



Divisions of Family Practice

A GPSC initiative

Communications Handbook

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Introduction

Two things are central to the success of the **Divisions of Family Practice** model: building awareness of Divisions' mission to improve the primary care system for all involved and engaging BC's family physicians in that process. Effective communications play a key role in supporting both these objectives. This communications handbook offers both an overview of how divisions can optimize their activities through strategic communications practices and provides some key tools to support common communications activities.

While the philosophy around effective communications remains the same for all divisions, the particular tactics chosen will vary depending on each division's priorities and the evolution of the organization. Please contact the provincial Divisions communications team with any questions.

Section 1 – About Communications

What is Communications?

Communications is a strategic function that helps an organization achieve its objectives by building positive relationships with key audiences through the sharing of information. The term communications refers to any activities that fall under this umbrella including:

- *Planning*: Identifying what a division wants to communicate and how it will go about doing so
- *Written materials across all mediums*: Websites, brochures, newsletters, posters, letters, advertising, email, social media (Facebook, Twitter, LinkedIn)
- *Media relations*: Suggesting potential news stories to reporters and responding to questions
- *Face to face activities*: Meetings, workshops, events.

Strategic communications stretches beyond the mere dissemination of information. Rather than talking *at* target audience groups, the most effective communications programs strive to talk *with* them. This two-way communications approach is particularly important for divisions because the Divisions philosophy centres on giving family physicians a forum to raise their concerns and priorities and then translating those priorities into action by serving as the collective voice of primary care.

Why Communicate?

Consulting and collaborating with representatives from across the health care spectrum is important to the success of many divisions' initiatives. By conducting communications activities effectively, divisions help ensure the right message is shared with the right people at the right time in the right way.

Communications helps:

- Create awareness and understanding of the Divisions initiative
- Foster broad support for division activities with key influencers
- Attract, retain and engage members
- Identify primary care priorities for the community and influence positive change
- Build consensus and form partnerships
- Address and/or support major changes, inside and outside the division
- Support Divisions' Quality Improvement goals through inter-division knowledge sharing.

Know Your Audience

When it comes to communications, one size does not fit all. Divisions interact with a wide variety of groups and individuals, each of which may have particular needs and preferences when it comes to communication. Some may prefer face to face interactions, others' schedules may not permit that and something written would be more effective. The best means of communication may well change depending on who's involved, the topic and the division's goal.

To be effective, it is important to know who the division wants to reach, what it hopes to achieve from the interaction and how each particular audience likes to connect. For the purpose of communications, the word 'audience' means a group of people that share a distinct characteristic. For example, family physicians, specialists, health authority representatives and patients all represent particular audiences. Depending on the situation, a division may wish to communicate with one, some or all of its audience groups. Identifying the target audiences is an important initial step in the communications process.

Like all organizations, there are two umbrella categories under which a division's audiences fall: internal and external. It is common for there to be some degree of difference in how and what an organization communicates to the people inside it. Very often, more information is shared internally than externally, but this is not always the case.

Examples of common division audiences include:

Internal

- Members – existing and potential
- Board of directors
- Staff
- Provincial Divisions staff

External

- Health authorities
- Hospital administrators
- Specialists (distinct groups under this, e.g. radiologists)
- Non-physician health care workers
- Local government
- Patients/patients' families
- Media

The Communications Process

Some communications activities will happen organically as they flow naturally from a division's operations. However, it makes sense to invest time and thought in how to communicate strategically. Not only will this contribute to a division's success, it will ensure opportunities aren't missed and any issues are effectively addressed.

Communications is a process. It is not just a newsletter or an event. Those things are *part* of the process, but it is the process as a whole that will help a division build relationships and effect change.

There are three main steps in the communications process:

- Plan
- Communicate
- Evaluate

Plan

The next section sets out the components of a strategic communications plan. In short, a plan identifies:

- What a division wants to achieve (e.g. more locum support for local family physicians)
- Whom it needs to connect with (local member and non-member family physicians re: their needs; residents/physicians locally and elsewhere who may wish to offer locum services)
- What it wants to say (need for locums, perks of the community to attract physicians from other regions)
- The best tool for saying it (emails, events, website etc.)

Communicate

Execute the plan.

Evaluate

Review results. Was the desired outcome achieved? If not, why not? Apply learnings to future communications undertakings.

Written communications plans are a valuable tool in optimizing a division's efforts. However, even for smaller, one-off initiatives, this process can be applied in a less formal way to enhance a division's success.

Section 2 – Planning for Communications Success

The Communications Plan

Usually, a communications plan is a written document that sets out an organization’s communications blueprint for either a defined period of time (usually a year) or for a specific, usually significant, initiative.

