RETENTION PROGRAM FOR THE McGILL UNIVERSITY TRAINING AND RETENTION OF HEALTH PROFESSIONALS PROJECT

Evaluation of the Retention Program Measure and Recommendations

Evaluation Report

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SUMMARY OF MANDATE

The objective of the McGill University Training and Retention of Health Professionals Project is to ensure access to the full range of health and social services for English-speaking Quebecers in their own language. The second phase (2009-2013) of this project, initiated in 2004, has been completed and the project managers are interested in better understanding the impact of actions taken to date, and factors that could contribute to the better planning of future activities, in order to maximize the results of their mandate. More specifically, the project managers are considering the best strategies to adopt with respect to one of the measures implemented: the Retention and Professional and Community Support Program. The objective of this program is to help create internships for future health and social service professionals in health and social services institutions, with the ultimate goal of offering them employment in these areas at the end of their studies.

This report presents an evaluation of the activities implemented under the Retention Program, in relation to the Support for Health and Social Services Institutions and Support for Educational Institutions in order to highlight the main strengths and areas for improvement. The mandate was to identify strategies that could help to increase the impact of the internship program on the retention of health and social services professionals in the health and social services network. The evaluation would then contribute to the ongoing improvement of this program, by providing some direction to guide the actions of those responsible for the McGill University Training and Retention of Health Professionals Project and project partners.

ISSUES

The Official Language Minority Communities (OLMC) in Quebec and Canada are experiencing specific issues, and it is important to ensure that these communities are served by health personnel who are aware of their cultural and linguistic realities. The McGill University Training and Retention of Health Professionals Project aims to ensure effective communication in English between English-speaking communities and professionals who provide health and social services, and to increase the participation of English-speaking professionals in the Quebec health and social services system. Ultimately, this program could help to train and promote the hiring and retention of a workforce sufficient enough to provide health and social services in English to English speakers in Quebec.

This evaluation focuses on one of the three measures implemented as part of this project: the Retention and Professional and Community Support Program. This program had three components: Support for Health and Social Services Institutions, Support for Educational Institutions and Support for Community Networks. Only the first two components are considered in this evaluation. In regards to the *Support for Institutions* component, the program entitled "*A Bridge to Hiring*" primarily covered five dimensions:

- Dimension 1: Creating internship environments;
- Dimension 2: Measures to support internship supervisors;
- Dimension 3: Measures to support interns;
- Dimension 4: Measures to support student hiring;
- Dimension 5: Additional support measures.

In terms of the *Support for Educational Institutions* component, two dimensions were covered:

- Dimension 1: French professional courses for students from targeted educational institutions;
- Dimension 2: Support for special supervisory requirements.

In relation to these two components, a range of projects were proposed by health and social services network and educational institutions. The activities that were completed and their results help to better understand the challenges and scope of this program, and identify factors that could help to facilitate or limit its impact. A cross-sectional analysis of these experiences and their results are essential to identify key conclusions, so as to offer guidance for future activities of the Retention and Professional and Community Support Program.

OBJECTIVES

The objective of this study was to assess the activities conducted as part of the McGill University Retention of Health Professionals Program, in connection with the *Support for Health and Social Services Institutions* and *Support for Educational Institutions* components, and to propose recommendations that could guide future strategies. The main strengths and weaknesses have been identified by analyzing implemented actions, the results obtained and other factors that may or may not have contributed to achieving the set objectives. In

addition, these conclusions helped to provide recommendations for the optimization of strategies that could be implemented in the continuation of this program.

METHODOLOGY

A formative evaluation approach was used, which is based on the "SWOT" analysis framework (SWOT: Strengths, Weaknesses, Opportunities, Threats), meaning an analysis of the strengths, weaknesses, opportunities and threats in relation to a given action. This type of analysis allows potential strategic options to be formulated, taking into account the results of an internal and external diagnosis of the system (Weihrich, 1982). The internal diagnosis helps to identify the strengths and weaknesses in the field of activity concerned, while the external analysis helps to identify opportunities and threats in the environment (see Figure 1).

