



Consortium national
de formation en santé

A *training* project
that has proven its
worth and is
continuing
to do so

PHASE II OF THE CONSORTIUM NATIONAL
DE FORMATION EN SANTÉ
2003-2008: Five Crucial Years

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Background

The CNFS

In 2003, 10 post-secondary educational institutions operating in Francophone minority communities in Canada came together to form the *Consortium national de formation en santé* (CNFS), a strategic alliance with the following mission:

To increase the presence and contribution of Francophone health care professionals and researchers in order to better meet, in French, the needs of Francophone minority communities.

From east to west, the member institutions include:

- Université Sainte-Anne in Nova Scotia;
- Université de Moncton in New Brunswick;
- The Programme de formation médicale francophone du Nouveau-Brunswick;
- New Brunswick Community College—Campbellton Campus;
- University of Ottawa in Ontario;
- La Cité collégiale in Ontario;
- Laurentian University in Ontario;
- Collège Boréal in Ontario;
- Collège universitaire de Saint-Boniface in Manitoba;
- Campus Saint-Jean (University of Alberta) in Alberta.

The preparatory work for this alliance was conducted during a pilot project (1999-2003) funded by the Department of Canadian Heritage and coordinated by the University of Ottawa. This pilot project laid the groundwork for the training and research project, which kept expanding after 2003, and for the establishment of the new organization, the CNFS, in conjunction with its current member institutions.

The experimental **Phase I** exceeded its objectives by enabling some 112 students from various provinces and territories outside Quebec and Ontario to enter health care programs at the University of Ottawa. Various partnerships were also forged and are continuing to evolve. An example of these is the

nursing program established at the *Collège universitaire de Saint-Boniface* in partnership with the University of Ottawa. Approximately 60 students were added to the ones who came to Ottawa, illustrating the potential associated with training partnerships and deployment across the country.

Five-year funding from Health Canada

A new government partner, the federal Department of Health, gave the go-ahead for discussions that began in 2001 and subsequently approved \$63 million over five years (2003-2008) for the training and research project presented by the CNFS.

This government support was provided under the *Action Plan for Official Languages* made public in March 2003 in which the federal government committed to making health care services more available to official language communities, namely Francophones in minority situations and Anglophones in Quebec. At that point, Health Canada became the department designated to promote two key aspects of this initiative, namely training and research, and thereby support the CNFS's efforts.

Phase II: CNFS objectives

Training Francophone health care professionals

For Phase II (2003-2008), the CNFS set as its primary objective to collectively train some 2,300 additional students in the health care field, 1,030 of whom would graduate between 2003 and 2008. This involved generating a major increase in the number of available Francophone health care professionals, since the CNFS's total enrolment in its health care programs in 2002 was 4,250 students. The ultimate objective of this effort was to produce a new generation of Francophone health care professionals able to meet the still acute needs in the field.

Including the college level

A large number of college-level health care programs lead to health care professions that are experiencing significant shortages. Three colleges offering a number of these health care programs in French therefore joined the CNFS and its training project.¹

¹ Collège Boréal, La Cité collégiale and the New Brunswick Community College — Campbellton Campus. It should be noted that some of the CNFS's university institutions already involved a college component (Collège universitaire de Saint-Boniface, Université Sainte-Anne). The project made it possible to integrate and strengthen this component.

College programs are generally of shorter duration (six months to three years), are very practical in nature, and are closely related to the working world. Over the course of the five-year project, the colleges forecast enrolling some 1,300 new students, half of whom would graduate during that period.

Research, a necessary component

It was also important to include a research component in this project. Since the specific nature of the needs in this field and the means of meeting them remained to be explored, documented and addressed, the research component would be key to university and college teaching of the future and to the issue of health care in Francophone minority communities.

IMPLEMENTATION OF PHASE II: A REGIONAL-NATIONAL PROJECT WITH STRATEGIC COMPONENTS

Phase II of the training and research project involved a collective and coordinated proposal consisting of 10 projects conducted by the member institutions and one project conducted by the National Secretariat to coordinate the Consortium as a whole. The overall effort was designed to expand the deployment of training within all the member institutions and the regions they served and thereby strengthen the Francophone human resources available in the health care field, who would originate from and return to practice in their local communities.

The project benefited from having a multi-institutional and inter-regional basis and from receiving strong guidance from a committee of regional coordinators, who worked in the member institutions and provided a link to Francophone communities. The project consisted of four key, complementary components, namely recruitment, training, research, and coordination.

