



Consortium national
de formation en santé

***“One for All, All for One”:
CNFS Partnerships Delivering
Health Care Training
in French***



S U M M A R Y

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December 2009

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Summary of the Study on Conditions for the Success of Partnerships
of the Consortium national de formation en santé

MANDATE OF THE CNFS

The *Consortium national de formation en santé* (CNFS) strives to improve the French-language health services provided to Francophone communities outside Quebec by delivering postsecondary training to Francophone health professionals and, in a complementary fashion, conducting related research in the health care field as pertains to this type of training and communities's needs.

For this purpose, the Consortium has set the following objectives:

- To identify the specific needs of communities and promote the integration of trained professionals into their home regions;
- To maximize the contributions made by existing institutions through the deployment of their training capabilities;
- To promote access to new training programs in communities currently lacking such access;
- To promote partnerships and collaborations;
- To facilitate and maintain liaison and concerted action within the network as well as with complementary networks.

The summative evaluation conducted upon completion of Phase II (2003-2008) indicated that the CNFS and its 10 member institutions had met with considerable success.¹ As of March 2008, 35 new training programs in various health disciplines had begun meeting the needs of Francophone minority communities. These programs had enrolled 3,181 new students and produced 1,318 new graduates, far exceeding initial objectives. The CNFS's 79 inter-institution partnerships had played a major role in achieving the organization's five-year objectives.

OBJECTIVES OF THE STUDY

In the fall of 2008, the CNFS undertook a study to determine the conditions for the success of partnerships to address the first recommendation made in Phase II's summative evaluation. This study was to analyse existing partnerships, identify favourable conditions and challenges, and propose a partnership framework for Phase III (2008-2013).

METHODOLOGY

Our study explored the various forms of inter-institution partnerships forged by the CNFS over the period 2003 to 2008. Several survey tools were used.

- We studied 18 projects encompassing various work environments and types of partnerships.
- We conducted 38 semi-directed interviews with direct project participants, CNFS coordinators, and managers of programs and institutions.
- We developed and validated a conceptual model based on the success factors noted.

¹ Summative evaluation report on the *Projet de formation et de recherche* of the *Consortium national de formation en santé* [<http://www.cnfs.net/publications>].

MAIN CONCLUSIONS

The partnerships forged by the CNFS and its member institutions during Phase II constitute best practices for inter-institution collaboration.

- The partnerships are clearly very effective at pooling the Consortium's diverse expertise. They not only combine the partners contributions but also amplify them to make the whole greater than the sum of its parts.
- They promote planning within the overall system, rather than simply merging independent or inter-dependent corporate interests.
- They match resources and program design to corresponding areas of expertise, which benefits the system in its entirety and results in the most efficient possible design and delivery of French-language health training services.

The 18 partnerships that we studied proved successful with respect to the collaboration process and the targeted outcome. Heterogeneous partnerships tackled complex situations as well as simpler challenges. In all instances, the partnerships were vehicles for knowledge exchange among the institutions and with the community.

DESCRIPTION OF THE CNFS PARTNERSHIPS

The 79 training partnerships forged between the country's institutions and regions in Phase II of the CNFS (2003-2008) fall into six major categories, namely linked programs, continuing education, distance training, course equivalencies, clinical placement partnerships, and health profession promotion. They involve:

- Partnerships between postsecondary institutions;
- Tripartite partnerships (universities-colleges-health facilities);
- Partnerships between postsecondary institutions and non-governmental organizations (NGOs);
- Partnerships between postsecondary institutions and other public institutions such as school boards or provincial public organizations.

1. **Linked programs**

The linked programs vary. In some cases, they consist of 2+2 training, i.e. where two years of college training are followed by two years of university training and lead to a bachelor's degree. In other cases, they involve spending a "linkage" year in a second institution (same program of study, placements and examinations). This formula creates a second entry point into a program, allows catch-up and upgrading to occur, and, where applicable, provides students with alternate pathways to enter the health care sector.