Figure 1: Matrix of strengths, weaknesses, opportunities and threats
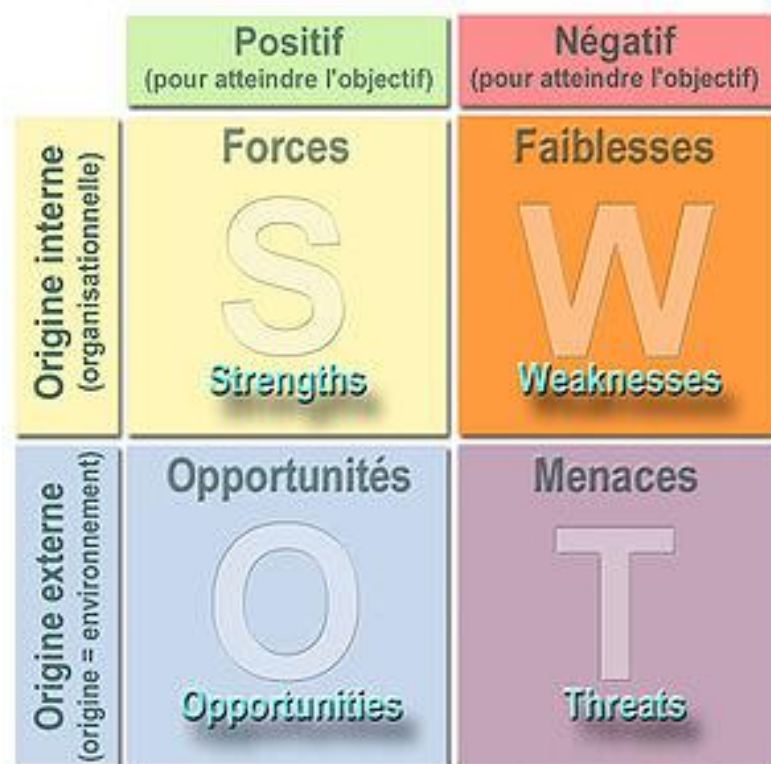
Note. SWOT Framework. Retrieved from http://fr.academic.ru/dic.nsf/frwiki/610351 on July 25, 2014.

Firstly, all available documentation was reviewed (implementation framework, prospectus, program guides and forms, description of completed activities and results for each project, assessment-reports and website) related to the two components of the Retention Program covered in this evaluation. Subsequently, the key factors related to the internal and external environments were identified, for each activity completed, using the SWOT matrix. An analysis of the relationship between these various factors and the outcomes helped to highlight the elements that could have contributed to the level of success of various funded projects, and their impact on the program's initial objectives.

Following this analysis, recommendations were developed to guide future actions that could be undertaken by those responsible for the McGill Retention Program[1]. These recommendations are based on effective strategies for the retention of health professionals in the literature, as well as considerations relating to the reality of the health and social services environment, and training environments for health professionals.

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[1] The *Distance Professional and Community Support* components are not part of this evaluation.

RESULTS

As part of the McGill Retention Program, particularly its *Support for Health and Social Services Institutions* and *Support for Educational Institutions* components, the literature review firstly helped to highlight the processes to be implemented to ensure activities targeted by the program were completed. These processes, associated with various stages of project development and implementation, are important to consider as they could be used in such a way as to strengthen or restrict the objectives of the Retention Program. Therefore, as we review each of the main stages in the program for each component of interest, we can identify the internal and external factors that may have influenced the course of projects and achievement of objectives.

Support for Health and Social Services Institutions Component

First, we will look at the Support for Health and Social Services Institutions component, which included five dimensions (creating internship environments, measures to support internship supervisors, measures to support interns, measures to support hiring of students and additional support measures).

The first step was the development of the implementation framework, in November 2009, constituting a document on the activities planned for the project and how they would be implemented. Subsequently, McGill University prepared a prospectus outlining the structure and content of each of the three components of the Retention Program, its objectives, partners involved, conditions that must be met and the parameters for the call for proposals. This prospectus also indicated the roles and responsibilities of each group involved. A draft prospectus was sent to the ministère de la Santé et des Services sociaux [Quebec Department of Health and Social Services] (MSSS) for a formal review. The MSSS responded by proposing various changes and clarifications. McGill University made the requested changes and resubmitted the prospectus to the MSSS. The final version of this prospectus was distributed in October 2011.

According to a request for proposal process planned with the MSSS, the health and social services agencies (hereinafter, agencies) had to request project proposals, in relation to the five dimensions considered for the period 2011-2013, from institutions in the health and social services network involved. The proposals had to take into account regional mechanisms for managing the supply and demand of internships, such as round tables and the Management Network for Health Sciences Internships. They aimed to create internships, and to welcome and integrate interns in the institution and in the community.

