# Skills/Competency Inventory for Potential ACFP Board Directors

*To be completed by the individual interested in being nominated for the Board of Directors*

## ACFP Board Director Fiduciary Duty:

Fiduciary duty requires all Board Directors to stay objective, unselfish, responsible, honest, trustworthy, and efficient, and to perform their duties with undivided loyalty.

Board Directors, as stewards of public trust, must always act for the good of the organization, rather than for the benefit of themselves or a constituency to which they may belong.

They need to exercise reasonable care in all decision making, without placing the organization under unnecessary risk.

The Governance Advisory Committee welcomes submissions from candidates who:

* Are members in good standing of the ACFP;
* possess a good understanding of family medicine and the care provided by family physicians;
* can commit the time to participate fully as a Board Director;
* have demonstrated a broad experience of governance;
* ideally have previous experience being engaged with the ACFP or one of its committees;
* possess a strong desire to represent the ACFP, its mandate and its members;
* have the time and willingness to actively reach out to members for perspectives and feedback; and
* have a strong balance of experience, knowledge, attributes and specific skills listed herein.

The Governance Advisory Committee will be looking to recruit individuals who are accomplished and experienced in various areas and will complement other such individuals in establishing a board with strengths and coverage across all the attributes.

If you have any questions regarding the process, please contact the ACFP office at 780-488-2395 or [governance@acfp.ca](mailto:governance@acfp.ca).

Thank you for your interest in being involved with the ACFP Board of Directors.

*Please note: This information is being collected for the purpose only of identifying potential ACFP Board Members and will not be used for any other purpose.*

## Tell Us More About You

Please note the following inventory provides you an opportunity to communicate further information about you to the Governance Advisory Committee. The information collected in the Skills/Competency Inventory will act as an information tool for the Governance Advisory Committee and does not preclude you an opportunity from being appointed on the ACFP Board.

**Part A: Please indicate your level of experience and knowledge in the following areas by inserting check marks in the table below.**

***Basic*** *= no real skill or knowledge*

***Intermediate*** *= have been exposed and have some skill and/or knowledge*

***Advanced*** *= quite confident and competent in my skill/knowledge level*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FAMILY MEDICINE EXPERIENCE** | Basic | Intermediate | Advanced | None |
| Clinical |  |  |  |  |
| Medical education |  |  |  |  |
| Research |  |  |  |  |
| Health Care Administration |  |  |  |  |
| **KNOWLEDGE & EXPERIENCE (K&E)** | Basic | Intermediate | Advanced | None |
| **ACFP** - *understanding and knowledge of mission, vision, goals* |  |  |  |  |
| **Board Governance** |  |  |  |  |
| **Not-for-Profit Organizations** |  |  |  |  |
| **Legal Literacy** - *familiarity with contracts and other legal processes* |  |  |  |  |
| **Financial Literacy** - *ability to understand the financial health of the organization as presented in its financial statements* |  |  |  |  |
| **Strategic Planning** - *demonstrated ability to think critically about systemic issues and the role of the ACFP and family doctors in the health care system* |  |  |  |  |
| **Systems Thinking** - *understanding of the reasons for ongoing organizational and system behaviour, and the underlying problems, opportunities or political forces affecting the ACFP and the health system* |  |  |  |  |
| **Risk Management** - *demonstrated ability to think critically about operational and governance issues to ensure the effective management of potential opportunities and adverse effects* |  |  |  |  |
| **Ethics and Conflict of Interest** |  |  |  |  |
| **Stakeholder Engagement** |  |  |  |  |
| **Patient and Health Care Advocacy** - *demonstrated ability to communicate a position to the intended audience; champion of the role of the family doctor in patient care* |  |  |  |  |
| **Political Acumen** |  |  |  |  |
| **Public Affairs and Communications** |  |  |  |  |

**Part B: Please check all that apply below in describing areas you feel you have good current knowledge of either because of personal experience (past or present) or other interactions.**

