician data sets have practitioners appear in each Department in which they have privileges. Practitioners with privileges in more than one Department appear more than once in the Department totals, but only once in the overall totals.
- The all physician data for Vancouver Acute does not include the department of “Family Practice” since most of those physicians also work in the community.

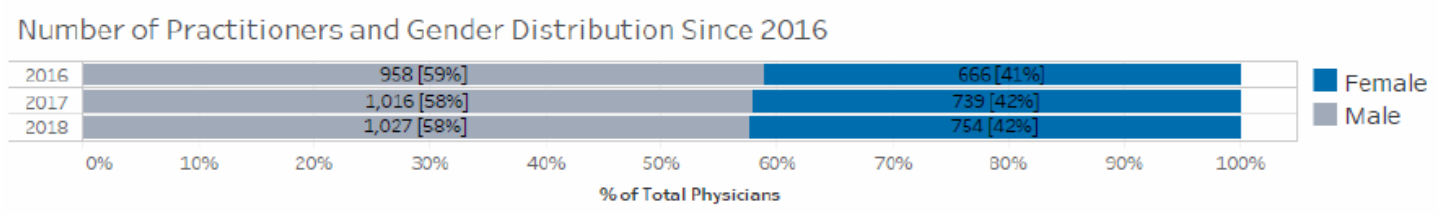
What is the female-male distribution at Vancouver Coastal Health (VCH), Vancouver Acute (VA) and Vancouver Community (VC)?

Vancouver Coastal Health (VCH)

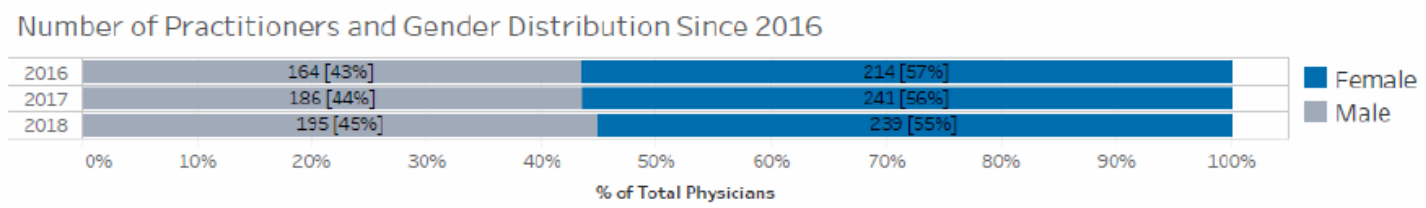
- 43% of physicians were women in 2018. This trend has been stable for the past 3 years.



Vancouver Acute (VA) 42% of physicians were women in 2018



Vancouver Community (VC) 55% of physicians were women in 2018.



