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Better Communication for Better Care
BUILT ON PARTNERSHIPS

McGill

Faculty of Arts

TRAINING AND RETENTION OF HEALTH
PROFESSIONALS PROJECT

Language Training Program

FRAME OF REFERENCE
2010-2013

October 12, 2011

McGill

Adopted July 5, 2010 by the Project Steering Committee

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The ministère de la Santé et des Services sociaux issued a formal advisory opinion regarding this Frame of Reference on July 28, 2010. The opinion is found on page 40 of this document.

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FOREWORD

The outcomes of Phase I of the Training and Retention of Health Professionals Project substantiate the crucial role and true impact of close collaboration between health and education in ensuring English-speaking Quebecers easier access to health and social services.

The Language Training Program, one of three core components of this Project spearheaded by McGill Faculty of Arts, is built on this productive cooperation between health and social services agencies, health and social services centres, their local network partners, organizations representing English-speaking communities, and training institutions in each region of Quebec.

The Language Training Program, which came on stream in 2005, has far surpassed the 4,000 enrolments projected for Phase I. Built on the strength of these results, as well as positive testimonials and recommendations arising from evaluations and stakeholder consultations, the 2010–2013 Program centers more than ever on the needs of health and social services professionals. It rests on each partner's recognition of what this undertaking signifies for the well-being of Quebec's English-speaking communities.

We wish to thank Health Canada for funding this initiative through its Official Languages Health Contribution Program. We are also grateful to the Government of Quebec, including the ministère de la Santé et des Services sociaux and the ministère de l'Éducation, du Loisir et du Sport, for their support and involvement in implementing this program.

Christopher Manfredi
Dean, Faculty of Arts
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ACKNOWLEDGEMENTS

This document is the result of a collective approach involving input from all parties associated with the Language Training Program, a component of the McGill Training and Retention of Health Professionals Project. We are especially grateful for the collaboration of the members of the Provincial Committee on the dispensing of health and social services in the English language and of health and social services agency respondents, as well as the individuals mentioned below.

The Frame of Reference Revision Committee consists of the following:

Heather Clarke	Institutional advisor, Agence de la santé et des services sociaux de Montréal
John Cruickshank	Member, Provincial Committee on the dispensing of health and social services in the English language
Suzanne Filion	Education consultant, Service de la formation continue Cégep de Saint-Jérôme
Isabelle Marchand	Planning, program and research officer, Agence de la santé et des services sociaux de la Montérégie
Ronald McNeil	Interim Director, Secrétariat à l'accès aux services en langue anglaise et aux communautés culturelles, ministère de la Santé et des Services sociaux

We gratefully acknowledge the time and skills these individuals have contributed to the Program.

This document is the result of sustained collaboration by Gail Hawley-McDonald, Senior Program Officer, Language Training Program; Hélène Riel-Salvatore, Language Training Program Director; and Mireille Marcil, Training and Retention of Health Professionals Project Director. They are responsible for forging a functional and effective work tool from the extensive data collected through stakeholder consultations and six meetings of the Revision Committee.

André Costopoulos
Principal Investigator
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INTRODUCTION

The McGill Training and Retention of Health Professionals Project seeks to contribute to Government of Quebec initiatives aimed at ensuring that English-speaking Quebecers have access to the full range of health and social services in their language. To this end it proposes a series of measures to train, hire and retain an adequate workforce for delivering health services and social services in English.

The Project objectives are to a) improve the capacity of the health and social services network to serve English speakers in their language and b) increase the participation of English-speaking professionals in Quebec's health and social services system. The achievement of these goals depends on a solid partnership between McGill University and the ministère de la Santé et des Services sociaux (MSSS). A MSSS-McGill joint committee has been formed to oversee the implementation and monitoring of the various Project measures.

Three measures will be implemented over a four-year period[1].

- **Measure 1.** The **McGill Language Training Program** is designed to better equip the health and social services network to provide English-language services that meet the needs of the English-speaking population through the provision of language training courses for professional purposes. The Program has three components. The first component consists of courses in English for professional purposes for French-speaking network personnel interested in improving their English language skills in order to adequately serve Quebec's English-speaking clients in English. The second addresses the objectives of Measure 2 and consists of courses in French for professional purposes to improve the ability of English-speaking personnel to communicate within the health and social services network, where French is the working language. The third consists of activities intended to support trainers and learners.

- **Measure 2.** The **McGill Retention and Distance Professional and Community Support Program** is designed to get more English-speaking providers involved in Quebec's health and social services system and broaden the range of services available in English to English-speaking communities in Quebec. The Program has three components: Retention Incentive Measures, Distance Professional Support and Distance Community Support.

  The first component, Retention Incentive Measures, involves creating internships in institutions for English-speaking students enrolled in professional and technical health and social services programs leading to jobs in those host institutions. It relies on the contribution of health and social services institutions, educational institutions and community organizations working with English speakers for its implementation. Courses in French for professional purposes will be available to participating students as part of their training program. Financial support is also available to them to cover the added costs of interning far from their training location. Intern supervision courses will be offered. The Project intends to support both institutions

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[1] Given that funding for 2009–2010 was confirmed only two weeks before fiscal year-end, this Frame of Reference applies to the 2010–2013 period.

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and educational organizations through financial assistance as well as with the provision of tools and resources to meet specific supervision needs. And finally, host institutions will receive financial support to create internships, take in interns and provide incentives for hiring the interns as soon as they graduate. Community organizations working with English speakers will organize promotional activities with the education and health and social services sectors. The organizations will also be eligible for financial support to welcome and integrate the interns, to establish regional partnerships aimed at supporting young graduates returning to their regions and finally for their contribution to the allocation of bursaries designed to entice young graduates to return to their region.

The second component, Distance Professional Support, is meant to support network professionals serving the English-speaking population. Procedures and conditions for 2010–2013 have yet to be determined.

The third component, Distance Community Support, consists of English-language Telehealth information sessions in the public health sector. The Community Health and Social Services Network (CHSSN) has been tasked with carrying out this component.

■ **Measure 3.** The **McGill Research Development Program** builds upon the knowledge gained during Phase I of the McGill Project. Its aim is to seek out and develop research projects investigating possible ways to overcome barriers that keep English-speaking communities from accessing health services and social services. It is also meant to enhance knowledge acquisition and dissemination and to adopt and disseminate strategies and best practices for resolving the particular health issues of those communities. Research proposals will be developed by McGill University and then forwarded to the MSSS for a formal opinion. The MSSS will be responsible for consulting the agencies and the Provincial Committee.

The McGill Training and Retention of Health Professionals Project is funded by Health Canada through its Official Languages Health Contribution Program. This funding, which amounts to $19,000,000, is divided up in the following manner over a four-year period. (See Table 1) A budget of $8,528,707 has been allocated to help health and social services agencies implement language training projects. There will be $3,966,972 for health and social services institutions, educational institutions and community groups for activities relating to retention and distance professional and community support. A sum of $1,131,587 is earmarked for the McGill Research Development Program.

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Table 1 Training and Retention of Health Professionals Budget Forecast 2009–2013

Type of expense	2009–2010	2010–2011	2011–2012	2012–2013	2009–2013
Measure 1 – Allocation for regional projects	$2,001,711	$2,074,561	$2,061,450	$2,390,985	$8,528,707
Measure 2 – Allocation for regional and local projects	$982,368	$994,868	$994,868	$994,868	$3,966,972
Measure 3 – Allocation for research projects	$187,077	$311,005	$322,500	$311,005	$1,131,587
Support, production and distribution of materials	$383,012	$356,228	$410,324	$259,780	$1,409,344
Other budget forecast	$945,832	$963,338	$1,010,858	$1,043,362	$3,963,390
Total	**$4,500,000**	**$4,700,000**	**$4,800,000**	**$5,000,000**	**$19,000,000**

An additional $1,409,344 has been set aside to support partners who have received project funding within the three measures. This amount includes costs for resource personnel and for developing tools and activities. Lastly, $3,963,390 is allocated for planning, coordinating, monitoring and reporting on the Project and its three core measures and for managing some fifty contractual agreements. This allocation also covers office equipment and supplies, rent, equipment leasing and utilities (e.g. telephone and Internet access). Detailed forecasted expenses for 2009–2013 are presented in Appendix 1.