These components made up the core of the project's strategic plan, which was designed to:

- Encourage the development of campaigns to recruit students and teachers in the health care field;
- Expand training capabilities and accessibility with respect to in-class training, clinical or practical training, and

distance training options, and expand professional development;

- Strengthen complementarity between teaching and research by factoring in the needs identified in Francophone communities;
- Provide coordination among stakeholders as well as liaison with complementary networks in the health care field, both regionally and nationally.

The project's numerous challenges and difficult environment

As its interim evaluation indicated in 2006, the project had to address a diverse series of factors related to the complex world of training and health care. The following is a partial list of these factors:

- *the accelerated transformation of the health care environment;*
- *the development of access to training in under-served regions;*
- *clinical training;*
- *the welcoming, integration and training of newcomers;*
- *the retention of graduates serving Francophone and Acadian communities;*
- *non-credit continuing education;*
- *the recruitment and retention of professors;*
- *the ability of institutions to respond to the complexity of the training and research task;*
- *the limited and shrinking pool of potential students; and*
- *the complexity of the regulatory environment...*

The circumstances under which the project managed to achieve a series of tangible—and convincing—covered in the third section—results included a rapidly changing difficult social environment as well as cumbersome and numerous structural constraints in the education and health care fields. It is important to consider the difficult environment to more fully appreciate the value of the project's success.

Diverse and significant successes

The following section discusses the institutions that make up the Consortium and the various files that proved successful during Phase II. It familiarizes the reader with the institutions actively participating in the overall effort and provides a snapshot of the initiatives underway, which are together making a real contribution and bringing significant change to the post-secondary training of health care professionals in Francophone communities across Canada.



Université
Sainte-Anne

Université Sainte-Anne

Facilitating the recruitment of medical students and their return to Nova Scotia

Comparatively speaking, *Université Sainte-Anne* is a small post-secondary institution. It is aware of its limitations but is nevertheless transcending them by forging collaborative relationships that are allowing Nova Scotia Francophones to benefit from training that could initially appear beyond the institution's reach. For example, it has partnered with Laurentian University to establish a bachelor's in social work program. It is also facilitating the delivery of medical training (normally very difficult to access), and is successfully delivering part of this training in its own region.

Université Sainte-Anne works to prepare possible candidates for medical school through its health sciences program, which leads to medical studies delivered under the *Entente Québec/Nouveau-Brunswick*. The *Entente* is currently reserving three places per year for Francophone students from Nova Scotia. In addition, to help these students return to

their home regions, *Université Sainte-Anne* has worked with the *Entente* to develop clinical placement opportunities in Nova Scotia for these medical students.

To date, 12 Nova Scotia students have secured a place in the medical program sponsored by the *Entente*. Their progress in their studies is carefully monitored to ensure they maintain contact with their home regions. Some 17 clinical placement opportunities have been created in various Nova Scotia locations, and the benefits of training physicians locally are starting to be felt. For example, a newly trained physician has chosen to launch her family practice in the Baie Sainte-Marie region, where *Université Sainte-Anne* is located, and she has already helped establish this region's new community health centre.

Being unable to do everything in-house does not mean going without important training !



UNIVERSITÉ DE MONCTON
EDMUNDSTON MONCTON SHIPPAGAN

Université de Moncton

Training health care managers

Université de Moncton has designed and is gradually implementing a master's program in **health services management**. A first 15-credit certificate has been offered since September 2006, and a second 15-credit block may be added to obtain a post-graduate diploma. A third block of 18 credits will make it possible to obtain a master's in health services management.

The implementation of this training followed in-depth consultations conducted with government, academic and health care officials. Concerns were expressed over

the current shortage of health care managers, especially Francophone managers, and the absence of targeted health care management training in the Atlantic region.

The certificate courses will soon be available via distance training to accommodate health care professionals in their work place. This change will open up interesting options for professional development, the broadening of skills, and career progress.

Over 20 students enrolled in the first year (six were expected), a strong indication of the program's relevance. Over 40 students enrolled during the program's first 15 months of operation—clearly a strong start !

According to the final CNFS Phase II evaluation report:

[TRANSLATION] The success of the new program [...] demonstrates the institution's ability to adjust to the emerging needs of the Francophone community and the health care system.

