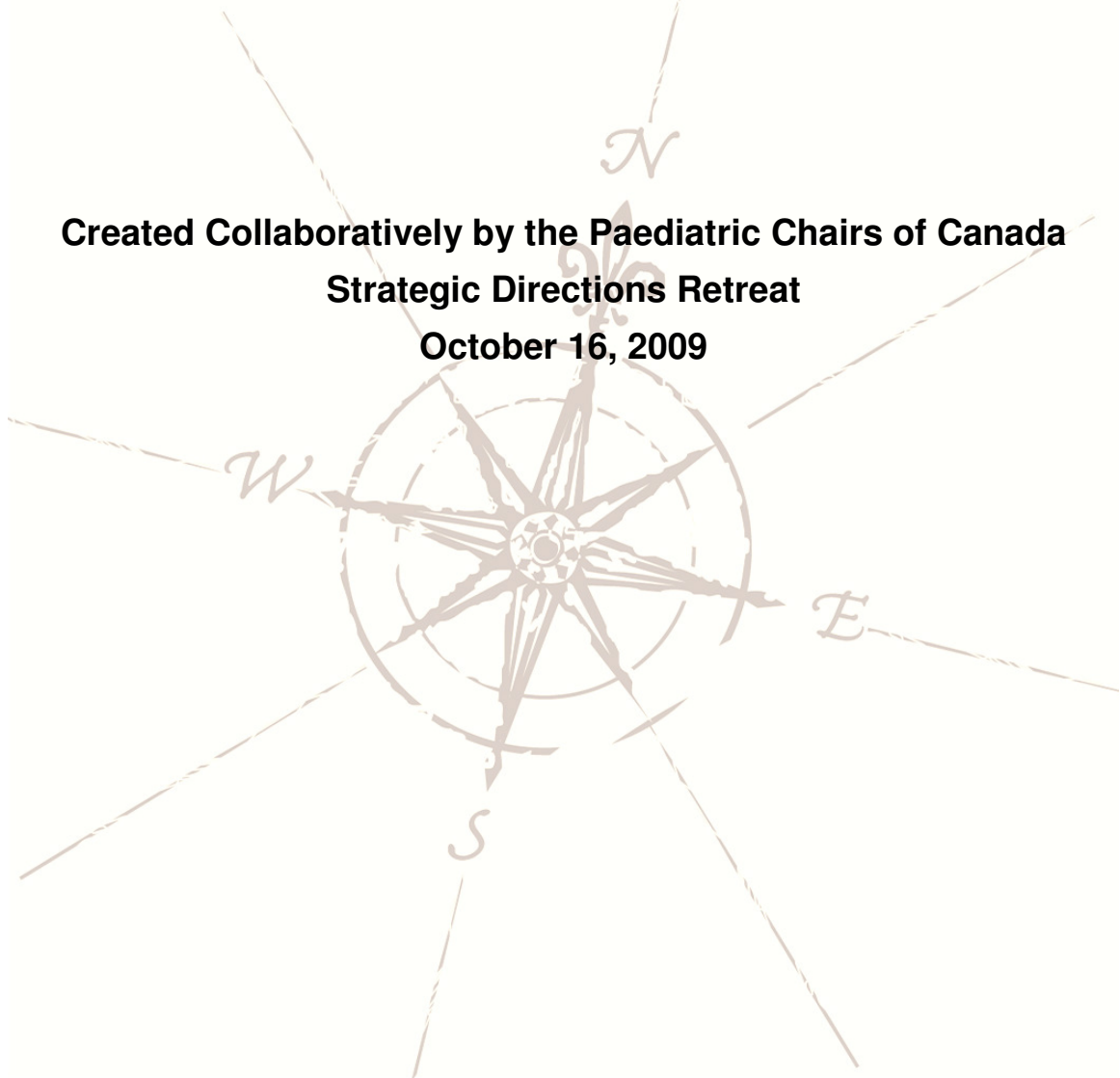


**Building a Culture of Collaboration and Partnerships
Strategic Direction
A Five Year Plan – 2009 – 2014**

**Created Collaboratively by the Paediatric Chairs of Canada
Strategic Directions Retreat
October 16, 2009**



Building a Culture of Collaboration and Partnerships

Paediatric Chairs of Canada

Strategic Directions 2009 – 2014 – A Five Year Plan

Introduction

On October 16, 2009, in conjunction with PCC's annual fall meeting, members of the Paediatric Chairs of Canada dedicated a full day for strategic planning and reflection of achievements and challenges since incorporating as an Association in November 2002.

The outcomes and consensus achieved on October 16, 2009 will provide a framework to guide PCC in achieving its short and long-term goals, objectives and mission as a national organization committed to the health and well-being of children and youth.