1. **Values and needs at different stages of career:**

\_\_medical student

\_\_family medicine resident

\_\_early career

\_\_mid-career

\_\_late career

\_\_close to retirement

1. **Practicing in different geographic settings:**

\_\_geographically isolated/remote

\_\_rural

\_\_small town

\_\_urban/suburban

\_\_inner city

1. **Different practice types:**

\_\_solo

\_\_group, non-academic practice

\_\_group, academic practice

\_\_comprehensive continuing care

\_\_focused practice

1. **Practicing in health systems in different parts of the Province:**

\_\_Northern Alberta

\_\_ Edmonton and surrounding area

\_\_ Central Alberta

\_\_ Calgary and surrounding area

\_\_Southern Alberta

1. **Practicing within different reimbursement models**

\_\_Fee-for-service

\_\_Salary

\_\_Contract

\_\_Capitation

\_\_Other. If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part C: Please provide the percentage of your time currently spent in the various activities below:**

\_\_% Patient care (direct and indirect e.g. charting, phone calls, etc.)

\_\_% Teaching/Education without direct patient care (e.g. contact with residents/students, preparation, assessment, etc.)

\_\_% Administration (i.e. management of university program, chief of staff, department head, Ministry of Health, etc.) If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_% Research

\_\_% Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**100%**

**Part D: Practice Profile and Personal Leadership Profile**

1. Your practice profile: Please indicate with a check mark all that apply to your practice (past and present):

1. **Care of patients across the life cycle:**

\_\_children and adolescents

\_\_women’s health care, including maternity care

\_\_men’s health care

\_\_care of the elderly

\_\_end-of life and palliative care

1. **Care across clinical settings (Urban or Rural):**

\_\_ambulatory/office practice

\_\_hospital

\_\_long-term care

\_\_emergency settings

\_\_care in the home

\_\_other community-based settings

1. **Spectrum of clinical responsibilities**

\_\_prevention and health promotion

\_\_diagnosis and management of presenting problems (acute, subacute and chronic)

\_\_chronic disease management

\_\_rehabilitation

\_\_supportive care

\_\_palliation

1. **Care of underserviced patients:**

\_\_aboriginal patients

\_\_patients with mental illness or addiction

\_\_recent immigrants

1. **Your personal leadership competencies: Please indicate with a check mark all that apply to you:**

\_\_Availability to prepare for and participate in Board meetings and committees

\_\_Collegial team player

\_\_Committed to Continuous Quality Improvement

\_\_Consensus Builder

\_\_Creative

\_\_ (someone who) Demonstrates continuous learning

\_\_Effective Communicator

\_\_ (someone who possesses) Integrity

\_\_Leader/Motivator

\_\_ (someone with) Sound Judgment

\_\_ (someone who) can personally reflect

\_\_Strategist and critical thinker

\_\_ (someone who would) Visibly take ownership of and support decisions of the Board

\_\_ Recipient of extensive health care – you or a family member /close friend

1. **Years in practice (choose one): \_\_0-5 \_\_\_6-10 \_\_11-20 \_\_21+**
2. **Current practice location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **If other previous practice locations, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part E: Please list past and present involvement with the ACFP and/or its committees.** *For example: CPD Advisory, First Five Years of Practice Committee, ASA Planning Committee, MAC, GAC, Finance and Audit Committee, others)*

**Part F: Please describe any previous governance experiences.**

**Part G: Please describe your leadership style and your strengths as a leader in a team environment.**

**Part H: Please indicate what you believe the function of the Board to be and what you might contribute to this function.**

**Part I: Please share your strategies for maintaining a healthy work/life balance.**

**Part J: Please describe the characteristics/areas of experience that you believe would offer the most value to the Board.**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit to the Governance Advisory Committee with your Board nomination application and email to [governance@acfp.ca](mailto:governance@acfp.ca) or fax to: 780-488-2396