It is recommended that divisions develop a formal annual communications plan. Individual plans can also be beneficial for each of the key projects the division elects to pursue. The benefit of creating an annual plan is that it helps the division identify its key communications opportunities for an extended period and better manage the flow of its activities so audiences are not bombarded with communications during certain periods. For members, it is also important to ensure there is a regular stream of communications to keep everyone engaged.

A communications plan template can be found in Appendix B. The components of a communications plan are:

- *Goals and objectives* – The goal is the overarching hoped-for outcome (e.g. more balanced lifestyle for a division’s physicians). Objectives are specific steps in achieving the goal (e.g. attract more locums to the area)
- *Audiences*
- *Challenges* – What things might stand in the way of the division achieving its communications objectives? (e.g. few potential locums in the community)
- *Strategies* – The approaches the division will use to overcome the challenges and achieve its objectives (e.g. position the community as a desirable place to live)
- *Key messages* – The most important information the division wants its audiences to know (e.g. this community offers both the convenience of an urban centre together with access to world-class outdoor recreational activities)
- *Tactics/activities* – What the division will do to communicate its messages to its target audiences (e.g. develop a visually stunning PowerPoint showcasing the community and professional opportunities which it will post online and show at in-person events for potential locums)
- *Measurement* – The ruler by which a division can judge the success of its communications efforts (e.g. the number of new locums it wants to attract)

It is recommended that an annual communications plan be revisited about halfway through the year to review progress and incorporate new opportunities/priorities. It should be reviewed again before development of the next year’s plan to learn from the outcomes of the year before and see what objectives may have evolved or have been successfully achieved. For specific initiatives (such as the locum example above), communications should be incorporated into that project’s plan, possibly in addition to a standalone communications plan to support it.

Identifying Objectives and Scope

Strategic communications supports the goals of the organization. In a division's case, those goals are set by its members. While all member priorities are important, they will not all require the same type or level of communications support. The annual communications plan is valuable because it can bring support for all division priorities together in one place. Multiple initiatives may well have one or more communications objectives in common. Identifying communications objectives from the outset is important so divisions can accurately assess the success of their efforts.

Common communications objectives for division activities include:

- Building awareness and support for the Divisions initiative and its triple aim
- Attracting, retaining and engaging members
- Enhancing relationships between family physicians and specialists, hospital administrators, health authorities and others
- Streamlining the flow of medical information to enhance the delivery of continuous patient care
- Promoting and supporting work-life balance for family physicians
- Fostering positive relationships, and where appropriate, partnerships with primary care stakeholders.

The above represents a few of the more general communications objectives. These will vary based on each division's specific priorities. The question to ask in determining objectives is: How can communications help support the success of this priority? (e.g., the need for more locums).

It is also important to consider the scope of potential communications needs. Is the project a local initiative only, or are there opportunities to partner with other divisions who have identified the same priority and share knowledge and materials? Is it short or longer term? Both time and funds may be in limited supply, so it is helpful to know from the outset how much focus a division will give to a priority, and in turn how much of its communications' efforts should be spent on it.

Selecting Spokespeople

A spokesperson is someone who represents a group of people or organization and speaks on their behalf. In the execution of this role, they cease to be an individual and become the voice of the organization they represent. Choosing spokespersons should be done carefully.

Most often, a spokesperson is someone in a position of authority. The board chair would be a common choice, particularly if the person is speaking to media. Depending on the situation and topic, spokespersons can also be an expert in a field, or an "everyman" who would speak to their own personal perspectives on an issue.

The two most common situations a division might require a spokesperson are at events and for media interviews. Occasionally, these may occur at the same time. Good spokespersons:

- Are comfortable in front of crowds (for events)

- Do not freeze under pressure
- Know their stuff
- Understand the power of a key message and know how to deliver it
- Are friendly and open, but always professional
- Are not argumentative
- Don't ramble or move off topic
- Speak clearly and with confidence

This may seem like a tall order. Even the most experienced people can have difficulty in this role. Which is why training – and practice - is important. The provincial Divisions communications team provides media training to regional divisions' spokespeople upon request. This typically covers:

- How the media work
- What they want from a spokesperson
- Different types of interviews and reporter interview styles
- Delivering key messages
- Techniques spokespeople can use to manage interviews and ensure their messages are communicated
- Dos and don'ts when working with media.

For presentations, spokespeople should practice their delivery several times. If it is being given in an unfamiliar venue, it is recommended the spokesperson be given the opportunity to practice their presentation onsite before the event begins.