The day was facilitated by Ms. Judy Johnson, Judy Johnson Consulting in Halifax, Nova Scotia, and focused on the following key directions:

1. Defining PCC's Current Focus

- a. Who we are;
- b. What are PCC's unique strengths in relation to addressing the current challenges and needs of the paediatric academic community, specific to education, training, research and clinical care.

2. Setting the Course for the Future:

- a. Our strategic priorities for the next five years;

3. Defining Action Going Forward

- a. What do we let go of?
- b. When do we take the lead and when do we collaborate with others?

4. Identifying Our Strategic Priorities

- a. Setting realistic short and long-term goals
- b. Resourcing our focus

Unique Role of PCC

In defining PCC's focus and who we are, the following statement reflects the overall discussion and consensus on PCC's unique role as a national organization:

“To Provide National Leadership in Paediatric Research and Education to Promote the Health And Health Care Of Children And Youth”.

Working within a culture of collaboration and partnership PCC activities are focused on the following five themes:

- Education
- Research
- Advocacy
- Health Human Resources, and
- Clinical Care

Reflecting on our Achievements – 2002 – 2009

i. Building a Culture of Collaboration and Partnerships:

- Incorporation of PCC on November 27, 2002 (formal transition from the original network established in 1960 as the Assembly of Canadian University Paediatric Department Heads);
- Creation of PCC Secretariat in Ottawa – Memorandum of Understanding (MOU) in partnership with the Canadian Association of Paediatric Health Centres (CAPHC);
- Creating an opportunity for Chairs to grow and build together in a culture of collaboration and collegiality ;
- Increasing sharing of information, knowledge exchange and conversation;
- Rebuilding and renewing PCC's relationship with CPS;
- Established partnership with Royal College Pediatric Specialty Committee (observer seat on the Specialty Committee);
- Established ourselves as a partner of the American Chairs (AMSPDC);
- Founding member of the Canadian Child and Youth Health Coalition, December 2004;and
- Partnership with the Pediatric Scientist Development Program (PSDP) to allow Canadian trainees into the program (2004 – 2009)

ii. **Leadership, Development and Advocacy**

- Enhanced annual reporting and growth of PCC's Academic Workforce Database;
- Development and launch of the PCC academic workforce web-based tool in 2008 in partnership with the Maternal, Infant, Child and Youth Research Network (MICYRN);
- Multiple manuscripts (published and in preparation);
- Creation of PCC Remuneration Survey and Annual Report;
- Co – Lead Child Health in the 21st Century – November 2006 – present;
- Annual Professional Development Workshops to support leadership development – first workshop held in June 2007;
- Safety Competencies –in partnership with the Canadian Patient Safety Institute - Development and uptake of a Paediatric Resident Patient Safety Curriculum – September 2008 – present ;
- Creation of PCC Academic Leadership Awards - Inaugural annual awards presented in October 2007;
- Synchronizing Paediatric sub-specialty application/offer process; and
- Provide support to annual national resident and fellow research competition.

The Success Of Past Years Is Due To Dedicated Individuals, Commitment And Resources:

Commitment, Vision and Inspiration

- Ongoing commitment of each Department Chair – demonstrated and sustained by financial contribution from each Department of Paediatrics to PCC's operations;
- Establishing semi-annual PCC business meetings that have been regularly attended by all Department Chairs;
- Dedication and commitment of Secretariat staff - Elaine Orrbine (Executive Director) and Debra Schleyer (Executive Assistant); and
- Leadership and participation of many Department Chairs in various PCC working and task group activities.
- Building a collaboration based on trust and respect;
- Recognizing the importance of working together focused on common need and commitment to supporting the child and youth health academic mission (education, research, advocacy and clinical care);
- Developing a common voice to address common challenges and achievable goals.

The Next Five Years - PCC Will Continue To Foster and Support Collaborative Leadership Development within the Following Priority Areas:

1. Education - Recognizing the importance of child health education across the continuum of training and disciplines, PCC's is committed to:

- Facilitating the development of new national integrated and comprehensive child and youth health curricula in several areas of priority that have not traditionally been a part of the training curriculum. *Examples include, but are not limited to Patient Safety, Mental Health, and Vulnerable populations.*
- Fostering a broader understanding of children's health in education and training to include determinants of health and the roles and responsibilities of a variety of child and youth health professionals.

Recommended Education Strategies - The following strategies were recommended to facilitate and draw on the existing expertise within PCC and its extended networks:

- Explore and implement various initiatives for teaching learners about child and youth health to develop best practices and foster knowledge transfer (application of best practices) across the country;
- Learn from existing training models to develop and pilot initiatives for specific under-served groups, e.g., Aboriginal and other vulnerable populations;
- Facilitate an inventory of current models (including inter-professional and distributed learning) in specific area (e.g., vulnerable and marginalized populations, mental health, patient safety etc);
- Promote faculty development through train the trainer models, learning and teaching methodologies such as webinars, video conferencing;
- Develop partnerships with other professional groups such as Nursing, Pharmacy, Occupational Therapy, Child Life, Physical Therapy, and Parents as teachers in training and education activities.