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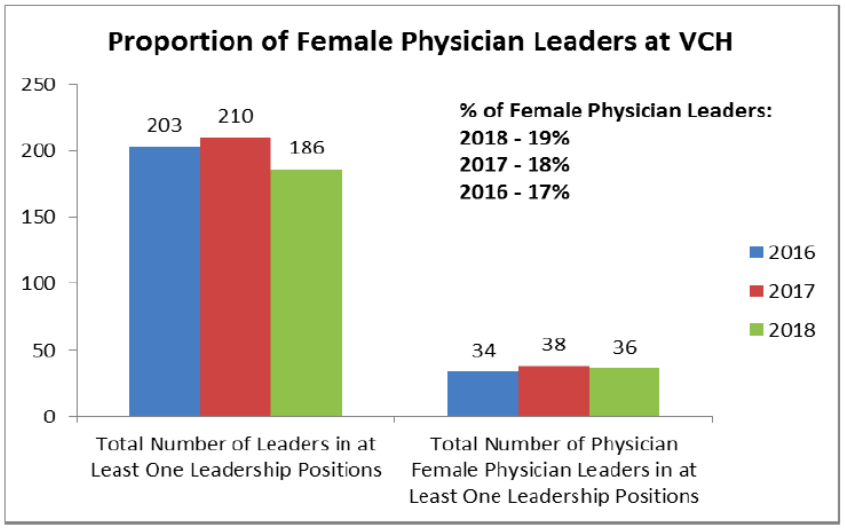
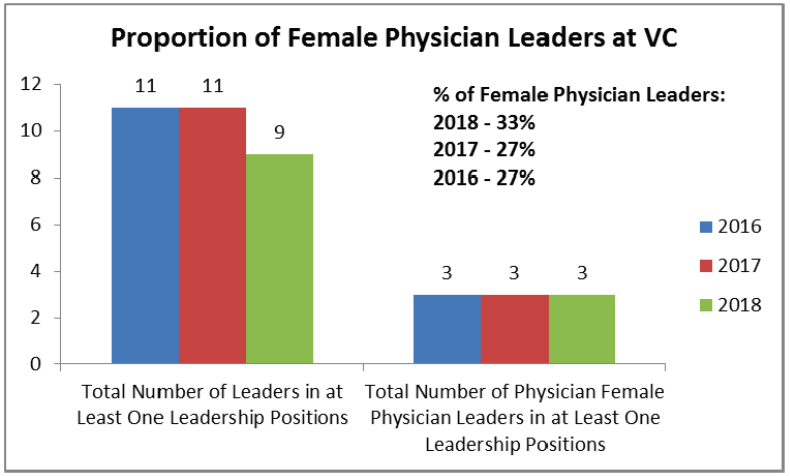
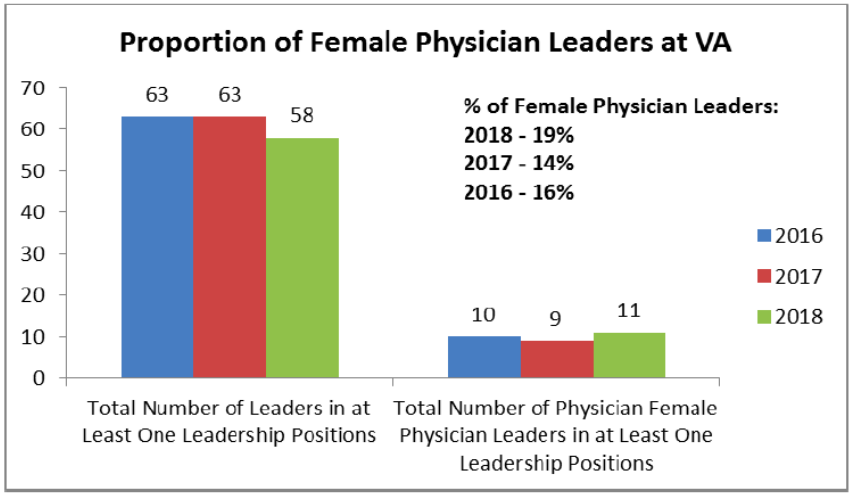
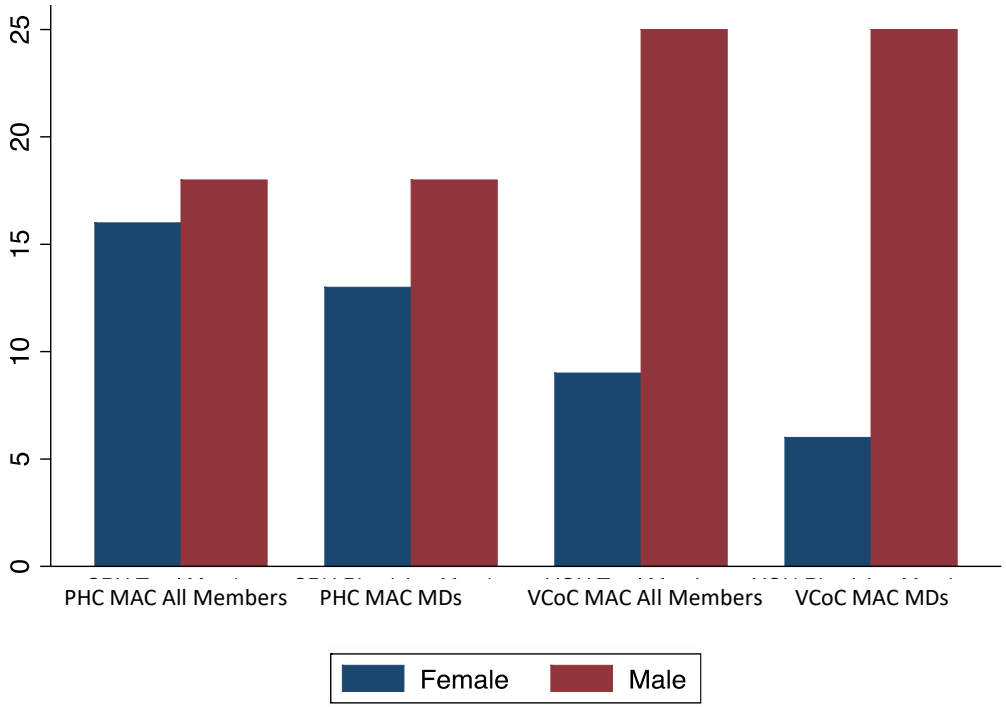
What is the proportion of female physician leaders at VCH, VA and VC?