Most divisions' initiatives are not publicly contentious. In the event one should be, and there is the possibility media might approach members or staff, they should be asked to refer all questions to the spokesperson. This topic is covered in more detail later in this handbook under Issues Management and Crisis Communication.

Key Messages

Key messages are the most important things a division wants its audience to know about the topic at hand. As a general rule, people recall no more than three main points from communications materials or activities, so it is vital to be clear about what needs to be said.

Appendix A provides some sample key messages on common Divisions-related topics. It should be stressed that messages are just that – they are the idea, the nugget of information or impression a division wishes to convey. Messages are crafted paying careful attention to semantics, boiling multi-faceted thoughts down to their simplest, clearest form. This does not mean they have to be used verbatim. The message is far more important than the words. Spokespeople are encouraged to put messages in their own words so they feel natural and can be more effectively communicated.

Key messages should be identified for each of a division's operational priorities. These main messages may then need to be adapted for different audiences.

Using the locum example, a main message might be: our community needs more locums. This message might be adapted for local family physicians to say: we understand our

community needs more locums and we are prioritizing attracting them. This lets FPs know they are being heard and further, that the division is working to meet their needs. This not only serves to support the locum project, it also contributes to attracting, retaining and engaging members. This same message could be adapted for potential locums to say: we invite you to become a locum in our community. At their core, these three messages say the same thing but in a way that's customized to reach distinct audience groups.

Choosing the Best Way to Communicate

How a division communicates can be as important to its success as what it has to say. Common communications vehicles include:

- **Email** - Can be effective for introducing an initiative, providing updates and information to a defined group.

Pros: instant delivery, free, easily shared, invites response, if personalized to a degree can make recipients feel more connected to the organization/project, lists for group dissemination easily generated.

Cons: easily shared, can be overlooked or trashed by spam filters.

- **Letters** - More traditional and often considered more formal, letters are official vehicles for communicating important information. Must be short to be effective.

Pros: as they are less frequently used "snail mail" letters warrant attention as they signal the information they contain is important; inexpensive to produce and dissemination costs can be depending on the number being mailed.

Cons: one way vehicle; limits the amount of information shared, overt formality not conducive to building warm relationships.

- **Newsletters** - Helps keep broader audiences aware of division activities. Can bring the division and its initiatives to life by featuring individuals and images.

Pros: effective way of communicating with large and multiple audiences, permits discussion of several topics; e-versions easily generated for posting to web.

Cons: can be time-consuming to produce; someone needs to be dedicated to ensuring it is produced on a regular and timely basis; can be costly - design, printing, mailing - printing and mailing can be mitigated if only e-version produced but many still prefer print.

- **Meetings** - Covers all manner of face to face gatherings.

Pros: in-person communications still the most effective way of building solid relationships quickly; little or no cost beyond time involved; ultimate collaborative vehicle; supports engagement.

Cons: scheduling can be challenging; only appropriate if discussion required/desired;

large meetings may require special venues to be rented.

- **Presentations** – Most effective when there is a lot of information to share on a specific topic.

Pros: organized, visually stimulating way to communicate; easily repurposed and adapted for multiple uses and audiences; can be low cost; persuasive means of delivering a message; can be delivered live or hosted online for convenient access.

Cons: if used outside a meeting, must have sufficient info to make sense.

- **Websites** – Refers to a division's own web pages within DivIT, the provincial Divisions website.

Pros: available 24/7; can be quick to update; cost-effective repository for information on a variety of topics; easily accessible by most audiences.

Cons: unless well-maintained, sites can go stale and no one will visit, so information will not get seen; one-way vehicle.

- **Events** – Special events span everything from mixers to member dinners to workshops. Anything that requires an invitation, sourcing a venue and developing a multi-part agenda qualifies as an event.

Pros: face to face vehicles build relationship; promotes two-way communication and collaboration; demonstrates commitment; memorable; can be effective for launching initiatives or celebrating milestones.

Cons: time consuming to organize; can be expensive; must be appropriately timed and held in a place convenient to target audiences.

- **Surveys** - More of a research tool than a communications vehicle, but effective for the planning portion of a project/communications plan.

Pros: provides important insight into audience perspectives; demonstrates a division's commitment to excellence; creates an expectation of results follow-up, opening the door for future communications.

Cons: can be time consuming; must be strategic about what is asked and how the survey is conducted so respondents' time is not wasted; builds an expectation of action so the intention to act must be there.

- **Annual reports** – Each division creates an annual report which is shared with members and posted online.

Pros: informs members of division activities; supports accountability; promotes ongoing member engagement; easily shared with potential members.