Building on the strength of the 2005–2008 Project and the recommendations stemming from the 2008 evaluations and stakeholder consultations, the 2009–2013 Project is strategically designed and result-oriented. It is rooted in the needs identified by both the English-speaking community and the health and social services network. Additionally, it relies on the willingness of personnel to improve their communication skills and on the commitment of institutions to adapt their services to the English-speaking population. The 2009–2013 Project has the support of the ministère de la Santé et des Services sociaux (MSSS) and the English-speaking community, and its partners already include some 130 public and private stakeholders.

A prospectus, or frame of reference, will be developed for each of the three core measures. This particular Frame of Reference concerns Measure 1, i.e. the 2010–2013 Language Training Program for health and social service providers.

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CONTEXT

In November 2009, McGill University and the ministère de la Santé et des Services sociaux agreed on a framework for implementing the Official Languages Health Contribution Program to assure the collaboration of the MSSS and its network constituents. This implementation framework sets out a number of steps for carrying out the Training and Retention of Health Professionals Project submitted to Health Canada. These steps include the drafting of one or more prospectuses, the call for project proposals and project evaluation, selection, approval, implementation, monitoring and reporting. It also provides for the formation of a MSSS-McGill joint committee to ensure the implementation and follow up of the Project measures.

Frame of Reference for the Language Training Program

McGill University has produced a prospectus entitled Frame of Reference to support a call for language training proposals from the 18 regions of Quebec. This Frame of Reference describes the Program structure, content, goals, partners and conditions, as well as the provisions of the call for proposals, including elements such as project information, evaluation and funding allocations.

McGill University developed the Frame of Reference together with Program stakeholders. At the request of the University, the MSSS arranged for the participation of resource people from the health and social services network. McGill sought the participation of resource people from the education sector.

The final draft of this Frame of Reference was submitted to the MSSS for a formal advisory opinion. The MSSS undertook to consult the agencies[2] and the Provincial Committee for the dispensing of health and social services in the English language. The document was then modified to take into account elements of the formal opinion. You will find this opinion in its entirety along with the University's response at the end of this document.

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[2] To lighten the text, the term "agency" refers to the regional body for coordinating health and social services, i.e. the 15 health and social services agencies, as well as the Centre régional de santé et de services sociaux de la Baie-James, the Nunavik Regional Board of Health and Social Services, and the Cree Board of Health and Social Services of James Bay.

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The points enumerated here form the cornerstone of the Language Training Program and are indeed the foundation on which it is built.

The Language Training Program

■ focuses on the teaching of English and French for professional purposes using learner-centred communicative methodology incorporating adult education principles;

■ conforms to the provisions of the *Act respecting health services and social services* as regards the right of English-speaking Quebecers to receive health and social services in their language (Appendix 2);

■ is consistent with MSSS priorities set out in strategic plans, action plans and annual management agreements;

■ seeks to support MSSS activities and initiatives related to accessibility of services for English speakers;

■ is directed toward supporting programs of access to English-language health and social services for English speakers;

■ is based on studies[3] showing the need for human resources able to effectively address the needs of English speakers in their own language;

■ builds on the willingness of health and social services institutions and their partners to improve the quality of services for English speakers;

■ builds on the willingness and commitment of French-speaking providers[4] within the health and social services network to improve their English-language skills for communicating with English-speaking users;

■ builds on the willingness and commitment of English speakers working in the network to improve their French-language skills;

■ conforms to the provisions of the *Charter of the French Language* (R.S.Q., c. C-11).

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[3] See the bibliography for the list of studies and writings.
[4] In the context of the Language Training Program, the term "provider" refers to health and social services network personnel working with the population and clients.

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2. TARGET CLIENTELE

The Language Training Program is for health and social services personnel working directly with the population and clients in Quebec's 18 health and social service regions. The network comprises all public and private institutions under agreement, agencies and organizations under the authority of the Quebec Minister of Health and Social Services.

More specifically, the Program is for the personnel of

- community organizations recognized and eligible for financial support through Quebec's consolidated fund;

- emergency pre-hospital services;

- family medicine groups and network clinics;

- family-type resources;

- health and social services agencies;

- health and social services centres;

- hospitals;

- intermediate resources;

- local community service centres (CLSC);

- nursing homes;

- rehabilitation centres;

- youth centres.

The Program also targets professionals holding temporary permits[5].

The selection of participants is the responsibility of the agencies and is carried out in accordance with regional priorities and needs in relation to the access program for English-language services, as well as ministerial, regional and local priorities. All potential participants in the language training courses must show an interest in improving their language skills. The agencies may choose from a variety of means to facilitate or encourage provider participation in the language courses. Incentive measures already used by agencies include performance bonuses, courses offered during working hours with staff replacement, attendance bonuses and reimbursement of expenses related to course participation.

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[5] Section 37 of the *Charter of the French Language* provides that professional corporations may issue temporary permits valid for not more than one year to persons from outside Quebec who are declared qualified to practise their profession, but whose knowledge of the official language does not meet the requirements of section 35 of the *Charter*.

3. LANGUAGE TRAINING PROGRAM OBJECTIVES, STRUCTURE AND CONTENT

A Solid Foundation

Since the Language Training Program came on stream in 2005, more than 7,200 health and social service providers have enrolled in English for Professional Purposes courses delivered across Quebec by 28 public and private language training organizations. This figure far surpasses the original target of 4,000 enrolments. The learners involved work in 78 different health and social services organizations and institutions in 17 Quebec regions. Seven special learning retention projects have also been organized in five regions in collaboration with four English-language community organizations.

The final evaluation report for the 2005–2008 Training and Human Resources Development Project gives some idea of the importance of the Language Training Program through the testimonials of 351 health and social service providers from several regions that have had the benefit of such training. Most respondents, i.e. close to 85%, expressed satisfaction with the training, which they found suited their job environment and professional needs. More than 70% of respondents believed that the training had prepared them to communicate more effectively with their English-speaking clients and 67% said they now had an easier time managing stress while serving those clients.

3.1 Objective of the 2010–2013 Language Training Program

The Language Training Program seeks to help the health and social services network improve its ability to provide services in English to meet the needs of the English-speaking population. It anticipates achieving this objective through language training initiatives.

3.2 Structure of the 2010–2013 Language Training Program

The Language Training Program hinges on three main components:

- **Component 1: English for professional purposes courses**

- **Component 2: French for professional purposes courses**

- **Component 3: Support activities for trainers and learners**

3.3 Program Content

- **Components 1 and 2: English / French for Professional Purposes Courses**

The expression "language courses for professional purposes" denotes a type of training designed to help adults in the workplace use the target language for the routine communicative tasks of their profession. The key words are "communication in the workplace." Accordingly, training content centres on language and communication geared to professional activities as identified through typical

discourse analysis. The training content in this case is developed in light of the learners' specific needs. These needs are defined by the learners themselves, by professional task and skill profiles and by directives of the governing bodies, including employers and professional corporations.

This training is akin to second-language training in a number of ways, but has its own particularities as well. The teaching methodology emphasizes a learner-oriented communicative approach. It factors in adult education principles: learner motivation, constraints and professional experience, the essential skills required by their profession and characteristic learning strategies and styles. Training of this kind aims to turn learners into effective users of the target language in the workplace. It does not aim to have them attain the level of communication of native speakers.

Due to the time and resources required[6], this training is mainly for providers who already have an intermediate command of the target language. Depending on the job involved, whether receptionist or other intake positions, nurse or psychosocial worker, and on local circumstances, training may be tailored to the needs of learners at a higher or lower level.

In this type of training, the trainers maintain their role as specialists in teaching the target language. But they share the spotlight with learners, who, based on their experience, are specialists in the know how used to acquire the target language. Trainers must be sensitive to the needs of their learners, know the requirements of their profession and build on the learners' professional experience in order to effectively fill their role as communication facilitators. They may be required to produce needs and discourse analyses or to use such analyses. They are also expected to have an excellent command of appropriate teaching strategies to help learners develop their professional communication skills, i.e. listening, oral expression and, if need be, written understanding and production, while at the same time helping them become self-learners after completing their course. Trainers may also be required to evaluate, adapt and create teaching materials and should therefore know about available health and social services resources and the best practices of the institutions and professional corporations. They are also expected to use a variety of media, including electronic media. They must develop or upgrade their evaluation procedures for teaching a language for professional purposes. In addition, they should be able to highlight cultural information relevant to the workplace, such as how to address clients, expressions of courtesy, taboos, cultural interpretations or euphemisms, and the resulting behaviour.