The interns were selected by the educational institutions concerned, these being universities, cégeps (Collège d'enseignement général et professionnel—General and Vocational College in Quebec), and school boards with English as the language of instruction, and offering technical and vocational programs in the field of health and social services. The educational institutions recruited students to participate in internship programs and inform them of the support programs available, while ensuring coordination with management networks for internships in their area. A contract was signed with McGill, and the educational institutions were responsible for providing the necessary accountability data on a biannual basis.

In terms of those responsible for the McGill Retention Program, one person was given the role of Coordinator and served as a point of contact between McGill and its partners (MSSS and agencies) in terms of projects related to the Support for Health and Social Services Institutions component. This person was also responsible for producing a series of communication tools to support the launch of the project and request for proposal, as well as developing resources for tracking projects. Initial activities began in the fall of 2011 and culminated in the launch of the request for proposal for activities related to the five dimensions in the Support for Institutions component.

Request for Proposal Process

On November 1, 2011, McGill University, through the MSSS, launched a request for proposal process, inviting agencies to apply for funding to implement activities to promote and create internships designed to improve access to health and social services for English speaking people, in their own language. Proposals were requested for the 2011-2012 period and the 2012-2013 period. A document outlining the program and a project proposal form were sent to agencies so that they could attract health and social services institutions in their territory. Available funds were set at a maximum of $10,000 for the first period, due to the short time frame remaining for 2011-2012, and $30,000 for the second period, per agency. However, despite the fact that this information was specified in the prospectus and on the website, there was a misunderstanding about the maximum amount which applied to each agency and not to each health and social services institution.

On the November 21, 2011 deadline, one single project was submitted for the 2011-2012 period. The submission deadline was extended, which allowed 8 other proposals to be received for the 2011-2012 period. The constraints related to the contribution agreement with Health Canada prevented the transfer of unused amounts to the next fiscal year. The limited time frame (less than one month) between the issuance of the request for proposal and the deadline did not allow enough time for agencies to consult with institutions in their region so they could prepare their proposals. The fact that a much lower number of projects than expected could be funded for the period 2011-2012, led the program managers to accept more proposals for the second period (2012-2013).

For the 2012-2013 period, 17 new proposals were submitted, five of which were deemed ineligible and two were withdrawn during the evaluation process. It should be noted that of the 9 projects funded for the 11-12 period, 8 also covered the 12-13 period, which is a total of 20 projects funded for the second period. However, the total amount requested for these projects exceeded the available budget. Therefore, the program managers had to prioritize projects that could be completed before the end of 2012, and reduce the amount offered to $12,500 per project (instead of $30,000). Overall, most of the projects that received funding were able to be completed, but many constraints were encountered at various levels, which required adjustments to the planned processes. The results associated with the projects initiated by the health and social services institutions were therefore compromised due to difficulties implementing the planned activities. The following sections will discuss the main processes governing the realization of projects, and highlight the factors that could have facilitated or restricted their success.

Proposal Review Process

With regard to evaluating the proposals received by the health and social services institutions, the agencies received the proposals first and completed an initial analysis. The agencies then sent the proposals to the MSSS, which needed approval from the Provincial Committee on the provision of health and social services in English. Thereafter, the MSSS sent the proposals to McGill. The agencies' screening of proposals was limited due to their lack of knowledge on the expectations of those responsible for the McGill program. In addition, no meeting was held between representatives of the agencies and McGill, and the latter have did not receive a copy of the request for proposal launched by the MSSS with the agencies. Proposals, which were often incomplete and sometimes ineligible, were therefore received by McGill, and this led to a lot of back and forth between the program coordinator and the agencies. The arduousness of the communication pyramid was therefore repeatedly emphasized in the program assessment-report (Béland, 2013).

Once the necessary clarifications were made to the proposals, and the projects deemed acceptable by those responsible for the McGill program, the latter approved the projects and informed the responsible agency and the MSSS. In certain special cases, numerous discussions were held with applicants in order to clarify the nature of the proposed activities and ensure that they were consistent with the program objectives. Problems were sometimes encountered when signing contracts if an agency proposed more than one project. The complexity of managing the proposal process and the fact that agency partners had no detailed knowledge of the nature of the projects were major irritants at this level.