Cons: information can become quickly outdated, one way vehicle.

- **Social Media** – Twitter, Facebook, LinkedIn etc. Best suited to promotional information and topics that require immediate, real-time communication.

Pros: instant communication; two way vehicles; free.

Cons: limited space; many members unlikely to use; for audiences that do, a division resource must be assigned to respond in a timely manner.

- **Brochures, flyers, posters** – Best suited for promotional initiatives.

Pros: easy to scan; can contain information on multiple aspects of a topic; portable; can be printed and posted in e-version online; shareable.

Cons: require time and production costs; one way; hard to evolve.

- **News coverage** – Sought proactively when there is an issue to raise or significant change to celebrate.

Pro: reaches a wide audience; perception of complete impartiality; media follow other media so stories can build with little or no effort.

Cons: no control over whether media will cover a pitched story or what the story might say.

In determining the most effective communications method to pursue, it can be helpful to ask the following questions:

- *How many people does the division need to reach?*
Very often, it makes sense to use a different communications vehicle when a division is trying to reach 5 people than when it is trying to reach 500 and again when it wishes to connect with 5,000. Small audience: email, letters, meetings. Medium to large audience: email, surveys, newsletters, brochures, presentations, events, website. Large, multi-faceted audience: media coverage, social media, website.
- *Does the division just want to share information, or does it want feedback?*
In cases where communication is primarily one-way, vehicles such as letters, newsletters, division website updates, flyers or newspaper articles may be most effective. Where input is being sought, vehicles such as surveys, email, meetings and events work best.
- *How quickly does communication need to happen?*
Ideally, a division can choose the most effective vehicle for the message and audience. Should a situation arise where timing is of the essence, more immediate options may need to be considered.
- *What resources are available?*
Both manpower and budget are factors in determining appropriate communication vehicles. Elaborate dinners may work wonders in helping existing members bond and attracting new members, but if the division cannot fund them, other alternatives must be explored.

Identifying and Overcoming Communications Challenges

Once a division has identified its communications objectives, it is valuable to consider what might stand in the way of achieving them. This has already been touched upon earlier in this handbook but bears repeating as unanticipated obstacles can derail not only communications' effectiveness but projects as a whole. If potential challenges are identified, solutions to those challenges can also be developed and applied as needed.

Evaluating Communications' Effectiveness

As evaluation usually takes place after a communications initiative is complete, it is often a step that gets missed. However, reviewing how effective a plan was at achieving a division's communications goals is valuable both for planning that division's future activities and for supporting the success of other divisions pursuing similar priorities.

The concept of quality improvement (QI) is integral to the Divisions movement. While Divisions recognizes that each region has its own specific needs, there are many common threads in the pursuit of Divisions' triple aim to achieve improved patient outcomes, improved patient and provider experience and decreased costs to the health system. By sharing learnings with each other, divisions support QI and contribute to stronger primary care throughout the province.

Section 3 –Communications in Action

Member Communications

For every division, its primary audience is existing and potential members. Without their support and engagement, the division cannot exist. Newly formed divisions will concentrate early efforts on encouraging the community's family physicians to join and participate in division activities. Emerging divisions are encouraged to speak to their more established counterparts to learn what kinds of communications initiatives were most effective for them and to draw upon any materials they may have created.

In recruiting members, a division's communications should focus on two things:

1. What the Divisions initiative is
 - a. A provincial movement with a community focus
 - b. Committed to achieving the triple aim
2. Why they should join
 - a. Created and driven by family physicians.
 - i. Deep understanding of and respect for family physicians' needs and challenges
 - ii. Members' priorities influence the division's priorities
 - b. The division has the ability to influence positive change
 - i. Backed by the strength of its numbers, the division is the voice of primary care
 - ii. Gives family physicians the opportunity to drive the change they want to see
 - iii. Division provides an opportunity to connect and collaborate with peers.

Family physicians are short on time and often work in isolation. In both attracting and retaining members, it is recommended divisions employ a combination of push and pull mechanisms, meaning that information should be both sent to the prospective (and existing) members and available for them to proactively access at their convenience. Once a division has attracted members, it must strive to retain them by reinforcing the reasons they decided to join. An engaged member is a division's most effective ambassador, who can both attract additional members and further a division's priorities for the community.

Effective communications vehicles for attracting and retaining members include:

- Letters
- Email (invitations, updates, personalized communications)
- Division web pages on DivIT
- Meetings and events – please see the Divisions' Engagement Handbook for guidance on how to plan and host events
- Annual general meeting
- Annual report.