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[6] Many factors come into play when evaluating the time required to learn a language, such as the aptitude and age of the learner, the nature of his or her needs, motivation, previous language experience and personal availability, the target language, the teaching/learning methods used and the opportunity to use the language while studying. Researchers estimate the minimal investment required to move from beginner to advanced level to be 2,300 hours. The wider the range of general competencies to be acquired, the greater the increase in work and training time required. However, in the case of a professional language, estimates indicate that training time can be reduced to somewhere between 900 and 2,000 hours. This suggests that learning will probably be organized around relevant elements, based on a rigorous needs analysis and the identification of competencies required to meet them.

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Language Training for Professional Purposes – 2010–2013 targets

The regional language training projects designed and implemented by the agencies and language training organizations anticipate 7,050 enrolments in English and French for Professional Purposes courses, at a rate of 2,350 a year. It is foreseen that there will be at least 2,000 registrations annually in English for Professional Purposes courses and no more than 350 enrolments in French for Professional Purposes. Agencies will decide on the split between the two components based on their regional needs.

■ **Component 3: Support Activities for Trainers and Learners**

These activities are intended for training organizations, trainers and learners themselves. They include coaching partners in use of the tools developed and support for trainers through face-to-face or distance professional development workshops, the evaluation of teaching materials, and the posting of resources on the Project website. Other activities are meant to provide customized teaching materials for trainers and students.

Support for training quality

Drawing on the expertise of the French Language Centre of McGill's Faculty of Arts, the H-CALM research team on access to health services, and the relevant professional corporations, the Project will support training organizations in their responsibility and determination to provide high-quality courses; and trainers in their responsibility and determination to keep up to date and continue their professional development.

Pursuant to its educational mission, with a view to ensuring language training quality, McGill will propose criteria to be used as guidelines for evaluating the quality of training proposals. Agencies will have to indicate the criteria they used for determining the quality of the training proposals presented by the training organization(s). The University will monitor training quality through analysis of the results of learner satisfaction surveys conducted by the training organizations.

Planning tools

Training organizations and trainers will be given planning tools at the start of 2011–2012. Those tools will consist mainly of language skill profiles pertaining to professional tasks. The profiles will identify the language skills essential for certain tasks and the level of skill required to carry them out. An instrument will be developed to assess language training needs as will an individual training plan. The assessment tool will enable periodic monitoring of a learner's progress and any necessary adjustments to the learning plan until the goal is achieved. There will also be an inventory of language content related to the language skills to be acquired in order to provide services in English. This inventory will be structured and divided according to course level.

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Self-study workbooks

Seeking to encourage retention and improvement of the learners' English language skills, McGill will continue producing, distributing and evaluating a series of self-study workbooks for French-speaking personnel in targeted job positions. Workbooks for receptionists, triage nurses and psychosocial service providers are either in preparation or have already been distributed. Once the needs have been assessed, two more workbooks will be produced over the next three years following recommendations by the MSSS-McGill Joint Committee.

Website

The Project website, including links to numerous tools, language exercises, and teaching materials for learning a language for professional purposes, will be updated periodically. The new documents and tools will be posted on the website to facilitate access for our network partners. The volume of website visits will be tracked.

Professional development workshops

Each year, the McGill French Language Centre will stage two professional development workshops allowing trainers to share techniques and approaches tailored to specific needs. The choice of workshop subject matter will be based on expressed needs, such as teaching multi-level groups, pronunciation, intercultural communication, task-based learning, vocabulary building, and implicit and explicit grammar teaching. Workshops will be structured and delivered in a way that will facilitate the participation of all regions, including distant regions. Delivery methods will include videoconferencing, the Project website as well as multimedia training modules.

Evaluation of support materials

The McGill French Language Centre will apply its expertise to ongoing evaluation of support materials. A data bank of evaluated materials will be available to help learners and trainers make informed choices.

Learning retention and knowledge transfer

It is important that acquired skills be maintained and that the knowledge gained carries over into daily living and the workplace. As regards learning retention, McGill encourages trainers to teach strategies that develop self-learning and help learners study on their own. With this in mind, trainer workshops will be organized based on expressed needs. Additionally, the McGill Language Training Program will support initiatives that place learners in situations requiring dynamic communication. Such situations involve exchanges organized with members of community organizations or English-speaking communities or activities set up by language training providers or institutions.

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The success of the 2010–2013 Language Training Program will depend largely on each partner's contribution being directly related to the areas of expertise and jurisdiction derived from its mission. The Program will encourage the creation of new opportunities for exchange and interaction among teaching partners in order to reinforce and develop existing strategies. Information sharing and consultation will continue. As with all joint action, the success of the Program will depend on the quality of the interface between McGill, the MSSS, the agencies, institutions, health and social services professionals, language training providers and English-language community organizations.

4.   PARTNER CONTRIBUTION

With a view to harmonizing program delivery, the type of contribution that each partner can make is suggested based on the specific roles and responsibilities derived from their respective missions. Partners are invited to adapt them to their regional or local dynamics.

4.1   McGill University

As the organization responsible for the Training and Retention of Health Professionals Project, McGill University

■ establishes the MSSS-McGill Joint Committee for the implementation of all Project measures and ensures its follow-up;

■ develops the Frame of Reference for the Language Training Program together with MSSS resource people, health and social services agencies and training organizations;

■ proposes criteria for evaluating the quality of training proposals for the attention of the MSSS and health and social services agencies;

■ determines the inter-regional distribution of budget allocations after consulting with the MSSS;

■ develops, after consultation with the MSSS, a submission form for regional language training projects, together with a guide setting out, among other things, project evaluation conditions and criteria;

■ issues a call for regional language training proposals directly through the MSSS, which will forward it to the health and social services agencies;

■ evaluates the regional language training proposals received through the MSSS based on the identified evaluation conditions and criteria described in section 6 of this document;

■ comes to an agreement with the MSSS on a standard model agreement between the agencies and McGill which determines, among other things, the reporting procedures and parameters;

■ enters into an agreement with each agency consistent with the standard model agreed upon by the University and the MSSS;

■ pays the agencies the annual amounts planned in the budget according to the procedures set out in the agreement;

■ develops, when necessary, agreements regarding language training quality between training organizations and McGill for customized professional support and collaborative teaching initiatives;

■ keeps the agencies informed of initiatives with training organizations, where applicable, and informs the agency concerned when it enters into any agreement with a training organization;

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- works with users to determine tool development requirements and calls on appropriate expertise to design
    - a series of planning tools for agencies, training organizations and trainers;
    - professional development activities for trainers;
    - learning support tools for trainers and learners;

- coaches partners in the use of the tools and activities developed;

- receives and analyzes overall outcomes of the learner satisfaction evaluation forms submitted by the agencies;

- identifies resource people to answer questions or inquiries from the MSSS, agencies and training organizations;

- produces an annual report.

4.2 Ministère de la Santé et des Services sociaux

The MSSS ensures collaboration among its network constituents during the implementation stages of the Language Training Program and sees that proposed projects conform to MSSS priorities relative to Quebec policies and orientations.

- The MSSS participates in the MSSS-McGill Joint Committee that ensures the implementation of all Project measures;

Regarding the Frame of Reference, the MSSS

- names resource people from the MSSS and the health and social services agencies to sit on the Frame of Reference Development Committee;

- seeks an advisory opinion from the Provincial Committee for the dispensing of health and social services in the English language;

- consults the health and social services agencies about the draft version of the Frame of Reference;

- issues a formal opinion to McGill University about the draft version of the Frame of Reference.