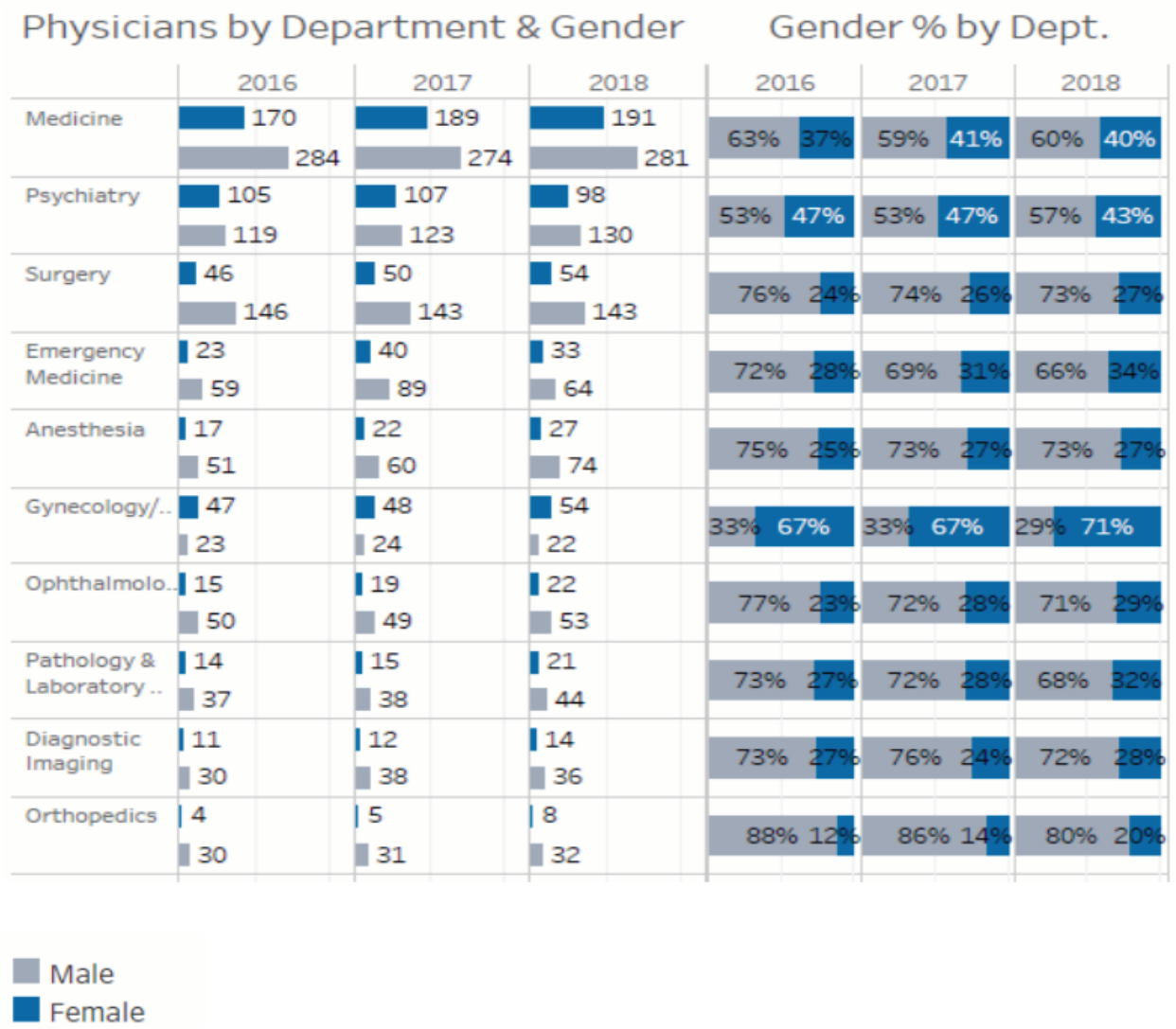


Gender Composition of Medical Advisory Council (MAC) at Providence Health Care and Vancouver Community of Care (VCoC) in 2019