The CNFS has played a major role in building relationships between colleges and universities and in changing attitudes. The development of 2+2 programs has proved to be an interesting way of addressing theoretical and practical training needs and appears to have struck a chord with students.

2. Continuing education

The CNFS's resources have strengthened professional training and upgrading for existing professionals. In one instance, an informal training program was structured and distance-education based. It resulted in more cohesive content, recognition of the program as credit continuing education training, and broader and more widely available dissemination to new clients. Another partnership capitalized on an existing telehealth network to expand the dissemination of continuing education in French to health professionals. A coordinated, non-credit distance training program was also offered through the CNFS. The content of this program was coordinated from a central source, while the promotion and recruitment of health professionals was handled jointly by several players in the field.

3. Distance training

Distance training (DT) and media-based courses are a very common form of CNFS partnership. The formulas vary, from independent media-based training programs to programs involving students on several campuses. DT is sometimes strengthened through face-to-face meetings with professors during clinical placements, professors' availability during courses, and efforts to integrate distance training students.

4. Course equivalencies

Course equivalencies open the door to reciprocal recognition of content and courses. They are designed to facilitate student mobility from one institution to another, at the same educational level or between the college and university levels. Course equivalency agreements are bilateral in nature and are now a normal process among most postsecondary institutions in all fields.

5. Clinical placement partnerships

Clinical placement partnerships are tripartite in nature and appear to be the most complex of the CNFS's partnership arrangements. The CNFS's tools, such as *L'Art de la supervision clinique* and the supervision tools and workshops offered through linked bachelor's degrees in New Brunswick, have helped plan clinical supervision more effectively. Parallel challenges around the delivery of health care services and the supervision of learning remain, however, considerable. The CNFS's partner health facilities can attest to the positive and healthy relations forged with postsecondary educational institutions. Contact with students benefits hospital staff through ongoing renewal of their practice and their theoretical knowledge. Informal collaboration around the introduction of new technologies in postsecondary institutions and health facilities has also been cited as a positive spinoff of clinical placement partnerships.

6. Health profession promotion

Some partnerships have strived to promote health professions through collaboration with the educational sector. Others have integrated this dimension into the delivery of specific training programs. Efforts to involve the postsecondary institutions' recruitment and marketing teams have proven successful, with enrolments increasing during Phase II.

THE CHARACTERISTICS OF SUCCESSFUL PARTNERSHIPS

The characteristics of successful partnerships proved consistent throughout our study:

- Relationships between multiple points of contact precede a project and are rooted in solid mutual respect, the harmonization of values, and the understanding of organizational cultures;
- Collaboration is voluntary and enthusiastic, with this attitude being clearly evident at all levels, from senior management down to project officers;
- Joint efforts strive to meet a clearly defined need, with the outcome being measured when the work is completed;
- Mutual expectations are spelled out. Clear intentions at the outset translate into clear working agreements and promote flexible project execution;
- Work is planned according to best practices: tasks are assigned based on each partner's expertise, timelines are clear, direct and indirect resources are mobilized and accessible, and project execution is evaluated and adjusted as needed;
- Partners constantly invest in the relationship itself on an interpersonal and institutional basis and they establish formal and informal dispute resolution mechanisms.