Indeed, it is difficult to deliver a full range of French-language health care services without having Francophone managers available in this field.



CCNB
Campus de Campbellton

The New Brunswick Community College—Campbellton Campus:

Creating a Medical Electrophysiology Technology Program

Among the various partnerships forged through the CNFS, the creation of the Medical Electrophysiology Technology Program at the New Brunswick Community College—Campbellton Campus bears mentioning.

This technology was not taught in New Brunswick prior to September 2005, when the program was launched in Campbellton. It trains technologists in electrocardiography (ECG), electroencephalography (EEG) and electromyography (EMG). These technologies record the bioelectric potential of the heart, brain, and neuromuscular system, and this data helps physicians determine a diagnosis. The two-year program had produced 13 graduates by June 2007.

The college conducted needs assessments and consulted the New Brunswick Department of Health and Wellness before deciding to create this training program. It received key assistance from the *Collège Abuntsic* in Montreal in the form of educational materials and the loan of an instructor. The college is also collaborating with the Restigouche Health Authority, which is providing space for the theoretical and practical training.

In short, taking the initiative of implementing new training involves innovating, bringing diverse resources together, chasing already scarce human resources, and making cutting-edge materials and equipment available. However, the result in this case is well worth the effort, since the program is supplying the province with new and valuable professional expertise. In addition, professional recognition is giving the training heightened credibility: the Canadian Medical Association certified the cardiology section in 2008.



*Programme de formation médicale francophone du Nouveau-Brunswick
Affilié à l'Université de Sberbrooke*

The Entente Québec/Nouveau-Brunswick **Creating a medical training centre in Moncton**

The *Centre de formation médicale du Nouveau-Brunswick* (CFMNB) opened its doors in September 2006 when it welcomed the first 24 Francophone

medical students to be trained in New Brunswick. The opening of the centre resulted from several years of work by the *Programme de formation médicale francophone du Nouveau-Brunswick*, the *Université de Sherbrooke*, the Government of New Brunswick and the *Université de Moncton*, and from support provided by the CNFS. Establishing such a centre involved a whole series of steps, such as negotiating partnership agreements, determining a management structure, recruiting faculty, acquiring training space, and providing library and technology services.

Medical training necessarily involves a clinical component, which requires close collaboration with leading health care facilities (namely New Brunswick's Francophone health care authorities and especially their hospitals) in order to identify the needed preceptors and deliver the clinical placements. The Centre has already opened up new resources in this field by going outside the Moncton region (where the bulk of the training is delivered) to develop partnerships with Northern New Brunswick's health care authorities. It has also established clinical placement opportunities in Nova Scotia, since it strives to recruit candidates from that province (See *Université Sainte-Anne* section). As a result, medical training is now being delivered in rural areas formerly lacking Francophone medical students.

As indicated in the CNFS project evaluation, the Centre represents a major advancement for the Atlantic region. Some 48 medical students (over two years) are already receiving training locally, which is strengthening their professional ties to their place of origin. Although physician retention under the *Entente Québec/Nouveau-Brunswick* was already high, it has been further enhanced by adding a key self-sufficiency dimension.



uOttawa

L'Université canadienne
Canada's university

University of Ottawa

Delivering workshops on the art of clinical supervision

During Phase I (1999-2003), the CNFS team at the University of Ottawa started to address an obvious need, namely the reluctance of many Francophone health care professionals to become clinical preceptors. These health care professionals lack readily available educational guidance and resources and hesitate to act as preceptors in French when their work can be performed primarily in English. This vicious circle prevents health care milieux from making progress in their delivery of French-language services.

Hence, starting in 2002, six online workshops on the art of clinical supervision were developed to help meet the professional development needs of Canada's Francophone health care professionals. The modules were offered free of charge over the Internet. However, they generated so much interest that, starting in 2003, facilitator-led versions were introduced. Since then, in partnership with other CNFS institutions, these workshops have been delivered in person in various regions and have helped the institutions meet their clinical training development objectives.

The workshops have been delivered 36 times in every region of the country and have helped over 595 health care professionals acquire the skills of clinical supervision. In addition, a train-the-trainer component has been added that is allowing clinical preceptors to, in turn, deliver training on clinical supervision in their own settings. A series of more advanced workshops has also been added, to enrich the initial training and enable interested persons to explore this subject in greater depth.