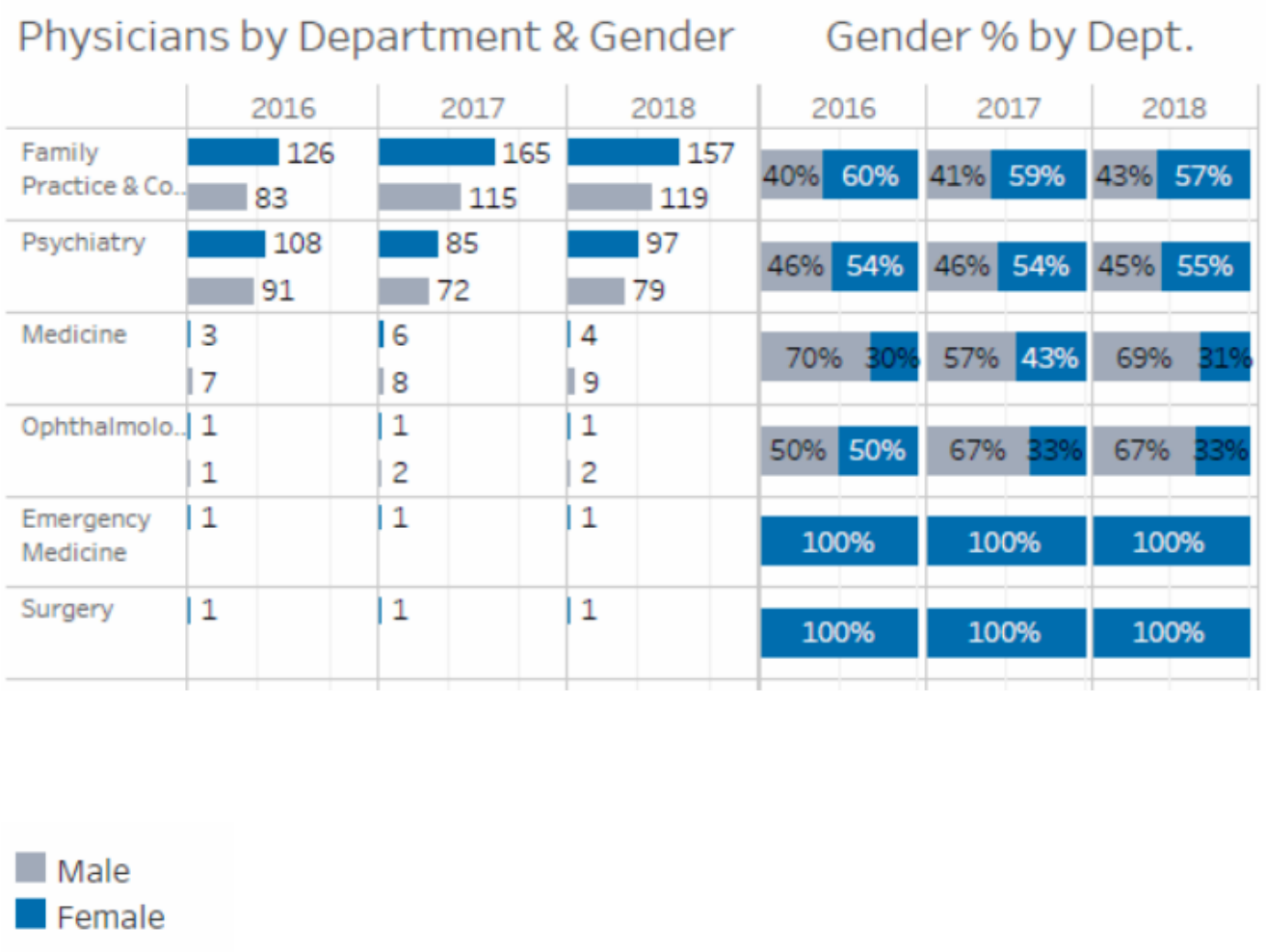


Graph courtesy of Dr. Alana Flexman

What is the gender distribution of physicians by department at VA?



What is the gender distribution of physicians by department at VC?