THE CHALLENGES AND THEIR IMPACT

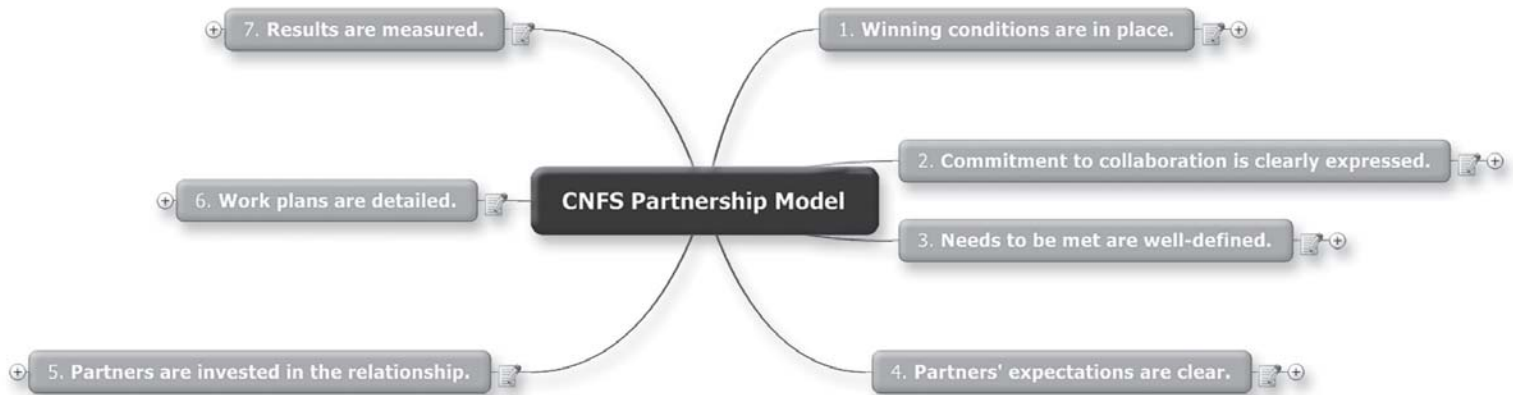
Institutional positions or perspectives and the imbalances existing between partners constitute the main challenges to forging successful partnerships. Here are the challenges our study identified:

- Perceptions of exclusive access to a territory or student catchment area;
- Preservation of a “market advantage” based on specialization, expertise or one-of-a-kind services;
- Protection of intellectual property;
- Complex intra-program and inter-program dynamics (within an institution, between institutions, or with professional bodies);
- Lack of understanding of institutional constraints by all parties;
- Imbalances in partners' institutional and financial or human resources commitments;
- Imbalances in roles, and drift from a partnership to a subcontracting relationship.

However, the 38 respondents stressed that these challenges did not arise during their CNFS partnership experiences. The partnerships forged during Phase II were very dynamic and flexible. The challenges encountered were quickly identified and resolved, with ongoing adjustment to circumstances. The partners exhibited exemplary abilities in the areas of experiential learning and self-correction.

THE CNFS PARTNERSHIP MODEL

Our study involved 18 of the 79 partnerships forged during Phase II. The CNFS's training and research project identified seven main success factors:



Further information on these factors is provided in upcoming pages.

*partnerships
collaboration*

1. WINNING CONDITIONS ARE IN PLACE.

The Consortium's existence represents in itself a winning condition since the organization has created, and is maintaining, a high-level collaboration network. Sustained relations between senior management teams are understood and replicated by partners at all institutional levels. Such ties provide a framework for the development of working relations and resulting projects. The winning conditions, which primarily address the institutional bases of relationships, serve to set the tone and add depth to inter-institution relationships.

1.1. The links with an institution's strategic direction are clear.

Projects take on greater significance for their officers when they are clearly linked to an institution's vision. The motivational effect is substantial.

1.2. Many points of contact exist between partners.

The quality of personal relationships is at the heart of any partnership. Frequent contact maintained at all institutional levels is important, especially between senior management and faculty. The ability of CNFS coordinators to intervene horizontally and access senior management creates high-level pathways for collaboration.

1.3. A climate of mutual respect and collaboration reigns and is maintained.

Organizational cultures vary considerably depending on the educational level involved (secondary, college or university). Time and energy are required to foster close ties, understand the players, and learn their needs. Collaboration on small but successful projects builds new relationships and mutual understanding.

1.4. Institutional processes are understood by all parties.

The CNFS's partnerships are generally heterogeneous in nature. Member institutions and public or community organizations have different organizational cultures and regulatory frameworks. Understanding approval processes, constraints, and each party's limits is essential for relationships to be successful.