The participants' evaluations for both the online and in-person workshops have been consistently high, and the program has been certified by several Canadian professional associations, namely those of occupational therapists, physiotherapists, speech-language pathologists and audiologists, and nurses. The program has received various awards and recognition for features such as the educational value of its content and its high production quality, and McGill University has translated it for clinical training in Anglophone settings in Quebec. The final CNFS evaluation report also highlighted the program's effectiveness and innovative character.



La Cité collégiale

Deploying training in Western Canada

In Western Canada, the involvement of *La Cité collégiale* in establishing training partnerships in different areas is yielding interesting results, as indicated by the following examples. Since forging a partnership in 2004 with the *Collège Éducacentre*, British Columbia's French-language adult training service, about 30 people have graduated from the Personal Support Worker Program. The Personal Support worker training, based in Vancouver, is now available online in other British Columbia locations such as Victoria, Nanaimo and Kamloops, as well as in Whitehorse, Yukon and recently in Grande Prairie, Alberta.

La Cité collégiale intends to expand its contribution to the *Collège Éducacentre*'s growth strategies, which it helped establish, and to enable a greater number of Francophones living in remote regions to access college-level health care training delivered in French. Joint efforts are underway to develop and facilitate the delivery of the following programs: Autism and

behavioural sciences, Palliative care, First responder (specialized training in preparation for the 2010 Olympic Games), Street worker, and Mental health and addiction.

In short, active and visionary partnership is opening up new training options for Canada's Francophone communities.



Université **Laurentienne**
Laurentian **University**

Laurentian University

Making distance training available through partnership

It is common knowledge that Laurentian University is located in Northern Ontario and that *Université Sainte-Anne* is located in Southeastern Canada, but it is not necessarily common knowledge that the great distance separating these two institutions has not prevented them from partnering to offer a bachelor's degree in social work granted by Laurentian University.

Some general courses in this program are given at *Université Sainte-Anne*, while another part of the program is delivered online by Laurentian University. Students from Nova Scotia can thus complete their bachelor's degree and practicums locally, which helps ground them professionally in their home communities. A Laurentian University faculty member travels to Nova Scotia to supervise one specific course, and the social work program coordinator at *Université Sainte-Anne* monitors the students' overall progress.

This very successful partnership has seen 21 students enrol over three academic years, and four students are graduating in the spring of 2008 !



Collège Boréal

Delivering training in more isolated localities

Through its seven campuses and 33 points of service, *Collège Boréal* strives to fulfill its mission of delivering training to students spread out across northern and central southwest Ontario. It is easy to understand that covering such an extensive area and dispensing training in more isolated communities to students in small numbers is a considerable challenge and a complex, multi-faceted endeavour. Providing students with access to training in their respective communities constitutes a major success for the college, and making use of the most modern technology available is playing a key role in this success.

Take, for example, the 64-week Practical Nursing Program. In addition to offering the program on a regular basis at its main campus in Sudbury and its Nipissing and Toronto campuses, the college has, since September 2006, been offering a “hybrid” version of the program with a new intake every two years for the northern communities of Hearst, Kapuskasing, Timmins and New Liskeard. These communities eagerly await the program’s first 23 graduates who will be joining the workforce in the spring of 2008 !

Delivering such training on site opens the door to involving the local health care sector and building professional relationships with a program’s students, which makes it easier for them to subsequently join the local workforce and help ease the Francophone human resource shortages that are even more severe in isolated locations. Of course, it is essential to perfect the distance courses that are delivered, to invest even greater efforts in developing educational materials and learning activities, to have the required lab equipment available, and, above all, to deliver the same quality of training in all centres. This is quite a challenge, given the nature of the educational materials and equipment needed to deliver such training. The CNFS has played

an important role in implementing this ambitious project and providing a framework for communities.

Establishing training activities within a centre also provides a basis for delivering other training programs. For example, the Personal Support Worker Program has been offered in Kapuskasing since 2007, and the first year of the Social Work Program has been offered in Timmins since September 2006.

You reap what you sow: Collège Boréal’s achievements speak eloquently of this institution’s capabilities.



**Collège universitaire
de Saint-Boniface**

The Collège universitaire de Saint-Boniface (CUSB)

Training Francophone nurses in Manitoba

To help meet a nursing shortage, the CUSB launched a new French-language nursing program in Manitoba in 2001, in partnership with the University of Ottawa. The CUSB has delivered the first three years of this registered nursing program, which has already produced 66 graduates.