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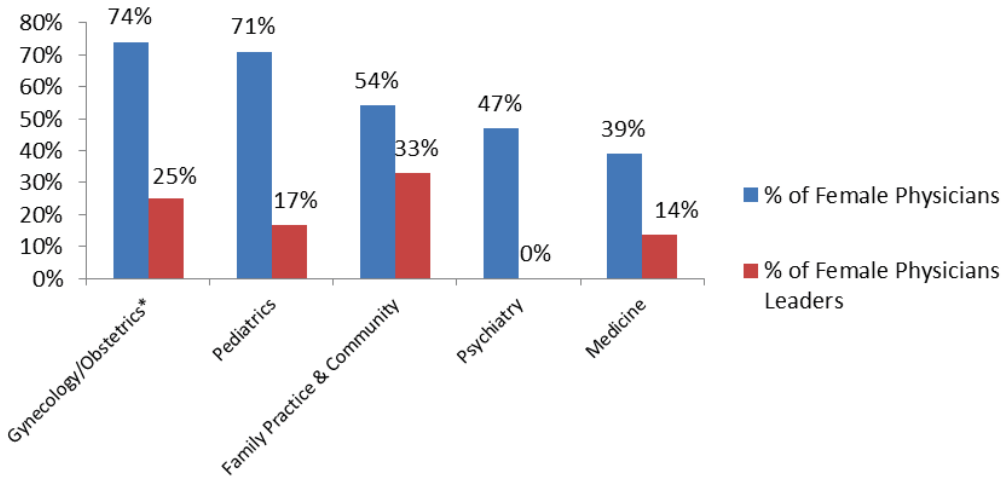
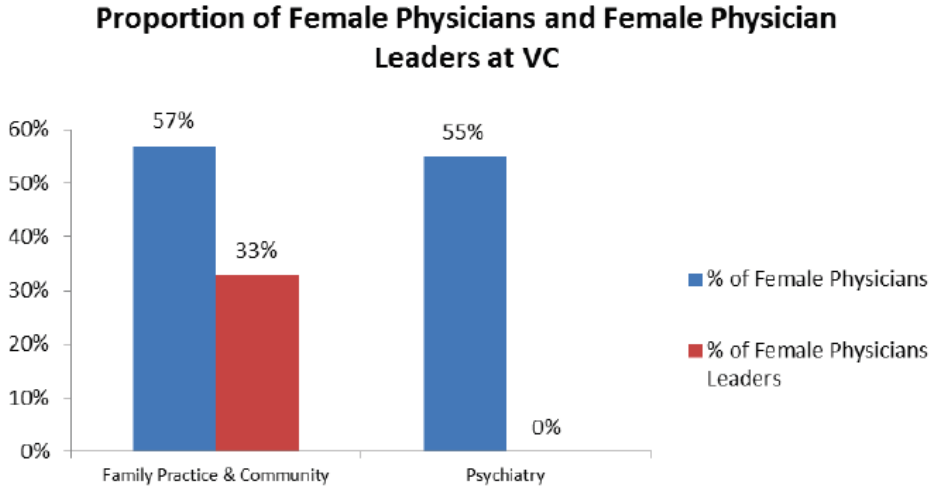
Do departments with large cohorts of female physicians have more female physician leaders?

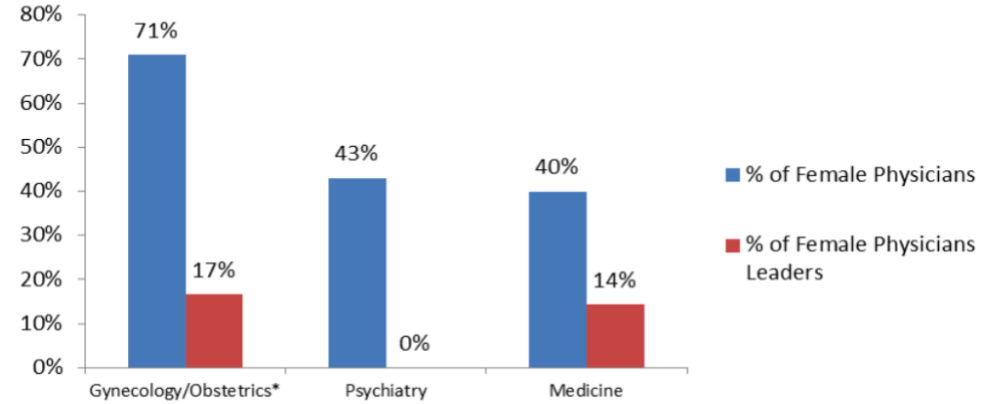
Proportion of Female Physicians and Female Physician Leaders at VCH