1.5. Short- and medium- term investments are made.

A short-, medium- and long-term investment plan must be devised for program development and maintenance. Human and financial resources are allocated to encourage collaboration, and the budgetary impacts on partners are well understood. The CNFS often plays the role of "angel investor" who, through its participation, brings other investors to the table.

2. COMMITMENT TO COLLABORATION IS CLEARLY EXPRESSED.

A partnership is a voluntary and enthusiastic collaborative effort. Through the tone set by senior management and the explicit recognition flowing from successful initiatives, partnership officers maximize the use of each partner's institutional resources.

2.1. Senior management models a culture of collaboration.

Senior management of the CNFS's member institutions is very committed, clearly communicates the importance of partnerships, and establishes an organizational culture that values collaboration. They capitalize on all opportunities to recognize the value of partnerships and are prepared to intervene to resolve disputes, where necessary.

2.2. Project champions are identified.

Direct partners make commitments voluntarily and enthusiastically. Partners are selected based on short- and long-term analysis, the compatibility of the people working directly on an issue, and the communication skills of the project officers. Decision makers are at the table or easily accessible.

2.3. Consortium-based planning seeks to maximize collaboration and the impact of investments.

The CNFS's overriding benefits include the synergy it creates and the network-based planning capability it is beginning to generate. The Consortium assigns project responsibilities to the partners best able to execute tasks in the most cost effective manner possible. An emerging culture of partnership and collaboration is replacing a spirit of inter-institution competition.

3. NEEDS TO BE MET ARE WELL-DEFINED.

The success of partnerships is based on a solid understanding of the needs to be met. Classic business tools are used to determine the nature of a need, the size of the potential client pool, and individual or professional motivating factors. Depending on the complexity of the process, the approaches used may vary from exploratory pilot projects to full-fledged market and feasibility studies, with the required initial investments being made. Such investments are not feasible for short-term programs or continuing education training.

3.1. A well-defined need in the community serves as the starting point.

The need for more specialized human resources able to provide Francophone minority communities with improved services in French is at the heart of the CNFS's partnerships. The need to provide training locally and to assess labour market impacts using classic measurement tools is addressed.

3.2. The viability of a program or initiative is demonstrated.

Viability must be demonstrated based on a program's full life cycle or the funding cycle. In general, this is determined by a provincial study of labour market needs, a pilot project, or a market survey.

3.3. The approach taken by the selected program is the best possible option.

When the needs and the partners' resources have been identified, the CNFS's member institutions have a myriad of options to choose from, including linked programs, continuing education, distance training, course equivalencies, clinical placement partnerships, and health profession promotion.

3.4. The partners' fields of expertise are capitalized on.

Based on the partners' inventory of complementary expertise, solid project teams can be formed which transcend the institutions' fields of specialization and strategic positioning. In general, the CNFS's member institutions have acquired and articulated knowledge about their local markets and their institutional assets.

3.5. External approvals are granted.

The steps in the approval process are not all under the control of the CNFS's member institutions. In addition to each partner's approval, ministries and professional bodies in each province must also give approval. Flexibility is thus required in reacting to decisions by other levels, health authorities or ministries. Where all approvals have not yet been granted (or must be obtained when development work is completed), investment by the CNFS enables program development to get underway.

4. PARTNERS' EXPECTATIONS ARE CLEAR.

The real and symbolic value of inter-institution protocols is recognized. Although memoranda of understanding constitute a tool providing a framework for collaboration, they are not, however, a substitute for a frank and open culture of partnership. Essentially, they serve as guideposts for the further development of already positive relations, but they will never on their own suffice to create goodwill between partners. An initial effort is required to define expectations, constraints, and conditions for the success of partnerships.

4.1. The win-win conditions of the partnership are clear.

What is clear to another party must not be assumed. The possible win-win conditions that partners could entertain are almost impossible to determine in the absence of a willingness to engage in open dialogue. The CNFS model represents a best practice for heterogeneous partnerships. The varying interests, sizes and expertise of member institutions and community organizations could be a potential factor complicating partnership relationships. However, the CNFS's partnerships have repeatedly exhibited natural balance between players with divergent profiles.