Community and Partner Relations

Generally, community relations encompasses all communications activities aimed at connecting with the broader public who are or may be impacted by an organization's activities. As every member of the community is likely to access primary care at times, this is a large group, although one the division may seek to engage infrequently.

A division may reach out the broader community when it:

- Wants to make an announcement about a successful new initiative that impacts a large number of people or specific patient group (e.g. launch of a new maternity clinic)
- Needs to inform people about an issue/initiative relevant to patient care
- Wishes to galvanize community support for a division's position on a key issue.

In nearly all cases, a division's community relations will involve media relations. Members of the public may then contact a division directly and should be answered on a one to one basis.

A related stream of communications activities is partner relations, which involves connecting with key stakeholder groups with whom the division works or seeks to collaborate. Examples include specialists, health authorities and health administrators. As a division will usually work with representatives from these groups rather than needing to connect with all their members, more intimate communications vehicles are usually best, such as email and meetings. The results of partner relations are often shared with other audiences like members and potentially the community, through vehicles such as the website, annual reports and social media.

Media Relations

Media relations is the process of working with editors, reporters and producers (for radio and TV) to provide information about a division's activities or perspectives which may appear in the news.

There are two main kinds of media relations:

1. *Proactive* – The division approaches the media to pitch a story idea. These are usually good news stories that would paint the division's activities in a positive light. The division has control over when the idea is pitched, but not whether a story will run or what it will say.
2. *Reactive* – Media contact a division for comment on a topic they are writing a story about. This may be for an expert viewpoint on a medical-related story or could be on another more contentious issue. The division may not expect the media call and will have less time to prepare messaging than with proactive stories.

When it comes to media, there is no guarantee a story will run, even if an interview takes place. This is especially true with softer, proactive stories which routinely get bumped for more immediate, hard news. A division will also have no ability to vet the story beforehand.

The only thing in the division's full control is what comes out of its spokesperson's mouth. Media have a broad reach and are very influential. This is why it is strongly recommended all division spokespeople be media trained by the provincial Divisions communications team and that key messaging be developed and practiced before interviews.

Approaching the media

When a division has a story it would like to share with a broader audience, it may make sense to approach the media. The benefits of profiling division initiatives in the news include:

- Providing the community with primary care-related information that can benefit patients and their families
- Positioning the division as the ultimate voice of primary care in the community
- Attracting new members and reinforcing existing members' decisions to join the division.

Before approaching the media, the division should evaluate whether the story idea is truly newsworthy rather than just of interest to division members and better suited to a newsletter or section in the annual report.

Questions to ask in determining if a story is newsworthy:

- Is something being launched or introduced? If so, will it impact a large number of the people who may read/watch/listen to this news?
- Is the idea about something that is of importance to the media's consumers? (such as improvements to the health care system in the community)
- Is it timely? Does the story relate to issues currently being covered in the news?

If none of the above can be answered 'yes', do not approach the media. There is a lot of competition for media attention and if a division becomes known for pitching solid stories, reporters are more likely to be receptive to future story ideas. The opposite is also true.

If a story idea is solid, the division will then want to determine what kind of media to approach:

- Print – Most outlets also have online versions of their publications. Visuals are helpful, but not required. Most interviews will be done by phone.
 - Daily newspaper: This will be the community's main newspaper. Best time to contact them: between 10 a.m. and noon. Stories are filed by 4 p.m. so do not call in the afternoon.
 - Weekly or semi-weekly community paper: These are appropriate for local stories, such as the opening of new clinics etc. as well as stories with broader appeal.

- Radio – Approach local talk radio stations. Visuals are not required and most interviews will be done by phone but spokespeople can be asked to come into the studio.
- Television – This will likely be the hardest kind of coverage to secure. Strong visuals are required.

The most common media relations tool is the news release, which summarizes all pertinent information in a standard format. News releases can be disseminated to media outlets using a wire service such as Canada News Wire (there is a cost for this) or they can be emailed directly to key outlets and reporters. While that is free, it will require someone building a media list by conducting an Internet search for news outlets and noting down their name, the editor or key reporter’s name, the email address and phone number. If a division does not have a preferred reporter in mind, send the release to the assignment editor (print) or producer (radio and TV).

If a division is hosting a newsworthy event with a strong visual component, it can craft a media advisory with the details and send it out several days before the event. It is wise to call and follow-up on both advisories and releases to ensure they are brought to the media’s attention. A sample advisory and release can be found in Appendix C.

If a division has any questions about approaching media, contact the provincial Divisions communications team.