Graduates have the option of adding a fourth year of training in order to obtain a bachelor’s in nursing from the University of Ottawa. The University of Ottawa courses are delivered online to the CUSB. Students are supervised by preceptors on site and they complete their clinical placements in Manitoba. Partnerships have been forged with various facilities and health care settings, and students are only required to spend a short period in Ottawa to complete their training. To date, 37 CUSB students have obtained their degree from the University of Ottawa.

A master’s in nursing may also be taken online from Ottawa based under a similar formula, and two Manitoban students have taken advantage of this option.

The professional resources produced are valuable to the Franco-Manitoban community and are available through the community’s health care system. A recent

survey conducted as part of the CNFS evaluation report indicated that 90 percent of graduates subsequently remain in Manitoba.

Despite the obstacles that come with minority community status, much can be accomplished by seeking solutions, having a sense of partnership and innovation, and being pragmatic and determined.



Campus Saint-Jean

Implementing a bilingual nursing program

When it joined the CNFS in 2003, *Campus Saint-Jean*, the Francophone component of the University of Alberta in Edmonton, was not offering training in the health care field. It subsequently designed a bachelor's in nursing project, to be delivered in collaboration with the university's highly respected Faculty of Nursing.

After arduous negotiations, this program (in a priority discipline) was launched in September 2004. It is now in its fourth year of operation and expects to have 16 students graduate in the spring of 2008 (17 had enrolled in 2004—a remarkable success rate). There are currently 52 students in the program. Enrolment dipped in years 2 and 3 but once again increased last year, reaching the annual objective of 16. This figure will undoubtedly be exceeded in September 2008.

The program is given partly in French at *Campus Saint-Jean*, which dispenses the general science courses, and partly in English at the Faculty of Nursing. *Campus Saint-Jean* also seeks clinical placement sites in Francophone and bilingual health care settings and strives to support the students in these settings through measures such as providing host families.

Delivering French-language training in a health care field in Alberta clearly represents a great challenge. Step-by-step, however, *Campus Saint-Jean* is demonstrating that rising to this challenge is not only feasible but also well worth the effort !



Consortium national
de formation en santé

The national Secretariat:

Giving research a broader focus

Ever since the early part of Phase II, the CNFS has highlighted the importance of research in its mission. Research is an integral part of post-secondary education, especially in the health care field. But the research specifically focused on the health care of minority Francophone communities, did not benefit from a clear direction, a structure or a network, or even sufficient and varied content, and therefore essentially lacked real core or cohesion.

The CNFS approached this situation from two complementary directions. Its member university institutions launched a research component to develop or strengthen their capacity and to foster research applicable to health care and Francophone communities.

At the same time, the CNFS national secretariat attempted to give the research a unified focus by creating an a joint committee with the Société Santé en français (SSF) on research, as well as a partnership with the Canadian Institute for Research on Linguistic Minorities (CIRLM), with an individual assigned to coordinate the research activity at the CNFS. With the help of these structures, the priority was placed on strategic meetings between Canadian Francophone researchers: two national forums, which took place in 2004 and 2007, built on regional meetings or other previous sectoral forums.

These activities provided the opportunity to further clarify the research objectives and priorities, to

promote networking and collaboration, and to make governments—particularly the major federal funding organizations—aware of the concerted research effort being made under the CNFS.

The results are starting to show: three interdependent topics have been identified as priorities, which helped redirect efforts by creating inter-institutional and inter-regional research teams and strengthening the prospects for access to subsidies:

- portraits and determinants of health,
- service governance, management and delivery, and
- language, culture and health.

After various exchanges with the research joint committee, the Canadian Institutes of Health Research (CIHR) recognized the specific nature of the minority official language communities, and set up a strategic initiative specific to them that opened the door to funding for different projects. Today, the three themes listed above are being addressed through different projects.

The new generation has not been overlooked, and the members of the CNFS are providing special support for students through their very own research component. The national secretariat initiatives are providing them with a podium at the national forums, as mentioned to “innovate by bringing together and presenting.”

The evaluation found that the CNFS has provided tangible and solid substance to its research objectives, both at the national level and that of the member institutions. This gave rise to a research capacity and an environment conducive to its growth, to the

identification of specific needs in connection with communities, and significant government support.

This is more than a good start. It is an initiative that is well under way.