4.2. Institutional constraints are understood and included in planning and discussions.

The process of approving or modifying a university program of study requires longer planning, with several steps and much institutional back-and-forth. In mixed college-university partnerships, the university must commit and must expedite its processes, which may otherwise be lengthy and proceed slowly.

4.3. Memoranda of understanding are detailed.

Mutual expectations and commitments must be clear. Practices must be constant for all partnerships, be they simple or complex. Clearly established agreements also promote accountability for the public funds received. Automation of information management processes eliminates some administrative inefficiencies.

4.4. Agreements allow for flexibility in reacting to changes and unforeseen events.

The search for the perfect memorandum of understanding must not stand in the way of action. It is neither possible nor desirable to attempt to foresee all eventualities. Memoranda of understanding, as project framework documents, are completed quickly and then expanded upon by work plans, curriculum development, regulatory constraints and accreditation requirements. Agreements are living, dynamic documents, as are the partnerships themselves. Their foundations are established and then refined on an ongoing basis. Maturing relationships invariably lead to simplification of protocols. Although agreements are revised periodically in official forums, they undergo frequent operational adjustments.

5. PARTNERS ARE INVESTED IN THE RELATIONSHIP.

Just as time is required at the outset to determine expectations and needs, efforts must also be made to invest in the relationship. Common values must be identified and broadly shared. Time must be made available and activities planned to allow people to get to know one another, both personally and professionally. Formal discussion forums are an opportunity to pause and provide official feedback. Informal mechanisms must encourage and facilitate frequent communication. Problem solving mechanisms must be clearly established from the start. Finally, all levels of an institution must focus on the quality of a relationship and consciously invest in it.

5.1. Common values are defined and shared.

The universal values governing human relations and collaborative efforts are no mystery. They include mutual respect, open and honest communication, valuing of each party's strengths, acknowledgment of gaps, respect for local competencies and the varying approaches used, and fulfillment of commitments. By expressing common values, reference points are established for resolving the disputes that could arise during the project. Some values expressed through institutional approaches or choices must be specified, namely case-based learning, periods for professor-student interaction, expectations concerning autonomy of college- or university-level students, the intercultural approach, and community engagement or input.

5.2. Time is provided for people to get to know one another.

Investing time for project officers to get to know one another both personally and professionally fosters a more productive dynamic at work and also prevents the creation of silos. Richer professional interactions ensue and the final product is improved. This step is all the more crucial in multi-year projects and may pose a challenge if a project team is not fully formed at the outset.

5.3. Discussion forums are formalized.

For partnerships to succeed, formal coordination structures and mechanisms between institutions and clinical training settings must be developed, framework agreements must be reached, and high performance teams must be formed. These teams bring people from different settings together to seek solutions, develop internal structures (and create decision-making or operational groups, as needed), and provide content to existing working groups or roundtables.

5.4. Many opportunities are available for informal discussion.

The distance between partners poses a challenge and makes establishing contact and maintaining and renewing relationships more difficult. Distance prevents the informal sharing that fosters mutual understanding. To compensate for this, highly effective and consciously maintained communication is required. Dedicated websites, teleconferences and video conferences, asynchronous discussions, and web chat with or without moderators allow virtual teams to strengthen their ties. On the local scene, partners must institute frequent informal communication mechanisms.

5.5. Problem-solving is immediate.

Project officers must be able to find timely solutions to the problems that arise in the normal course of operations. The most complex partnerships have developed quick decision-making capabilities and an arbitration function. They refer everyday questions to a coordination committee which, in turn, refers the questions that are outside its comfort zone or terms of reference to a senior management committee.