What to do when the media calls

If a reporter contacts a division unexpectedly, they are most likely looking for comment on a story they are already working on. It is possible there may be a contentious aspect to it. Everyone who answers the division’s phone must be aware of the following policy: nobody other than designated spokespeople are permitted to speak on the division’s behalf. Regardless of who answers the call – an office assistant or the spokesperson – the following questions should be asked (very politely, of course):

- What media outlet are you calling from? (If they haven’t already mentioned it.)
- May I have your name? (Ask for spelling if it is not obvious)
- Can you give me some background on your story?
- What kind of information are you looking for?
- What is your deadline?
- May I have your contact number?

If the spokesperson takes the call, they should then let the reporter know they are busy at that moment but will call them back, providing a specific time well before deadline. This will give the spokesperson time to gather their thoughts and prepare. If it is someone else answering the call, they should let the reporter know they will contact the spokesperson and have them call the reporter back.

It is a good idea to reach out to the Provincial Divisions Communications Office for guidance before returning the media’s call. Depending on the topic, it may be more appropriate for a

provincial spokesperson to respond. If a reporter leaves a voicemail message, the provincial team can contact them and ask the above questions.

Please see Appendix D, the GPSC Media Protocol, for further information about dealing with the media.

When calling a reporter back, it is recommended the spokesperson know their messages. It is poor etiquette not to respond immediately to media calls.

After a story runs, the division may wish to keep copies for its files.

Issues Management and Crisis Communication

For the purpose of communications, issues management refers to the activities undertaken to defuse a potentially contentious situation before it can escalate. Of course, much of Divisions' reason for being is to address issues that are negatively impacting family physicians and the delivery of primary care. Some of the same principles that drive divisions' efforts in overcoming these challenges apply to issues management in a communications context.

Most divisions are experiencing overwhelmingly positive responses to their work. It is quite possible issues management may not be needed. That said, examples of potential issues which communications could play a role in addressing include:

- Member concerns about the way a division operates or how an individual or group is behaving during the execution of division-related activities
- Partner concerns about the way division representatives approach collaboration
- Public/patient concerns about local family physician availability.

The provincial Divisions team should be contacted for serious issues or those that relate more broadly to family medicine.

While each situation is unique, in conducting successful issues management a division should:

- Have a solid understanding of the issue. Most often, this will involve connecting with representatives from both sides of the challenge. This is most effectively done in person, but can also be done via phone or email.
- Express concern for an injured/wronged party if there is one. Otherwise, be open about examining the issue and taking steps to solve it.
- Be as transparent in the process as possible to build trust on all sides. It is not necessary to have answers or solutions right away, but it is important to communicate the intention to get them.

- Determine what the division can do to address the issue and defuse the situation. If the division is at fault, apologies can go a long way towards healing relationships. If there is simply a difference of opinion or it is a no-fault issue, focus solely on solutions.
- Once a course of action is decided, communicate it to all parties and follow through.
- If appropriate, connect with all parties later on to confirm the situation has been addressed to mutual satisfaction.

The communications tools used for issues management depend on the individual situation. For advice, please contact the provincial Divisions communications team.

A related but distinct stream of activities is crisis communications. This occurs when issues management is ineffective and the situation escalates or when there is a catastrophic event that requires immediate response. This is highly unlikely to impact any division, but if something of concern should arise, the provincial Divisions communications team is also available to help.

Section 4 – Branding

What is Branding and Why Does it Matter?

Branding is the creation of a distinct organizational identity. An effective brand tells people who the organization is, what it does, what it stands for and how it is different from all others. Brands are built by consistency – using the same logo, the same colours, the same font and the same writing style all the time. An organization with a successful brand also communicates the same messages about itself and what it has to offer in everything it does. It supports the same kinds of causes. It speaks out on the same kind of topics. There is a predictability in how it behaves. In short, the brand represents the organization’s personality.

Branding is important because it helps foster relationships between an organization and its audiences. People come to instantly recognize an organization by its logo, and feel they know and understand it because they can anticipate how it will act. Brands build trust.

The Divisions Brand

Divisions of Family Practice has an established brand, which is carried forward by every community division. The most easily recognizable part of the brand is its visual identity: the Divisions logo, colours and fonts. These are protected by graphic standards, which are the rules about how these elements can be used. To ensure clarity of the brand, it is important the logo is not distorted or changed.

The activities of all divisions are guided by the triple aim. As people become more familiar with a division’s activities, they will begin to associate aspects of the triple aim with whatever bears the Divisions logo.

A copy of the General Practice Services Committee’s graphic standards manual, which includes information about the Divisions visual identity, can be found by contacting the provincial Divisions communications office. A community divisions style guide is currently in development.