2. Research - Within our research priority, PCC is committed to:

- Fostering greater research in the area of child and youth health services; and
- Developing strategies for practical application of PCC's academic workforce survey findings to demonstrate value, and impact of current health service delivery and research.

Recommended Research Strategies - The following strategies were recommended to facilitate and draw on the existing expertise within PCC and its extended networks:

- Using our existing database to consider ways to address current challenges and promote health human resource goals and objectives;
- Comparison of FTE versus individual person count in manpower survey;;
- Access to specialized paediatric services across the country;
- Variability of access to sub-specialized training using manpower survey
- Analysis of variability of career paths across the country using manpower survey; and
- Analysis of physician age versus population growth using manpower survey.

3. Human Resources - Establishing National Guidelines For Sustainable Academic HR Resources:

- To provide excellent clinical care and training in a research rich environment;
- To foster optimal tertiary and quaternary care for children and youth in Canada; and
- To communicate these data to the learners to enable them to make appropriate and insightful career choices.

Recommended HR Strategies - The following strategies were recommended to facilitate and draw on the existing expertise within PCC and its extended networks:

- Identify current and/or projected gaps within academic manpower in the next five years and share with trainees;
- Define critical mass of specialized paediatrics, both in academia and clinical care. – short term goal;
- Share and develop common national principles for career development and compensation program for academic paediatricians; and
- Participate in broader discussions with the Canadian Child and Youth Health Coalition, CAPHC, CPS, and the Canadian Institute for Health Information (CIHI) based on common goals and objectives.

4. Advocacy - To advocate on behalf of child and youth health and health research needs within Canada. The following priorities were established:

- To extend collaborative partnerships and support to advocate for children's health and health research in Canada; and
- To identify and influence existing supports, people and infrastructures within Federal, Provincial, and Territorial governments to improve healthcare and health research for all children and youth in Canada.

Recommended Advocacy Strategies - Two strategies were recommended to advance these advocacy goals:



- Conduct an environmental scan to identify who is currently engaged in child and youth health and health research advocacy at the highest levels of government to identify partners, champions, doorkeepers and policy makers committed to the health and well being of Canada's children and youth.
- Conduct an environmental assessment of advocacy priorities and initiatives across the PCC Network relative to Federal Jurisdictions – i.e. Research, Aboriginal populations, Surveillance, etc.

Building on our Achievements – Setting the 2010 – 2011 Workplan

The following will help serve PCC as a guide to achieving short-term goals and objectives:

1. Building Capacity with the National Office

- Create a new PCC position - National Coordinator and Research Associate; and
- Implement recruitment and hiring process.

2. Education and Training

- Building on PCC's 2009 Safety Competencies pilot project, explore and implement various initiatives for teaching learners about child and youth health to develop best practices and foster knowledge transfer;

3. PCC Academic Workforce Database:

- Focus database evaluation and analysis on current and projected human resource capacity in the various paediatric sub-specialty areas, to determine gaps (projected retirement etc) and needs over the next five years; (2010 goal)
- Make these data available to all Department Chairs and their respective faculty colleagues, as well as to our Canadian trainees to assist in their selection of subspecialty training (2010 goal);
- Facilitate a national survey to determine the variability in models of remuneration specific to General Paediatricians within academic and community hospitals (2011 goal)
- Evaluate impact of these models on paediatric care;(2011 goal)
- Evaluate impact of these models on research productivity (2011 goal).

4. Develop Advocacy Strategy

- Conduct an environmental assessment of advocacy priorities and initiatives across the PCC Network relative to Federal Jurisdictions – ie Research, Aboriginal populations, Surveillance etc (2010)
- Based on the above, develop a consensus of 2 – 3 advocacy themes to guide PCC's work in this area over the next 4- 5 years.
- Conduct an environmental scan to identify who is currently engaged in child and youth health and health research advocacy at the highest levels of government to identify partners, champions, doorkeepers and policy makers committed to the health and well being of Canada's children and youth.

The Next Five Years...

Working within a culture of collaboration and partnership PCC activities over the next several years will focus on education; research, advocacy, health human resources and clinical care.

The strategic directions as described in this document will serve as a framework to guide PCC's activities and events and provide a reference to measure our successes and achievements in the coming years.

This strategic plan is meant to be a living document that will be revisited and revised on an annual basis to reflect the current and emerging needs of the communities represented by the sixteen Departments of Paediatric in Canada.