Concerning language training projects, the MSSS

- transmits the call for regional language training proposals to the health and social services agencies;

- receives project proposals, checks their admissibility against MSSS or regional priorities, and ensures that they conform to access programs for services in the English language approved by order of the Government of Quebec;

- seeks an advisory opinion from the Provincial Committee for the dispensing of health and social services in the English language;

- forwards the projects deemed admissible to McGill University;

- comes to an agreement with McGill University on a standard model agreement between the agencies and McGill which determines, among other things, the reporting procedures and parameters;

4.3   Health and Social Services Agencies

Each agency coordinates and implements its 2010–2013 language training project. The necessary coordinating elements are

- naming of a Language Training Program contact for liaison with McGill University;

- participation in developing the Frame of Reference for the Language Training Program;

- mobilization and participation of institutions and their publicly funded local services network partners;

- development of a 2010–2013 regional language training proposal tied to the access program for health and social services in the English language and to the clinical and organizational projects of its local service networks;

- call for proposals to select one or more language training providers based on its choice of criteria for evaluating the quality of language training proposals;

- transmission of the language training project proposal to the MSSS, together with a favourable advisory opinion from the regional access committee for English language services;

- signature of an agreement with McGill University that conforms to the standard model agreed upon by the University and the MSSS;

- signature of an agreement with the identified training organization(s);

- receipt of a copy of the agreement between McGill University and the training organization, where applicable;

- forwarding to McGill University of an annual work plan for delivering its training project;

- participation on a voluntary basis in McGill consultations on planning tools, activities and support tools for trainers and learners;

- receipt of learner satisfaction evaluation reports from the training organizations;

- forwarding to McGill University of learner satisfaction reports with a copy to the MSSS;

- collection and transmission of the necessary reporting data to McGill University pursuant to procedures set out in the in the model agreement.

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4.4 Institutions and Local Services Network Partners Receiving Public Funding

The institutions

■ identify providers to be trained in light of the access program for health and social services in the English language and of the clinical and organizational project of their local services network;

■ collaborate with training suppliers to assess training needs;

■ facilitate the participation of employees selected for language training and promote learning retention in the workplace;

■ if need be, see that the necessary reporting data are compiled and forwarded to the agency pursuant to the procedures set out in the model agreement.

4.5 Training Organizations

The training organizations

■ submit a service proposal to the agency;

■ enter into a training quality agreement with McGill University, if needed, to ensure customized professional support and collaborative teaching initiatives;

■ develop and deliver language training courses as described in their proposal;

■ verify trainers' skills for teaching English or French for professional purposes;

■ conform to the quality criteria agreed upon with the agency;

■ conduct learner satisfaction surveys and transmit the results to the agency;

■ evaluate the training based on the quality criteria and transmit the results to the agency;

■ take part in McGill University consultations on planning tools, activities, and support tools for trainers and learners;

■ take part in support activities for training organizations and trainers (e.g. professional development workshops and instruction in the use of new tools), and promote trainer participation in these activities;

■ gather and forward required reporting data to the agency and McGill University pursuant to procedures agreed upon with the MSSS.

5.   LANGUAGE TRAINING PROGRAM SCHEDULE, 2010-2013

Unless otherwise indicated, the activities will take place during the 2010–2013 period according to the following schedule:

April 1, 2010 – March 31, 2011

- Development of the Frame of Reference

- Call for regional language training proposals

- Assessment and approval of regional language training projects

- Implementation of regional language training projects

- Development and validation of planning tools

- Development and provision of support tools and activities for trainers and learners

April 1, 2011 – December 31, 2012

- Continuation of regional language training projects with any necessary adjustments

- Continuation of planning tool development and validation as well as their implementation

- Continuation of support activities for trainers and learners

January 1, 2013 – March 31, 2013

- Reporting

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6. CRITERIA FOR ANALYZING REGIONAL LANGUAGE TRAINING PROPOSALS

6.1 The MSSS will evaluate the admissibility of regional language training proposals with reference to the following:

- compliance with MSSS, regional and local priorities;

- link with the access program for health and social services in the English language in each region.

6.2 The proposed projects that are deemed admissible and forwarded to McGill University by the MSSS will be submitted to the Project Evaluation Committee. They will be analyzed in light of the following criteria:

- the proposal is relevant to the objective of the Language Training Program;

- the planning, coordination, monitoring and reporting are consistent with the planned training activities;

- the parameters for the application of incentive measures are clear and can be rigorously monitored;

- course organization is efficient and meets the identified needs;

- the proposed language training is consistent with quality criteria[7];

- learner evaluation is planned and allows for measuring the learner's progress;

- learning retention and knowledge transfer activities are planned;

- projected expenses are on the list of eligible expenses;

- the itemized budget is clear and contains the requested details;

- the funding requested does not exceed the amount allocated.

The Project Evaluation Committee will submit its recommendations to the Project Steering Committee for final approval.

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[7] Should this information not be available when a regional project is submitted, the project can be approved conditional on the eventual receipt of this information by McGill University.

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7. CRITERIA FOR EVALUATING THE QUALITY OF LANGUAGE TRAINING PROPOSALS

The training proposal evaluation criteria are guidelines providing for the quality and continuing improvement of language training. Agencies are invited to develop their own criteria. Information related to these criteria must be sent to McGill University. Should the criteria not be available when the regional project is submitted, they must be sent to McGill University when available.

For reference purposes, McGill is proposing criteria for the evaluation of the language training proposals. The criteria are meant to provide a framework for designing and developing a program for teaching adults a language for professional purposes. These criteria pertain to

- language training organizations;

- course content;

- teaching methodology;

- knowledge transfer and learning retention;

- learning assessment;

- trainers.

Appendix 3 describes these criteria in greater detail.

8.   PROGRAM FUNDING AND BUDGET ALLOCATION

8.1   Allocations

An $8,528,707 envelope is set aside for health and social services agencies, the Centre régional de santé et de services sociaux de la Baie-James, the Nunavik Regional Board of Health and Social Services, and the Cree Board of Health and Social Services of James Bay. An additional $1,055,794 will be allocated for trainer/learner support activities and for planning, coordinating, monitoring and reporting on the three Program components. The total four-year allocation for the Language Training Program amounts to $9,584,501 distributed annually as follows:

Table 2   Language Training Program – Budget Estimates, 2009–2013

Type of expense	2009–2010	2010–2011	2011–2012	2012–2013	TOTAL
Regional training projects	$2,001,771	$2,074,561	$2,061,450	$2,390,985	$8,528,707
Support for trainers and learners; other costs	$276,962	$272,728	$328,324	$177,780	$1,055,794
Total	**$2,278,673**	**$2,347,289**	**$2,389,774**	**$2,568,765**	**$9,584,501**

8.1.1 Funding of regional language training projects

A budget totalling $8,528,707 (see Table 3 for the budget breakdown) has been allocated for financing regional language training projects for 2009–2013. Of that total, $2,001,711 was allocated to agencies for training in 2009–2010. The sum of $6,526,996 is allocated for 2010–2013.

Table 3   Annual Allocation – Regional language training projects, 2009–2013

2009–2010	2010–2011	2011–2012	2012–2013	Total
$2,001,711	$2,074,561	$2,061,450	$2,390,985	$8,528,707
2,350 enrolments	2,350 enrolments	2,350 enrolments	2,350 enrolments	9,400 enrolments

The method for determining the regional distribution of this budget was developed in close collaboration with the MSSS. Three approaches were explored based on the following parameters: 1) the number of English speakers living in the different regions of Quebec; 2) the number of employees and professionals and their linguistic knowledge; 3) the cost of training provided between 2005 and 2009 in the different regions. The approach based on the number of English speakers was selected for the following reasons:

- allocation of financial resources to the health and social services network has essentially been based on a population approach since 1995;

- standardized language competency data for personnel is not available and would require extensive work;

- regional training project costs between 2005 and 2009 were largely influenced by the financial allocation granted to each region.

The regional distribution of the financial resources is equity-based. The envelope is divided between the 18 sociosanitary regions of Quebec starting with a base amount calculated according to the size of the English-speaking population of each region (first official language spoken)[8]. The results of this scenario are adjusted to account for excessive regional disparities and give agencies in regions having remote, vulnerable or sparse populations an allocation sufficient to ensure that the Language Training Program is effective.

The allocation was adjusted based on the percentage of English speakers in the regions. A minimum annual allocation of $55,000 and a maximum annual allocation of $300,000 were established. Three-year budgets were established for all of these regions based on these limits.

Modulation has enabled equalization from the more populated regions towards the less populated and distant regions. As for the populations of the Nunavik (17) and Terres-Cries-de-la-Baie-James (18) regions, the service agreements with the Montréal (06), Abitibi-Témiscamingue (08) and Nord-du-Québec regions were taken into account.

Based on this method, explained in detail in Appendix 4, the regions will receive the following amounts for the next three years.