Proportion of Female Physicians and Female Physician Leaders at VC



Proportion of Female Physicians and Female Physician Leaders at VA



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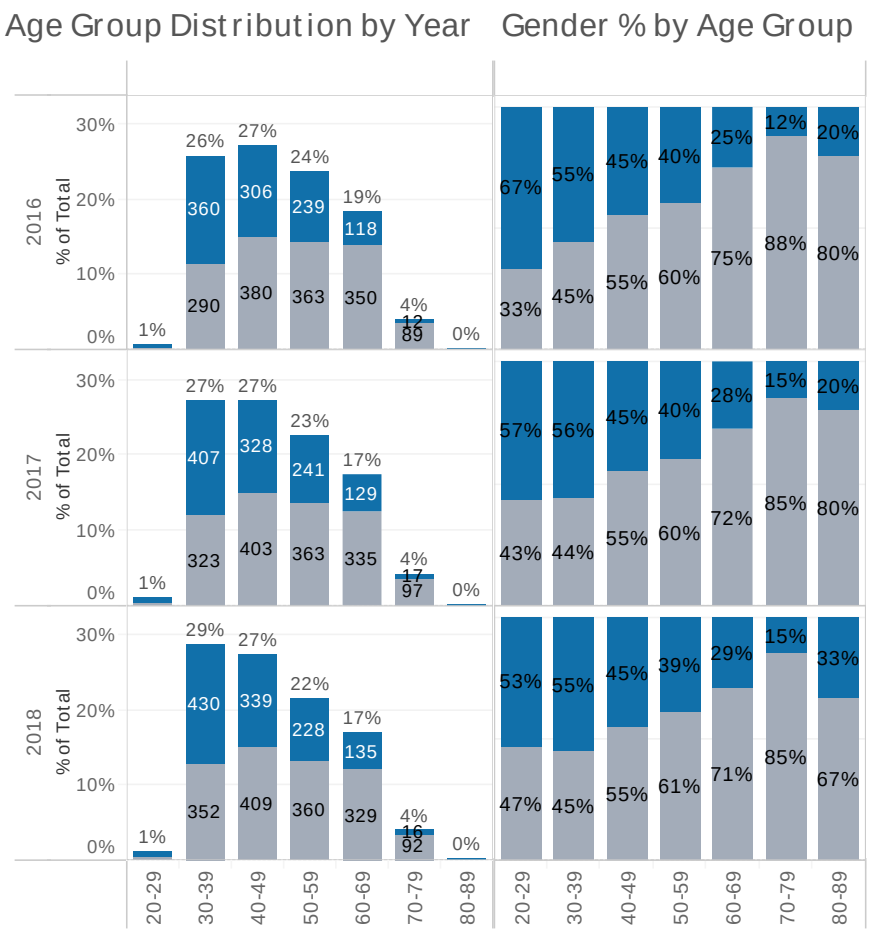
What is the percentage of women in each age group at VCH?