Accountability Process

The accountability process included developing a work plan for each funded project, and producing an annual report and a narrative report. As the projects funded for 2011-2012 started very late in relation to the planned schedule, the accountability process was adapted accordingly. Therefore, for these projects, the institutions did not have to produce a work plan or narrative report.

For projects funded during the 2012-2013 period, a work plan, an annual report and a narrative report had to be produced by the institutions which received financial support. The agencies were responsible for compiling information from institutions, which resulted in a lot of back and forth between the program coordinator, respondents from the agencies and partners of the institutions. Overall, it appears that a lack of understanding regarding the information to be provided in these documents contributed to a delay in the accountability process. In addition, the description of activities in the work plan of some projects no longer justified the amounts requested in the original approved proposal.

The conclusion that emerges from the assessment-report is that the accountability process was unclear, and that several discussions were needed between agencies and the project coordinator to complete the reports. Although the division of roles and responsibilities between the program managers, the MSSS, agencies and other partners

was outlined in detail in the prospectus, it appears that their understanding and communication between these parties was not optimal.

Successful and Unsuccessful Projects

The institutions have, for the most part, carried out the planned activities, but in many cases they had to deal with various constraints which required adjustments along the way. Therefore, with regard to the first dimension covered by the *A Bridge to Hiring* program, which entails creating internship environments, the institutions had varying degrees of success. The overall profile of the project results shows that a total of 48 internships were created for the 2011-2012 period and 105 for the 2012-2013 period. However, it should be noted that of the 48 internships created in 2011-2012, only 8 were part of the Support for Institutions component, and they all came from the same institution: the Agence de santé et de services sociaux de Laval (Health and Social Services Agency in Laval). The other internships created for this period were from the Support for Community Networks component (n = 35; not considered in this evaluation), and the Support for Educational Institutions component (n = 5; discussed in the next section). The delay in program implementation and the complexity in creating internships may explain the limited success of this measure in the first year.

The assessment of the 2012-2013 period indicates that the creation of 69 internships (of the 105 in total) was the result of projects initiated by institutions. The other internships were created as part of measures to support community networks (n = 31) and educational institutions (n = 12).

The disciplines covered by the internships created include: occupational therapy, physiotherapy, nursing (includes nursing care), nutrition, speech therapy, social work and others (therapeutic recreation, special education, audiology, psychology, psychoeducation, medicine and patient care attendants). The vast majority of internships created on the initiative of the institutions targeted students in university-level programs. McGill University is the educational institution that provided the largest number of interns to health and social services institutions.

The average length of internships created in projects from the institutions was 20 to 39 days, for both the 2011-2012 and 2012-2013 period. The main types of establishments to host interns were health and social services centres (CSSS) and rehabilitation centres.

The following are the results related to measures to support internship supervisors: the creation of supervisory resources for supervisors, procedures in the event of internship-related issues, and internship supervision coaching and training sessions. The projects helped to develop material adapted to the institutions, based on their specific needs, but it seems that the distribution of this material and sharing between institutions was limited.

For their part, the additional support measures for interns consisted primarily of equipment support (IT or other), and the establishment of a host structure or training sessions. These measures seem to be further defined based on the particular needs of each internship environment, but it could also be possible for institutions to share certain tools to be able to better accommodate their interns.

Measures to support the hiring of students have contributed to a total of 39 recruits, as a result of activities carried out by health institutions and community networks. With particular reference to the projects initiated by institutions, there was a total of 31 jobs, including 5 summer jobs, associated with the measures introduced as part of the program. Nursing and speech therapy are the disciplines that represent the largest number of jobs created.

With regard to promotional activities implemented by the institutions, brochures were developed, existing documents translated, there was participation in recruitment activities and one-day job shadowing internships created. Again, it would be best if the material developed could be accessible to all project partners to promote the exchange of best practices among institutions.

Support for Educational Institutions Component

With respect to the Support for Educational Institutions component, the request for proposal processes are not clearly outlined in the literature reviewed. However, as this component involves a smaller number of partners than for the institutions, the submission, acceptance and tracking processes for projects appears to have been much less complex.