Strong points

This tour of CNFS member institutions has revealed strong points connecting these achievements across Canada:

- introduce (in some cases re-introduce) priority training programs in regions that did not have them before, thereby giving the institutions and their respective regions basic capacities in the field,
- invest new areas of training that are essential in the current world of health care,
- with the help of modern technologies, reach the more isolated areas that otherwise would be left out,
- use partnerships, and provide access to some groups’ experiences and resources that others could not readily or rapidly acquire,
- facilitate training for trainers, especially in clinical settings, thereby making the most of existing human resources, and
- provide the impulse and sense of unity to a complementary research component that fosters networking among Francophone researchers and projects addressing health care for Canada’s Francophone community.

The summary of the project results that we are now going to present highlights these dominant traits.

Overall Results and Specific Impacts

Overall results surpassing expectations

The main finding from the final evaluation report (2008) on the CNFS Phase II training and research project is that the basic objectives were exceeded. The project generated 3,181 new enrolments (38% more than originally targeted), and 1,318 new graduates (27% more than projected).

Additional commitments by the CNFS institutions yielded the following results:

- 35 new programs (20 had been planned),
- 384 professional development opportunities (27 had been planned),
- 121 more teachers (103 had been planned),
- 164 online classes (124 had been planned),
- 386 clinical training venues (100 had been planned), and
- 79 training partnerships (no target had been set).

In addition, a research component was created both to develop the research capacity of CNFS institutions in the health care field and also to contribute to the understanding of health care issues related to minority Francophone communities. According to the evaluation, this component grew significantly: 262 students were involved, 74 research teams of professors and students were counted, 158 research projects received assistance from the CNFS, and 17 projects received support from the major research funding organizations.

Finally, a study conducted as part of the evaluation addressed the placement of graduates attributed to the CNFS in health care establishments and community organizations in Francophone and Acadian communities: 86% of graduates chose these as their place of practice, and 79% chose their province of origin. Thus, the link with the source community was maintained and strengthened through this project.

Strengthening Francophone resources in priority occupational fields

Numbers can be overwhelming, so what do they really mean to the health care field? What kinds of health care professionals are we talking about? The main ones to get a boost were the following.

Nursing – the shortages in this area have received a lot of media coverage – we are looking at 906 additional enrolments and 307 new graduates. At the college level this came to 185 nurses, including 110 practical nurses and 75 registered nurses. At the university level, it came to 122 nurses, including Bachelor’s degrees (101), Master’s degrees (3) and nurse practitioner diplomas (Certificate or Master’s) (18).

This is certainly a large and valuable crop. The contribution of nurse practitioners, who play a key role in the current changing health care environment, is particularly significant.

And what of **Medicine**, another occupation whose figures remain a source of concern? In medicine, the two main programs associated with the CNFS—at the University of Ottawa and in New Brunswick—reported 75 additional enrolments and 47 new graduates, a significant step forward.

Rehabilitation sciences include speech therapy and audiology, occupational therapy and physiotherapy, occupations whose role in health care has increased significantly over the past decades. An additional 180 enrolments and 101 graduates have been added, 29 at the college level, where assistants are trained for these disciplines, and 72 at the university level, which now requires a Master’s degree. There had been significant shortages in these areas in regard to minority Francophone communities, which makes the CNFS’ contribution to this interesting breakthrough particularly significant. The focus is now on implementing these kinds of programs in the different regions and some new sites are under active consideration.

In **Psychology**, 77 new enrolments and 26 new graduates were counted. It should be noted that in four cases, these were Masters' and PhDs, which leads to accreditation as clinical psychologists.

Grouping together the following four health care categories – **Social Work, Autism, Palliative Care, and Gerontology** – adds another 523 enrolments and 139 graduates in these areas, which are increasingly in demand. These included 110 graduates at the college level and 29 at the university level.

Technological innovations play a determining part in the advances made in the health care field, particularly in terms of improving diagnoses and refining the care provided. This calls for the training of technologists to simultaneously provide the knowledge and professional application of these technologies. As a result, professionals in **Imaging and Laboratories**, both of which are essential to contemporary health care, were among the group. An additional 262 enrolments and 143 graduates were reported in the following specialties: pharmacy technician, radiology technician, ultrasound and magnetic resonance imaging, medical laboratory, medical electrophysiology and electroneurophysiology, and respiratory therapy. There were 121 graduates at the college level and 22 at the university level. It should be noted that three of these programs were of the articulated kind in that they combine college training from the New Brunswick Community College – Campbellton campus and university training from Université de Moncton. Through these programs, college diplomas can be converted into applied Bachelor's degrees through the addition of a number of courses: **Radiology Technician, Medical Laboratory and Respiratory Therapy**. This is an interesting case of inter-institutional complementarities.