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[8] Statistics Canada, 2006 Census

Region	2010–2011	2011–2012	2012–2013	Total
01- Bas-Saint-Laurent	$55,000	$55,000	$65,000	$175,000
02- Saguenay-Lac-Saint-Jean	$55,000	$ 55,000	$65,000	$175,000
03- Capitale-Nationale	$85,000	$85,000	$100,000	$270,000
04- Mauricie et Centre-du-Québec	$55,000	$55,000	$65,000	$175,000
05- Estrie	$130,000	$130,000	$145,000	$405,000
06- Montréal (secteur Est)	$300,000	$300,000	$300,000	$900,000
07- Outaouais	$180,000	$180,000	$210,000	$570,000
08- Abitibi-Témiscamingue	$70,000	$70,000	$100 000	$240,000
09- Côte-Nord	$70,000	$70,000	$100,000	$240,000
10- Nord-du-Québec	$70,000	$70,000	$100,000	$240,000
11- Gaspésie-Îles-de-la-Madeleine	$85,000	$85,000	$100,000	$270,000
12- Chaudière-Appalaches	$55,000	$55,000	$65,000	$175,000
13- Laval	$180,000	$180,000	$210,000	$570,000
14- Lanaudière	$85,000	$85,000	$100,000	$270,000
15- Laurentides	$130,000	$130,000	$145,000	$405,000
16- Montérégie	$300,000	$300,000	$300,000	$900,000
17- Nunavik	$99,561	$91,450	$115,985	$306,996
18- Terres-Cries-de-la-Baie-James	$70,000	$65,000	$105,000	$240,000
Total	**$2,074,561**	**$ 2,061,450**	**$2,390,985**	**$6,526,996**

8.1.2 Funding of trainer/learner support activities and other costs covered by McGill

McGill University will have a budget of $1,055,794 to cover its contribution to the language training program. This amount covers planning, coordinating, monitoring and reporting costs, as well as the costs of support activities for trainers and learners. Included are the costs of the summative evaluation of the self-study workbook for receptionists; revision, printing, distribution and evaluation of the self-study workbook for triage nurses; and production, validation, revision, printing, distribution and evaluation of the self-study workbook for psychosocial service providers. These same expenses as well as

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design costs for two additional workbooks are also covered. Also included is the expense of administering and updating the website, which provides links to numerous tools for learning a language for professional purposes. This budget also includes costs incurred to put together and deliver seven professional development workshops for trainers; to design, produce and validate planning tools; and to evaluate support materials.

Table 5   Annual Allocation – Trainer/learner support activities and other costs, 2009–2013

EXPENSES	2009–2010	2010–2011	2011–2012	2012–2013	TOTAL
Total	$276,962	$272,728	$328,324	$177,780	$1,055,794

8.2   Eligible Expenses

Funds are allocated according to the detailed budget provided in an agency's application for funding of a regional language training project.

Eligible agency expenses are as follows:

■ coordinating, planning, monitoring and reporting;

■ classroom rental, as needed;

■ equipment purchase, as needed;

■ travel costs, based on current regulations.

Agency allocations to institutions cover expenses related to incentive measures, notably staff replacement costs.

Agency allocations to training organizations cover eligible expenses for funding the language training activities described in their offer of service. These expenses comprise the following:

■ planning, coordinating, monitoring and reporting;

■ classroom rental, as needed;

■ delivery of language courses for professional purposes;

■ needs analysis and placement testing;

■ post-testing to measure progress;

■ learning retention activities;

■ purchase of teaching materials.

The expense categories will be detailed in the guide accompanying the regional language training project submission form.

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APPENDIX 1

**TRAINING AND RETENTION OF HEALTH PROFESSIONALS
DETAILED BUDGET FORECAST 2009–2013**

Table 1   Appendix 1 – Training and retention of health professionals
Detailed budget forecast 2009–2013

Type of expense	2009-2010	2010-2011	2011-2012	2012-2013	TOTAL
MEASURE 1					
Regional training projects	$2,001,711	$2,074,561	$2,061,450	$2,390,985	$8,528,707
Trainer/learner support activities and other related costs	$276,962	$272,728	$328,324	$177,780	$1,055,794
MEASURE 2					
COMPONENT 1					
Health and social services institutions	$349,282	$349,282	$349,282	$349,282	$1,397,128
Financial support for interns	$60,000	$75,000	$75,000	$75,000	$285,000
Financial support for supervision	$40,000	$40,000	$40,000	$40,000	$160,000
Educational institutions	$256,608	$240,108	$237,308	$234,508	$968,532
Community networks	$190,978	$190,978	$190,978	$190,978	$763,912
COMPONENT 2					
Distance Professional support	–	To be determined	To be determined	To be determined	To be determined
COMPONENT 3					
Distance Community Support	$85,500	$99,500	$102,300	$105,100	$392,400
COMPONENTS 1, 2 and 3					
Support and production and distribution of materials	$106,050	$83,500	$82,000	$82,000	$353,550
MEASURE 3					
Research	$187,077	$311,005	$322,500	$311,005	$1,131,587
Other forecasted expenses	$945,832	$963,338	$1,010,858	$1,043,362	$3,963,390
TOTAL	**$4,500,000**	**$4,700,000**	**$4,800,000**	**$5,000,000**	**$19,000,000**

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APPENDIX 2

**EXTRACTS FROM ACT RESPECTING HEALTH SERVICES
AND SOCIAL SERVICES (R.S.Q., c. S-4.2)**

ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES

(R.S.Q., c. S-4.2)

Sections concerning the delivery of health and social services in English[9]

15. English-speaking persons are entitled to receive health services and social services in the English language, in keeping with the organizational structure and human, material and financial resources of the institutions providing such services and to the extent provided by an access program referred to in section 348. 1991, c. 42, s. 15.

348. Each agency, in collaboration with institutions, must develop a program of access to health services and social services in the English language for the English-speaking population of its area in the centres operated by the institutions of its region that it indicates or, as the case may be, develop jointly, with other agencies, such a program in centres operated by the institutions of another region.

Such an access program must take into account the human, financial and material resources of institutions and include any institution in the region designated under section 508.

The program must be approved by the Government and revised at least every three years. 1991, c. 42, s. 348; 2005, c. 32, s. 227.

508. The Government shall designate from among the institutions recognized under section 29.1 of the Charter of the French Language (chapter C-11) those which are required to make health services and social services accessible in the English language to English-speaking persons. 1991, c. 42, s. 508; 1994, c. 23, s. 5.

509. The Government shall, by regulation, provide for the formation of a provincial committee entrusted with advising the Government on

1)   the dispensing of health and social services in the English language;

2)   the approval, evaluation and modification by the Government of each access program developed by an agency in accordance with section 348.

The regulation must provide for the composition of the committee, its rules of operation and internal management, the manner in which its affairs are to be conducted and its functions, duties and powers. 1991, c. 42, s. 509; 2005, c. 32, s. 227.

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[9]   Extract from the revised *Act respecting health services and social services.*

510. The Government shall, by regulation, provide for the formation of regional committees entrusted with

1) advising the agency concerning the access programs developed by that agency in accordance with section 348;

2) evaluating the access programs and suggesting modifications to them where expedient.

The agency concerned shall determine by by-law the composition of its regional committee, its rules of operation and internal management, the manner in which its affairs are to be conducted and its functions, duties and powers. 1991, c. 42, s. 510; 1992, c. 21, s. 56; 2005, c. 32, s. 227.

APPENDIX 3

**CRITERIA FOR EVALUATING THE QUALITY
OF LANGUAGE TRAINING PROPOSALS**

CRITERIA FOR EVALUATING THE QUALITY OF LANGUAGE TRAINING PROPOSALS

McGill University is proposing the following criteria to be used as a guideline for evaluating the quality of language training proposals. The suggested criteria can also provide a framework for the design and development of adult-centered second language courses for professional purposes.

1. TRAINING ORGANIZATION

1.1 Demonstrated competence in teaching a language for professional purposes

The training organization has demonstrated competence in teaching English or French for professional purposes in the health and social services sector.

1.2 Administration

The training organization undertakes to provide all necessary information for reporting and compliance with deadlines.

1.3 Planning and assessing language skills

Courses are planned with reference to the needs and goals prioritized by the agency in its access program for services in English.