5.6. Attention is paid to the quality of the relationship.

All levels in an institution pay special attention to the quality of the relationship and its ongoing improvement. They intervene as needed to manage relations between occasional contributors and to maintain the desired climate of collaboration. In long-term partnerships, the gradual and almost imperceptible deterioration in relationships due to turnover among the initial project officers is a natural process. Efforts must be made to maintain a partnership's energy and freshness.

6. WORK PLANS ARE DETAILED.

One partner is often responsible for work coordination, although all partners participate in the initial planning and follow-up phases. Some initiatives require the partners to make sequential contributions, where one is responsible for the initial content development phase and another is primarily involved in the service delivery phase.

The challenges include developing new training programs within a very short time span (three- to five-year cycle), rendering content media-based, and managing human resource pressures. In a mature partnership, the challenge is to plan continuous product improvement that meets evolving needs.

6.1. A coordination resource is available.

For partnerships to succeed, it is essential for them to have a project coordination resource available. In the case of more involved or longer-term projects, a content expert may be assigned to act as the project's full-time or part-time team leader or coordinator. In the case of more modest partnerships, the coordination function is handled directly by the CNFS coordinators and/or the permanent staff of the partner organizations.

6.2. The initial planning is clear.

The timeline is detailed and takes into account the program implementation cycle. The academic calendar or professional training cycle is subject to the constraints posed by progress milestones, deadlines, and approval processes. Coordination of decision-making processes, development of curricula, promotion and recruitment efforts, and accreditation processes constitute dynamic management challenges with many potential and unrelated bottlenecks.

6.3. The assignment of tasks and responsibilities is clear.

Precise planning assigns the partners' tasks and responsibilities and determines the work timelines. Many institutions have a resources centre for teaching staff and/or a pedagogical development centre overseeing course development. Contingency and succession planning is in place to handle staff turnover, especially in long-term partnerships.

6.4. The combination of internal and external expertise is appropriate.

In university settings, where a professor must be fully or partially freed up from teaching duties, it is rarely possible to assign these duties to an in-house faculty member, and it is not always easy to find a qualified external replacement. Institutions in remote regions have the additional challenge of attracting professors for a limited mandate. In college settings, collective agreements contain clear parameters governing workloads and the assignment of staff. In health facilities, human resource management must ensure that staff are available to deliver services 24/7 and must make provision for designated staff to participate in the developing projects and regular educational services.

6.5. The impacts on institutional services are factored in.

Investment of indirect institutional resources must be factored in, especially with respect to coordination of registration policies, compatibility of computer systems, management of human resources, and logistics pertaining to utilization of rooms and specialized equipment.

6.6. The progress milestones are determined.

Progress milestones are clearly determined in all partnerships, even the simplest ones. The main milestones in all projects or project segments include the following: initial contact between the partners and project officers; discovery or initial exploration and formulation of the project in the form of a syllabus or program; negotiation of human resource and financial commitments in the form of a project charter and team charter; implementation of the project and establishment of collaboration mechanisms; feedback and decision-making; and completion or renewal of the partnership or reappointment of the project team or sub-team.

6.7. Management processes are in place and utilized.

A coordination committee brings together the partners' senior management decision-makers. This group is responsible for overcoming obstacles through quick action and decision-making. Program liaison committees monitor activities more closely and solve everyday challenges.

6.8. Periods of adjustment are projected.

The “create › consolidate › expand › consolidate” cycle requires periods of adjustment. Programs are created, then consolidated, then expanded into more remote regions. The final step involves consolidating the programs geographically or replicating the process in another health profession.

7. RESULTS ARE MEASURED.

The results targeted by partnerships are measured from several perspectives. Has the need in question been met satisfactorily? Are the program's standard indicators comparable to institutional norms? Is the program's viability progressing as planned? Are the services offered sufficient from the individual and community perspectives? Do the programs compare favourably to the leading ones in the sector?

7.1. The targeted results are defined at the outset.

Three overall results proved to be constant. First, the need for professionals in the targeted sectors and the viability parameters set by the partners are met. Second, local training and expanded geographical outreach of specialized training successfully educate health professionals in communities that are isolated or poorly served in French. Finally, the range of training services offered in French expands and becomes more complete and the diversity of delivery modes enlarges the potential markets. The targeted results continue to be defined as projects unfold.