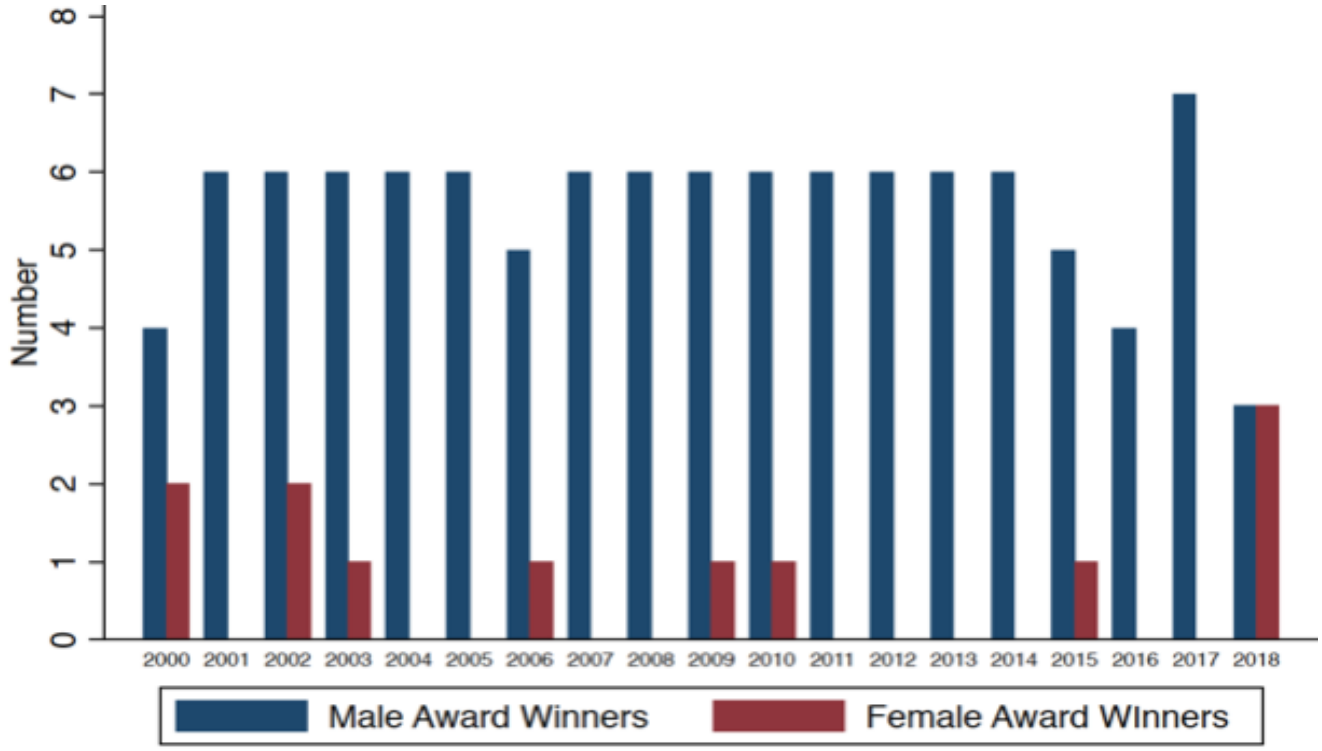


Vancouver Medical Dental and Allied Staff awards (2000-2018)

Despite a significant portion of the medical staff being women the Vancouver Medical Dental & Allied Staff awards until 2018 did not reflect this with 90% of the awards over the last 19 years going to men. (106 men/118 awards)

In 11 out of 19 years (58%), there were no women awardees. Only one women has ever won the teaching award, the clinical excellence award (she shared that one with a man), and the scientific award. Women were most highly represented in the committee work award (n=4), and the world re-known (n=3).

Nearly as many men named “John” won awards (n=10) as women (n=12) between 2000 and 2018.



Data and graph from Dr Alana Flexman

FACILITY ENGAGEMENT
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Vancouver Physician Staff Association

Appendix C- About the Project

Starting the journey

Following a meeting with concerned senior women physicians, the associate senior medical director asked the VPSA Facility Engagement team (FE) to investigate the lack of women in physician leadership at VCH. The FE team contacted women physicians from many departments and divisions of the Vancouver Community of Care and invited them to a meeting on November 19, 2018 to talk about gender diversity. They also invited the UBC Department of Medicine Equity Committee members to share their work and offer insights and suggestions. On short notice, 13 women physicians came to share their stories, explore what success in diversity and inclusion should look like and who else should be involved. At this meeting, the group decided on an Appreciative Inquiry to explore the issue further. The FE team also agreed to offer the PLI-Joule Leadership for Medical Women course.

Subsequently, the FE team hired an experienced AI facilitator to help them design the process and support the inquiry. Women and men physicians were invited to form a core team and provide input, guidance and advice.

Why an Appreciative Inquiry?

Rather than focusing on what's not working, AI encourages the co-creation of a picture of a desired future drawn from people's best experiences and aspirations through what is called the 5D cycle of DEFINE, DISCOVER, DREAM, DESIGN and DELIVER *(*see figure 2). The practice and principles of Appreciative Inquiry were incorporated to develop a different and constructive approach to exploring the situation.

The overall process follows the VPSA Engagement Spectrum – inform, consult, involve, collaborate and empower. (Appendix A)

How we gathered the information

DEFINE: On the AI principle that the question guides the direction of the inquiry, the VPSA FE team selected "Meaningful leadership experiences and opportunities for women physicians: women and men physicians participating together and equally in strong leadership roles at VCH."

Meaningful leadership experiences and opportunities for women physicians

DISCOVER and **DREAM**: Two AI sessions were held. The first on January 29, 2019 to explore DISCOVERY and DREAM. This session was attended by approximately 20 participants, 17 women and 3 men physicians representing a diverse range of departments and divisions.

Appreciative Inquiry January 29, 2019
Full session report can be found here

This session produced a description of a positive future (possibility statement) and identified four essential elements necessary to support VCH to achieve this more of the time (detailed in figure 3 Road Map of the Journey).

DESIGN & DELIVER: In preparation for the second AI session, the core team reviewed, revised and affirmed the possibility statement and the four essential elements. They identified some of the work and actions the organization needed to initiate or strengthen and the stakeholders who should be involved. This information was used to seed the second AI session which took place in April 17, 2019.

This second AI session was attended by a growing group of participants. More than 40 physicians, leaders (VCH and UBC Faculty of Medicine) and senior executives from both VCH and PHC expanded the components for DESIGN and identified strategies and actions for DELIVERY.