The training organization demonstrates competence in assessing learners' language skills and uses appropriate assessment tools and methodology.

The organization undertakes to have a confidentiality agreement signed by all personnel involved in training activities.

1.4 Conditions

The proposal by the training organization shows that

▪ all training areas provided by them are barrier-free, conducive to learning and suitably equipped;

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▪ the learner/trainer ratio is suited to the type of training provided and allows for achieving the learning objectives;

　　　　　　　　　　　　　　　　_____

▪ it is able to mobilize the resources needed for high-quality training throughout the territory determined by the agency.

　　　　　　　　　　　　　　　　_____

2. COURSE CONTENT

The training organization spells out specific learning objectives and plans course development based on the following:

▪ a needs analysis of skills to be acquired for the occupational areas prioritized by the agencies;

　　　　　　　　　　　　　　　　_____

▪ adult education principles applicable to teaching a language for professional purposes;

　　　　　　　　　　　　　　　　_____

▪ approaches, methods, activities, materials, technological resources and evaluation measures suited to the objectives;

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▪ heightening the learners' awareness of the target culture.

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3. INSTRUCTION

The instructional approach and format and the learning activities described

▪ make use of a variety of teaching strategies reflecting the diversity of learning styles and methodologies;

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▪ allow for learning aids in the form of authentic documents, i.e. working documents used in a professional environment;

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▪ correspond to the target skills and expected outcomes.

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4.   KNOWLEDGE TRANSFER AND LEARNING RETENTION

The training organization expects its trainers to

- suggest practical means for transferring knowledge and using it in everyday activities and a professional environment;

- complement training with strategies that promote self-learning by the participants.

5.   LEARNING ASSESSMENT

Pre- and post-test results are kept on record and used where applicable to track the participants' learning paths.

The training organization provides for keeping learners informed about their progress.

6.   TRAINERS

The training organization hires skilled trainers.

Depending on the course format, confidential assessments of trainers and training are scheduled at the mid-point and end of the courses to measure learner satisfaction.

The training organization undertakes to forward the outcomes of trainer and training assessments to the agencies and McGill University.

APPENDIX 4

**INTERREGIONAL DISTRIBUTION OF THE 2010–2013
LANGUAGE TRAINING PROGRAM ENVELOPE**

INTERREGIONAL DISTRIBUTION OF
THE 2010–2013 LANGUAGE TRAINING PROGRAM ENVELOPE

The parameters of the adopted approach are

■ English-speaking population according to the first official language spoken in each sociosanitary region of Quebec (2006 census);

■ in the Montreal region, the total population with English as the first official language spoken is 595,920. However, the population to be served is estimated to be 100,000 persons using the Montreal East population[10] as the reference population;

■ inclusion of the Nunavik (17) and the Terres-Cries-de-la-Baie-James (18) regions and the service agreements with Montréal (06), Abitibi-Témiscamingue (08) and Nord-du-Québec (10) regions.
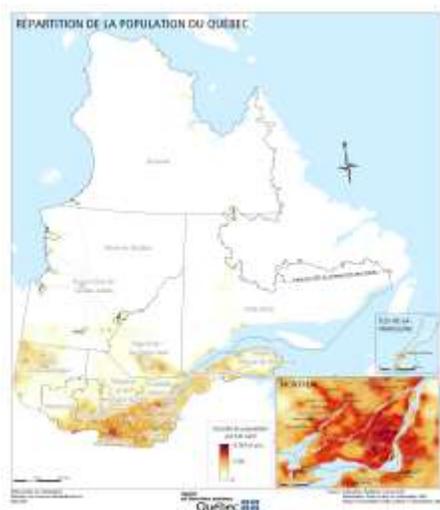
The underlying principles are

■ equity in financial resource allocation;

■ allocation based on the English-speaking population to be served;

■ allocation taking into account sparsely populated regions and geographic characteristics;

■ amount sufficient to ensure the effectiveness of the language training.

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[10] Included in the eastern sector are, the CSSS d'Ahuntsic et Montréal-Nord (26,130), the CSSS Lucille-Teasdale (30,305), the CSSS Saint-Léonard et Saint-Michel (14,940) and the CSSS de la Pointe-de-l'Île (31,785) for a total of 103,160 persons. To simplify calculations, the figure was rounded off to 100.000.

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Using the first official language spoken statistics and applying the population-to-be-served approach to a sum of $1,000,000, excluding regions 17 and 18, the results are as follows. (The sum of $1,000,000 is used as an example only).

Table 1   Appendix 4 – Application of the population-to-be-served approach excluding the Nunavik and Terres-Cries-de-la-Baie-James regions

Regions	1st official language spoken	Proportion of the English-speaking population	Sum of $1,000,000
01- Bas-Saint-Laurent	1,295	0.3%	$3,000
02- Saguenay-Lac-Saint-Jean	1,830	0.4%	$4,000
03- Capitale-Nationale	11,840	2.5%	$25,000
04- Mauricie-Centre-du-Québec	4,995	1.0%	$10,000
05- Estrie	23,580	4.9%	$49,000
06- Montréal (Secteur est)*	100,000	20.6%**	$206,000
07- Outaouais	58,720	12.2%	$122,000
08- Abitibi-Témiscamingue	5,355	1.1%	$11,000
09- Côte-Nord	5,630	1.2%	$12,000
10- Nord-du-Québec	275	0.1%	$1,000
11- Gaspésie-Îles-de-la-Madeleine	9,505	2.0%	$20,000
12- Chaudière-Appalaches	3,705	0.8%	$8,000
13- Laval	68,460	14.2%	$142,000
14- Lanaudière	10,115	2.1%	$21,000
15- Laurentides	33,175	6.9%	$69,000
16- Montérégie	143,645	29.7%**	$297,000
17- Nunavik			
18- Terres-Cries-de-la-Baie-James			
Total	**482,125**	**100.0%**	**$1,000,000**

* In the Montreal region, the total population with English as the first official language spoken is 595,920 and for all of Québec it is 978,045.
** Percentages rounded down

Observations

■ excessive variation between regions;

■ Nunavik (17) and Terres-Cries-de-la-Baie-James (18) are regions not included;

■ need to adjust the regional allocations to allow for language training projects in the
less populated and northern regions.

Proposition

■ develop a formula based on the percentage of the English-speaking population in
the regions;

■ set the minimum annual budget at $55,000 and the maximum annual budget at
$300,000;

■ determine three-year annual budgets for all of the regions.

Table 2   Appendix 4 – Proposed formula based on the percentage of the English-speaking population
in the regions

Percentage of the English-speaking population (1st official language spoken)	Regions	Three-year annual budget
0.3%–1.6%	01 (0.3%); 02 (0.4%); 04 (1%); 08 (1.1%); 09 (1.2%); 10 (0.1%); 12 (0.8%)	$175,000
1.7%–3.5%	03 (2.5%); 11 (2.0%); 14 (2.1%)	$270,000
3.6%–8%	05 (4.9%); 15 (6.9%)	$405,000
9%–15%	07 (12.2%); 13 (14.2%)	$570,000
16%–30%	06 (20.7%); 16 (29.8%)	$900,000

Distant regions and service agreements affecting the Nunavik (17) and Terres-Cries-de-
la Baie-James (18) regions

■ start by allocating the three-year base amount of $175,000;

■ add $65,000 for distant regions: Abitibi-Témiscamingue (08), Côte-Nord (09), Nord-
du-Québec (10) and Terres-Cries-de-la Baie-James (18) for a total regional three-
year budget of $240,000;

■ add $131 996 to the Nunavik (17) region for a total regional three-year budget
of $306,996.