In addition to specific program goals, important secondary objectives are also added. Examples include the adaptability of students in professional settings, the simplification of recruitment and integration of graduates, the strengthening of community partnerships, the creation of communities of practitioners that break through the isolation affecting professionals in remote regions, and the positioning of an institution within health networks.

7.2. The success indicators are clear.

The winning conditions that each partner determines at the outset serve as success indicators. The initial points are obviously the fundamental factors measured by postsecondary institutions, namely registration, retention, graduation and hiring rates.

7.3. The progression towards viability is measured.

Most institutions measure a program's viability using a financial independence threshold (factoring in tuition fees and public funding) after a full development cycle has been completed, i.e. after a first cohort has graduated. Throughout a partnership, there is close monitoring of student recruitment, the absorption capacity of programs, and the admission rules or provincial quotas in effect.

7.4. The services are delivered and evaluated.

During the development of new programs, partnerships create feedback loops to improve the quality of the new services offered. After the initial program has trained six or seven student cohorts, the partners determine the next steps or the next level of services. Examples could include increasing the number of spaces available or introducing a master's program. The initial program highlights the need; the institution then refines its analysis of complementary service delivery to propose short-term training and workshops.

7.5. The steps in the accreditation process are completed successfully.

In many partnerships, the accreditation process represents ultimate external validation of the quality of the work accomplished. Feedback loops serve to evaluate and perfect the services. Transferring expertise on accreditation standards from an institution to its partners is essential. An institution that has been accredited must also work to develop its partner's ability to translate standards into a program operating framework.

CONCLUSION

The *Consortium national de formation en santé* (CNFS) plays a crucial role in inter-institution partnerships. It helps create conditions supporting successful initiatives. It promotes and maintains relationships of trust and ongoing contacts at many levels among its 11 member institutions.

The partnerships forged during Phase II have allowed genuine consortium-type behaviours to emerge, i.e. strategic choices to collaborate rather than compete. The partners have shown great organizational maturity. They have capitalized on their competencies, expertise and complementarities to reach a single objective, namely improving the French-language health services available to Francophone communities outside Quebec by delivering postsecondary training to Francophone health professionals and, in a complementary fashion, conducting related research in the health care field as pertains this type of training and communities' needs.

Major ripple effects outside the health care field are being seen within the network. The institutional experience acquired through the CNFS's partnerships is guiding joint efforts, especially in the information and communication technologies field as well as language industries.

FINAL THOUGHTS

Our study has not identified the need for prioritization of one particular type of partnership. The range of CNFS partnerships is broad, from local, relatively simple projects to complex projects with multiple partners in several provinces. The variety of demonstrated work approaches is, in itself, the source of many best practices which are proving useful to all the Consortium's members. These practices should be recorded in the CNFS's collective memory and shared more widely. The CNFS partnership model, inspired by its seven success factors, could serve as a guide for future partnerships.

The activities conducted to maintain the networks in turn play a very important role in maintaining the overall vitality of collaboration. Efforts must be made to strengthen professional relationships and increase the density of interactions, not only among senior management but also among other institutional levels. Ideally, support must be provided for the development of an interactive, computerized capability designed to uncover the expertise and knowledge residing within the CNFS's member institutions.

The partners are aware that working in partnership requires higher initial investments in terms of effort and costs. However, the cost to the system as a whole is lower. The investment required to establish new programs is greater than that required to link existing programs or to establish course equivalencies between institutions. The CNFS's work in these sectors creates greater system-wide efficiency in the delivery of health services.

That said, the partnerships' impact is not limited to the financial arena. Under the CNFS model, the Consortium works for all its member institutions and partners who, in turn, work together within the Consortium. This cooperation model is a marvellous illustration of the old adage, "One for All, All for One."