Three projects were funded in total. The first is the Cégep Champlain – St. Lawrence project which had two components: creating a summer training program for patient care attendants in English, and creating an English-speaking element in the French nursing program at Cégep Sainte-Foy. The second project funded under this component involves supporting various initiatives of McGill University, particularly support for French language courses for students in health and social service programs. A special project to create supervised internships to provide coordinated interprofessional services in English for English-speaking members of the Association québécoise des personnes aphasiques (Quebec Aphasia Association) (AQAP) and to create speech therapy internships to serve these clients was also funded. The McGill University project also included an element to support the training and retention of dietitians and nutritionists in regions with an Anglophone minority. Moreover, funding helped to strengthen the capacity of social work students for the African Canadian Development and Prevention Network (ACDPN) strengthening families program in the black community.

Finally, the third educational institution to receive funding was Cégep Heritage College which completed a project with two components. The first component was to improve the training of nursing care students by offering them tailored French courses during the 2nd and 4th sessions in the program. The francization of students helped to increase their presence in Outaouais institutions. To this end, the second component was intended to: implement internships (during the 3rd session); encourage students to become nursing externs over the summer (after the 4th session); and ultimately to increase the number of students completing their final internship (preceptorship) within these same institutions.

The analysis of the assessment helped to identify some outcomes associated with initiatives in the Support for Educational Institutions component as part of the McGill Retention Program. Therefore, during the 2011-2012 period, there were 5 internships, for a period ranging from 20 to 39 days to 60 days or more, which were created

as part of initiatives of educational institutions. For the 2012-2013 period, 12 internships were created by educational institutions, but the length of these internships is unknown.

These results suggest that support for educational institutions can have an effect on creating internships in order to promote the employment of skilled health technicians and professionals to serve English-speaking clients. However, we were unable to identify specific elements that could help to guide further activities which cover direct support for internship programs for health and social services professionals. It would be important to ensure better integration between this component and the component related to institutions in the health and social services network, in order to maximize the likely impacts of the measures introduced, especially in regard to creating internships that meet the requirements of training programs.

DISCUSSION AND RECOMMENDATIONS

The evaluation of the implementation processes and activities conducted as part of the Retention of Health Professionals Program helps to identify elements that have contributed to the level of success of various funded projects and the scope of their results. Table 1 shows the main points emerging from a SWOT analysis of the program, its strengths, weaknesses and opportunities, as well as threats to its realization.

Table 1: Analysis of Strengths, Weaknesses, Opportunities and Threats for the Retention of Health Professionals Program

Strengths	Weakness
Involvement of partners	Time frame for implementation of measures
Flexibility of program	Lack of clarity regarding expectations of program managers
Pivotal role of the project coordinator	Lack of information regarding tracking and accountability resources
Injection of new funds into the health and social services network in order to improve access to English language services	Difficult to operationalize contribution of educational institutions
Quality of communication tools	Arduousness of communication structure under the MSSS-McGill implementation framework
Opportunities	**Threats**
MSSS support	The MSSS is out of touch with the needs and realities of internships and educational environments
Agency support	Indirect links with institutions, resulting in multiple exchanges for clarification
Several projects are the result of partnerships between health institutions and educational institutions	The structure of the internships and their coordination in training programs may differ between programs and educational institutions
Identification of a contact person in agencies	The agencies are far removed from the action and do not necessarily understand the specific needs of institutions
Encourage knowledge sharing between projects	Competition between institutions to attract qualified human resources

Among the internal strengths (those associated with the McGill Retention Program), there is great attention given to involving all stakeholders and great flexibility in the program, which allows the projects to be adjusted according to the real needs of the environments.

It is also important to emphasize the presence of a person in charge of coordinating the project and its main partners in the field. The project assessment-report (Béland, 2013) indicated numerous difficulties related to the project implementation process, including the complexity of communication processes between stakeholders, boundaries related to understanding and information sharing, and constant adjustments made necessary by the realities in the field. Multiple partners and the distance between those responsible in the field and the project managers may have created barriers to effective communication between the parties.

With regard to the impact of funded projects, a collation of results revealed that more than 150 internships were completed due to support from the program. Jobs have also been created with support from the program. However, it would be interesting to know the percentage of permanent jobs created, as well as the retention rate of professionals hired through these jobs.

Considerations and Recommendations

The McGill Retention and Professional and Community Support Program has completed its second cycle, and has now reached a certain maturity with regard to the direction it has developed and the methods it has used to achieve its objectives. It is therefore important to consider all the conclusions to be drawn in order to guide future activities and ensure success. It is in this context that we propose some recommendations from the findings of our evaluation.