Application of all of the parameters

Table 3   Appendix 4 – 2010–2013 three-year budgets applying all of the parameters

Regions	1st official language spoken	% of the English-speaking population	2010-2011	2011-2012	2012-2013	Total
01- Bas-Saint-Laurent	1,295	0.3%	$55,000	$55,000	$65,000	$175,000
02- Saguenay-Lac-Saint-Jean	1,830	0.4%	$55,000	$55,000	$65,000	$175,000
03- Capitale-Nationale	11,840	2.5%	$85,000	$85,000	$100,000	$270,000
04- Mauricie et Centre-du-Québec	4,995	1.0%	$55,000	$55,000	$65,000	$175,000
05- Estrie	23,580	4.9%	$130,000	$130,000	$145,000	$405,000
06- Montréal (secteur Est)	100,000	20.6%	$300,000	$300,000	$300,000	$900,000
07- Outaouais	58,720	12.2%	$180,000	$180,000	$210,000	$570,000
08- Abitibi-Témiscamingue	5,355	1.1%	$70,000	$70,000	$100 000	$240,000
09- Côte-Nord	5,630	1.2%	$70,000	$70,000	$100,000	$240,000
10- Nord-du-Québec	275	0.1%	$70,000	$70,000	$100,000	$240,000
11- Gaspésie-Îles-de-la-Madeleine	9,505	2.0%	$85,000	$85,000	$100,000	$270,000
12- Chaudière-Appalaches	3,705	0.8%	$55,000	$55,000	$65,000	$175,000
13- Laval	68,460	14.2%	$180,000	$180,000	$210,000	$570,000
14- Lanaudière	10,115	2.1%	$85,000	$85,000	$100,000	$270,000
15- Laurentides	33,175	6.9%	$130,000	$130,000	$145,000	$405,000
16- Montérégie	143,645	29.7%	$300,000	$300,000	$300,000	$900,000
17- Nunavik			$99,561	$91,450	$115,985	$306,996
18- Terres-Cries-de-la-Baie-James			$70,000	$65,000	$105,000	$240,000
Total	**482,125**	**100.0%**	**$2,074,561**	**$2,061,450**	**$2,390,985**	**$6,526,996**

APPENDIX 5

FORMAL OPINION OF THE MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX

EMAIL SENT BY LISE VERREAULT, ASSOCIATE DEPUTY MINISTER, TO SANDRA CROCKER, ASSISTANT VICE PRINCIPAL, RESEARCH AND INTERNATIONAL RELATIONS AT MCGILL UNIVERSITY

JULY 28, 2010

Madame,

Nous avons reçu le 8 juillet 2010, le projet de *Cadre de référence du Programme de formation linguistique 2010-2013*, le 15 juillet 2010 la *Grille de présentation des projets régionaux de formation linguistique*, et le 16 juillet 2010 le *Guide de présentation des projets régionaux de formation linguistique*.

Comme spécifié au *Cadre de mise en œuvre du Programme de contribution pour les langues officielles en santé*, nous vous transmettons l'avis du ministère de la Santé et des Services sociaux (MSSS). Nous avons, pour ce faire, demandé les commentaires des différentes directions du MSSS, un avis au Comité provincial pour la prestation de services de santé et de services sociaux en langue anglaise, ainsi que les commentaires des représentants des agences de la santé et des services sociaux.

De façon globale, les documents sont conformes aux priorités et orientations ministérielles. Nous avons cependant des commentaires concernant des modifications que nous jugeons absolument essentielles avant d'accepter de lancer un appel de propositions de projets de formation linguistique auprès des agences.

Programme de formation linguistique

Le Programme de formation linguistique reflète les priorités tracées par le MSSS dans son *Plan stratégique 2005-2010*, notamment en ce qui a trait aux stratégies d'amélioration de la qualité, de la continuité et de l'accessibilité des services ainsi que de la formation des ressources humaines. Il vient soutenir les centres de santé et de services sociaux (CSSS) et leurs partenaires dans l'exercice de leurs responsabilités populationnelles quant aux personnes d'expression anglaise de leurs territoires respectifs. La phase 1 du programme, en dépassant la cible prévue du nombre d'inscriptions pour la formation, démontre sans aucune équivoque le besoin de formation linguistique pour les intervenants du réseau. Conséquemment, nous croyons que la plus grande partie du budget accordé par Santé Canada doit être consacrée à la formation directe des intervenants du réseau de la santé et des services sociaux et que les frais de gestion doivent être le plus limités possible.

Respect du cadre de mise en œuvre signé entre le MSSS et l'Université McGill

Nos deux organisations ont signé un *Cadre de mise en œuvre du Programme de contribution pour les langues officielles en santé* qui établit les balises devant présider à la mise en place du programme de formation linguistique. Nous croyons fermement à l'entente qui a eu cours et nous

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déplorons avoir dû sans cesse défendre le respect des orientations signées dans le cadre de mise en œuvre. De même, nous ne comprenons pas pourquoi la présentation des mesures 2 et 3 ne reprend pas les orientations inscrites au cadre de mise en œuvre.

Mise en place du comité conjoint MSSS-McGill

Le *Cadre de mise en œuvre du Programme de contribution pour les langues officielles en santé* signé en novembre 2009, spécifie en page 4 :
« *Suivi de la mise en œuvre;*
Un comité conjoint MSSS-McGill sera formé afin d'assurer la mise en œuvre et le suivi de l'ensemble des mesures du Projet de formation et de maintien en poste des professionnels de la santé (2009-2013).»

En juillet 2010, nous sommes toujours en attente de la mise en place de ce comité conjoint qui contribuera à améliorer la collaboration entre nos organismes respectifs. Nulle part dans les trois documents présentés par l'Université McGill, il est fait mention du rôle que doit jouer ce comité dans la mise en œuvre du programme, ce qui est encore une fois incompréhensible compte tenu de l'entente signée entre nos deux organisations.

Mesure 1

Cadre de référence du Programme de formation linguistique 2010-2013

Formation en anglais et en français professionnel

La description du programme de formation en anglais et en français professionnel est de très grande qualité, de même que les outils et stratégies proposés tels les profils de compétences linguistiques reliés à l'exécution des tâches ou les cahiers d'apprentissage. Nous croyons que l'Université McGill doit porter une attention spéciale aux stratégies pour faciliter la participation des régions éloignées aux ateliers de développement ou autres. Celle-ci ne doit nullement être une condition obligatoire pour les agences.

Pour répondre aux besoins du personnel du réseau ayant, dans le cadre du travail, à utiliser une langue seconde, on ne peut prioriser l'exigence d'un niveau intermédiaire dans la langue d'apprentissage. Le programme de formation doit s'adapter au niveau d'apprentissage du personnel, que celui-ci soit débutant, intermédiaire ou avancé.

Il est de la responsabilité du réseau de la santé et des services sociaux, et non de celle de l'Université McGill, de déterminer les besoins régionaux en matière de formation en anglais ainsi que les besoins régionaux de formation en français. Il est inadmissible que l'Université McGill détermine quelles régions peuvent avoir accès aux programmes de formation en français. L'enveloppe de formation doit être globale. Les agences ont la responsabilité d'évaluer leurs besoins et de présenter des projets de formation en anglais et/ou en français pour répondre à ceux-ci.

Clientèles visées

L'identification de la clientèle cible visée par le programme de formation linguistique inclut les étudiants effectuant un stage en établissement. Ceux-ci faisant déjà partie de la clientèle cible visée par la mesure 2, le Programme de maintien en poste et de soutien professionnel et communautaire à distance, ils doivent être exclus de la mesure 1, de même que le personnel de la Régie de l'assurance maladie du Québec.

Le document spécifie en pages 6 et 7 :
« *Compte tenu de la réorganisation du service Info-Santé et de l'implantation progressive du service Info-Social, une attention particulière devra être accordée au personnel de ces* services […] *sont visés les intervenants d'établissements désignés touchés par la réorganisation des services et transférés vers des services requérant des compétences plus élevées en français.* »

Il est de la responsabilité exclusive du réseau de la santé et des services sociaux de déterminer le personnel à prioriser au regard de la formation linguistique.

Échéancier

La subvention accordée par Santé Canada a cours jusqu'au 31 mars 2013. Compte tenu des besoins importants de formation linguistique des intervenants du réseau, nous considérons inacceptable que les activités de formation se terminent au 31 décembre 2012. Celles-ci doivent se poursuivent jusqu'au 31 mars 2013.

Critères d'appréciation relatifs à la qualité des propositions de formation

Les critères d'appréciation relatifs à la qualité des propositions de formation des agences présentés à l'annexe 2 sont trop détaillés et font appel à des informations dont les agences ne disposeront pas au moment du dépôt des propositions de projet. Ces critères doivent être simplifiés et servir de guide pour les agences et non être intégrés de façon obligatoire au cahier des charges pour les appels d'offres de service de formation.