In the field of **Paramedic Care**, the CNFS generated 119 additional enrolments in three colleges, and produced 86 graduates. Here again, it is important to

recognize the more important role assigned to ambulance attendants in paramedic care over the past few decades.

It is clear that the joint efforts of the ten CNFS member establishments helped achieve progress in every major health care occupation. This progress can therefore be appreciated from a new perspective, as indicated in the following section.

New programs, distance training and partnerships

In order to get training for health care professionals in the entire spectrum of occupations in the health care field that are in the greatest demand, the CNFS had to set up **new programs**. Clearly, this is a particularly demanding proposition in this field, with its long, extensive and arduous list of institutional, government and professional accreditations, where the health and well-being of individuals is at stake !

Still, the CNFS managed to create **35 new programs**. These met new needs, for instance in diagnostic echography, the program for foreign-trained nurses, health care management, and advanced paramedic care. There were also programs in regions where there had been no training: nursing in western Canada, Manitoba and Alberta, social services in Manitoba and Nova Scotia, and medical electrophysiology technician in New Brunswick. Some of these programs were also offered in complementarity, giving different establishments the opportunity to benefit from the expertise of others, as in the case of the Collège universitaire de Saint-Boniface receiving assistance from the University of Ottawa in nursing, Université Sainte-Anne receiving assistance from Laurentian University in social services, the New Brunswick Community College and Université de Moncton combining their skills in respiratory therapy, etc.

From the outset, Canada's minority Francophone communities faced a problem of dispersed assets, in terms of both students and teachers, because of large

areas and small numbers, not only in health care but in other areas as well. This is why the CNFS institutions have made significant use of **distance learning**, in whole or in part, for many of the programs they introduced: no fewer than **25 programs** have become available to students who otherwise would have to leave their immediate communities to access the training. This method of spreading training is a fundamental strategic aspect of the initiatives being developed by the CNFS.

These initiatives operate in tandem with another strategic aspect, which involves the experience of the CNFS, and is another one of its key characteristics: the implementation of **partnerships**. All of the member institutions have **inter-institutional collaborations** that either make it possible to teach certain programs in other CNFS institutions – hence in another region – or to jointly offer different programs through an exchange of educational resources. The evaluation counted 79 such partnerships.

But partnerships go well beyond the world of CNFS institutions. Health care training largely consists of **clinical or practical training**, calling for a number of collaborative efforts – through formal agreements – with the health care field in this regard. They require professional health care settings and skilled clinical internship preceptors – which often implies “**training the trainers.**” This means multiple and complex partnerships with hospitals, health care authorities, health care centres, Anglophone establishments in some regions, and grade schools and high schools, from which the future recruits will emerge. The evaluation counted the creation of 386 clinical and practical internships in the CNFS network.

As indicated, clinical training requires preceptors in order to function, something that qualified

Francophones often hesitate to do (see above, page7). The focus on continuing education has helped to overcome some of the obstacles, but the creation of workshops on the art of clinical supervision (*Art de la supervision clinique*), which are now available throughout the CNFS network, greatly helped reduce the insecurity, and through training, the shortage of potential preceptors.

Not only did the CNFS have to reach a wide range of major health care occupations, but it also had to try to spread this training to different parts of Canada’s Francophone community. In addition to coordinating efforts on these two fronts, it was involved in promoting partnerships among several players in the health care world and in making a special contribution to the clinical and practical training of the next generation of health care professionals.

A new generation of Francophone health care professionals – thanks to the support of this generation

At the outset of Phase II, the co-chairs of the CNFS had indicated in their 2003-2004 annual report that:

[translation] Our objective is to train a new generation of Francophone health care professionals and see them serve our communities in order to make up for the dire shortages these communities continue to face.

After five years, the results indicate that the project is making very convincing steps in this direction. It is doing so thanks to the mobilization of many people from the current generation in post-secondary teaching establishments and in the health care fields in our Francophone communities. A solid bridge to the future.