Given that:

1- the McGill Retention and Professional and Community Support Program is conducted in consultation with the MSSS;
2- internships in health and social services institutions must be organized in accordance with human resources planning at the regional level;
3- supra regional service corridors exist based on four réseaux universitaires intégrés en santé [Integrated University Health Networks] (RUIS) in the province;
4- some regions have adopted the *HSPnet* (Health Sciences Internship Management Network) system to plan internships (mainly nursing care) in health institutions in their territory;
5- networks are already in place between health and social services institutions and educational institutions to manage internships.

We recommend:

1- Building on existing partnerships, based on the needs of institutions in the health and social services network, but in consultation with targeted training programs for jobs that are in demand. This could be achieved by ensuring that those responsible for the McGill Retention Program can consult directly with educational institutions. This way, they would work together with the institutions identified to create internships that match the reality of training programs, while considering existing networks.

2- Encouraging the sharing of knowledge and tools developed for greater synergy between projects. This would also avoid doubling-up on projects and instead encourage working to develop best practices that could then be shared between partners. These factors should be considered when creating projects, clearly identified in the project proposal forms and considered in the selection criteria of these projects.

3- Ensuring a joint understanding of the expectations for projects submitted and the selection criteria to be met. This could be achieved through the development of more detailed and explicit documents related to the program objectives, and the preparation of projects which would be sent to the various partners. A meeting with those responsible for internship programs in the regions and those responsible for practical training at educational institutions could also provide a joint understanding of the aims and requirements of the program.

4- While maintaining some flexibility as to how environments can structure their project, it would be important to provide precise direction to ensure that proposed projects are original, and based on proven strategies to increase attracting and retaining health professionals. For example, it would be useful to identify priorities in the request for project proposals, provide examples of project types that could be funded, and provide links to past projects. In addition, it might be interesting to give priority to students from peripheral and remote regions for internships in these regions, and to improve access to the scholarship program for these students.

5- It would also be recommended that any proposed project include a detailed implementation plan, including specific deliverables and clearly identified milestones. The progress of funded projects could be closely tracked if the person in charge of coordinating the program had a more direct link to the project managers. It is therefore important to identify a person responsible for each project who would be a primary point of contact, as well as another person who would act as their replacement.

6- Short term job shadowing internships (such as the Jeunes explorateurs d'un jour program) do not have the same purpose as long internships that allow students to integrate into a workplace. This is more a question of promotional activities. It would therefore be appropriate to divide these types of strategies in accountability.

7- The establishment of a more realistic schedule which would allow projects scheduled for a given period to actually be completed during this period. It would be important for the program managers to allow for enough time in their schedule to cope with the usual delays in large organizations, such as health and educational institutions, and with the many unexpected delays. There could be a two-step process for funding, first by offering a small

amount to support project development (e.g. assessed on the basis of a letter of intent or a concept note), which would enable better planning for projects that would then be submitted for funding, allow links to be developed with partners and ensure their relevance and feasibility.

CONCLUSION

The purpose of this study was to assess the activities carried out under the McGill University Retention of Health and Social Services Professionals Program, and to provide recommendations as to what could help optimize the strategies to attract and retain technicians and professionals in order to meet the needs of English-speaking communities throughout the province of Quebec. A cross-sectional review of the projects completed under this program has helped to identify a number of factors that could be considered by the program managers in the continuation of their activities in order to facilitate the implementation of these activities and ensure a significant impact on the availability of qualified personnel to meet the needs of English-speaking clients in the health and social services network in Quebec.

References

Béland, C., Projet de formation et de maintien en poste des professionnels de la santé Mesures incitatives de maintien en poste – Programme Un pont vers l'embauche 2011-2013. Bilan-synthèse [Training and Retention of Health Professionals Project. Retention Program Incentives – A Bridge to Hiring Program 2011-2013. Assessment-Report] June 5, 2013

McGill Training and Retention of Health Professionals Project. Retention Program – Overall profile 2011-2013. June 30, 2013. http://www.mcgill.ca/hssaccess/trhpp/m2intro

McGill Training and Retention of Health Professionals Project. Measure 2: Retention and Distance Professional and Community Support Program Prospectus 2010-2013. http://www.mcgill.ca/hssaccess/

Weihrich, H., The TOWS matrix: A tool for situational analysis. Journal of Long Range Planning, 1982. 15(2).