In praise of the project

Key features of the journey include:

1. Creating the core team:

Women and men physicians were invited to support and guide the inquiry. They were asked to commit to conference calls, to review documents and to attend the two AI Sessions. As the process developed, a further in-person meeting was held to affirm the first report and to create design & delivery data to seed the second AI session.

Through the AI process, the group shared stories, developed themes and wrote statements of possibility for VCH describing a positive future for women physicians in leadership. In addition, the participants identified essential elements to support those possibility statements. Many of them attended all the meetings and calls and both AI sessions, providing continuity and context from meeting to meeting. The core team grew as the inquiry progressed. These people are deeply committed to the inquiry and to creating change.

2. Building support

The VPSA Facility Engagement team invested time and effort into reaching out to influencers and stakeholders in order to secure their participation and support for this work. Beyond physicians, they successfully approached senior leaders, VCH board members, CMA and Doctors of BC – in fact anyone who might be (or should be) concerned. For example, the VCH board chair attended the first AI session and the CEOs from VCH and PHC attended the second AI session. Interest and participation grew and by the second session the team was receiving requests to participate.

Organizationally, the initiative was supported by VCH Physician Engagement and Contract Strategies, which provided data relating to gender distribution in physician leadership. Members of this team attended core team meetings and were facilitators for the second AI session. VCH People and Culture also provided facilitation support for this session.

Conversations were deliberately continued through two offerings of the PLI Women in Medical Leadership course and a networking event, broadening participation and awareness.

3. Sharing information

Throughout the process, information was gathered from articles, research and conversations. Much of this was shared with participants in the two AI sessions and the core team meetings. Events and meetings were documented and reference materials were made available through links to VPSA's shared Google drive. Articles were written by the VPSA communications lead and shared with VCH's Communications Department; they were uploaded to the VPSA website and VCH News as well as distributed by email to all VPSA members.

4. Window of opportunity

The timing of this exploration was opportune. There are many research studies and articles in major journals internationally and examples of efforts to improve diversity, equity and inclusion. For example, in December 2018 Alberta Health Services produced a significant report on the state of women physicians in medical leadership in Alberta[5,6].

This is also a hot topic in other sectors such as the corporate business world where ways are being investigated to increase diversity of leadership and develop a better understanding of the experiences of women leaders.

Much of this work is being led by universities including locally, the University of British Columbia (UBC), which has already established an equity committee in the Department of Medicine and has issued gender equity guidelines for recruitment and resource committees. It plans to educate search committee members for division and department head recruitment about the impact of unconscious bias and require participants to take a personal bias assessment (Implicit Association Test) as part of their learning.

Appendix D- Minerva BC's Diversity Pledge

THE PLEDGE

CEO PLEDGE TO SUPPORT PROGRESS TOWARD DIVERSITY

AS BUSINESS LEADERS IN BRITISH COLUMBIA WE ARE COMMITTED TO THE PRINCIPLES OF DIVERSITY IN ALL FACETS OF OUR ORGANIZATIONS.

We recognize that while much has been said, too little has been done to make the presence of women in leadership a reality in business and industry.

Therefore, we pledge to act individually, on behalf of our company, together with others in our supply chain, and in partnership with Minerva BC, to create opportunities that support women's advancement and leadership in our organizations and in our communities.

We recognize that words without action will not change the face of leadership and thus, where consistent with our fiduciary responsibilities, we support this statement of commitment.

I will ensure resources are dedicated to and guided by the following Principles:

Principle 1: *Gender diversity is a strategic priority for our company and a known objective within our workforce.*

Principle 2: *Regulatory standards for the representation of women in our executive board and senior leadership ranks are treated as the minimum requirement.*

Principle 3: *Management policies and practices supporting gender diversity are in place making the advancement of women visible, measurable and sustainable in our company.*

Principle 4: *Best practices and benchmarks in the advancement of women are sought out and actively championed in the BC business and economic sector where our company operates.*

Principle 5: *Our company actively supports workplace and pre-career development programs for young women.*

Principle 6: *Gender diversity initiatives and progress within our company are reported annually in regulatory and voluntary stakeholder disclosure.*

Principle 7: *Our company actively champions private sector efforts to increase the pace and progress of women in leadership by sharing what we learn.*

We believe these principles help our businesses thrive and our communities grow stronger.

WE INVITE AND ENCOURAGE OTHER CEOS IN BRITISH COLUMBIA TO TAKE THIS PLEDGE WITH US.

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