Appendix A – Division Messages

Key Messages for Divisions of Family Practice

General

About the Divisions Initiative

1. Divisions of Family Practice is an initiative of the General Practice Services Committee, a joint committee of the BC Ministry of Health and Doctors of BC.
2. Divisions work in partnership with local health authorities, the GPSC, and the Ministry of Health Services.
 - a. These partners work collaboratively to identify gaps that exist in patient care in the local community and develop solutions to meet that particular community's needs.
3. The initiative is founded in the belief that our communities are best served when we seek to improve the health of all residents in the region.

Sample Key Messages for Consideration: Division Members and Prospects

Why Join Your Local Division

1. The Division has the ability to influence positive change
 - Backed by the strength of numbers, the division is the voice of primary care in this community.
 - The division gives family physicians the opportunity to drive the change they want to see.
2. Divisions is an initiative created and driven by family physicians.
 - There is a deep understanding of and respect for family physicians' needs and challenges
 - Members' priorities influence the division's priorities
 - The division provides an opportunity to connect and collaborate with peers.

Appendix B – Communications Plan Template

(Community Name) Division of Family Practice Communications Plan (Insert applicable dates or name of initiative it supports)

Overview

(Insert information about the division –Is this the first year it has been operating or is it more established? What are the organizational priorities for the year? If this is a plan for a specific priority, include a brief overview of the current situation and the desired outcome from an organizational perspective.)

Goal

(Optional: This is the overarching communications goal for the division, which all the communications objectives will contribute to achieving.)

Objectives

The communications objectives of the (community name) Division of Family Practice are to:

- (Insert objectives, for example: Raise awareness of and foster support for the division. Limit number of objectives to three.)

Audiences

(Delete those not applicable. If possible, prioritize audiences into primary, secondary and tertiary.)

Internal

- Members – existing and potential
- Board of directors
- Staff
- Provincial Divisions staff

External

- Health authorities
- Hospital administrators
- Specialists (distinct groups under this, e.g. radiologists)
- Non-physician healthcare workers
- Local government
- Patients/patients' families
- Media

Challenges

- (Insert obstacles to achieving communications objectives, for example: Multiple demands on the time of a small staff impede focus on communications.)

Strategies/Strategic Approach

(Insert information on how the division will overcome the challenges to achieve its communications objectives, for example: As many other divisions have completed the start-up phase, we will draw on the experiences and tools our counterparts used in building

awareness of their divisions.)

Key Messages

(See Appendix A for examples.)

Activities/Tactics

(Insert information of the things the division will do to achieve its communications objectives: for example:

Member Recruitment Program (insert timing for this)

The division will contact all local family physicians by letter and/or email to introduce the division, link them to the website for more information and invite them to an early evening mixer to learn more about the initiative and interact with their peers etc.)

Budget

(Insert pertinent information.)

Measurement

(Insert the criteria by which the success of the communications plan will be evaluated.)

Appendix C – Sample Media Materials

Media Advisory

FOR IMMEDIATE RELEASE
(Date)

MEDIA ADVISORY

(Insert headline announcing the event)

(City, BC) – The (community name) Division of Family Practice is pleased to announce (information of what is happening, why it is unique, what they will see or who they can meet.)

WHO: (Community name) Division of Family Practice
(Include names, titles and other affiliations (if appropriate) of spokespeople)

WHAT: (What the event is/what media will see)

WHEN: (Time and date)

WHERE: (Address)

For more information contact:
(Name, email and phone number of appropriate person)

Example news release



NEWS RELEASE
March 30, 2012

Cowichan Maternity Clinic: 1 year anniversary

Duncan, BC – The Cowichan Maternity Clinic is celebrating a successful first year of service for mothers and families in the Cowichan Valley. Since opening its doors in March 2011, the clinic has provided care for 539 mothers and their infants and has delivered over 287 babies. The clinic has also found family physicians for 118 patients who previously did not have one.

“We have worked hard over the past year to provide seamless care to women and their families from early pregnancy to postpartum,” said Dr. Maggie Watt, physician lead at Cowichan Maternity Clinic and board member of the Cowichan Valley Division of Family Practice.

The Cowichan Maternity Clinic is an initiative of the Cowichan Valley Division of Family Practice, a group of local physicians working together to achieve common health care goals. Located in the Cowichan District Hospital, the clinic continues to deliver maternity care and immediate post-natal care for pregnant women in the Cowichan region by providing access to services such as: labs and ultrasounds; coordination of public health services; breastfeeding support; food; transportation assistance and opportunities to meet and connect with other expectant parents.