Financement du programme et répartition de l'enveloppe budgétaire

Les prévisions budgétaires présentées en page 2 comportent des erreurs de calcul. Nous attendons une version corrigée incluant les montants accordés à chacun des volets des trois mesures.

Compte tenu qu'il appartient aux agences de déterminer leurs besoins de formation, l'enveloppe de formation doit être globale et non distincte pour la formation en anglais et en français. Cette enveloppe globale de 6 526 996 $ pour 2010-2013 doit être répartie entre toutes les régions. Nous sommes toutefois d'accord à ce que le montant de 1 126 996 $ identifié pour la formation en français constitue plutôt un plancher maximum pour celle-ci.

Nous n'acceptons pas la proposition de répartition régionale qui est proposée. Elle doit être revue, puisque le montant de base est insuffisant et ne permet pas à des régions peu populeuses et éloignées, telles les régions 10, 17 et 18, d'obtenir un montant suffisant pour répondre à leurs

besoins. De plus, les données démographiques utilisées pour les régions 17 et 18 sont inexactes.

Reddition de comptes

Il est spécifié, au cadre de mise en œuvre signé par nos deux organisations, que celles-ci doivent s'entendre sur un modèle type d'entente entre les agences et l'Université McGill. Puisqu'aucun modèle d'entente n'a encore eu cours, aucune modalité de reddition de comptes ne peut actuellement apparaître au cadre de référence, au guide ou à la grille de présentation de projets, celles-ci devant faire partie du modèle d'entente.

Vous trouverez ci-joint, en mode correction de texte, le détail de ces commentaires dans les trois documents *Cadre de référence du Programme de formation linguistique 2010-2013*, *Guide* et *Grille de présentation des projets régionaux de formation linguistique*.

Veuillez agréer, Madame, l'expression de nos sentiments les meilleurs.

APPROUVÉ PAR

Lise Verreault
Sous-ministre adjointe

APPENDIX 6

MCGILL UNIVERSITY'S RESPONSE TO THE FORMAL OPINION OF THE MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX

![McGill logo]

Office of   Bureau de
Sponsored Research   la recherche

Le 5 octobre 2011

Monsieur Michel Fontaine
Sous-ministre associé
Coordination, financement, immobilisations et budget
Ministère de la Santé et des Services sociaux
1075, chemin Sainte-Foy
Québec (Québec) G1S 2M1

Monsieur le Sous-ministre associé,

La vice-principale adjointe à la recherche et aux relations internationales de l'Université McGill, madame Sandra Crocker, a reçu le 28 juillet 2010 une lettre de la sous-ministre associée, madame Lise Verreault, en rapport avec le *Projet de formation et de maintien en poste des professionnels de la santé* de l'Université McGill. Celle-ci contenait l'avis formel du ministère de la Santé et des Services sociaux sur le *Cadre de référence 2010-2013 du Programme de formation linguistique*. Cet avis a été transmis à l'Université conformément aux dispositions du *Cadre de mise en œuvre du Programme de contribution pour les langues officielles en santé MSSS-McGill* de novembre 2009.

Nous remercions les directions du Ministère, les responsables de l'accès aux services en langue anglaise des agences de la santé et des services sociaux ainsi que les membres du Comité provincial qui se sont penchés sur le Cadre de référence et ont proposé des améliorations que nous avons étudiées avec intérêt. Les commentaires formulés dans cet avis nous permettront de répondre avec encore plus de pertinence aux attentes de nos partenaires du réseau de la santé et des services sociaux.

Vous trouverez ci-joint la version finale du Cadre de référence du Programme de formation linguistique qui tient compte de la plupart des recommandations de l'avis formel du MSSS. La traduction anglaise est également transmise en fichier attaché. Nous saisissons cette occasion pour vous indiquer les ajustements majeurs apportés au Cadre de référence et préciser notre position quant à certains éléments de la lettre de madame Verreault.

Formation en anglais et en français professionnel

À la demande du MSSS les deux enveloppes distinctes, anglais langue professionnelle et français langue professionnelle, ont été fusionnées pour créer une enveloppe globale. Les agences décideront de leur répartition respective selon les besoins de leur région. La description du Contenu du Programme à la section 3.3 du Cadre de référence ainsi que les tableaux pertinents reflètent ce changement.

1 | Page

Financement du Programme et répartition de l'enveloppe budgétaire

L'Université McGill a retenu les services d'un consultant pour élaborer en étroite collaboration avec des représentants du MSSS une nouvelle répartition de l'enveloppe destinée aux projets régionaux de formation linguistique. Selon cette répartition, l'enveloppe est partagée entre les dix-huit régions sociosanitaires du Québec à partir d'un montant de base calculé en fonction de la taille de la population d'expression anglaise de chaque région selon la première langue officielle parlée. Les résultats de la répartition selon ce scénario sont ajustés de façon à tenir compte des écarts trop importants entre les régions et à permettre aux agences qui couvrent des régions où vivent des populations éloignées, vulnérables ou de faible densité, de recevoir une somme suffisante pour que le Programme de formation linguistique ait des effets concrets. Le texte et les tableaux de la section 8 sont modifiés en fonction de cette nouvelle approche.

Critères d'appréciation relatifs à la qualité des propositions de formation

Quant aux critères d'appréciation relatifs à la qualité des propositions de formation linguistique, nous avons cru bon de les laisser dans leur forme intégrale. Ces critères sont proposés parce qu'ils peuvent fournir un cadre tant à la conception qu'au développement d'un programme d'enseignement d'une langue à des fins professionnelles à des adultes. Ils sont présentés dans la version finale du Cadre de référence à titre indicatif et les agences sont invitées à s'en inspirer pour le développement de leurs propres critères.

Échéancier

Dans sa lettre, la Sous-ministre associée écrivait :

> Compte tenu des besoins importants de formation linguistique des intervenants du réseau, nous considérons inacceptable que les activités de formation se terminent au 31 décembre 2012. Celles-ci doivent se poursuivre jusqu'au 31 mars 2013.

L'Université souhaite que le Programme de contribution sur les langues officielles en santé se poursuive et que l'annonce en soit faite suffisamment tôt pour lui permettre de reporter au-delà du 31 mars 2013 la période de reddition de compte et ainsi laisser aux agences la possibilité de poursuivre jusqu'au 31 mars 2013 leurs activités de formation linguistique. Toutefois, compte tenu que les informations relatives à la poursuite du Programme de contribution ne sont pas connues en ce moment, l'Université se doit de prévoir la fin de toutes les activités relatives au Projet de formation et de maintien en poste des professionnels de la santé, incluant la reddition de compte, le 31 mars 2013. Par conséquent, afin de permettre à l'Université McGill de respecter ses engagements envers Santé Canada, les activités de formation linguistique des agences doivent avoir pris fin le 31 décembre 2012. Celles-ci pourront ainsi faire parvenir à l'Université McGill, au plus tard le 30 janvier 2013, les rapports requis pour la reddition de compte.

Entente tripartite

L'Université McGill avait exprimé le désir de resserrer ses liens avec les maisons de formation par voie d'une entente tripartite avec les agences et les maisons de formation. Cette proposition

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n'ayant pas été retenue par le MSSS, l'Université McGill a accepté de conclure une entente bipartite avec les agences. Cependant l'Université McGill demeure convenue que des liens directs avec les organismes de formation lui auraient permis de jouer de manière plus efficace son rôle d'établissement d'éducation.

Encore une fois, tous mes remerciements pour l'analyse rigoureuse du Cadre de référence et les commentaires éclairés qui l'accompagnent. Je vous réitère la volonté de l'Université McGill de poursuivre notre partenariat avec le ministère de la Santé et des Services sociaux en vue d'améliorer l'accès aux services de santé et aux services sociaux en langue anglaise pour les personnes d'expression anglaise du Québec.

Veuillez agréer, monsieur le Sous-ministre associé, l'expression de mes meilleurs sentiments.

Mary-Margaret Klempa
Directrice principale, Bureau de la recherche
Bureau du Vice-principal, Recherche et relations internationales

c.c.   M. Pierre Laflamme, MSSS
        M. Ronald McNeil, MSSS
        Mme Sylvie Saint-Hilaire, MSSS
        Mme Lisette Shaffer, Agence de la santé et des services sociaux de Laval
        Mme Rima Rozen, Université McGill
        M. Andre Costopoulos, Université McGill
        Mme Mireille Marcil, Université McGill

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