“The success of the clinic would not have been possible without the support of the Division, which has provided essential operational funding, administrative support, and access to high level decision makers in Doctors of BC, VIHA and the Ministry of Health,” said Dr. Watt.

The Division aims to improve primary care opportunities for women in the community who have limited or no access to primary maternity care providers. It also strives to close the health care gap faced by First Nations women, who make up 30% of the deliveries in Cowichan Valley, and who face unique cultural, socioeconomic and medical needs during pregnancy.

A proud supporter of the clinic is Aboriginal Success by 6, an early childhood development initiative that works with Aboriginal communities to enhance the lives of young Aboriginal children.

“Moms and families have really benefited from this direct service. We know that food can be a huge barrier for expecting moms and their children. Through the clinic, these mothers are able to access healthy foods for themselves and for their babies. In partnership we are making a difference,” said Ada Mawson, Director of Aboriginal Success by 6.

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For more information:

Clare O’Callaghan
Communications Manager
604 638-2842
cocallaghan@doctorsofbc.ca



General Practice Services Committee

Appendix D - GPSC Media Protocol

PURPOSE

- To provide a clear policy on how media calls to GPSC and its initiatives should be handled.
- To ensure that media inquiries are responded to quickly, accurately and in a consistent manner.
- To improve service to media.
- To ensure appropriate spokespeople are speaking to the issues.

WHEN A REPORTER CALLS

- Reply that you are busy at the moment; ask what information he or she needs and the deadline; say you will call back or have one of your communications representatives (Comms) call.
- Relay request to appropriate communications representative immediately.
- Based on the situation and the advice of the communications representative follow one of three options:
 1. With communications representative, formulate key messaging to answer reporter’s questions. Identify key spokesperson, preferably a local physician. This is the best option for local media who prefer to interview local contacts.
 2. Call reporter back and refer him/her to communications rep.
 3. Have communications rep return call. This is the preferred option when dealing with a crisis or issue as communications people have extensive experience in dealing with media.
- Follow media protocols as listed below.
- Return call to reporter as soon as possible.

COMMUNICATIONS REPRESENTATIVES

All General Practice Service Committee initiatives have communications resources who are able to assist with media relations:

PROGRAM	CONTACT	TELEPHONE	EMAIL	ALTERNATIVE
GPSC, PSP	Carolyn Grafton	604 638-2840	cgrafton@doctorsofbc.ca	Ranjit Sundur 604 638-7906 rsundur@doctorsofbc.ca
	Dana Bales	604 638-2889	dbales@doctorsofbc.ca	
Divisions of Family Practice	Clare O’Callaghan	604 638-2842	cocallaghan@doctorsofbc.ca	Tara Lyon 604 638-2907 tlyon@doctorsofbc.ca

If appropriate (or as time allows), your communications representative will notify the media rep of other stakeholders and partners.

If the communications person for your program is not available, you may contact another media program's media relations person. You can also contact:

Sharon Shore, Senior Manager, Communications and Media Relations, Doctors of BC, 604 638-2832; sshore@doctorsofbc.ca

MEDIA PROTOCOL

- When a reporter calls, say you are busy and will call back but first find out the following:
 - What is the point of the story?
 - What is the deadline?
 - What is his/her phone number and email address?
- Next, email any general information on your initiative i.e. fact sheets, milestones etc. to provide background and context.
- Consult your communications representative or one of the other program's communications representatives for advice and counsel on identifying a spokesperson and preparing a response. **Note:** The identified spokesperson should be a physician.
- Prepare key messages with communications rep.
- Learn more about the publication the reporter represents i.e. audience; political leaning; national, provincial or regional distribution. Usually your program's media relations person will have the details.
- If required, refer to your program's executive lead for stats and background information on your program. As Doctors of BC employees, they cannot be quoted in media articles BUT they can supply you with vital information.
- During the interview, provide only the information requested; do not embellish.
- Avoid use of "off the record" – there is no such thing.
- Restrict your answer to areas within your experience and/or expertise.
- Avoid speculating about issues, future situations, policies or announced decisions.
- If you don't know the answer to a question, admit it and promise to get an answer as soon as possible.
- Don't ask the reporter to see the article before it's published but do ask when it will be published.
- Notify your communications rep of the publication date and ask him/her to pass the information to Doctors of BC media relations.

AFTER THE ARTICLE IS PUBLISHED

- If the article has incorrect information, check with your communications representative re your options. These may include:
 - Remind the reporter of the correct details and ask for a published correction
 - Write a letter to the editor.
 - Forget minor errors that don't impact your messages.
- Send a copy of the article to your program lead and communications representative.

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